

MENSTRUAL HYGIENE AMONG TEENAGERS

Author's Name: ¹Anjana Yadav, ²Dr. Gayatri Yadav

Affiliation: ¹Assistant Professor – Sociology Government G.D. Girls College, Alwar, Rajasthan, India

²Associate Professor – Geography, Government B.S.R College Alwar, Rajasthan, India

E-Mail: anajana0622@gmail.com

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Abstract

Menstruation is a physiological process of inherent significance that is unique to females. Social, cultural, economic status and education among adolescent girls are affected by family factors and affect menstrual practice. There are big concerns in India about the welfare of female teens, as the issue is further increased by social and cultural practices. Among many cultures and families, faith, caste, culture, and age-old beliefs drive menstrual practices. Cultural and religious traditions and taboos may be due to the lack of adequate and appropriate knowledge about menstrual hygiene. Healthy and hygienic practices among adolescent girls need to be motivated and taken out of conventional values, fallacies and menstrual constraints.

Keywords: Cultural practice, Girls, Hygiene, Menstruation, Teenager

INTRODUCTION

Menstruation, which is a physiological mechanism associated with the ability to reproduce, is a natural occurrence specific to females. The word "menstruation" derives from the Latin "menses" meaning moon, which also lasts approximately 28 days with reference to the lunar month. Its onset fundamentally changes the life of a young woman.

In the entire world, menstruation has always been surrounded by numerous perceptions. There is some tolerance to menstruation today, but disparities in perceptions between different cultures still remain. Differences exist between nations, cultures, religions, and ethnic groups. In several low-income nations, due to their "impurity" during menstruation, women and girls are limited in mobility and actions during menstruation. Menstruation is still linked to a variety of cultural taboos as well as feelings of guilt and uncleanness in many parts of the world. Also, today menstruation in many families is a mother and daughter's secret. In the open, it is not discussed.

In India, menstruation is considered a natural occurrence, a gift from God, and as it gives femininity, it is considered essential. Here, the views of menstruation by women vary between various cultures and religions. Menstruation in Indian culture is still viewed as something unclean or filthy. The response to menstruation relies on understanding of the topic and relevant information. The way a woman learns about menses and their related modifications could have an impression on her reaction to the starting case. It is associated with many myths and procedures that normally contribute to negative health outcomes. In menstrual square, hygiene related practices of females are of broad importance, especially in terms of exaggerated vulnerability to fruitful tract infections. The interaction of socio-economic class, hygiene practices for discharge and fruitful infections of the tract square is evident. Females with greater knowledge of hygiene and good practices are less vulnerable to contamination of the reproductive tract and its effects.

MENSTRUATION AS CHALLENGE

One of the major challenges before every teenager girl is to handle menstruation (**Therese & Maria**), which is a normal body function in females. Menstruation is an important reproductive health function, yet it has been dealt with secrecy in India (**United Nations**). A number of taboos and social and cultural restrictions still exists regarding menses (**Dhingra, Kumar et al; Paul; Singh; Therese & Maria**), that intimidates the women and create their life tough. Therefore, menses is mostly unwelcomed by the stripling women. Menses integrates uncounted myths and mysteries. the foremost common social and cultural practices and restrictions regarding menses among the young women and ladies aren't coming into the puja area (**Chawla; Ferro-Luzzi; Phipps; Sharma et al**), not stepping into the room, not trying into the mirror, and not attending the guests throughout menses (**Audinarayana et al; Dasgupta&Sarkar; Deo&Ghattargi; Puri& Kapoor; Sharma et al**). Not coming into the puja area is that the major restriction among urban women whereas not coming into the room is that the main restriction among the agricultural women throughout menses (**Puri&Kapoor**). In rural areas, stripling women take into account menses as a sin or curse from God (**Dasgupta & Sarkar; Sharma et al.**). Studies conjointly show that the notice relating to menses before its onset is poor among teenaged women (**Ahuja & Tewari; Chowdhary; Khanna et al.; Sharma et al.; Singh**). In some places, strict dietary regulations also are pursued throughout menses like sour food like curd, tamarind, and pickles are sometimes avoided by unwell women (**Audinarayana et al.; Kumari; Paul; Puri&Kapoor; Singh; Talwar,**). Unhealthy women and ladies are restricted from giving prayers and touching holy books (**Ten**). The studies show that range of myths and taboos prevail in Indian society relating to menses, that has negative implication for teenager's health notably their menstrual hygiene. The current literature was undertaken to unearth the myths, taboos, and social and cultural practices associated with menses in urban residential areas. Menses is so construed to be a matter of embarrassment in most cultures.

