

# Menstrual Hygiene and Social Sanctions

## (A Sociological study among the school going girl students in Borbam Tea garden of Assam)

\*<sup>1</sup>Maloy Gogoi & <sup>2</sup>Jyoti Prasad Saikia

<sup>1</sup>Research Scholar, Department of Sociology, Dibrugarh University, Dibrugarh, Assam (India)

<sup>2</sup>Professor & Head, Department of Sociology, Dibrugarh University, Dibrugarh, Assam (India)

### ARTICLE DETAILS

#### Article History

Published Online: 10 December 2018

#### Keywords

Menstruation, Sanitary Pads, Menstrual Hygiene, Women Health, Girl Students. Social Taboos.

#### \*Corresponding Author

Email: maloygogoi90[at]gmail.com

### ABSTRACT

This paper is an attempt to examine the menstrual health of School going Girl students in Tea community of Assam. This paper also tried to explore the knowledge of school going girl students about hygiene practices during menstruation for their quality life. The hygiene practices are mostly essential to girls/women for their reproductive health, but social taboos and other restrictions related to menstruation make obstacles for them to survive themselves with proper dignity as like their male counterpart. Therefore knowledge of girls' student about menstrual health and their experiences of using menstrual kits have been examined in this study. It is an empirical study and data have been collected from both primary and secondary sources through applying qualitative as well as quantitative research strategies. The data gives an interesting finding to meet the basic objectives of the study.

### 1. Introduction

In the Indian society, some aspects are still not getting proper attention as it demands and among them menstruation is mentionable. Menstruation is a normal physiological process; however the beginning of feminine cycle is a one of a kind wonder for immature young girls. In India, it is viewed as unclean, impure and their participation in household activities, religious rituals are restricted during this period. Limitations were also found at eating certain foods like jaggery and papaya etc. Menstrual hygiene<sup>i</sup> deals with the special health care needs or requirements of female during the period of monthly menstruation. These areas of special concern include choice of the best "period protection" or feminine hygiene products; how often and when to change the feminine hygiene products; bathing care of the vulva and vagina as well as the supposed benefits of vaginal douching at the end of each menstrual period.<sup>ii</sup>

To live a healthy, productive and dignified life, it is essential that women and girls are able to manage menstrual bleeding effectively. This requires access to appropriate water, sanitation and hygiene services, including clean water for washing clothes used to absorb menstrual blood and having a place to dry them, having somewhere private to change clothes or disposable sanitary pads, facilities to dispose of used cloths and pads, and access to information to understand the menstrual cycle and how to manage menstruation hygienically. As well as addressing practical needs like this, it is also necessary to promote better awareness among women and men to overcome the embarrassment, cultural practices and taboos around menstruation that impact negatively on women's and girls' lives, and reinforce gender inequities and exclusion (Mahon & Fernandes: 2010). In a study conducted by (Dasgupta & Sarkar: 2008) in West Bengal found that among the 160 girls respondents 67.5% girls were aware about menstruation prior to menarche, but 97.5% girls did not know the source of menstrual bleeding. A common belief among Gujjar (a semi-nomadic tribal group in Jammu and Kashmir) girls was that menstruation was a process through

which the bad blood from the body was removed to prevent infection (Dhingra et al: 2009). The awareness of practices and access to facilities needed to maintain good hygiene during menstruation were generally found to be lacking. In Bangladesh, India and Nepal the majority of women in rural areas use reusable cloths to absorb menstrual blood. In Bangladesh these are usually torn from old saris and known as 'nekra' (Ahmed and Yesmin: 2008).

In spite of the fact that puberty is a solid time of life, numerous teenagers are frequently less educated, less experienced, and less comfortable with getting to reproductive health<sup>iii</sup> knowledge than adults. In numerous parts of the developing nations, a culture of quietness encompasses the theme of menstruation and related issues. For that reason numerous young girls lack proper and adequate information with respect to menstrual cleanliness. This may bring about erroneous and unfortunate conduct amid their menstrual period. Likewise, numerous mothers lack correct information and skill to impart about menstrual cleanliness which they pass on to their youngsters, prompting false demeanors, convictions and practices in this regard. To learn about cleanliness amid feminine cycle is an indispensable part of wellbeing instruction for immature young ladies as examples that are created in puberty are probably going to continue into grown-up life (Lawan, UM et al.: 2010). Lawan, UM et al. 2010, in their study found that majority of respondents of their study had fair knowledge of menstruation and menstrual hygiene. Specifically, majority of the students knew that mature females normally experience monthly/cyclical flow of blood per vagina; they knew correctly that sanitary pads are used for menstrual protection. However almost half of the student did not know the average duration of normal menstrual flow.

