

## ADDRESSING THE HEALTH AND INFORMATION NEEDS OF THE ADOLESCENT RURAL GIRLS: PROMOTING MENSTRUAL HYGIENE PRACTICES THROUGH GRASSROOTS COMICS

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**Abstract:** Mensuration is one of the most important physiological changes being carried out during the teenage years of the girl. Maintaining proper menstrual hygiene is crucial for healthy well-being of a woman but it is often ignored due to the social taboos surrounding it. This paper is based on a primary research “Promoting Adoption of Menstrual Hygiene Practices Using Grassroots Comics: A Participatory Study” which had an objective of breaking through this silence to unlearn the myths and misconceptions regarding menstruation. A participatory research was designed with a group of 23 adolescent girls, who were purposively selected from the village of Kadampur, in Tilonnia District, Rajasthan to conduct the study, village close to the low-cost sanitary napkin production unit of Barefoot College. The study was divided into four phases so that this sensitive topic is handled methodologically. The first phase aimed at building a good rapport so that the girls feel at ease to share their problems and issues. The second phase was designed to assess knowledge needs of the girls through a pre-knowledge test and then working on the needs identified a focus group discussion was initiated with the help of a video. In the next phase, girls were asked to sketch out stories related to menstruation in form of grassroots comics. And the final stage consisted of evaluating the change brought by conducting a post-knowledge test. The results from pre and post-test were compared to substantiate the level of change noticed in the knowledge level of girls. It showed that prior to the intervention girls held at an average of five (5) myths which had created an atmosphere of fear against the use of sanitary napkins. Through the intervention these myths were addressed so that girls could comprehend the relevance of maintaining menstrual hygiene.

**Keywords:** Menstruation & Myths, Low-cost Sanitary Napkins, Menstrual Hygiene, Grassroots Comics, Participatory Study.

**Introduction:** Adolescence is a period for active development in all aspects- physical, sexual, physiological, social and emotional. These changes affect the body and brain of an individual which can lead to altered mood patterns, irritability and confusion. Resultant of this is a child looking and behaving differently which gets aggravated with an array of social influences. Adolescents are usually ignorant about the whole pool of variations going in their bodies as well as the social environment reflections towards them. They tend to associate and compare their patterns of development with their peers which might sometimes be a lot different from what they are experiencing. Adolescence is also a critical period for maturation of neurobiological processes that underlie higher cognitive functions and socio-emotional behavior. These neurobiological changes are believed to contribute, in part, to the range in cognitive and affective behavior seen during adolescence. The pace, pattern and intensity of the changes have huge variations which are unique to every individual so when the children notice any deviation from the popularly visible trend, they tend to develop misguided low self-worth or self-image. Children might experience a certain spur of development in one aspect while other aspects might not have been altered at that same pace and intensity. This tends to gratify the confusion honing in their

minds which gets totally hushed by societal and cultural constraints. These restraints leave them all the more hazy about the entire process, about which they are neither educated properly. They are left to figure out everything by themselves or with minimalist ill-advised faith from their peers and secondary social learning.

Menstruation requires proper care and hygiene levels to be maintained or might have damaging repercussions. Adolescent girls constitute a vulnerable group not only with respect to their social status but also in relation to health. Menarche is a significant milestone in the transitory developmental journey of an adolescent girl. Menstruation, though a natural process has often been dealt with secrecy. Hence, knowledge and information about reproductive functioning and reproductive health problems amongst the adolescent girls is poor. (Adhikari, 2007) Hygiene-related practices during menstruation are of utmost importance for reproductive health, poor practices increase vulnerability to reproductive tract infections. Menstrual hygiene and management is an issue that is insufficiently acknowledged and has not received adequate attention. Primarily poor personal hygiene and unsafe sanitary conditions result in gynaecological problems. Most of the adolescent girls in villages use rags and old clothes during

