

Menstrual health hygiene: leading problem in India

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Abstract

Background: Menstrual health hygiene remains a critical issue affecting the dignity, well-being, and educational opportunities of women and adolescent girls globally, particularly in India. Despite menstruation being a natural biological process experienced by around 800 million women aged 15 to 49, societal taboos and a lack of adequate sanitary products and knowledge severely impair their quality of life.

Methods and Materials: This study synthesizes data from various initiatives and scholarly articles to evaluate the progress and challenges in menstrual health hygiene in India. It covers the evolution of public perceptions and governmental and non-governmental efforts from the 1980s to the present day, focusing on developing and distributing sanitary products, educational programs, and dismantling cultural stigmas.

Results: Significant advances have been made, including the implementation of national programs that aim to provide affordable sanitary products to adolescent girls. However, deep-seated socio-cultural stigmas continue to pose barriers to effective menstrual health management (MHM), which are compounded by poor infrastructure and gender inequality. The prevalence of unhygienic practices still leads to severe health complications, impacting women's physical and mental health and contributing to educational setbacks.

Conclusion: Addressing MHM effectively requires multifaceted approaches integrating health education, improved sanitation infrastructure, and socio-cultural change. Strengthening MHM programs through increased accessibility to sanitary products and targeted education for both genders is vital. Comprehensive public health strategies must ensure women and girls can manage menstruation with dignity, promoting gender equality and empowering women across the nation.

Keywords: Menstrual Health Hygiene, India, Sanitary Products, Socio-Cultural Stigmas, Public Health Strategies.

Introduction

Adolescent girls and women go through a natural, biological process called menstruation, which lasts from menarche to menopause. During this time, they endure daily menstruation for approximately seven years throughout their life.

Approximately 800 million women between the ages of between the ages of 15 and 49 are menstruation globally. The capacity to manage menstruation in a sanitary manner is essential to women's dignity and well-being and is a crucial part of basic sanitation, hygiene, and reproductive health care. Menstruating women's health and social life are negatively impacted by a lack of knowledge about their physiology, an unscientific attitude, myths, and misunderstandings, such as the idea that they are "infected," "soiled," and "unclean." Regretfully, many civilizations still view it as taboo and have a shame-and-silence culture surrounding it.

Although menarche age is often significantly later in countries with limited resources than in nations with greater resources, during the past few decades, there has appeared to be a reduction in menarche age in wealthy and developing nations. The basic issue of how to control or restrict the menstrual flow and what happens to a girl or woman who is unable to accomplish this properly is one monthly obstacle that is overlooked in wealthy nations. "Women and girls are using clean menstrual hygiene management material to absorb or collect blood, that can be changed in privacy as and when necessary for the duration of the menstrual period," according to the definition of MHM provided by WHO and UNICEF (2014). "They also have access to facilities to dispose of used menstrual management materials." [1]

Because of earlier menarche and a stronger emphasis on education, many teenage females attend school during menstruation. With a typical monthly cycle lasting 25 to 30 days and bleeding lasting 4 to 6 days, postmenarchal females will suffer periods on at least some school days each month. Women's menstrual hygiene administration is thus an increasingly essential (but sometimes unacknowledged) issue that is inextricably linked to girls' education, empowering women, and advancement in society.

Lack of ability to handle their period sanitation can have major effects on their mental, emotional, and physical wellness, as well as their social growth and academic achievement. As a result, regulating teenage women's menstrual health and cleanliness is a key public health problem for policymakers in low- and middle-income nations, including India.

Chapter 1: The history behind menstrual hygiene in India

In India, menstrual hygiene has gone through many stages and attained significant milestones along the way, from silence regarding menstruation to specific programming aimed at making sanitary pads available to girls and women.

Just a decade ago, there was profound, uncomfortable, and embarrassed silence surrounding the subject. Still, now there is an annual day dedicated to MHM, May 28, commemorated as Menstrual Hygiene Management Day. Menstrual hygiene has

progressed from being missing from the public health agenda to currently having a specific MHM program in the country. Though there is a good trend, particularly in terms of developing solutions for managing periods safely and healthily, societal obstacles remain a concern. Since these standards are deeply ingrained and appear to have social consequences, breaking down socio-cultural barriers is difficult. The traditional convention that periods are filthy and make girls and women unclean has added shame to their menstruation and resulted in social isolation. Additionally, even in the case that they have a period-related health concern, this keeps them from receiving treatment.

Table-1

History of menstrual sanitation management

The period from 1980 to 1990	The period from 2000 to 2005
Menstruation was shrouded in secrecy. Access to health care was limited, and menstrual product options were limited. The government never takes any action	MHM concerns began to receive attention. NGO efforts to raise awareness about menstruation were launched, and training and learning materials about menstruation were developed. International organizations began to focus on this issue.

