

Descriptive Study Of Menstrual Health Management Practices In India

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Abstract

Adolescence is an age group between the 10-19 years among human; a period of transition and marked as time of onset of puberty. This stage is characterized by biological changes and an indicator of reproductive health. In the recent past, many programs have been launched by Government of India on Menstrual Health Management (MHM) to increase the awareness among the young girls and women. Although, considerable steps have been taken by Government of India since 1997 through the Reproductive and Child Health Program (RCH) but, it was not target-based. Reproductive and Child Health Program scheme could not completely address the programs so it was strengthened through the National Health Mission (NHM) launched by central government of India in 2005; where females were made aware about the menstrual hygiene through Accredited Social Health Activist (ASHA). Similar schemes have been proposed by state government in their territories. This paper focus on existing MHM practices across India and elucidating various steps taken by central and state governments of India. It is a descriptive study based on secondary data review. The study concludes about existence of several facilities of MHM. This study would be helpful for researchers, academicians, NGO's, policy makers as it provides insights about government policies and practices related to menstrual health management.

Keywords: *Menstrual Health Management, Menstrual Hygiene, Adolescent, Knowledge*

Introduction

Adolescence is a period of transition in human development and advancement that occurs between ages 10 to 19 years. It is a period of dynamic change and mental advancement. This is a transitional phase in the life of a female that is characterized by physiological and psychological changes. Amid this period a girls' body prepares itself for motherhood. This period is marked as onset of puberty and the most important change takes place during this phase termed as "Menstruation". Menstruation is a natural process through which all the females have to go through. WHO and UNICEF(2014) defined Menstrual Health Management as "Women and girls are using clean menstrual hygiene management material to absorb or collect blood, that can be changed in privacy as and when necessary for the duration of the menstrual period, using soap and water for washing the body as required and having access to facilities to

dispose of used menstrual management materials.” In many parts of India it is considered as taboo, perceived as unclean in many religions and due to it women are not comfortable in discussing about the problems related to menstruation. Khanna et al. (2005) mentioned in their work that the silence and embarrassment about menstrual cycle has created several problems for the girls. Lack of knowledge regarding menstrual hygiene and safe menstrual practices cause complications related to menstruation such as ‘reproductive tract infections’ (RTI), urogenital infections urinary tract infection, cervical cancer etc. As per a report given by UNICEF (2011), adolescents constitute of approximately 20.9% of the total population in India and out of which 120 million are adolescent girls and account for 10% of the entire country’s population; UNFPA (2014). A huge number of these girls and women, particularly those residing in rural area are not given freedom to take decisions of their life and build their future. Apart from it they are kept away from the basic awareness on their biological and physiological changes in their body.

As per a report named Spot On! (2014) given by NGO Dasra, approximately 88% of the menstruating women in India could not afford sanitary pads due to poor economic conditions and lack of accessibility. In the same report it was found that approximately 23 million girls withdraw from the school every year owing to lack of appropriate menstrual hygiene management amenities, including accessibility to sanitary pads, disposal facilities and essential awareness about menstrual cycle. Menstrual hygiene has emerged as a big health challenge for adolescent girls in India. It is recognized as a potential risk factor for a number of life taking diseases such as cervical cancer, reproductive tract infection and others. These life-threatening diseases pose a negative impact on health, emotional well-being, of girls. On one hand the attention of policy maker is on women empowerment and demand for equal rights for women whereas, on the other side the natural phenomenon occurring in a female body is considered as a topic of shame and taboo.

Sommer (2010) mentioned in their work that the negligence, shame and unawareness about menstrual health are putting the pressure on girls to drop the school at an early age. Schools and education plays a significant role in educating girls about menstrual health. To begin with, they have the opportunity to provide education to the girls about safe menstrual hygiene practices and, largely, these schools can support and empower them as they enter in the womanhood. Secondly, the poor infrastructure and support in schools may put this developmental process at risk and make girls abandon education trajectories. The poor quality and the insufficient supply of water, the lack of toilets and sanitary infrastructure and of access to adequate sanitary hygiene products, leave girls with limited options for Menstrual Health Management (McMahon et al., 2011) mentioned that girls in various studies reported teasing by boys, younger children and even teachers and other girls about menstruation. (Tegegne & Sisay 2014) also stresses that the main cause behind the drop outs from school was the humiliation of being seen by others in a blood marked dress generally as a result of having the first menstruation at school without prior preparation.

