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# MENSTRUAL HYGIENE PRACTICES AND MENSTRUAL DISORDERS AMONG RURAL WOMEN OF THANJAVUR DISTRICT

**Dr.C.Sunitha**

Associate Professor of Economics & Head, Principal Investigator-UGC-MRP,  
Rajah Serfoji College, Thanjavur.

## ABSTRACT

**Background:** *Though menstruation is a normal physiological process, women in menstruation have never been getting treated equally all through ages. The taboos that mainly revolved around menstruation prevented them to enter into educational institutions, temples, playgrounds, etc. Though the external barriers are slowly getting broken to pave the way for women to excel in everything, the internal barriers need to be critically analysed and abolished.*

**Objectives:** *The objective of this study is to assess the menstrual awareness practices and the menstrual disorders among the rural women residing in the Thanjavur District, Tamil Nadu. And it also measures the menstrual disorders experienced by them and the menstruation induced inferior thinking among the rural women.*

**Methodology:** *The primary data were collected from the field surveys through interview schedules as well as observation. This descriptive-analytical study was conducted on thousand rural women applying stratified random sampling method choosing 125 samples from each of the eight Taluks of Thanjavur District.*

**Results:** *There exists a statistically significant relationship between the menstrual hygiene practice of the respondent and the variables like the age, caste, type of family, educational qualification, employment status, income level, marital status. On the other hand, there is no statistically significant relationship between the religion and the menstrual hygiene practice of the respondent.*

**Conclusions:** *Higher the education, higher is the awareness about the menstrual hygiene practice. So as to reduce the social withdrawal during menstruation, installation of free napkin dispenser and incinerators to destroy the used pads need to be installed at all educational institutions and all other important places where the rural women normally gather.*

**KEYWORDS:** *Menstruation, Menstrual Disorders, MHM*

**JEL Classification:** I 12, B 54,

## INTRODUCTION

Menstruation in women is a periodic and cyclical shedding of the membrane of the uterus or womb accompanied by loss of blood. It happens approximately at 28 days cycle between menarche and menopause. If conception or pregnancy fails to happen, shedding and bleeding from the uterus takes place. Apart from Pre Menstrual Symptoms, most of the women suffer minor physical and nervous

disturbances during menses. The degree of disturbances depends to a large extent on the individuals outlook towards this physiological and normal process and also on the determination not to allow it to interfere with their normal life. General manifestation such as feeling of lethargy, tiredness, depression, excitability, irritability, fullness of breasts and even headache, may occur.

Menses has been a subject of taboo and superstition, and these myths are responsible for causing abnormal reactions among young girls, instilling feelings of shame, embarrassment and resentment. For most girls, menarche is a negative, frightening experience, or, at the best, a nuisance, or is something to fear or to be ashamed of. Restrictions in daily activities such as not being allowed to take bath, change clothes, comb hair, entering holy places and even dietary restrictions are also imposed during the menstrual (Dube and Sharma, 2012).

### Objectives:

1. To examine the present menstrual hygiene practices followed by the rural women
2. To enquire whether there exists any relationship between the socio economic factors and the present menstrual hygiene practices followed by the rural women
3. To examine the extent of the menstrual disorders, if any, faced by the rural women.
4. To analyse whether there exists any inferior feeling induced by menstruation, and the relationship with socio economic variables and menstrual disorders.
5. To suggest suitable policy measures for the improvement of present state of menstrual hygiene practices followed by the rural women

### Null Hypotheses:

1. There exists no relationship between the present menstrual hygiene practices followed by the rural women and the socio economic factors like age, religion, caste, type of family, educational qualification, employment status, income level, marital status
2. There exists any inferior feeling induced by menstruation, and the relationship with socio economic variables like religion, caste, type of family, educational qualification and menstrual disorders.

### REVIEW OF LITERATURE

Menstrual hygiene is an issue that is insufficiently acknowledged. Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes.

Though menstruation is a natural phenomenon, it is linked with several misconceptions and practices, which sometimes result in adverse health outcomes. Hygiene related practices of women during menstruation are of considerable importance, especially in terms of increased vulnerability to reproductive tract infections (Singh MM, Devi R, Garg S, Mehra M., 2001). Girls do not consistently have access to education on puberty and menstrual health. In India, 71% of girls report having no knowledge of menstruation before their first period (Sarah House, et al., 2002). Girls often turn to their

mothers for information and support, but 70% of mothers consider menstruation “dirty,” further perpetuating taboos. Girls do not have consistent access to preferred, high-quality Menstrual Hygiene Management (MHM) products. Almost 88% of women and girls in India use homemade alternatives, such as an old cloth, rags, hay, sand, or ash. Qualitative studies and an analysis of the product market indicate that premium commercial products are unaffordable or not consistently accessible for women and girls in low-income communities. Women and girls lack access to appropriate sanitation facilities. There are 63 million adolescent girls living in homes without toilets (USAID, 2014).

