

Social aspects of menstruation related practices in adolescent girls of district Dehradun

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Abstract:

Context: Menstrual hygiene is an issue that every girl and woman has to deal with in her life, but there is lack of awareness on the process of menstruation. The taboos surrounding this issue in the society prevent girls and women from articulating their menstrual needs. It is now becoming increasingly recognized that the social and cultural significance of menstruation interacts with the physiological process to produce culturally determined norms and practices.

Settings and Design: Cross-Sectional conducted in two randomly selected Inter colleges (one rural and one urban) of district Dehradun of Uttarakhand state.

Methods and Material: 453 girls studying in 9th to 12th grades were interviewed by using a prestructured and pretested questionnaire regarding various aspects of menstruation process.

Statistical analysis used: percentages and Chi-square test

Results: Most of the girls faced one or the other kind of social and / or religious restriction during their menstrual periods. Maximum restriction was observed in going to the temple (87.4 %) followed by prohibition in touching pickles (48.6 %). These restrictions were equally reported by the urban and rural girls.

Conclusions: Girls should be made aware regarding physiological basis of menstruation and a change in beliefs and attitudes need to be attained to ensure optimal behaviour and thereby prompting of a healthy menstrual life styles and practices.

Key-words: Adolescent girls, menstruation, restrictions, social taboos.

Introduction:

Adolescence is the stage of transition from childhood to adulthood. Adolescent girls constitute about one fifth of the female population in the world. Generally this group is considered healthy and has not been given adequate attention.

The menstrual period is a natural phenomenon that occurs throughout the reproductive years of every woman¹. In Indian culture, the subject of menstruation and its hygiene is rarely discussed at home as well as at schools in most parts of country. There is very little awareness about menstruation among girls when they first experience it. Social prohibitions and reluctant attitude of parents in discussing the menstruation related issues openly has denied the access of adolescent girls to correct information especially in rural and tribal communities. Often the lack of information related to menstruation and how to maintain its hygiene results in different types of morbidity in women.

A study among adolescent girls in Delhi² found that mothers do not teach their daughters about menstruation or maintenance of hygiene during periods, and that lack of information results in undue fear, anxiety and wrong ideas in the minds of adolescents.

Menstruation is generally considered as unclean in Indian society. Isolation of the menstruating girls and restrictions imposed on them in the family have reinforced negative attitude towards this phenomenon in girls³. Many restrictions are imposed on women during menstruation in Indian rural setting. Many daily household chores which are considered 'holy' or 'sacred' are proscribed⁴. Several studies^{5,6} have reported restrictions in daily activities such as, not being allowed to take bath, change clothes, comb hair and enter holy places. Apart from these, dietary restrictions (taboo on consumption of food like rice, curd, milk, lassi, potato, onion, sugarcane etc.) during the menstrual period are also imposed.

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The present findings are a part of a larger study, which was conducted to know about the level of Knowledge, Attitude and Practices of adolescent girls regarding menstruation and related hygiene.

Methodology:

The present study was an observational cross-sectional study which was conducted in two randomly selected (one rural and one semi-urban) inter-colleges of district Dehradun. Sample size of 400 was calculated presuming the awareness related to menstrual facts and hygiene to be 50% (allowable error 5%). First of all, permission to carry out the study was sought from the school authorities. In both schools, all the girls studying in 9th to 12th standards were oriented about the need of the study and process of filling the schedules. Then the girls were personally interviewed for information regarding awareness about menstruation, sources of information, hygiene practiced during menstruation and restricted activities during menstruation and symptoms related to Reproductive Tract Infection (RTI) by using a pre-designed, pretested and structured questionnaire. After collecting the data from a section, educational session was conducted for the girls related to the subject. The data so collected was analysed through SPSS package.

Observations:

In this study, a total of 485 girl students studying in classes 9th to 12th were surveyed out of which 32 girls had not attained menarche, so they were excluded from the study. So, the final sample size was 453 girls (239 from urban school and 214 from rural school). 64.5 % girls were aware about menstruation prior to the attainment of menarche. Awareness was significantly more in rural girls. Friends or mothers were the source of information in most of the cases. Approximately 87 % girls didn't know about the correct reasons for menstruation. During menstruation, 38.4 % and 34.9 % girls were using only sanitary napkins and cloth absorbents respectively. Rest of them were using both of these in combination. Among the girls who were using cloth pads during menstruation, approximately half of them (51.3%) were reusing it after washing; although this practice was significantly more among rural girls⁷.

Approximately two out of three girls were taking daily bath during their menstrual periods. The practice of daily bathing was significantly higher in urban girls (p<0.05). Majority of the girls were washing their genitalia with water daily. (Table-1)

It was observed that all but 11 (7 rural and 4 urban) girls faced one or the other kind of restriction during their menstrual periods. There were many social and religious restrictions on girls during menstruation (Table- 2). Maximum restriction was observed in going to the temple (87.4 %) followed by prohibition in touching pickles (48.6 %). These restrictions were equally reported by the urban (97.1 %) and rural girls (98.1 %). The girls were following these restrictions without raising any questions.

