RESEARCH ARTICLE

BARRIERS TO ACCESS MENSTRUAL HYGIENE IN RURAL INDIA

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Abstract

Menstruation continues to remain a topic that is not openly spoken about in India. Majority of the adolescent girls do not have adequate knowledge about puberty and menstruation resulting in poor menstrual hygiene management. This study aims to understand the barriers to access menstrual hygiene among adolescent girls in rural India. It was conducted among a sample of 35 adolescent girls in the age group 14-20 years in Villages Ucchera and Banjari of Madhya Pradesh. The survey focused on how much awareness the girls had before and after menarche; availability and use of feminine hygiene products in the area; access to facilities; and religious barriers placed on their activities during menstruation. The study stresses on the need for education on menstruation among mothers and adolescent girls and for classes on the same in the school curriculum. Ultimately, the research juxtaposes its results to the rural villages in Madhya Pradesh, keeping in mind the limitations of such a study.

Introduction:

Puberty is marked by the onset of menstruation for adolescent girls, a biological process that occurs between 10 and 16 years for most with some variation.[1] However, menstruation is still considered unclean and dirty in the Indian society and is associated with age-old superstitions, taboos and beliefs.[2,3] Majority of the school going adolescent girls do not have adequate knowledge about puberty and menstruation particularly in a developing country like India, where little attention is being paid to the reproductive health of adolescent girls. Negative perceptions and misinformation, which they gather from here and there often, continues through their reproductive years and acts as a barrier for healthy reproductive life.[4]

Poor water, sanitation and hygiene (WASH) facilities in schools, inadequate puberty education and lack of hygienic MHM items (absorbents) cause girls to experience menstruation as shameful and uncomfortable.[5] Unhealthy menstrual practices include not washing the absorbent regularly, using unclean cloth, cleaning in the open etc. Menstrual cycle requires the accessibility of material assets to retain menstrual blood, encourage individual cleanliness and discard squander, preferably with satisfactory security.[6]

Methodology:

A cross-sectional study was carried out in two villages, Ucchera and Banjari, of Madhya Pradesh, India among 35 adolescent girls on 15th May 2018. The ages of these girls varied from 14-20 and all had attained menarche. Random sampling method was used to select the sample size from the two villages. The participants were explained the

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purpose of the study and were requested to fill out a questionnaire regarding their age, social status, menstrual characteristics. Consent was taken from their parents and the questionnaires were filled out in privacy.

The quantitative and qualitative method of research was used for this study with the help of a questionnaire consisting of 12 questions; 9 close ended and 3 open ended. The questionnaire was translated in Hindi, the native language, for convenience purposes. The mixed method was suitable for the study as the reasons for restrictions placed on the participants, stereotypes etc. had to be clearly addressed. Due to commonalities in the responses of the participants, the results could be generalized to the rural villages in Madhya Pradesh.

**Questionnaire:**

**Barriers To Access Menstrual Hygiene In Rural India:**

**Name:**

**Do you go to school? Is it a co-ed school?**
1. Yes
2. No
3. Drop-out
4. Irregular

**When did you attain menarche?**
1. Recently
2. Few months ago
3. A year(s) ago
4. Other

**Has your mother, friend, or any other adult spoken to you about menstruation?**
1. Yes, I have been told what it is
2. No one has spoken to me about it
3. I was told very briefly
4. Other

**Do you understand what happens to your body during menstruation?**
1. I have been told very briefly
2. We treat it like any other day
3. No information was given
4. Yes, we are aware of what happens

**What absorbent do you use when you are on your period?**
1. Sanitary napkins
2. Cloth
3. Tissue
4. Other

**Can you go and buy the absorbent yourself?**
1. Yes but we rarely do
2. Yes, always
3. We are not allowed to go buy it ourselves
4. Ashamed/uncomfortable

**Is it always available in the store?**
1. Yes
2. Sometimes it is out of stock
3. Some chemists don’t keep it
4. Don’t know

**Can you always afford to buy sanitary napkins?**
1. Yes, they are affordable
2. Price is too high
3. Sometimes we use alternatives
4. We don’t use sanitary napkins

Where do you clean yourselves during menstruation?
1. Washrooms
2. In the open
3. Other

How do you manage the pain and do you experience any side effects (dizziness, vomiting)?

Do you receive empathy and support from people around you or face stereotypes during that period (in terms of activities and worship)?

Does your father/brother know about your period and do they openly talk to you about it?

