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# Menstrual Health Management: Assessing the Menstrual Health of Tribal Adolescent Girls in Gujarat

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Policy Awareness | Youth Engagement | Citizen Empowerment | Grassroots Intervention

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Half of India's population constitutes of women and girls; yet, the gender disparity prevalent in the country negatively impacts women's basic rights to health, education, and participation in the workforce. The **divergence in the outcomes and opportunities for males and females during adolescence, commence with the onset of puberty**. The most profoundly distinguishing feature to mark the onset of puberty in women is menstruation. Menstruation begins after the attainment of puberty and continues to occur every 28 days, till the time of menopause. An average woman is said to spend nearly 1800 days of her life menstruating. There are over **355 million menstruating women and girls** in India. A large portion of this population still **face hindrances** in leading a **normal comfortable, hygienic and dignified life** when it comes to menstrual health management.

Menstruation in Indian society is seen as unhygienic, dirty and impure and the deeply rooted cultural norms impose various restrictions on the menstruating girls. The situation is worse for girls in the tribal areas, where awareness and education about the subject is scarce and menstruation is an unspeakable taboo. Gujarat has the fifth highest number of tribals in India. As per census 2011, 14.57% of Gujarat's total population, i.e., nearly 89 lakh people belong to the Scheduled Tribe category. **Illiteracy, lack of awareness, lack of nutrition, and absence of personal hygiene and sanitation are some factors that make the tribal adolescent girls more vulnerable to diseases.** Lack of access to healthcare facilities, absence of awareness of diseases, non-affordable transportation, poor civil work and above all, financial constraints, are some other factors that add on to the susceptibility of acquiring diseases.

In a country where rural girls don't get enough attention from their families, adolescent girls constitute a rather vulnerable group. Myths and misconceptions regarding menstruation and the perception of menstruating women as impure beings, lead to several adolescent girls associating shame and guilt to an entirely natural biological phenomenon. The reaction to menarche (onset of menstruation) depends on awareness as well as the



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manner in which a girl learns about menstruation. **A survey of knowledge, attitudes, and beliefs about menstruation conducted in Anand District of Gujarat depicted that only 38.5% girls (out of the 900 school going girls surveyed) felt comfortable during menarche and only 31.0% of them believed that menstruation was a normal physiological process. 37.2% of these girls had not been informed about menarche before its onset and 48.2% of them felt that they were not prepared mentally, to deal with it.**

A baseline study conducted by Sharda Mahila Vikas Society, in a rural, tribal area of South Gujarat, showed that more than **60% of the girls in the tribal area did not have any knowledge about menstruation before menarche.** About **80% of the girls were unaware of the cause of pubertal changes.** Most of the tribal adolescent girls are either misinformed or unaware about menstruation. The ones who are deemed to possess some level of awareness come to know about menstruation through their mothers, whose ideas arise from superstition or societal factors rather than science. This leads to the girls associating menstruation with shame, guilt and fear, and they learn to consider it as impure, just like their mothers.

The lack of adequate knowledge and information about menstruation manifests in their use of unhygienic absorbent materials. Though sanitary pads are used universally in high-income countries, Motilal Oswal Research Report 2016 suggests that less than 16% women use sanitary napkins in India. **The studies conducted in tribal areas of Gujarat demonstrated that even a lesser number of adolescent girls were aware of or were using sanitary pads.** A baseline survey for improving the quality of life with new menstrual hygiene practices among adolescent tribal girls in **rural Gujarat showed that almost 90% of the tribal adolescent girls used cloth as an absorbent material.**

Most of them used old cloth pieces from bed sheets and other clothing items to absorb the blood. Cloth pieces remain wet and soggy and lead to infections if not changed frequently. There is an added discomfort and odour associated with the use of cloth as an absorbent material. This is evident from an



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assessment of menstrual hygiene practices amongst adolescent females in Gujarat, published in the Healthline Journal, which reported that **34.8% of the participants of the study had mentioned problems like itching, rashes and staining with the use of cloth as an absorbent material during menstruation.**

The **reasons for using cloth as an absorbent material** could be because of the **socio-economic status, lack of access, high cost, or difficulties associated with the disposal of pads.** Despite subsidized pads being made available to them, several cultural factors influence the women to resort to cloth instead. Use of unhygienic cloth may lead to the development of reproductive tract infection, which may seriously hamper the reproductive capacity or even the life of the girl embracing unhealthy options.

In a **few districts in Gujarat, the tribal girls were found to be using falalin cloth, which is a soft, wool-like cloth** with good absorption capacity. This cloth costs INR 20 per piece and is reusable. The reason for the higher acceptability of these cloth pieces could also be attributed to the fact that these are easily washable and can be dried in the Sun. Qualitative data from the **tribal areas in Gujarat show that most girls wash the cloth pieces in the open, early in the morning or when there are no male members around and they are unable to dry these pieces in the Sun owing to the visible bloodstains.**

Despite the sanitation drive in India and construction of several toilets, the **lack of bathrooms for adolescent tribal girls is a huge concern.** According to a baseline survey conducted by Swachh Bharat Mission-Gramin in 2014, **Dahod District of Gujarat had the lowest sanitation coverage within the State with only 22.39% of the households having Individual Household Toilets.** In rural areas, despite the Total Sanitation Campaign of the Government of India, **there are fewer bathrooms (a separate place to take bath) than there are toilets.** There are 63 million adolescent girls living in homes without toilets. And for those who could avail the toilet facility, no provision for bathrooms is a major complication. Most of the **tribal girls have**



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**to take a bath by the ponds, in the open or in makeshift thatched bathrooms.** In either case, there is a lack of private bathing spaces and this leads to the girls washing up in a rush. The **menstrual health and hygiene of girls is untowardly affected due to their inability to clean their vital parts.** It has also been noted that there is a **neglect in bathing during menstruation owing to the scarcity of water, non-availability of bathing space, physical discomfort and lack of privacy.** The cultural taboos associated with menstrual cycles and the seclusion of the menstruating girls during these days, deprive them from making use of common bathing facilities and community toilets.

