



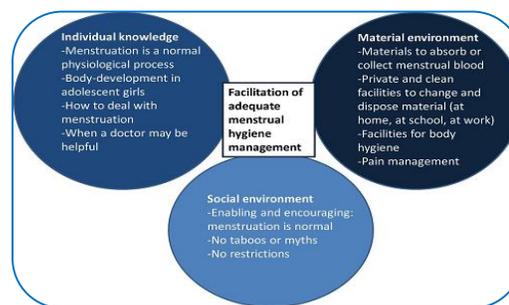
ASSESSMENT OF COMMUNICATION PATTERN ON MENSTRUATION AND MENSTRUAL HYGIENE: A STUDY OF SITAPUR DISTRICT

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ABSTRACT :

Menstrual health and hygiene have strong inferences on the health and wellbeing of a woman in general and of the overall society, in particular. The study of the United Nations, 2013 revealed that globally menstrual women make up half (49.58%) of the population. Therefore, it is important to not overlook a phenomenon that a large percentage of the population experiences on a regular basis. The challenge of addressing the socio-cultural taboos, beliefs, and misconceptions about menstruation, is further compounded by the low knowledge levels, understanding and awareness of menstruation health. In 2010, the Government of India has launched 'MHS' (Menstrual Hygiene Scheme) for the promotion of menstrual health and hygiene among adolescent girls in rural areas. The main objective of the study is to evaluate the communication pattern among respondents about menstruation and menstrual health and hygiene.

KEYWORDS : Menstruation, Women health, Communication, Sitapur, Empirical study .

INTRODUCTION

Making people aware of adopting healthy behaviours is a tough row to hoe. Appropriate knowledge and information are the key ingredients to lay down the foundation of healthy practices of someone's lives (Schiavo, 2011). It is evident, especially; within developing countries that consumption of unsafe drinking water, open defecation, poor standard of living and malnutrition, menstrual sanitation, lack of personal and food hygiene etc. has been a foremost carrier of several diseases (Vir, 2012). With this in mind the Central Rural Sanitation Programme was launched in 1986 with the aim to improve the quality of healthy life of rural people (Govt. of India, 2010). In spite of this, poor menstrual health and hygiene practices is still a big dilemma among rural women to live their life with dignity (Kansal *et.al.*, 2016). To conquer the socio-cultural taboos, beliefs and misconceptions of menstruation is a watershed moment which is further linked-up with insufficient knowledge and comprehension of puberty and reproductive health among people (Garg and Anand, 2015). Usually, it is notified that menstrual discharge and woman is considered as impure within the Indian culture. And substantial lacuna in the knowledge and awareness about menstruation create a negative outlook towards this phenomenon (Misra *et al.*, 2013).

For good health and wellbeing of woman menstrual management has strong conjecture. The study of the United Nations, 2013 also found that almost 50 per cent woman of the total population are menstruated globally (Yagnik, 2015). Hence, the speculation of this phenomenon for the betterment of society is hardly needed.

The study of Neilsen found that majority of women used old cloth and also reused it for absorbing menstrual waste. Further, sometimes women prefer to use ashes, newspapers, dried leaves and husk sand as aid absorption (Sinha, 2011). These types of practices may enhance vulnerability to infection and putting menstrual women at risk of several diseases (Neilsen, 2012). Whilst, feminine health and hygiene are an important issue as she laid the foundation of the child. In this respect, the healthy, productive and dignified lives for females are essential (Czerwinski, 2000). So it is necessary that they are able to discuss and manage monthly menstrual bleeding effectively.

Health and hygiene factors are always to be linked with the action which will be taken by individuals or communities (Phaswana-Mafuya and Shukla, 2005). For sustainable development, it is very necessary that each individual have a piece of adequate knowledge and information to maintain healthy practices in their daily routine (Duijster, 2017). Along with this, it is essential that they get the communication friendly environment so they can easily able to communicate their doubts to hygienically manage the menstrual cycle.

