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A STUDY OF FEMININE SANITARY WELL BEING OF KORKU TRIBE IN SOUTH MADHYA PRADESH

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ABSTRACT

The Knowledge of perception and behaviour on the use of sanitary pads during menstruation among adolescents of school age is a vital aspect of health education. The study was carried out among school girls and women in close proximity. It investigated perception as well as behaviour on the use of sanitary pads during menstruation. Specific objectives were tailored to determine women in nearby village and adolescent girls' perception on the use of sanitary pads during menstruation and also to assess their behaviour on using sanitary pads for menstrual hygiene. The basic phenomenon of menstruation is seen in the women of all the ages, almost from 14 to 45 years of age. The biggest snag is to change the mindset of the people. Since, it's a delicate and neglected issue and is still not well received by even urban, educated people, so women in the interiors shy away from it. So, keeping such a thought in mind it has been planned to work for not just providing ease in their practices but also for paving way for women empowerment and generation of livelihood on small scale through involving them in sanitary napkin production and distribution.

KEYWORDS

Adolescent girls, Korku community females, menarche, menstrual hygiene, menstrual problem.

BACKGROUND

If water is life, sanitation is surely a 'way of life' and access to such facilities has an impact on the quality of human life and health. A holistic definition of sanitation includes safe drinking water liquid and solid waste management, environmental cleanliness and personal hygiene. Failing to ensure any one of these can have direct implications on the individual/family/community's health. Lack of adequate sanitation is a pressing challenge in rural India. To achieve on the holistic definition of Sanitation the issues related to solid and liquid waste management, use of waste (human and animal) for generating power and awareness generation and capacity building on innovative clean technologies needs utmost importance. There is enough traditional knowledge on waste management in the region and it was time proper attention was given to initiatives that have been successful in creating 'wealth' from 'waste' there is a need to deepen our understanding on the linkages between climate change and sanitation and to use the same for advocating policy change on sanitation.¹ Within the ambit of health and sanitation endorsement policies, especially in rural India, sanitation has other diversion also which concentrates on the feminine sanitary well being. Healthy girl child and women are the nitty-gritty of healthy society. Proper menstrual hygiene has remained neglected contributing to poor health outcomes in women's health not just in developing countries but worldwide. Article 25 of International declaration of Human rights states that everyone has the "Right to a Standard of Living" adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, motherhood and childhood are entitled to special care and assistance.² Menstruation is a basic phenomenon exclusive to the females. The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The basic phenomenon of menstruation is seen in the women of all the ages, almost from 14 to 45 years of age. The biggest snag is to change the mindset of the people. A culture of silence has prevailed resulting from the long-standing taboo attached to menstruation and menstrual hygiene practices in India. Since, it is a delicate and neglected issue and is still not well received by even urban, educated people, so women in the interiors shy away from it. The first menstruation occurs between 11 and 15 years. Adolescent girls constitute a vulnerable group, particularly in India where female child is often neglected. Menstruation is still regarded as impious or dirty in Indian society. Women and adolescent girls are often hesitant to broach these topics even amongst their closest kith and kin. The 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 response to the event of menarche. Although menstruation is a natural process, the stigma attached to menstruation has contributed to the dearth of knowledge amongst females in both urban and rural communities as to the correct menstrual hygiene practices.

In addition to the lack of factual information many women continue to practice cultural traditions related to menstruation, such as practices of seclusion at home, refraining from daily household tasks and prayer, and remaining absent from work. These practices reflect the perception of menstrual blood loss as an 'impure' state and not as a normal human physiological phenomenon. Consequentially the constraints placed by these social and cultural norms not only impact on the health but also on the livelihood and opportunities of women. Women struggle to sustain continuous employment and the education of adolescent girls likewise are disrupted due to periodic menstruation-related absences.

In addition to poor awareness and traditional cultural practices, other important barriers to the practice of menstrual hygiene within village communities in India are the lack of economic power and empowerment of rural women. A rural woman's life is confined to the walls of her home or to engaging in unpaid labour in the fields. She seldom has access to any source of education or formal paid employment. Her economic, social and political disempowerment restricts her ability to take her own decisions or to act freely on her opinion, limits her access to resources, and bars her from making choices important for her overall well being. Restrictions on physical mobility and economic dependency together constitute a major barrier to a woman's ability to make her choices regarding practices of menstrual hygiene. The patriarchal structure of Indian society remains one of the biggest challenges to the healthy development of women and girls. The shame and myths associated with menstruation, the secondary treatment meted out to the girl child, the nutritional biases which a female faces from her childhood, ignorance, illiteracy, lack of resources and inability to take decisions are some of the factors which impact women's health. While an average urban Indian woman has to some extent given voice to her concerns or managed to address them, the woman living in the rural areas still grapples with problems and taboos related to her reproductive and menstrual health. The limited solid waste management systems and the lack of mechanisms for disposal of sanitary napkins in rural areas is a major practical concern which makes the switch from cloth to napkins difficult.

