

Fighting the Menstrual Hygiene battle in rural India: A development communication perspective of the menstrual practices of rural India

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Abstract

The objective of this conceptual paper is to problematise the unhygienic menstrual practices among rural women in India. The present literature is highly quantitative in nature pointing out the facts and figures about the pressing situation without much work done in posing a solution. The aim of this paper is to propose a development communication strategy based on the theory of positive deviance to spread awareness about the health issues related to the prevalent unhygienic menstrual practices.

Keywords: Menstrual hygiene, development communication, positive deviance, rural women

Introduction

It is the 21st century, and the passing of centuries have affected the discourse on menstruation by bringing in elements of science and technology (Dasgupta & Sarkar, 2008) but the progress has had very little effect on the understanding of the process (Yagnik, 2015). Women undergoing the monthly cycle are still subjected to restrictions (Thomas, 2007) like cooking, touching pickles, entering a kitchen, having a meal together, touching men, wearing certain clothes or having sexual intercourse (Dasgupta & Sarkar, 2008). Menstruation practices need to be paid attention to, as continued malpractices due to information barriers have led to an alarming state for the health and sanitation of women in India (Yagnik, 2015). Menstruation health is often given less importance to without realising how immensely it affects the body of a woman. Nutritional issues and anemia can also be linked with frequent menstrual problems (Mohite, Mohite, Kumbhar, & Gaganahalli, 2013).

Calling the blood 'dirty', and the one shedding the blood impure to the point that they are treated as untouchables at times is shocking enough (Garg, Sharma, & Sahay, 2001) without a 2010 study bawling the horrific statistics of how merely about "7% women use sanitary napkins from a random sample of 2579 urban and rural women." (Fernandez, 2010).

A surplus amount of statistics lay bare the stark reality of the conditions we live by.

- 23% of adolescents drop out of schools upon reaching menarche
- Young girls are absent on 20% days in school annually
- 31% women miss on an average 2.2 days of

work during their periods

- 63% have access to a lavatory and among these 20% did not use the toilet during their monthly cycles out of the fear of staining the same
- Every 2, if not more out of 5 girls knew nothing about menstruation before they reached menarche. Of the lot that knew, a meagre 16% received information from school (Awasthi, 2015).

It is not like entirely no actions are being taken. According to an online report (2015) which borrows its data from the economic survey 2014-15, the central Government has increased its financial support for State/UT Governments from ₹.88,054 crore in 2009-10 to ₹.1,54,567 crore (Business Standard, 2015). The Government however faces a huge challenge in rural India when it comes to efficient delivery of 'personal health information'. Due to several infrastructural and staffing issues, there is always a gap between the supply and demand of such services in the village landscape of the country (Parmar, Keyson, & deBont, 2007).

Menstruation – Addressing the elephant in the room

Also termed a 'monthly' or a 'period', menstruation refers to the condition of a woman bleeding every month wherein the uterine lining is shed by the womb. The blood passes out of the vaginal opening having travelled through the cervix from the uterus. The process tends to always follow a cycle, with the bleeding lasting for 3-5 days, and the time gap between one monthly 'period' to the other ranging from 21 to 35 days. Important chemicals and useful hormones are released during the menstrual cycle, which apart from preparing the woman's body every month to conceive, keeps it healthy as well (U.S. Department of Health and Human Services, Office on Women's Health, 2009). A concept that goes at par with menstruation is

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puberty. Puberty is the process of bodily changes, occurring both in males and females, to culminate into sexual maturity of the body. Menarche in females is not only the onset of menstruation but also for puberty. In the United States, the average age of puberty for girls is from 10-14 (Kaneshiro, 2014). The average age of puberty in India however has now changed to 10 from an earlier estimate 12-13. There are but more than one reasons to contribute to this preponement of two years. One main explanation is genetic (TNN, 2014). However, there are others factors than biological ones like socio-cultural, economic and lifestyle that has an effect on the menstrual cycle and puberty. Lifestyle matters so much that there are significant differences in the menstruation cycles among young girls living in urban and rural areas. A quantitative study conducted in West Bengal drew the connection between the difference in the menstruation cycle and the socio-economic conditions (Ray, Mishra, Roy, & Das, 2010). An early puberty however, or the fact that girls of the 21st century start menstruating earlier than their 19th century ancestors, has not been proved to cause any long term risks so far (Chawla, 2010).

Social taboos and cultural norms are the major barriers for not having an open discussion about menstruation. Adolescent girls feel torn between social norms and their own needs talk about their periods. They have to deal with simultaneous pangs of embarrassments and anxiety. What probably makes it worse is their lack of adequate knowledge on the subject matter (Kissling, 1996).