From decades there is a need and demand to narrow down the gender gap in India. Beside the basic right of girls to get education; girl’s education plays an important role in the economic

development of the country and also in forming a civil society. In spite of this unremitting call

for attention towards the education of girls and women, a large number of schools across India lack the essential water and sanitation-related facilities necessary for adolescent girls. Due to lack of toilets and adequate supply of clean water and unawareness regarding disposal of sanitary pads hinders the ability of the girls to complete their schooling. Thus, the purpose of this study is to study the different policies and practices followed by Central Government and State Government to ensure and promote menstrual Health management for women and adolescent girls across India.

Research Methodology:

The presented research is a descriptive study where the menstrual practices followed by females in India have been studied. This study also explores the government initiatives for menstrual health management. Secondary data has been from the published resources, including research papers, newspaper articles, and reports by international agencies, Government of India & State Governments & local consulting groups.

Literature Review:

Chothe et al. (2014) in their qualitative study have focused on the prevailing misconceptions and perception about menstruation where they found that girls have considerable doubts about menstruation and were highly subjected social myths and taboos in relation to MHM. They stress on providing sexual education, promotion of Menstrual Health and Hygiene practices through low cost sanitary pads and other hygienic facilities provided at school.

The silence and shame around menstrual cycle has created a lot of problem for girls; both physically and mentally. Different researchers in their studies have paid attention on awareness, attitude and hygienic practices followed during menstruation in India (Khanna et al. 2005; Dube and Sharma, 2012; Sahayog2016; Rajagopal&Mathur 2017).

Mahajan and Kaushal (2018), conducted a study in Shimla and observed that only 29% of the respondents had sufficient knowledge about menstrual hygiene. They further confirmed that awareness regarding menstrual issues as well as the educational status of the mother plays an important role to educate the daughter regarding menstrual health and hygiene. Educated and open-minded mother can discuss the importance of menstruation and other physiological changes during puberty. Apart from it selection of sanitary napkin or other menstrual absorbent, its usage and disposal should also be discussed that create awareness in girls regarding the healthy practices during menstrual period.

Madhavi and Paruvu (2018), conducted a cross-sectional study in Vishakhapatnam to study the menstrual hygiene practices in adolescent girls. They found that only 48.4% were unaware about menstrual cycle before the menarche.

Kapoor (2017) mentioned in their study that the level of awareness about menstrual hygiene is associated with age and marital status of the females in India. She found that more than 70% of the respondents in her study had adequate knowledge about

menstrual hygiene. She also concluded that the level of awareness is also associated with age and marital status of the girls. Married girls are more aware of menstrual hygiene as compared to unmarried girls.

Raina and Balodi (2014), studied the awareness level of 150 girls in Dehradun (Uttarakhand) through a pre-designed and structured questionnaire and found that there are several restriction imposed on girls at the time of menses where it becomes imperative to deal with the concerns related to Menstrual Health Management.. They also stressed on providing correct information through educating girls on MHM .The results also highlight the common practices exterminate conventional thinking and illogical restrictions on females during this period.

Yasmin et al. (2013) detected that menstrual health and hygiene is a problem that is inadequately recognized. In their descriptive, cross-sectional study they considered a sample of 147 teenage girls in Kolkata, and found that only 42 per cent girls knew about menstruation before menarche. They believe that menstrual hygiene is highly related to Reproductive Tract Infection and also stress on the importance of health education in schools.

Ali and Rizvi (2010) in their cross-sectional study explored the menstrual practices of adolescent girls in Karachi, Pakistan and found that girls did not have adequate knowledge about the menstrual cycle and those with menarche have got information through their mothers. In their study they confirmed apprehension during the first occurrence of bleeding, whereas approximately 50% of the participants followed unhealthy practices during menstruation such as not taking bath during the period of menstruation, using unhygienic material and other practices that may lead to poor health. In their study they stressed on the requirement of awareness among girls through the health care professionals.

Dasgupta & Sarkar (2008) in their study reinforced the encouragement of hygienic menstrual practices and also stressed that it has become essential to pull out the adolescent girls from traditional misconceptions and myths about menstruation. This can be attained through making them aware by using various resources such as television, health personnel in schools, obligatory sex education in school, and aware parents. The report stresses on the awareness level of mother about menstruation and suggests talking about menstruation before their daughters reach the age of menarche.

