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A Comparative Study on Menstrual Hygiene Practices among Women in Maharashtra

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Introduction- Menstruation, also called the menstrual cycle, prepares the sexually mature, female body for pregnancy each month. Menstruation is monthly bleeding that begins in girls around 12 years of age. Because bleeding associated with the menstrual cycle happens regularly or periodically, it also is referred to as a menstrual period or, more simply, as a "period." Some girls get their first menstrual period as young as 9 years of age, and others do not begin menstruating until 15 years of age. In developing country Menstruation has always been surrounded by different perceptions throughout the world. Nowadays, there is some openness toward menstruation, but differences in attitude still continue between different populations. There are differences between countries, cultures, religions, and ethnics groups. In many low-income countries, women and girls are restricted in mobility and behavior during menstruation due to their “impurity” during menstruation.

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A Comparative Study on Menstrual Hygiene Practices among Women in Maharashtra

Abhisek Bera [α] & Professor A. Baghel [σ]

I. Introduction

Menstruation, also called the **menstrual cycle**, prepares the sexually mature, female body for pregnancy each month. Menstruation is monthly bleeding that begins in girls around 12 years of age. Because bleeding associated with the menstrual cycle happens regularly or periodically, it also is referred to as a menstrual period or, more simply, as a "period." Some girls get their first menstrual period as young as 9 years of age, and others do not begin menstruating until 15 years of age. In developing country Menstruation has always been surrounded by different perceptions throughout the world. Nowadays, there is some openness toward menstruation, but differences in attitude still continue between different populations. There are differences between countries, cultures, religions, and ethnics groups. In many low-income countries, women and girls are restricted in mobility and behavior during menstruation due to their "impurity" during menstruation.

In many parts of the world, menstruation is still related to a number of cultural taboos as well as feelings of shame and un-cleanliness. Even today menstruation is a secret of mother and daughter in many families. It is not discussed in the openly (Harshad Thakur et.al, 2014). Menstrual hygiene is the taboo subject. A topic that many women in India are uncomfortable discussing in openly; matter are keep out from public talks are most likely to be discussed without giving much important.

This excludes women and girls from decision-making power hygiene related practices of women during menstruation are of considerable importance, Although menstruation is a natural process, it is linked with several perceptions and practices, which sometimes result in adverse health outcomes along with cultural constructs leads to formation of a certain preconception, the reaction to menstruation also depends upon awareness and knowledge about towards menstruation among married women. Hygiene related practices of women during menstruation are important. Poor menstrual hygiene practice is one of the major reasons of high prevalence of Reproductive Tract Infection (RTI) and contributes much too female morbidity.

Infection (RIT), which have become a silent epidemic that destroy women's life are closely inter related to poor menstrual hygiene. The use of rags and old clothes is a rule rather than exception in rural areas of India. Unclean rags and old clothes increase the chances of RTIs including urinary, vaginal, and perinea infection (S.Sangeetha Balamurugan et.al, 2014). Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to RTI and its consequences. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women. This study aims to review the change and prevalence of hygiene practices during menstruation in the year of 2007-2008 to 2012-2013 and influence of socio-demographic factors on menstrual hygiene practices among women of reproductive age-group in Maharashtra.

a) Objective of the Study

The specific objectives of the study are:-

1. To examine the variation in menstrual hygiene practices among women in Maharashtra from DLHS 3 to DLHS 4.
2. To study association between menstrual hygiene practices and menstrual problems and Reproductive Tract Infection (RTI) among women in Maharashtra.

b) Data Sources and Analysis

In this study District Level Household survey (DLHS-3 and DLHS-4) round third and four are used to look at the change in menstrual hygiene practices among women in 2007- 2008 to 2012-2013 time period in Maharashtra along with DLHS 4 round is used to understand the menstrual hygiene practices and menstrual Problem and in addition to understand Reproductive Tract Infection (RTI) problem among women in Maharashtra. Total sample size for this study is DLHS-3= **34920 and** DLHS-4= **42814**.

