



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2019; 5(12): 142-145
www.allresearchjournal.com
Received: 01-10-2019
Accepted: 03-11-2019

Prayag Raj Joshi
Lecturer, Kailali Multiple
Campus, Department of
Health Education, Dhangadhi,
Nepal

Situation of male involvement in menstrual hygiene management in Kailali district, Nepal

Prayag Raj Joshi

Abstract

Menstruation is a biological event that is often surrounded by secrecy and stigma that cause humiliation in girls. A key element behind this situation is the attitude of males towards menstruation as they can play a crucial role in maintaining menstruation hygiene management, but the role of men in supporting menstrual hygiene has been lacking. Thus, this study was carried out to assess the situation of male involvement in menstrual hygiene management. This was a qualitative study. Participants were selected using purposive sampling method. Data was collected by using phenomenology approach. In-depth interviews (IDIs) were conducted with 4 married males of different professional background in Dhangadhi Sub-metropolitan city of Kailali district. Verbal informed consent was taken from every selected subject as an ethical approval. Basically, discussion was held under 2 themes: Male attitude towards menstruation /MHM, Situation of male involvement in MHM and Measures to abolish this practice. Respondents were aware and convinced about MHM but situation of involvement was not satisfactory. Thus, a large scale research among male attitude is needed to explore the real situation male involvement so that male will be more responsible and female will be empowered.

Keywords: In-depth interview, involvement, male, menstrual hygiene, restrictions

Introduction

Menstruation is a normal physiological phenomenon in women. Women make up half the population over the world (49.58%, 3.55 billion) (United Nations, 2013). But, menstruating girls and women are considered unclean and untouchable during menstruation (Thakur & *et. al.* 2014) ^[11] and as a result they feel shy to share their feelings and problems and sometimes this leads to culmination in suppression of feelings which can cause intense mental stress and seek health advice from quacks and persons having inadequate knowledge (Singh, Devi & Gupta 1999) ^[10]. therefore, it is important to pay more attention in this phenomenon. But, research about menstruation has been neglected for a long time (Yagnik, 2012) ^[17].

Cultural and societal taboos regarding menstruation leads to widening gender disparity in Nepal. Some examples of menstruation restrictions in Nepal are: cooking, entering a kitchen, touching men, having sexual intercourse, clothing, eating together and many more (Water Aid Nepal, 2009) ^[16]. Many of these restrictions are still prevalent in societies having their own versions of restrictions for menstruating females (Thomas, 2007) ^[12].

Menstrual hygiene management (MHM) is part of the overall efforts within SRHR. According to UNICEF (2012) ^[14], it is a access to necessary resources like: menstrual materials to absorb or collect menstrual blood effectively, soap and water, and activities like: a private place to wash, change and dry re-usable menstrual materials in privacy during menstruation, and an adequate disposal system for menstrual materials, from collection point to final disposal point, and education about MHM for males and females.

Menstruation and Male Issue

Menstruation is considered as a matter for women, males usually remaining ignorant of health and hygiene matters of their wives, mothers and children even in families, and it is kept private and not discussed, as they believe on it may bring so many shames. As a result, women cannot express their needs within their homes, community or in society in general. It is seen that the recognition and inclusion gender nature of women's reproductive health is weak, and gender equality and MHM is a neglected issue as it is given low priority

Correspondence Author:
Prayag Raj Joshi
Lecturer, Kailali Multiple
Campus, Department of
Health Education, Dhangadhi,
Nepal

(Sommer & *et al.*, 2016) ^[9]. So, it can be said that male attitudes are one of the main factors driving the stigmatization and myths surrounding menstruation (Beausang & Razor, 2000) ^[11].

Generally, in a patriarchal society, men hold power over women at all levels of society and women are seen as citizen of second class with little power in relation to politics and finance, health and education and so on (Rahi, 2015) ^[8]. Similarly, because of little power in decision-making within the family setting, they have the minimal impact on societal matters. This is all because of, low literacy, lack of confidence, cultural norms and so on.

