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MENSTRUAL HYGIENE PRACTICES AMONG URBAN POOR GIRLS IN DELHI, INDIA- UNDERSTANDING SOME ISSUES AND CHALLENGES

Rashmi Kumari

PhD Scholar, Centre of Social Medicine and Community Health (CSMCH), Jawaharlal Nehru University, New Delhi, India

ABSTRACT

The present study reflects on reproductive and sexual health; menstrual hygiene and awareness regarding related illnesses. The study is relevant area to explore living spaces and health care services providers and interaction among adolescent girls as well as with the adult on various issues of health and sexuality. According to NFHS-3 and WHO reports India's youth population has increased during past few decades and the illnesses related to reproductive and sexual health also increased. Therefore the study discussed the issues concerning sexual health, the various factors influencing and determining the menstrual practices and hygiene among the young girls living in urban slum. Youth health is important to study because they contribute to the economy and are the important population which share more than half of their effort to India's development. However, more than half of young girls are anaemic, one fifth are denied education, those who do access, nearly 60% drop out during primary and middle levels. Therefore, the present study research is a timely contribution to the literature on understanding issues pertaining to youth population and its relationship with reproduction and menstrual and sexual health in context of place of residence.

KEY WORDS: *Urban Poor, Menstrual Hygiene, Young Girls, Delhi Slum*

I.INTRODUCTION

This Chapter will be focusing on menstrual hygiene practices and the living situation of young girls. Later in the chapter, case study brings up the issue of work responsibility of single mother and the health consequences of young girl that they faces as a single mother. Menstrual hygiene during menstrual cycle is important subject about care and responsible attitude toward health. The section of menstrual hygiene and care will be looking at two angles, first those who are using pad and second those who are using cloth and also practices that are restricted during the menstrual cycle such as physical activity and food restrictions is also studied. It further aims to study the type sanitation practices involved during menstrual cycle. It is important to discuss the issues like the kind of disposal activity they follow in terms sanitary pad disposal. So, the health issues related to menstrual cycle are closely related to sexual and reproductive health in urban poor. The study seek to know changes they observed regarding menstrual care as the young married girls have migrated from village, shifting from village to city.

II.METHODOLOGY AND STUDY DESIGN

The study is conducted in Delhi 'Harijan Basti', Masoodpur Vasant Kunj, because very few study done on adolescent girls in urban village. The area comes under the list of unauthorized colony by GNCTD (Government of National Capital Territory of Delhi). This area has majority of landlord population vis a vis *Valmiki, Jatav, Meentwal, Beedla.* At present there is more than 300 to 3,500 landlord in this Basti and they increase their houses for rent purpose especially for migrated people. Population is approx 10-15 thousand where mostly families belong from different-different religion and caste. Majority of the migrants belongs from Kuch Bihar (West Bengal), and very few from Odisha, Bihar, Kerala and Uttar Pradesh.

Purpose of the study is to interest to understand education, health livelihood and life style habits among young girls. Most housing units in slums are small and do not allow privacy to its residence. Particularly in case of young girls for who maintain menstrual hygiene become difficult. The study seeks to examine the sexual health among young girls and to understand interpersonal communication regarding sexual and reproductive health. And explore the menstrual hygiene practices. Both primary and secondary data used in this study with semi-structure interview schedule, key informant interview schedule and Focus group discussion. A set of question were used to access the health care utilization pattern. Semi structured questions concerning various socio-economic variables. Different interview schedule will be used for households, key informants and for focus group discussions. The findings of the study mainly on the data collected from 199 young girls (married and unmarried) and key informants. Hypothesis of the study is crowdening in slums causes problems for young girls in attending to their menstrual

hygiene. Limited availability, accessibility and affordability of health care services create barriers in utilization for young girls.