SIGNIFICANCE OF TEENAGER GROUP

Teenager people could be an important amount within the lifetime of a girl. Adolescent women usually lack information relating to procreative health together with menstruation which might ensue to socio-cultural barriers within which they develop. These variations produce numerous issues for the adolescent women. The necessity of the hour for women is to possess the data, education and a facultative atmosphere to deal with menstruation problems. The hygiene-related practices of women within the adolescent amount associated with menstruation will have an impression on their health. The event of start is also related to taboos and myths existing in our ancient society that incorporates a negative implication for women's health, significantly their expelling hygiene. Several studies have shown that the women lack information concerning menstruation and attributable to lack of hygiene they're doubtless to suffer from procreative tract infection. Attitude of parents and society in discussing the related issues are barriers to the right kind of information, especially in the urban areas.

PRACTICES & BELIEF

The girls from residential areas, termed menses as "periods" whereas within the slum areas, it's termed as M.C. or "menses." Muslim ladies decision it "Masik or Mahina (Hindi word for a month)." it absolutely was conjointly fascinating to grasp that ladies in one city district seek advice from menses as "dating" or "kapda (cloth)". These code words actually helped them to

talk about menstruation even in others' presence because these terminologies are difficult to understand by the male members of the family. It emerged that the adolescent girls in the slum areas are curious to understand about menstruation, but they get sparse information, which makes it a disgusting experience. The girls, who had no plan of menstruation before attaining it, were panic and cried during menarche, and a good number of them faced dilemma in institute and colleges. Girls who studied about menstruation in their science course accepted menstruation as natural body function. Presently rare of girls relate menstruation with being holy or unholy. However, most girls disclosed that they restricted from going to holy places or touching things related to "puja (worship)." Few parents reported meager changes in social behavior of their daughters, but the most of them claimed that their daughters remain natural during menstruation.

According to Mansoura, Egypt by El-Gilany et al., mass media were the primary authority of information about menstrual hygiene, followed by mothers. Other sources of knowledge were friends, relatives and books. Their study showed that about 72 % girls believed it to be the physiological process. A similar study held in Rajasthan by Khanna et al., showed that nearly about 70% population believed that menstruation was not a natural practice. Similar research done in Andhra Pradesh University by Drakshayani et al., found that around 78 % knew menstrual bleeding originated from the uterus. The study done by Dasgupta et al. in a rural community had suggested that most of the girls opt for cloth pieces rather than sanitary pads as menstrual absorbent. Only 11% girls used sanitary pads during menstruation. Another study conducted by Khanna et al. (Rajasthan), 75 % of the girls used old cloth during their periods and only 20% girls reported using readymade sanitary pads. It was noticed that the usual practice was to wash the cloth with soap after use and protect it at some confidential place until next menstrual period. To maintain secrecy these are few times hidden in unhygienic places.