Absence of menstrual hygiene and cleanliness was found to bring about unfriendly results like reproductive tract infections. Better learning about menstrual cleanliness diminished this hazard. In a study conducted at Karachi of Pakistan, it has been found that, there were some difficulties for Young girls to manage menstrual hygiene because of lack

of infrastructure to dispose of used cloths in school and lack of privacy to dry washed ones at home. The study reveals that absorbent pads used to manage menstrual blood loss are an important need of adolescent girls. On the other hand it was also found that, though sanitary pads are used universally in high-income countries, a large study in India showed that only 12% of menstruating women used sanitary pads and 70% of women cited cost as a major barrier for using them (Shah P. Sobha et al.: 2013).

## 2. Field and Methodology

As the aim of this study is concerned with menstrual health and hygiene practices of School going girl students of tea community, The Borbam tea garden of Sivasagar district of Assam was selected as the field. Sivasagar earlier known as "Rangpur", the historical city of Assam is situated 363 K.M. east of Guwahati (The capital of Assam). The Borbam tea Garden was established in 1865 and is situated on the South bank of the river Brahmaputra, located between the district towns of Sivasagar and Jorhat and close to the Nagaland border. The Tea garden is owned by the company named "Goodricke" and the name Borbam is derived from 'BOR' meaning very in the local language and 'BAM' meaning highlands, as it was located on the higher grounds on the banks of the river Jhanji. Total population of Borbam Tea garden is 9855 consisting of 2998 male and 3925 female and 1128, 1804 Adolescent and Children respectively. Borbam also has proud linkage with Col. Sir James Buckingham who was the longest serving Chairman of the Assam branch of the Indian Tea Association. The Borbam tea garden is highly acclaimed for quality of tea and standard of factories. In this study School going Girl Students who attain the age of 10 to 18 years were considered as respondent. For fulfillment of the purpose of the study, total 50 girl students were purposively selected as respondent from the tea garden.

## 3. Menstrual health and hygiene practices of the school going girl students

The study showed the age of the respondents varied from 13 to 18 years. The students of class IX were mostly 14-15 years and class X mostly 15-16 years. Regarding the religion of the respondents, the study reveals that majority of the respondents i.e. 35 (70%) belongs to Hindu and other 15 (30%) respondents belongs to Christian religion. 40 (80%) respondents were from nuclear family and others were from joint family. Here an important finding reveals that, the girls who were living in the joint families have to maintain more restriction during the period of menstruation. Their grandparents restrict them from entering the kitchen; they have to maintain secrecy during this period. In West Bengal a few girls used disposable sanitary pads with availability and affordability being stated as the key obstacle to more widespread use (Dasgupta and Sarkar 2008). Same as in the present study only (58%) girls i.e. 29 respondents expressed that they used sanitary pads and non-availability and affordability is as the key obstacle to more widespread use of sanitary pads. The remaining 21 (42%) respondents managed the menstruation period by using old cloths, leafs, sands etc. Out of the 50 respondents 29 (58%) used sanitary pad. 21 (42%) respondents used old cloths, and out of these 18 respondents; all had problem while washing and drying of the cloths due to lack of privacy. They

expressed their reasons of not using sanitary pads and that's—high cost, lack of knowledge, shyness, restrictions from elder generation etc. Regarding hygienic practices during menstruation 91% respondents had daily bath. Other 9% thinks that bathing in the first two days increases the menstrual flow. Maximum number of the respondents absent from their school during these days as the facilities for changing and disposal of sanitary pad, cloths is not available in the schools. The findings of the study revealed that due to lack of privacy, the girls took baths and washed their menstrual cloths early in the morning, before other family members woke up or were not around