Table 3.1 Personal Care affected by other Family Member

Presence of other member	Frequency	Percentage
Yes	75	37.69
No	124	62.31
Total	199	100

III.1 Poverty, Living Condition and Personal Health Care

Table 3.1 represented the Personal care affected by other family, where more than one third (37.69%) respondents said they are having problems with other family members. And more than half (62.31%) respondents said they never have any kind of problem with others family members. Problem of personal care is the issue related to hygiene and sanitation practice, if there is less room available in the house with more people then difficulties would faced by young girls while taking pads/cloths. Some young unmarried girls who share their one room house with mother -father and brothers, they faced many problems during their menstrual cycle such as taking pads/cloths out from cupboards, if suddenly heavy bleeding starts at night. Feeling uncomfortable to take pads/ cloth immediately and staining tension on bed and cloths. In case of married girls they face fewer difficulties of sharing one room with their husband.

However on the other side one room setup houses does not have attach bathroom, they have to share with their neighbours which become difficult in accessing during night time. These bathrooms and toilets shares by many neighbour therefore the situation of hygiene practice and sanitation become unnoticed. During the menstrual cycle young married/ unmarried girls face many difficulties during night and morning time, the problems like inadequate water in morning time, no night bulb available in bathroom, long queue, and waiting and therefore they have difficulties in accessing bathroom or toilets at right time.

Table 3.2 Distribution of Respondents according to the Toilet Facility

Toilet Facility within room	Married	Un married	Divorce	Widow	Frequency (N=199)	Percentage
Yes	47	31	0	0	78	39.20
No	79	39	1	2	121	60.80

Table 3.2 reveals that, less than half (39.20%) respondents have toilet facility within house and more than half (60.80%) respondents do not have toilet facility within house. Therefore we can easily understand the situation of hygiene and sanitation of young girls and rightly say living condition affecting on personal health care. They are poor and low income status respondents have to live in a place like where people live with less basic facilities. Low income affects on living style as well as diet and health too. If family is big and staying in one room it is obvious that the family face the under nutritious or low diet which directly affecting on health. Majority of the respondents were home maids they have to do a lot of physical activity all day but; they cannot access sufficient food everyday due to low income and family size. In group discussion they said, "we have to face many difficulties like high price of vegetables, milk, school fees, rent, health cost, rations and other expenses, we cannot able to survive if we move here from other good place, here rent is less we can pay but other places in Delhi it is very high rent. Therefore we have to ignore some difficulties here for living because we are poor".

There are many respondents who suffer from menstrual problems. Table 3.3 describes the distribution of respondents according to their menstrual problems. Table 3.3 reveals that, more than half (69.8%) respondents suffering from stomach cramps, more than half (60.8%) respondents suffering from stomach ache, less than half (47.7%) respondents suffering from weakness, less than one third (39.2%) respondents were suffering from pain in lower abdomen, less than one third (39.2%) were suffering from leg cramp and few were suffering from body pain, heavy bleeding and blood wit clots thickness.

Table 3.3 Distribution of Respondents according to their Menstrual Problem

Experience of Menstrual cycle related health problem	Frequency (N=199)	Percent
	Yes	%
Stomach Cramp	139	69.8
Stomach Ache	121	60.8
Weakness	95	47.7
Heavy Bleeding	59	29.6
Blood With Clots Thickness	40	20.1
Pain in Lower Abdomen	78	39.2
Body Pain	41	20.6
Leg Cramp	78	39.2

The above Table 3.3 describes the menstrual cycle related problems but apart from this it was also observed that how many of respondents share these problems with others.

Table 3.4 below reveals the problems of menstrual cycle share by respondents, they share less than half (42.71%) with their husband and very few share with their no one.

Table 3.4 Problems of Menstrual Cycle share by Respondents

whom do they share	Frequency	Percentage
Husband	85	42.71
Mother in law	13	6.53
Mother	56	28.14
Sister	13	6.53
Aunt	4	2.01
No one	28	14.07
Total	199	100

Table 3.3 shows that, menstrual cycle related problems are more among respondents but they share their problems very less according to Table 3.4. There are some reasons behind this first; is extreme poverty, second; is ignoring tendencies because menstrual cycle and its related problems are common phenomena in girls, third is they have more trust on home remedies or self-medication. There were few respondents who were suffering from heavy white discharge with menstrual cycle problems, which was affecting their health badly. Now they were used to with this kind of problems and were getting ill, weak and underweight.