Despite national efforts to improve sanitation, women and girls lack appropriate facilities and community support to manage their menstruation privately and in a safe manner. Once girls reach menarche in India, there is significant evidence indicating increased restrictions to their mobility and agency (Deo, D. S., and C. H. Ghattargi., 2005, Bharatwaj, R. S., et al., 2014). Gendered social norms associated with menarche and menstruation are often perpetuated by community members and key influencers in girls’ lives, particularly her mother, and can influence a girl’s MHM behavior in the short term and may have longer-term effects on her transition to adulthood. Studies based in states including Maharashtra and Tamil Nadu have shown that during menstruation, girls are asked to stay away from religious spaces, kept in isolation, not allowed to play outside, or even go to school. Girls have reported feeling anxious, guilty, and shocked due to lack of information about menstruation prior to menarche (Alexandra Geertz, et al., 2016).

At menarche, schoolgirls in Jaipur, Rajasthan report their dominant feelings to be shock (25%), fear (30%), anxiety (69%), guilt (22%), and frustration (22%) (Gupta, Jaimala, and Hitesh Gupta, 2001). Further, 70% of women in India say their family cannot afford to buy sanitary pads (Sinha, Kounteya, 2011). Moreover poor personal hygiene and unsafe sanitary conditions have also primarily resulted in gynecological problems among the adolescent girls (Bhatia, J, Cleland J., 1995). There have also been high prevalence of reported cases of infections due to lack of hygiene during menstruation (Mehra, E.S, 1995)(Margaret, E.G., 1997). It was also reported that repeated use of unclean napkins or the improperly dried cloth napkins before its reuse results in harboring of micro-organisms and causing vaginal infections (Paul, D., A 2007).

A cross sectional study done in four selected Government High Schools in rural areas around Bangalore City showed that 99.6% of the students had heard of menstruation and 57.9% had acquired this even knowledge before attaining menarche. 73.7% knew that menstruation was a normal phenomenon but only 28.7% had knowledge regarding menstruation. 48.1% did not know that menstruation was related to pregnancy. Only 44.1%

used sanitary pad during the menstrual cycles. Among those who used cloth, only 31.3% used soap and water to clean them. 56.8% used soap and water to clean their genital organs and 88.8% of the girls took bath daily during menstruation (Shanbhag D, et al., 2012)

A study conducted in Bareilly showed that three fourth of rural girls were following restrictions during menses as compared to less number of urban subjects (71.6%). The most common restriction followed was not attending religious function as practiced by 73.9% and 66.7% of rural and urban girls respectively. Study on the use of material during menses revealed that the use of sanitary pads was more common among urban adolescent girls (62.5%) compared to rural (35.1%). Most common reason cited for not using sanitary pad was high cost as reported by 42.6% and 43.9% of rural and urban girls respectively. Overall menstrual practices were better in urban as compared to rural girls (Priyanka Kumar, 2016).

A descriptive, cross-sectional community based study was conducted among adolescent girls of a secondary school situated in the urban field practice area of dept of Community Medicine Medical College Kolkata revealed that 42 % girls were aware about menstruation prior to attainment of menarche. Hand-washing was regular among 91.8% but 16.3% washed only with water. Similarly washing of private parts were regular among 76.9% but 74.1% used only water no soap, there is significant relationship between hygienic practices followed and presence of continuous supply of water and presence of exclusive toilet of their family (Dr Shamima Yasmin,et al., 2013).

The present study conducted among rural women primarily concentrates whether the socio economic attributes have any influence over the menstrual hygiene practices and menstruation induced inferior feeling.

**METHODOLOGY**

Thanjavur District of Tamil Nadu is the study area chosen for the present research. The primary data is collected among the women respondents. The sample size is limited to 1000 which is nearly 0.12 % of the rural female population size as per 2011 census. The sampling method presently adopted is stratified random sampling

choosing 125 samples from each of the eight taluks, namely, Kumbakonam, Orathanadu, Papanasam, Pattukkottai, peravurani, Thanjavur, Thiruvaiyaru and Thiruvaidaimaruthur, of Thanjavur District, Tamil Nadu. Out of the 789 inhabited villages in Thanjavur district there are 7 villages in which the sex ratio is 899 or less and 54 villages in which the child sex ratio is less than 699 or less. While choosing the samples due care is given to include women respondents from all these villages. The primary data were collected from the field surveys through interview schedules as well as observation. The data were collected with a pre tested structured interview schedule in the two year period 2016 and 2017.

**1. MENSTRUAL HYGIENE PRACTICE**

Questioning what was used during menstruation, the practices were elicited in the following table. Even from the elderly women, the practices that they once followed while they were menstruating, were enquired. Of all the respondents a maximum of 38% are found using sanitary pads alone, and majority of them were observed as of comparatively younger age. And, 33% more use sanitary pads along with the old washed cloth, expressing the fact that the pads are not adequate enough to suck the blood out. Thus nearly 71% of the rural women use the pads during menstruation, thanks to the village health workers’ initiatives to distribute sanitary pads to all eligible women free of cost.

Still one-fourth of the women respondents use only old washed cloth, which of course is more hygienic and eco friendly practice. They feel that they are more comfortable with the cloth only and they do not believe in the sanitary napkins being effective. Furthermore, the free pads won’t suffice to the need as well, the respondents felt.