Role of men in MHM

There may be the active role of men in menstrual issues including reducing the restrictive practices, omit negative view toward menstruation, promote better menstrual hygiene management and critical investment in WASH. And they can contribute in reducing menstruation practices through their roles as family members, policy makers, students, peers, teachers, community leaders, entrepreneurs, development and humanitarian practitioners, and policymakers, stakeholders and investors. Similarly, men can support women to manage menstruation effectively across different social domains including household, community, school, and work. To make such change, it is necessary to assess the situation of male involvement in MHM so that appropriate actions can be taken to gain their support for women in addressing these issues.

Problem Statement

A review of the literature revealed that limited information is available on situation of male involvement in MHM. This general idea suggests me that only basic information is available on male involvement in MHM. To make change and contribute in this field it requires more information. Therefore, it is academically significant to conduct a qualitative research study.

Significance of the Study

Like other research this research is also beneficial to various concerned people. For e.g. Health educators may use the results of the study to develop education programs, and to increase awareness of male towards menstruation. Community health educators may use data from this study to modify reproductive health programs to facilitate the needs of the women's population. Health education specialists may have access to data that can be used to develop teaching programs that are client-centered and focused on the relevant needs of the women. The data from the study can be shared with the local and state departments of health, local health facilities, and local community groups. The health departments and community groups may use the data to initiate a conversation on male's views on MHM. So this study is significant for research.

Theoretical Framework

For my study, I draw on two major models to explore the male involvement in MHM. The first model, health belief model HBM, propounded by Hochbaum, Rosenstock and Kegels, in 1950s, deals with health behavior is determined by personal beliefs or perceptions about a disease and the strategies to decrease the occurrence of disease (Hochbaum, 1958) ^[5]. As my study requires, this model helped me to

understand the beliefs of males towards menstruation. This model is by far the most commonly used theory in health education and health promotion (Glanz, Rimer, & Lewis, 2002 National Cancer Institute [NCI], 2003) ^[4, 7]. I applied this model in my study as I also have so many experiences regarding this field and as I am also from that place where so many kinds of wrong perceptions are still prevailing regarding menstruation. Another theory I applied in my study is the Theory of Reasoned Action TRA, developed by Martin Fishbein and Icek Ajzen in 1967 aims to explain the relationship between attitudes and behaviors within human action. It is used to predict how individuals will behave based on their pre-existing attitudes and behavioral intentions. So, I want to find out the relationship between attitudes and behavior of males for the purpose of MHM. My study tries to find the relationship between attitudes and behavior with action regarding MHM. As this study requires, this theory helped me to find the relationship between their attitudes and behavior within human action. The ideas of this theory implied that a person's behavior is influenced by personal philosophies, personal feelings, and personal desire to make a realistic change (Fishbein & Ajzen, 1975).

After reviewing several theoretical ideas, I concluded that many other philosophies are also applicable in researching situation of male involvement in MHM. For example, The Health Behavior Theory infers that a person must be aware of the need for a behavior change and the environment may help to support the behavior change (Glanz, Rimer, & Lewis, 2002) ^[4].

Methods and Materials

Subjects and Methods

This study was designed, as a part of qualitative study, to analyze the interview data. Participants were selected by systematic procedures using purposive sampling method to make it more rigorous and clearly defined selection criteria appropriate for the study purpose. Data was collected by using phenomenology approach on the basis of saturation of information in field to explore the perceived beliefs of males. In-depth interviews (IDIs) were conducted with 4 married males in this study. Semi structured open-ended questions were used for interview. The responses were reported through note taking and then voice was also recorded in tape recorder and some photographs were also taken with permission of respondents. In-depth interview was focused to collect the qualitative information. The interviews were read several times to gain understanding of the texts and to capture the essential meaning. So, the researcher reviewed the transcripts several times, responses were classified, coded and made final report.

Sample Selection Procedure

Participants for in-depth interview were recruited and sampled from married males from different professional background in Dhangadhi Sub- metropolitan city of Kailali district.

Ethical Consideration

Verbal informed consent was taken from every selected subject as an ethical approval. Subjects were assured for the anonymity of the information and allowed to refuse to participate in the study at any time if they wish.

