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MENSTRUAL MANAGEMENT AMONG RURAL WOMEN

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ABSTRACT

Onset of menstruation is considered as land mark in the growth and development of an adolescent girl. During Puberty, hormonal, Psychological, cognitive and physical changes occur simultaneously and interactively making physiological development pose a challenge to adolescent's in their life. Menstruation is one of the signs of puberty and earmarks the appearance of secondary sexual characteristics. Menstruation is generally considered as unclean in Indian society and hence a woman in the menstrual period is subjected to social restriction. As a result, menstrual hygiene found unsatisfactory. Menstrual hygiene and practices especially among rural women and influenced by various social, cultural, economic and religious factors. The present study aims at to eliciting the knowledge and practice of menstrual hygiene among rural women. A cross sectional study was conducted with 188 women visited to Anbil Primary Health Center in Lalkudi Taluk of Tiruchirappalli district. The study reveals the prevalence of child marriage practices in the universe and also about high usage of sanitary pads by the rural women.

KEYWORDS :*Menstruation, Menstrual Hygiene and Puberty, Primary Health Centre, Rural Women.*

INTRODUCTION

Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. This period is marked with onset of menarche. Menstruation is a natural phenomenon of vaginal bleeding that occurs with the shedding of the uterine mucosa every month by adolescent girls and women of reproductive age group. Although menstruation is a natural process, is still considered as something unclean or dirty in Indian society which sometimes results into adverse health outcomes. Especially, in rural areas several perceptions, practices and taboos is sprawl about menstrual health, hygiene and perception and a complex interplay of social ,economic and political factors keep this misconceptions intact. Practice of seclusion and exclusion during menstruation though is very much a part of their lives, is also a source of misery during those difficult days. For most of the girls, the first menstruation is often horrifying and traumatic experience, or at the best, a nuisance, or is something to fear or to be ashamed off. Restrictions in daily activities such as not being allowed to move inside the home freely as in other days, especially in kitchen and Pooja room where worship is being made, are also imposed. Moreover, reaction to menstruation depends upon awareness and knowledge about the subject. The

manner in which a girl learns about menstruation and its associated changes may have an impact on her attitude to the event of menarche.

Although adolescence is a healthy period of life, many are less informed, less experienced and less comfortable in accessing reproductive health information and services. This leads to culmination in repression of feelings which can cause intense mental stress and seek health advice from quacks and persons having inadequate knowledge. Hence, it is an important issue concerning morbidity and mortality of female population. This apart, various aspects such as physiology, pathology and psychology of menstruation also have been found to associate with health and wellbeing of women. Therefore, hygiene-related practices during menstruation are of considerable importance for reproductive health on the other hand, poor practices increase vulnerability to reproductive tract Infections

OBJECTIVES OF THE STUDY

1. To study the socio-economic backdrop of the respondents
2. To find out the knowledge and practice of menstrual hygiene among rural women

MATERIAL AND METHODS

A descriptive cross-sectional study was carried out in the Primary Health Center of Anbilvillage, Lalkudi Taluk of Tiruchirappalli district, Tamil Nadu for a period of one month. The study was conducted during May 2016. In toto188 pregnant and nursing mothers visited to the Primary Health Center (PHC) of Anbil village was interviewed. A predesigned, pre-tested structured self-administered questionnaire was used for data collection.

RESULTS AND DISCUSSION

Menstruation is a phenomenon unique to all females and its practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes. Primarily poor personal hygiene and unsafe sanitary conditions result in gynecological problems. Infections due to lack of hygiene during menstruation are often reported. Repeated use of unclean napkins or the improperly dried cloth napkins before its reuse is results in harboring of micro-organisms causing vaginal infections.

Our traditional society discourages open discussion on these issues. Such type of culture of silence surrounds the topic of menstruation and related issues in many parts of the developing countries. As a result many young girls lack appropriate and sufficient information anent menstrual hygiene. This may in turn result in incorrect and unhealthy behavior during their menstrual period. Poor personal hygiene and unsafe sanitary conditions result in the girls facing many gynecological conditions result in the girls facing many gynecological problems. Good hygiene, such as use of sanitary pads and adequate washing of the genital area, is essential during menstruation. Women and girls of reproductive age need access to clean and soft absorbent sanitary products, which in the long run protect their health. Menstrual hygiene and management is an issue that is insufficiently acknowledged and has not received adequate attention. With this idea this stud on “Menstrual Management among Rural Women” was taken up in Lalkudi taluk of Tiruchirappalli district, Tamil Nadu.

