

**MENSTRUAL HEALTH AND HYGIENE PRACTICES WITH SPECIAL
REFERENCE TO THE COLLEGE-GOING GIRLS OF OKHAL-KANDA BLOCK
OF DISTRICT NAINITAL**

Dr. Sanjeev Kumar Arya^{1*}, Manoj Kumar², Sobha Kandpal³

¹*Assistant Professor, Govt. Degree College, Patlot, Nainital, Uttarakhand*

²*Research Scholar, Kumaun University, Nainital, Uttarakhand*

³*Student, Social Work, Uttarakhand Open University, Haldwani, Uttarakhand*

**Corresponding Author:*

**Email: sewa1042016@gmail.com*

ABSTRACT

The awareness and hygiene behaviours of educated girls around menstruation still need to be addressed in India, although it is a significant part of girls' lives. This study evaluated college adolescents' knowledge and practices about menstruation hygiene. Menstrual hygiene is crucial for women and girls, but many are unaware of its processes due to social taboos. The study found that most participants were aware of disease prevention but ignorant of pre-exposure prophylaxis and anti-rabies immunoglobulin. Adolescent females also had a low understanding of menstruation, leading to delayed menstruation and delayed age estimation. Adolescent health should be addressed holistically, considering social, mental, physical, and emotional aspects. Encouraging active participation from society, including parents and teachers, is essential for healthy teenagers' development.

The National Rural Health Mission in India was launched in 2005 and started to provide affordable and quality health services for rural people. A trained female community health worker, Accredited Social Health Activist (ASHA), is responsible for every block and links the area to the Auxiliary Nurse Midwife (ANM). ASHA workers play a crucial role in providing information about hygiene during menstruation, providing first aid, advising on availing available services, making arrangements, referring complex cases, helping reach healthcare centres, preparing block health plans, etc.

KEYWORDS: *Mensural Health and Hygiene, Adolescent Health, National Rural Health Mission, ASHA, Female Community Healthcare, Menstrual Hygiene*

INTRODUCTION

Health care is closely related to human development and for the success of any health program, it is important to have information regarding health care programs and facilities. To provide affordable and quality health services to the rural people within their reach, the government launched the National Rural Health Mission in 2005. A major feature of this mission was that a trained female community health worker Accredited Social Health Activist (ASHA) would be made available for every block. Asha is selected from them and is responsible for these blocks. She links the area and the Auxiliary Nurse Midwife (ANM) and is answerable to the Panchayat. She is an unpaid volunteer who receives an honorarium for promoting the universal vaccination programme, providing necessary support regarding the Janani Shishu Swasthya Programme, constructing toilets in homes, and assisting in other programs related to health care. For the health needs of the deprived sections of society, especially women and children in rural areas, who find it difficult to access health services, ASHA is the first line of support they turn to. The ASHA programme is progressing in all the states and has been successful in linking people with the public health system, resulting in full utilisation of outpatient services, diagnostic facilities, institutional deliveries and inpatient care services in hospitals and health centres.

The evaluation study conducted by the Planning Commission shows that among the adolescents who have benefited from this program, more than 65 per cent of them are visited by ASHA workers once in 30 days. 80 per cent of adolescents have confirmed that ASHA tells us about cleanliness from time to time. Whatever programs are run by the government for the menstrual hygiene of adolescents, ASHA successfully carries them out. ASHA plays an important role in explaining to the patients in the families where she visits that they should go to government hospitals for treatment of chronic diseases and not get treatment from private doctors. The evaluation study also states that the amount of compensation for ASHA workers needs to be increased and they should also be given an advance amount for travel in case of emergency. India is a rural majority country. More than 70 crore citizens of India live in blocks. In a rural majority country, national development cannot be imagined without the overall development of blocks. Even after more than seventy years of independence, desired progress has not been made in the field of public health facilities in rural India. Women and adolescents living in rural areas of India are not able to pay attention to hygiene during menstruation. Although primary health centres are being run to make public health facilities accessible in rural areas of India, there is an acute lack of doctors, pharmacists, trained personnel, technicians laboratories etc. in these health centres. The rural people are not able to get proper benefits from these health centres.

An evaluation study conducted separately in Madhya Pradesh, Uttar Pradesh and Uttarakhand has said that there is a great need to speed up the establishment of supporting systems to implement this program.

