

Knowledge and Practices Related to Menstruation among Tribal (Gujjar) Adolescent Girls

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ABSTRACT The present study was undertaken to assess the knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. The sample for the study comprised of 200 girls in the age group 13-15 years. Both nomadic and semi-nomadic Gujjars were included. A combination of snowball and random sampling technique was used for selection of the sample group from various areas of Jammu district of Jammu and Kashmir State. Interview guide was developed and used to study the knowledge and practices related to menstruation among adolescent girls. Along with the Interview guide, the menstrual history of the sample group was recorded by the medical experts in the proforma devised for the purpose. The results revealed that sample girls lacked conceptual clarity about the process of menstruation before they started menstruating due to which they faced several gynaecological problems. The most common source of information about menstruation for the majority (83%) of the sample girls were friends. There were several socio-cultural taboos related to menstruation. The level of personal hygiene and management of menstruation was found to be quite unsatisfactory. 98% of the girls believed that there should be no regular bath during menstrual cycle. All the girls reported following these cultural practices without much questioning. The results hold implications for professionals involved in improvement of adolescent reproductive health in particular.

INTRODUCTION

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. This transitional period is marked with the onset of Menarche, an important milestone. In the existing Indian cultural milieu, the society is interwoven into a set of traditions, myths and misconceptions especially about menstruation and related issues. Menstruation is generally considered as unclean in Indian society. Isolation of the menstruating girls and restrictions imposed on them in the family have reinforced negative attitude towards this phenomenon in girls. Several studies (Center for Social Research 1990; Talwar 1997; Singh 2006 and Paul 2007) have reported restrictions in daily activities such as, not being allowed to take bath, change clothes, comb hair and enter holy places. Apart from these, dietary restrictions (taboo on consumption of food like rice, curd, milk, lassi, potato, onion, sugarcane etc.) during the menstrual period are also imposed.

Along with cultural constructs which lead to formation of a certain preconception, the reaction to menstruation also depends upon awareness and knowledge about the subject. There is a substantial lacunae in the knowledge towards menstruation among adolescent girls. Several research studies have revealed this gap (Ahuja et al. 1995; Chowdary 1998; Khanna 2005 and Singh 2006) and showed that there is low level of awareness about menstruation among girls when they first experience it. Social prohibitions and negative attitude of parents in discussing the related issues openly has blocked the access of adolescent girls to right kind of information especially in rural and tribal communities. Further, their strong bondage with the traditional beliefs, taboos and misconceptions during menstruation has led to many serious health problems. Poor personal hygiene and unsafe sanitary conditions result in the girls facing many gynaecological problems (Bhatia et al. 1995). Infections due to lack of hygiene during menstruation have been reported in many studies (Mehra 1995 and Greene 1997). Repeated use of unclean cloth and improper drying of used cloth before its reuse results in harbouring of micro-organisms resulting in the spread of vaginal infections among adolescent girls (Paul 2007).

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The health problems and complications are the result of inaccurate and incomplete information provided to the girls through limited sources. Many studies have revealed that mothers, teachers, friends, relatives, television and books are the main source of providing information about menstruation to the adolescent girls (Prasad and Sharma 1972; Ghatragi 2005). However, it is also seen that information received from these sources is often inaccurate and partial. Data about their level of knowledge and practices followed by them regarding menstruation is beneficial for planning programmes for improving awareness level regarding their life processes and promoting their quality of life. Keeping above in view, the present study about the knowledge and practices about menstruation among tribal (Gujjar) adolescent girls was planned. The study was conducted on the sample of adolescent girls of Gujjar Tribe from Jammu and Kashmir region of India, one of the tribes known for being educationally backward and unexposed to modern influences. The Gujjars are one of the ancient races of India and form the third largest majority in the state. They have been pursuing pastoral life since ages. On the basis of their occupation and settlement, they form various subgroups. Firstly, 'Basneeks' are the ones who have settled beyond the limits of ordinary village land. Secondly, these who practice transhumance can be further sub divided into Baniharas (who sell milk / Dodhi Gujjars) and Bakerwal Gujjars (who keep goats). The Gujjars in the Jammu and Kashmir state still follow their traditional occupation of rearing cattle, goats and sheeps. Their conditions have remained unchanged. Most of the Gujjar girls (especially the nomadic and semi-nomadic group included in the study) are never sent to schools. Their education is limited to religious education mostly at home (Kaur et al. 2003). This study aimed to provide an insight into the cultural setup of the tribal community with regard to most sensitive issue of menstruation which would help in promoting improved awareness level and increase in right knowledge about menstruation. The specific objectives of the study were:

- (i) Gather baseline data about menstrual history of adolescent Gujjar Girls.
- (ii) Assess the prior information level of adolescent girls regarding menstruation.
- (iii) Study the practices followed by the sample girls during menstruation.

