



A CONCEPTUAL STUDY ON MENSTRUATION HYGIENE MANAGEMENT (MHM) AMONG WOMEN IN RURAL INDIA

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Abstract

The study analyses the current challenges related to menstruation hygiene management among in rural India. The study is conceptual in nature. Though this topic has recently gained more attention, it is under-studied. Research shows that many women in rural India lack adequate feminine hygiene products, sanitation facilities and menstrual hygiene education. Misconceptions regarding menstruation are widespread, and there is a general culture of silence surrounding this topic. The current initiatives to distribute and produce feminine hygiene, expand sanitation facilities and provide MHM education need to be expanded to improve women's livelihoods and ability to manage their menses.

Introduction

Approximately 52% of female population is of reproductive age. The majority of these females menstruate between two and seven days each month. Menstruation is a natural component of reproductive cycle. The entire reproductive usually lasts between 21 and 35 days. Each reproductive cycle involves ovulation, meaning the release of an egg from the uterus to the fallopian tubes. Tissue and blood begin to line the walls of the uterus for fertilization. In rural India this normal process is considered taboo and consequently is not discussed often. Due to the lack of knowledge and privation of other essential resources, menstruation is often managed poorly and is described by women as a negative and isolating experience.

Review of Literature

This literature review analyses the current challenges related to menstruation hygiene management among in rural India. Though this topic has recently gained more attention, it is under-studied. Research shows that many women in rural India lack adequate feminine hygiene products, sanitation facilities and menstrual hygiene education. Misconceptions regarding menstruation are widespread, and there is a general culture of silence surrounding this topic. The current initiatives to distribute and produce feminine hygiene, expand sanitation facilities and provide MHM education need to be expanded to improve women's livelihoods and ability to manage their menses.

Objectives of the study

1. To identify the methods of usage of sanitary napkins.
2. To identify the various beliefs of people regarding menstruation.

Scope of the study: The study is confined only to women in rural India in order to ascertain the awareness, developmental stage, problems and benefits of menstruation hygiene management.

Importance of the study

The goal of menstrual hygiene management is to ensure that women and girls can manage their periods in a way that is not only healthy, but that enables their full participation in school, work, and other activities. Menstrual hygiene management should be part of an expanded definition and agenda for sexual and reproductive health services. Because at its essence, menstruation is about reproduction. Menstruation is the biological indicator that pregnancy has not occurred. Puberty and menarche, or the onset of menstruation, provide a window of opportunity to not only teach young adolescent girls and boys about the changes occurring in their body, but also about fertility, contraception, and other aspects of sexual and reproductive health

Methodology : The study is conceptual in nature hence in order to conduct the study secondary data was collected from various sources: Websites, Books and Journals.

Theoretical Background

Girls and women in the developing world lack adequate solutions to manage menstruation. Imported pads are prohibitively expensive for low-income families. Research in Uganda indicates that 90% of the urban poor cannot afford off-the-shelf sanitary pads and instead improvise with materials with limited absorbency such as cloth, newspapers, and even dried grass, making it difficult for menstruating girls to participate in school. The United Nations Children's Fund estimates that 1 in 10 African girls either skips school during menstruation or drops out entirely because of lack of menstrual hygiene management (MHM) options. Studies have confirmed that educating girls is associated with development and health benefits to the girls, their families, and society. Benefits include protecting girls from HIV/AIDS, abuse, and exploitation; reducing child and maternal mortality; improving child nutrition and health; decreasing fertility rates; enhancing women's political participation; and improving economic productivity. As governments acknowledge these issues by subsidizing menstrual hygiene products, the impact of the products on sanitation and waste disposal systems must also be considered.

Menstruation is a natural, normal biological process experienced by all adolescent girls and women, yet it is not spoken about openly causing unnecessary embarrassment and shame. India's 113 million adolescent girls are particularly vulnerable at the onset of menarche. At this time they need a safe environment that offers protection and guidance to ensure their basic health, well-being and educational opportunity is realized. Yet a recent survey found that in 14,724 government schools only 53% had a separate and usable girl's toilet.¹ At home the situation also need to improve as 132 million households do not have a toilet (2015), leaving adolescent girls and women to face the indignity of open defecation. However, safe and effective menstrual hygiene management, or 'MHM' is a trigger for better and stronger development for adolescent girls and women.

Quoting from a recent article in Quartz India, regarding the MHM situation in a village in Jharkhand. It was also observed that majority (73%) of the women use cloth during periods. Most of the women, around 72%, clean the cloth where they take bath. It was unfortunate to acquire the information that they wash their used cloth during the menstrual cycle in the same source where they were taking bath. Only 3.4% reported disposing the napkin safely with other wastes, while 17% said they dumped it in the same pond. "We place the soiled napkin in between the fingers of our legs, and while we dip inside the water to take bath, we release it then and it sinks down to the ground," a 13-year-old girl said. "If you search the bottom of the lake, you will find the whole bed covered with napkins," said the mother of a 15-year-old who uses sanitary napkins.

Findings, Suggestions and Conclusions

1. Many negative feelings related to MHM.
2. In rural villages this notion is the cause culture of silence and shame surrounding issues associated with sexuality and menstruation.
3. In rural India, girls express concern about being stigmatized by fellow students due to cultural belief.
4. Women in rural India face challenges during menstruation related to hygiene.
5. Expansion of menstruation hygiene management education in schools and communities.
6. Integration of MHM into educational policies and programs.
7. Expansion of affordable feminine hygiene products.
8. Expansion of adequate sanitation facilities in schools.
9. Greater MHM advocacy.
10. Increased government support.
11. Incorporation of MHM into the water, sanitation and hygiene agenda.

Conclusion

There are key limitations to this study. This is the disadvantage because it is difficult to gauge how MHM affects women in all over rural India without data specific to each region. Since it affects such a large population of women and crosses over into so many widely research areas. Thus, in the future arising number of women will likely encounter the challenges with MHM. Despite these limitations it clearly demonstrate that MHM is a problem for many women in India. Attitudes are surely changing with times. But we have a long way to go when



dealing with menstruationHygiene and women needs .Even today there are communities who believe menstruation is a curse to girls and not a health problem.Menstruation is a term where no one wants to talk it loud .The girls in the rural are not having basic knowledge about the after effects of these issues. The major problem in the rural is most of the people prefer clothes during menstruation and not sanitary pads ,the problem about clothes is that they do not have adequate water to wash the clothes and reuse it again .Government does provide Sanitary napkins but the number of napkins is limited to five in number and the people tend to use one napkin for a longer timer and leads to infection the average number of sanitary napkins required in a menstruation cycle is eight to ten in number which is not available to the rural women and girls.A lot of efforts should be initiated about the government in order to educate the rural women and girls .

References

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