The urban and the rural divide

Adolescents in general have to face a lot in the name of puberty. As already raved about in the previous section, menstruation is not talked about and brings along with a plethora of social taboos and misconceptions. Teenage girls, as they embark their journey of adulthood, step on the menarche express with a lot of negative feelings like anxiety, fear, disgust, traumatic and shame leads on to them nursing feelings of inferiority complex. The only positive feeling perhaps is the vague idea of the onset of maturity on them. These misconceptions coupled with socio-religious superstitions are egged on by their own family and institutes of educations. The teachers think it is the mother's responsibility, the father is somehow perpetually out of the picture, and the mothers assume it is the school's duty to teach these tender aged girls about this vital change in their body. Lack of knowledge and lack of sensitivity result in a negative impact on the perception of the adolescent girls on bleeding every month. "68 per cent of the adolescent girls

did not know about the menstruation phenomenon before they had actually experienced it". The socio-economic conditions also have a role to play in this matter (Gupta & Gupta, 2001).

In order to talk about the problems related to menstruation, one has to pay heed to the menstruation practices among adolescent girls. Statistics of a study conducted in 2012 shows how "significantly more (60.6%) urban girls were using sanitary pad as compared to rural (30.8%) girls." This raises question on hygiene. About 79.4% rural girls, as compared to 58.1% urban girls reckoned cleansing of external genitalia to be either uncomfortable or unsatisfactory. Rural teenage girls differed from the urban lot in terms of hygiene and that goes back to lack of resources (Thakre, Thakre, Ughade, & Thakre, 2012). However, both section of girls suffered otherwise due to lack of proper information (Gupta & Gupta, 2001).

Hygiene is an important factor when it comes to adolescent girls going through menstruation, especially the ones who are just at the beginning stage of the long process. Time and again, studies conducted have seem to but come to the same point that there is a dearth of proper information being imparted to these teenage girls and parental support together with the school teachers have an important part to play in this act. More often than not, not only is the adolescent girl not told about the biological process, they are informed with social misconceptions which ends up having an unpleasant effect on their health. Rural areas seem to fall victim to this viscous cycle more than urban and developed areas like Singhur, West Bengal (Dasgupta & Sarkar, 2008) or Mansoura, Egypt where sanitary napkins are still an expensive resource. Hygiene in the form of sanitised pads is more of a middle and upper social class and urban affair. The common ground for both the urban and rural teenage girl who is on her period is the lack of support (El-Gilany, Badawi, & El-Fedawy, 2005).

Similar findings were reflected in another study conducted in Siaya County in rural western Kenya. Girls could not afford to buy sanitary napkins and often used unhygienic alternatives like grass and cloth and sometimes used the same pad for much longer than advisable, resulting in chafing. Teenage girls were ill-prepared for menarche, ashamed of bleeding and were indoctrinated with ideas the monthly cycle being an illness. Fear of smelling and dearth of sanitation during menstruation caused adolescent girls to miss school and the lack of support of any kind even lead them to trade sex for sanitary

napkins (Mason, et al., 2013). A 2011, newspaper article spewed out the following statistics: The percentage of women using sanitary napkins in India is just over 12% out of the 355 million actually menstruating. The left over 88% make do with husk, ashes, sand or cloth which needless to say is highly unhygienic other than being shocking. 70% among these are reported to have 'Incidents of Reproductive Tract Infection (RTI)' (Sinha, 2011). In Rajasthan, India, the menstrual cycle has been named to as 'kapda' or 'kapad' which in the regional tongue translates to cloth and this comes from the practice of using cloth instead of a sanitary napkin due to the incapability to afford to buy the latter (Sharma, Bhansali, & Jodha, 2014). The line of division between urban and rural becomes stark. Affordability is one of the many primary reasons for the unsanitised menstrual practices of rural women, especially India.

Social perception and Usage of Sanitary Napkins

Menstruating women are considered impure and equivalent to being a pollutant; in so far that whatever they would touch would become impure. A girl on her period, surrounded by the Indian societal taboos reinforced by her mother would oftentimes asked not to go out and play or even attend school (Verma, Ahmad, & Srivastava, 2013). The cultural believes are so stringent in the Indian society that it would not even let a menstruating girl enter the temple assuming she is too impure to set foot on the religious space. Even more horrifying and demeaning is the act of not letting the teenage girl on her periods touch pickle in the fear, her impurity would make it rot! These practices are prevalent as much in the urban India as it is in rural India (Juyal, Kandpal, & Semwal, 2013). A woman who is menstruating is stigmatised and targeted in almost all religious practices ranging from Hinduism to Christianity including Islam and even Judaism. In the Indian context, religious stigmas combined with societal taboos come in together to give rise a dented discourse (however limited ironically) about menstruation. Women are demeaned, socially isolated, excluded from religious practices and are even restricted from entering certain parts of the house like the kitchen. The degree of such believes and practices may vary from one household to another, but on an average a large number of women still have to go through a lot shaming because of a very natural biological process of their bodies. The taboo is maintained to the point that talking about one's periods is highly avoided. Most information, for majorly urban based girls, is imparted either through

technical course books taught by awkward teachers in schools or via advertisements wherein the blood is disguised as a thin stream of blue ink (Bhartiya, 2013).