III.2.a Case Studies

III.2.a.1 General Profile: Mumpi Bibi 20 years old wife of Aminoor Shaikh (25years old). She has 3 years old daughter Anika, she got married when she was only 15 years of age (before the legal age of marriage). They belongs from Muslim community and are migrated from Kuch Bihar (West Bengal), purpose of migration was income and having better life for family. She is house maid and earns four thousand per month. Right now because of her some personal issue which she didn't mention, got divorced two years back and is staying in a rented house in *Harijan Basti* with her daughter, mother and father. When she was married she was in different house but in same Basti. She is just 20 years of age with the responsibility of one child, the early marriage and early responsibility makes her to behave like an adult person.

III.2.a.2 House Hold Details: They belong from BPL family, it was one room set up and in the same room there is partition for kitchen. All the three people with one child living in the same room and were paying five thousand rupees rent per month. Room has only one door no other window or space for air pass. There is electricity in her room and the bathroom is on sharing basis with other neighboring people. They don't have any kind of vehicle in the house; she helps her father for daily ration and other expenses. As we know she has responsibility of her child also therefore, she is hardly able to save any money.

III.2.a.3 Life after Divorce: Mumpi Biwi and her 2 years daughter not living with father since two years after her divorce, Mumpi Biwi is the only girl in this Harijan Basti who is divorcee. According to her work responsibility and caring of her baby gets difficult as a single mother and she has to work. She goes to her work every morning, afternoon and evening, daily routine and work responsibility making her health difficult; she is suffering from body ache leg pain, menstrual irregularities, and white discharge problem. With this heavy work responsibility, household responsibility because her parents are older and child care she is feeling weak every day, the nutritional status is low, compare to work responsibility she having less diet. She is also suffering from body as well as mental stress because with the daily rigorous hard work she is not able to improve her quality of life style which she is expecting for her child. Being as single mother in early age she is at the stage of struggle and vulnerability, she is also not well educated (only primary education) enough to improve her quality of life.

III.2.a.4 Work responsibility as a single mother: Mumpi Bibi, with heavy work load suffering from heavy white discharge, and with her daughter regular illness makes her life difficult. She has not enough time and money to take her to the doctor. Every day work stress and hard work even in the menstrual cycle making her young life more difficult. She is using cloth during her menstrual cycle, she reuse it after wash and dry in the same room when her father is outside. She has many difficulties regarding her privacy because she is living in a single room, sometimes she faced unwanted guest when she return from work and because of it she is unable to take rest.

III.2.a.5 Morbidity related to Menstruation: As it was mentioned that the respondent were using cloth during their menstrual cycle, when she was 12 years of age she got her first menstrual cycle with the feeling of sadness and heavy lower abdomen pain. According to her grandmother it was advice to her that "if you suffering from menstrual pain avoid food which has turmeric in that, and for pain relief sit on broom and then eat your meal". It was her perception for menstrual care and practice. Mumpi Bibi age 20 years have not much knowledge about menstrual hygiene and care, she do whatever she was told by her grandmother and mother. Even she is not touching Q*uran* and not praying *namaz* during her menstrual time and sleeping down in those days. It is very sad that the poverty is the main reason for her miserable condition and like her, her daughter is going to face the same situation.

III.3 Reproductive and Sexual Health Problem

As it was mentioned Mumpi Bibi is suffering from white discharge problem but she never went for any treatment, she is continuously suffering from body pain, lower abdomen pain and leg pain which is rare in this age. She has knowledge about contraceptive pills, IUD, Condom/Nirodh but she has no knowledge about female sterilization and emergency contraceptives. She has never used any kind of contraceptives when she was married. In that case who can she blames that she got married early? The idea of universal health care (UHC) where one person is missing out from all the services and of health care and others are getting all kind of treatment because they can pay.