There were age old practices of using ashes like materials stuffed old cloth, to absorb blood, followed by the 4% respondents and all of them were observed as elderly women only and that harmful practice is no more in existence.

There are no respondents who use only new cloths or using nothing during menstruation time.

**Table No.1 Menstrual Hygiene Practice**

Practice during menstruation	No.	In %
Sanitary pads	378	38%
Old washed cloth	258	26%
Pad + old washed cloth	325	33%
Use other (using ashes, newspapers, dried leaves and husk sand) with old cloth	39	4%
Nothing used	0	0%
Total	1000	100%

Source: Primary Data

A statistical enquiry into whether a reasonable relationship exists between a few select socio economic factors and the hygiene practice during menstruation was made.

### 1.1 Age and MHM:

Among the thousand respondents surveyed, a majority of 346 (35%) are between the age group of 21 to 30 years and only 124 (12%) respondents are of the age group of 20 Years or below. Among the other female respondents, 224 are between the age group of 31 to 40 years, 147 are between the age group of 41 and 50 years, 159 are of above 50 years of age.

It is good to note that of the respondents who are those in their teen years, 91% use only sanitary pads alone or use pads with cloth and the rest used only the clean old cloth; Of those in the age group of 21-30 years also the same proportion of usage of cloth with or without pads was witnessed; Among those in the age group of 31-40 years, 88% use only sanitary pads with or without the cloth and the rest used only the clean old cloth; Among those in the age group of 41-50 years, 51% of the respondents use only sanitary pads with or without the cloth and the rest used only the clean old cloth; and, among those in the age group of above 50 years, three-fourth of the respondents used only the old cloth and one-fourth used the cloth with other harmful absorbents like ash in their younger ages.

The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the age and the menstrual hygiene practice of the respondent.

### 1.2 Religion and MHM:

Among the respondents surveyed, 684 (90%) household respondents follow Hindu Religion, 189 (2%) of the respondents follow Islam, 120 (8%) respondents follow Christianity and the rest follow other religions.

The enquiry into whether a reasonable relationship exists between the religion followed and the hygiene practice during menstruation revealed that of the respondents who follow Islam, 71% used with or without the cloth and 26% used the clean old cloth; and of the respondents who follow Hinduism, 69% used with or without the cloth and 27% used the clean old cloth and among Christian respondents 76% used with or without the cloth and 20% used the clean old cloth and around 3% to 4% of the elderly women of any religion used other primitive forms. The chi square test accepts the null hypothesis and shows that there exists no statistically significant relationship between the religion and the menstrual hygiene practice of the respondent.

### 1.3 Caste and MHM:

Among the Thousand respondents, 792 (79%) belong to Backward Caste and Most Backward Caste, 190 (19%) households belong to Scheduled Caste/Scheduled Tribe community and the rest either belong to other communities or do not like to reveal..

The enquiry into whether a reasonable relationship exists between the caste and the hygiene practice during menstruation revealed that of the respondents who belong to SC/ST castes, 57% used with or without the cloth and 37% used the clean old cloth; and of the respondents who do not belong to the SC/ST castes, 74% used with or without the cloth and 23% used the clean old cloth. Around 4% to 5% of the elderly women of any caste used other undesirable forms. The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the caste and the hygiene practice during menstruation of the respondent.

### 1.4 Family Type and MHM:

Nowadays the Joint Family system is getting collapsed for the well known reasons which do not leave the rural households also. Among the surveyed respondents, 711 (71%) belong to the Nuclear family set up and only the rest 289 (29%) hail from the extended family households.

The enquiry into whether a reasonable relationship exists between the type of family and the hygiene practice during menstruation revealed that of the respondents who belong to nuclear family, 84% used pads with or without the cloth, 5% used the clean old cloth and only 1% used other forms. Of the respondents who belong to the extended family, 36% used with or without the cloth, 53% used the clean old cloth and 11% of the elderly women of the extended families used other undesirable forms. The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the type of family and the hygiene practice during menstruation of the respondent.

### 1.5 Educational Qualification and MHM:

Tamil Nadu is one of the glowing state with the statistics of growing literacy rate which is evidenced in the analysis of composition of the educational qualification of the respondents also. If women are trained and educated on sound lines, they become an asset in accelerating economic growth and ensuring social change in the desired direction (Immanuel 1998). The below-found table shows the educational qualification of the interviewed respondents. Of the respondents surveyed, only 154 were found illiterates, having no formal schoolings; 165 respondents having elementary education and a majority of 387 undergoing secondary level education. While one fourth of the respondents completed the higher secondary education and 40 respondents underwent still higher education like Diploma, Degree, etc.

The enquiry into whether a reasonable relationship exists between the educational qualification and the hygiene practice during menstruation revealed that of the respondents who had no formal schooling 21% used napkin pads with or without the cloth, 58% used the clean old cloth and 21% used other forms; Of the respondents who had elementary level education, 56% used pads with

or without the cloth, 40% used the clean old cloth and 4% of the elderly women of the extended families used other undesirable forms. All the respondents with other forms of higher education use the cloth with or without pad. Of the respondents with secondary education, 87% used with or without the cloth and 13% used the clean old cloth; of the respondents with higher secondary education, 80% used with or without the cloth and 20% used the clean old cloth; and of the respondents with collegiate education, 92% used with or without the cloth and 8% used the clean old cloth. Thus it is clear that higher the education, higher is the awareness about the menstrual hygiene practice.