Results:
The participants’ ages varied from 14 to 22 years and all had attained menarche. All of them go to school. Out of the 35 participants, a majority (54.28%) of the adolescent girls’ mothers or friends had spoken to them about menstruation after menarche. However, even amongst the girls who had some amount of pre-menarche awareness, most were given only vague information from their mothers.

Table 1 shows that out of the 35 girls involved in the study, only 22 (62.86%) girls used sanitary napkins while 6 girls (17.14%) used cloth during menstruation. The remaining 7 girls used to alternate between the two as per availability and affordability. Majority (48.57%) were changing the absorbent twice/thrice a day.
Table 2 demonstrates the perceptions of the girls towards menstruation and the affordability of sanitary napkins. Majority (85.71%) of the girls reported that they were always allowed to go buy sanitary napkins/cloth themselves. The rest were ashamed/uncomfortable and their mothers bought it for them. As per affordability, 37.14% of the participants felt sanitary napkins were affordable whereas 20% reported that the price is too high. The rest do not use sanitary napkins or alternate between cloth and sanitary napkins.

Table 3 shows that 77.14% of the respondents cleaned themselves in the washroom during menstruation while the rest did not have access to washrooms and cleaned in the open. As per availability of sanitary napkins, majority (74.29%) of the girls reported that sanitary napkins were always available in the stores in their respective village while the rest said that at time, they were out of stock.
When asked about the restrictions imposed on them during menstruation, 88.57% of the participants reported that they were not allowed to perform any religious activities, visit their place of worship, cook or even enter the kitchen. However, none of them faced stereotypes from the members of their respective village.

**Discussion:**

India has the largest adolescent population and every fifth person in our country is between 10 to 19 years. Despite the large proportion, adolescent girls continue to face restrictions and barriers with regard to menstrual hygiene management.

This study was conducted to understand the barriers to access menstrual hygiene among adolescent girls in rural India. In this study, where the participants were school-going adolescent girls, most (54.28%) of the participants had been spoken to about menstruation prior to menarche which is fairly consistent to the results of Anna Maria van Eijk’s study where 48% of the participants reported they had pre-menarche awareness. Even though the majority of participants did have pre-menarche awareness, there is still that small proportion who had not been spoken to about it. It is important for all girls to be aware of this biological phenomenon.

Our study shows that most (62.86%) of the adolescent girls preferred to use sanitary napkins over cloth. Only 17.14% used cloth which is consistent with the results of Kamaljit al's study in which 68.7% girls used sanitary pads. This could be due to the increase in availability of sanitary napkins. In this study too, 74.29% of the participants reported that sanitary napkins were always available in the village store. It was found that almost half (48.57%) of the girls changed their absorbent twice to thrice a day, followed by 14.28% who change it more than 5 times per day and 13.14% who change it only once per day. This result is similar to the findings by S. Sangeetha Balamurugan and S. S. Shilpa.

Regarding the perception of menstruation, the majority (85.71%) of participants would go and buy their absorbent themselves, however, the remaining 14.29% were ashamed or uncomfortable to do the same and asked their mothers to buy it for them. This clearly shows how menstruation, a biological phenomenon, has been portrayed by the Indian society. A small proportion (20%) of the participants felt that sanitary napkins were too expensive which is contrary to the study conducted by Rajanbir Kaur where 70% of the women reported that sanitary napkins were not affordable.

The findings of a study conducted by Paria B show that 56.39% of rural girls deprived of a bathroom facility. On the other hand, this study shows only 22.86% of the girls cleaned themselves in the open during menstruation.

Majority of the girls faced various restrictions during menstruation. 88.57% of the participants reported that they were not allowed to perform any religious activities, visit their place of worship, cook or even enter the kitchen. These findings are consistent with the study done by van Eijk A. M. where 83% of adolescent girls reported that they faced these restrictions. All of the participants said that their fathers knew about their menstruation but did not talk about it. This corroborates with the study done by Gupta J. where all the respondents felt their fathers have played no role in this field.

**Conclusion:**

The result of the study revealed that the adolescent girls had been given very brief information about menstruation prior to menarche and a few continued to use cloth as an absorbent. The findings indicate that it is important for the rural health workers to educate the mothers, so that they can further educate their daughters about menstrual hygiene. The school curriculum should include classes on menstruation to make the girls more aware of the phenomenon. To propagate the usage of sanitary napkins, menstrual hygiene management schemes should be introduced and sanitary napkin manufacturing units should be set up in villages. Hygienic pads should be sold at lower prices to make them affordable for rural women.

**References:**