The taboo culture is wholesome to affect the menstrual women lives negatively and reinforce her to exclusion. For breaking the cultural practices and embarrassment the participatory and responsive citizens are required. In this context, health communication can integrate knowledge, information and awareness which motivate peoples to thrive for a better life. In such a way healthy and friendly communication will initiate a developmental approach that addresses fruitful changes for local, regional, national and international levels of people's action. Health and hygiene factors are always to be linked with the action which will be taken by individuals or communities (Phaswana-Mafuya and Shukla, 2005).

Study of Bharadwaj and Patkar (2004) summarised that in a review of the Water, Sanitation and Hygiene (WASH) sector based literature, menstrual hygiene management is absolutely missing from programmes for community water and sanitation, school sanitation, and hygiene promotion. It is shocking that they are not incorporated into the infrastructure design for toilets and environmental waste disposal policies. Whilst sanitation and hygiene programmes have successfully promoted to the supply of soaps and toilet construction materials for poor communities, except the availability of affordable sanitary pads that have not been considered.

In India, the Government's Total Sanitation Campaign (TSC) is a national programme to make sure access to enhanced sanitation. In its guidelines, the TSC has recognised the requirement for the programme to incorporate hygiene promotion. They provide women's sanitary facilities and construct girls' toilets at schools. Nevertheless, it gives no consideration to providing menstrual hygiene services (Govt. of India, 2012). Study of UNICEF (2011, 2013) in Pakistan revealed that lack of privacy, unavailability of sanitary clothes, and unavailability of close family members to inform or to teach about menstruation has always been faced by the Pakistani females. Similar data were also examined in Nepal, that the lack of privacy was the main reason given with other significant aspects being the lack of availability of proper disposal system and water supply (WaterAid in Nepal, 2009a).

The data from studies suggests that in South Asia proper education and communication about reproductive health is quite limited. (Mahon and Fernandes, 2010). The key concern is the impact of cultural practices and lack of communication for menstrual hygiene management for girls' access to education. A study of South India reported that 50 per cent girls withdraw from school once they reached menarche, mostly to be married (Caldwell, and Caldwell 2005, cited in Ten 2007). Similar findings were reported by a survey undertaken by WaterAid in India, in which 28 per cent of students reported not attending school during menstruation, due to lack of facilities. Many mentioned that fear of staining on their clothes caused them stress and depression (Fernandes, 2008).

OBJECTIVES OF THE STUDY

The objectives of the proposed study are:

- To examine the comfort level of respondent to talk about the menstruation with family members.
- To identify the communication pattern between respondents and their family over the discussion of menstruation.

RESEARCH METHODOLOGY

The proposed paper is based on an empirical study where sample data were analysed for finding the communication pattern of respondents on menstrual health and hygiene. In the present study researcher selected the Sitapur district as an area of the research study. The cross-sectional study was conducted in four intermediate schools in Sitapur district, Uttar Pradesh i.e. Arya Kanya Inter College, Saraswati Vidya Mandir Balika Inter College, Government Girls Inter College and Sumitra Inter College. The study population comprised all high school to intermediate girl students. Of the 846 students, only 289 girl students enrolled at the end of this study. In education section, total literates in Sitapur city are 126,848 of which 69,010 are males while 57,838 are females. The average literacy rate of Sitapur city is 80.57 per cent of which male and female literacy was 83.81 and 77.02 per cent, respectively. Keeping into consideration the various objectives of the research, the questionnaire schedule was adopted as a tool.

METHOD OF DATA COLLECTION

The study was undertaken with the permission of concerned college management and with the convenience of respondents. For data collection small batches of 25-30 students were made followed by the small interaction about the purpose and scope of the study. The researcher also explained the method of filling the questionnaire and addressed all the doubt of respondents while they were filling the questionnaire. The self-administrated questionnaire contains information like socio-demographic profile, about menstruation, menstrual practices and communication pattern with friends and family.