Table – 1: Profile of the Respondents

SL. No	Respondents Age	Frequency	Percentage
1	Below 20 years	8	4.3
2	21-25	92	48.9
3	26-30	64	34.0
4	31-40	24	12.7
	Total	**188**	**100.00**
	Religion	**Frequency**	**Percentage**
1	Hindu	169	89.9
2	Muslim	8	4.3
3	Christian	11	5.9
	Total	**188**	**100**
	Caste	**Frequency**	**Percentage**
1	Backward community	117	62.2
2	Most backward community	17	9.0
3	Schedule caste	54	28.7
	Total	188	100
	Education	**Frequency**	**Percentage**
1	Illiterate	4	2.1
2	Primary school	23	12.2
3	Secondary	62	33.0
4	Higher secondary	49	26.1
5	Graduate	50	26.6
	Total	**188**	**100**
	Occupation	**Frequency**	**Percentage**
1	House wife	176	93.6
2	Daily Wage Earners	4	2.1
3	Self employed/ Business	4	2.1
4	Government employee	2	1.1
5	Private	2	1.1
	Total	**188**	**100**
	Income	**Frequency**	**Percentage**
1	No income	179	95.2
2	Below Rs.5000	5	2.7
3	Rs 5001-10000	1	0.5
4	Rs 10001-Rs. 15000	3	1.6
	Total	**188**	**100**
	Marital Status	**Frequency**	**Percentage**
1	Married	187	99.5
2	Widow	1	5
	Total	**188**	**100**
	Family Type	**Frequency**	**Percentage**
1	Nuclear family	107	56.9
2	Joint family	78	41.5
3	Extended family	3	1.6
	Total	**188**	**100**

Source: Primary data

It is understood from the table - 1 that most of the respondents (48.9%) were in the age group of 21-25 years followed by 34% of the respondents in the age group of 26-30 years and 12.7% in the age group of 31-40 years. Very small percentage of the respondents (4.3%) was found in the age group of below 20 years. From this we can make out that child marriage practices are still under practice in the

study area and the spacing for the first child also may be very uncommon too. This may be attributed to the taboo, stigma and cultural practices attached with women who do not give birth to the child soon after marriage. In rural Tamilnadu, women who do not give birth to the child used to be termed as barren woman. Barren women in our society is consider as curse and subjected to lot of disgrace .Hence , respondents of our universe would have begotten child soon after marriage .

Anent religion of the respondents was concern, 89.9 % of the respondents belongs to Hindu religion, 4.3% were Muslims and 5.9% Christians .As per the 2011 census, Hindus were 80.5%, Muslims were 13.4% and the Christians were 2.3.percentage. Comparison of census data with our samples reveals the overwhelming numerical strength of Hindu population in our research universe. The abnormal representation of Hindus in our sample is an unintended consequence of the actual numerical strength of Hindus in the total population. Similarly the Christian population is also found to be little higher in our study. But the Muslim population in our sample is less compare to the actual Muslim population of our country.

It is evident from the study that majority of the respondents (62.2%) belongs to backward community followed by the scheduled caste and Most backward community with 28.7% and 9% respectively. With regard to education, the study area has more literates than illiterate's. Of the literates majority (33%) were having completed secondary education followed by graduates with 26.6%. Respondents with higher secondary qualification also form the same proportion of graduates of the research universe. With regard to occupation of the respondents was concerned, vast majority of the respondents (93.6%) belongs to the category of House wife followed by 2.1% of the respondents self employed and the same percentage were daily wage earners. Also 1.1% were comes under the each category of both private and government service . As most of the respondents were house wife (93.65)as seen above, only4.8% were being as earning members .Of this, 2.7% were earning less than Rs.5000/- followed by the 1.6% .0.5% of the respondents earning 10001-15000/-and 5001-10000respectively. The data also reveals 99.5% of the respondents were married and the remaining (1 %) respondent belongs to widow category. Table also indicates that 56.9% of the respondents were hailing from nuclear family and the remaining 41.5% of the respondents being in the joint family. Only very lees (1.6%) were from extended family.