Of the participants, 82.4% of the girls from the urban residential area reported that their family members remain very positive toward them during menstruation. It helps these girls in adjusting with menses, and there are fewer changes observed in their social as well as psychological behavior whereas only 34.8% of girls in the slum areas reported that their family remains positive toward them during menstruation. In slum areas, mothers remained concerned and were tense about managing menstruation. Three girls from the slum areas reported that their mother scolded them during menarche. In slum areas, about 17% of the girls preferred to stay alone during their menses. However, in urban residential areas, 5% girls reported that they avoid parties and social gathering during menstruation, although they could not substantiate their answer with proper reason. The majority of the girls in urban residential areas reported using sanitary napkins (**Baridalyne & Reddaiah**) whereas most of the girls in the slum areas reported using cloth. Majority of mothers in slum areas feel that sanitary napkin can cause infections. Girls from slum areas (among Sarna) believed that if a cow consumes the menstrual cloth or the sanitary napkin, the girl who used it can never become pregnant. Of the participants, 96.07% of girls in urban residential areas reported that they do not face any kind of social restriction during menstruation from parents whereas 45.5% of the girls in the slum reported that they face social restriction. The most common restriction among them is not going to the neighborhood and not to play or talk with boys because they may become pregnant. Girls in the residential areas enjoy freedom of mobility and lead a normal life during menstruation. They study in coed schools even talk with boys during menses whereas girls in the slum have restricted movement.

RELIGIOUS ASSOCIATION

Hindu girls reported restricting themselves from religious practices during menstruation whereas Muslim (follower of Islam) girls reported that they do not touch religious books or read “Namaz” or even do not go to the “Mazaar (shrine)” (**Engineer; Fischer**). Even the Sarna tribe girls do not go to the “Sarnasthal (Worship place of Sarna people)” during menstruation however, Christian girls reported that they worship and attend church during menses and can even touch and read the holy Bible.

SOCIAL AND CULTURAL PRACTICES

Teenager girls and mothers reported various social, cultural practices and taboos associated with menstruation for which they were unable to give explanation. They just follow it because they have been asked to do so. Of the participants, 76.9% of the girls reported refraining themselves from religious practices, eating medicines, wearing new clothes (**Puri&Kapoor**), applying kajal (kohl), attending guests, cooking food (**Joshi & Fawcett**), exercise, and other things. The most common restrictions reported were not indulging in the religious practices (among Hindu, Muslim, and Sarna girls), not going to places of worship, and not touching pickles during menstruation. Mothers also reported that during menstruation the body emits some specific smell or ray, which turns preserved food bad. In Muslim families, girls cannot go to the market during menstruation, mothers do not allow them to go anywhere except schools. There is a very common misconception among the girls in the slum areas that taking a bath during menstruation increases the flow of menstrual blood. Taking bath is strictly restricted in Muslim families because of the popular belief that bathing during this period increases intricacies during pregnancy. Majority of girls from residential areas reported that they dispose the sanitary napkins without washing it, by just wrapping in paper or polythene whereas 25.5% of them washed the sanitary napkins after using it and then disposed. Girls in the residential areas (21.5%) used an anti-germ agent (Dettol) as they want to keep themselves safe against infections. However, using Dettol was not reported in slum areas. Of the participants, 16.7% of the girls in the slum areas disposed the sanitary napkin after washing. Many of them smeared mud in the sanitary napkin after using it and then disposed it so that no one can do “black magic” using it. It is believed among most of the girls in the slum areas (among Sarna) that if a sanitary napkin is burnt after disposing then the girl who used it can never become pregnant. In the Lohra tribe among the Scheduled Tribes, it is an age-old belief that mothers do not communicate about menses to their daughters. In Kayastha families, it is believed that touching homemade vinegar or ghee during menstruation turns it bad. In Marwari families, a menstruating girl does not attend guests or serve food because the girl is considered unholy or impure (**Chawla**). Even entering into kitchen and storeroom or sitting on the sofa or bed is prohibited. Menstruating girls do not touch new grocery items because those items are part of the kitchen, and new things are not touched during menses. Girls also reported tying a piece of black thread on their feet (just as an anklet) to reduce pain. In Bhargav Brahmins, girls having menstruation do not touch iron-made things like lock and keys, and so on. It is also believed that the girls should not touch the iron-made latch of door and window. In earlier times, girls during menarche used to eat in separate utensils. In Sarna tribe and in many other tribal groups, girls do not participate in plantation work, touching or watering plants during menses. Oraon tribe believes that when a girl attains menarche and if her mother tears a piece of cloth in three equal parts in one breath and give that piece of cloth to the girl to use it during menses, it reduces the abdominal pain. However, many girls reported that this particular practice did not reduce the

