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Research Article

Menstrual Health and Hygiene: Awareness and Communication in Rural Areas

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Abstract

Menarche is the first menstruation that adolescent girls attain. Menarche is one of the few indications of pubertal changes seen during adolescent phase accompanied by biological physical, and psychological changes. It marks the transitional phase of adolescent girls from child to being a teenager. It brought out the physiological development in girls and considered as landmarks in female puberty because it signifies the transformation from girlhood to womanhood. However the sudden occurrence of menstruation creates shame, fear, anxiety and uneasiness among adolescent's girls. They also faced menstrual disorders such as abdominal pain, weakness, excessive bleeding, etc. Maintaining good hygiene during menstruation is also very necessary as lack of hygiene results in various health problems such as vaginal infections and reproductive tract infections. Mothers found to be the primary sources of information on menstruation. The role of mother is crucial in helping their daughters to manage their menstruation effectively. Proper awareness and education on menstrual health and hygiene is must. Thus the present study seeks to find mother's awareness on menstrual health and hygiene. And also the role of mothers in communicating about hygiene practices to their daughters during menstruation in rural areas.

Keywords: Menstrual Health, Hygiene, Communication, Rural Area

Introduction

Menstrual Health and Hygiene is an essential part of reproductive health during menstruation. Maintaining proper hygiene during menstruation is very important as poor hygiene can lead to various health problems. Young girls and women are at more risk of infection (including sexually transmitted infection) during menstruation because the plug of mucus normally found at the opening of the cervix is moved and the cervix opens allowing blood to pass out of the body. Many studies have reported a link between poor menstrual hygiene and urinary or reproductive tract infections, and other illnesses. RTI has become a silent epidemic that is contributing significantly to female morbidity. Cases of infections related with RTIs are increasing in the country. Some of the common infections are bacterial vaginosis, vulvovaginal candidiasis, chlamydia, trichomonas vaginalis, gonorrhoea, syphilis, hepatitis B, urinary tract infections, pelvic inflammatory disease and vaginitis. Menstrual hygiene practices refer to special health care needs and requirements both for young girls and women during menstruation. These hygiene practices include choosing of best period protection or feminine hygiene products; how often and when to change these products; bathing care of the vulva and vagina and vaginal douching. Approximately 88% of women in India use homemade products such as reusable cloth or locally made cotton cloth during their menstruation because of lack of access to good quality of commercial sanitary pads. They are also not familiar or have insufficient information about pads. In some cases, women are found to use hay, ash sand, ash, wood shavings, newspapers, dried leaves, or plastic. Because of cultural taboos, women have lack of access to clean cloth and sunlight. They are bound to dry their cloth at places where no one can see it. Thus repeated use of cloth that is dried improperly before it can be reused results in harbouring of micro-organisms leading to vaginal infections. A study in Orissa conducted in 2015 establishes a direct correlation between urogenital infection and bacterial vaginosis with users of reusable

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pads compared to users of disposable pads. However, it has made clear that hygiene management practices, access to clean water and private changing areas for women were not explored in this study. But it recommends conducting such studies to explore this aspect to ensure that women follow hygienic practices in storing and washing their reusable cloth.

Disposable pads are considered "aspirational" by girls because it tends to symbolize mobility and freedom from worry during menstruation. Although the majority of sanitary pads are sold in urban areas, rural areas still have a very low share in commercial disposable pads only 32% as reported in 2014. Commercial sanitary pads though are comfortable and safe to use, yet it is not afforded by most of the girls who belong to low-income households because of the high cost. Lower price, discounts and special offers such as buy one get one free attract girls in rural areas, semi-urban areas to buy commercial sanitary pads. Large corporations are using intensive marketing and awareness campaigns to shift consumers from using the cloth to disposable sanitary pads. Although the national guidelines recommend the use of clean cloth, the Government of India is encouraging the use and access of disposable pads. The growing demand and supply of disposable sanitary pads also bring environmental concerns. To combat this issues efforts have been made to develop bio-degradable pads made out of locally grown materials such as bamboo, banana stem fibre, and sugarcane waste, as well as re-usable cloth pads. However, these products have high cost and are not available at scale.

