Knowledge and Practices Regarding Menstruation among Adolescent Girls of Umuri Village, Koraput District, Odisha

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Abstract: <u>Background</u>: Adolescence is the transitional bridge between childhood & adulthood. This transitional period in female body is marked with the onset of menstruation. It is a significant and crucial phase in women's life. The lack of awareness on menstruation and menstrual hygiene among girls of rural and tribal areas leads to different health adverse outcomes and attributed to reproductive and sexual ill health. Various cultural taboos and socio - cultural restrictions has a great impact that can affect the perceptions of young girls as well as the ways in which the community people around them respond to their needs. Objectives: This study aims to assess the knowledge and practices related to menstruation among adolescent girls. Methods: A descriptive cross - sectional study was conducted among 50 adolescent girls of Umuri village of Koraput district, Odisha. Data was collected through predesigned, semi structured questionnaire with the help of personal interview method. <u>Result</u>: The study result shows that, out of 50 adolescent girls, 19 (38%) respondents had some idea about menstruation before their menarche. Only 5 (10%) adolescent girls in the study area were aware of the cause of menstruation as physiological process, 33 (66%) believed that menstruation is god given and rest of the respondents did not know the cause of menstruation.5 (10%) girls knew the source of bleeding during menstruation as uterus, 27 (54%) girls thought it as vagina and rest of the girls do not know the source of the organ from where bleeding occurs. For most of the adolescent girls, the source of information about menstruation before menarche were their mother (46%) followed by friends (32%) and sister (22%). Dysmenorrhea was the most common problem faced during menstruation. All of them practices one or more socio cultural restrictions and cultural taboos related to menstruation.64% girls used old cloth while 24% used sanitary pad during menstruation as absorbent material. Still animal sacrifice was practiced by the family members of adolescent girls to avoid any health complications during their reproductive period. <u>Conclusion</u>: This study highlighted the need of adolescent girls to have accurate and adequate knowledge and information about menstruation, proper menstrual hygiene practices and appropriate hygiene management. For the enhancement of the knowledge regarding menstruation and related health issues, there is a need to emphasize on menstrual hygiene and different awareness programme should conducted with the help of ASHA worker, Anganwadi worker and others.

Keywords: adolescence, menstruation, menstrual hygiene, knowledge, cultural practices

1. Introduction

According to WHO (1997), adolescent group comprises of people between the ages of 10 to 19 years. This phase witnesses a large degree of physical, emotional and psychological maturity in which young people develop their adultidentity. Adolescents are a large and growing segment of world's population and adolescent girls constitute about 1/5th of the total female population in the world. Adolescence in girls has been recognized as a special period which signifies the transitional bridge from girlhood to womanhood and is marked with the onset of menarche. Physiologically, the hypothalamus produces growth hormone and gonadotropins which initiates the pubertal changes.

Menstruation is the monthly discharge of blood and mucosal tissue from the inner line of uterus to the vagina. Every mature female menstruates on the average 3 - 5 days (minimum 2days, maximum 7days) each month until menopause (Lawan. UM et al 2010). The beginning of menstruation is one of the determinants of a woman's reproductive life. Although menstruation is a normal physiological phenomenon for females indicating her capability for reproduction, it is linked with various myths and misconception. In Indian society it is generally considered as unclean and it has been a taboo in the past and

even to this date menstruating girls are referred to as dirty and polluted. The origin of this myth dates back to the Vedic times and is linked with to Indra's slaying of Vritras. For, it has been declared in the Veda that guilt, of killing a brahmana - murder, appears every month as menstrual flow as women had taken upon themselves a part of Indra's guilt (Garg and Anand, 2015).

In Indian society women are prohibited from participating in normal life while menstruating. Girls are subject to many restrictions during menstrual period such as not allowed to the "puja" room and kitchen and restricted from offering prayers and touching holy books. Isolation during menstruation and restrictions being imposed on the girls in the family have created a negative attitude towards it.

