
ORIGINAL ARTICLE

A Lacunae: Paucity of menstrual knowledge and practices among homeless adolescents

Amreen Farooq^{*1}, Rama Srivastava² & Shehla Jamal³

^{*1,2,3} Research Scholar, Amity University, Noida, Assistant Professor, Amity University, Noida, Assistant Professor, Rajshree Medical College, Uttar Pradesh

ABSTRACT

The homeless population is at high risk of getting succumbed to an omnibus of illnesses since they are deprived of a different kind of service utilization. They are commonly found to be socially and financially backward and left out in most of the national policies. They are much more prone to get a higher risk of illness. This study is intended to be conducted among the Homeless Adolescent Girls of the Delhi Region. It is expected that the misconception regarding menstruation and deleterious practice (if any) concerning menstrual hygiene will be understood. To elucidate upon this egregious aftermath when a woman hits her puberty, an exploratory study was conducted amongst young adolescent girls in the age group of 12-19 years in Delhi. It also highlights the challenges they face with the onset and during their period cycles. Short-run callousness can have a poignant impact on females in the long run. This might also serve as a steppingstone to empower the girls to come out of the silence, to recognize proper menstrual hygiene as their right, to communicate on matters related to health, hygiene, and sanitation during menstruation, and to get involved in decision-making on matters related to managing menstruation with dignity

Keywords: Menstrual knowledge, marginalized women, menstrual products, reproductive health, adolescents

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INTRODUCTION

Menstruation is a process that marks a benchmark for a female's sexual and mental growth. The onset of the menstruation cycle leads to a recurring cycle of periods after every 28-35 days approximately. It is an excretion of the vaginal blood, tissues, and cells that surround the placenta during ovulation. Without the fertilization of the egg, it gets discharged in the form of blood every month. Each cycle lasts for about 4-10 days.

"WHO defines adolescence as the period in the categorical classification of generations that occurs post-childhood and before adulthood, ranging from ages 10 to 19". "American Association of Paediatrics considers the adolescent period between 11 – 21 years and divided into three stages: early adolescence - generally ages eleven to fourteen; middle adolescence - ages fifteen to seventeen, and late adolescence - ages eighteen to twenty-one. This adolescence period is accompanied by dramatic physical, cognitive, emotional, social, and behavioural changes that present both opportunities and challenges to adolescents, families, health professionals, educators, and communities".

At this stage, it also becomes pivotal to take note of the fact that sexual maturation (puberty) also begins at this time. During and with the onset of puberty, most adolescents will experience rampant sweating, growth of pubic and underarm hair, changes in body proportions, masturbation and fantasies about sexual intimacy, breast budding, increased vaginal lubrication, and the beginning of the menstrual cycle. While cognitive development during this period is focused on the present; begins to mature and consider the future implications of its current actions. During this phase of development, adolescents become capable to analyse complicated situations logically in terms of cause and effect, can appreciate hypothetical situations, and can engage in introspection and mature decision-making. They tend to find themselves more inclusive in family conversations. Emotional development makes them reach a pedestal which initiates a situation of "storm & stress" - a time of heightened emotional tension resulting from the

physical and glandular changes that are taking place. Globally, adolescents constitute about 1198 million (17.3%) population out of which 19.70% (236 million) are in India. The Indian adolescent population of 236 million is more than the total population of 18 Western countries (236 million). In India, a higher proportion of adolescents, nearly 20% is mainly due to the o high fertility rate. Adolescents comprise part of the reproductive age group and part to enter in the reproductive age group and are likely to play a significant role in determining their future size and growth pattern.

Studies from various regions in the country conducted on adolescent girls at the community level, and school level (rural or urban) had reported poor awareness about reproductive health. A study of MP indicated only 29.4 % of school-going girls had insights about an apt and apposite scientific meaning of reproductive health and “26% gave the history of reproductive health problems; vaginal discharge was the most common; only 41.2% of the girls were using sanitary pads as menstrual absorbent. The unsafe sexual relation was stated by two-third of the girls [22].