II. Methodology

In this study I have include the various demographic and social as well as economic variables to understand how this variables are affected on the menstruation practices among women over the period of time, Background characteristics of women like age, age at marriage, education of husband and women, place of residences, Duration of Marriage, Age at 1st Birth, Marital Status and standard of living and media

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awareness regarding RTI and region of Maharashtra. Independent variable and dependent variables taken as Methods using for prevent blood stains during maturation and symptoms of RTI and menstrual problems. All methods to prevent blood stains are taken as dependent variables classified in to three categories:

Any menstruation related problem during last three months=menstrual problem has two categories of **'yes' and 'no'** those who have a problem related to menstruation are coded 1 and those who are not they coded 0.

Any symptoms of RTI=those have a symptoms they are coded **'1=yes'** and those who are not they coded **'0=no'.**

The variable was aware about RTI/STI and **Exposure of mass media** both has two categories of **'yes' and 'no'**. Those who are aware about mass media and exposure of mass media were coded 1 and those who are not they coded 0.

In Logistic Regression techniques showing the relationship between sanitary method practices and background characteristic in Maharashtra.

a) Need for the Study

"Menstruation" is the physiological process which starts at menarche at or before sexual maturity, in females and ceases at or near menopause. But its physiology and nature are very poorly understood among the female population due to many socio-cultural factors which make them to adapt certain practices unknowingly whether it is correct or wrong. All women, whether rural or urban, irrespective of their socioeconomic status have their own beliefs and practices concerning menstrual hygiene (Balaji Arumugam et.al 2014.In India, there is generally a silence around the issue of women's health - especially around menstruation. A deep-rooted taboo feeds into the risible myth-making around menstruation: women are impure, filthy, sick and even cursed during their period. Taboos relating to menstruation and health and disease were explored by many studies.

Although many studies were conducted to assess the menstrual practices, the diversity of cultural practices in India, the issue has been a taboo until date. Such taboos about menstruation present in many societies impact on girls' and women's emotional situation, mentality and way of life and mostly on their health. So this current study aims to discus about the knowledge and hygiene practices related to the menstruation among married women in Maharashtra.

b) Review of Literature

Review of Literature is a key step in research process. Review of Literature refers to a widespread, comprehensive and systematic examination of publications relevant to the research project.

A cross sectional study of **Shabnam Omidvar et.al** (2010) conducted on factors influencing hygienic practices during menses among girls from south India. In this study result shows that the Mean age of menarche was 13.4±1.2 years; disposable pads were used by two-thirds of the selected girls (68.9%) regardless of age while 45.1% reported to use both disposable and non disposable materials. Frequency of changing pads was 2-3 times a day by 78.3% girls. Socioeconomic Status (SES) of the selected girls and their age influenced choice of napkin/pads and other practices such as storage place of napkins; change during night and during school or college hours and personal hygiene. Older girls had better hygienic practices than the younger ones. Seventy six percent of the participants desired for more information regarding menstruation and hygienic practices.

A cross sectional study **of Tazeen Saeed Ali et.al** (2010) was conducted to explore the menstrual practices among adolescents of urban Karachi of Pakistan using by interviews. Descriptive findings showed that 50% of the girls lacked an understanding of the origin of menstrual blood and those with a prior knowledge of menarche had gained it primarily through conversation with their mothers. Many reported having fear at the first experience of bleeding. Nearly 50% participants reported that they did not take baths during menstruation. In this, study concludes that there are unhygienic practices and misconceptions among girls requiring action by health care professionals.

Adinma ED AdinmaJI.(2008) A cross-sectional descriptive study was conducted amongst 550 secondary school girls in south-eastern Nigeria to determine their perceptions, problems, and practices on menstruation. Majority of the students, (75.6%), were aged 15-17 years. Only 39.3% perceived menstruation to be physiological. Abdominal pain/discomfort, (66.2%), was the commonest medical problem encountered by the respondents, although 45.8% had multiple problems. Medical problems were most commonly discussed with the mother, (47.1%), and least commonly discussed with the teachers, 0.4%. Analgesics, (75.6%), were most commonly used to relieve menstrual pain. Only 10% of respondents used non-pharmacologic remedies. Unsanitary menstrual absorbents were used by 55.7% of the respondents. Menstruation perceptions are poor, and practices often incorrect. A multi-dimensional approach focusing on capacity building of mothers, and teachers on sexuality education skills; using religious organizations as avenues for sexuality education; and effectively using the Mass Media as reproductive health education channels are recommended towards improving adolescents' perceptions and practices on menstruation.

