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Level of awareness on menstruation among adolescent girls of Tribals (Gujjars): A study of Aloosa tehsil in district Bandipora

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Abstract

Background: Menstruation is one of the most important changes occurring during adolescence and is an important constituent of a female's reproductive health and wellbeing. The objective of this study is to know the level of awareness on menstruation and their personal hygiene among Gujjars Girls in Bandipora district.

Methodology: The sample for the study comprised of 200 girls in the age group 10-19 years. A sample random sampling technique was used for selection of the sample group from Aloosa Tehsil in Bandipora district of Jammu and Kashmir. Adolescent girls were interviewed with the help of structured Interview schedule to know the level of awareness among Gujjar girls related to menstruation. The data was then analysed quantitatively using a statistical analysis.

Results: The results revealed that sample girls lack conceptual clarity about the process of menstruation before they started menstruating and unpreparedness for menarche. The level of personal hygiene was seen very less and management of menstruation was found to be quite unsatisfactory. 79.5% of the gujjar girls believed that there should be no regular bath during menstrual cycle.

Conclusion: There is low level of knowledge and awareness about menstruation and its related issues among Gujjars adolescent girls. The personal hygiene was not good among adolescent girls.

Keywords: menstruation, personal hygiene, sanitary protection, tribal girls

1. Introduction

Menstruation is a natural biological process that women go through every month. The onset of menstruation is one of the most important changes occurring among the girls during their adolescent years, which most commonly occurs between 11 and 15 years^[1]. In various parts of India, there are several cultural traditions, myths and misconceptions related to menstruation, which make adolescent girls vulnerable to genital tract infections. The event of menarche may be associated with taboos and myths existing in our traditional society which has a negative implication for women's health, particularly their menstrual hygiene. Studies have shown that the girls lack knowledge about menstruation and due to lack of hygiene; they are likely to suffer from RTI's^[2]. One of the major challenges before every adolescent girl is to handle menstruation^[3], which is a normal body function in females. A number of taboos and social and cultural restrictions still exists concerning menstruation^[3], which intimidates the girls and make their life difficult. Therefore, menstruation is generally unwelcomed by the adolescent girls. Most of the women are uncomfortable in discussing the topic as it has a social taboo^[4]. Women shared several misconceptions and traditional beliefs regarding menstruation^[5]. Lack of adequate perception towards menstruation may make girls vulnerable to mental, emotional, and physical problems, especially during their menstruating days^[6].

Menstruation is tabooed or stigmatized in many parts of the world, especially in low and middle income countries in Asia and Africa^[7]. Further, the majority of these women do not have access to proper toilets, clean water, sanitary napkins/ menstrual pads/ tampons or the privacy to change or dispose of menstrual hygiene materials^[8]. They are embarrassed to have their periods and rely on used, damp, cotton cloths or rags to control menstrual bleeding. Because of social taboos, women, especially in rural remote areas, are unable to properly

wash and dry used menstrual cloths; reusing unhygienic cotton cloths instead of clean sanitary napkins and cloths is a common practice in low and middle income countries^[9]. There have been multiple reports of women developing reproductive tract infections (RTIs), abnormal vaginal discharge and other health conditions due to poor menstrual hygiene practices in countries like India, Nepal and Bangladesh^[10].

Menstrual disorders are a common problem among young girls. These include dysmenorrhea, menorrhagia, oligomenorrhea, irregular cycles, and menstruation-related mood changes. Dysmenorrhea is the most common gynaecological disorder among female adolescents^[11].

An estimated half of all women globally are of menstruating age, 26% of the total population^[12]. India's population is expected to reach 1.4 billion by 2021, signifying approximately 370.5 million women of menstruating age in India alone^[13]. Menstruation in India continues to present itself first and foremost as a social and cultural issue rather than a health issue. With 68.86% of India's population residing in rural regions, this magnitude and its implications for the female experience of menstruation cannot be disregarded^[13]. Many women's menstrual experience is defined by a lack of resources and knowledge for proper menstrual hygiene management. According to the World Bank report, nearly 5000 million girls and women globally lack adequate facilities for menstrual hygiene. In India, scores of women do not possess adequate knowledge of intimate health and sanitation, thus pushing them towards serious health-related problems. Majority of women often hesitate to purchase menstrual products openly. Also, women find it increasingly difficult to talk about the very process of menstruation and the problems related to it. According to National Family and Health Survey 2015-16, 62 per cent females in Jammu and Kashmir use cloth during their menstruation and in rural areas, it is seen that the same cloth is reused after being washed which can cause Urinary Tract infection and other diseases. Lack of awareness regarding female hygiene is one of the issues but another more prominent problem is the high cost of sanitary napkins as well as lack of disposal methods of sanitary napkins. In this paper, researchers have examined the menstrual problems encountered by the Gujjars girls. Therefore, the current study was aimed to know the level of awareness and associated factors regarding menstruation among adolescent tribal Gujjars girls, in district Bandipora.