After collecting the data a qualitative codebook was developed as themes started to emerge. Qualitative data analysis was categorized into, immersion condensation and drawing and verifying conclusions (Miles, *et al.*, 2014) [6].

It also ensured organization of the data and facilitated agreement/disagreement as new codes were added (Creswell, 2013) [2]. A codebook was maintained throughout the qualitative phase of the study to trace the data and coding schemes undertaken. This process was critical because it allowed the researcher to start analysis during data collection and aided in a more focused fieldwork experience and served as a basis for cross-case analysis for multiple interviews through allowing common themes to emerge (Miles, *et al.*, 2014) [6].

Objectivity aimed to provide an unbiased stance during execution of the research study (Miles *et al.*, 2014) [6]. I explicitly attempted to be self-aware of personal assumptions, values and biases and affective states and how this would influence the study (Miles *et al.*, 2014) [6]. This was achieved through documenting field notes on thoughts, feelings, reactions and impressions of each study phase. Moreover, another aim of using triangulation was to minimize and counterbalance the deficiency of a single method, therefore enhancing interpretation of the findings (Thurmond, 2001) [13].

Qualitative Data Analysis

Some semi-structured questionnaires were developed to collect the qualitative information from the respondents for the purpose to make in-depth understanding on situation of male involvement in MHM. Basically, discussion was held under 2 themes: Male attitude towards menstruation /MHM, Situation of male involvement in MHM and Measures to abolish this practice. On the basis of nature of professional background, focus of these themes was slightly categorized during the interview. The questions related to attitude and behaviors were much discussed among those married males.

Researcher: I would like to know about attitude towards menstruation and practice. In the same way, measures to abolish the Menstruation restriction practice

All the respondents perceived MHM as a serious matter for women health. According to respondents' view, every male and female should pay attention in women's biological process for their health. In one word, all the respondents were conscious to their wives' menstruation process.

i. (a) Male attitude towards Menstruation /MHM

In this portion of the interview respondents were asked: first, what is menstruation/ MHM, second, is it good to restrict women in the name of menstruation, and third, and how can it be prevented? These results are presented in two subsections, Attitude towards menstruation and practices towards Menstruation.

i. (b) Attitude and Practices towards Menstruation

All four males responded similarly when asked, how they responded if their wives got menstruation and sought your help to manage. One from teaching background responded that "if she sought help from me, I provide everything she needs and I advocate this issue in school and home. Similarly, the second respondent who was from religious background responded differently, and he asked to his parents if any difficult situation arises but they should get help from us. Similarly, the third respondent was from

political background gave normal answer. He explained that he encourages and does not force her wife to continue this practice and I usually help her in difficult situation. Fourth respondent who was adolescent responded that they should be free to do everything as previous days. There is no restrictions in my home and I am fully convinced in this serious matter it addition, women themselves should be open in this matter.

Thus it can be said that all the respondents described menstruation as a normal physiological process in women and they should get the facilities to manage the menstruation.

II. Measures to abolish the Restriction practice

In this portion of the interview males were asked to, first, to tell what measures we should follow to abolish this practice. The discussion in this section consists of themes Provisions required to abolish restriction regarding MHM.

First respondent who was from teaching background responded that, adolescents should be provided MHM knowledge in their homes as it starts in this stage. Second respondent who was from religious background answered that it is deep rooted problem as we all religiously associated people. Human being is a social animal not only biological creature and we need to follow the socio cultural norms to live in society. That's why; we need to take permission of our KULDEUTA before taking this decision. If it is compulsion, communities should build and manage public toilets and separate bathing spaces with sufficient water, so adolescents can easily address MHM properly. This includes making pads available in public places.

Similarly, the third respondent who was from political background responded that multi sect oral collaboration among NGOs, INGOs, schools, health posts, and other government institutions should collaborate to develop focused MHM education. And social organizations should lobby and advocate for improved MHM through the appropriate government offices. Similarly, awareness programs should be conducted on the behalf of community leaders and these awareness raising programs should target men in particular so that MHM issues do not remain isolated as a women's issue. Similarly, the fourth respondent who was an adolescent student responded that Schools should provide MHM facilities for menstruating girls. Teachers should play supportive roles in order to care the issues related to menstruation. Knowledge related to MHM should be incorporated in school curricula so that one can study in school and then educate their siblings, peers, and family members.