Another major drawback of RCH-II is its coverage problem, and privatization of health care, there is lack of care and services giving by it. People are more trusting on private health care instead of government health care because of waiting and distance. Private clinics and dispensaries are locally available but government health care is far and for daily wages worker it is very difficult to go there because it takes one day for one checkup. Although government treatments are free

but it is not able to cover target population, there also lack of service delivery and doctors are not available on time, there is also complain about less doctor and more patients which is faced by poor people.

It is natural understanding if mother is healthy child will be healthy too, because child health is directly related to mother since the time of pregnancy to post natal period. Once the baby is grown up mother also started working, the present case study below describing how the early works responsibility and health of single mother, effect on her and her baby. The given case study is unique in the sense, the respondent is single mother; her married life started very early and ended up also very early. This case study shows single mother and her social identity as divorce challenging her life day to day where health is the least important matter for her and even for her daughter.

III.4 Menstrual hygiene practices

While discussing reproductive and sexual health the correct knowledge and information about menstrual hygiene and care is very necessary for youth. The kind of information and hygiene care require for youth he/she knows very well. RCH-II ARSH strategy needs to expand their services for youth and there should be a particular day in a week at every Anganwadi center for local youth to provide their health related information, the awareness regarding HIV and AIDS. There is lack of communication between parents and children, especially information regarding their puberty and sexuality, so it is necessary to provide a better health care service which can provide all types of knowledge regarding reproductive, sexuality, puberty and menstrual cycle plus menstrual hygiene care.

Table 3.5 Distribution of respondents according to their first Menstrual Cycle

Onset of menarche	Frequency	Percentage
Age at 11	15	7.54
Age at 12	49	24.62
Age at 13	48	24.12
Age at 14	59	29.65
Age at 15	28	14.07
Total	100	100

Table 3.5 reveals that, the very few (7.54%) respondents experienced their first menstrual cycle at the age of 11 and more than fourth (29.65%) respondents experienced their first menstrual cycle at the age of 14. There were some respondents who responded-

"*What is the use of asking this private question with us, how we remember this all time"* (Respondents).

Table 3.6 Menstrual Hygiene and Care among Age Group

Menstrual cycle care	Age Group						Total	Percent (%)
	15-17		18-20		21-24			
	n	%	n	%	n	%		
Cloth	7	26.9	5	19.2	14	53.8	26	13.1
Pad	33	19.1	52	30.1	88	50.8	173	86.9

The given Table 3.6 below reveals that, the issue of menstrual hygiene and care among young girls through the knowledge of what they are using during their menstrual cycle and what kind of hygiene care and practices they follow according to their understanding. Most of the respondents (86.95%) using pad however very few (13.1%) respondents using cloth. Age group distribution is important in the sense of, during the age of 15-17 these respondents just came from their village after their marriage while spending months and years these young married girls aware of the knowledge pad for better and easy days during their cycles. The value of using Pad and their use they only came to know when they interacted with other women and girls in their surroundings. Few respondents who are doing work in home as maid servants they said:

> "*My Madam (house lady where she works) she only told me about pad and now we are using it, and it's better than cloths because we have to do lots of work in a day and pad is the easiest way to clean and safe our self*" (Respondent).

Thus, in one sense migration from village to town of respondents gave them better knowledge of keeping them healthy and easy lifestyle.

Table: 3.7 Distribution of Respondents According to their use of Cloth

If used cloth	Age Group						Total n	Percent (%)
	15-17		18-20		21-24			
	N	%	n	%	n	%		
Wash and reuse after drying	4	25.0	6	37.5	6	37.5	16	8.0
Wash and throw in garbage	8	21.1	10	26.3	20	52.6	38	19.2
Burn	2	15.4	5	38.5	6	46.1	13	6.5
Bury in soil	4	25.0	4	25.0	8	50.0	16	8.0
No answer	22	19.0	32	27.6	62	53.4	116	58.3