The first menstruation is often horrifying and traumatic to an adolescent girl because it usually occurs without her knowing about it. There is a substantial lack of knowledge regarding menstruation among adolescent girls. Social inhibitions and the negative attitude of people in discussing the related issues openly, prevents the adolescent girls to the right kind of information, especially in the rural and tribal communities. Most of the adolescent girls had incomplete and inaccurate information about the cause of menstruation and its proper hygiene practices. Women having a better knowledge regarding menstrual hygiene and safe menstrual practices are less vulnerable to reproductive tract infections and its consequences. Unfortunately, there is gross lack of information on menstrual preparedness and management among adolescent girls. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.

Objective

This study aims to assess the knowledge and practices regarding menstruation among adolescent girls.

2. Methodology

A descriptive study design was adopted for the study. It was a time bounded, community based cross - sectionalstudy, conducted in the Umuri village of Koraput District. There were mainly Harijan (Dombo), Paroja, Mali community people were residing in the village. The study was carried out among the adolescent girls of 10 - 19 years. Randomly 50 adolescent girls were selected for the study. A semi structured and predesigned questionnaire was used for the data collection. The data were collected through the technique of personal interview of the respondents. Girls were asked about their knowledge of menstruation, awareness of menstrual hygiene and the perception about the taboos followed during menstruation. Observation method was used to study their hygienic condition, health issues and socio - cultural notions. The parents of the adolescent girls and relatives were also included in the personal interview. At the end of the data collection through questionnaire, all their queries were answered by the researcher on the same day.

Inclusion criteria

- Girls who have attained menarche.
- Girls who were willing to participate.

Exclusion criteria

Girls who were willing but unable to provide important information about menstruation and practices.

Data Analysis: Data obtained were collected and analysed statistically with the help of Microsoft excel systematically. Statistics was taken out in percentages for all the variables.

3. Results

 Table 1: Socio - demographic information of the respondents (n=50)

Variables		Number	Proportion (%)
Ago (in yours)	10 - 14	24	48%
Age (in years)	15 - 19	26	52%
Community	Scheduled Caste (Harijana)	13	26%
	Scheduled Tribe (Paroja)	23	48%
	Other Backward classes (Mali)	14	28%
	Secondary school (6 th - 10 th)	37	74%
Respondents	Intermediate (+2)	4	8%
education	Graduate (+3)	3	6%
	illiterate	6	12%

Mothers	Literate	12	24%
education	illiterate	38	76%

Table 1 shows that in the study (n=50), most of the respondents were between the age group of 15 - 19 years with a percentage of 52% and rest 48% were in the age group of 10 - 14 years. It was found that 26% of the respondents were belong to harijana/Dombo community (SC), 48% belong to paroja community (ST) and 28% to mali community (OBC). Among 50 respondents in the present study, 37 (74%) were in the secondary school followed by 4 (8%) were in intermediate and 3 (6%) were in graduation. It was also observed that around 24% of the mothers were literate while majority 76% of the mothers were illiterate.

Table 2: Menstrual profile of the Respondents (n=50)

Table 2: Menstrual profile of the Respondents (n=5)			
Variables	Number	Proportion (%)	
Age at menarche (in years)			
10 - 12	16	32%	
13 - 15	34	68%	
Menstrual regularity pattern			
Regular	42	84%	
Irregular	8	16%	
Duration of bleeding			
>=2days	2	4%	
3 - 5 days	41	82%	
5 - 7 days	7	14%	
Length of menstrual cycle			
>25 days	5	10%	
25 - 28 days	37	74%	
28 - 35 days	8	16%	
Do not know	17	34%	
Experience at menarche			
Normal	23	46%	
Frightened	18	36%	
confuse	9	18%	

Table 2 depicts menstrual profile of the study participants. Out of the total 50 subjects who were having menstruation, 16 (32%) reported having had their menarche between the age of 10 - 12 years while the rest 34 (68%) subjects reported their menarche between the age of 13 to 15 years. Duration of the menstrual cycle was 25 - 28 days for most of them (70%), and bleeding was for 2 - 6 days during each cycle in 82% subjects. Though a large majority of girls were having normal menstrual cycle, some of them had their periods with longer than usual gaps (16%). This could be attributed to some medical reasons, which need further investigation.46% respondents experience was normal during menarche while 36% got frightened followed by 18% who got confused at their first menstrual bleeding.