From these views, we can say that all the respondents, except the respondent from religious background, have the positive attitude towards abolishing the restrictive practice during menstruation and they want to abolish this practice. And the situation of male involvement in MHM seems satisfactory. To make it more satisfactory, women should be empowered and MHM education should include men too.

Data Availability

The datasets analyzed during the current study are available from the corresponding author on reasonable request.

Disclosure

The funder has no role in the manuscript writing, editing, approval, and decision to publish.

Conflicts of Interest

All authors declare that they have no conflicts of interest associated with the publication of this manuscript.

Acknowledgments

We wish to acknowledge all those who agreed to participate in this study.

References

1. Beausang C, Razor A. Young western women's experiences of menarche and menstruation. *Health Care Women Int.* 2000; 21:517-28.
2. Creswell JW. *Qualitative inquiry and research design: Choosing among five approaches* (3 ed.). Thousand Oaks, CA: Sage, 2013.
3. Fishbein M, Ajzen I. *Belief, attitude, intention and behavior. An introduction to theory & research.* Massachusetts: Addison Wesley, 2013. Retrieved from <https://www.amazon.com/Belief-Attitude-Intention-Behavior-Addison-Wesley/dp/0201020890>
4. Glanz K, Rimer BK, Lewis FM. *Health Behavior and Health Education* (3rd ed.). San Francisco: Jossey-Bass. *Health care and human behavior* London: Academic Press, 2002, 135-152p.
5. Hochbaum GM. *Public Participation in Medical Screening Programs: A Socio-psychological Study* (Public Health Service Publication No. 572). Washington, DC: Government Printing Office. in schools: A companion to the Child Friendly Schools manual, New York: UNICEF, 1958.
6. Miles MB, Huberman AM, Saldaña J. *Qualitative data analysis: A methods sourcebook.* Thousand Oaks, CA: Sage, 2014.
7. National Cancer Institute [NCI]. *Theory at a Glance: A Guide for Health Promotion Practice.* Washington, DC: U.S. Department of Health and Human Services, 2003.
8. Rahi A. Gender discrimination in India and its solution. *International Journal of Multidisciplinary Approach & Studies.* 2015; 2:169-73.
9. Sommer M, Caruso BA, Sahin M, Calderon T, Cavill S, Mahon T *et al.* A time for global action: Addressing Girls' menstrual hygiene management needs in schools. *PLoS Med.* 2016; 13:e1001962.
10. Singh M, Devi R, Gupta S. Awareness and health seeking behavior of rural adolescent school girls on menstrual and reproductive health problems. *Ind J Med Sci.* 1999; 53(10):439-43.
11. Thakur H, Aronsson A, Bansode S, Lundborg CS, Dalvie S, Faxelid E. Knowledge, practices and restrictions related to menstruation among young women from low socioeconomic community in Mumbai, India. *Front Public Health.* 2014; 2:2-7.
12. Thomas EM. Menstruation Discrimination: The Menstrual Taboo as a Rhetorical Function of Function of Discourse in the National and International Advances of Women's Rights. *Contemporary Argumentation & Debate,* 2007, 2865-90.
13. Thurmond VA. The point of triangulation. *Journal of Nursing Scholarship.* 2001; 33(3):253-258.
14. United Nations Children's Fund (UNICEF). *Water, Sanitation and Hygiene (WASH,* 2012.
15. United Nations, Department of Economic and Social Affairs, Population Division. *World Population Prospects: The 2012 Revision, Key Findings and Advance Tables,* 2013.
16. Water Aid in Nepal. *Is Menstrual Hygiene and Management an Issue for Adolescent Girls? A Comparative Study of four Schools in Different Settings of Nepal.* Water Aid in Nepal. Working Paper No. ESA/P/WP.227, 2009.
17. Yagnik AS. Construction of negative images of menstruation in Indian TV commercial. *Health Care for Women International.* 2012; 33(8):756-771.