

Menstrual Hygiene and Emotions attached to Menstruation among Adolescent Girls: A Cross-Sectional Study among Irula Tribe (Tamil Nadu)

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Abstract: Menstrual hygiene is one of the vital components of reproductive health but it is insufficiently addressed. Especially in developing country like India, which is taking immense measures to bring in decline in maternal mortality rate and infant mortality rate, it is essential to be sensitive to these issues. Adolescent girls from the tribal community of India are undisputedly considered as the weakest sections of the population in view of socio cultural factors, economic, educational status, access to health care facilities and lack of adequate information on health. There are 23,116 Irula households in Tamil Nadu (Census, 2011). Irulas are mainly concentrated in north-eastern part of Tamil Nadu. **Objective:** A descriptive, cross-sectional community based study was conducted among 140 adolescent girls situated in Chengalpattu, Kanchipuram, Thiruvallur and Villupuram. The present study was designed to assess the knowledge, beliefs and source of information regarding menstruation, identify the status of menstrual hygiene and emotions attached to menstruation. **Methods:** Consecutive sampling technique and mixed method was used to collect data. In the quantitative method, semi structured interview schedule was administered to 140 adolescent females and two focus group discussion was used to collect data in the qualitative part. **Findings:** Respondents were found to be in the age group between 13 yrs-18 yrs and the mean age was 15 yrs. Two third (67%) of the respondents were aware of menstruation prior to their own experience. The awareness was mainly from their friends. All the respondents were using only cotton clothes as absorbents. Majority (89%) of them were aware that menstruation was physiological. Nearly two fifth (58%) of the respondents failed to attend school during menstruation time. Lack of toilet facilities, water facility, distance between school and home were some of the major factors which prevented the respondents from attending school. Majority (91%) of the respondents considered attaining of puberty as curse as some of them were stopped from going to school and they are seen eligible for marriage. Food restrictions were common. Egg, chicken, mutton, sugar were considered to increase bleeding. Emotions like humiliation, anger, rejection were associated with menstruation. **Conclusion:** For women to enjoy good reproduction health it is very essential to concentrate the menstrual hygiene of the adolescent girls. During this period both the physical and mental health of the girls needs to be addressed. This would pave path to better reproductive health in women.

Keywords:

1. Introduction

Menstruation, though a natural process, has often been dealt with secrecy in many parts of Asian countries. Hence, knowledge and information about reproductive functioning and reproductive health problems amongst the adolescent is poor (Adhikari, 2007). In low and middle income countries, Menstrual hygiene management (MHM) is a problem for adolescent girls particularly when attending school¹. Cultural taboos add to girls' difficulties, preventing them from seeking help² and impose restrictions on their diet and activities when menstruating³. India is a country of contrasts, with extreme wealth and poverty and gender-related disparities, resulting in significant variation in health and social indicators among girls and women.

Several traditional norms and beliefs, socio-economic conditions and physical infrastructure can and do influence the practices related to menstruation. For example, a Hindu Indian woman abstains from worship, cooking and stays away from her family as her touch is considered impure during this time. Girls in poor countries can't afford sanitary pads or tampons, which would normally be changed around two to four times a day during menstruation. Instead, the vast majority of girls in tribal community use rags, usually torn from old saris. Rags are washed quickly inside the

latrine or in public bathery in the morning and used several times.

There is no private place to change and clean the rags and often no safe water and soap to wash them properly. The gender unfriendly schools and infrastructure, and lack of adequate menstrual protection alternatives and / or clean, safe and private sanitation facilities for female girls and teachers, undermine the right of privacy, which results in a fundamental infringement of the human rights of female students and teachers (Ten, 2007). Even in the homes, a culture of shame forces girls to find well hidden places to dry the rags. These places are often damp, dark and unhealthy. Rags that are unclean can cause urinary, vaginal and perineal infection. Very often serious infections are left untreated and may sometimes lead to potentially fatal toxic shock syndrome.

Ethical Consideration- Rights, anonymity and confidentiality of the respondents were respected in all phases of the study. Informed verbal consent with the respective school's Principal and heads of the tribal community for the respondents who do not attend schools were taken before data collection. Through verbal consent process, the type and purpose of data collection, issues of anonymity and confidentiality; voluntary participation and freedom to discontinue the interview/discussion at any stage; and absence of any known

Volume 5 Issue 12, December 2016

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riskor benefit for participating in the studywas explained beforehand. Photo andaudio records were made with due verbalpermission from the respondents. Topreserve anonymity, all findings arepresented without ascribing names oridentifiable personal description.

Finding- Respondents were found to be in the age group between 13 yrs-18 yrs and the mean age was 15yrs. Mean age for menarchewas 13yrs. Two third of the respondents (67%) had awareness on menstruation from their friends and the presence of elder sibling in the family and ceremonies conducted in the community has created awareness among other respondents. However, FGD reveals a more intricate pattern. Young girls shared that they were not told anything specific aboutmenstruation, especially the physiological basis - e.g. where the menstrual flow comes from - until their first personal experience of it. Majority of the girls

were not prepared in any way for their firstmenstruation. Girls described the onset of menarche as a shocking or fearful event. Information was mainly provided about the use of cloth, the practice of rituals in the form of restrictions on theirmovements and behavior, and cautions about behavior towards males and, of course, the possible effects of her polluted touch.