METHODOLOGY

The sample for the present research comprised of 200 adolescent girls in the age group of 13-15 years. Both nomadic and semi-nomadic Gujjar adolescent girls were included in the study. At the initial stages of sample selection, snowball technique was employed to select the families and later random sampling technique was used for selecting Gujjar girls in the age group of 13-15 years.

The sample was selected from Gujjar tribe from Jammu and Kashmir located in and around Jammu District. Since the sample group was nomadic, the areas selected (R.S. Pura, Akhnoor, Nagrota and Bari-Brahmana) were of their temporary settlement at the time of study. Ranbir Singh Pura is famous fort well known for Basmati rice, an important military station and a busy trade centre. Various villages (Katyal, Joda farm and Maraliya) were selected from this block. Akhnoor is situated on the bank of river Chenab. The place is famous for its variety of mangoes. Burj was the village selected from this block about 20 kms from Jammu city. Nagrota, about 10 kms from Jammu on Udhampur road, an important military station was included. Khanpur a small village about 1.5 kms way from national highway was selected from Nagrota Block. The Industrial Hub of Jammu, Bari-Brahmana Block was one of the other important area selected for drawing of sample group.

Data were collected by using interview guide. Detailed interviews were conducted with the selected sample to obtain information regarding their knowledge and practices related to menstruation. The major components of interview guide were: the terminology used for menstruation, prior information level about menstruation and its related complications, source of information about menstruation, practices followed during menstruation and the level of personal hygiene during the menstrual cycle. Both individual and group interviews were conducted. Interviews conducted in groups included two to three girls. Wherever necessary, important information and feedback was provided to the girls. Clinical observations were also carried by the medical team regarding their menstrual history and related areas and were recorded in the proforma devised for the purpose. Medical team visited the selected areas once a week. With each visit, a group of 20 girls (along with family

and community members sometimes) were medically checked.

The present study is mainly qualitative in nature and the data obtained by using interview guide was analyzed through content analysis. The quantitative data obtained through clinical assessment was analyzed by calculating frequencies and computing percentages.

RESULTS AND DISCUSSION

Age and Education Profile of Respondents:

Out of total 200 adolescent girls selected for the study, the maximum number i.e. 76 (38%) were in the age group of 13 years, 70 (35%) were in the age group of 15 years and the rest 54 (27%) were in the age group of 14 years. Most of the subjects were illiterate 129 (64.5%), 51 (25.5%) could read and write, 15 (7.5%) were in primary school classes and only 5 (2.5%) of the total subjects were in middle school classes.

Menstrual History: The entire sample under study was interviewed and observations regarding their menstrual history were recorded in the proforma. Out of total 200 subjects 131 (65.5%) were having menstruation while rest 69 (34.5%) subjects had not reported their menarche at the time of investigation. Out of those 69 subjects who had not reported their menarche, 2 were in the age group of 15 years and 8 were in the age group of 14 years and the rest 59 were in the age group of 13 years. The data obtained thus reveals a trend of late menarche among the present group.

Age at Menarche: Out of total 131 subjects who were having their menstruation, 71 (54.2%) reported having had their menarche between the age of 10 to 12 years while the rest 60 (45.8%) subjects reported their menarche between the age of 13 to 15 years.

Menstrual Cycle: The observations show that out of 131 subjects, majority of the subjects i.e. 93 (70.2%) were having their menstrual cycle between 30 to 45 days, 15 (11.4%) subjects between 15 to 30 days, 13 (9.9%) subjects between 45 to 60 days, 9 (6.8%) subjects between 60 to 75 days and 2 (1.5%) subjects were having cycles between 90 to 105 days. (Fig. 1). The figures point out that though a large majority of girls were having normal menstrual cycle, some of them had their periods with longer than usual gaps. This could be attributed to some medical reasons, which need further investigation.