DATA INTERPRETATION

Socio-demographic Distribution of Study Population

Menstruation is conceived as a taboo subject which was also confirmed by the low response rate given by only 34.16% of respondents due to the shyness and cultural silence. Table 1 shows the socio-demographic distribution of the study and the majority (60.20%) were fallen under the age group of 15-16 years. The mean age of the respondents was 15.13 ± 1.034 years. Majority of respondents was Hindu (89.27%) and belongs to the APL category (81.66 %). Majority of respondents (63.67%) belongs to the nuclear family and the education status of their parents was found in moderate where 32.06 per cent mothers and 52.46 per cent fathers were graduate. Some respondent doesn't had mother/father/both, in that case *n* number varied.

Table-1 Socio-demographic distribution of respondents

	Number of respondents	Percentage
Age Groups (Years)		
14	43	14.89
15-16	174	60.20
17-18	72	24.91
Socio-Economic Status		
APL	236	81.66
BPL	53	18.34
Religion		
Hindu	258	89.27
Muslim	23	7.96
Christian	02	0.69

Sikh	05	1.73
Others	01	0.35
Family Type		
Nuclear	184	63.67
Joint	105	36.33
Education Status	Mother, <i>n</i> =287 (%)	Father, <i>n</i> =284 (%)
Illiterate	43 (14.98)	09 (3.17)
Primary	47 (16.38)	22 (7.75)
Secondary	14 (4.88)	07 (2.46)
High School	31 (10.80)	31 (10.92)
Intermediate	49 (17.07)	29 (10.21)
Graduate	92 (32.06)	149 (52.46)
Post Graduate and higher	11 (3.83)	37 (13.03)

Menstruation in general

Table 2 shows the general menstrual awareness of respondents. The majority of respondents (86.16%) were not aware of menstruation at the time of menarche followed by the 13.84% who were aware of it. The present study also revealed that the respondents who were aware of the menarche, got the information from their mothers (50%) followed by the sisters (42.5%) and friends (37.5%) whereas no one got the information about menstruation from father/brother and doctor. Further, one of the notions of respondent which is deeply associated with menstruation is that it is a blood-purification process as the majority (55.02%) said followed by the physiological process as 25.26% counter this option whereas 11.76% don't know about it. And during their menses majority (71.63%) was taken leave from school once or more days followed by the 28.37% who did not take any leave during this time.

Table-2 Menstruation related general information

	<i>N</i>	%
Aware about Menstrual before menarche (<i>n</i>=289)		
Yes	40	13.84
No	249	86.16
If yes, source of information (<i>n</i>=40)*		
Mother	22	50
Friends	15	37.5
Teacher	02	05
Doctor	00	00
Sister	17	42.5
Father/ Brother	00	00
Grand mother	03	7.5
Others	01	2.5
Menstruation is: (<i>n</i>=289)		
Physiological process	73	25.26
Divine power	08	2.77
Disease or illness	15	5.19
Stage to purify the blood	159	55.02
Don't know	34	11.76
Take leave (one or more days) from school during menses (<i>n</i>=289)		
Yes	207	71.63
No	82	28.37

**For this question, respondent can choose multiple sources from list at the same time.*

RESPONDENT'S COMMUNICATION PATTERN ON MENSTRUATION

Communication pattern of respondent's on menstruation is shown in table 3. It was found from the study that majority 81.66% of respondents are not preferred to read or watch any information content related to menstruation, those who prefer to read/watch they marked the internet (62.26%) as majority source of information followed by the television (50.94%), whereas newspaper and radio got 3.77% and 13.20% respectively. It was also found from the study that huge majority (86.85%) of respondents don't feel comfortable herself to talk about the menstruation topic, those who feel comfortable, the majority (68.42%) of them do dialogue with their friends followed by sister (44.74%) and mother (31.57%). No one does dialogue with their father, brother and grandmother. It was also found from the study that almost none (2.42%) of the respondent feel comfortable to watch menstruation related advertisement in front of her family and also respondents confirmed that no male family members talk about the menstrual health and hygiene related issue with her or other female family members. Huge majority (98.96%) respondents also feel shy to buy sanitary pads from shopkeepers.

