

DISCOURSE OF MENSTRUAL WELLBEING IN SOCIO-CULTURAL PERSPECTIVE AMONG ADOLESCENT GIRLS IN RURAL RAJASTHAN

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ABSTRACT

The present study was carried out in Noharia, a small village of Rajasthan has a population of around one thousand. This study was based on two key objectives, one, to assess the menstruation health, practices and socio-cultural restrictions on adolescent girls and second was to disseminate knowledge about menstrual adjustment among rural girls. In this study, Mean age of menarche was found 14.5 years. The study reveals that Girls were unaware and unprepared about the menarche. 77.3% of girls reported of being unaware about the phenomenon in the course of their first menstruation. The initial experiences found vital among adolescent, 86.4% of girls reported that at the inception of the period their first reaction was fear. The majority (90%) of participants' resolved sudden panic of menarche by telling to their mother. In this study sanitation during menstruation was found to be a big challenge in rural areas as 63.6% girls goes to the farm for defecation. However, at the end of the study, one session was conducted to disseminate knowledge on menstrual adjustment among participant girls in the study. It was a constructive activity executed along with young girls. It is to conclude that if knowledge circulates to girls with a systematic way it would lead towards an effective initiative in order to address menstruation taboos and menstrual malpractices among women in rural areas.

Keywords: Adolescents, Knowledge, Menarche, Menstruation

INTRODUCTION

Adolescence is the age of rapid physical, cognitive, social, and emotional development and the stage of ample opportunities (WHO, 2017). However, Adolescence signifies late childhood during which sexual variation gradually starts to occur (Swenson & havens, 1987). It comprises

three distinct sub-phases: early adolescence (age 10 to 13 year), middle adolescence (ages 14 to 16 year), and late adolescence (ages 17 to 19 years) (Rani RN, 2016). Significantly, the Adolescent period is filled with fear and anxiety when new emotions, especially in females, imply the transition from girlhood to womanhood (Goel & Kundan, 2011). If not paid adequate attention during this phase adolescents may encounter poor psycho-social adjustment throughout their life.

Apparently, early adolescence in girls recognized as a special period manifest with the onset of menarche. Menarche is the time a girl first time experiences menstruation. It is found; in most of the societies, girls are unaware and unprepared about the menarche (Tegegne & Sisay, 2014) as a consequence girl's deal with different feelings including fear, shame, and guilt. In accordance with Clarke and Ruble, (1978) girls' initial experience of menstruation (menarche) is recognized as having a major result on their adult experience of menstruation. Further, they emphasize that the early experiences among adolescent girls with regards to menstruation should be ensured as favorable as possible in order to avoid late discomforts in life. Nonetheless, it is dispirited for the young girls that once reaching at menarche they start undergoing restrictions on movements and their behavior (Khanna, 2005).

Furthermore, the word menstruation derived from '*Menstrualis*' or '*monthly*' that stands for the regular monthly occurrence. However, menstruation is a natural biological progression when girls bleed through their vagina; it is the sign of the healthy reproductive cycle which starts at puberty. Menstruation is termed differently among rural girls as Mahine se (monthly occurrence), Chhutti se hona (resting period), pair chale aana (periodicity) and the word MC (menstrual period) used amongst the slightly educated ones, although girls do not aware of the full form of MC (Kothari, 2010). Considerably, in the course of menstruation taking account of health and hygiene is very essential for adolescent girls. Poor menstrual health results in: (1) Chronic pelvic pain (2) Dysmenorrhea (painful periods) and (3) Sometimes infertility (Upashe & Tekelab, 2015). More or less, in all the societies around the globe, menstruation is associated with misconception, malpractices, and maladjustment due to which menstrual health is often ignored among girls and women. Hygiene is an important factor related to menstruation and use of clean hygienic cloth (absorbent), changing of absorbent, adequate place to dry the absorbent cloth while maintaining the privacy are some crucial facets of menstruation among adolescent girls particularly in rural areas.

In addition, socio-cultural restrictions and taboos intensify the difficulties of girls and prevent them to take help from elders (mother, grand-mother etc.) who impose a restriction on their diet, movement and control their regular activity when having menstruation (Van Eijk M. et al., 2016). The basic of several myths are the cultural beliefs of impurity linked with menstruation

(Garg & Anand, 2015). However, socio-cultural beliefs associated with menstruation are added by the low level of knowledge, lack of understanding about puberty, menstruation and reproductive health among young girls (Garg & Anand, 2015). Negative social and cultural attitude towards menstruation limits the life of millions of adolescent girls that underpins the lifelong discomfort felt by girls about their bodies (Chandra Mouli et al., 2013). Further, Isolation and restrictions imposed during menstruation increase negative attitude towards this phenomenon among girls (Goel & Kundan, 2011).

Culturally, it is believed that periods "purify women insides" and helps to "refine them again" likewise there are several paradoxical interpretations exist. Kothari (2010) attempts to interpret some taboos and explains it through two extensive descriptions first one is, '*psychogenic*' when blood leads to fear of menstrual blood and second '*Socio-genic*' that leads to patriarchal social systems perceiving a woman as an impure entity. Therefore, menstruation blood is believed to be polluted as a result; girls and women are often forbidden from cooking, praying and participating in social activities during their periods.