III. Result and Discussion

Table 1:-This section analyses the Prevalence and change in menstruation hygiene practice and its

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association with demographic and socio-economic characteristic of married women in Maharashtra during 2007-008 to 2012-2013.

a) Demographic and background characteristic of respondents

1: Age group

Among sample of women, the percentage for using sanitary method has increased by age group of women (8.4% to 16.8%in age group20-29 and 6% to 12.3 in age group 40-49) over the period 2007-2008 to 2012 to 2013 where as the percentage of using Cloth/ locally prepared napkin/other method has decreased, especially in age group 20-29 (90.1% to 79.7%) and 40-49(90.3% to 78.8%). The percentage of not using any method for protected from blood strain during menstruation has increased in age group 40-49(3.6% to 8.9%) in during time period 2007-2008 to 2012 to 2013.

2: Place of residence

Place of residences is important factor is closely affected on women knowledge and menstruation hygiene practice in Maharashtra. The percentage of using sanitary method has increased in rural (2.7% to 8.4%) and Urban(18.4% to 23.3%) from year 2007-08 to 2012-13 and the percentage of using cloth/locally prepared napkin/ other method in decreased rural (94.6% to 86.6%) as well as urban (80.4% to 72.7%) in year from 2007-08 t0 2012-13. The percentage of not using any kind of method has increased in year 2007-08 to 2012-13 in both the places (Rural- 2.6% to 5% and Urban- 1.2% to 4%) in Maharashtra.

3: Age at Consummation

The percentage of using cloth/ locally prepared napkin/other method has decreased in age at consummation below 18 (94.4% to 86.6%) and above 18(86.2%to 77.6%) during year 2007-08 to 2012-13. The percentage of using sanitary method has increased in age at consummation below 18 (2.6% to 8.4%) and above 18 (12.3% to 18.4%) during year 2007-08 to 2012-13. The percentage of not using any method during menstruation period in age at consummation has increasing in year below 18 (3%to 5.2%) and above 18(15.5% to 4%) in year during 2007-08 to 2012-13.

4: Duration of Marriage

The percentage of using / locally prepared napkin/other method has decreased by year 0 to 4 year (88.2% to 75.4%) and above 10year's (91.4% to 81.1%) of duration of marriage. The percentage of using sanitary method has increased of duration of marriage by year 0 to 4 year (10.7% to 19.9%) and above 10 year (5.6% to 14.2%) during year 2007-08 to 2012-13. The percentage of not using any method during menstruation period in duration of marriage by year 0 to 4 year has increasing in year below 0 to 4 (1.1% to 4.7%) and above 10 year (2.9% to 4.7%) in year during 2007-08 to 2012-13.

5: Age at 1st birth

The proposition of using sanitary method increased by age at 1st birth, in this table shows that percentage of using sanitary method is high in age group 0-14 to 25-29 (1.5% to 8.5%) in year 2007-08 to 2012-13 and percentage of using cloth/ locally prepared napkin and other method has decreased in if the age at 1st birth increased in year 2007-08 to 2012-13.

6: Children Ever Born

Those women having no children, one and two children they are more likely to use sanitary method than they having three and more children over the year of 2007-08 to 2012-13.

7. Caste

The percentage of using sanitary method has increased in all Caste for e.g.-Scheduled caste (SC) (7.5% to 14%), Scheduled Tribe (ST) (2.1% to 9.4%), Other Backward class (OBC) (7.2% to 15.9%) and other caste (10.1% to 17.8%). The percentage of using cloth/Locally prepared napkin method has decreased in all caste for eg- Scheduled caste (SC) (90.3% to 80.4%), Scheduled Tribe (ST) (94.7% to 85.2%), Other Backward Class (90.3% to 79.4%) and other caste (88.3% to 78.6%). In not using method has showing that increased use in all caste during year 2007-08 to 2012-13.