Menstrual hygiene matters because globally, approximately 52% of the female population (26% of the total population) is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days. And to manage menstruation hygienically and with dignity, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water and soap for washing their hands, bodies and reusable cloths; and facilities for safely disposing of used materials or a clean place to dry them if reusable. It's a neglected issue as Women and girls are often excluded from decision making and management in development and emergency relief programmes. At the household level, they generally have little control over whether they have access to a private latrine or money to spend on sanitary materials. Even when gender inequalities are addressed,

deeply embedded power relations and cultural taboos persist. Most people and men in particular, find menstrual hygiene a difficult subject to talk about. As a result of these issues, water, sanitation and hygiene programmes often fail to address the needs of women and girls. Men and boys typically know even less, but it is important for them to understand menstrual hygiene so they can support their wives, daughters, mothers, students, employees and peers. So, there is also a need for both men and women to have a greater awareness of good menstrual hygiene practices.

IMPACT ON EDUCATION

Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in blood-stained clothes causing stress and embarrassment.

Teachers (and male members of staff in particular) can be unaware of girls' needs, in some cases refusing to let them visit the latrine. As a result, girls have been reported to miss school during their menstrual periods or even drop out completely.

Hygiene-related practices of women during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to reproductive tract infections (RTI). The interplay of socio-economic status, menstrual hygiene practices and RTI are noticeable. Today millions of women are sufferers of RTI and its complications and often the infection is transmitted to the offspring of the pregnant mother. The consequences of RTIs are severe and may result in significant negative impact to a woman's health. They include chronic pelvic pain, dysmenorrhea (painful periods) and in severe cases infertility.

Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to RTI and its consequences. The practice of good menstrual hygiene reduces the incidence of reproductive tract infection (RTI). Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.

OBJECTIVES OF THE STUDY

This study was undertaken with the following objectives:

1. To develop acquaintance in community women and girls with the subject of menstrual hygiene management,
2. To provide thorough knowledge on the important issues regarding menstrual health and hygiene.
3. To generate acceptability in community for manufactured sanitary materials,
4. To develop a mechanism within the institutions with the help of trained population groups for production and sale of sanitary napkins in rural communities.

RESEARCH METHODOLOGY

Type of study: Community-based observational study.

Place of study: The present study was undertaken among the adolescent schoolgirls and nearby villages in south MP.

Village population: 3229 females (approx.)

Sample size: 47 females and 2 males from 5 different villages were selected to conduct the survey.

Study tool: Structured questionnaire.

Methodology: After taking permission from the school authority, the school teachers of class VIII to X were explained the purpose of the study and rapport was built up with the girl students and verbal consent was obtained from them. Briefing was done to the students regarding the questionnaire provided to them. This pre-designed and structured questionnaire included topics relating to awareness about menstruation; source of information regarding menstruation, hygiene practiced during menstruation and restricted activities practiced during menstruation. At the end of the study, after collection of the questionnaire from the students, all their queries were answered satisfactorily by the facilitator.

