



BEYOND THE DARKNESS: KNOWLEDGE AND PRACTICE OF MENSTRUAL HYGIENE AMONG VISUALLY IMPAIRED ADOLESCENT GIRLS

Ruby Verma

Research Scholar , Department of Social Work,
University of Lucknow, Lucknow.



ABSTRACT

Inequities between males and females in societies are related to social determinants based on gender followed by socio-economic status. There is a gender gap present in almost every aspect of lives be it access to education, political representation, wage disparity, and even physical safety. What is less common is the gender gap that exists when it comes to sight. Studies reveal that women have a higher prevalence of visual impairment and blindness. Globally about 52% of the female population is of reproduction age meaning menstruation is a part of their normal life and menstrual hygiene, therefore, an essential part of their basic hygiene practices. In most developing countries including India, cultural taboos relate to sexuality and reproductive health which demonstrates poor knowledge and lack of information. When it comes to visually impaired adolescent girls the issue becomes more severe and the condition gets more difficult.

An estimated 32.4 million people around the world are blind and almost two thirds of them are women and girls. Adolescent girls constitute a vulnerable group, particularly in India where female child is neglected one. Menstruation is still regarded as something unclear or dirty in Indian society. The reaction to menstruation depends upon awareness and knowledge about the subject. Although menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes results into adverse health outcomes.

Majority of younger people with disability (80%) live in developing countries and most of them are excluded from educational, economic and cultural activities .Young people with disabilities are most marginalized and they face prejudice, social isolation and discrimination. However, lack of education and lack of trained teachers are a major concern. Adolescent with disabilities are at greater risk of experiencing social and emotional problems. People with visual impairment deal with physical and social barriers in their life. The paper aims to assess the level of awareness and practices regarding menstrual hygiene among visually impaired girls.

KEYWORDS - Menstrual Hygiene, Visually Impaired, Taboos, Menstruation.

INTRODUCTION:

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. Out of 2.68 Cr 19% (Approx. 60 lakh) are visually impaired. The female is contributing 48% (Approx. 25 Lakh) of total visually impairment and 17% (Approx. 4 Lakh) are adolescent girl.

Menstruation is a phenomenon unique to the female. The onset of menstruation is one of the most important changes occurring among the girls during their adolescent year. The first menstruation (menarche) occurs between 11 to 15 years with a mean of 13 years. Menstruation is a women's monthly bleeding when you menstruate, your body sheds the lining of the uterus (womb) menstrual blood flows from

the uterus through the small opening in the cervix and passes out of the body through vagina. Most of menstrual periods last from 3 -5 days.

Menstruation is still a subject of taboo, superstition and folklore. One of the fallacies, supported by religious beliefs and practices, is that the menstruating girls are unclean. This idea alone is enough to instill feelings of shame, embarrassment and resentment.

The visually impaired need assistance in their day to day activities of living. Menstrual hygiene practice is a turning point among blind adolescent girls. They need assistance in identification, placing menses materials, washing the menses clothing's and disposal of used menstrual materials. Hygiene related practices of women during menstruation are of considerable importance, especially in terms of increased vulnerability to reproductive tract infection. The inter play of socio- economic status, menstrual hygiene and safe practices and RTI are noticeable.

Reproductive health is affected by the economic, social, cultural, and educational environment, in which girls are born, grow to womanhood, and repeat the process to start their own family (Fred1989). Menstruation is the first significant milestone in the reproductive history of a women life. Biologically menstruation is the visible manifestation of cyclic physiologic uterine bleeding out of shedding of the endometrial. The first menstruation occurs between 11-15 years with a mean of 13 year. It is only tangible evidence that most of women have of the continuous cycle of fertility going on within the reproductive system. Between one seventh and one fifth of a woman's adult life could be spent menstruating.

Adolescent girl constitutes as a vulnerable group, particularly in India whole female child is neglected one. Menstruation is still regarded as something unclean or dirty. In Indian society, 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 the impact on her response to the event of menarche. Although menstruation is a natural process, it is linked with several misconceptions & practices, which sometimes result in to adverse health outcomes.

Majority of younger people with disability (80%) live in developing countries and most of them are excluded from educational, economic and cultural activities .Young people with disabilities are most marginalized and they face prejudice, social isolation and discrimination. However, lack of education and lack of trained teachers are a major concern. Adolescent with disabilities are at greater risk of experiencing social and emotional problems .People with visual impairment deal with physical and social barriers in their life.