The menstrual cycle is a natural occurrence that every woman experiences throughout her reproductive years. Menstruation and related hygiene are rarely discussed in Indian culture, both at home and in schools throughout the country. When girls first start menstruating, they have little understanding of what is going on. Social prohibitions and parents' reluctance to publicly discuss menstruation-related concerns have deprived adolescent females of access to accurate information, particularly in rural and tribal areas. Inadequate knowledge about menstruation and hygiene can lead to several health issues for women. Menstruation is widely regarded as dirty in Indian society. Isolation of menstruation girls and familial limitations have created a negative attitude about this event in girls. In rural India, women face numerous limitations throughout their menstrual cycles.

REVIEW OF RELATED LITERATURE

Juyal R. et al. (2013), every girl and woman must deal with menstrual hygiene at some point in her life, yet many people are unaware of how menstruation works. The social taboos surrounding this topic restrict women and girls from expressing their menstruation needs. It is now widely acknowledged that the physiological process combines with the social and cultural importance of menstruation to create culturally determined norms and practices. (Juyal, 2013).

Sharma, P. et al. (2011), in terms of their understanding of disease and how to prevent it, the majority of study participants received a medium score. Every participant was aware of the disease's existence and how it propagated. The majority of individuals are ignorant of pre-exposure prophylaxis and anti-rabies immunoglobulin. The majority of individuals scored in the satisfactory range for attitude. The desire to encourage pet owners to vaccinate their pets and to encourage bite victims to receive the entire course of immunization was 100%, despite some people's lack of understanding regarding pet vaccination and the full course of human vaccination. Health professionals must be made more aware to improve their understanding and convert their optimistic outlook into appropriate rabies prevention and control measures. (Sharma, 2011).

Dhingra R., et al. (2009), the study findings show that adolescent females have a low degree of understanding regarding menstruation and related difficulties. Most of the subjects under observation had delayed menstruation, exact age could not be estimated due to a lack of sufficient information. It was also found that the sample girls lacked conceptual understanding concerning menstruation. The reason for this was that they had no prior knowledge of menstruation, which caused several issues. (Dhingra, 2009).

Madaan, M. et al. (2014), says adolescent health must be addressed holistically, including social, mental, physical, and emotional elements. The active participation of the entire society, including parents and teachers, must be encouraged in the healthy development of teenagers. (Madaan, 2014).

OBJECTIVES OF THE STUDY

The following objectives have been set for the mini-research study-

- To study the historical background of the families of adolescent girls.
- To analyze the socio-economic status of the families of adolescent girls.
- To study the problems faced by adolescent girls during menstruation.
- To study the matters related to maintaining hygiene during menstruation in adolescent girls.

THE HYPOTHESIS OF SHORT RESEARCH

Formulation of a hypothesis in any social research is the first step of scientific study and a hypothesis is such a pre-thought that the researcher forms based on his initial knowledge and general experience regarding any problem. This pre-thought of the researcher determines the direction of the research by focusing his study on certain essential facts. Formulation of the hypothesis prevents the researcher from deviating from his subject of study and provides certainty to the research. A research schedule has been used to make the research study in-depth and scientific. Under the interview schedule technique, information related to the schedule has been collected by interviewing the respondents in the research study. The interview schedule has been designed in such a way that it is possible to thoroughly test the hypotheses of the study. Along with the collection of the desired facts in the schedule from the respondents, information related to their family, social and economic etc. has been obtained. Keeping in view the vastness of the study area and the educational level of the respondents, the interview schedule technique has been used in the present study. Only simple and understandable questions have been included in the schedule for the research study. Doubtful, vague, specific and ambiguous questions have been used in the questionnaire. Thus, it can be said that a scientific or empirical study will be conducted through the hypothesis. It is a presumption that inspires research on any social phenomenon.

RESEARCH METHODOLOGY

This study is based on descriptive as well as evaluative research methodology. This research has 50 adolescent girls from Government Adarsh Inter College and Government Maha vidyalaya Patlot under village Bhadretha of Okhalkanda block. Facts have been collected from them through the interview method. In this research, the cooperation given by ASHA workers and Anganwadi workers has been evaluated. Today all countries are encouraging development programs in the direction of planned change. Lakhs, crores of rupees are being spent on many development programs such as menstrual hygiene for adolescent students, poverty eradication, employment schemes, integrated rural development etc. The overall data related to cooperation between ASHA workers and Anganwadi workers has been collected for the study. Keeping in mind the time limit of the study and to avoid huge financial loss, 50 girls from Government Adarsh Inter College and Government Mahavidyalaya Patlot, district Nainital were taken.