Table 3: Knowledge of the respondents regarding
menstruation $(n=50)$

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Variables	Number	Proportion (%)
Knowledge about menstruation before		
menarche		
Yes	19	38%
No	31	62%
Source of knowledge of menstruation before menarche		
Mother	23	46%
Sister	11	22%

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Friends	16	32%
Knowledge about the organ where bleeding		
occurs		
Uterus	5	10%
Vagina	27	54%
Do not know	18	36%
Knowledge about the cause of menstruation		
Physiological process	3	6%
God given	33	66%
Do not know	14	28%
Knowledge about sanitary pad		
yes	16	32%
no	34	68%
Aware about harmful effect of unhygienic		
menstruation practice		
Yes	13	26%
no	37	74%

Table 3 presented about the general knowledge of the study participants regarding menstruation. Out of the total respondents in the present study, a significant number of respondents (72%) reported to have ever heard about menstruation before attaining menarche. It was found that, (46%) respondents received information about 23 menstruation from their mother, 11 (22%) from sister and 16 (32%) from friends. No respondents mentioned media and books, and teacher as a source of information about menstruation. It was observed that only 10% girls have correct information about the organ where bleeding occurs that is uterus instead of vagina, 54% of the girls told that the bleeding occurs from vagina only and rest of the subject hesitated to confess.6% of the respondents correctly knew that menstruation is normal physiological process but still majority of the subject (66%) believe that it is god given and sometimes a curse. The girls of the study area were very shy in nature and they hesitate to talk about menstrual related issues openly with anyone.68% of the subjects were not aware about the sanitary pads available for menstruation.37 (74%) respondents were unaware about harmful effects of poor menstrual hygiene which can cause infections and diseases, remaining subjects were partially aware of the infections when they follow unhygienic menstrual practices.

Table 4: Menstrual hygiene practices of the respondents (n=50)

(11–30)		
Variables	Number	Proportion (%)
Type of absorbent material use during		
menstruation		
Old cloths (rags)	32	64%
Sanitary pad	12	24%
Both pad and cloth	6	12%
Frequency of material change		
Once a day	5	10%
Twice a day	23	46%
>= 3 times a day	22	44%
Reuse of the absorbent material		
Yes	26	52%
No	24	48%
Disposal method of the absorbent		
material		
Dig a hole and burry	42	84%
Burn cloth/pad	8	16%
Material use for cleaning of external		
genitalia		

Only water	43	86%
Water and soap	7	14%
Wash hands after using cloth/pad		
during menstruation		
Yes	23	46%
no	27	54%

Table 4 shows the respondents menstrual hygiene practices. With regard to various menstrual practices considered for the study, old cloth usage was highest among the materials used during menstruation (64%), followed by usage of sanitary pad (24%) and 5% subject were using both sanitary pad and old cloth during menstruation and most of them reuse those cloths.46% of the subjects used to change the absorbent twice every 24 hours while 44% respondents change more than twice in every 24 hours or according to situation. It was found that 84% subjects dispose the absorbent material by digging hole and burry the used absorbent, and 16% subjects were burn those used pads. None of the respondents used feminine wash but 14% girls used ordinary soap and water to clean their genitalia.54% of the respondents did not wash their hands after using sanitary napkins.

 Table 5: Complications faced by the adolescent girls during

menstruation				
Variables	Number	Proportion (%)		
Dysmenorrhoea	26	52%		
Back pain	8	16%		
Loss of appetite	9	18%		
Excessive bleeding	4	8%		
Breast tenderness	3	6%		

Table 5 presented the complications faced by the adolescent girls during their menstruation. It shows that around 52% of adolescent girls complains about dysmenorrhoea while 16% have back pain followed by 18% loss their appetite and 8% were having excessive bleeding and only 6% of the respondents complains of breast pain or tenderness

Table 6: Restriction practices during menstruation

Restrictions during menstruation	Number	Proportion (%)
Not allowed to religious places	50	100%
Not allowed to kitchen	36	72%
Avoid touching family members	28	56%
Avoid touching things at home	35	70%
Sleep separately	32	64%
Not allowed to cook/touch utensils	37	74%

Table 6 shows the restrictions adolescent girls faced during their menstruation. Almost all the respondents were not allowed to temple or religious places during their menstrual period. Majority (72%) of the adolescent girls informed that they were restricted to enter kitchen followed by 74% were not even allowed to cook or touch utensils.56% informed that they were forbidden to touch any of their family members and 64% reported that they sleep and sit separately during their periods.