REVIEW OF LITERATURE

- 1) In a study done by Mudey (2010) shows that of the adolescent girls who developed RTI, 66.7 per cent used cloth and only 12 per cent used sanitary napkins. However, using cloth in itself does not increase chances of RTI. The concern arises from the methods of use: prolonged use of the same cloth, not washing the cloth properly, and not drying the cloth in the sun. All these contribute to the development of infections.³
- 2) Earlier, UNICEF, in partnership with the Water Supply and Sanitation Department, Government of Maharashtra (GOM), conducted a study published in October 2010. The study surveyed over 400 adolescent women, girls and frontline workers in villages with Sanitary Napkin Production Units in Maharashtra⁴. According to the study:
 - a) 53 per cent of the women interviewed reported using cloth during menstruation and 42 per cent reported using sanitary napkins. The usage of sanitary napkins was higher amongst adolescent girls compared to women in each community.
 - b) 46 per cent of sanitary napkin users were from above poverty line (APL) families and 41 per cent from below poverty line (BPL) families.
- 3) Menstrual Hygiene is still a very important risk factor for reproductive tract infections and it is a vital component of the health education of the adolescent girls. Educational television programmes, trained school nurses/ health personnel, motivated school teachers, and knowledgeable parents can play a very important role in transmitting the critical messages of correct practices about menstrual hygiene to the adolescent girls of today.⁵
- 4) Another study done by Umesh Shrivastava (AISECT University Bhopal) concludes that:
 - a) It is the mother who needs to be educated so that she can educate her daughter and so on and so forth.
 - b) The males of this section of the society should also be made aware of the advantages of use of sanitary napkins so that they encourage the practice of the same. Universities and educational institutes can come up and adopt a few villages and start a drive on rural hygiene. This may include a health check-up camp and free distribution of sanitary napkins.
 - c) There can be weekly classes on sanitary hygiene for adolescent girls wherein a doctor can teach these girls the usage and proper disposal of napkins. Education of menstrual hygiene at a primary level will play a key role in the usage of sanitary napkins by rural females in the years to come. The NGO'S and NPO'S can be of great help in distribution of sanitary napkins and creating awareness about it.
 - d) The village head or the Sarpanch should play the key role to ensure that the females of his/her village are being provided with sanitary napkins and hygienic lifestyle.
 - e) The Govt. can be of great help in creating awareness about the usage of napkins and distributing it for free or at a subsidized rate. By promoting small scale industries to manufacture napkins locally and in the process generating employment too. There is a vast untapped rural market still to be explored, only if there is a willingness to contribute to the society, by compromising a wee bit on the margins and a vision to see rural women also at par with the other strata of the society. It will also help these women to live respectfully and with confidence and the future generations would be deeply benefitted by today's actions.⁶
- 5) It can be said that among the adolescent school girls in both the urban and rural areas, the knowledge on menstruation is poor and the practices are often not optimal for proper hygiene. Menstrual hygiene is an issue needs to be addressed at all levels. A variety of factors are known to affect menstrual behaviours, the most influential ones being economic status and residential status (urban and rural). Awareness regarding the need for information on healthy menstrual practices is very important. It is essential to design a mechanism to address and for the access of healthy menstrual practices.⁷

RESEARCH GAP

The research gap identified in the above study is that none of the studies mentioned and focused on generating livelihood through creating women entrepreneurs especially for the landless families.

So, in the present study we will talk and focus on what can be the diverse measure through which the livelihood can be shaped and also the essential point to make the community habitual of using the napkins which the community still resists. The disposal of napkins in the villages is again a huge matter of concern which is not at all worked upon.

ANALYSIS & INTERPRETATIONS

The purpose of the any data analysis and interpretation phase is to transform the data collected into credible evidence about the development of the intervention and its performance.

TABLE 1: DEMOGRAPHIC PROFILE (Sample Size – 49)

		In Number	In Percentage
Gender	Male	2	5%
	Female	47	95%
Age	12-18years	16	32%
	19-45years	27	56%
	45 and above	6	12%
Occupation	Student(adolescents)	15	30%
	Studying	6	40%
	Dropouts	9	60%
	Salaried & Farmers	24	48%
	Migrants	5	11%
	Unemployed	5	11%
Qualification	Literate	33	67%
	Illiterate	16	33%

FINDINGS

According to the present study three main parameters will be focused on i.e. Education, Age and Awareness. Correlation created amongst the three parameters is as follows:

- Education vs. Awareness
- Age vs. Awareness
- Education and Age vs. Awareness

EDUCATION Vs. AWARENESS

1. Out of the total population of 47 females 64% population is literate and rest 36% is illiterate but the females still do not discuss the topic with their daughters as they think with time the girls will understand it themselves. The issue of gender bias still exists in spite of 64% population being literate.
2. Out the literate population 94% are aware about the sanitary napkins and only 6% population remains unaware about the napkins and it was also found that if they go out to visit the relatives and cycle starts they borrow cloth from the relatives and use the used cloth only.
3. On the other hand only 11% of the remaining illiterate population is aware about the sanitary napkins and rest 89% are unaware. Those that use napkins change them twice a day. If bleeding is less, they change it only once. One younger woman felt that irrespective of the intensity of bleeding one pad must not be used for more than 3-4 hours.
4. The women using cloth usually use it for an extended period of time i.e., several months at a stretch. As a resultant there was a case observed where a mother shared that her daughter has started with white discharge at the age of 5.
5. This means the total aware population i.e. 64%, only 38% have not used the sanitary napkins and rest have used the napkins at least once till date, and it was also seen more than half of the population was unaware of the diseases caused by the use of cloth except 2-3 women.

AWARENESS Vs. AGE

1. Of the total population 32% lie in the 12-18 age groups, 56% lie in the 19-45 age groups and 12% lie in the above 45 age group.
2. 15 out of 26 in the age group of 19-45 were aware about the napkins, its usage. But due to persistence and existence of the age old thinking and beliefs women are not allowed to enter the house and are supposed to stay in a separate room during the menses. Also they are supposed to eat drink and do every activity separately as a consequence.
3. 15 out of 15 in the age group 12- 18 were aware. None out of the rest 6 were aware which were above 45.
4. Although drying the washed cloth in the sun is a common practice, many women feel reluctant to do so because they feel it is inappropriate for the men folk to see it. The lack of personal space for women raises the larger issue of it being a reflection of a male dominated society, wherein women's need for privacy and a space of their own is ignored.
5. The prevailing superstitions related to menstruation are an important factor limiting the use of napkins. The taboos like impurity or untouchability associated with menstrual state keeps women and girls away from seeking solutions to their menstrual problems or to obtain products that can make menstruation more manageable, and menstrual health more achievable.