All the respondents used only cotton clothes as absorbent. Though all were aware of sanitary napkins, 87% of them felt that they cannot ask their mothers, while expressed that their parents would not afford sanitary napkins. All the respondents agreed to the fact using reusable cloth was stressful as it involved washing of absorbent and drying them carefully in dark places so that the male members of the house do not notice.

FGD1-R-4- "I feel too shy to ask my mother to buy me sanitary napkin, and even if I buy I donot know how to use it... no one uses it in my community"

FGD1-R-6- "Only rich people can use it... we cannot affordit every month... it is not reusable... so we cannot buy... "

FGD2-R-3- "I have seen it in provisional shops but the shop owner ... male is always there.... And always someone will be there how can we buy."

2. Menstrual Hygiene

Less than half of the respondents did not take bath every day and majority bathed only on the third or fourth day of menstruation as a ritual of purification. Only 12% of them changed absorbent and cleaned their genital maximum three times a day. 20% of the respondents did not have toilet facilities in their homes and water shortage was also major cause for lack of hygiene.

3. Menstruation and Schooling

Of the 150 respondents, 37 of them had dropped out of school after attain puberty. Lack of proper toilet facilities, water facilities, fear to send girls to school after puberty, distance between school and home and seeing puberty as apt age for marriage preparation had been some of the reasons for the respondents for dropping from school. Of the 113 respondents who are at school, only 39% of them were attending school during their menstrual cycle. Lack of proper toilet and water facilities, distance between school and home were some of the major reasons for absenteeism.

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FGD2-R-6-There is no roof for our toilets and there are tall trees around the toilets.... So we never use toilets in school".

FGD-2-5- We cannot use toilets in school... so we avoid coming to school during those days".

Understanding on Menstruation-All the respondents were aware that menstruation was physiological but only 27% of them were aware that menstrual blood came from uterus. None of the teachers of the respondents had covered the lesson on Human anatomy. Physical pain was experienced by majority of respondents and homemade remedies such as herbs were used. Two percent of the respondents were using pain killer and none of the respondentshad visited a health care provider in this regard.

In FGD, many girls shared that in addition to these physical symptoms they feel mentally stressed now and then during menstruation. They become very cautious about their mobility especially the classroom. They take a lot of care when they stand, sit and walk - all due to the fear of

accidental blood stain in the uniform or the place where they sit.

Emotions attached with menstruation- In the FGD, most of the girls expressed that first menstruation is often traumatic and very negative experience. In Quantitative study, majority (91%) of the respondents felt that being born as a girl was a curse, while 72% of them felt that being a girl was due to the sins committed in their previous birth. All the respondents shared that they feel very humiliated and ashamed during their menstrual cycle due to body odour and leaking of blood. 77 % of the respondents felt angry with themselves for being girls and 82% of the respondents had observed that their parents were not very happy to have girl children.

All the respondents agreed to the factor that they were not allowed to visit temples or to attend any religious functions during this period. They do not are not allowed to go out after 6.00pm as it was believed that spirits of death

individuals would attack the young adolescent girls during this period. Eggs, chicken, mutton and sweets were avoided.

FGD-1-R5- During those days we cannot go inside the kitchen and we cannot go or touch any idols of gods at home.

FGD-2-R4-I feel so humiliated Every one in my house would come to know that I am menstruating as my movements are confined...

FGD-2-R6- We are not allowed to speak to the male members of the house...

FGD-2-R3- My movements are restricted to one corner of the house.....

Why all these only for a girl...?

4. Discussion

Given the findings in the study and reflecting on the objective of the study, it is clear that menstrual hygiene and management is an issue for adolescent girls.

Knowledge about menstruation that large majority of girls participating in this study had before attaining menarche, and later were from friends. Information on menstruation given by friends is often incomplete and incorrect, usually being based on cultural myths, and therefore probably perpetuating negative and distorted perceptions and practices of menstruation (Adinma and Adinma, 2008) it is not surprising that only about twenty seven of the participating girls knew correctly that the menstrual blood came from uterus. This already reflects that teachers do not sufficiently impart the knowledge (Dasgupta and Sarkar, 2008).

Movements of girls are restricted during menstruation. Such restrictions, though varied, are practiced across the groups of different religion and culture – including Hindu, Muslims, Christians and Jews – and in most cases are related to the “impurity” of the females during menstruation (Ten, 2007). Restrictions symbolize a girl’s ritually dangerous status (Narayan et al, 2001) that, as fuelled by myths, misconceptions, superstitions and taboos, is believed to have the potential to spoil food, plant, biological and social processes as exemplified by the respondents of this study.

Dysmenorrhoea manifesting as abdominal pain or discomfort has been found as the commonest medical problem, the finding being consistent with some other studies (Adinma and Adinma, 2008; Narayan et al, 2001). Lack of privacy has been pointed out by other studies also as a major problem (El-Gilany et al, 2005) and there’s conclusive evidence that girls’ attendance at school is increased through improved sanitation (Bhardwaj and Patkar, 2004).

Conclusion -There is deficiency in menstrual hygiene practices among adolescent girls. It is important that there must be intense education reinforcing all the components of menstrual hygiene practices. Strategies such as access to water and sanitation may play a major role in adopting safe practices. Conscious efforts need to be made to address lack of privacy, which is an important determinant for proper practice of menstrual hygiene and also school attendance. It is vital to address the mental stress faced by the girls.

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