menstruation, increasing susceptibility to reproductive tract infections (RTIs). Usage of unclean sanitary pads/materials may lead to bacteria travelling up the vagina and enter the uterine cavity that may cause local infections or changing pads infrequently can cause skin irritation which can then become infected. Unsafe disposal of used sanitary materials imposes a risk of infecting others, especially with Hepatitis B. Maintaining low hygiene practices like lack of hand-washing after changing a sanitary towel, can also facilitate the spread of infections such as Hepatitis B. Girls and women due to added social burden attempt to dry their cloths out of sight. In practice, this means hiding them in a damp and unhygienic place (UNICEF, 2008). Insufficient or inadequate sanitary protection can be very embarrassing for a girls attending school during their monthly period. This is made worse if her school clothing is flimsy or torn. Soiled uniforms can provoke ridicule from boys as well as from other girls, putting her at great risk of experiencing stigma and discrimination.

In India, menstruation and sexual maturity are surrounded by myths and misconceptions with a long list of “do’s” and “don’ts” for women. These topics are never discussed in open as menstruation is generally considered as unclean and impure in our society. Isolation of the menstruating girls and restrictions imposed on them in the family, reinforce a negative attitude towards this phenomenon. Social prohibitions and the negative attitude of parents in discussing the related issues openly block the access of adolescent girls to the right kind of information, especially in the rural and tribal communities. Even where strict untouchability is not observed, girls learn from early adolescence that during their monthly cycle they may not touch anything in the kitchen or visit a temple. Menstruation is associated with taboos and restrictions on work, food and bathing. It is commonly believed that pickles made by a menstruating girls/women will rot. These perceptions and practices are shaped out of cultural and social restrictions associated with menstruation, myth, and misconception. The adaptability of the adolescent girls towards menstruation is dependent on the reaction of the family, and their realization of the importance of menstruation as well as towards the changes that are about to come in their life after menarche. Reaction to menarche depends upon awareness and knowledge about the subject. The manner in which girls learn about menstruation and its associated changes may have an impact on their attitude to the event of menarche. They rely on the observational learning from their immediate and surrounding environment regarding the issue. When they attempt to straighten it out with their mothers or grandmother, they are either silenced or muddled

up with inaccurate and often medically incorrect information. The stigma around this subject has been heightened to the extent that adolescent girls find it shameful to discuss their problems with their peers. Many cultures have beliefs, myths and taboos relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Some of these have potentially harmful implications. For example, in some cultures, women and girls are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die) (House et al. 2012). Such attitudes and practices are unlikely to create a positive self-image within girls. There is a clear need to provide information to young women on these subjects in ways that are acceptable to their parents, schools and the larger community, and that allow them to raise their own concerns. Education on these subjects should be envisaged as a long-term, continuous process, beginning well before menarche and continuing long after it. This lack of factual information, compounded by the prevalence of myths, means that girls’ practical needs related to managing menstruation are often not appreciated or appropriately addressed, e.g. of the provision of adequate sanitary protection. Most girls are left to cope as best they can with rags or other insufficient protection (Shukla 2005).

**Arunachalam Muruganatham** made the world's first low-cost machine for making sanitary towels which would help provide a solution to the financial aspect of the problem but this problem has others layers to it. Though he ensured that the whole process would work on woman-to-woman basis so that the knowledge spreads across quickly but adoption of such a practice requires a behaviour change. Though Muruganatham’s innovation solved the problem of unaffordability but this technology had to be made accessible and readily available to women. As he tried to provide the machines to self-help groups but only certain well established groups could only afford to buy that machine and sustain its regular functioning.

One of such organisation Muruganatham collaborated with for tapping the potential of this low-cost sanitary napkin producing machine is Barefoot College. **Barefoot College** is a voluntary organisation working for empowering people by providing them with entrepreneurship training. This organisation uses Arunachalam’s innovation to generate low cost and eco-friendly sanitary napkins, providing women livelihood opportunities to work in this unit. The usage of these could bring about a drastic change in the hygiene patterns of the women

residing in that area. Even if adolescent girls are provided with economical sanitary napkins then also there is a need for active behaviour change for their effective adoption. Adoption is influenced by the availability of conducive environment and in case of menstrual hygiene; it is also dependent on easy availability of sanitary napkins at economical price.