Puberty Ritual:

There are mainly paroja, harijan and mali community people were residing in the Umuri village. The communities practices some traditional ritual when a girls menstruates for

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the first time. The term 'Menarche' in local language is known as "Dhangdi or Kania Badla' and the ritual they perform for menarche is known as 'Uthani puja". The community depicted strong web of social and cultural practices during menstruation. It was observed that through several generations these practices were believed and followed. The people of the study area observe puberty rites for adolescent girls attaining their first menarche. The girl is secluded in an isolated hut for 9 days or 11 days as per the Disari's calculation which was made outside her house by her maternal uncle's sons. Before the girl enters the hut, the Disari perform a puja in front of the hut, so that the girl can be protected from the bad omens or evil spirits. During this period of stay the girl is tabooed to look or talk with males and restricted to do household chores. After her pollution day ends, the disari will fix a date for her purification bath on the dawn of the 11th or 10th day in the nearest bank of the river. She wakes up early that day and without anyone noticing her, she goes to the river, wash her clothes, and then burn all the things that she used during the days and throw the utensils and the wash the absorbent cloths with warm water and keep those in a earthen pot and turn it upside down and make a hole in that pot. Then the 2 disari perform some puja and after that she went to home, bathed with warm water and turmeric paste. After performing all the rituals they conduct a feast, her family and relatives present her gifts such as dress, pot (Garia), rice and domesticated animals.

According to their believe system during the time of menarche when the girl is staying isolated, she is not allowed to look any of the male persons as this will leads to severe cramps. She is also provided only steam food because they believe that if she consumes any spicy or oily food, she will have foul or sour smell of bleeding.

In this present study it was found that all the rituals and taboos were same among the paroja (ST), harijan (SC) and Mali (OBC) community. But the days differ as the paroja only perform the uthani puja on the 1^{st} day itself while the Harijans and Malis performs the ritual on between 9^{Th} or 11^{th} day of the menarche.

4. Discussion

Menstruation is a natural and physiological phenomenon and is an integral part of pubertal maturity among girls. Lack of knowledge and poor personal hygienic practices during menstruation can lead to various gynecological problems in the reproductive life of girls (Kamath R et al 2013).

In the present study it was found that 68% of the girls had their menarche between the age of 13 - 15 years and rest 32% of the girls reported their age of menarche between 10 -12 years. Nearly all women, irrespective of age, had knowledge about menstruation prior to their own personal experience and a very few women, however were deprived of prior knowledge on menstruation primarily because of their class position and cultural practices (Mishra, 2014). But in the present study, 38% of the girls were aware about menstruation before the onset of menarche while 62% of the girls were completely unaware about it before attaining menarche. The knowledge that the respondents have is influenced by the information received.70% of the girls received information about menstruation from their mother, 18% from sister and 12% from friends. No respondents mentioned media and books, and teacher as a source of information about menstruation. The kind of information one receives determine the kind of knowledge they will have. Majority of the girls received information about how to use the absorbents and how to dispose used absorbent materials from their mother. Though the primary source of information provided was not adequate enough. The inadequate knowledge of mother was passed on to these young girls.

Ramachandra et al. (2016), explored the knowledge, practices and sources of information regarding menstruation and hygiene among adolescent girls in Bangalore. There are 69% of the adolescent girls were using the sanitary napkins as menstrual absorbent, while 6% were using both cloth and sanitary pad. In the present studied village Umuri, 24% of the adolescent girls were using sanitary pad whereas 64% were using rags (old cloth) as menstrual absorbent and 5% were using both sanitary pad and old cloth during menstruation. About 52% of the girls used reusable cloths during menstruation. The girls from the studied village used the old cloth/rags by binding it around their private part in a lace and wash those absorbents in normal water as well as some of the girls used soap while washing.46% of the subjects used to change the absorbent twice every 24 hours while 44% respondents change more than twice in every 24 hours or according to situation. The adolescent girls of the studied village feel embarrassed to buy pad or sanitary napkins.