RESEARCH DESIGN

In the presented research study, most of the facts are primary. Information has been collected from secondary sources only for theoretical studies. Details of data obtained from primary sources have been presented. A report has been prepared. Tabulation analysis is an important stage of research. Through which the data has been arranged and interpreted. Research has been done by selecting 50 adolescent girls from Government Adarsh Inter College and Government College Patlot. Interview questionnaires have been used in the collection of primary sources and the collection of secondary sources, a lot of information has been taken from the published or unpublished documents of the institution, magazines, reports and diaries, internet etc. and sources of study have been included. After collecting the data under the process of research, their tabulation, statistical interpretation and analysis are required to give them a concrete form. Through tabulation, the classified material has been made systematic, clear and understandable. This facilitates statistical interpretation and analysis. In this research, single and double tabulations have been used. Tabulation means the method of organizing and arranging the material systematically and arranging them in boxes, columns and rows is called tabulation.

(a) Classification of information related to age of respondents-

Sr. No	Age Classification	Number of respondents	Percentage
1.	14-20	35	70
2.	20-25	15	30
	Total	50	100

Based on the data obtained, it is known that 70% of the girls are in the age group of 14-20 years. Whereas 30% of the girls are in the age group of 20-25 years. The notation of these data through the graph is as follows.

(b) Classification of family status (family) of the respondents

Sr. No	Family status	Number of respondents	Percentage
1.	14-20	30	60
2.	20-25	20	40
	Total	50	100

From the data obtained, it is evident that the percentage of respondents living in a single-family in the area is more than that living in a joint family. Through the interview, it was found that due to increasing inflation, geographical situation and work area, most of the respondents live in single families. The percentage of respondents living in joint families is 40 while the percentage of respondents living in nuclear families is 60. The respondents living in joint families are mostly related to business and other work.

(c) Classification of the educational status of respondents

Sr. No	Educational status	Number of respondents	Percentage
1.	Illiterate	0	00
2.	High school	15	30
3.	Intermediate	35	70
4.	More than Intermediate	0	0
	Total	50	100

From the data obtained, it is known that different results have been obtained on the level of education among the respondents in the area. From this, it is known that most of the respondents are educated and have passed Intermediate. 0 per cent of the respondents in the area are illiterate. 15 per cent of the respondents have a high school pass and 35 per cent of the respondents have more than an Intermediate pass.

(d) Classification of respondents based on saving rate

Sr. No	Savings	Number of respondents	Percentage
1.	Yes	15	30
2.	No	35	70
	Total	50	100

The data obtained shows that 15% of the respondents in the area are aware of saving. They believe that they can save along with their income. Whereas 35% of the respondents said that they are not able to save. On this, it was found through the interview that it is not possible to save due to rising inflation, costly education and medical expenses and other daily expenses. Hence, most of the respondents believed that they were not able to save.

(e) Hygiene is taken care of during menstruation.

Sr. No	Care	Number of respondents	Percentage
1.	Yes	50	100
2.	No	0	0
3.	Sometimes	0	0
4.	Never	0	0
	Total	50	100

The data obtained shows that all the adolescent students living in the area take full care of hygiene. The respondents say that ASHA workers and Anganwadi workers take care of us with full dedication. The role of ASHA workers has also been successful in their respective areas.

(f) Is there any program run by the government regarding menstruation?

Sr. No	Care	Number of respondents	Percentage
1.	Yes	38	100
2.	No	10	0
3.	Sometimes	2	0
4.	Never	0	0
	Total	50	100

From the data obtained, it is known that about the program run by the government in the area, 38 per cent of the students say that the program is run. 10 per cent of the students say that the program is not run. 2 per cent say that the program is run sometimes.

(g) Is there any program run by the government regarding menstruation?

Sr. No	Care	Number of respondents	Percentage
1.	Yes	48	100
2.	No	2	0
3.	Sometimes	0	0
4.	Never	0	0
	Total	50	100

The data obtained shows that 48% of the students say that the programmes being run by the government are implemented in schools and colleges. 2% of the students say that they are not implemented.

Role of ASHA worker in the area of hygiene during menstruation

The information about hygiene during menstruation is given to the adolescents living in her area by the ASHA worker only. In some schools, information is also given by the teacher. Along with giving information about health care needs, providing first aid to them, advising them for availing the available services, making arrangements and providing help, referring complex cases, helping them reach the health care centre, helping in preparing block health plans and telling people the importance of cleanliness and hygiene and motivating them to get clean drinking water and toilets etc., such tasks come under the general work of 'ASHA', which are mainly described as types of work.

Participation in preparing block health plan

A block health plan is the foundation of all the health work done at the block level. In this plan, health problems are identified and an action plan is prepared for its solution. ASHA takes part in the preparation of this plan by helping nurse sisters, Anganwadi sisters and Panchayat members. ASHA also takes help from NGO workers, school teachers and representatives of voluntary organizations in preparing the plan. ASHA ensures that unserved populations like Scheduled Castes, Scheduled Tribes, Minorities and Women are included in the planning process.

