International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

ISSN:2347-6567

IJAMSCR |Volume 10 | Issue 2 | Apr - Jun - 2022
www.ijamscr.com

Research Study Medical research

Study to Asses the Knowledge and Practice of Menstrual Hygiene among Tribal Women Sommaripeth At Distt. Betul, (M.P)

Dr. Dolly pal[1], Dr. Jasmine Chhillar[2], Dr. Gaurav Chhillar[3], Dr.(Prof.) Manish Chaturvedi[4], Dr.(Prof.)Usha Kataria[5,] Dr. Dinesh Chhillar[6*]

[1] *Research Assistant, Department of IDSP, Civil Surgeon Office, Sonipat, Haryana*
[2,3]*MBBS Student 3rd Yrs, NCR Medical Collage and Hospital, Meerut, UP.*
[4] *Professor, Department of MCHA, national institute of health and family welfare, New Delhi.*
[5]*Professor and head, Department of Dermatology, BPS Govt. Med. College for Women, Khanpur Kalan, Sonipat, Haryana.*
[6]*Deputy Civil Surgeon, Department of IDSP, Civil Surgeon Office, Sonipat, Haryana*

Corresponding author: Dr. Dinesh Chhillar
Email: dinesh.chhillar@gmail.com

ABSTRACT

Background
Menstruation is regular monthly discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. Menstrual hygiene is using a clean menstrual material to absorb blood, using soap and water for washing the body and access to facilities to dispose of used menstrual material (UNICEF and WHO,2014).

Aims and objectives
To assess the knowledge, awareness and Practice of menstrual hygiene among tribal women in selected community of distt. Betul (M.P).

Materials and method
The study conducted was descriptive in nature, done on 106 tribal women of reproductive age group of sommaripeth, distt. Betul, Madhya Pradesh. Information on demographic variables which include age, type of family, education of mother, family income, age of menarche were collected from the participants.

Result
67% respondents said that they were using cloths while 4.7% were using sanitary napkins and 28% uses both. 86.79% respondents were using reusable cloth. 73.58% respondents said that they used to change the menstrual cloth only when fully sock. 99%of respondents were washing their genitalia with water before changing the cloth.100% respondent take bath twice in a day during their periods.

Keywords: Menstrual Hygiene; Sanitary Napkin; Traditional Beliefs; tribal women.

INTRODUCTION

Women are the backbone of the society. The profile of the woman's reproductive health is greatly influenced by the women's beliefs and attitude towards menstruation, and her behavior during it. It is more challenging to low socio-economic strata due to profound lack of knowledge, money and casual attitude. Women having better knowledge of menstrual hygiene and safe practices are less vulnerable to Reproductive Tract Infection (RTI) and its consequences.[1]
A woman goes through several developmental milestones that greatly influence her health. The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The first menstruation (menarche) occurs between 11 and 15 years with a mean of 13 years. Menstruation is the monthly shedding of the functional layer of the uterine endometrial lining that occurs when

ovulation is not followed by fertilization. It occurs approximately every 28 days, with a range from every 21 to every 45 days. Menstruation is a physiological process and is periodical decidual shedding of uterine wall lining mixed with blood. It usually last for 3 to 5 days. Girls need emotional support and assurance that menstruation is normal and need not to frighten or embarrass. The practices of menstrual hygiene and subjective experience of menstruation should be stressed and need more focus for women health.[2,3]

Menstruation is generally considered as unclean leading to isolation of the menstruating girls and restrictions imposed on them in the family. These practices have reinforced negative attitude toward menstruation in girls. Many studies 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. In the existing Indian culture, there are several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation. She may be discouraged from somatic, outdoor activities, discontinue bathing, and she may be encouraged to stay at home for a day from school or office. The menstruating woman in some religion is not allowed to pray and touch their religious materials.[4,5]