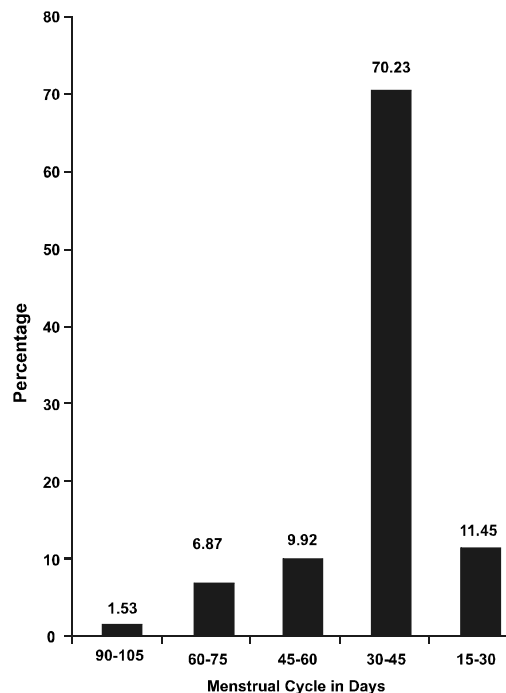


Fig. 1. Periodicity of menstrual cycle

Duration of Menstruation and Amount of Blood Loss During Menstruation:

Out of total 131 subjects who were having menstruation, 103 (78.6%) subjects reported their duration of menstruation between 0 to 6 days while rest of them i.e. 28 (21.3%) reported their duration between 7 to 12 days. 59 (45.0%) subjects reported normal bleeding during their menstruation, 37 (28.2%) subjects reported scanty bleeding and 35 (26.7%) reported

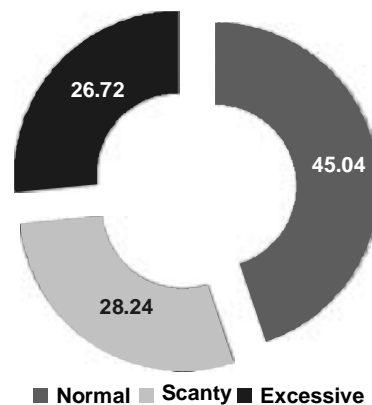


Fig. 2. Amount of blood loss during menstruation

excessive bleeding during their menstruation. (Fig. 2). It was hence observed that these girls (26.7%) were having excessive blood loss, which could be responsible for anaemic conditions observed in the group.

Management of Menstruation: On the basis of reports by the majority of the subjects included in the study i.e. 127 (96.9%) it could be concluded that their management of menstruation was very poor (Poor management means use of dirty cloth, improper washing of used cloth and inadequate drying mechanisms) and improper, only 4 (3.0%) of the subjects reported proper (Proper management included use of fresh cloth each day and disposal of used cloth) management of their menstruation.

Prior Information about Menstruation/Its Related Complications: The term 'Menstruation' in local language among adolescents was known as "*Kapadaanna or Mahavari*". It was found that none of the sample girls had complete information about the process of menstruation before they started menstruating. They stated that "*it was necessary for every girl as it was the removal of dirty blood from the body, otherwise a female would develop any infection or disease.*"

A large sample (64%) of the girls was only partially aware about menstruation before they experienced it. The respondents were asked to reveal the major sources of information about menstruation and it was found that 83% of the respondents had received information from

friends, while the source of information for others was T.V. (3%), mothers (5%), magazines (5%), movies (10%) and relatives (6.5%). The most common source of getting information about matters perceived as "*secret and personal*" such as source of menstrual information was friends. Relatively very few mothers in this group appeared to have an open channel of communication with their daughters about these aspects of life.

On being questioned about the complications faced during the process of menstruation, majority (63.5%) of the girls reported experiencing stomach ache followed by Nausea (41.5%), pain in legs (12%), loss of appetite (24%) and very few (7.5%) stated having headache.

Practices during Menstruation: The community depicted strong web of social and cultural practices during menstruation. It was observed that through several generations these practices were believed and followed. There were many social and religious restrictions on girls during menstruation. Girls received these instructions for do's and don'ts from mothers, elder sisters and friends. Restrictions particularly related to prohibitions in going to religious places, offering prayers and keeping fast (Roza's) were reported by all the sample girls. Taboos/myths were also exported by all the girls by avoiding going near water as "*it creates problem in the regular cycle because of a belief that reflection of water creates problems*". All the girls were asked to avoid looking in the mirror by elders of the family. (98%) believed that no regular bath should not be taken during menstrual periods. Few (23%) showed prohibition in going to some other people's house. All the girls reported follow-

Table 1: Prior information about menstruation/its related complications.