“Knowledge of mode of transmission of RTIs was poor; only 42.67% said use of dirty clothes during menstruation as the most common mode of RTI followed by physical relation (36.67%); while abdominal pain as the symptom of RTIs was stated by 58% girls; itching and boils in/over vulva were also stated as the symptoms of RTIs but only by less than 10% 22. South India study on slum adolescent girls indicated about half (48.89%) of the girls were aware of Reproductive Health and awareness of contraceptives, and sexually transmitted diseases including modes of transmission. A study of Punjab on rural adolescent’s girls of classes IX and XII reported poor knowledge about STDs and the transmission but after educating knowledge rose to very high level”. [14]

“During menstruation, the majority of the adolescents of rural as well as urban report abdominal pain followed by nausea and pain in legs.” [23,4]“The most common menstruation-related complaints reported were excessive vaginal discharge and itching of genitals indicating clearly the poor menstrual hygienic practices [15]. Menarche age, menstrual cycle and duration of blood was variable; majority of the girls either rural or urban (slum or non-slum) had not attained their menarche before the age of 14 years with the average age was around 13 years, menstrual cycle varied from 20 days to 60 days and 3 to 6 days duration of blood flow. The rising age of marriage provide enough duration to these adolescents to face menstrual problems if correct menstrual hygiene is not practiced. Issues on menstruation are never or very less discussed even after attainment of menarche which can result to follow good menstrual hygienic practice. “In fact, adolescent girls are unaware of many of the components of menstrual hygiene but due to shy nature do not interact even with mother or peer group and may likely to face menstrual problems.” [16, 20,8,3].

Knowledge about the source of menstrual bleeding was poor (only 19.3% in urban and 21.8% in rural girls). However, “education imparted brought a substantial change on the correct knowledge of the source of menstruation”. [13] “In slums of Delhi women had the belief to restricted eating of food like curd, pickles or any sour things. The best part of their belief that directly reflects good menstrual hygienic practice was that cloth used during menstruation should be clean lest it tends to become septic, may form pus, can cause boils and sores to form on private parts which is detrimental to the female’s health. Mother’s advice to bury used cloths or to throw in the pit latrine otherwise there could be witchcraft practiced which could impair fertility and close the mouth of uterus.” [9]

“During menstruation, the majority of the adolescents of rural as well as urban report abdominal pain followed by nausea and pain in legs.”[23,2,4]. “The most common menstruation-related complaints reported were excessive vaginal discharge and itching of genitals indicating clearly the poor menstrual hygienic practices” [12]. Menarche age, menstrual cycle and duration of blood was variable; majority of the girls either rural or urban (slum or non-slum) had not attained their menarche before the age of 14 years with the average age was around 13 years, menstrual cycle varied from 20 days to 60 days and 3 to 6 days duration of blood flow. The rising age of marriage provide enough duration to these adolescents to face menstrual problems if correct menstrual hygiene is not practiced. Issues on menstruation are never or very less discussed even after attainment of menarche which can result to follow good menstrual hygienic practice. “In fact, adolescent girls are unaware of many of the components of menstrual hygiene but due to shy nature do not interact even with mother or peer group and may likely to face menstrual problems.” [16,8,3]

“Knowledge about the cause of menstruation was in less than one-third of rural girls”[17]. Knowledge about the source of menstrual bleeding was poor (only 19.3% in urban and 21.8% in rural girls). However, “education imparted brought a substantial change on the correct knowledge of the source of menstruation. [13]