The taboos surrounding this issue in the society prevents women from articulating their needs and the problems of poor menstrual hygiene management have been ignored or misunderstood. Good menstrual hygiene practice is crucial for the health, and dignity of girls and women. This is an important sanitation issue which has long been in the closet and there was a long standing need to openly discuss it. A woman spends approximately 2,100 days menstruating, that is almost six years of her life.[6]

Globally women and girls have developed their own personal strategies to cope with menstruation. These vary greatly from country to country, and within countries, dependent on an individual's personal preferences, available resources, economic status, local traditions and cultural beliefs and knowledge or education.[7]

Practice of menstrual hygiene is a neglected issue in India, and among various aspects or facts of hygiene, feminine hygiene is perhaps among the most neglected. There is less chance of getting RTI who maintain menstrual hygiene. In other words, Menstruate hygiene is very important and unhealthy practices may lead to various reproductive tract infections.[8]

There are numbers of physical, psychological and emotional symptoms that occur premenstrual and during menstruation. Poor menstrual hygiene in developing countries has been an insufficiently acknowledged problem. There is gross lack of information on menstrual preparedness and management among adolescent girls, a situation made worse by the shyness and embarrassment with which discussions about menstruation is treated. This is the matter to be taken special concern include choosing the best period protection, or feminine hygiene, how often and when to change her feminine hygiene products, bathing, care of her vulva and vagina, as well as the supposed benefits of vaginal douching at the end of each menstrual period. These ideas still play a role in several cultures, as a result of which women and girls get various restrictions imposed on them during their menstruation period.[8,9,15]

The event of menarche may be associated with taboos and myths existing in our traditional society which has a negative implication for women's health, particularly their menstrual hygiene. Studies have shown that the girls lack knowledge about menstruation and due to lack of hygiene, they are likely to suffer from RTI'. Attitude of parents and society in discussing the related issues are barriers to the right kind of information, especially in the rural areas. Menstruation is thus construed to be a matter of embarrassment in most cultures.[9]

Toilets are an important facility during menstruation, providing a space for its management. A study on menstrual hygiene practice among unmarried women in India by Pugalenthi T et al revealed that around 63% of respondents had access to a toilet, although 20% of them do not use the toilet during their menstrual cycle. The main reasons stated for not using a toilet were fear of staining the toilet, non-availability facilities, and no space to keep cloth.[10]

A Nationwide survey carried on knowledge of menstruation among 1033 women in menstrual age and 151 gynecologists revealed that 75 per cent of rural women in India not having sufficient levels of knowledge on menstrual hygiene and care. Only 12% of menstruating population in the country use sanitary napkins and majority 97%gynecologists expressed that sanitary napkins can act as a preventive measure against reproductive tract infection. It was found that among primitive tribes, women who have their periods spend their days in a cowshed.[6,11,17]

Adolescent period is the most vulnerable period to dysmenorrhea, pelvic inflammatory disease, and infection causing permanent disability of reproduction. So, menstrual hygiene must be major concern among adolescent girls.[12]

In the survey conducted in Delhi, Chennai, Kolkata, Bangalore, Lucknow, Hyderabad, Gorakhpur, Aurangabad and Vijayawada, around 31% women reported a drop in productivity levels when they menstruate and missing out on 2.2 days of work on an average.[13,14,16]

In many developing countries, a culture of silence surrounds the topic of menstruation and related issues; as a result many women do not have appropriate and sufficient information regarding menstrual hygiene. This may result in incorrect and unhealthy behavior during their menstrual period and increases women morbidity. So as a result there is strong need to improve the menstrual health of women. Therefore the researcher felt need to assess the awareness, belief of menstrual health and usage of sanitary pads among tribal women of dist. Betul M.P.

AIMS AND OBJECTIVES

To assess the Knowledge, Awareness and Practice of menstrual hygiene among tribal women in selected community, of Distt. Betul (M.P). To assess the knowledge and awareness of menstrual hygiene among the tribal women.

MATERIALS AND METHODS

The study was descriptive in nature was conducted among the menstruating women in a selected community at Betul(MP). A total of 106tribal women out of 126 were interviewed by structured questionnaireover a period of 6 weeks.