A study conducted in rural Odhisa, showed how women ranked Menstruation as the "most stressful behaviour followed by defecation and urination". Solution for such a problem would call for the State to intervene. The problem however, is that most interventions undertaken by the Government deals with faecal management and defecation issues, completely overlooking complex issues of menstruation (Hulland, et al., 2015). School absenteeism among adolescent girls in rural Ethiopia due to lack of availability of sanitary napkins that helped them maintain sanitation throughout the day with their school performance deteriorating consequently have been reported. Some of these girls have even dropped out of school due to excessive teasing after they reached menarche (Tegegne & Sisay, 2014).

Economic conditions make sanitary napkins a luxury. Traditions render menstruation to being unnatural. Discouraged to talk about these issues and denied information, women in the rural area more than urban ones become susceptible to harmful menstrual irregularities like dysmenorrhoea, menorrhagia, hypermenorrhoea and hypermenorrhea. It is as if their economic status holding them back was not enough, that the rural women in India have to face the judgemental social perception about menstruation (Khanna, Goyal, & Bhawsar, 2005).

Many rural women do not use undergarments as they are used to defecating in the open, and sanitary napkins cannot be used without underwear's. There are cultural hindrances like the women refrain from buying sanitary napkins at times from shops with male shopkeepers out of shame. Since, traditionally women have been using cloths and unhygienic rags as alternatives and these are inexpensive, they convince their daughters and daughters-in-law to do the same. Since disposing of the pads needs to handled sensitively to avoid further complicated unhygienic conditions, rural women find it comfortable to stick to using cloths that are washable (Shrivastava & Mathur, 2014).

Low awareness about menstruation and socio-economic barriers result in a shocking number of about 88% women who refrain from using sanitary napkins and resort to appalling alternatives such as husk, cloth, sand and ashes which culminate in an increasing rate of health issues related to reproduction and otherwise

(Ramaswamy). A report even reflected the atrocious truth as to how in a rural area of Chhattisgarh not one out of the 65 shops in the villages had sanitary napkins in stock sanitary. As a result, it is not unusual to see why such a low percentage used sanitary napkins during menstruation and also the study revealed the unhygienic ways they adopted in disposal of the cloths they used instead. "41% of adolescents hide the cloth in the room, 22% hide it in the roof, 11% share the cloth with others" (Thakkar, 2012).

With age and socio-economic conditions affecting menstrual health the most among the women of India (Omidvar & Begum, 2010) the country needs to concentrate on ways as to how to increase awareness about menstruation by imparting useful knowledge to the rural Indian women (Baridalyne & Reddaiah, 2004) (Kubde & Patel, 2014) (Ray & Dasgupta, 2012) (Jain, Kumar, & Khanna, 2013) (Verma, Pandya, & Raman, 2011).

Research Gap

A common link between the studies conducted on the issue of menstruation and the harm that follows from unhygienic menstrual practices, is the usage of either purely quantitative or a mixed method approach. Most of the findings have to do with the number of women still suffering and they all conclude how awareness is lacking. Not much work, if not any, have been done to try and use development communication strategies to address the pressing situation.

Positive Deviance

The dominant methodology and theoretical framework used in most health campaigns is the Diffusion of Innovation model (Yagnik, 2015) where the main focus lies in the quest to situate the factors that help in spreading ideas, innovations and technologies in a particular culture (Rogers, 2003). The theory deals with the idea of dissemination of an idea through communication strategies, being heavily dependent on social capital, through which the rate of adoption of the innovation will spread throughout the community. There are five core elements in the process of diffusion of innovation: awareness, interest, evaluation, trial, and adoption (Sahin, 2006). Diffusion of innovation as a framework in development communication strategies has been highly criticised (Yagnik, 2015) for its top down approach (Sighal, 2013).