Table – 2: Distribution of respondents by menstruation and related experiences

Sl.No	Age at onset of Menarche	Frequency	Percent
1	11-12 Yrs	38	20.2
2	13-14 Yrs	133	70.7
3	15 and Above	17	9.0
	Total	**188**	**100.0**
	Reason for Occurrence of Menarche	**Frequency**	**Percent**
1	Process of ovulation	14	7.4
2	Time to get pregnancy	12	6.4
3	No response	162	86.2
	Total	**188**	**100.0**
	Sources of Information prior to Menstruation	**Frequency**	**Percent**
1	Mother	26	13.8
2	Relatives	28	14.9
3	Friends	5	2.7
4	Teacher	4	2.1
5	Neighbour	4	2.1
6	No Knowledge about puberty	121	64.4
	Total	188	100.0
	Types of Absorbent Materials	**Frequency**	**Percent**
1	Use new cloth at every month of menses	12	6.4
2	Reuse of old cloth by washing	4	2.1
3	Use sanitary pad	149	79.3
4	Use both	23	12.2
	Total	**188**	**100.0**
	Regular bathing practices	**Frequency**	**Percent**
1	Bathing once a day	114	60.7
2	Twice a day	74	39.3
	Total	**188**	**100.0**
	Restriction during menstruation	**Frequency**	**Percent**
1	Restriction Present	112	60.6
2	No Restriction	76	40.4
	Total	**188**	100
	Menstrual Problem After Puberty	**Frequency**	**Percent**
1	Painful Menstruation	10	5.3
2	Delayed Menstruation	4	2.1
3	Prolonged Menstruation	1	0.5
4	Excessive Bleeding	6	3.2
4	Continuous Bleeding	2	1.1
6	No Problem	165	87.8
	Total	**188**	**100.0**

Source: Primary data.

Menarche is an important phase in the life of adolescent girls. It earmarks normal physical, endocrinal and physiological development. Generally, the onset of menarche usually occurs between 11 and 14 years of age (average age 12 years, 6 months).Over all, 98% of girls have attained their menarche after 15 years of age. The age at menarche is influenced by socioeconomic, geographical, nutritional and environmental factors .In our study it is found that 70% of the respondents attained menarche between 13-15years and 20%athe age of 11-12 years and very less (9%)were in the age of

15and above .

In our research universe, most of the respondents (86.2%) did not aware about the reason for the occurrence of menarche and only 14% did know about the reason for menarche. It is also evident that 64%of the respondents not aware about menarche before the onset. Of the respondents who had prior knowledge about menarche, 14.9% come to know from the relatives, 13.8% from mothers, 2.7% from friends, 2.1% had knowledge from teachers prior to onset of menstruation and the same percentage from have had information from neighbours.

Anent the types of absorbent materials, 79% of the respondents did use sanitary pads during menstruation, 6.4 new cloth at every month of menses, 12.2% both sanitary napkins and cloths upon the availability of pads in the rural areas and the remaining 2.1% reuse of old cloth . It is very obvious from the data presented about the types of absorbent materials, more numbers of rural women have started using sanitary rather than cloths during menstruation. This shows the high awareness on the part of rural women on menstrual hygiene. The study also reveals that 60.7% bathing once a day and 39.3% bathing twice a day. It also affirms the high sense of menstrual hygiene among rural women.

The table - 2 reveals that majority of the respondent (60.6%) have positively responded for the social restriction at the time of menstruation and the remaining 40.4% did give negative response for social restrictions. Though the social restriction has been imposed out of hygiene point of view, the changing values out of modernization made less than half of the respondents to give-up the restrictions. The table also reiterates that majority (87.8%) did not have any menstrual problem after puberty and only 12% reported problems such as Painful Menstruation, Delayed Menstruation, Prolonged Menstruation, Excessive Bleeding and Continuous Bleeding

CONCLUSION

Healthy practices are important for health and well being of individuals. Menstrual period is one such time when females are expected to adopt hygienic practices. A variety of factors are known to affect the behaviors. Age, culture, awareness and Socio-economic status are often found to exert profound influence on the behaviors and practices. Age and Socio-economic status were the most influencing factors, as they influenced the choices for menstrual absorbents and other practices such as personal hygiene, bathing and washing of genital tract was common, changing of pads at night and school hours was followed by higher percentage of girls. Further, women are becoming conscious about the importance of adopting healthy practices during menstrual period. However, the socio economic conditions of rural women put a yoke on their way in practicing it. Hence, it is important that a sustained initiative needs to be to developed to increase the reach of menstrual hygiene among rural women and thereon their health and wellbeing.

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