Participatory approaches are needed in order to engage with girls and to see the challenges they face from their perspectives. The active engagement of all the participants is required so that the intended message is received better. Being a topic that is not discussed openly so the participants might feel uncomfortable in openly talking about it so they need to be engaged in fun and participatory interventions, where they can receive the message as well as share their own problems easily. Menstrual is an issue which has more than just the biological associations but an entire level of socio-cultural factors attached to it, which vary diversely from region to region and home to home. So the participatory approach will ensure that each and every concern is catered to specifically. It will build their desired motivational level to adopt the use of sanitary napkins and promote it among their family and friends.

Comics an enjoyable medium to disseminate the information amongst the adolescents as it is really difficult to keep up their retention span for the entire intervention. Another important reason is that behaviour change can only be brought by acquainting a person about the rationale behind promotion of the expected change. For ensuring a sustained embracement of the message disseminated, active engagement of the participants is essential. They are a great way to motivate people to voice their issues without actually having said so the message delivery could be worked out accordingly. They subtly bring out the point of discussion without putting a face to it so that the issue can be discussed comfortably by being anonymous to the group.

Providing adolescent girls scientifically and biologically correct information regarding the whole process of menstruation is absolutely necessary but also the myths and misconceptions honed by them over the years have to be heard. Their misconceptions and misunderstandings need to be clarified for them to take empowered decisions after the intervention has been completed. Utilising the engaging medium of grassroots comics is a good way, to educate teenage girls about this hushed and neglected topic of menstrual hygiene management. Since the comics would be entirely designed by them, it would reflect their true stories. This active engagement will indirectly bring out the unrealised and hidden fears amongst the girls which she might have developed regarding the issue. Another major advantage of bringing the girls in the centre of discussion is that

any myth or misunderstanding they have accepted as being medically or biologically relevant could be identified. Since ignorant girls might not be in a condition to decide whether what is told to her is true or not, this external intervention will help rectify it.

Addressing these girls would ripple out the message to other members of community soon enough. As these girls are at an impressionable age so working with them would be comparable easier than working with women of certain age who have strongly developed a line of thought which sees these topics in bad light. This wall of resistance is quite difficult to breakthrough to know what actually they might be practicing and experiencing in her their lives as they too have learned social sensibilities to speak on them in socially acceptable manner. The adolescent girls once educated will obviously carry forward their share of knowledge with the future generation who would be capable of taking informed decisions.

**Material And Methods Used:** The study was carried out in the Kadampur village of Tilonia District of Rajasthan, with a group of 23 adolescent girls who were about to start or have just begun menstruating. This locale was chosen specifically as Barefoot Collge in Tolonia has a sanitary napkin production unit which produces low-cost eco-friendly sanitary napkins and has a field centre in Kadampur where these napkins could be accessed. It was logical to select a place where there was easy access to the technology so that at least one of the barriers to maintaining poor menstrual hygiene could be overcome.

Purposive sampling was used as girls were required to remain committed with the programme over the period of research, as this is a sensitive issue and the process of engagement and exploration was long. Girls belonging to low income group who were either unaware or were unable to afford high cost branded sanitary napkins. A small group of girls has been chosen so that there is active participation and the message dissemination is effective.

The study was divided into four phases so that this sensitive is handled methodologically. The first phase aimed at building a good rapport with the target group so that the girls get at ease while sharing their ideas. The second phase was designed to assess knowledge needs of the girls though a pre-knowledge test and then initiate a discussion with them which was facilitated by a video. Once they were comfortable with the topic, they were motivated to share their stories regarding their experiences during their menses. Then the third phase focussed on designing comics which could be used as a medium to bring out their hidden fears which were subconsciously holding them back. Each and every story told or designed was then discussed to

substantiate their myths with actual medical facts. Forth Phase focussed on administering a post-evaluation test and choosing the comics which would be put together in form of a book to be used a reference material for future discussions.