For adolescent girls, menstruation arises as havoc as their life suddenly comes to limit various events. For instance, it leads to school absenteeism among girls (Tegegne & Sisay, 2014) desolately girls in rural areas drop out of the school as soon as they attain menarche. Fear and humiliation from the leaking of blood and body odor is one more reason for menstruating girls to be absent from school (Van Eijk M. et al., 2016).

Adolescent girls both in urban and rural areas deal with the same amount of difficulty during menstruation. The Government of India working rigorously in rural areas with adolescent girls dealing with menstrual health and sanitation and providing "*Freedays*" sanitary napkin under the scheme '*Promotion of Menstrual Hygiene among Adolescent Girls (10-19 Years) in Rural Areas*' This scheme promotes Menstrual Hygiene and combines health education for adolescent girls in rural areas, also enabling other sanitation measures such as reach to water and toilets in schools. Community health workers crosswise the country are getting training to lead this initiative in order to play a substantial role in the promotion and distribution of sanitary napkins (NRHM, 2017). However, irregularities can also be found in the implementation of this scheme, for instance, weekly one meeting of the Community health worker with adolescent girls is a provision in order to assure better reproductive health but it is seldom conducted. A study conducted by UNICEF in rural Uttar Pradesh finds that only 62% CHW were aware of the importance of washing clothes with soap and dry in the sun while only 47% had a positive attitude towards menarche preparation. Proper monitoring and positive attitude of health workers can intensify the government's efforts to ensure better menstrual health management among adolescent girls.

This study aims at understanding the menstrual health, practices and socio-cultural restrictions associated with it among adolescent girls in rural Rajasthan. Knowledge dissemination regarding menstruation seems a helpful turn in order to spread awareness about healthy practice along with the elimination of malpractices associated with menstruation.

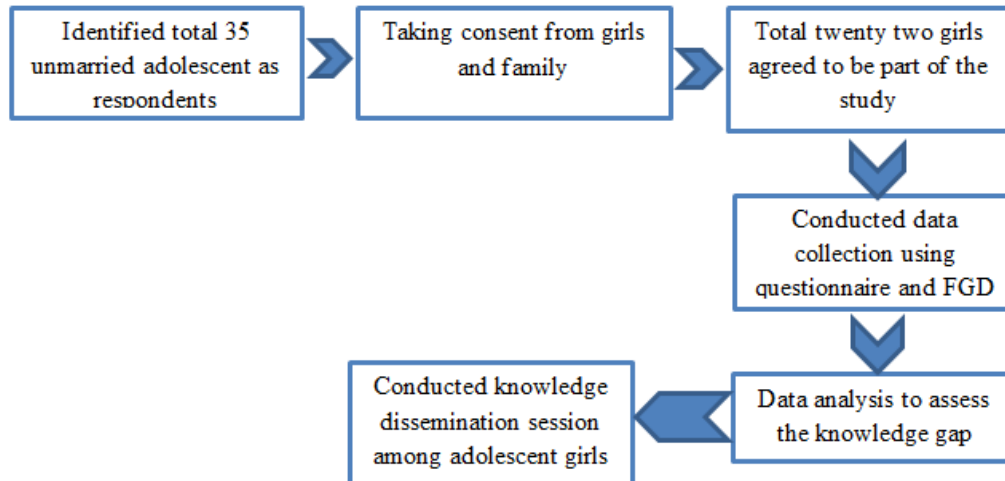
OBJECTIVES

The present study was based on two key objectives, those are:

1. To assess the menstrual health, practices and socio-cultural restrictions on adolescent girls.
2. To disseminate knowledge and information related to healthy menstrual practices among adolescent girls.

MATERIALS AND METHOD

The present study was carried out in a small village 'Noharia' in the state of Rajasthan. It is situated around 100 km. away from capital city Jaipur. The village comprises a population around 1111 involving 507 males and 604 females. An adequate consent from girls and their family was taken. Since child marriage is a prevalent event in the village thus it was difficult to get more unmarried adolescent girls there. Total of 35 unmarried adolescent girls were identified and approached in the village, among which only twenty-two agreed to respond. The criterion of the selection of adolescent girls was as followed: (1) who had attained menarche (2) who was unmarried. School going, school drop-outs and illiterate girls were included too. The self-constructed questionnaire was used for data collection consisted of a demographic profile of participants, menstrual practices, socio-cultural practices, and menstrual symptoms. Further, convenient sampling along with snowball sampling was used to collect the data. Convenient sampling was used because only unmarried adolescent girls were decided to consider for the study although while discussing the local people and adolescent girls it got to know that the population of the unmarried adolescent girl was limited in the village. Furthermore, through snowball sampling, adolescent girls were identified as potential participants for the study.



All the variables have been presented in frequency and percentage. For the present paper, three sessions with a group of girls were conducted immediately after data analysis to disseminate the knowledge regarding menstruation cause, symptoms, practice and management. Girls discussed their menstrual health problems and experiences during the discussion which was helpful to understand their’s as well as their family’s perception, knowledge and attitude towards menstruation.