It is also important to mention that poor menstrual hygiene is also acting as prominent barriers in achieving the several Millennium Development Goals such as MDG 2,3,5,7 and 8. These goals have been specified below:

- MDG 2 (Achieve universal primary education) Menstruation is an important cause of absenteeism and even school dropout for adolescent girls.
- MDG 3 (promote gender equality and empower women) Gender equality and women empowerment are degraded because of cultural taboos and misconceptions regarding menstruating girls and menstrual hygiene.
- MDG 5 (Improve maternal health) Poor menstrual hygiene practices causes severe health hazards in many women such as Reproductive Tract Infection, Cervical Cancer, which is the commonest cause of cancer among women in India. Very recently free distribution of sanitary napkins activities has been undertaken by ARSH of NRHM to promote menstrual hygiene among adolescent girls, especially in rural areas.
- MDG 7 (Ensure environmental sustainability) Disposal of sanitary napkins in the open area and other absorbent materials such as cloth is not ecologically friendly.
- MDG 8 (Global partnership for development) There is lack of structured program or policy for promoting better menstrual hygiene, thus resulting in neglection of MDG 8.

Menstrual disorders or menstrual irregularities are also serious health problems that the girls or women experience. The menstrual disorder is frequent and unpredictable bleeding, prolonged bleeding, or profuse bleeding having serious health consequences such as oligomenorrhea, hypermenorrhea and dysmenorrhoea. Oligomenorrhea refers to the menstrual condition in which one has light or infrequent menstruation. It is not a matter of concern until it goes more than 35 days without menstruating. Hypermenorrhea also called menorrhagia, is a disruption in the normal menstrual flow of girls and women leading to excessively heavy flow. It falls under the broader category of abnormal uterine bleeding (AUB). Dysmenorrhea refers to painful periods, or menstrual cramps during menstruation. There are two types of dysmenorrhea: primary dysmenorrhea that is caused by menstruation itself. Secondary dysmenorrhea which is triggered by another condition, such as endometriosis or uterine fibroids. Dysmenorrhoea, though not life-threatening is the most commonly reported menstrual disorder that can disrupt woman's daily life and productivity. In the absence of appropriate pain relief, under severe dysmenorrhoea women may not be able to carry out their normal activities. Irregularities in cycling are not associated with adverse health outcomes but cases of amenorrhoea leading to infertility. Oligomenorrhoea and amenorrhoea may also cause an underlying endocrine disorder, such as polycystic ovaries or hyperprolactinaemia. These menstrual conditions can cause weight loss, malnutrition or obesity. And also lead to symptoms of other medical issues that require treatment such as endometrial tuberculosis, AIDS wasting, or cancer. Conditions of abnormal uterine bleeding or irregular bleeding may also be a vital warning sign of reproductive tract infections, like cervicitis or pelvic inflammatory disease, or fibroids, and of cervical or uterine cancer. Therefore educating young girls and adult women to seek health care and treatment for bleeding problems is an important approach for improving their health.

Despite the fact that menstruation is an important part of the reproductive phenomenon, it considered as an inconvenient and embarrassing situation. In developing nations and especially in their rural areas. In rural areas, parents themselves do not know how to deal with physical and emotional changes during their daughter's menstrual days. Adolescent girls in rural areas thus face numerous problems such as remaining absence from school, mood swings, health problems (fatigue, irritation, menstrual pain) etc. as they have not been provided proper education regarding physical, emotional and mental changes that result from menstruation by the families and in school

respectively. Therefore it has become very important that adolescent girls must have appropriate and correct knowledge so that they can have their menstruation in a comfortable manner. They must gain knowledge about their health problems regarding sexual and reproductive health. Adolescent girls trust their mothers as far as menstruation is concerned and hence role of mothers is crucial in helping their daughters to manage the menstruation effectively. Effective communication from mothers motivate daughters to adopt menstrual hygiene practices. But unfortunately mothers lack correct information and are not aware properly about menstrual health and hygiene. And also because of the dominance of social taboos in society reproductive and sexual health is suppressed. Research shows that the adolescent girls are trapped under socio-cultural practices which make them powerless to make fundamental life choices for their well-being.

Thus health issues of adolescents need to be addressed for their development and better growth. Also, there is a requirement of a free cultural environment which exclude social taboos and restrictions so that they can manage menstruation hygienically and with dignity. Mothers must be educated about menstrual disorders and menstrual hygiene. Though there is some openness towards menstruation, differences in attitude and thinking still exist among different population groups.