The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the educational qualification and the hygiene practice during menstruation of the respondent.

### **1.6 Occupation and MHM:**

Occupational structure of the respondents plays a vital role in their decision making abilities especially regarding the health. Of the respondents surveyed, a majority of 40 % respondents remain as homemakers, and 114 more also found dependents/ students not doing any external employment. Thus more than half of the female respondents fetch no formal income earnings. On the other hand 126 respondents contribute their labour for the agricultural work in the own lands; 69 for the agricultural work in the leased lands and 190 respondents work as agriculture coolie workers. Thirty three respondents are found self employed running petty shops, practicing as tailors or other micro level businesses; 38 respondents are employed in private concerns like Textile shops, Super markets, Hotels, etc.; and only 29 respondents are employed in government service.

Enquiring whether the occupational structure of the respondents plays any role in hygiene practice during menstruation, it is found that 96% of students, 86% of house makers, 85% of the self employed, 83% of the Government employees, 75% of the private employees, 49% own land agriculture workers, 48% agricultural daily wagers and 18% of the leased land agriculture workers use pads with or without cloth; 4% of students, 9% of house makers, 15% of the self employed, 17% of the Government employees, 21% of the private employees, 44% agricultural daily wagers 52% own land agriculture workers, and 74% of the leased land agriculture

workers use only old cloth; and no student, own land agriculture worker, Government employed, private employed and self employed opted other unhygienic forms during menstruation.

The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the employment status and the hygiene practice during menstruation of the respondent.

### **1.7 Income and MHM:**

Enquiring whether the income of the respondents plays any role in hygiene practice during menstruation, it is found that out of the respondents in the income group below Rs.5000 per month, 48% used pads with or without the old cloth, 43% used only old cloth and 10% only opted other unhygienic forms during menstruation; of the respondents in the income group of Rs.5000-10000 per month, 85% used pads with or without the old cloth, 13% used only old cloth and 2% only opted other unhygienic forms during menstruation; and all the respondents in the income group of above Rs.10000 per month used cloth with or without pad.

The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the income level and the hygiene practice during menstruation of the respondent.

### **1.8 Marital Status and MHM:**

While 89% of the respondents found married nearly 11% (114 respondents) are unmarried due to age, education, seeking employment, etc. It is further tested whether there is any relationship between the Taluk area they reside in, and the marital status of the respondent framing a hypothesis as follows.

Enquiring whether the marital status of the respondents plays any role in hygiene practice during menstruation, it is found that out of the married respondents, 93% used pads with or without the old cloth, 3% used only old cloth and 4% only opted other unhygienic forms during menstruation. Similarly, of the unmarried respondents also, 93% used pads with or without the old cloth, 7% used only old cloth and no one in the unmarried group opted other unhygienic forms during menstruation. The chi square test rejects the null hypothesis and shows that there exists a statistically significant relationship between the marital status and the hygiene practice during menstruation of the respondent.

**Table No.2 Relationship between the practices followed during menstruation of the Respondents with the socio economic variables**

Variable		Total	Sanitary pads	Old washed	Pad + old washed	Use(d) other	Sanitary pads	Old washed	Pad + old washed	Use(d) other	P value	Result
Age (Years)	1. 20 and Below	124	94	12	18	0	76%	10%	15%	0%	5.5E-147	Related
	2. 21-30	346	165	27	154	0	47%	8%	45%	0%		
	3. 31-40	224	114	28	82	0	51%	12%	37%	0%		
	4. 41-50	147	5	71	71	0	3%	47%	48%	0%		
	5. Above 50	159	0	120	0	39	0%	75%	0%	25%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Religion	1.Hindus	684	251	184	221	28	37%	27%	32%	4%	0.632497	Independent
	2.Muslims	189	70	48	65	6	37%	26%	34%	3%		
	3. Christians &Others	127	57	26	39	5	45%	20%	31%	4%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>37%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Caste	1.SC/ST	190	58	70	52	10	31%	37%	27%	5%	0.00058	Related
	2.BC/MBC & Others	810	320	188	273	29	40%	23%	34%	4%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Type of Family	1. Nuclear	711	334	104	264	9	47%	15%	37%	1%	2.04E-50	Related
	2.Extended	289	44	154	61	30	15%	53%	21%	11%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Educational Qlnof the Respondent	1.No formal schooling	154	28	89	5	32	18%	58%	3%	21%	5.26E-66	Related
	2.Elementary Education	165	45	65	48	7	27%	39%	29%	4%		
	3.Secondary	387	167	51	169	0	43%	13%	44%	0%		
	4. Higher Secondary	254	109	50	95	0	43%	20%	37%	0%		
	5. Degree/ Diploma/any other higher education	40	29	3	8	0	73%	8%	20%	0%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Occupation of the Respondent	1. Homemaker	401	201	35	145	20	50%	9%	36%	5%	5.44E-90	Related
	2. Student /unmarried/dependent	114	99	5	10	0	87%	4%	9%	0%		
	3.Agriculture in own land	126	2	65	59	0	2%	52%	47%	0%		
	4. Agriculture in Lease land	69	1	51	12	5	1%	74%	17%	7%		
	5. Daily wager in Agriculture	190	10	84	82	14	5%	44%	43%	7%		
	6.Private job	38	25	8	5	0	66%	21%	13%	0%		
	7. Self Employed	33	21	5	7	0	64%	15%	21%	0%		
	8.Govt. Employed	29	19	5	5	0	66%	17%	17%	0%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Income of the	1.Upto 5000	322	45	138	108	31	14%	43%	34%	10%	1	R