8: Marital Status

The percentage of women using sanitary method has increased in both currently married and ever married women (7.6% to 15.7%) during year 2007-08 to 2012-13. Using cloth/locally prepared napkin (Currently married- 7.6% to 15.7% and ever married-4.8% to 11.1%) has decreased in both the currently and ever married women during year 2007-08 to 2012-13. and not using any method has showing that increased (Currently married- 2.1% 4.4% and ever married-3.5% to 6.5%) the currently and ever married women during year 2007-08 to 2012-13.

9: Education status women

Education of women is most important factor are positively affected on knowledge and hygiene practice during menstruation. Those women had taken higher education they are mostly like to use sanitary method than cloth/ locally prepared napkin because of awareness and knowledge about infection related diseases. In this table shows that the percentage of women who had taken higher education those women are more likely to using sanitary method for example illiterate-0.5% to 6.3%, Primary-1.7% to 7.5%, Secondary- 5.8% to 13.8%, above secondary- 26.8% to 32.1% during year 2007-08 to 2012-13. The percentage of using cloth/locally prepared napkin has decreased during year 2007-08 to 2012-13.

10: Education status Husband

The percentage of using sanitary method has increased by education status of husband education

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For example: Illiterate-0.8% to 6.1%, primary education-1.6% to 7%, secondary education-5.8% to 12.5% and above secondary education 18.4% to 27.1%. The percentage of using cloth/locally prepared napkin has decreased by husband education is higher during year 2007-08 to 2012-13.

11: Contraception Use

The percentages of women are using temporary method (24.3% to 27.3%) of contraception they are more likely to use sanitary method than permanent method (4.2% to 12%) and Traditional method (18.1% to 24.9%) during year 2007-08 to 2012-13. The percentage has decreased women are using temporary method (74.7% to 71.7%) of contraception they are less use cloth/locally prepared napkin method than permanent method (93.1% to 83.6%) and Traditional method (79.4% to 73.1%) during year 2007-08 to 2012-13. The percentage of not using any method during menstruation has increased in those women are using permanent method than Temporary and Traditional method during year 2007-08 to 2013-2-13.

12: Type of Delivery

The percentage of women having Institutional Delivery they are more likely use to sanitary napkin than those don't have Institutional Delivery.

13: Knowledge about RTI

The percentage of women having knowledge about RTI they are most likely to Use sanitary napkin than those don't have knowledge about RTI.

14: Type of Toilet

The percentage for using sanitary method has increased by what kind of toilet facility women used. Those women are used flash toilet (15.5% to 20.8%).

15: Standard of living

It is shows that socioeconomic classes influences on menstrual hygiene practices among low, medium and high. Those women are having high level of standard of living they are mostly like to use sanitary method than those are belonging low and medium class. The percentage of women who belonging high class of standard of living they used sanitary method 8.9% to 16.2%, those women belonging low classes 4.2% to 14.8 and those women are belongs to medium class 6.5% to 15.4% over the year of 2007-08 to 2012-13.

16: Maharashtra region

The percentage of using sanitary method by region wise, Pune, Nasik, Nagpur, Amravati, Aurangabad have frequency of use of sanitary method is below 20 percent. Only in Kokan region have prevalence of using sanitary method close to 25 percent.

Table 2.1:- this section talks about the association between menstrual hygiene practices and Menstrual Problems. The DLHS-4 data shows the prevalence of various Menstrual Problems with report to sanitary method, cloth/ locally prepared napkin and nothing.

Those women are using sanitary method during menstruation are less likely suffer the Menstrual Problems. The women enduring from Painful periods, 4.4 percent are those who use Cloth/Other method and only 3.7 percent sanitary method users and only 1.2 percent not using any method. Irregular periods is a common problem of women, reported by 3.2 percent of Cloth/Other users and 3 percent of sanitary method users and 1.1 percent not using any method.