## 4. Parental role on menstrual hygiene

As we know that man is a social animal. Hence to live in human society one has to learn the societal characteristics, norms, culture, through the process of socialization, and the parents of each and every child remain as the primary source of socialization. Same as in the case of menstruation, parents especially the mother of every girl has primary role. Mother has the most imperative part in the training, transformation of knowledge, and wellbeing practices of young girls with the end goal for them to have a solid progress from the basic phase of adolescence. Mother's educational status and respondent's knowledge of menstruation is interlinked and it was depicted from the study. The study reveals that, Mothers of 20 (40%) respondents were HSLC passed, 5 (10%) were HS passed and the remaining 25 (50%) were read up to primary level. In the present study it was found that the girl students of these 25 mothers who have read up to HSLC and HS had primary knowledge regarding menstruation before their menarche and they were well-aware regarding menstrual hygiene. In most cases the respondent's first informant regarding menstruation was their mother. In this study it was also found that 33 (66%) respondents pursued the idea of menstruation from their mothers. As many as, 12 (24%) respondents got the idea from peer groups and the remaining 5 (10%) respondents obtained it through television, radio etc. it is true that maximum numbers of respondents got the idea of menstruation from their mothers; but regarding maintenance of menstrual hygiene and cleanliness it was found that, Television, radio etc. plays the major role in the life of the girl students. About 37 (74%) respondents expressed that they got the idea of menstrual hygiene through television, radio etc. Regarding the maintenance of menstrual hygiene the respondents were again asked a question, "Whether their family members told them to maintain a hygienic and clean menstruation?" In response to this question 23 (46%) respondents expressed that their family members especially the mother told them to maintain cleanliness and hygiene during the period. On the other hand the remaining 27 (54%) respondents opined that their family members were not aware about menstrual hygiene. They even not discuss anything related to menstrual hygiene.

## 5. Social Sanctions and Menstrual hygiene practices

Menstrual hygiene is a taboo subject; a topic that many women in South Asia are uncomfortable discussing in public. This is compounded by gender inequality, which excludes women and girls from decision-making process (Mahon & Fernandes, 2010). Still in many part of India, celebration of rituals related to goddesses is going on. For example in

kamakhya temple the ritual of the menstruation of the goddess is celebrated during the monsoon season. It is believed that during the time of June month the goddess kamakhya menstruate and the 'Pujari' who belongs to only male folks perform the ritual of purification of goddess. The same male 'pujari'<sup>iv</sup> can perform the purification process but they treat menstruation as taboo in our society. In the Hindu religion, ladies are disallowed from taking part in typical life while bleeding. She should be "cleaned" or "Purified" before she is permitted to come back to her family and everyday tasks of her life. Menstruation is a vital reproductive health function of women folk, but despite this it has been dealt with secrecy in India. A number of taboos and socio-cultural limitations still exist concerning menstruation which abash the adult girls and make their life troublesome. In this manner, menstruation is for the most part unwelcome by the adult girls (Kumar & Srivastava 2011). Menstruation incorporates endless legends and secrets. The most well-known social and cultural practices and limitations concerning menstruation among the adult girls and women are not going into the puja room, not going into the kitchen, not looking the mirror, and not going to the visitors amid menstruation (ibid). Puri & Kapoor, 2006; found in their study that, not entering the puja room during menstruation is the main restriction among urban girls whereas not entering the kitchen is the main restriction among the rural girls during menstruation.

As, one of the important objectives of this paper is to find out the relationship between social taboos, sanctions and menstruation; hence, in this context a question was asked to the respondents, "whether they have faced any kind of restriction from their family members during menstruation period?" In response to this question it was found that maximum number of respondents faced restriction from their family members. Out of the total respondents, 42 (84%) respondents expressed that they faced restrictions. On the other hand 8 (16%) respondents opined that they have not faced any restrictions from their parents. Again those who had faced restriction from their parents i.e. 42 (84%) respondents were again asked about the types of restrictions they faced from their family members. Interestingly it was observed that, majority of the respondents faced restrictions which is related to religious faith. About 33 (78.57%) respondents faced restrictions like not entering kitchen, puja room etc. As many as 7 (16.6%) respondents expressed that they were restricted from talking and playing with boys as it was believed that by doing this they may become pregnant. On the other hand the remaining 2 (4.76%) respondents faced restrictions on going to

school. When the researcher asked the parents of the 2 respondents about their restriction on going to school, they expressed that, they restrict their daughters on going to school because during this period they may feel uncomfot and proper facility is not available in the school. School dropout is high in India and menstruation is one of the causes of it. In a study conducted by (Das, Mittoo: 2008) on Menstruation as Pollution: Taboos in Simlitol, Assam found that during the menstruation period young girl is not sent to school. She is not allowed to cook for those three days and her food is placed in front of her during meal hours. The utensils, in which she eats, are to be cleaned by her in the backyard. In the present study the researcher also tried to find out whether there was any restriction regarding the food of the respondents during the period of menstruation. Interestingly it was found that 36 (72%) respondents were restricted from eating certain things like Papaya, ginger, meat, jaggery, pickle etc. According to them it was believed that eating these foods may increase the menstrual flow and they may face heavy abdominal pain.