family (Rupees per month)	2.5001-10,000	401	187	54	152	8	47%	13%	38%	2%		
	3. 10,001-15000	214	121	45	48	0	57%	21%	22%	0%		
	4. Above 15000	63	25	21	17	0	40%	33%	27%	0%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		
Marital status	Married	886	320	24	503	39	36%	3%	57%	4%	0.00012	Related
	Others	114	58	8	48	0	51%	7%	42%	0%		
	<b>Total</b>	<b>1000</b>	<b>378</b>	<b>258</b>	<b>325</b>	<b>39</b>	<b>38%</b>	<b>26%</b>	<b>33%</b>	<b>4%</b>		

Source: Primary Data

## 2. PROBLEM WITH WASHING NAPKINS

Nearly 28% of the families of the respondents surveyed do not have water supply to their houses and have to depend on the common corporation water or the nearby houses 30% had no toilets. So has an adverse impact over the menstrual

hygiene practice. So as to confirm it a question was posed to the respondents whether they had any difficulty in washing the sanitary napkins and cloth and a whopping 88% of the respondents acknowledged that it is very difficult and uncomfortable to wash their cloth without the knowledge of others.

**Table No.3 Problem of washing and drying used cloth**

Perceived as a Problem	No. of respondents	In %
1. Yes	878	88%
2. No	122	12%
Total	1000	100%

Source: Primary Data

Enquiring about the nature of the problem that they faced all those who acknowledged the difficulty unanimously expressed that the lack of privacy to wash or dry was the key problem. The scarcity of place in the house to wash and dry cloths is another

closely observed problem by 96% of the respondents. The shortage of water is another key issue in washing the used cloth which was witnessed by 18% of the respondents.

**Table No.4 Type of problem faced while using old washed cloth during washing and drying (multiple answers)**

Type of problem	No. of respondents	In %
Shortage of water	159	18%
Scarcity of place	844	96%
Lack of privacy	878*	100%

Source: Primary Data

## 3. MENSTRUAL DISORDERS

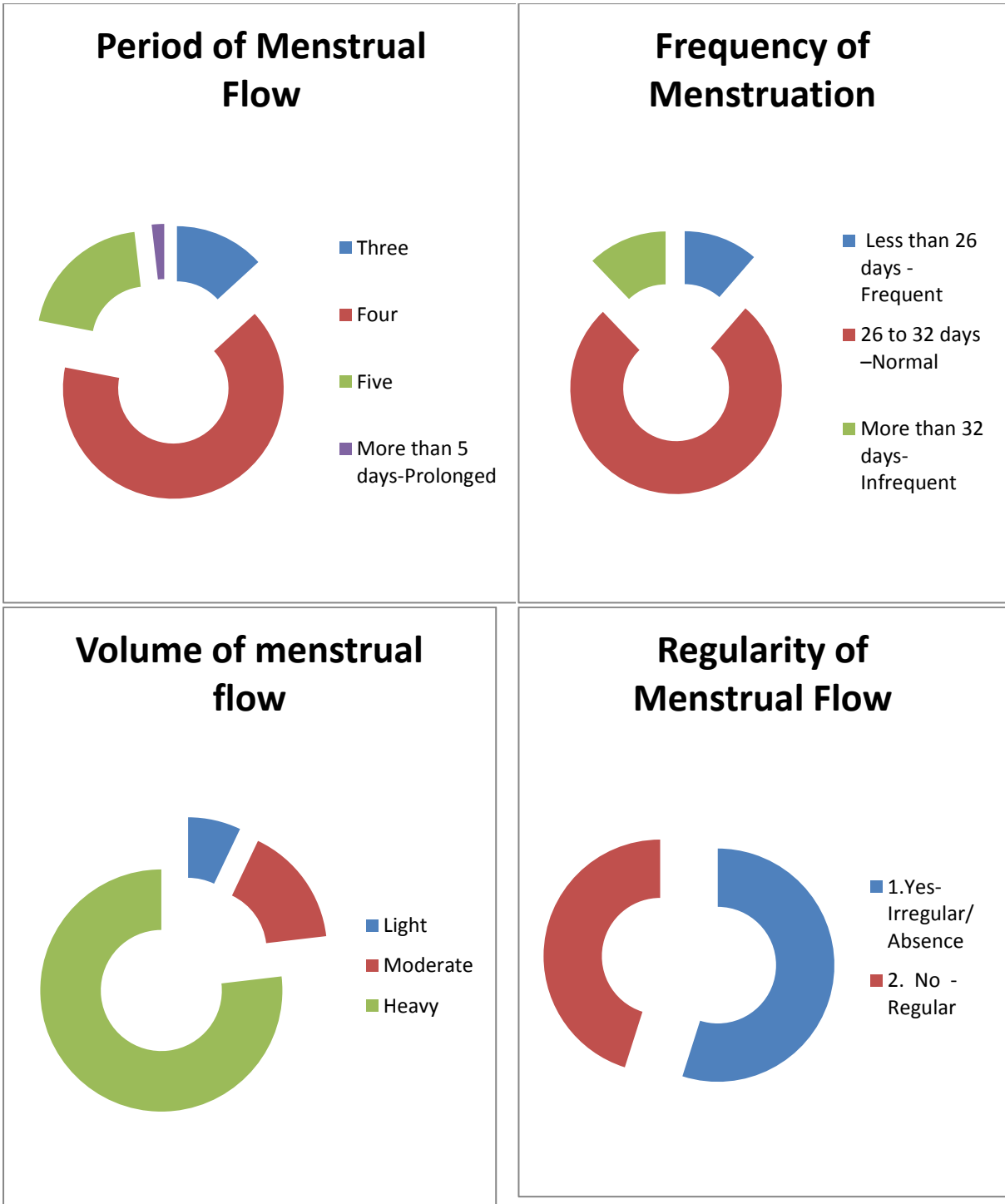
There are many menstrual disorders witnessed. Infrequent or irregular ovulation is called oligoovulation. The absence of ovulation is called anovulation. Very little flow i.e., less than 10 ml is called hypomenorrhea. Regular cycles with intervals of 21 days or fewer are polymenorrhea; frequent but irregular menstruation is known as metrorrhagia. Sudden heavy flows or amounts greater than 80 ml are termed menorrhagia. Heavy menstruation that occurs frequently and irregularly is menometrorrhagia. The term for cycles with intervals exceeding 35 days is oligomenorrhea. Amenorrhea refers to more than three to six months without