Literature Review

Aishwariya and Hari (2016) identified different contents on menstruation that are shared by mothers to her daughters. The contents include causes of menstruation, menstrual hygiene, menstrual restrictions, personal care, distance from opposite gender, reproductive process and so on. However, the study also revealed that communication on causes of menstruation (15%) and reproductive process (5.1%) was very less. The authors further suggested that adolescents' health should be given more priority in health policies and programmes.

Busari (2012) in his study carried out in secondary schools in rural areas of Skakai, Okeho, Iseyin Iwere Ile, and Igboho found that cultural background and upbringing influence the menstrual knowledge and health behaviour of adolescent girls. Mothers who were literate had developed good menstrual hygiene practices among their adolescent girls in comparison to illiterate mothers. The study also indicated that girl's menstrual knowledge was positively associated with the parental education. The author emphasized the role of the mother in giving knowledge to their adolescent daughters on menstruation. He highlighted that due to cultural taboos and religious restrictions, young girls in rural areas had not received proper information regarding menstrual hygiene causing unhealthy practices during their menstrual days leading to reproductive health risks. The author further suggested that mothers of adolescent girls need to be educated regarding menstrual and menstrual health. She must be empowered with necessary skills so that she can communicate effectively and transfer information to their daughters.

Chandra-Mouli and Patel (2015) in their study based on knowledge and understanding of menarche and menstrual health mentioned that it is the right of young girls to know about menstruation and menstrual hygiene. The authors also stressed upon the need of education on puberty at the individual level, the need of support during menstruation at the family level and need of health care workers who are competent and caring enough to respond girl's queries on menstruation.

Ernster (1977) in her study based on expectations about menstruation, found that most common source of information about menstruation was the mothers. The study also stated that the mothers wanted their daughter to know about menstruation so that they would not feel panic when they experienced it. The girls were more comfortable with their mothers in discussing menstruation in comparison to other persons. However, it was also seen that the subject of menstruation is very difficult to confront openly. Hence the author emphasizes the importance of mother's attitude in influencing daughter's menstrual experience.

In his study based on factors affecting menstrual hygiene, **Mltunda** found that inadequate knowledge, cultural taboos, inadequate facilities and services, poverty and gender discrimination are some of the factors which affect menstrual hygiene. Therefore the authors recommended that parents must understand their role, take steps forward to create awareness of menstruation and menstrual hygiene issues.

Pandit (2014) in his study found that, around 80% of adolescent girls discuss their menstrual problem with their mother. Therefore the author suggested that it is necessary to implement health related educational activities for the adolescent girls and their parents to manage menstrual problems effectively.

Rembeck, Moller and Gunnarsson (2006) in their study, mentioned that the communication regarding menstruation usually happens between mother and daughter after the menstruation is started. The authors also stated that content of the message that is passed on to the young girls by their mothers on menstruation is also affected by the attitude she possesses towards it. Therefore mothers need to be encouraged and motivated to obtain adequate information on menstruation.

Thakre and others (2011) highlighted the need for accurate and adequate information about menstruation

for adolescent girls. The study revealed that mothers play a vital role in the communication of information on menstruation; therefore she must be equipped with correct and appropriate information on menstrual health. Also, the authors are concerned about the restrictions imposed on adolescent girls. They suggested that these issues must be addressed by health organizations.

Objectives

- To find out the mother's knowledge on menstrual health and hygiene.
- To find out the contents on menstrual health and hygiene mothers communicate to their adolescent daughters
- To find out the effectiveness of interpersonal communication in motivating daughters to adopt menstrual hygiene practices.

Methodology

The study was conducted in Nuaguda village of Koraput district. Total 52 respondents that is 26 mothers and 26 adolescent daughters were selected for the study. The daughters who have attained menarche were selected for the study. The age of the adolescent daughters was between 9-18 years. Purposive (Non-probability) sampling technique was employed to enroll women and adolescents girls in the study. The study was conducted from October 2017 to December 2017.

A pre-designed, pretested and structured scheduled was designed by the investigator which included the demographic information like age, education, occupation, religion of the respondents. Personal information like age at menarche, source of information about menstruation, awareness about menstrual health and hygiene, use of menstrual products and communication on health and hygiene were also documented.