EDUCATION AND AGE Vs. AWARENESS

1. Out of 30 (64%) of the educated population 50% fell in (19-45) age group out of which 13(88%) of educated females are aware about the napkins and its usage and rest 50% fell under the age group of (12-18) years but it was found that all the participants used cloth even being aware about the napkins, at the same time mostly were unaware about how the disposal of the napkin should be done. This is again a much highlighted issue.
2. This study also shows when discussed women whether being educated or uneducated, are unaware of the contraception period around the cycle as well. And they also do not prefer consulting doctors or even family members about the problems if faced any during the menstruation period is going on.
3. Anganwadi workers, ASHA workers and ANMs who traditionally have the greatest access to women in the community showed the least awareness of the importance and usage of sanitary napkins.
4. Irrespective of literacy and awareness at any age the washing of napkins before disposal reflects the association of menstruation with impurity. Such myths and misconceptions even about modern products such as sanitary napkins prevail across generations and hamper the ability of the woman to explore and adopt alternate methods and practices that promote menstrual hygiene.
5. For disposal, they bury it in a ditch, near their house or they throw the napkins in the river. One respondent even cleans the napkin before throwing it in the garbage. Some respondents even said that they burn the napkins.

CONCLUSION AND IMPLICATIONS

In view of the above, the following conclusions can be drawn:

The women generally tend to lack any decision-making power and have restricted access to resources, if any. This was also found as a challenge here for the Korku community females who were interviewed for this study. For adolescent girls in Korku, likewise, the use of sanitary napkins or cloth is a decision taken by the elder women in the family. Even though a girl at menarche may be grappling with the psychological changes in her body, she is offered little guidance or autonomy which is indeed a struggle for her to make decisions for herself. Along with economic dependence, which is a barrier to make informed choices for the use of the appropriate absorbent, women tend to place less priority on purchasing sanitary napkins. They adjourn when it comes to buying napkins.

Disposal remains a huge barrier to the use of napkins. Women are uncomfortable with disposing napkins in open waste disposal areas. Currently, there is no waste collection and disposal infrastructure in rural areas that allows for discreet ways to dispose used napkins. The problem of disposal in villages as well as at schools can be removed by putting up the enough incinerators in a village depending on the population size of the village.

The prevailing superstitions related to menstruation are an important factor limiting the use of napkins. The impurity or untouchability associated with menstrual state keeps women and girls away from seeking solutions to their menstrual problems and to manage their menstrual health becomes difficult for them. The washing of napkins before disposal reflects the association of menstruation with impurity. Such myths and misconceptions even about modern products such as sanitary napkins prevail across generations and hamper the ability of the woman to explore and adopt alternate methods and practices that promote menstrual hygiene.

The majority of the women present for the FGDs were not aware of the Sanitary Napkins. Being confined to the home was cited as a reason for their lack of awareness. Those who were aware of about it, got the information through their social network, specifically through a family member, friend or acquaintance who use the napkins. Especially, those who knew of the sanitary napkins had a positive impression of it and they were happy to advocate for the use of napkins. They could also relate napkins to menstruation and to menstrual hygiene practices.

Besides the females in the different villages and adolescents in the schools health workers and professionals such as ASHA workers, LHVs, ANMs, and teachers were also interviewed for the study; it was found that even they were not at all well informed of the biological causes of menstruation did not have the apt and sufficient knowledge about the issue. The difficulty with disposal and poor economics of sanitary napkins emerged as reasons for not using sanitary napkins.

RECOMMENDATIONS

Based on the above conclusion following recommendations may be suggested:

- 1) Regular training sessions by either NRHM or NGO working in that area for the village females should be conducted and should be made compulsory to be attended by each and every female in the villages.
- 2) Trainings and quarterly assessments of ASHA workers and Anganwadi workers should also be focused on a regular basis.
- 3) Training sessions on menstrual hygiene management and sexual health in village Govt. schools should also be made a compulsion.
- 4) The Govt. should also make sure that all the schools should have a separate cell in the school itself which may include things like immediate first aid, proper stock of good quality sanitary pads in case of emergency which should not be provided free of cost but at a minimum cost.
- 5) The way it's important for the females to be sensitized about puberty and personal health similarly it's important for the adolescent boys and males too to be sensitized about the same.

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