menses, while not being pregnant, during a woman's reproductive years.

These disorders may be summarised simply as follows which are subsequently analysed:

- Cycle regularity (irregular, regular, or absent)
- Frequency of menstruation (frequent, normal, or infrequent)
- Duration of menstrual flow (prolonged, normal, or shortened)
- Volume of menstrual flow (heavy, normal, or light)





Source: Primary Data

**3.1 Frequency of menstruation:**

Of the respondents surveyed only 765 are found in the normal menstruation cycle and the rest in menopause or post menopausal stage. Around three-fourth of these respondents found a gap of 26 to

32 days between two menstrual periods. While 12% of the respondents had the gap of more than 32 days between their two successive periods, 11% of the respondents struggled with the gap of just less than 26 days between their two successive periods.

**Table No.5 Normal Days of Gap between the periods (from the start of one period to the start of the next)**

Sl.No.	Period of Gap	No.	In %
1	Less than 26 days -Frequent	87	11%
2	26 to 32 days -Normal	585	76%
3	More than 32 days-Infrequent	93	12%
	Total Respondents presently menstruating	765	100%

Source: Primary Data

**3.2 Duration of menstrual flow**

Questioned about the duration of the menstrual flow of the presently menstruating 765 eligible respondents, only 101 i.e., 13% had three

days of flow. While 65% of the respondents had four days of flow, 2 % of them found suffering from menstrual flow of more than 5 days.

**Table No.6 Average Days of Flow of Period**

Sl.No.	Period Flow Days	No.	In %
1	Three	101	13%
2	Four	496	65%
3	Five	154	20%
4	More than 5 days-Prolonged	14	2%
	Total Respondents presently menstruating	765	100%

Source: Primary Data

**3.3 Volume of menstrual flow :**

Enquiring about the nature of the menstrual flow among the presently menstruating 765 eligible respondents, only 7% had the light flow.

While 16% of the respondents had moderate menstrual flows and a majority of 77 % of them found suffering from heavy menstrual flow with blood clots.

**Table No.7 Volume of Menstruation Flow**

Sl.No.	Volume of Flow	No.	In %
1	Light	54	7%
2	Moderate	123	16%
3	Heavy	588	77%
	Total Respondents presently menstruating	765	100%

Source: Primary Data

As stated earlier, of the presently menstruating 765 eligible respondents a majority of 588 had heavy menstrual flow with blood clots. When asked about whether the heavy flow was obstructing to do the usual activities, of these suffering 588 respondents, 514(87%) seconded it seriously.

**Table No.8 Effect of Heavy flow on usual activities**

Heavy flow obstructing to do the usual activities	No.	In %
1.Yes	514	87%
2. No	74	13%
Total Respondents feeling Heavy Flow	588	100%

Source: Primary Data

**3.4 Regularity of menstrual flow:**

Of the presently menstruating 765 respondents, 420 had observed changes in their current cycle. Similarly when enquired about that

whether they have any inter period bleeding, 16% relied that they used to have bleeding or at least whiteness with blood spots, occasionally.