Though the government is providing free sanitary pad under the KHUSI Scheme to the girls of class $6^{th} - 8^{th}$, they prefer cloth instead of pad. As i asked why they are using old clothes as absorbent, they answered that clothes were more easy to use, they don't have the fear of leakage of blood, and easily available. And the girls were bought sanitary pads from the Asha didi by paying 10 rupees, the girls said that the pads were not good at all and this was a reason for many girls that they prefer cloth.

It was also found that 84% subjects were dig a hole and burry the used absorbent, and 16% were burn those used pads. Before they burry or burn the pad they washed it with water then after they burry or burn. They believe that if they don't wash and dispose with the blood stains, then they will face health problems if any insects or snake just get into contact with that. They also faced problem in maintaining privacy while washing and drying of those cloths. As a result of privacy problem they dry and store those cloths in unhygienic places which sometimes cause infections. The dombo or harijan community girls were not allowed to keep the absorbent cloth inside their house, they have to keep those outside in a plastic bag. They were keeping those cloth materials inside cowshed or casually hang that bag in a corner outside their houses where no one can able to see. None of the respondents used feminine wash but 14% girls used ordinary soap and water to clean their genitalia.54% of respondents did not wash their hands after using sanitary napkins.64% of respondents who were using cloth absorbent, after washing they dry those under sunlight outside of their home. They bath daily during their menstruation which is a good practice.

A woman is ritually impure during menstruation and anyone or anything she touches becomes impure as well. It is usually the mothers who enforce these restrictions. In India different restrictions and social taboos are being practiced by most of the girls during menstruation, possibly due to different rituals in their communities. In South India and in general, a menstruating woman is often considered as pollutant (Arole, 1995). The Adolescent girls and mothers of the studied village reported various cultural practices associated with menstruation for which they were unable to give explanation. They just follow it because they have been asked to do so.

Among the participants, all of the girls reported refraining themselves from religious practices, wearing new clothes, attending guests or visit temples, 72% of them were not allowed to kitchen, 56% of them were not even allowed to touch their family members, 64% of them were sit separately in a corner or outside their house, and all of them were not allowed to enter to neighbours house and after taking bath on the 5th day they were allowed to enter to kitchen and do all household chores. But in paroja tribe the girls were not facing all those restrictions except they were not allowed to temple. They were allowed to enter to kitchen on their 2nd day of menstruation unlike the harijan community girls. The most common restrictions reported were not indulging in the religious practices among harijan, paroja and mali caste. Mothers also reported that during menstruation the body emits some specific smell or rays, which turns preserved food bad. They also believed that touching ghee during menstruation turns bad. The menstruating girls of mali and Harijan caste were not allowed to enter kitchen, sitting on the sofa or bed is prohibited. Menstruating girls do not touch new grocery items because those items are part of kitchen and new things are not touched during menses. They do not cross the "Dhinki" (traditional wooden rice meal); because they believe that crossing Dhinki leads to excessive bleeding.

5. Conclusion

The study reveals the fact that among the adolescent girls of the study area, the knowledge on menstruation is poor and the menstruation practices are often unhygienic. Menstruation cycle and menstrual hygiene is one of the important aspect of reproductive health which is a crucial part of general health and central feature of human development. It was also observed that the sample girls lacked conceptual clarity about menstruation. The reason was that they had no prior information about menstruation due to which they faced several problems.

The sample was socially and culturally bounded with traditional practices during menstruation. Throughout various generations cultural practices were believed and followed without much questions. The study findings shows that there is the need to encourage safe and hygienic practices among the rural adolescent girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation. Information is power, and knowledge is well known to influence attitude over time. So it is important to work both the Government (community health functionaries like ASHA, AWW) as well as the Non -Government Organisations to address this issues and work paralally to develop awareness among both parents and the adolescents on the unmet needs of adolescents including sexuality education. Being the future mothers the adolescent girls should be given instructions regarding healthy practices.

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