Inclusion Criteria

- The women in the age group of 15 to 49 years and having menstruation.
- The women who were willing to participate.

Exclusion Criteria

- The women who attained menopause.
- Women who were not able to answers the questions.
- The women who were not willing to participate.

Data Collection Technique

Structured Questionnaire checklist was used.

A prior permission was obtained from the panchayat. Samples were selected using purposive sample technique. Consent was obtained from the subjects. Confidentiality of information was assured and the purpose was explained before getting the consent. Data obtained was analyzed in terms of objectives and results were recorded.

RESULTS

Study was conducted in village sommari peth dist Betul MP. Sommaripeth is a medium size village located in Betul Tehsil of Betul district, Madhya Pradesh with total 87 families residing in it. The Sommaripeth village has population of 399 of which 209 are males while 190 are females as per Population Census 2011.[Table -1]. Out of 126 total tribal women, 12 females were not in including criteria of the study, out of 114 women 8 women were not participating, so out of 126, 106 women were interviewed.

Table 1: Demographic profile of Village Sommaripeth

Particulars	Total	Male	Female
Total No. of Houses	87	-	-
Population	399	209	190
Child (0-6)	60	30	30
Schedule Caste	27	15	12
Schedule Tribe	262	136	126
Literacy	65.19 %	72.63 %	56.88 %
Total Workers	220	120	100
Main Worker	91	68,506	0
Marginal Worker	129	51	78

Out of 106 participants, 32(30.18%) females were of age group 11- 20 years, 23(21.69%) were of age group 21-30 years, 33(31.13%) were of 31–40 years age group, 18(16.98%) were of age group 41- 50 years.[Table-2] All the 106 (100%) participants were Hindu by their religion and were belong to schedule tribe by their caste. Out of 106 women, 40(39.62%) unmarried, 61(57.54%) women were married, 3 (2.5%) were widow and 2 (1.9%) were divorced.[Table-3]

Table 2: Age group distribution of participants

Age group(years)	Number (n=106)	Percent (%)
11 – 20 yr	32	30.18%
21 – 30 yr	23	21.69%
31 – 40 yr	33	31.13%
41 – 50 yr	18	16.98%

As far education is concerned, 43(40.6%) women were illiterate, 21 (19.8%) women got education up to primary, 40(37.8%) women were educated up to secondary and 2 women i.e; (1.88%) were graduated.[Table-4]

All the 106 participants were under below poverty line (BPL). They used to get benefits from government schemes. Out of 106, 42 (39.62%) were unemployed, 20(18.86%) were doing labour work, 17(16.03%) were farmer, 19(17.92%) were housewife and 8 (7.5%) were having some small business. [Table-5]

Out of the 106 respondent, 64(60.4%) were living in nuclear families and 42(39.6%) were living in joint families. The mean age of menarche of participants of village Sommaripeth was found 13.07 years.[Figure-1]

Majority of the respondents (90.6%) didn't have any knowledge of menstruation and menstrual hygiene, 7.5% women believed that menstruation is a normal phenomenon and 1.9% treated it as a heavenly curse.[Table-6]

40 Respondent (37.7%) believed that menstruation signifies girl's capability of conceiving, 48 (45.3%) believed that it is flow of dirty blood from the body and 18(17.0%) don't know what does menstruation signify. The source of information on menstruation to participants was mother (57.54%), AWW (30.2%), elder sister (3.8%), friend (5.7%) and book (2.8%).