Table-3 Communication pattern on menstruation

	N	%
Prefer to read/ watch informational content of menstruation (n=289)		
Yes	53	18.34
No	236	81.66
If yes, source of information(n=53)*		
Newspaper	02	3.77
Radio	07	13.20
Television	27	50.94
Cinema	17	32.07
Internet	33	62.26
Others	00	00
Feel comfortable to talk about the menstruation (n=289)		
Yes	38	13.15
No	251	86.85
If yes, whom do you feel comfortable to talk(n=38)*		
Mother	12	31.57
Friends	26	68.42
Teacher	00	00
Doctor	02	5.26
Sister	17	44.74
Father	00	00
Brother	00	00
Grand mother	00	00
Others	00	00
Feel comfortable to watch menstruation related advertisements in front of the family (n=289)		
Yes	07	2.42
No	282	97.58
Male family members talk about the menstrual health and hygiene to you or mother/ other female family members(n=289)		
Yes	00	00
No	289	100

Feel comfortable to buy sanitary pad from shopkeeper (n=289)

Yes	03	1.04
No	286	98.96

**For this question, respondent can choose multiple sources from list at the same time.*

DISCUSSION

A developing country like India where women health and sanitation should be a significant and serious issue, but the present study cleared that the health of the founder of our future generation is not taken seriously. In this study, 14 to 18 years old girl students have participated from private and government schools. At the time of the survey, the response rate was found very low just about 34.16% only, students were very shy to dialogue on the topic of menstruation. The low response rate shows that instead of running different types of movement related to menstruation by government and NGO's, the majority of girls (65.84%) are silent to talk on this issue. In contrast with this research negative aspects were found where menstruation is still considered the taboo and culturally restricted subject. Menarche is a phase which leads a girl into womanhood, the essential and adequate knowledge of menarche is very necessary to all girls before it. The present study reveals a shocking result that huge majority of adolescent girls were not aware with menarche, it shows that at the family level, secondary education level and at community level menstruation related information sharing is quite poor and not up to the mark. It is very important basic and accurate information is a need of time to sensitize the importance of menstrual health and hygiene among adolescent girls. Until young girls will not receive the basic information of menstruation before menarche, in future, we have to be ready to face very drastic and horrible consequences of that. By the effective use of media and increasing dialogue between people and family members, the situation can be sort-out. On the other hand, the study found that respondent who knows about menstruation before menarche they got the information from their female family members. It shows that interpersonal communication is one main source among females but within the Indian family system the role of male family members for sharing a thought over this issue is truly negligible. Menstrual health and hygiene is a primary issue and serious concern as it is directly related to feminine wellbeing however the study shows no one in the family is liable to talk about over this topic openly. It is a time to talk about this dismal situation openly where the women, as well as men, could openly talk about menstruation. Free and open conversations about menstruation may help to recognise their understanding and knowledge about menstruation. To propagate the hygienic practice and to bridge the communication gap on health-related issues matters a lot. In this case, health communication plays a central role by using various strategies and interventions to influence individual and community decisions that enhance good health practices, attitudes and behaviour to repress those which place life and health in jeopardy. The study found that girls do not buy sanitary pads from the city's medical or general store, it shows the people feel hesitate to talk over the topic in public place. Also, the results show that due to shyness girls do not able to receive informational content, advertisement and other messages form media that is a profound issue not only at the community level but for the overall development of society and nation. Therefore, better awareness is necessary amongst people to overcome the embarrassment, cultural practices and taboos around menstruation that impact negatively on women's lives, and reinforce gender inequities and exclusion. It is truly seen that people don't prefer to get the information on menstruation but despite that result shows, in this information technology era internet is becoming a great source of knowledge and information. Those girls who prefer to get the information they often used internet source. It is actually seen that the boom of internet and smartphones both have revolutionary changed the lifestyle of people and here it is becoming a tool to break the shyness, communication limitation and orthodox related to menstruation. The present study shows that due to the stereotypical thoughts and pressure of society menstruation is still a taboo and restricted subject which cannot become a conversation issue between the public in general. The dissemination of basic information of menstruation is very necessary at this

level family and schools can play a role of primary communicator, they have to use and understand the power of interpersonal and group communication in this context.

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