As opposed to the classical approach of diffusion of innovation, positive deviance does not depend on an external agent to make entry and disperse the innovation in the community. Instead,

positive deviance is all about locating the solution from within the community and helping to bring it up to the fore (Tufts University, 2010). The motto around which the positive deviance approach evolves goes by: "Local wisdom trumps outside expertise". It serves an alternative, though not a substitute of, to the age old practices of diffusion of innovation. Obdurate issues within a community is often better solved from the experiences of someone from within that community who has already identified the problem and found an innovative solution to the same using the same resources as is available to the rest of the community as well. This definitely deems more sustainable than bringing in an external agent with solution, which might work just as well, but the basic foundations of which would be slightly more alien to the community members (Sighal, 2013).

Tracing the history of positive deviance, it emerged from the literature of nutrition and with Marian Zeitlin, from Tufts University in the 1990s publishing a book called *Positive Deviance in Nutrition*. The book was a compilation of empirical evidence of positive deviant children who were well nourished in spite of hailing from poor communities, while the others were suffering from malnutrition (Swartz, 2013). It is believed that since the solution comes from the wisdom harnessed from within the community, (Sighal, 2013) and so highly based on close observation of the commune there is a greater chance of sustainability (Tufts University, 2010).

The rationale for using this as one of the theoretical tenet for the issue this paper deals with is that time and again, as an article in *British Medical Journal* (2004) argues that positive deviance is probably the most effective method to aid in carrying out such improving health campaigns by using the knowledge available locally which makes the achievements sustainable. A typical way to implement the approach would be to divide it in the following steps of acquisition and gathering of information followed by crafting interventions and finally implementing behavioural change (Marsh, Schroedar, Dearden, Sternin, & Sternin, 2004).

Positive Deviance has already been successfully used in child health issues in countries like Egypt, Vietnam and Myanmar in identifying practices adopted by mothers to provide nutrition to the children despite of limited resources were (Lapping, et al., 2002), in a hospital in USA to prevent and control the spread of a fatal bacteria MSRA (Singhal, Bruscell, & McCandless, Saving Lives by Changing Relationships, 2009) and in

Uganda for child protection (Singhal & Durá, Sunflowers Reaching for the Sun, 2009).

Proposed methodology

The methodology is divided into two phases: stage one has to do with immersion in the community to locate positive deviants and phase two is action oriented which involves setting up two kinds of machine at the site to tackle both manufacturing of low cost sanitary napkins and hygienic disposal of the same. This draws heavily from the initiative taken by Shyam Sundar Badekar, who hails from Vadodara, Gujarat.

A 54 year old textile dye and chemical trader, Badekar has played a major role in helping to spread the word on sanitary napkins usage among the women belonging to the lower income group women Vadodara and neighbouring areas. His company builds these machines that manufacture sanitary napkins starting costing ₹2.5. He has even come up with an "Ashudi-Nashak" machine that handles eco-friendly and sanitised way of disposal of used sanitary napkins. Badekar's wife, Swati runs a not for profit organisation, Vatsalya foundations. (Down to Earth , 2015) (Desai, 2015) (Koshy, 2015).

As the body of literature shows, menstrual issue among rural Indian women can be broadly divided into two categories. First is the cultural taboos and societal perception encircling menstruation that lead to a lack of awareness among the women going through the process and lack of information and support for the adolescent girls who are about to embark upon menarche. This culminates into misconceptions regarding the whole process. Second issue is the socio-economic conditions of the women living in these rural areas, belonging to the lower income groups and thus rendering them incapable to afford to purchase sanitary napkins of mainstream brands.

Using the positive deviance approach, I wish to locate within the community a number of members (women) who have succeeded in transcending the existent cultural barriers around the discourse on menstruation. I am hoping to use the strategy they use to inform the teenage girls in their household about the biological process and support them during puberty without indoctrinating them with cultural superstitions. With their help, I want to reach out to the other women in the community and help the knowledge of the deviants to disseminate the message about how menstruation is not a dirty or unnatural process.

The closing goal of the present study would be to install the machines in the village. For this, I

would be getting in touch with social entrepreneur, Shyam Sundar Badekar and the not for profit organisation Vatsalya Foundation run by his wife Swati. The units they built not only manufacture low cost sanitary napkins but also ensure safe disposal of it.

Visualising a shift

Though, the present body of literature does not fall short in isolating the issues circling menstrual practices in rural India, the work done in the field has not applied any development communication strategies in order to pose solutions. Although the State has come up with many innovative strategies to spread the right word on menstrual health, it has immensely failed to learn from the mistakes of its futile attempts.

I want to utilise communication strategies borne of the broader framework of development communication to bring together the research recognised problems with the works done by specific, isolated pockets of social workers. The aim is to balance the presence of external agents like I, the researcher with the wisdom that lies within the community and help them to come together and discuss their own issues.

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