2. Gujjar Community in the Union Territory of Jammu and Kashmir

The state of Jammu and Kashmir is in fact a blend of several ethnic groups like Kashmiri, Dogras, Gujjars and Bakerwals, Dards, Baltis, Gaddis, Ladakhis, Pothwari speaking Muslims and non-Muslims and Chibalis. The tribal people of Jammu and Kashmir are distinctive and stand out from the rest of India's tribal populations in terms of customs, cultures, means of communication or simply their culinary arts^[14]. The Gujjars, who are the third largest ethnic and linguistic group constituting more than 20 per cent of the population in the erstwhile UT of Jammu and Kashmir^[15], are mainly Muslims and observe age-old traditions and customs^[16] and occupy an important place in the socio-economic and political life of the State. It is believed that the Gujjars in the State are not different from the Gujjars spread over in the rest of the country. Gujjars are

also called "Natures own children" and "Lords of forests"^[17]. According to the Census of India (2011), the tribal population constituted 8.6 per cent of the nation's total population, whereas the share of the tribal population of the erstwhile undivided state of Jammu and Kashmir was 11.9 per cent, which is significantly higher. Based on occupation, Gujjars are divided into Zamindar Gujjars and Dodhi Gujjars. Zamindar Gujjars are those whose primary occupation is agriculture and animal husbandry. They possess considerable pieces of land on slopes of mountains where only a rabi crop is possible. Dodhi Gujjars, on the other hand, are exclusively pastoral and even today, they move from low- to high- and high- to low-altitude hills in search of pastures for their cattle on which their whole economy is sustained. They live mainly on the sale of milk and its products. Gujjars are poor and considered backward, socially, economically, educationally and politically. Despite proper constitutional provisions, policies and programmes, they have a low literacy rate as compared to other inhabitants of the state and other tribes at the national level. Gujjar community has also not developed in terms of basic facilities such as shelter, healthcare, and means of communication.

3. Materials and Methods

3.1 Sample Size and Data Collection

The sample for the present research comprised of 200 adolescent girls in the age group of 10-19 years. 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 10- 19 years. The sample was selected from Gujjar tribe from Aloosa Tehsil in Bandipora district of Jammu and Kashmir. Tehsil Aloosa in Bandipora district of Kashmir Valley was selected for field investigation because most of the villages here had a major concentration of the Gujjar population than in the other tehsils. Bandipora District is one among 22 Districts of UT of Jammu & Kashmir, India. Bandipora District Administrative head quarter is Bandipora. Bandipora District population is 385099. This district was carved out from the erstwhile Baramulla district. A few percentages of Gujjars of the district are illiterate. They have agriculture as a main source of livelihood. The basic facilities of the life are not available to Gujjars of the district. The standard of living of this district is not better as the Gujjar population is facing acute difficulties which include: Lack of financial resources with Gujjars of Bandipora. Non availability of work to Gujjar labourers. Road links are not easily accessible.

Data were collected by using structured interview schedule. Detailed interviews were conducted with the selected sample to obtain information regarding level of awareness and personal hygiene related to menstruation. The major components of interview guide were: 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. The girls were informed about the purpose of the study, and rapport was built up and verbal consent was obtained from them. Interviews conducted in groups included two to three girls. Wherever necessary, important information and feedback was provided to the girls. At the end of the study, after collection of the data from the gujjar girls, all their queries were answered satisfactorily by the

researcher. The qualitative and quantitative data were collected and analysed statistically by simple proportions.

4. Findings and Analysis

Table 1: Distribution of adolescent gujjar girls according to age at menarche

Age at menarche (yrs.)	Number	Percentage
10	0	0
11	42	21
12	43	21.5
13	83	41.5
14	21	10.5
15	11	5.5
16	0	0
17	0	0
18	0	0
19	0	0
Total	200	

Source: Field Survey (Feb.2019-Sep.2019)

Table 1 shows that out of 200 monarchic girls, maximum number of girls i.e. 41.5% attained menarche at the age of 13 years, whereas very less number of girls attained

menarche at the ages of 11 and 12 i.e. 21% and 21.5%, 14 and 15 years i.e.10.5% and 5.5%. The youngest age of menarche was 11 years and oldest was 15 years.

Table 2: Adolescent Gujjar Girls knowledge about menstruation

Variables	No. of Respondents	Percentage
Menstruation		
Normal Physiological process	40	20
Not a Normal Physiological process	160	80
Pattern		
Irregular	74	35
Regular	126	63
Pain during menstruation		
Painful	120	60
Painless	80	40
Hygiene		
Cloth pieces		
Sanitary pads	60	30
Both	20	10
Duration of Blood flow		
3-4 days	77	38.5
5-6 days	90	45
7-8 days	33	16.5
Duration of Menstrual cycle		
<21 days	83	41.5
21-35 days	81	40.5
>35 days	36	18
Primary source of information		
TV	10	5
Radio	20	10
Mother	93	46.5
Friends	77	38.5
Heard about menstruation before menarche		
Yes	90	45
No	110	55
Regular bath during Menstruation		
Yes	41	20.5
No	159	79.5
Premenstrual symptoms(PMS)		
Feeling of sickness	18	9
Abdominal bloating	52	26
Nausea / vomiting	13	6.5
General Weakness	43	21.5
Headache	8	4
Change in mood	17	8.5
Leg Pains / Cramps	49	24.5