On the other hand the chapter brings out the issue of sanitation and cleanliness through Table 3.7 which describing if girls are using cloth what they will do after the use of cloth. While discussing menstrual hygiene and care it is also important to know that after using cloth what they will do with their used cloth different people have different understanding and sanitation measure. Very few (8.0%) respondents wash and reuse their used cloths, few (19.2%) respondents wash and throw their used cloth in garbage, very few (6.5%) respondents burn their used cloth, very few (8.5%) bury their cloths in a soil, and more than half (58.3%) respondents did not say anything. Those respondents who said they burn their used cloths and bury in soil they follow their specific religious culture which they learnt from their elders. Therefore, we can rightly say menstrual related process relates to religion and culture which are still in practice.

Table 3.8 reveals that, more than one third (36.6%) respondents without wrapping their used pad throw in garbage, more than one third (35.8%) respondents without wrapping their used pad throw in open space, very less (1.0%) respondents after used pad wrap and throw in garbage and more than one fourth (26.6%) respondents gave no answer.

Table 3.8 Hygiene Practice by Sanitary Pad users

Sanitary Pad Use	Age Group						Total n	Percent (%)
	15-17		18-20		21-24			
	n	%	n	%	n	%		
After use without wrapping throw in a garbage	14	19.2	24	32.9	35	47.9	73	36.6
After use wrap and throw in a garbage	0	0.0	1	50.0	1	50.0	2	1.0
Without wrapping throw in open space	13	18.3	23	32.4	35	49.3	71	35.8
No answer	13	24.5	9	17.0	31	58.5	53	26.6

Thus we can say the idea behind wrap and throw of used pad still not practiced. The issue of sanitation and hygiene care during menstrual cycle least importance for them because they unaware of its negative impact which can harm them as well as makes their surrounding dirty. Few respondents said it is dirty things so during night time we throw outside so that no one can see us. The other interesting point which related to sanitation and hygiene practice during menstrual cycle is the place of changing pad/cloth .Table 3.9 it reveals that, most of the (74.4%) respondents change their pad/cloth in bathroom, and more than one fourth (25.6%) respondents change their cloth/pad in room.

Table 3.9 Place of changing Pad/Cloth

Place for changing Pad/Cloths	Age Group						Total	Percent (%)
	15-17		18-20		21-24			
	N	%	n	%	n	%		
Bathroom	28	18.9	46	31.1	74	50.0	148	74.4
Room	12	23.5	11	21.6	28	54.9	51	25.6

Table 3.10 shows restrictions with physical activity during the menstrual cycle of young girls, the motive behind this was to bring out the issue and the kind of things which are not allowed them to do during their menstrual cycle along with kind of advice they received from their elders. Table 3.10 describes that, less than one fourth (23.6%) respondents have advised for restriction with running activity, more than one fourth (33.7%) respondents advised for restriction with jumping activity, very few (7.5%) respondents advised for restriction for playing, very few (7.0%) respondents advised for running on stairs, very few (9.6%) advised for avoid going out, few (10.1%) respondents advised for lift up heavy things and very less (8.5%) respondents received no advise. Table 3.11shows restrictions with food during menstrual cycle putting the issue of care practice of young girls by elder's family members.

Table 3.10 Restriction with Physical Activity during Menstrual Cycle

Restriction with Physical Activity	Age Group						Total	Percent (%)
	15-17		18-20		21-24			
	N	%	n	%	n	%		
Running	13	27.7	9	19.1	25	53.2	47	23.6
Jumping	9	13.4	24	35.8	34	50.8	67	33.7
Playing	5	33.3	3	20.0	7	46.7	15	7.5
Running on stairs	5	35.7	3	21.4	6	42.9	14	7.0
Avoid going out	2	10.5	5	26.3	12	63.2	19	9.6
Lift up heavy thing	3	15.0	9	45.0	8	40.0	20	10.1
No answer	3	17.7	4	23.5	10	58.8	17	8.5

There are certain foods which are prohibited during menstrual cycle. Table 3.11 describes the some specific foods which are not allowed during menstrual cycle and these practices are continuing in family.