<p>The period from 2005 to 2010,</p> <p>MHM is a turning point that needs greater attention and intervention.</p> <p>National Rural Health Mission launched.</p> <p>ASHAs are made responsible for MHM.</p> <p>A wide range of reusable goods was created; Self-Help Groups (SHGs) began producing napkins; Low-cost disposable sanitary products became accessible, and Advertisements popularized disposable pads.</p>	<p>The period from 2010 to Present</p> <p>Non-governmental organizations (NGOs) implement education and training programs.</p> <p>Installation of pad manufacturing units in a few Indian States.</p> <p>Government initiatives such as Nirmal Bharat Yatra.</p> <p>Prioritization of sanitary napkins under RMNCH+A through the RSKS program.</p> <p>Promotion of sanitary napkin vending machines and incinerators under Samagra Shiksha Abhiyan.</p>
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1.1 Social Perception and Utilization of Sanitary Napkins in Centauries

In India, public celebrations of the rite of passage during menarche—also known as the first menstrual occurrence—are a common sight, particularly in rural areas and low-income groups. Rituals celebrate the event, and cash, gold, and other costly decorations are traditionally given as gifts. The event marks a girl's passage into womanhood and, consequently, her marriageability. However, despite the public celebration of this occasion, menstruation brings shame and seclusion from daily life.

On the outskirts of their community, in a gaokar or hut, young girls from non-urban environments are sent into isolation when they start menstruation. In the states of Maharashtra, Chhattisgarh, Andhra Pradesh, and Orissa, this practice is widespread among rural and tribal groups. Women face humiliation, loneliness, anxiety, and danger as a result of these practices. In the late century, menstruation was known as "MAHAMAARI"; they were not allowed in kitchens or places of worship or to handle food or elderly people. The religious notion that women are "impure" or dirty during their menstruation is the source of these restricting customs, according to one research.

1.2 Gender equality and socioeconomic issues

Encouraging menstrual health and cleanliness is critical to protect women's privacy, physical integrity, dignity, and self-efficacy. Building a supportive climate of non-discrimination and gender equality where women may lead and manage and where

girls can make decisions about their futures is made possible by raising awareness of MHH.

Adverse societal expectations, cultural taboos, and the shame attached to menstruation might influence females to engage in risky behaviors. • ElGilany, Badawi, and El-Fedawy (2005) observed that a large number of schoolgirls in Egypt reported not bathing during their menstruation since it is socially unacceptable to come into touch with water at this time. Although the government had declared this practice unlawful, research conducted in Nepal discovered that many girls were still made to spend their menstrual cycle in huts or sleeping in the fields (Thompson et al. 2019).

Enhancing menstruation hygiene and making inexpensive menstrual supplies available can assist in increasing women's and girls' access to education, creating more opportunities for employment, advancement, and entrepreneurship, and releasing women's contributions to the economy instead of keeping them at home. Furthermore, the market for feminine hygiene products is worth billions of dollars. If properly leveraged, it has the potential to create jobs and accelerate economic growth for a large number of people. Girls who drop out of school frequently marry young and start a family, which further limits their ability to make a living. They also have fewer work possibilities.

Chapter 2: This stigma needs to be broken

The secrecy around menstruation inside the home is at the heart of this stigma. When young girls first bleed, they are taken aback and describe feelings of dread, panic, and perplexity. According to research done in two villages in Tamil Nadu, 84% of girls were uninformed of what was occurring to them during menarche. Mothers seldom discuss menstruation and how to prepare for it with their children. Similarly, 63% of rural schools do not educate girls about menstruation, perpetuating the taboo around this normal occurrence. The taboos connected with addressing menstruation at home and in schools contribute to this lack of knowledge and information.

There are many misconceptions regarding menstruation and the shame attached to menstrual women in Indian society. The myths in question have origins in religious and traditional belief systems, which have undergone significant discrimination. This essay demonstrates that these behaviors and attitudes impact women's physical and mental health. Additionally, this article highlights the negative impacts that stigma and taboos like these have on women's education, involvement in the labor sector, and communal life in rural India.

2.1 Indian Myths Regarding the Period (menstruation)

Menstruation is still seen as filthy and disgusting by many Indian cultures. This myth's origins may be traced back to the Vedic era and is frequently associated with Indra's killing of Vritras. Because women have assumed some of Indra's guilt, Veda declares that the guilt of murdering a brahmana-murder manifests itself every month as menstrual flow.

In addition, women in the Hindu religion are not allowed to carry on with their regular lives during menstruation. Before she can resume her daily activities and be with her family, she has to be "purified." But according to scientific research, ovulation, a missed opportunity at conception, bleeding from the endometrial arteries, and the start of the subsequent cycle are the true causes of menstruation. Thus, there doesn't seem to be any justification for the persistent belief that women who menstruate are "impure."