Source: Field Survey (Feb.2019-Sep.2019)

Table 2 shows gujjar girls knowledge about menstruation. Most of the gujjar girls revealed that menstruation is not a normal physiological process i.e.80% and 20% revealed that this is a normal physiological process. 63% Gujjar girls had regular menstrual cycle whereas 35% girls had irregular menstrual cycle. Most of the respondent's i.e.60% had painful menstruation and 40% had painless menstruation. Most of the gujjar girls i.e.60% used cloth pieces instead of sanitary napkins during menses and only 30% used sanitary napkins during menses because of financial problem. Maximum gujjar girls i.e. 38.5% had the normal number of days for menstrual bleeding 3 to 4 days and 45% had 5 to 6 days blood flow during menses and only 16.5% had 7-8 days blood flow. Most of the participants said that the duration of the menstrual cycle below 21 days (41.5%) and 40.5% had the duration of the menstrual cycle 21-25 days and only 18% had the duration of menstrual cycle 30 days. Most of the participants i.e. 46.5% got information from their mothers, 38.5% from friends, 5% from T.V, and 10% from radio. Many adolescent gujjar girls start their periods uninformed and unprepared. It was found that none of the sample girls (45%) had complete information about the process of menstruation before they started menstruating and 55% had not heard about menstruation before their first menstrual period. Most of the participants (20.5%) had regular bath during menstruation and 79.5% had not regular bath during menstruation and they have a notion that if we bath daily we will fall ill. Premenstrual syndrome (PMS) the most common menstrual disorder among adolescent girls. The most common PMS reported were feeling of sickness, abdominal bloating, nausea /vomiting, general weakness, headache and change in mood and leg pains or cramps. From the 7 symptoms of PMS included in the study, abdominal bloating was the most common symptom experienced by most (26%) of the study subjects followed by leg pains (24.5%), general weakness (21.5%), feeling of sickness (9%), change in mood (8.5%), nausea (6.5%) and headache (4%).

Table 3: Distribution according to disorders of menstruation

Disorders of Menstruation	No. of Respondents	Percentage
No disorder	0	0
Dysmenorrhoea	122	30.5
Menorrhagia	33	16.5
Leucorrhoea	45	22.2
Total	200	

Source: Filed Survey (Feb.2019-Sep.2019)

Table 3 depicts that the commonest disorder of menstruation among respondents was dysmenorrhoea i.e. 30.5%, and had menorrhagia, and leucorrhoea problems in 16.5% and 22.5%.

5. Problems faced by Adolescent gujjar girls

Most of the respondents do not have the means for self-care and do not get the support they need when they face problems. Many girls had negative reactions to their first period. For example, a majority of respondents described menarche as a shocking or fearful event and many cried upon seeing their blood. The findings also show that the economic status of the family has direct influence on menstrual practices. The girls from rich families reported that they use sanitary napkins whereas the girls from low income families do not use sanitary napkins because of

monetary problems. Respondents also reported various psychological effects related to menstruation including shock, fear, shame and embarrassment. For many of them it was an unexpected surprise or shock to experience it for the first time. They also reported experiencing pain that limited movements or activity. A few reported scarcities of pain relief options and not being aware of where to seek help. Some experienced abnormalities of menstruation that required medical attention, such as prolonged bleeding.

6. Conclusion

The conclusion of the study revealed that there is a lack of awareness regarding menstruation and it is the need of the hour to increase the awareness of adolescent girls about menstruation and its hygienic management. Therefore, menstrual education should be incorporated into routine health promotion and health education programmes in the communities to provide accurate and practical information to girls on menstruation. Dysmenorrhoea was common menstrual problem among adolescent girls. The personal hygiene was not good among adolescent girls. The girls from study areas reported having poor knowledge of physiological functions and reproductive health. Poor menstrual hygiene can result in severe health consequences and vastly unequal health outcomes for women compared to men. Menstruation just needs a proper understanding of hygiene and safe practices. Menstruation is nothing but a very normal biological phenomenon, and adolescent girls should understand that they have the power of procreation only because of this virtue. Despite awareness of some girls about readymade sanitary napkins, none of them was currently using cloth due to the high cost and shyness in purchasing them from men-run shops.

7. Recommendations

There is a need for health and hygiene programs for adolescent girls. More stress should be given on personal hygiene. There should be counselling services for adolescent girls at government health facilities. Local Health Committees should be involved in education and awareness program. Health volunteers, Accredited Social Health Activists, and Anganwadi workers should be oriented to disseminate knowledge about menstruation and promote menstrual health and hygiene among adolescent girls.

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