The experiences of menstruation¹ by people who are homeless, however, has been historically overlooked by the public, civil society actors, policy makers, and academics. Much momentum has been gained in recent years within academic literature to deepen our understanding of the multifaceted issue of women's homelessness, through studies of health, abuse, trauma, and specific policy responses and intervention [21,24]. The practice of washing of genitals was very poor in slums, though, more than two third girls had knowledge that poor hygiene predisposes to infection but cleaning of external genitalia was found only in less than one third girls. And those washing genitals, mostly using water only; use of soap and antiseptic was rare [3]. Recent studies, though, not of slums but reported mixed pattern high as well as low practice of menstrual hygiene with wide gap between rural and urban adolescents. Use of sanitary napkins was found as high as 98% with pad change frequency in majority was 2-3 times; in slums adolescents, a high use rate of sanitary pad was also reported as high as 90% but in majority of the studies of slums it was as low as around 60% [3] and washing of genital before changing the pad was as low as 50%; still wide gaps have been found between rural and urban adolescents for menstrual hygienic practice [25,6]. Majority of adolescents irrespective of place of residence and either slum or non-slum felt sanitary pad use as the ideal hygienic practice during the menstruation but predominance was of use of old cloth [4].

The fundamental objectives were:

1. To assess, analyze and report the knowledge concomitant with the source of information regarding menstruation and the practices among Homeless adolescent girls.
2. To identify the determinants and various aspects that affect knowledge and practices about menstrual hygiene among Homeless adolescent girls.
3. To identify the socio-cultural practices and beliefs related to the practice of menstrual hygiene.

MATERIAL AND METHODS

This research is based on qualitative research design, The data was collected through primary sources. The tool designed for data collection was semi-structured interview schedule, this was formulated to get information on the knowledge related to menstrual and related aspects.

Inclusion criteria for research were the Homeless Adolescent Girls living on streets/Flyover, Rain Basera, Jhuggi on the street (Semi-Pakka). Those girls were included in the study who were ready to be part of the research. The information was sought by adolescents in privacy. Participants were given brief description about the objective of the study and confidentiality in collection of Personal data.

The present study aimed at studying the awareness levels of menstruation and related aspects among Homeless adolescent girls, in the age group of 12 to 19 years, of North Delhi District region, 50 respondents.

Sampling Frame:

In this study researcher used Non-Probability Sampling technique, considering the specific nature of the population, data was collected using Purposive Sampling technique.

Analysis:

The qualitative data has been organized into different themes for the purpose of analysis. Thematic analysis

RESULT AND DISCUSSION

This study reveals that menstruating girls ranged in age from 12 to 19 years, with the majority of girls, or 58%, found in the late adolescent (15–19 years)[26] age group. A similar observation was made in a study in Kolkata, where 57% of the girls belonged to this age group, and in an additional study by Jain [11], where 67.55% of the girls were between 14 and 16 years. Most of the Participants were Muslims 52 percent followed by Hindus 36 percent and Christian's 12 percent. Participants were living on street/Flyover/Temporary roof or wall, Rainbasera, Night shelter are 32 percent each, while other spaces count for 36 percent of the study.

At the time of the research 48 percent of the participants were educated upto secondary level while 28 percent never went in a formal school. Majority of the participants belongs to Schedule caste community followed by Other Backward Classes 30 percent and participants belonging to general category 16 percent.

Table 1: Demographic Details

DEMOGRAPHIC VARIABLES	PERCENTAGE	
Age group	Nascent stage of adolescence (12-14 years)	18%
	Intermediate stage of adolescence (15-17 years)	58%
	Later stage of adolescence (18-19 years)	27%
Education	No schooling	28%
	Primary	6%
	Secondary	48%
	Senior Secondary	18%
Religion	Muslim	52%
	Hindu	36%
	Christian	12%
Caste	SC	50%
	ST	4%
	OBC	30%
	GENERAL	16%
Type of Living	Street/Flyover/Temporary walls &Roof	32%
	Ranbasera/Night Shelters	32%
	Others/Semi-pakka	36%
Income	Less than 60,000	70%
	60,000 – 1,20,000	30%