Results

Table 1.Age of the Adolescent Daughters

Age (Years)	No. of Respondents	Percentage (%)
15	9	34.6
16	6	23.1
17	7	26.9
18	4	15.4
Total	**26**	**100**

The table given below shows the age of the respondents (adolescent daughters) in the village during the research study. Most of them (34.6%) are of 15 years, (26.9%) are of 17 years, and (23.1%) are of 16 years. Very few are 18 years of age (15.4%).

Table 2.Age of Mothers and Adolescent Daughters at Menarche

Age at Menarche (Years)	Mothers (No. %)	Adolescent Daughters (No. %)
9	0(0.0)	1 (3.8)
11	0(0.0)	4 (15.4)
12	13 (50)	14 (53.8)
13	7 (26.9)	5 (19.2)
14	6 (23.1)	2 (7.7)
Total	**26**	**26**

The table shows the age of both mothers and adolescent daughters when they attained menarche. Menarche is the age when the girls get their first period. In the present study out of 26 respondents of the mothers, (50%) attained their menarche at the age of 12, (26.9%) of the mothers reached menarche at the age of 13 and (23.1%) attained menarche at the age of 14. In case of adolescent daughters, (53.8 %) of the respondents have got their menarche at the age of 12, (19.2%) at the age of 13, (15.4%) at the age of 11, (7.7%) at the age of 14 and (3.8%) at the age of 9.

Figure 1.Awareness about infections and its symptoms that may happen during menstruation because of poor menstrual hygiene

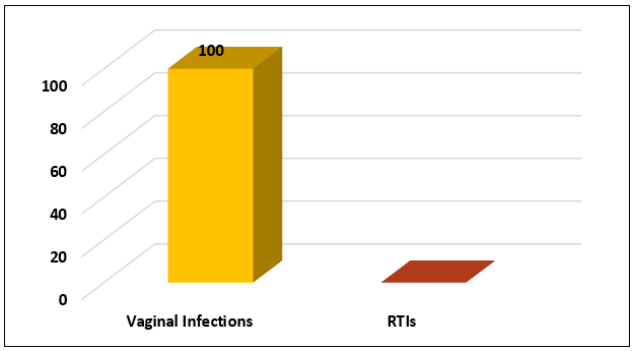

Figure 1.1 Mothers' awareness about infections (%)

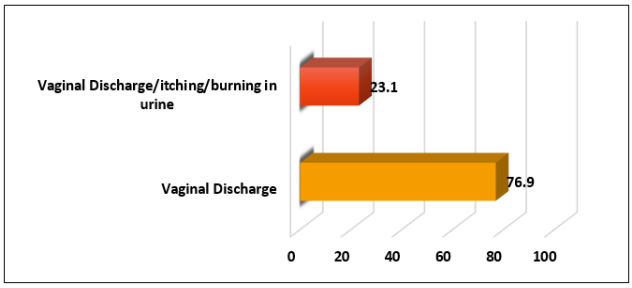

Figure 1.2 Mothers' awareness about symptoms of infections (%)

Figure 1.1 shows that mothers are only aware of vaginal infections. They are not aware of Reproductive Tract Infections (RTIs). Figure 1.2 shows that 76.9% of mothers are

aware that vaginal discharge is the symptoms of infections during menstruation and (23.1%) of mothers are aware that the symptoms of infections are vaginal discharge, vaginal itching and burning in urine.

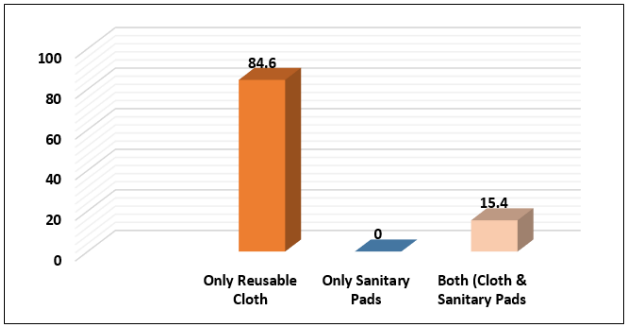

Figure 2.Types of Absorbent used by Adolescent Daughters (%)

The above figure shows that (84.6%) of adolescent daughters used only reusable cloth. Very few (15.4%) of them used both sanitary pads and reusable cloth.