pain. In Harijan (the lowest class under Hinduism) families, there is belief that if a pitcher is touched during menstruation, it will develop a hole in it. It is also believed that if a girl who has attained menarche mops the floor in circular motion, 21 times then it will reduce her abdominal pain. In Vaishya family, when the girl attains menarche, she has to cut a piece of thread of her height, which her mother throws on the roof. It is believed that this reduces the duration of menstruation (from 5 days to 3 days), and the girl feels comfortable. In Muslim families, each time the girl goes to toilet during menstruation, she has to wash her hand with mud then only she becomes “paak” (pure). This is one of the mechanisms to gain holiness (**Fischer; Whelan**). These are some of the practices that have made menstruation unwelcomed among the teenager girls. Most of these taboos actually revolve around the question of a girl being pure or impure during menstruation. These taboos, which are still prevalent, are not only threats but are also serious considerations for the professionals in the health sector.

CONCLUSION

In present context we unfold many practices and social restrictions associated with menstruation, myths, and misconceptions, the adaptability of the teenager girls toward it, their reaction, reaction of the family, realization of the importance of menstruation, and the changes that come in their life after menarche. The findings show that socioeconomic status of the family and education of parents and girls influences and affect the menstrual practice among teenage girls. Nevertheless, in many communities and families, menstrual practices are guided by religion, caste, community, and age-old beliefs. The findings also show that girls have become sensitive and aware toward their health, which shows positive change in the outlook of girls regarding menstruation. A number of girls today treat menstruation as a very normal body function. There are serious concerns about female teenager health in India and the social and cultural practices are further augmenting the problem. Although many social and cultural practices are justified scientifically, there is need to challenge and discourage those practices that adversely affect the health of individual especially girls. Many age-old beliefs and practices are communicated from generations, but it is hardly realized that many of those have become irrelevant today. Instead of communicating about the correct hygienic practices related to menstruation to the teenager girls, we are entangling them in myths and tradition. By following, such cultural practices blindly, we are deliberately making the teenagers stand on the crossroads. It is therefore important to reinforce safe menstrual hygienic practices among girls and pull them out of untrue perceptions, irrelevant practices, and traditions related to menstruation. Mothers should come out of their culture of silence, communicate, and build healthy relation with their daughters irrespective of their educational status. Menstruation just needs a proper understanding of hygiene and safe practices. Menstruation is nothing but a very normal biological phenomenon, and teenager girls should understand that they have the power of procreation only because of this virtue. The teenagers should not be curbed by the taboos regarding menstruation; rather they should be prepared for their greater responsibilities. The study concludes that cultural and social practices regarding menstruation depend on girls' education, attitude, family environment, culture, and belief. The study highlights and suggests the need for health and hygiene programs for teenage girls.

Health education should be developed to empower young women with sufficient knowledge so that they shift to appropriate health-taking behaviors. Educating young girls about the routine practice of taking a bath with warm water in the early days of menstrual period, would not only

lead to the development of positive mental and social behaviors , but could also be effective in reducing hygiene problems in the community .

Lack of appropriate and sufficient information about menstrual hygiene can be attributed to cultural and religious beliefs and taboos. Thus, the above findings reinforce the need to encourage safe and hygienic practices among the teenager girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation. General awareness about cause, organs involved in menstruation was to be improved. Use of sanitary napkins was to be enhanced by social marketing. For using old washed cloth, proper hygiene was to be maintained. Incorrect restrictions, myths and beliefs associated with menstruation can be removed by the help of teachers and parents.

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