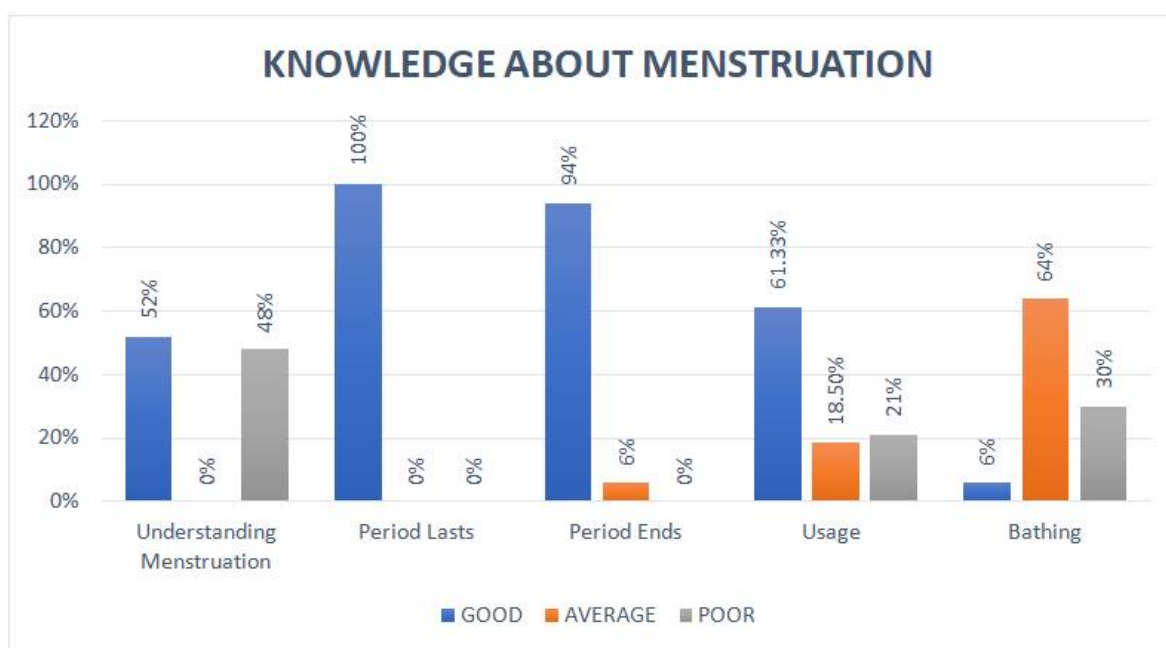


Figure 1: Knowledge About Menstruation

Knowledge regarding meaning of Menstruation, 52 percent girls were having the understanding of the menstruation or periods, which was considered that these girls were more aware and 48 percent of the girls were ignorant as they were not able to clearly talk about Menstruation and there was lack of understanding about it. It was found that all the girls were aware of the normal duration of the Period lasts i.e. 3-4 days for some girls and 7 days for some girls. In the study 94 percent were aware of the age of menstruation ends i.e. 40- 50 Years, only 6 percent of the girls were not aware about the duration of the periods. Knowledge regarding usage of sanitary napkins, duration of using pads per day and disposal of pads, it was found that more than half of the girls (61.3 percent) girls were aware, and 18.5 percent are less aware and 21 percent are not aware about it as they have less knowledge. For getting knowledge regarding maintaining hygiene practices during menstruation, aspect of bathing was asked, it was found that only 6 percent of the girls considers daily bathing is necessary during mensuation, but 64 percent are under average score as they follow bathing as hygiene practice on alternate or 4th day of Period duration, and 30 percent of the girls follow bathing as hygiene practice when the period ends, it was found that it is

due to lack or poor of bathroom facility on street/night shelter or due to misconception regarding Menstruation, which is a serious concern in maintaining hygiene.