## 6. Concluding remarks

The main focus of this study was to learn menstrual cleanliness among immature young girls. Absence of fitting and adequate information about menstrual cleanliness can be ascribed to social and religious convictions furthermore, taboos. Social awareness should be spread to mitigate the traditional belief, misconceptions, and restrictions regarding menstruation. Numerous deep rooted convictions and practices are imparted from ages, yet it is not really understood that a significant number of those have turned out to be superfluous today. Rather than conveying about the correct hygienic practices identified with menstruation to the immature young girls, we are trapping them in legends and convention. By following, such cultural practices aimlessly, we are intentionally influencing the young people to remain on the cross roads. It is in this manner vital to fortify safe menstrual hygienic practices among young girls and haul them out of social taboo, irrelevant practices, and conventions identified with menstruation. It is important to learn by everyone that menstruation is a natural biological process and there is nothing to be maintaining any secrecy regarding it. Rather we should encourage our sisters to be living a healthy and hygienic life by using the sanitary pad. School authority should also build clean and hygienic toilets with facilities of disposal for the girls. Incorrect restrictions, myths and beliefs associated with menstruation can be removed with the help of parents, teachers and religious leaders.

## End Notes

<sup>i</sup> Managing the menstrual flow through proper using of menstrual kits like sanitary pad, tampon etc., and cleaning the body by using soap and water

<sup>ii</sup> Menstrual Hygiene. Feminine Hygiene, Gynecology and Menstruation Information, Resources and Products for Dads and Husband, <http://www.menstrualhygiene.com>, accessed on 21<sup>st</sup> September, 11pm

<sup>iii</sup> Reproductive health includes "a satisfying and safe sex life free from the fear of disease and free from coercion and violence, the capability to reproduce and the freedom to decide if when and how often, to do so, that is access to both infertility services on the one hand and contraceptive services on other, reproductive choice for women and men, that people have the right to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, access to safe and affordable abortion facilities, safe child-bearing, access to services for the prevention and care of reproductive health problems, both gynecological and obstetric and special attention to adolescents whose reproductive health needs have been particularly overlooked.

<sup>iv</sup> An Individual who performs the religious rituals in Hindu religion.

**References:**

1. Ahmed, R. and K. Yesmin (2008) 'Menstrual hygiene: breaking the silence', in J. Wicken, J. Verhagen, C. Sijbesma, C. da Silva and P. Ryan (eds.) *Beyond Construction Use by All*; IRC International Water and Sanitation Centre and Water Aid.
2. Anant Kumar & Kamiya Srivastava (2011), Cultural and Social Practices Regarding Menstruation among Adolescent Girls, *Social Work in Public Health*, 26:6, 594-604
3. Das, Mittoo (2008), Menstruation as Pollution: Taboos in Simlitola, Assam, *Indian Anthropologist*, 38 (2) 29-42
4. Dasgupta, A. and M. Sarkar (2008) 'Menstrual hygiene: how hygienic is the adolescent girl?', *Indian Journal of Community Medicine* 33(2): 77-80
5. Dhingra, R., A. Kumar and M. Kour (2009) 'Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls', *Studies on Ethno Medicine* 3(1): 43-8
6. El-Gilany AH, Badawi K. (2005), Menstrual hygiene among adolescent schoolgirls in Mansoura, Egypt. *Reproductive Health Matters* 13:147- 52
7. Lawan UM, Nafisa Wali Yusuf and Aisha Bala Musa (2010) Menstruation and Menstrual Hygiene amongst Adolescent School Girls in Kano, Northwestern Nigeria, *African Journal of Reproductive Health*, 14 (3)
8. Mahon T and Maria Fernandes, (2010) Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes.
9. Puri, S. & Kapoor S. (2006), Taboos and myths associated with women's health among rural and urban adolescent girls in Punjab. *Indian Journal of Community Medicine*, 31(4), 168–170.
10. Shah P. Sobha et al. (2013), Improving quality of life with new menstrual hygiene practices among adolescent tribal girls in rural Gujarat, India, *Reproductive Health Matters*, 21 ( 41)