**Table No.9 Changes in the regularity of the cycle and or bleeding between periods**

Have you noted any changes in your current cycle?	No.	In %
1.Yes- Irregular/ Absence	420	55%
2. No -Regular	345	45%
Do you have any bleeding between periods?		
1.Yes	124	16%
2. No	641	84%
Total	765	100%

Source: Primary Data

#### 4. MENSTRUATION INDUCED INFERIOR THINKING

There are still people in India, even among women who have wrong unscientific and false beliefs. Few such are ‘Menstrual women should be prohibited from participating in normal life’ ‘during menstruation the body emits some specific smell or ray, which turns preserved food bad’ ‘menstrual women should bury their cloths used during menstruation to prevent them being used by evil spirits’ ‘a malevolent person can do harm to a menstruating woman or girl by using black magic, reflecting the superstitious wrong beliefs persisting in the rural areas’, ‘doing exercise/physical activity during menses aggravate the dysmenorrhoeal, ‘menstrual blood is different from regular blood with foul odour’ ‘the hair should not be washed or not to take bathe during first 3 days of menstruation’

‘menstrual women should not visit religious places during menstruation’ ‘menstrual women should not have sex’ ‘menstrual women cannot get pregnant during period’ ‘menstrual women should not enter the kitchen and cook’, ‘the food they prepare or handle can get contaminated’ ‘after taking bath a menstrual woman may cook if needed’, ‘if a girl or woman touches a cow when she is on her period, that the cow will become infertile’ ‘menstrual women should not touch a pregnant female during menstruation’ ‘they should not sleep in the day-time’, and ‘they should avoid wearing flowers’.

So to assess whether such beliefs make the rural women feel inferior about them during the days of menstruation, the respondents were posed a statement that ‘the women, in general, are impure and polluted’ to which 133 respondents lamented agreeing to it.

**Table No.10 Agreement to the statement that women are impure and inferior on account of menstruation**

Women, in general, are impure and inferior	In No.	In %
Agree	133	13%
Do not Agree	769	77%
No opinion	98	10%

Source: Primary Data

The agreement to the summary statement ‘the women, in general, are impure and polluted’ reflects their inferior thinking and will reflect in all their health related decisions. So, an enquiry into whether the menstruation induced inferior thinking has any relationship with the socio economic variables was made, the result of which is tabulated below.

Many religions have menstruation-related traditions and taboos. Now, the change in tradition and culture make both women and men accept this casual biological phenomenon happening through ages. So, **firstly**, an enquiry into whether menstruation induced inferior thinking has any relationship with the religion, was made. While 81% of the respondents belonging to the Hindu religion did not agree to the statement that ‘the women, in general, are impure and polluted’, only 68% and 66% of the respondents from the Islam and Christianity did not agree to the statement respectively. The chi square test rejects the null hypothesis and shows that there exists a significant

relationship between the religion and menstruation induced inferior thinking.

**Secondly**, the comparison was made with the caste one belongs to. It revealed that of the respondents who belong to SC/ST castes, 16% are of the view that the women, in general, are impure and polluted and of the respondents who do not belong to the SC/ST castes, 13% only are of this view. The chi square test accepts the null hypothesis and shows that there exists no significant relationship between the caste and menstruation induced inferior thinking.

**Thirdly**, while comparing the type of family with the menstruation induced inferior thinking it was found that 39% of the rural women respondents from extended family are of the view that the women, in general, are impure and polluted whereas 3% of those from the nuclear family only think so. Similarly, 39% of the rural women respondents from extended family do not agree to the statement that the women, in general, are impure and polluted whereas a majority of the 92% of those from

the nuclear family think so. The chi square test rejects the null hypothesis and shows that there exists a statistically supported significant relationship between the type of family and menstruation induced inferior thinking.

**Fourthly**, a comparison between the education and menstruation induced inferior thinking is made. Lesser the education level lesser was the inferior thinking among the rural women respondents. For instance, of the respondents with no formal schooling, nearly 48% kept mum, 40% agreed they feel inferior on account of menstruation and only 12% had the acceptance of the nature. Nearly, 64% of the respondents with elementary education, 93% with secondary education, 97% with higher secondary education and all of those with still higher education were not of this inferior view about the cyclical menstruation at all. The chi square test rejects the null hypothesis and shows that there exists a statistically supported significant relationship between the educational qualification and menstruation induced inferior thinking.

**Fifthly**, a comparison between the frequency of menstruation and the menstruation induced inferior thinking was made which reveals that the women with normal flow don't have that the inferior feeling comparing those with frequent or infrequent flow. While 94 % respondents with normal flow did not agree that there is a menstruation induced inferior thinking in them, 90% of those with frequent menstruation got fed up with it and felt so. Similarly, 22% of those with infrequent menstruation were also affected with negatively. The

chi square test rejects the null hypothesis and shows that there exists a statistically supported significant relationship between the frequency of menstruation and menstruation induced inferior thinking.