Rajagopal and Mathur (2017) stressed that the unmet need of menstrual needs also hinders the

regular attendance of adolescent girls in school. These factors include the distance between school and home, presence of female teachers, and availability of infrastructure such as toilets

and restrooms etc. A wide range of studies done in Rajasthan (Khanna et al. 2005; Dube and Sharma, 2012) have assessed the knowledge and attitude of adolescent girls regarding reproductive health and menstrual practices and found a vast knowledge gap among adolescent girls regarding menstrual processes. The residential status, years of schooling,

caste and exposure to media are the important factors affecting the adoption of safe and hygienic

menstrual practices in women. Reassuring the ease of access and affordability of ethnically acceptable menstrual health solutions and information and allowing girls to sufficiently manage their monthly period and to feel comfortable about it, shows opportunity to persuade the way girls see themselves in society and can empower them to reach their full potential (McMahon et al., 2011)

Sahin.M (2015) mentioned in the study that there are hurdles in a girls growth path to education once they attain menarche. Girls drop out from schools as due to the lack of sanitation facilities at school such as lack of separate toilets, no means of disposing of the sanitary napkins, no water and soap etc. Girls are also threatened with sexual abuse during their periods that results in high absenteeism. These factors are affecting the education of the girls and are a big hurdle in the path of their education. Sahin. M (2015) also mentioned that most of the schools in developing countries do not have WASH facilities.

Unsupportive mindset of the people around and shortage of hygienic environment including unmet water, sanitation and other health need propel the growth of unhygienic menstrual practices. It is difficult for the girls to manage realistic and psychosomatic phase of menstruation that affects the confidence and self-esteem of the adolescent girls. It further impacts the accomplishment of the women empowerment(Khanna et al. 2005; Dube and Sharma, 2012).

Thakret. al (2012) in their report concluded that there are several factors affecting menstrual behavior of which economic and residential status (urban and rural) awareness regarding healthy menstrual practices is very essential to design a mechanism to address for the access of healthy menstrual knowledge.

Abioye-Kuteyi (2000) in their study of Nigerian schools girls found that 40% girls lacked on the information regarding menstrual health. They found that girls' knowledge on menstrual hygiene is directly related to parental education which stays to be the major source of information for the girls. They felt the need of educating girls with apt information and preparing them psychologically for the menstruation.

According to a progress report published by NHM (2016) poor quality of menstrual absorbents were used in Odisha, Rajasthan and Kerala. In Maharashtra, Jammu & Kashmir, Bihar and Arunachal Pradesh the stock of absorbents ran out of stock. Girls refused to use sanitary napkins in Himachal Pradesh and Odisha due to low absorption rate of the sanitary napkins. Irregular supply of sanitary napkins was reported in Delhi. Garg et al. (2012) found that the disposal of menstrual absorbents is a major problem in India. . There is no awareness and facilities available for solid waste management in villages of India.

Central Government Initiatives:

Government of India is focusing on providing adequate knowledge and awareness about menstrual hygiene to girls and women. Menstrual health management was brought under consideration by Government of India in October 1997 under The Reproductive and Child Health (RCH) Programme. During the first phase main aim of the programme were to reduce infant, child and maternal mortality rate and toward family welfare. As this scheme did not

cover the entire issue of menstrual health, mental health and other health issues the government came up National Health Mission (NHM) launched by Central Government of India in 2005 through Ministry Of Health & Family Welfare It included awareness of menstrual hygiene amongst young girls aging between 10–19 years in rural areas. The major objectives of this scheme are as follows:

- To increase awareness among adolescent girls on menstrual hygiene
- To increase access to and use of high-quality sanitary napkins by adolescent girls in rural areas
- To ensure safe disposal of sanitary napkins in an environmentally-friendly manner

As per the report of Ministry of Health & Family Welfare the Rashtriya Kishor Swasthya Karyakram(2011) a scheme was implemented in 107 districts in 17 states by accredited social health activist (ASHA). Adolescent girls were provided with a pack of six ‘Freedays’ sanitary napkins for Rs. 6. Since 2014, the funds are provided to states and union territories under National Health Mission for decentralized of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins. ASHA will receive a incentive of Re 1/pack and a free pack of napkins every month for her own personal use. But this scheme did not have much popularity due to the irregular supply of sanitary napkins.

As per the report published by National Institute of Public Cooperation and Child Development, New Delhi, SABLA - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG); a central government scheme sponsored in 205 districts, Sabla aims to empower Adolescent Girls age ranging between 11 to18 years, through nutrition, health care and life skills education. Self-help groups and small manufacturers of sanitary napkins are supported under National Rural Livelihood Mission of the Ministry of Rural Development. Recently Press Information Bureau Government of India Ministry of Chemicals and Fertilizers in their article mentioned about, Pradhan Mantri Janaushadhiya Pariyojana (PMBJP), where central government has launched SUVIDHA- 100% Ox biodegradable sanitary napkin at the rate of Rs. 2.50 per pad at over 3200 Janaushadhi Kendra all over India.