On knowledge and practice of menstrual hygiene majority of respondents (57.54%) didn't wash their undergarments with soap and water. 98.11% respondents didn't put their washed undergarments under the sun. All the women didn't reuse napkins for menstrual hygiene. Majority (78%) of women changed cloth when it sock fully and 21% women change in few hours. Out of 106 women 92 (86.79%) women reuse cloth, no women reuse napkin. No woman was able to buy commercial napkin and only 18.86% were able to buy napkins provided by government and rest of the women were using cloth during their menstruation. On restriction during menstruation, all the respondents were not allowed to enter the home during their menstruation and also none of the respondent was allowed to visit holy places during menstruation. On health seeking behavior during menstruation, 25% of respondent sought medical consultation. 37% respondent used to try domestic remedy and 34% respondents were not seeking any kind of medical help for problems regarding menstruation. 4% of respondents were using tradition *totka* like burring needle in the soil for severe pain in abdomen during menstruation.

Table3: Marital Status of Participants

MARITAL STATUS	Number (n=106)	%age
Unmarried	40	39.62%
Married	61	57.54%
Divorce	2	1.9%
Widow	3	2.5%

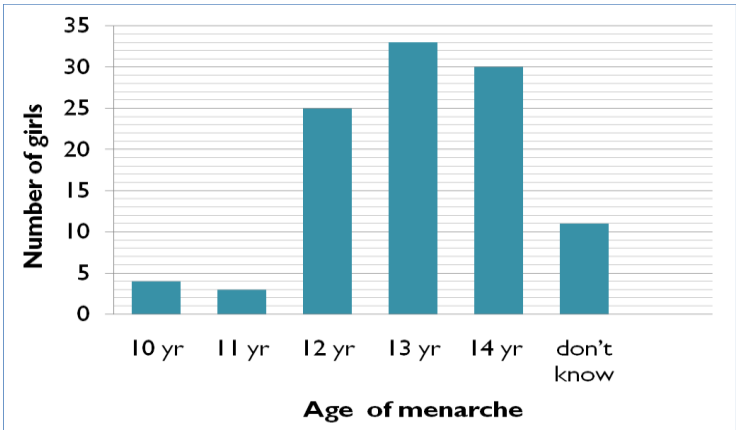

Fig 1: Mean age of menarche of participants

Table 4: Educational Status of Participants

Education	Number (n=106)	Percentage (%)
Illiterate	43	40.6%
Up to primary	21	19.8%
Up to secondary	40	37.7%
Graduation	2	1.88%

Table 5: Employment Status of Participants

Employment	Number (n=106)	Percentage (%)
Unemployed	42	39.62%
Labour work	20	18.86%
Farmer	17	16.03%
House wife	19	17.92%
Small business	8	7.5%

Table 6: Information of participants on menstruation.

Variable	Category	Number (n)	Percentage (%)
What do you think about menstruation?	Normal phenomenon	8	7.2%
	heavenly curse	2	1.9%
	Don't know	96	90.6%
What does menstruation signify?	Capable of conceiving a child	40	37.7%
	Flow of dirty blood	48	45.28%
	Don't know	18	16.98%
Where do you think menstrual blood come from?	Vagina	21	19.81%
	Uterus	18	16.98%
	Ovaries	25	23.58%
	Don't know	42	39.62%
Did you know about menstruation before Menarche?	Yes	62	58.49%
	No	44	41.50%
Who are the Sources of information on menstruation?	Mother	61	57.54%
	Elder sister	4	3.7%
	Friends	6	5.6%
	Book, pamphlet,	32	30.18%
	T.V, radio	3	2.8%
Where do you get information on menstrual hygiene?	ASHA	96	90.6%
	IEC material	2	1.98%
	TV , radio	8	7.54%
	Friends, family	0	0.0%
Do you wash your undergarments with soap during menstruation?	Yes	4	3.7%
	No	102	96.22%

Do you dry your undergarment under sun?	Yes	1	0.9%
	No	105	99%
What will you do if there are problem regarding menstruation?	Medical consultation	27	25%
	Domestic remedy	38	37%
	Traditional totka	5	4%
	Nothing	36	34%