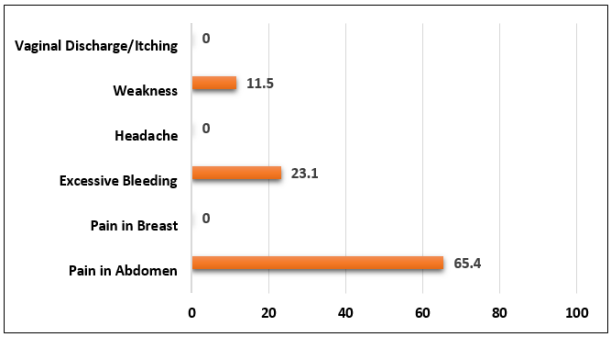

Figure 3.Health problems faced by Adolescent Daughters during menstruation (%)

The above figure shows that adolescent girls mostly faced pain in the abdomen (64.4%), followed by excessive bleeding (23.1%), and weakness (11.5%). Cases of vaginal discharge or itching were not found in the study.

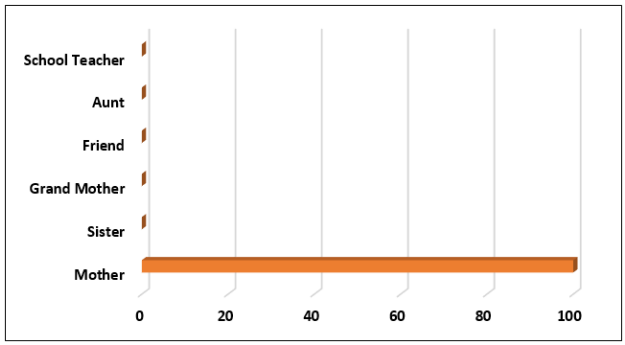

Figure 4.Person first approached by Adolescent Daughters for Menstrual health problems (%)

The above figure shows that adolescent daughters approached their mothers for menstrual health problems.

The above figure shows that 96.2% of mothers told their daughters about menstrual pains during menstruation such as pain in abdomen, headache, and weakness, excessive

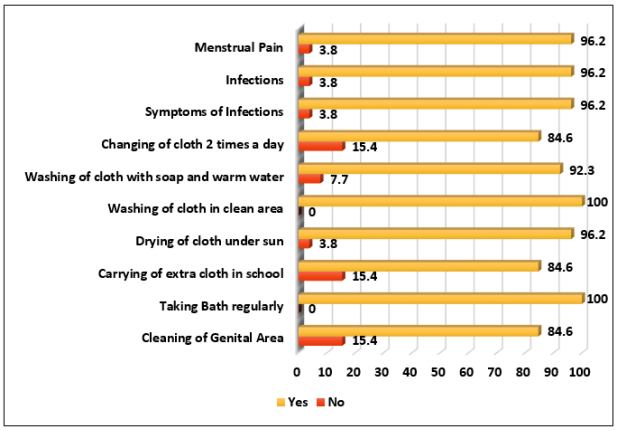

Figure 5.Topics that are discussed by Mothers about Menstrual Health and Hygiene (%)

bleeding etc. 84.6% of the mothers told their daughters to change reusable cloth two times a day during menstruation. 92.3% mothers instructed their daughters to wash reusable cloth with warm water and detergent or soap. (96.2%) of mothers told their daughters to wash reusable cloth at clean place. (96.2%) of mothers told their daughters about the vaginal infections and its symptoms which may happen because of poor hygiene during menstruation. Regarding the symptoms (73.1%) have told their daughters about vaginal discharge and (23.1%) have told about vaginal discharge, vaginal itching and burning in urine. Other hygiene practices instructed by mothers are taking a bath regularly, cleaning of genital area (84.6%) and carrying of extra cloth in school in case of emergency (84.6%).