Table 3.11 Restriction with food during Menstrual Cycle

Restriction with Food	Age Group						Total	Percent (%)
	15-17		18-20		21-24			
	N	%	n	%	n	%		
Eating sour	2	22.2	3	33.3	4	44.5	9	4.5
Eating pickle	23	22.5	31	30.4	48	47.1	102	51.3
Avoid eating out	5	27.8	3	16.7	10	55.6	18	9.0
Eating bitter and spicy	3	7.5	16	40	21	52.5	40	20.1
Eating everything	6	20.7	4	13.8	19	65.5	29	14.6
No answer	1	100.0	0	0.0	0	0.0	1	0.5

Table 3.11 reveals that, very less (4.5%) respondents advised for not eating sour, more than half (51.3%) respondents advised for not eating pickle, very less (9.0%) respondents have restriction with avoid going out, less than one fourth (20.1%) respondents have restriction with eating bitter and spicy food, few (14.6%) respondents said they eat everything and very less (0.5%) respondents said nothing.

DISCUSSION

Above findings clearly shows that, the condition of young girls (married and unmarried) is very poor. In India poor nutrition, early childbearing and reproductive health complications lead to negative physical developments (Tarar et al 2014). Chapter also represents that, there is limited health facilities in area where they live. In RCH-II programme addressing adolescent reproductive and sexual health (ARSH) care. RCH first responsibility is to look at the target population for the service delivery. But in this area researcher found that, there is no adolescent- youth friendly clinics are available even doctors are not available on time when they come there will be long queue. There were some respondents who said "we are so poor if we able to earn some money for our rent and food that's enough for us". We are not taking any extra diet or follow some specific rule during our menstrual cycle because it's all depends on how much money we earn whatever available for us in cheap price we take it. We are poorer when we were in our village when to know about first menstrual cycle, our elders just said, "Now you are grown, you should learn domestic work more than going out and study". They never advised us to take proper rest first two days and eat healthy in those days" (Said by one respondent). Thus, changing role of hygiene practice and other related issue to menstrual cycle cannot change in one day.

When researcher asked to AWCs about adolescent- youth clinic they says there is no such facilities available since we allotted in this area. There is no routine check up programme ever happened for adolescent and young girls. As we know government makes policies and programme for those who are deprived but no one receives it in reality. Under Kishori Shakti Yojna (2000), and Nutrition Programme for Adolescent Girls (2002) these two programmes improve the health of the adolescent and young girls by providing nutrition supplements, health education and 6 kg of free food grains but in reality there is no such programme running in this area. There is no free distribution of sanitary napkins and free counselling of hygiene care during menstrual cycle.

CONCLUSION

Health of the young girls is an important aspect in the large frame of well being. Healthy young girls will impact upon child bearing in future. Thus, ensuring good condition of health, hygiene and cleanliness for them, especially inside the house is important. From the programme and policy point of view, sensibility towards these needs to reflects upon youth friendly atmosphere in society as well as home, weekly free health checkups for urban poor in their surrounding, government need to expand the education for all scheme, menstrual cycle is a matter related to girls/women; so they should have at least basic knowledge regarding their care and hygiene practices, decision taking regarding reproductive and sexual activity by couple should be taken equally by both; not by in-law, there are many health policy and programme under urban health plan but there is problem in implementation and distribution in each and every place, there is more misconception regarding sexual and reproductive health care and less awareness; necessitating expansion of new idea immediately.

When girls starts with her menstrual cycle she is being advised that you are grown older but not advised them; to how to take care of yourselves how to change and dispose your napkins/cloth. More important what kind of diet she should follow and hygiene practices she need to understand and what are the important of menstrual cycle in your life which leads to your future married life. Ritual practices related to menstrual practices more follow by respondent than to health and hygiene practices. There are several factors we can observed through in this paper, if all these matter considered as serious and apply with some new health programs for urban slums population and migrated people then the condition would be different.

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