**Sixthly**, the impact of the duration of flow of menstruation on the menstruation induced inferior thinking was analysed which reveals that 89% of the women with normal flow of three or four days don't have that the inferior feeling comparing those with frequent or infrequent flow. While 39 % respondents with five days of flow agreed that there is a menstruation induced inferior thinking in them, all of those with flow of six or more days of menstruation were both physically week and psychologically inferior. The chi square test rejects the null hypothesis and shows that there exists a statistically supported significant relationship between the duration of flow of menstruation and menstruation induced inferior thinking.

**Finally**, a comparison between the volume of menstruation and the menstruation induced inferior thinking was made which reveals that no woman, at present, with light flow has that inferior feeling comparing those with moderate or heavy flow. While 7% respondents with moderate flow agreed that they felt inferior, 19% of those with heavy menstruation flow also felt so. The chi square test rejects the null hypothesis and shows that there exists a statistically supported significant relationship between the volume of menstruation and menstruation induced inferior thinking.

**Table No.11 Relationship between menstruations induced inferior thinking with the socio economic variables**

Variables		Total	Agree	Don't agree	No Opinion	Agree	Don't agree	No Opinion	P value	Result
Religion	1.Hindus	684	78	556	50	11%	81%	7%	4.18E-05	Related
	2.Muslims	189	33	129	27	17%	68%	14%		
	3. Christians &Others	127	22	84	21	17%	66%	17%		
	Total	1000	133	769	98	13%	77%	10%		
Caste	1.SC/ST	190	31	134	25	16%	71%	13%	0.062598	Independent
	2.BC/MBC & Others	810	102	635	73	13%	78%	9%		
	Total	1000	133	769	98	13%	77%	10%		
Type of Family	1. Nuclear	711	19	657	35	3%	92%	5%	9.17E-76	Related
	2.Extended	289	114	112	63	39%	39%	22%		
	Total	1000	133	769	98	13%	77%	10%		

Educational of the Respondent	1.No formal schooling	154	61	19	74	40%	12%	48%	5.40E-113	Related
	2.Elementary Education	165	45	106	14	27%	64%	8%		
	3.Secondary	387	25	358	4	6%	93%	1%		
	4. Higher Secondary	254	2	246	6	1%	97%	2%		
	5. Degree/ Diploma/any other higher education	40	0	40	0	0%	100%	0%		
	Total	1000	133	769	98	13%	77%	10%		
Frequency of menstruation	Frequent	87	78	1	8	90%	1%	9%	3.7E-124	Related
	Normal	585	23	547	15	4%	94%	3%		
	Infrequent	93	20	39	34	22%	42%	37%		
	Total	765	121	587	57	16%	77%	7%		
Period Flow Days	Three	101	3	90	8	3%	89%	8%	1.011E-56	Related
	Four	496	44	441	11	9%	89%	2%		
	Five	154	60	56	38	39%	36%	25%		
	More than 5 days- Prolonged	14	14	0	0	100%	0%	0%		
	Total	765	121	587	57	16%	77%	7%		
Volume of Flow	Light	54	0	49	5	0%	91%	9%	0.0001394	Related
	Moderate	123	9	107	7	7%	87%	6%		
	Heavy	588	112	431	45	19%	73%	8%		
	Total	765	121	587	57	16%	77%	7%		

Source: Primary Data

## 5. SUGGESTIONS

Based on the field observations and above analysis the following suggestions are made to the policymakers regarding the MHM.

1. Higher the education, higher is the awareness about the menstrual hygiene practice. No student, own land agriculture worker, Government employed, private employed and self employed woman opted other unhygienic forms during menstruation though a majority of them found it very difficult and uncomfortable to wash their cloth used for menstruation without the

knowledge of others. So as to reduce the social withdrawal installation of free napkin dispenser and incinerators to destroy the used pads need to be installed at all educational institutions and all other important places where the rural women normally gather.

2. And, one-fourth of the women respondents use only old washed cloth, which is a comparatively more hygienic and eco friendly practice. They feel that they are more comfortable with the cloth only and they do not believe in the sanitary napkins being effective or the free pads won't suffice to the need as well. The use of clean cloth

need to be promoted much by the Government as the corporate world consistently implanting the wrong belief that only their own costly chemical filled sanitary pads are the one stop solution to the menstruation.

- Now, the recent Apex Court judgements on entry of women in important temples including Sabarimala Ayyappa temple are welcomed, particularly by urban and elite India. But menstrual women is restricted to observe prayers even in the houses and in many villages even the non menstruating women have no right to enter into the small temples dedicated to male Gods as *ugradevathas*, beyond a certain border. So, the need for a neo-revolution against this practice is a prerequisite to gender equality in rural places which is possible only by the committed interventions of the politicians, social leaders and the religious leaders, if initiated by the Government.

### Conclusion:

Isolating and treating the menstruating women as untouchables, is a wrong attitude and now it gets slowly changed. The school going girls should be given adequate knowledge and encouragement that it is a manifestation of womanhood and it should not be allowed as an obstacle to live their normal life, play and bathe. Apart from offering free napkins to the rural BPL women, if quality, affordable and accessible public healthcare system, adequate water and toilet facilities inside the house, healthy discussions about the reproductive health among the close family members are also ensured, it will surely help the rural women excelling in every spheres of life including education, employment, entrepreneurship, etc., shedding all their inhibitions along with their uterus membrane.

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