Figure 2: Knowledge Regarding Access and Usage of Services about Menstruation

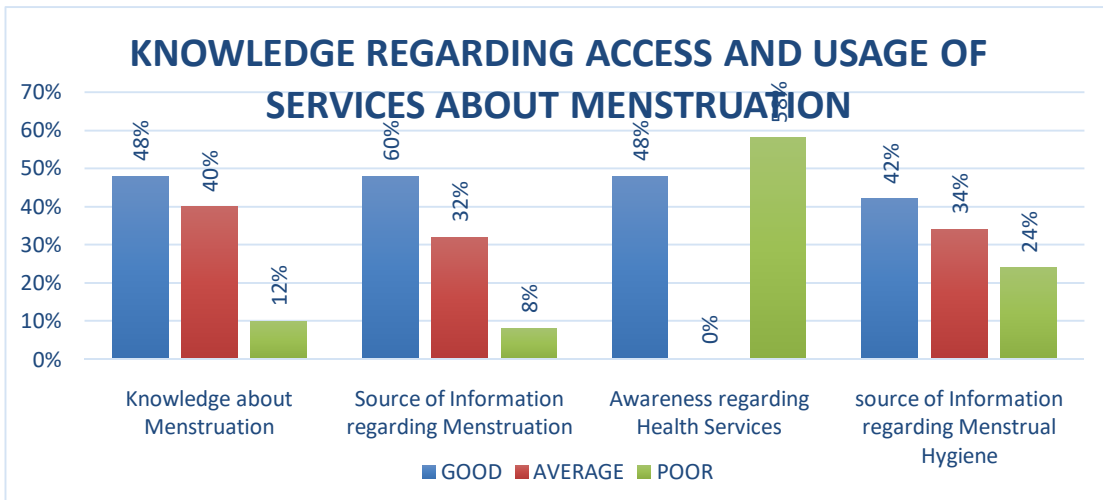


Figure 2: Knowledge Regarding Access and Usage of Services about Menstruation

Participants were asked about Knowledge regarding access and various services related to menstrual hygiene during the past last three months.

On the basis of at what age they got knowledge regarding Menstruation, includes its meaning, almost half of the Girls 48 percent were more aware and 40 percent of the girls were less aware and 12 percent of the girls doesn't have proper knowledge. Scratch source of information regarding "Menstruation, 60 percent mentioned their source of information was peers, it was considered that these girls were more aware and 32 percent of the girls shared that their source of information was mother, considered less aware. Clearly, there was lack of awareness found among the adolescent girls regarding health services, as there were only 48 percent of the females were apparently aware about health services near to them, and surpassing half of the population of females i.e., 58 percent were not aware about it, which is a serious concern. Knowledge regarding source of information regarding Menstrual hygiene, almost half of the Girls i.e. 42 percent are more aware, 34 percent of the girls were less aware and 24 percent of the girls were ignorant as their response scratch source of knowledge and intimation regarding Menstrual hygiene was not clear

Figure 3: Practice Regarding Restrictions Followed During Menstruation:

The various religious beliefs were prevailing in the family/community with specified reasons; may or may not valid but were imposed as restrictions on adolescents and were also forced to practice during menstruations.