State Government Initiatives

There are various initiatives taken by the state government in order to increase the menstrual health and hygiene. Bhatia (2019) In Maharashtra, government started Ashmitayojana under which sanitary pads will be distributed to women and rural school girls at a discounted rate. Similarly, Haryana government has allotted Rs. 18 crore for menstrual health and decided to provide sanitary napkin to school girls at Re.1. In Assam, the government is providing girls between age group 12-20 years, with a monthly stipend of Rs. 600 so that they can purchase hygienic menstrual absorbents. In this study, major steps taken by all the states have been tracked.

Table.1

Steps taken by State governments to promote Menstrual Health Management

Sr. No.	State	Awareness Campaign	Pink Toilets	Providing low cost napkins	Free Napkins	Vending machine
1	Andhra Pradesh	✓	✓	✓	✓	✓
2	Arunachal Pradesh	✓	✗	✓	✓	✗
3	Assam	✓	✗	✓	✓	✓
4	Bihar	✓	✓	✓	✓	✓
5	Chhattisgarh	✓	✗	✓	✓	✓
6	Goa	✓	✓	✓	✓	✓
7	Gujarat	✓	✓	✓	✓	✓
8	Haryana	✓	✗	✓	✓	✓
9	Himachal Pradesh	✓	✗	✓	✓	✓
10	Jammu and Kashmir	✗	✗	✓	✓	✗
11	Jharkhand	✓	✗	✓	✓	✓
12	Karnataka	✓	✓	✓	✓	✓
13	Kerala	✓	✓	✓	✓	✓
14	Madhya Pradesh	✓	✓	✓	✓	✓
15	Maharashtra	✓	✓	✓	✓	✓
16	Manipur	✓	✗	✓	✓	✓
17	Meghalaya	✓	✗	✓	✓	✓
18	Mizoram	✓	✗	✓	✓	✗
19	Nagaland	✓	✗	✓	✓	✓
20	Odisha	✓	✗	✓	✓	✓
21	Punjab	✓	✗	✓	✓	✓
22	Rajasthan	✓	✗	✓	✓	✓
23	Sikkim	✗	✗	✓	✓	✓
24	Tamil Nadu	✓	✓	✓	✓	✓
25	Telangana	✓	✓	✓	✓	✓
26	Tripura	✗	✗	✓	✓	✓
27	Uttar Pradesh	✓	✓	✓	✓	✓
28	Uttarakhand	✓	✓	✓	✓	✓
29	West Bengal	✓	✓	✓	✓	✓

Source: Author’s Compilation

Discussion:

Though awareness programmes about Menstrual Health Management have been run by many state governments, few states such as Jammu & Kashmir, Tripura and Sikkim still are lacking behind in awareness programmes. Only 13 states have implemented the concept of 'Pink Toilets' whereas majority of state government are still left to introduce this facility for females in their states. All the state governments are providing low cost as well as free sanitary napkins; creating a lead towards adopting hygienic menstrual practices by females. In most of the schools, colleges and public places free or low cost sanitary pad vending machines have been installed

As discussed above there is large population of girls dropping out school every year due to various factors such as lack of menstrual health management facilities such as distance between school and home, presence of female teachers, educational status of mothers, availability of infrastructure, residential status, years of schooling, exposure to media, economic status. Lack of basic facilities to cope with menstrual issues is a major problem which hinders the education of girls impacting the women empowerment in the country. . Promoting sanitary napkins, a good understanding of schemes regarding menstrual health and early awareness of infections may prevent adolescent girls from various diseases. To make strong and independent girls in the country basic facilities are required in schools and colleges a so that the girls can complete their education and become self-dependent and help in the development of the country.

Conclusion:

This research was conducted to study the existing menstrual health management practices across India and to study the steps taken by central and state governments of India regarding Menstrual Health Management. After the through literature review it is concluded that the mostly the females are unaware about the menstruation before their menarche. They face humiliation and shame during their menstruation due to which they don't discuss the problems related to menstruation. The girls are unaware of the disposal methods and need to be educated on same through school and mothers. It can be done by educating the parents especially mothers about the menstruation and its disposal, so that they can discuss about it with their daughters before the menarche so that they don't feel scared or stressed. Furthermore, there is huge number of adolescent girls to be addressed under the menstrual hygiene scheme that requires unique and innovative ways so that optimum results can be achieved. The government is working to promote Menstrual Health Management but still a large part of the population is unaware of healthy menstrual practices and follows unhygienic practices.

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