In a 2011 research by Kumar and Srivastava, the women who took part also mentioned that the body releases a certain odor or radiation during menstruation, which ruins food that has been kept. They are consequently prohibited from handling acidic foods like pickles. However, no scientific research has demonstrated that menstruation is the cause of any food spoiling during preparation as long as normal hygiene precautions are followed. Blood from periods is considered hazardous in Surinam, and a wicked individual can injure a lady or girl who is menstruating by employing black magic or "wise". There is also a belief that a woman may control a guy by using her menstrual blood. Surprisingly, these ideas are still followed across Asia, particularly India. But no rational or scientific explanation for this appears to exist.

Hinduism is perceived primarily in relation to concepts of impurity and cleanliness in various regions of India. It is thought that both the body's production of excretions and those excretions themselves are polluting. The physical processes of menstruation and delivery pollute all women, regardless of their social rank. Water is said to be the purifying agent that is most often used. Since this pollution is the physical form of Hindu deities, safeguarding water supplies against it is paramount.

2.2 The Effect of Menstrual Myths on Women's Lives

Many communities' cultural taboos around menstruation influence women's and girls' mental health, lifestyle, and, most significantly, emotional condition. In many under-developed nations, a significant portion of girls stop going to school as soon as they start menstruation. This encompasses more than 23% of Indian girls. In addition to this, the monthly menstruation period also creates obstacles for female teachers.^[2]

The stigma associated with menstruation and menstrual hygiene violates a number of human rights, including the right to human dignity, the rights to equality, non-discrimination, bodily integrity, health, and privacy, as well as the freedom from abuse and violence and inhumane and degrading treatment (WSSCC 2013). Therefore, the absence of suitable menstruation protection options and/or clean, safe, and private toilets for female instructors and girls, as well as the gender-unfriendly school culture and infrastructure, compromise the right to privacy.

Concerning girls and menstruation, there are additional health and hygienic considerations. In India, more than 77% of women and girls who are menstruating wear outdated clothes that are often reused. Moreover, 88% of Indian women reported that they occasionally use husk sand, newspapers, dried leaves, and ashes to help in absorption. Girls are more likely to be stigmatized due to the smell of menstrual blood, which might increase vulnerability to infections due to limited washing facilities and inadequate protection. Their mental health may be greatly affected by

the latter. The girls' very low levels of understanding and awareness of adolescence, menstruation, and female reproductive health make it even more difficult to confront the socio-cultural taboos and superstitions around menstruation.[3,6,]

In many regions of India, menstrual females are required to adhere to stringent dietary guidelines, such as avoiding sour foods like pickles, tamarind, and curd. These meals are thought to cause irregular or ceased menstrual flow. Regarding exercise numerous studies conducted in India and other countries have shown that many teenage girls think that exercising or engaging in physical activity during their menstruation will make their dysmenorrhea worse. In contrast, actual exercise can relieve bloating and help menstruating women with premenstrual syndrome and dysmenorrhea symptoms. Serotonin is also released during exercise, which elevates mood.

Chapter 3: Unhygienic menstrual habits cause reproductive health issues

Poor hygiene maintenance throughout the menstrual cycle can lead to significant infections of the reproductive and urinary tracts. For females, menstruation management is a hygienic strategy that is vital since improper hygiene maintenance throughout the menstrual cycle can lead to various illnesses and STDs.

In addition to greatly reducing the risk of illness and infection, good hygiene also improves women's self-esteem and general well-being (Sivakumar, 2016). Adolescence marks the start of the female reproductive cycle, which includes the menstrual period. Although the menstrual cycle is a natural shift, it is also associated with several habits and myths that might have a negative impact on one's health. Many women have encountered challenges throughout their menstrual cycle, such as headaches, breast discomfort, joint pain, and stomach pain.

Health education on cleanliness throughout the menstrual cycle is crucial in a woman's life. Numerous variables, including pathology, psychology, and menstrual physiology, are associated with women's health and have the potential to cause multiple incurable illnesses. As a result, there is a serious issue with the mortality and morbidity rates among women (Tegegne & Sisay, 2014).

Reproductive tract infections (RTIs), toxic shock syndrome, and other vaginal illnesses can result from poor menstrual hygiene habits, which is a major concern with potential health effects. Adolescents who practice inadequate genital hygiene are putting their health at risk. Since they have been misinformed or have never heard of menstruation, most girls are unprepared for menarche and uninformed of it. Menstrual hygiene mistakes can result in an unhealthy life, which can cause distress, genitourinary tract infections, reproductive tract infections, cervical cancer, guilt, odor problems, school dropouts, and other issues.