Table 2.2:- this section talks about the association between menstrual hygiene practices and any symptoms of Reproductive tract infection (RTI). The DLHS-4 data shows the prevalence of various reproductive tract infection diseases with report to sanitary method, cloth/ locally prepared napkin and nothing.

Those women are using sanitary method during menstruation are less likely suffer the symptoms of RTI. The women enduring from itching or irritation over vulva and pain in lower abdomen, 3.4 percent are those who use Cloth/Other method and only 2.7 percent sanitary method users and only 2.9 percent not using any method. Low backache is a common problem of women, reported by 9.3 percent of Cloth/Other users and 8.9 percent of sanitary method users and 7.9 percent not using any method.

The Table. 2.3 represents the media awareness regarding RTI and use menstrual hygiene practices among women in Maharashtra. Maximum 85.4percent from DLHS-3 and 75.5 percent from DLHS-4 of women having awareness through electronic media maintain to use Cloth/ locally prepared method for their menstrual hygiene. 89 percent from DLHS-3 and 80 percent from DLHS-4 of women being aware through their friends reported to have used Cloth/Other method for the referencing purpose.

the other hand, all most of nearly half (29.4 percent from DLHS-3 and 30.1 percent from DLHS-4) of women being aware through print media and least of 13.1 percent from DLHS-3 and DLHS-4 21.2 percent of women being aware through electronic media reported to have exercised Sanitary method for their menstrual hygiene.

Tables 3, Represent the prevalence of hygiene practice, RTI problems by different region of Maharashtra. In region wise the region of Kokan, Pune, Nagpur, and Aurangabad have a bear menstrual problem below 25 percent and in Nasik and Amravati almost more than 25 percent women are bear menstrual problem during year 2007-08 to 2012-2013. Almost more than 20 percent of women in Nasik and Amravati are facing RTI problem more than the Kokan, Pune, Nagpur and Aurangabad region in Maharashtra during

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year 2007-08 to 2012-13. Below than 25 percent women in Kokan and Pune are using sanitary method.

In Table 4, Logistic regression shows that among women, residence was the significant predictor of using sanitary methods. As compared to urban women, rural women less likely using sanitary methods. According to age at consummation odds of using sanitary methods were lower for those who started living with husband before age 18 years as compared to those who started living with after age 18 years. Education also seems to be a significant predictor of using sanitary methods low or no formal education was associated with the lower odds of using sanitary napkins.

IV. Conclusion

In this study a variety of factors are known are affected on menstrual behavior and practices, the most influential being demographic factor are age of the women, education of women, Place of residences and socio-economic status. Awareness regarding the need for information about safe menstrual practices is very important in especially in women in rural and tribal area because menstrual hygiene is very important risk factor for reproductive tract infection. The high prevalence of symptoms of RTIs and their association with modifiable risk factors, such as contraceptive usage and personal and menstrual hygiene factors, suggest scope for intervention through health education programmed among women in preventing RTIs.

Therefore, education on menstrual should be start from before learners reach menstrual period and it should connect to other skills-based health education that continues throughout adolescence. Hence trained school nurses/health personnel, motivated school teachers and knowledgeable presents also play important role in transmitting the vital message of correct menstrual hygiene.

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Table 1.1.: Prevalence and change of menstrual hygiene practices and its association with women demographic and Socio-economic characteristics in Maharashtra during 2007-08 to 2012-13