**Results And Discussion: Phase I:** Carrying out an ice-breaking session was a good idea as the participants were eased out which made sure their active participation throughout the study. The topic and purpose of the study was made clear. It was ensured that no substantial information at this point is shared so that their ideas and line of thought are not influenced but they become comfortable in exchanging ideas with each other, or else the entire purpose of the study will be defeated.

**PHASE II:** The results of the questionnaires filled by the girls was first analyzed as a whole and then it was divided for into three major aspects that are- Awareness and Preparedness before Menses begin, Sanitation Practices and Myths/misconceptions. It can be noted that the girls didn't perform well which meant that they have very little knowledge about menstruation and followed unsanitary practices which are dictated by myths and restrictions. The mean score of the total sum of marks secured by all the girls was just 14.9 out of 33 which was quite low. The range of marks scored by girls was also quite i.e. the highest marks for a girl was 22 while the lowest were 11 out of a total of 33. This meant that the girl who was maximum aware about the details of menstruation actually know just about 60% of the information while the girls with lowest level of awareness knew just 30% of the essential information.

#### **Awareness and Preparedness before the Menses**

**Begin:** On analysing the data, it was realized that the extent of social stigma surrounding menstruation is so high that the adolescent girls weren't even informed about it well before they have actually begun with their menses.

**Sanitation Practices:** The analysis indicated that the girls had very little knowledge about the sanitary measures to be taken during menses. This means that they didn't practice a hygienic lifestyle. This knowledge gap can be clearly attributed to the social taboo which mandates them to keep everything relating to the mensuration hidden. This pressure is felt by young girls who are already struggling with the rapid changes in them physically, psychologically and emotionally, this adds to their confusion and disorientation

**Myths and Misconceptions:** This aspect of the questionnaire tried to assess their knowledge on the basis of the myths held by them. This aspect of the questionnaire assessed the girls on the various myths and restrictions being followed by them. These questions include about most common myths

relating to prohibitions about food, places to be avoided and other menstruation relating misconceptions. The low mean score of the girls in this aspect is indicative of the intensity of the myths surrounding them. On an average each girl carried at least five of the several myths articulated by the young girls. Hence it is very important to break these myths by providing them with scientific information regarding the issue of menstrual hygiene.

A video was used to initiate a discussion regarding the issue and some questions were raised regarding the current practices related to menstrual hygiene. After they have also watched the video, a few questions regarding the problems faced by them were posed by the participants, which were suitably answered. After the doubts were clarified, menstruation related hygiene practices were discussed in detail in the form of focused group discussions. The points that were discussed extensively during the discussion were- basics of sanitary hygiene and how it should be maintained, importance of giving special attention to personal hygiene during the menstruation, health repercussions that could result from the neglect and importance of using a suitable sanitary protection method, its proper usage, storage and disposal. This phase basically stressed on bringing out the hidden fears and problems of the participants pertaining to this issue as it is a socio-culturally hushed topic and openly expressing about it might not be a comfortable situation for all the participants. These activities tried to equip them with proper biological as well scientific knowledge of the process and related issues so that they come up with smart solutions to their problems in the next phase. This repeated exposure in the form of a video and then again discussing about it extensively ensured that the participants are at ease while discussing about menstrual hygiene.

Working on the comfort zone built through the previous stages the discussion was taken further ahead. The girls were asked to share their life experiences in this regard so that their problems could be realized and then those problems were discussed. Each girl had a different story to share which ranged from their experiences with their mothers and grandmothers to something they had witnessed in their extended family or even stories of their friends. Understanding their practical glitches and finding an appropriate solution to it was the most important step of the entire process. Since the girls were now comfortable in discussing they elaborated on their personal concerns.

**PHASE III:** Participants were then introduced to the basics of designing a comic book. A grassroots comic basically are stories which are divided into 4 sectioned dialogue scenes for easy comprehension.