Adolescent girls having better knowledge regarding menstrual hygiene & safe practices are less consequence. Therefore, increased knowledge about menstruation right from childhood may escalate safe practice and may help in mitigated the suffering of millions of girls. Data on the level of knowledge & practice are beneficial for planning of program for improving their awareness level.

Vision loss is a detrimental effect of ageing that impacts physical, social and psychological aspects of people's lives. Approximately 285 million people are visually impaired worldwide: 39 million are blind and 246 have low vision (WHO). About 90% of the world's visually impaired live in developing countries. An estimated 19 million children are visually impaired. Of these 12 million children are visually impaired due to refractive errors, a condition that could be easily diagnosed and corrected. 1.4 million Are irreversibly blind for the rest of their lives (WHO) .In India at least 200,000 children have severe visual impairment or blindness and approximately15,000 are in schools for the blind. Although this represents a small percentage of the estimated 5 million blind in India which is significant in terms of blind years. Strategies to combat childhood blindness require accurate data on the causes to allocate resources to appropriate preventive and curative services.

Despite this recognition and a wide spectrum of organizations committed to improving vision health numerous challenges continue to encumber efforts to increase the use of and availability of evidence-based, cost effective interventions to prevent vision loss. There remains an urgent need to improve coordination between public health capacity for addressing vision health and other public health programs ⁵. The goal of

public health approach, consistent with the health people 2010 goal to “improve the vision health of nations through prevention, early detection, treatment and rehabilitation” is to provide a framework of coordinate vision health initiatives across the public health infrastructure and vision community system.

A survey in Uttar Pradesh found that adolescent girls know too little about menstruation and menstrual hygiene management this study done by UNICEF (2012) Girls today, Women tomorrow study, and ACNielsen and Plan India (2010), Sanitation protection: Every Women’s Health Right. The study revealed that 100% of adolescent have no discussion on the process of menstruation, 90 % are unaware of the importance of washing menstrual cloth, 87% used old cloth as menstrual absorbent, 86% completely unprepared for menstruation, 79% have low self-confidence, 64% adolescent felt scared, 60% girls are missed school on account of menstruation, 47% of mothers did not agree with girls knowing about it before onset, 44% adolescent girl felt embarrassed and humiliated over restrictions, 33% of them ‘never’ washed cloth before using first time, 6% had never heard of sanitary napkins. The data shows the knowledge and a practice of adolescent during menstruation is not up to mark.

A report on “Menstrual Hygiene Management: Behavior and Practices in the KedougouRegion, Senegal” shows that girls women living with a disability represent 2.51% on the sample. They mainly have two types of disability: a disability of the upper or lower limbs, visual disabilities.

To the question “Does anyone help you at home, at school or at work during your periods”? 78.9% of respondents living with a disability said that they had no help at home, at school or at work. They sort things out for themselves to manage their menstrual hygiene, facing the following difficulties:-

- Keeping their sanitary protection in place: this is a difficulty for 36.8% of respondent living with a disability.
- Caring for the protection: girls and women living with a visual disability said that even if the fabric was properly washed, the fact they could not see it worried them. They feel an increased need for help during this period.
- A difficulty in accessing and using toilets: toilets are not suitable. Respondents said they often fell down when toilets were tiled.

Thus, people living with disabilities said they significantly reduce their travel when they had their periods.

EFFECT OF MENSTRUATION ON GIRLS AND THEIR EDUCATION:

Many myths and taboos still over around menstruation and lead to negative attitudes toward this biological phenomenon and women experiencing it. After menarche, girls are faced with challenges related to management of menstruation in public places. UNICEF estimates that 1 in 10 school-age African girls ‘do not attend school during menstruation’.³³ World Bank statistics highlight absences of approximately 4 days every 4 weeks.³⁴ Partly due to the difficulties in measuring absenteeism and its causes, especially when linked to menstruation, there are differing opinions on the impact of lack of menstrual hygiene materials.

For example, a study of 198 girls in Nepal ³⁵ reported menstruation has a very small impact on school attendance, estimating that girls miss a total of 0.4 days in a 180-day school year, while improved sanitary technology had no effect on reducing this (small) gap. In the randomized study, girls who received sanitary products (a menstrual cup) were no less likely to miss school during menstruation. In a study in Ghana³⁶ 120 girls between the ages of 12 and 18 were enrolled in a non-randomized trial of sanitary pad provision with education. Girls either received puberty education alone, puberty education and sanitary pads, or nothing (the control group). After three months, providing pads with education significantly improved attendance among participants, and after five months, puberty education alone improved attendance to a similar level. The total improvement through pads with education intervention after five months was a 9% increase in attendance. While this study is small-scale, it indicates that puberty education

even if unaccompanied by menstrual hygiene materials can have an impact on education. A larger – scale cluster randomized trial to confirm the findings of this study have begun, although its data is not currently available.