Discussion for improvement in health-related habits

There is a lack of health information among rural people, especially women, men and adolescents. Health-related information and contact is as effective as medicine pills and needles, i.e. proper knowledge and advice frees people from diseases. Keeping this objective in mind, giving desired advice and knowledge to improve health habits is an important part of the work of 'ASHA'. Under this, 'ASHA' has to participate in 'Behavior Change Communication' (BCC) methods such as group discussion, individual discussion, block meetings, clinic contact, exhibitions, camps, meetings of voluntary organizations, religious gatherings, and adolescent meetings and do the work of increasing knowledge through picture stories, charts, booklets, posters, Prabhatpheri, music, puppet dance, drama etc. ASHA workers will establish coordination with all the personnel responsible for health services in the block. Will cooperate with them in all the programs and will participate in public relations.

Cooperation with health workers and Anganwadi workers

ASHA and Anganwadi workers organize health day once or twice a month. In which information will be given about hygiene during menstruation, nutrition, care during pregnancy, vaccination, safe delivery etc. Anganwadi provides various medicine kits to ASHA.

Co-ordination with ANM

ANM acts as the supervisor and trainer of ASHA. For this, ANM will do the following work ANM will hold weekly, fortnightly meetings with ASHA, in which she will discuss her various activities and if there is any problem, then she will solve or guide it. She will inform ASHA about the date and time of the meeting to be held in the community and will guide in bringing beneficiaries to the meeting. She guides ASHA in organizing health day at Anganwadi centres.

Giving advice

It is the responsibility of ASHA workers to give information and advice on public health activities on the following points to the community in her area, so that the health standards of the community can be improved.

DISCUSSION AND RECOMMENDATIONS

Based on the facts received, it is clear that the work of ASHA and Anganwadi workers is very commendable. While talking to the students, we came to know that ASHA workers are taking very good care of the students in their area during menstruation. Apart from this, the role of Anganwadi workers has also been commendable. Nutrition is also distributed through them. In this way, it can be said that the students get all kinds of help from Anganwadi centres. Medical and health care specialists unfortunately, there is a shortage of skilled professionals in India. Therefore, through the Anganwadi system, the country is trying to fulfil its goal of increasing health facilities that are affordable and accessible to the local population.

In many ways, the Anganwadi worker is better equipped than a doctor in reaching the rural population. Since the worker lives with the people, they are in a better position to identify the causes of health problems and therefore prevent them. They have very good knowledge of the health situation in their area. Secondly, the Anganwadi workers are not as skilled or qualified as the professionals, so they have better social skills which makes it easier to interact with people. Also, because these workers are from the village, they are trustworthy which makes it easier for people to help them. Last but not least, the Anganwadi workers are well-versed in the ways of the people, feel comfortable with the language, and know the rural people personally. It is very easy for them to understand and ensure the problems being faced by the people. Through Asha and Anganwadi, adolescent students get complete solutions during menstruation.

CONCLUSION, SUGGESTIONS AND RECOMMENDATIONS

1. Nutrition is directly related to health. Keeping this in mind, our government started the National Nutrition Mission. This is a very big mission for us. ASHA and Anganwadi workers have an important role in this.
2. Every year, about 1.25 crore children of the country are being taken care of through home-based newborn care. This program is becoming successful due to the hard work of ASHA, due to which it has been expanded further. Now it has been named as Home Based Child Care.
3. Poshan Maah is being celebrated in the month of September across the country. This program aims to spread the message of maximum nutrition in every household in the country.
4. There are three aspects of this circle of protection: nutrition, vaccination, and hygiene. I would also like to thank the thousands and lakhs of doctors in the country who are examining pregnant women.
5. All of you are my friends, in the olden days it was said that God had a thousand arms, which meant that there were 500 people in his team who were capable of solving every problem.
6. A unique initiative has been started through multi-model intervention to promote the care of girl students during menstruation. Technology is also being used for this.
7. I and the entire nation have full faith in the power of hope in building a healthy and capable India. Together we will achieve success against malnutrition, cleanliness, dirt and maternal problems.
8. You have to spread as much information as possible about the Safe Motherhood Campaign launched by the government. After meeting people from villages and far-flung areas, one realises how the country is progressing and is full of hope. Otherwise, some people are busy spreading despair.
9. Today, technology has made many problems easy. Technology has become an important part of life. Our phone is the answer to many questions. The government is providing many types of facilities to all the countrymen through the phone itself.

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