DISCUSSION

The present study had been conducted among the tribal women of Sommari village, distt. Betul M.P. for the period of 1½ month. Out of 106 women, only 58.78% women had information about menstruation prior to menarche, this is low in comparison to study in Rajasthan where the study by IIHMR(ICMR) found that 65.8% women had information about the onset of menstruation and UNICEF study found that 62% women are aware of menstruation at the time of their first episode. Tiwari and oja et.al, conducted study according to that around 2/3rd 0f 900 girls, the main source of information was the mother 60.7% followed by elder sister and teachers and other which includes (near and distant relatives) played a small role. In our study also, majority of women 57.7% were told about menstruation by their mother. Mothers were found to be the key information provider with regard to menstruation. Other major sources of information were elder sister, friends and ASHAs.[18]

Regarding, the opinion about whether menstruation blood is impure or not, all 106 respondent said menstrual blood is impure though it is a myth and their perception has to be changed. Regarding the hygiene 71(67.7%) of menstruating women reported use of cloth and only 5(4.7%) were using napkins supplied by government. 28.3% used both cloth and homemade napkins and none of them reuse napkin.

According to study of Khanna et.al (2005) and Dr. S.Z.Quazi et.al.(2006), more than 3/4th of girls use cotton cloths and reuse them after washing which result in maximum girls developed infection, white discharge problem, itching and burning in micturation during their menstrual period. Girls, who use cloth, were more prone to develop genital tract infections as compare to those using sanitary napkin. This has implication for health education so that they can educated about proper use of cloth, education will also help in reducing the cases of vaginal infection in girls, though the number of girls using cloth is less but still the girls should be educated about how to use the cloth to avoid infection.[19,20]

Regarding disposal of pads and cloths, majority of tribal women reuse the cloth after washing. In a study of central research (1990), it is commonly seen that the used napkins are wrapped in paper and thrown in dustbin or simply thrown in latrines. This creates unhygienic condition at home as well as surrounding. Hence, it is very important to reinforce knowledge and information regarding proper disposal of used napkin.

All 106 women take bath during their periods. In the studies by Shipra Nagar and Aimol et.al.(2010), it was found that the respondent had good awareness regarding hygiene aspects of menstruation . Most of the respondent (67%)in our study too used to bath twice a day and also believed that readymade sanitary napkins should be used.[3]

In this study we can see that only 5 % of women afford sanitary napkin supplied by government that is 15 Rs /- per packet of 4 pads.100 women are unable to buy even controlled rate government supplied napkins. The latest National Family Health Survey (NFHS) 2015-16 report shows that the use of Sanitary Napkins among Indian women is 48.5% in rural, 77.5% in urban and 57.6% in total. The only reason behind this is the cost of napkins provided by govt. which has been sold by ASHA is not afforded by population at remote part of country.

CONCLUSION

The key finding of the present study is that the knowledge on menstrual hygiene is poor among the tribal women of Sommari village, dist. Betul, M.P. due to illiteracy, low socio-economical status. Their menstrual hygiene practice during menstruation is poor because of their cultural belief. If government provides sanitary pads free of cost in tribal areas, reproductive morbidities and their treatment cost can be minimized to recognizable level. The education on the menstrual hygiene is the most vital need for adolescent girls as well as women of remote villages of India. IEC material should be made in easily understandable manner as per the need of community. National guidelines for menstrual hygiene management were officially promulgated in Dec. 2015. Proper monitoring and evaluation of Training programmes should be done for evaluating the efficacy or success of programmes. Conscious efforts to be made to address need of privacy, which is an important determinant for proper practice of menstrual hygiene. Realizing the needs and interest to use sanitary napkins, innovative ways have to be identified for making the napkins at affordable price to the women of all segments of society.

REFERENCES

1. Dasgupta A, Sarkar M. Menstrual hygiene among adolescent girls. Indian J CommunityMed. 2008;33(2)(2):77-80. doi: 10.4103/0970-0218.40872, PMID 19967028.
2. Rosner J, Samardzic T, Sarao MS. StatPearls[internet]. Treasure Island, (FL): StatPearls Publishing. PMID PubMed;Oct9, 2021. Physiology, Female Reproduction.
3. Nagar S, Aimol KR. Knowledge of adolescent girls regarding menstruation in tribal areas of Meghalaya. Stud TribesTribals. 2010Jul1;8(1):27-30. doi: 10.1080/0972639X.2010.11886610.
4. Mudey AB, Kesharwani N, Mudey GA, Goyal RC. A cross-sectional study on awareness regarding safe and hygienic practices amongst school going adolescent girls in rural area of Wardha District, India. GlobJ HealthSci. 2010Oct1;2(2):225. doi: 10.5539/gjhs.v2n2p225.