Due to the challenges of accessing products in rural and economically disadvantaged areas, locally produced, affordable sanitary towels can be distributed. Since 2010, the National Rural Health Mission, under the auspices of the Indian government, has been promoting a program to improve menstrual hygiene among 1.5 crore adolescent girls by supplying them with low-cost sanitary napkins in these regions. As the program is still in the preliminary stages, a significant amount of work remains to be done. Additionally, overcoming deep-rooted social norms and cultural stigmas involves broadening the involvement of male partners and changing their perceptions. It is

essential that boys and men, who often have even less understanding, gain a comprehensive knowledge of menstrual health.

Instructions on properly washing and drying pads in the sun should be given special consideration for females who choose to use both cloth and pads. Secondly, one in five teenage girls residing in urban resettlement colonies is not qualified to obtain pads via these programs, and this circumstance was found to be strongly linked to the lack of pad usage. Furthermore, because they expect to receive the items for free and struggle with pad affordability, girls from low SES backgrounds could not take advantage of cheap pad schemes.

In order to carry out the program, certified trainers used ready-made modules to instruct Indian frontline health workers or ASHAs, on menstrual hygiene concerns in adolescents. Sanitary pads were to be distributed to the qualified recipients by the ASHAs. Adolescent females who were not in school were offered a box of six sanitary pads, dubbed "Freedays". for INR 6. Once a week, ideally on Wednesdays, specific government primary health centers known as Anganwadi were assigned to sell and acquire the pads. All recipients' demographic information had to be kept on file by the ASHA and submitted monthly to the district administration.

CONCLUSION

Many adjustments in women's social and reproductive health circumstances, community planning about sanitation and disposal, and low-cost product development and marketing are needed to remove unnecessary restrictions related to menstruation. Women's circumstances around menarche and menstruation may shift in tandem with India's overall economic transformation.

The young girls' poor menstrual hygiene was caused by the unsanitary habits they followed as a result of their lack of awareness. Additionally, it causes a lot of needless limitations for young girls, and they have a lot of health issues and complaints that are either disregarded or handled badly. The health sector was minuscule in providing information on managing these young girls' health issues.

MHM programs in India must be strengthened. Addressing awareness-raising, sanitary absorbent access, and MHM item disposal is necessary. Menstrual hygiene is influenced by the type of product used, how often it is changed, how often it is washed, how effectively the intimate region is cleaned, and how old items are disposed of. Appropriate hygiene habits include using clean materials, changing pads at least twice or thrice daily, bathing daily, and cleaning the intimate region with water. Over time, menstrual products have become better. Among these consumables are sanitary napkins, tampons, and menstruation cups. Sanitary napkins are the most often used menstruation products. Reusable, environmentally friendly napkins are already widely accessible. Every member of society has to have a fundamental awareness of menstruation, even if it is a phenomenon only experienced by women.

Consequently, the necessity of multi-sectoral methods is becoming more evident. The issue must be approached more comprehensively by tying reproductive health and health education initiatives to physical infrastructure, water and sanitation projects, and health education. Adolescent girls and women should realize that their ability to procreate stems only from their natural biological phenomena, the menstrual cycle.

References

1. SHARE Consortium, London School of Hygiene & Tropical Medicine, Policy Brief, Menstrual Hygiene Management. Last accessed on 2018 Mar 14
Available from: http://www.menstrualhygieneday.org/wp-content/uploads/2017/01/SHARE_MHM_policybrief_2017.pdf
2. Stefanie Kaiser. Menstrual Hygiene Management. 2008. [Last accessed on 2014 Aug 09]. Available from: <http://www.sswm.info/content/menstrual-hygiene-management> .

3. Patil R, Agarwal L, Khan MI, Gupta SK, Vedapriya DR, Raghavia M, et al. Beliefs about menstruation: A study from rural Pondicherry. *Indian J Med Specialities*. 2011;2:23–6.
4. Chawla J, Matrika The Mythic Origins of the Menstrual Taboo in the Rig Veda. 1992. [Last accessed on 2014 Aug 09]. Available from: <http://www.matrika-india.org/Research/MythicOrigins.html> .
5. Puri S, Kapoor S. Taboos and Myths associated with women health among rural and urban adolescent girls in Punjab. *Indian J Community Med*. 2006;31:168–70.
6. Ten VT. Menstrual hygiene: A neglected condition for the achievement of several millennium development goals. *Europe External Policy Advisors*. 2007. [Last retrieved on 2014 Aug 09]. Available from: http://www.eepa.be/wcm/component/option,com_remository/func,_startdown/id,26/
7. Kumar A, Srivastava K. Cultural and social practices regarding menstruation among adolescent girls. *Soc Work Public Health*. 2011;26:594–604. [[PubMed](#)] [[Google Scholar](#)]