Categories	No. of responses	Percentage
<i>Prior Information Level n = 200</i>		
Partially Aware	128	64.0
**Unaware	72	36.0
<i>*Source of Information About Menstruation</i>		
T.V.	6	3.0
Mothers	10	5.0
Friends	166	83.0
Literature (Magazines)	10	5.0
Movies	20	10.0
Relatives	13	6.5
<i>*Complications Faced During Menstruation</i>		
Stomachache	127	63.5
Nausea	83	41.5
Headache	15	7.5
Pain in legs	24	12.0
Loss of Appetite	48	24.0

* Multiple Responses

** Includes those girls who had not started menstruating.

Table 2: Practices during menstruation

Categories	No. of responses	Percentage
<i>*List of Practices N = 200</i>		
Prohibition to go to religious places/read religious text/offer prayers/to keep fasts (Roza)	200	100.0
No regular bath	196	98.0
Not to look in the mirror	200	100.0
Avoidance in going to some other's house	46	23.0
Stay away from flowing water (River, Channel etc.)	182	91.0

* Multiple Responses

ing these cultural prescriptions and prohibitions without questioning.

Practices Followed To Maintain Hygiene During Menstruation: Poor hygienic conditions were observed during menstruation among adolescent girls. It is important to maintain personal cleanliness as a routine and especially during the period of menstruation. The responses received from the adolescent girls revealed that the level of personal hygiene practiced by these girls was not upto the mark. All of them reported that they did not brush their teeth or take bath during the days of menstrual period. They were also instructed by elders not to wash/comb their hair during these days. "*Gujjar women have a peculiar hair style where hair are dressed in twelve to fifteen braids called Gundani*" (Kumar A and Kumar N 1998). Gujjar women are known for keeping these braids formed for day's altogether. Similar observations were obtained for the present sample group. With regard to the question regarding use of material for absorption of menstrual blood, they revealed that an old used cloth was recycled for this purpose. Majority (88.5%) of the adolescent girls washed and buried the used cloth "*It was religious practice that the cloth soaked with menstrual blood should not be buried. It should be first washed. After washing, the cloth can be reused or buried.*" The sample girls reported that they washed the used cloth secretly and dried it in a hidden corner. Sun drying of the washed cloth was not done.

CONCLUSION

The results of the study reveal that there is low level of knowledge about menstruation and its related issues among Gujjars adolescent girls. The age of menarche in most of the subjects under study show delayed menstruation (Exact age could not be calculated due to lack of availability of accurate information and also due to the fact that out of the 200 girls included in the sample randomly, 69 girls were still not menstruating). Other groups studied by Bhattacharyya (1991), Singh et al. (1992), Shukla et al. (1994) and Vaidya et al. (1998) revealed that the mean menarcheal age was 13-14 years in various communities (Urban, rural and tribal) across various parts of the country. Delayed menstruation in the present group, may be attributed to poor nutritional status. It was also observed that the sample girls lacked conceptual clarity about men-

struation. The reason was that they had no prior information about menstruation due to which they faced several problems. Similar results were found in many other studies (Centre for Social Research 1990; Kudesia 1994 and Gupta et al. 2004). The most common source of information and discussion about so-called 'secret' issues were friends (83%) or female relatives like married sisters or sister-in-laws. Relatively very few mothers in this group appeared to have an open channel of communication with their daughters about menstruation and its related issues. Majority (63.5%) of the girls reported experiencing stomach ache, nausea, pain in legs, loss of appetite and headache.

The sample was socially and culturally bounded with traditional practices during menstruation. Throughout various generations cultural practices were believed and followed without much questioning. Like previous studies (Centre for Social research 1990; Talwar 1997 and Singh 2006) the present research has also documented similar results about several restrictions related to menstruation. The level of personal hygiene practiced by these girls was unsatisfactory. Reuse of used cloth for absorption of menstrual blood was found in majority (87.5%) of girls under study. Similar observations were found in other studies (Mehra 1995 and Greene 1997). It is concluded that it is important to educate adolescents about issues related to menstruation, so that they can safeguard themselves against various infections and diseases. This could further help them to lead a healthy life. The data of the study can be used for planning programmes, making new policies for improving the level of information especially, for tribal adolescent girls.

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