A study conducted in the Tapi District of Gujarat demonstrated that providing accessibility to sanitation facilities to girls was not enough. Even when toilets are available, certain cultural practices as well as community attitudes related to menstruation pose as limiting factors in the use of existing toilets during menstruation. Girls may avoid using toilets for fear of leaving blood spots, if there is no adequate water supply for washing. **91% of girls in communities in Gujarat report staying away from flowing water during menstruation. This also goes on to demonstrate the impact of social norms and community attitudes towards the use of toilets and disposal mechanisms.**

In a plethora of these studies, restrictions during menstruation are found to be fairly common. The most frequent are restrictions in visiting places of worship, and touching religious items or praying. Other common restrictions are food related or abstaining from touching non-menstruating family members. In some studies, girls reported sleeping separately or sitting separately from household members; some girls also faced restrictions in cooking, household work, exercise, playing, moving in and out of the house, and attending social functions. The lack of awareness about the biological factors and correlated misconceptions lead to a lot of restrictions imposed upon menstruating girls. An article that discusses the practices of adolescent girls during their menstrual cycle reported that almost 84% girls were restricted from visiting holy places and as many as 34% were restricted from



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engaging in social activities during menstruation. **Cultural taboos prevent girls from seeking help for menstrual problems** and impose restrictions on their diet and daily activities when menstruating. Poor water, sanitation and hygiene (WASH) facilities in schools and inadequate puberty education cause girls to associate menstruation with shame and distress.

The stigma attached to menstruation leads to inappropriate disposal of pads or any other material used and can lead to communicable diseases like Urinary Tract Infections, Hepatitis B and C, to name a few. Inappropriate disposal of used sanitary products is found to be common all around the country. **Throwing away the used material in open spaces is common in the tribal areas of Gujarat as there is no routine waste disposal system in the rural tribal settings and girls usually end up accumulating the waste cloth and hiding it until they find an appropriate opportunity to throw it away.** This practice could prove to be detrimental to their health and an absence of a befitting waste disposal system could also be harmful for the environment.

Another facet of menstrual health and hygiene which usually goes unnoticed is the **nutritional status and irregularity in menstruation**. In a study conducted by professionals from the Veer Narmad South Gujarat University, Surat, to understand the hygiene of Tribal Women in Gujarat, it was discovered **that the girls either do not drink sufficient water during their periods or hold the urine in for too long because of unhygienic toilets or discomfort in general**. This can cause a host of reproductive health issues and could also lead to Reproductive and Urinary Tract Infections.

A Study conducted in Kheda District showed that **19% of participants had irregularity in menstruation; 25.8% of participants had a problem with daily activities whereas 28% of participants had a problem in doing specific activities like playing, exercising, etc.** The girls were found to be unaware about the fact that the nature of menstrual pain could also imply some underlying health issue. **66% girls knew that excess bleeding leads to anemia. Only 14% of these girls knew about reproductive tract infections. Only about a quarter of the girls surveyed knew that the uterus is the**



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**source of bleeding.** The nutrition status in the tribal areas is a leading cause of menstrual irregularity. **Lack of a proper diet and eating disorders contribute towards the health afflictions of these girls.** Adolescent girls are hardly knowledgeable about the reasons that could be attributed to the irregularity in their menstrual cycles. Most women are found to assign a delayed or a missed period to pregnancy because of lack of awareness.

UNICEF India has tried to address the issue of menstrual health with the release of the **National Menstrual Health Management (MHM) Guidelines.** **These Guidelines provide a clear direction on the way forward for addressing the issue of menstrual health and focussing on raising awareness, addressing behavior change, creating a demand for better hygiene products, capacity building of frontline community cadre, sensitization of key stakeholders, creation of WASH facilities including safe disposal options, et. al.** Policy makers are looking towards a greater alignment, accountability, and strategies for implementing the guidelines at the State level. **The government of Gujarat has devised a scheme for the promotion of Menstrual Hygiene under the umbrella of the National Rural Health Mission, wherein Sanitary Napkins are provided to adolescent girls, at subsidized rates.**

There is enough evidence in the tribal areas of Gujarat to illustrate the problem of menstrual health management. However, **a lack of research studies on a larger scale undermines the effect of evidence linking the poor menstrual health management with the lack of policy implementation.** The current studies have a small sample size and mostly rely on qualitative data. Menstrual health management works as an entry point to address larger sexual and reproductive health issues. **The discriminatory gendered norms which are rooted in the collective and perpetual patriarchal beliefs have caused women to bleed in silence for way too long.** There is a need for a dynamic shift in the orientation of health systems and infrastructure in order to accommodate the menstrual issues faced by millions of women living in tribal areas. The girls from the



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rural-tribal belts in Gujarat will be able to advance only if the country equips them with a safe space to grow, without any shame, embarrassment or disgrace attached.



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