Once the need was assessed in the next phase, girls were asked to sketch out their stories in form of grassroots comics. Grassroots comics successfully generated interest among the adolescent girls, enabling them to anonymously share their problems which were then discussed. Girls were asked to design their own stories especially relating to the myths associated with the issue. Then they were asked to develop stories indicating possible solutions to the common problems faced. And then each and every story was discussed and a few selected were compiled in the form of a book. The participants were motivated to put together all the information learned and understanding developed from the previous activities so that a material could be developed for future purposes to conduct a similar exercise with another set of girls. Young participants were asked to design a story of their which they sought would best capture at least one aspect of the menstrual hygiene spectrum. Each comic was then reviewed and the participants themselves selected the 5 stories which best captured the essence of the issue. The final comic book compilation is an effective dialogue initiator for future purposes which will have safe menstrual protection practices, solution to common myths, care during these days, psychological and biological knowledge about the issue and related diseases.

**PHASE IV:** And the final stage consisted of evaluation where the post test was conducted. The results from pre and post-test were coded and scored to substantiate the level of change noticed in the knowledge level of girls. As the same questionnaire was utilised as a post-test so assessing the difference in the knowledge level and understanding of issue was quite easy. The pre-test was used as marker to ascertain that the intervention has generated among young girls regarding the issue of menstrual hygiene. The substantial rise in mean score indicates that on an average a girl had about 14 points i.e. about also 50% rise in their knowledge levels regarding menstrual hygiene. Range calculated is also figurative that there was a huge change in the level of awareness about menstrual hygiene practices where the highest change was noted to be of 19. The post-test was also evaluated on the same subsections as that of pre-test- Awareness and Preparedness before menses begin, Sanitation Practices and Myths/ Misconceptions and Other Motivating Factors.

**Awareness and Preparedness before the Menses Begin:** From the analysis of the pre-test it was clear that not more than 40% of the girls were aware about menses before they had reached menarche. The intervention ensured that all the girls who were previously even unaware about the phenomenon of menses were well aware about it.

**Sanitation Practices:** This aspect saw a huge difference in the level of awareness amongst girls. On an average a change of 5 points was realised in each girl. This is a significant change in the level of awareness of girls regarding menstruation. From the analysis of the pre-test it was realised that the girls weren't aware of availability of sanitary napkins or feared their usage were now seen willing to use it as their primary means of sanitary protection. The active connection was made between the health worker of the organisation and the girls who were initially shying from asking about it from the health worker could freely interact with her. It was also realised that prior to the intervention cloth and rags were still the primary sanitary protection method used which wasn't stored and disposed of safely.

**Myths/ Misconceptions:** From the analysis the pre-test it was seen that girls were badly surrounded by all kinds of myths and misconceptions from practicing isolation to avoiding certain kinds of food. It was the aspect which needed the most attention which was noted while the discussions were being carried out. On an average a girl learnt that about 10 of the myths held by her were irrelevant or injurious to their health.

**Other Motivating Factors:** From the informal interactions and detailed analysis of the data collection, it was noted that certain girls showed deviation from the usual trend which could be attributed to certain factors.

Some of them are-

- Age was an influential factor in determining the level of awareness.
- Role of inspirational Teacher was realised as a major factor determining change in the behaviour of girls.
- The efficiency of a Health worker in performing his duty had deep impact on the behaviour of girls.

The research shows that there is a huge knowledge gap among adolescent girls regarding the issue of menstrual hygiene. This lack of knowledge gets aggravated with the social restrictions and taboos surrounding it, which gets the girl muddled up between scientific or medical facts and the misconceptions or myths. It was observed once the girls were exposed some amount of information, they showed willingness to learn for about themselves so that they are able to take good care of themselves. Learning from this micro-study, it can be said that this participatory and interesting research design is successful in bringing out significant amount of change in the awareness levels of the girls. Grassroots comics proved to be an effective medium for breaking down the silence over a tabooed issue of menstruation. The participatory research design of the micro-study could be replicated with girls

residing in similar socio-cultural context. For converting this knowledge level change into a

practice, mothers of the adolescent girls could also be involved in the discussion.

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