Restriction in ingestion of certain food items during menstruation was reported by almost one fourth of the girls. Maximum respondents (75.6 %) reported prohibition in intake of pickles and other sour things during the period of menstruation (Table-3). They reported restriction in even touching the pickles during this period.

Table - 1: Personal Hygiene Practices during Menstruation:

	Rural (239)	Urban (214)	Total (453)
Bathing during period			
Daily	138 (57.7)	150 (70.1)	288 (63.6)*
Alternate day	83 (34.7)	53 (24.8)	136 (30.0)
Once in 2-3 days	13 (5.4)	9 (4.2)	22 (4.9)
Once a week	2 (0.8)	0 (0.0)	2 (0.4)
NR	3 (1.3)	2 (0.9)	5 (1.1)
*p<0.05			
Washing Genitalia during Menstruation			
Yes	223 (93.3)	203 (94.9)	426 (94.0)
No	16 (6.7)	11 (5.1)	27 (6.0)

Table - 2: Social Restrictions during Menstruation:

Restrictions during Menstruation	Rural (239)	Urban (214)	Total (453)
Restrictions in entering kitchen	36 (15.1)	25 (11.7)	61 (13.5)
Restrictions in going to temple	198 (82.8)	198 (92.5)	396 (87.4)
Restrictions in attending functions	17 (7.1)	22 (10.3)	39 (8.6)
Restrictions in touching pickles etc	100 (41.8)	120 (56.1)	220 (48.6)
Restrictions in food items	49 (20.5)	61 (28.5)	110 (24.3)

Table- 3: Food items prohibited during Menstruation:

Food items	Rural (49)	Urban (61)	Total (110)
Pickles	8 (20.0)	12 (19.7)	20 (18.2)
Sour things	24 (60.0)	40 (65.6)	64 (58.2)
Sweet items	1 (2.5)	0 (0.0)	1 (0.9)
Sweet and sour items	3 (7.5)	4 (6.6)	7 (6.4)
Things with hot properties	1 (2.5)	2 (3.3)	3 (2.7)
Things with cold properties	4 (10.0)	2 (3.3)	6 (5.5)
Others	8 (20.0)	1 (1.6)	9 (8.2)

Discussion:

Menstruation is a phenomenon unique to females. It is a normal physiological process that occurs in all healthy adult women and girls of reproductive age. The menstrual hygiene deals with a woman’s special health care needs and requirements during her monthly menstrual cycles.

The notions of restrictions attached to menstruation can be explained by the socio-cultural milieu of Indian society. The perception that woman’s body produce dirty blood during menstruation is manifest in taboos that require menstruating woman to refrain from performing domestic and ritual activities. Similar findings were reported in 1983 from Egypt, other parts of India,

Indonesia and Yugoslavia, where a considerable proportion of respondents believed that it was inadvisable for menstruating women, because of their impure state, to visit female friends or relations or to visit temples and ritual places⁸.

It was elicited from our study that girls were somehow managing their personal hygiene during menstruation. 63.6% of the girls were taking daily bath during their menstrual periods and this habit was significantly more in urban girls ($p < 0.05$). Majority of the girls (94%) were washing their genitalia with water daily. Likewise 67% of the tribal girls in Meghalaya⁹ considered having bath twice a day during a KAP survey. These findings are in contrast to the Tribal adolescent girls in Jammu & Kashmir¹⁰, who were not taking any bath and were instructed by elders not to wash/comb their hair during these days. In a study done in urban slum of Delhi¹¹, the avoidance of bathing during menstruation was commonly observed among Muslims in the study area whereas Hindus did not practice this. Muslims believed that a bath with cold water during menstruation leads to swelling of the fallopian tubes and abdominal pain. It was found that almost all (97.6%) girls faced some kind of social restriction during menses. Religious restrictions (e.g. not being allowed to go to worship in a temple/mosque) were maximum followed by prohibition in touching sour food items particularly pickles. In Delhi¹¹ also, religious practices, such as visiting holy places or touching religious texts, were avoided during menstruation by both Hindu and Muslim women, including those who did their housework and cooking normally. A few women believed that certain foods considered being hot or sour in nature, should be avoided as they enhanced bleeding and pain in the abdomen. The traditional /socio-cultural taboos surrounding menstrual issues impose unnecessary restrictions on the women and young females. This could disrupt their normal activities and lower their self-esteem. The belief that menstruation is unclean enhances a woman’s feeling of low esteem and shame. A change in beliefs and attitudes need to be attained to ensure optimal behaviour and thereby promoting a healthy menstrual life styles and practices. Appropriate methods and strategies should be set in place to empower and educate women and young females to adopt necessary life skills that have positive influence on their life styles as regards menstruation and menstrual hygiene. In addition, at the community level, health education should be imparted so as to improve the understanding

of females as well as male members on their own roles on issues regarding menstruation and menstrual hygiene.

Acknowledgement: The authors are thankful to HIHT University, Doiwala, Dehradun for permitting this study and providing the financial support for the same.

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