Background Characteristics	Nothing		Sanitary Method		Cloth/locally prepared napkin/other		DLHS3	DLHS4
34920				42814				
DLHS 3	DLHS 4		DLHS 3	DLHS 4			DLHS 3	DLHS 4
Age group								
15-19	1.2	5.3	4.8	15	94	79.7	2620	1395
20-29	1.5	3.5	8.4	16.8	90.1	79.7	12683	14327
30-39	2.7	2.4	7.5	16.5	89.8	81.1	11286	15035
40-49	3.6	8.9	6.0	12.3	90.3	78.8	4469	10448
Place of Residence								
Rural	2.6	5	2.7	8.4	94.6	86.6	21762	21672
Urban	1.2	4	18.4	23.3	80.4	72.7	9296	19534
Age at Consummation								
Below 18	3	5.2	2.6	10.2	94.4	84.6	15682	13400
Above 18	1.5	4	12.3	18.4	86.2	77.6	15358	25558
Duration of Marriage								
0 to 4	1.1	4.7	10.7	19.9	88.2	75.4	6701	7010
5 to 9	1.2	3.1	9.2	16.8	89.6	80.1	6119	7374
10 +	2.9	4.7	5.6	14.2	91.4	81.1	18238	24886
Age at 1st Birth								
0-14	2.1	7	1.5	8.5	96.4	84.5	613	645
15-19	2.8	4.9	3.3	11.1	93.9	84	14916	15281
20-24	1.7	4.1	10.1	16.4	88.2	79.6	9998	16571
25-29	1.4	3.7	22	24.5	76.6	71.7	1489	3602
above30	1.4	4.6	19.7	22.4	78.9	73	218	604
Children Ever born								
No Children	1.8	5.4	10.9	19.1	87.3	75.5	3837	4299
One Child	1.3	4.6	13	20.8	85.7	74.6	4832	7731
Two Children	1.9	3.5	9.3	16.8	88.7	79.6	9029	15395
Three and More	2.9	5.3	3	9.3	94.1	85.4	13343	13480
Want More Child								
Yes	1.2	4.3	9.9	19.2	88.9	76.6	7569	7417
No more	1.6	4.8	14	20	84.4	75.3	5144	6986
Can't get pregnant	4.8	8.3	6.8	20	88.4	71.7	250	756
Undecided	2	3.7	11.6	21.2	86.3	75.1	644	2536

References Références Referencias

1. Thakre SB, Thakre SS, Reddy M, Rathi N, Pathak K, Ughade S. Menstrual hygiene: Knowledge and practice among adolescent school girls of Saoner, Nagpur district.J Clin Diagn Res 2011;5:1027-33.
2. Patle R, KubdeS.Comparative study on menstrual hygiene in rural and urban adolescent girls. Int J Med Sci Public Health 2014; 3:129-32.
3. Irwin PJ. Companion animal parasitology: Clinical perspective. Int J Parasitol 2002; 32:591-3.
4. Gopalakrishnan S, Ganeshkumar P, Katta A. Assessment of prescribing practices among urban and rural general practitioners in Tamil Nadu. Indian J Pharmacol [serial online] 2013; 45:252-7.
5. Adinma E D, et al, "Perceptions and practices on menstruation amongst Nigerian secondary school girls. Alf J Reprod.Health 2008 Apr; 12(1): 74-83.
6. Keerti Jogdand, Pravin Yerpude. A community based study on menstrual hygiene among adolescent girls. Indian J Maternal Child Health. 2011; 13(3):1-6.
7. Deo D, Ghataraj DC. Perceptions and practices regarding menstruation: a comparative study in urban and rural adolescent girls. Indian J Community Med. 2005; 30:33-4.

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8. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the adolescent girl? Indian J Community Med. 2008; 33(2):77-80.
9. Nair P, Grover VL, Kannan AT. Awareness and practices of menstruation and pubertal changes amongst unmarried female adolescents in a rural area of East Delhi. Indian J Community Med. 2007; 32:156.
10. Mudey AB, Keshwani N, Mudey GA, Goyal RC. A cross-sectional study on the awareness regarding safe and hygienic practices amongst school going adolescent girls in the rural areas of Wardha district. Global Journal of Health Science 2010; 2/2:225-231.
11. Omidwar S, Begum K. Factors which influence the hygienic practices during menses among girls from south India: A cross sectional study. International Journal of Collaborative Research on Internal Medicine and Public Health 2010; 2:411-423.
12. Das PK. The reproductive health of married adolescents in rural Maharashtra: A report of a state level workshop on building evidence from program and research which was held at Pune; 4-5 January 2008.

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