DIFFERENTLY ABLED AND MENSTRUATION:

Menstrual problems in girls with disabilities are often unique to the population and can cause significant disruption to their lives. Symptoms such as restlessness, aggression, hyperactivity, increased agitation and self-mutilation can be common. Girls are struggling to maintain proper hygiene without access to water and sanitization facilities.

Puberty and menstruation are difficult issues for teens with disabilities and for their families as well. Irregular bleeding, mood swings, and problems with hygiene often complicate the delicate balance in the lives of these adolescents. The care provider is asked to help with the pubertal transition and the issues surrounding menstruation and reproductive health. The impact of the menstrual cycle on these teenagers, including hygiene issues, menstrual irregularities due to specific clinical circumstances, and treatment dilemma as associated with the use of hormonal medication will be discussed for this special group of teens. Differently abled girl usually goes through puberty at the same time as those without disabilities. Their level of understanding, however, may present a challenge to learning the skills needed to manage their menses. Differently abled girl may take longer to learn the skills required for menstrual management. Problems may reflect a lack of understanding of the practical steps required or appropriate social behaviors. When issues arise, such as blood on clothing, pads put in inappropriate places, or disclosure of confidential information at inappropriate times or places, the reactions of school staff, other students and parents can be highly charged. The assessment of these difficulties includes ensuring the young woman has the information, support and opportunity to learn and practice the skills she requires to be as independent as possible in her self-care.

For girls with disabilities, the taboo compounds their issues, because they are not always capable of understanding exactly what menstruation is, or able to manage it independently. They understand the shame, but not the reason for it. They understand they're not supposed to talk about it, but they also have to tell somebody they're menstruating.

Girls with disabilities are subject to double discrimination, as they grapple both with being female, and having a disability. Because of this, they are even less likely to be able to access services. Girls stop going to school.....Others are sterilized their ovaries removed. Still others are confined to homes, isolated from the community. Worldwide, the most basic human rights of women and girls with disabilities are curtailed because of poor management of the most natural human phenomenon: menstruation.

Girls with disabilities often drop out of school once they reach puberty because there are no support services in school to help them during their period and the toilets are often not accessible or safe. Dropping out of school is not the only life-altering consequence of the stigma surrounding the menstruation cycle of women and girls with disabilities. Many women and girls with disabilities are subjected to a more invasive, permanent, and irreversible medical procedure - sterilization. This should not be a method of menstrual management and yet it is forced on many. Women and girls with intellectual disabilities are robbed of the opportunity of starting a family without their consent, and at times even without their knowledge. Forced sterilization has a profound physical and psychological effect.

Without adequate support services, many parents and caregivers decide to sterilize women and girls with intellectual disabilities because they are unable to cope with menstruation or fear that they may be at higher risk of sexual violence and unwanted pregnancies.

MENSTRUAL HYGIENE CHALLENGES FACED BY WOMEN AND GIRLS WITH DISABILITIES:

- Women and girls who cannot stand or see, often have to crawl or sit on dirty latrine seats to change their pads or cloths, which not only makes them dirty and soils their clothes but may also put them at greater risk of infection.
- Women and girls with disabilities often lack adequate information on menstruation – the participants thought this is because people do not generally expect them (as disabled women and girls) to menstruate – so when it happens for the first time girls don't know what it is or how to deal with it.
- Most women and girls with disabilities are not able to afford mass produced pads. Locally made pads are cheaper but can be of lower quality.
- Unless schools have a water supply, girls are not able to wash themselves, their sanitary cloths or latrines properly. They have to carry five litre drinking water bottles with them for this purpose, which is particularly difficult for those with disabilities.
- Women and girls in rural areas face more challenges maintaining menstrual hygiene
- because the water supply is often a long way from home particular problem for those with disabilities.
- Women and girls often have to use dirty cloths because they can't clean them without access to water and soap. Some women share cloths with neighbours in rural areas if they can't afford their own, potentially increasing the risk of infection

Good practice for supporting women and girls with disabilities in menstrual hygiene:

- Programmes should be as simple as possible and appropriate to the individual's needs.
- The availability of a career that is acceptable to the woman is important if she requires assistance with management of her menstruation.
- Any programme decided upon should be followed consistently by everyone involved, i.e. the same educational aids should be used by all support persons.
- The aim should be for every woman to be given the opportunity to develop her personal hygiene skills to her full potential.
- Privacy, access to personal hygiene aids and convenient facilities for disposal of sanitary products are all important aspects of an appropriate environment.
- Infection control guidelines must be followed.
- Menstrual calendars in combination with symptom calendars can be used to make the diagnosis of menstrual-related mood and behavioural symptoms, as well as to assess treatment success. Parents and teachers can help by keeping daily records of the most bothersome symptoms for three months. In that way, true menstrual cyclist can be documented and other behaviour patterns can be investigated.
- Specialised products and hygiene aids should be made available if necessary, so that a woman with an intellectual disability can be as independent as possible in the management of her menstruation.
- Most women will experiment with different pads and tampons to find the ones they prefer. It is important for a woman with disabilities to have the same opportunities to choose what they feel is most comfortable and appropriate.
- Use existing skills and build on them. For example, if a woman can change her underpants herself, her carer could fit adhesive pads into the pants so the woman only needs to change her underpants when the pad becomes soiled.
- Later in the programme she may learn to fit pads into her underpants independently. If after an adequate trial a particular programme is found to have been unsuccessful, a new approach should be considered.
- When assisting a woman with her menstruation, careers approach the task with their own values, myths and misunderstandings. It is important not to impose your own feelings about menstruation on the woman you are supporting.

RAISING AWARENESS:

Available online at www.lbp.world

Menstrual hygiene day (MHD or MH Day) is an annual awareness day, on 28 May, that aims to break taboos and raise awareness about the importance of good menstrual hygiene management (MHM) for women and adolescent girls worldwide. It was initiated by the German-based NGO WASH United in 2014. The initiative for Menstrual Hygiene Day has received the support of over 270 global partners who are committed to making good menstrual health and hygiene a priority worldwide. Menstrual hygiene day is meant to serve as a platform to bring together individuals, organizations, social businesses and the media to create a united and strong voice for women and girls around the world, helping to break the silence about menstrual hygiene management.

The objectives of menstrual hygiene day include:

- To address the challenges and hardships many women and girls face during their menstruation.
- To highlight the positive and innovative solutions being taken to address these challenges.
- To catalyse a growing, global movement that recognizes and supports girls and women's rights and build partnerships among those partners on national and local level.
- To engage in policy dialogue and actively advocate for the integration of menstrual hygiene management (MHM) into global, national and local policies, programmes and projects.

It creates an occasion for media work, including social media. Menstrual Hygiene Day makes audible and visible a growing transnational movement that promotes body literacy and autonomy, as well as gender equality.

CONCLUSION:

At the most basic level, menstrual health is an issue of equity for girls and women. The sexual and reproductive rights of girls and women are compromised when they must alter their daily routines; face stigma in their communities, schools, and workplaces; and be at risk of poor sexual and reproductive health outcomes because they cannot manage menstruation with dignity. Governments, global health and development partners, and the private sector must work together to ensure that girls and women in low-resource settings no longer face discrimination as a result of their basic biology. Taking advantage of opportunities to address menstrual health through health and sexuality education, access to appropriate and affordable supplies and infrastructure, and improved collaboration across sectors could reduce disparities and contribute to improved physical, mental, and social well-being of girls and women. Additional evidence may also help to engage policymakers and global stakeholders around this issue and highlight worthwhile interventions. The upcoming multi country Global Early Adolescent Study (www.geastudy.org) should provide critical new evidence on menstrual health. Future research activities might include:

- Assessing feasibility and impact of integrating menstrual health into sexual and reproductive health education and service delivery interventions.
- Determining how girls and women can maintain reproductive health when disposable materials are not an option or reusable materials are preferred.
- Identifying effective menstrual health-related interventions that will improve girls' comfort, self-esteem, and confidence to attend and fully participate in school while menstruating.
- Collecting surveillance data on menstrual health to better understand the effects and demographics of menstruation, including puberty trends.

There are clear and compelling reasons to address menstrual health as an issue of sexual and reproductive rights. Improving girls' and women's menstrual health can contribute to larger efforts to reduce gender inequities and improve their health, confidence, and community engagement.

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Ruby Verma

Research Scholar , Department of Social Work, University of Lucknow, Lucknow.