Discussion

In the study it was found that the adolescent girls are getting their menarche at a very early age that is 9 and 11. However, if we look at Table 2, the highest number of respondents of mothers and daughters, both of them got their menarche at the age of 12 which is also the average age of menarche. The findings shows that mothers are aware of infections that may happen during menstruation because of not marinating proper hygiene during menstruation, for example, not cleaning genital area properly, not cleaning or drying reusable cloth properly or using of the same absorbent for a long period. However, mothers are only aware of vaginal infections as shown in Figure 1.1. They are not aware of Reproductive Tract Infections (RTIs). Majority of the mothers are aware that vaginal discharge is the symptoms of infections during menstruation. Some mothers are also aware that the symptoms of infections are vaginal discharge, vaginal itching and burning in urine as shown in Figure 1.2. The study also seeks information about menstrual products used by adolescent daughters. It was found that reusable cloth is mostly used by adolescent girls during menstruation. Very few used both sanitary pads and reusable cloth. However, they used sanitary pads only in school or if they are going to an important work. Few girls used sanitary pads during rainy or winter season

when there is no sun and clothes are not dried properly. The new reusable cloth is bought after every three months, and the used one is either burnt or thrown away in the waste. However, a new cloth may be brought within one month if it the previous one is damaged. Mothers usually arranged reusable cloth for their adolescent daughters. Even during the first period, the adolescent girls used reusable cloth. Sanitary pads are not used by most of the respondents because of higher price. And also because there is no exposure to media. Few respondents said that they do not use sanitary pads because they do not like its perfume smell. However, some mothers and adolescent daughters also agreed that if they get sanitary pads at low cost, they will use it. In the study, it was also found that Government NGOs or Anganwadi worker do not provide sanitary pads to the adolescent girls in the village. The respondents who are using sanitary pads bought it from the shopkeeper.

During menstruation an adolescent girl's face various health problems such as excessive bleeding, pain in the abdomen, etc. Regarding menstrual health problems it was found that majority of the adolescent girls faced pain in the abdomen. Some girls also suffered from excessive bleeding and weakness during menstruation. Cases of vaginal discharge or itching were not found in the study which shows that both mothers and daughters are concerned for maintain proper hygiene during menstruation. Adolescent girls mostly talk to their mothers about their health problems faced during menstruation. Mother and daughters share a very strong bonding. Hence an adolescent daughter trusts her mother for treatment of health problems. Also, mothers are concerned about her daughter's reproductive health as negligence can result in health hazards in future. If the health problems are serious, mothers took them to a gynaecologist for proper guidance and consultancy.

The study also seeks to find the role of mother in communicating to their daughters about how to maintain hygiene during menstruation. It was found that majority of mothers told their daughters about menstrual pains during menstruation such as pain in abdomen, headache, and weakness, excessive bleeding etc. Mothers have also been found playing an essential role in directing their daughters for marinating proper hygiene during menstruation. Majority of the mothers told their daughters to change reusable cloth two times a day during menstruation. Mothers also instructed their daughters to wash reusable cloth with warm water and detergent or soap. They also arranged warm water, detergent or soap for their daughters to wash menstrual cloth. They instructed their daughters to wash the cloth in a clean area and dry it under the sun to avoid germs. Majority of the mothers told their daughters about the vaginal infections and its symptoms which may happen because of poor hygiene during menstruation. Regarding the symptoms majority of the mothers have told their daughters about vaginal discharge. Some mothers also told to their daughters about vaginal discharge, vaginal itching and burning in urine as a symptoms of infections during menstruation. Other hygiene practices instructed by mothers which was found were taking bath regularly, cleaning of genital area and carrying of extra cloth in school in case of emergency. It was also found that all the adolescent girls strictly followed menstrual hygiene practices as told by their mothers. Thus it can be said that communication from mothers about menstrual health and hygiene was effective in motivating daughters to adopt menstrual hygiene practices. In the study, it was found that all the mothers are comfortable in telling their daughters about the use of reusable cloth (washing and drying), but few mothers still hesitate to tell their daughters about menstrual health and other hygiene practices.

Conclusion

From the study it can be concluded that mothers are playing key role in helping their daughters to manage the menstruation effectively. They are concerned about their daughters' health during menstruation. They are aware about menstrual health and menstrual hygiene practices and same has been communicated to the daughters to avoid menstrual problems. The study showed that adolescent daughters trust their mothers and hence approached them for any kind of menstrual problems. However few mothers still hesitate and faced communication problems to talk with their daughters about maintaining menstrual health and hygiene. The main problems was that they do not know what and how to communicate. Thus there is need to educate mothers and develop communication skills in them. Proper counselling can helped them to overcome form communication barriers.

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