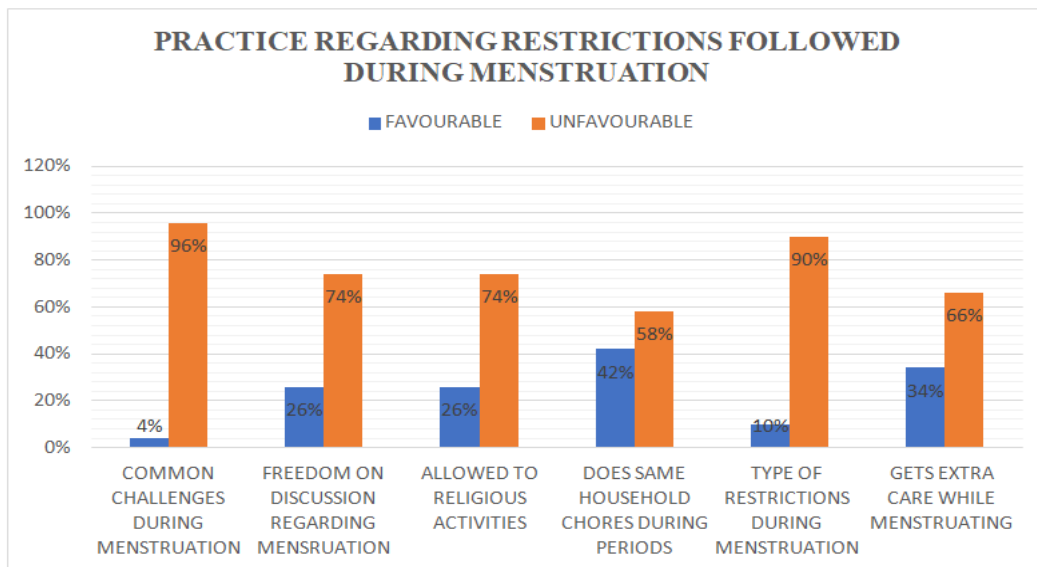


Figure 3: Practice and restrictions followed during menstruation.

Common challenges during menstruation were asked, it was found that 96 percent of the girls faces physical symptoms such as pain and shame as common challenges during Periods, which are considered unmanageable without the assistance of remedies of decreasing pain and emotional help of their peers or family members to manage shame. Only 4 percent of the girls consider leakage as the common challenge, on which they responded that they manage this, by asking for help to their peers in the situation of crisis. On the aspect of freedom on the discussion regarding Menstruation among family members only 26 percent share that they comfortable and 74 percent of girls shares that they are not comfortable. Restrictions imposed during menstruation are governed by socio cultural beliefs and to some extents customs of the society, but the knowledge of mothers and adolescents as well about good menstrual hygienic practice may alter to adopt such restrictions. Restrictions are more common in community. In this study, 90 percent of the adolescents are imposed minimum two restrictions i.e. not allowed to attend religious activities and not allowed to enter Kitchen during their menses period, this refer to unfavourable situation for them, this study has included getting extra care while menstruating, for that 66 percent of the girls reported that they don't get extra care while menstruating and for doing same house hold chore while menstruating under Practice regarding restrictions related to menstruation hygiene, 42 percent reported that they do same household chore while menstruation. "Though restrictions imposed during menstruation in the present study were much higher for religious activity (worshiping) and touching the pickles followed by the lowest for kitchen activities and playing, such restrictions during menstruation have been observed to prevail all over the country in almost all segments of the population either rural or urban, highly educated or low educated, slum or non-slum in urban areas. In one of the slums studies from western Maharashtra had found more than half (56.4%) adolescents had knowledge about menarche before the onset; this may be better interaction of adolescents with adolescents having better knowledge or educational differential of mothers". [7] In the cross-sectional study of West Bengal, it showed that Restrictions were mostly religious restrictions (visit to holy places), household activities, playing, bathing, school attendance, and avoidance of certain foods, and all are related to beliefs, taboos, and customs of the society. Religious restrictions were predominating to all kinds of restrictions". [28]

CONCLUSION

This article was a summary of knowledge, attitude, and practice of menstrual hygiene among Homeless girls. Menstruation is a key sign of reproductive health and development, hence menstrual hygiene practises are quite important. According to this study, adolescent girls' menstrual hygiene was subpar. This was brought on by a lack of understanding and incorrect presumptions about the menstrual cycle. In order to protect oneself against infections of the reproductive tract, it is necessary to teach girls about the physiological truths of menstruation, remove harmful taboos, and guide them towards basic hygiene practises. Clear evidence of deficits in knowledge, attitude, and practice was observed among the study samples. Though various menstrual morbidities were prevalent among the girls, health-seeking behavior was not so common; it might be because of their lack of awareness of the probable causes and consequences of the morbidities. In community it is important to link Anganwadi, Asha Workers, Social workers to talk about the menstruation and educating parents about the importance of health and Menstrual Hygiene. Community-based education is essential to dispel misconceptions and to have an open approach to dealing with problems of menstruation.

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