5. Udgiri R, Angadi MM, Patil S, Sorganvi V. Knowledge and practices regarding menstruation among adolescent girls in an urban slum: J Indian Medical Associatio. 2010Aug;108(8):514-6.
6. Selvi KT, Ramachandran S. Sociocultural taboos concerning menstruation: A micro level study in the Cuddalore district of Tamil Nadu, India. Int J Sci Res Publ. 2012Aug;2(8):1-7.
7. Baridalyne N, Reddaiah VP. Menstruation: knowledge, beliefs and practices of women in the reproductive age group residing in urban resettlement colony of Delhi. Health Popul Perspect Issues.2004;27(1):9-16.
8. Drakshayani Devi K, Venkata Ramaiah P. A study on menstrual hygiene among rural adolescent girls. Indian J MedSci. 1994Jun;48(6):139-43. PMID 7927585.
9. Dr.Kamath D.Dr.Bhatti L, Dr. T.A sulekha, Journal on 17th conference Of The Karnataka Association Of Community Health.2005; Mar;11:37(1):2.
10. Pugalenthi T, Senthil J.JayakumarKK and Pandiammal. Determinants of MenstrualHygienePracticeAmongUnmarriedWomen in India.Scholars Research Library, 2013; 5 (4):137-45.
11. DH News Service. Sanitary napkin to rural women at just rupee1. Deccan Herald [cited Feb 21,2010]. Available from: http://www.deccanherald.com/content/54082/sanitary-napkin-rural-women-just.html; 2010.
12. Sinha S, Singh A. Adolescent health-tackling menstrual hygiene issue through social marketing of sanitary napkins scheme: an evaluation study from Haryana. J PostgradEduc Res.2013;47:127-30.
13. Baridalyne N, Reddaiah VP. Menstruation: knowledge, Beliefs and Practices of Women in the Reproductive Group residing in an Urban Resettlement colony of Delhi. Health PopulPerspect.2004;27:9-16.
14. Kamath R, Ghosh D, Lena A, Chandrasekaran V. A study on knowledge and practices regarding menstrual hygiene among rural and urban adolescent girls.GlobJ Med PublicHealth. 2013;4(2):22-6.
15. Bathija G, Dattatreya D, Savantrevva R, Itagimath S.Study on usage of woman hygiene kit among menstruating age group in field practice area of kims.IntJ BiomedSci. 2011;4(2):129-37.
16. Parveen K, Chaturvedi M, Nandan D, Shrotria V. Perception and practicesregardingmenstruation in women of reproductiveage group in urbanslums. Indian J Public Health Res Dev. 2013Jul1;4(3):143. doi: 10.5958/j.0976-5506.4.3.097.
17. UNICEF, Media Centre; lunches a guidance booklet on Menstrual Hygiene Management. New Delhi. Vol. 8;2008Mar.
18. Tiwari H, Oza UN, Tiwari R. Knowledge, attitudes and beliefs about menarche of adolescent girls in Anand district, Gujarat. EMHJ-eastern Mediterranean Health[journal]. 2006;12(3-4):428-33, 2006.
19. Khanna A, Goyal RS, Bhawsar R. Menstrual practices and reproductive problem. A study of girls in Rajasthan. J HealthManag. 2005;7(1):91-107.
20. Quazi SZ, Gaidhane A, Singh D. Believes and Practices regarding menstruation among adolescent girls of high school and junior college of rural areas of Thane district.J DMIMSU, Dec2006;2:67-71.