RESULTS AND DISCUSSION

This study has included three main factors of menstruation. Those are menstrual health, menstrual practices and socio-cultural restrictions among adolescent girls. The added result of the study has been discussed below.

Table 1: SOCIODEMOGRAPHIC PROFILE OF PARTICIPANT

	Response	Frequency	Percentage
Age	13 to 16 years	11	50.0
	17 to 20 years	11	50.0
Religion	Hindu	20	90.9
	Muslim	2	9.1
Caste	Gurjar	14	63.6
	Khatik	2	9.1
	No response	6	27.3

Type of Family	Nuclear	11	50.0
	Joint	11	50.0
number of Family members	Below 5 members	11	50.0
	Above 6 members	11	50.0
Mother's education	Illiterate	20	90.9
	Primary	2	9.1
Father's education	Illiterate	13	59.1
	Primary	7	31.8
	High school	1	4.5
	Degree	1	4.5

SOCIO-DEMOGRAPHIC PROFILE OF PARTICIPANT

In the present study, the age of the participant was between 13 to 20 years. Further, half of the participants were in the age between 13 to 16 years whereas the remaining half of participants had age between 17 to 20 years. In the study, the majority of the participants followed the Hindu religion whereas remaining participants were Muslim. The community was dominated by the Hindu (90.9%) with two prominent cast; *Gurjar* (63%) and *Khatik* (9%). *Khatik* community is a scheduled caste whereas *Gurjar* belongs to the backward class in Rajasthan state. Half of the participants were of nuclear family while the other half had joint families. Nonetheless, the Literacy rate of mothers of participants was found very poor as the majority of mothers of participants were illiterate and very few of mothers of participants have completed their primary education. Father education of father was varying from illiteracy to primary education and more than half of the fathers were found illiterate. The study shows mother is the major information source of puberty and menstruation for girls (Sooki, Zahra, et al., 2016 & Pokhrel et al. , 2014).

For the knowledge of any given phenomenon education play a vital role but when the parents are illiterate or less literate they don't provide needed information to their offspring. The study reveals that most of the parents are illiterate which may illustrate that information regarding menstruation is least communicated by parents to adolescent girls. Kumar et al. showed that mothers were the main source of information for 75% of girls. Kamalikhah et al. revealed that the majority of students believed that the best training providers are health educators because of their convenient communication with the students. Some students said that mothers do not teach kids because they think it makes children impudent, others expressed embarrassment of

discussing it with their mothers, and some students believed that their families should not be involved in their sexual education (Sooki et al., 2016).

Table 2: REACTIONS AT MENARCHE

Variables	Response	Frequency	Percent
Age at menarche	10 to 14 years	9	40.9
	15 to 17 years	13	59.1
Reaction at menarche	Fear	19	86.4
	Shocked	1	4.5
	Grief	1	4.5
	Nothing felt	1	4.5
Reason of reactions	Unaware	17	77.3
	Scare	4	18.2
	Knew	1	4.5
How it was resolved	No data	1	4.5
	Discussed to someone	20	90.9
	Didn't tell	1	4.5
	Total	22	100.0

MENARCHE AMONG ADOLESCENT

From corner to corner, low-income regions of the world, there is practically no systematic effort to evaluate the Socio-epidemiology of menarche (Zabin LS et al. 2009). However, the mean age of menarche worldwide has been found at 13 whereas the median age at 14 years. In the present study, Mean age of menarche was found at 14.18 year which is comparatively higher from the few studies, for instance, in a study conducted in 1972 by ICMR, menarche age was found 13.80 years. Further, the mean age of menarche was found 13.53 years obtained from a study on a subset of 58 countries (Thomas F. et al. 2001). The mean age of 12.43 years was found in one study conducted in urban and rural government schools in Uttar Pradesh (Khatoun et al. 2011). The mean age at menarche was 0.16 years younger for urban girls compared to a rural area (Dambhare et. al, 2012) Interestingly, a study conducted in rural Hyderabad shows mean age of menarche 14.60 years (Satyanarayana & Naidu, 1979). Data also depicts that mean age of menarche in a rural area is higher than that of finding in urban areas whereas a study conducted in a three-country in Asia, it was found that girls reach menarche earlier in urban settings due to early sexual exposure (Zabin LS et al. 2009).

Further, in the present study, the first reaction at the onset of the menarche among adolescent girls, the majority of participants reported that they experienced fear on first-time appearance of the blood from their vagina; one study conducted in urban Delhi also found that initial feeling of menstruation was scared due to lack of prior knowledge. However, during the discussion, it was found that when girls realize of bleeding they suddenly get frightened that affect their growth and development negatively. In one conversation with a group of participants in discussion a participant said, *“When the first time I felt I am bleeding I thought something wrong has happened to me and soon I am going to die”*. This statement is enough to understand the mental trauma of young girls after attaining menarche in the absence of prior awareness. Swenson & Havens (1987) illustrated menarche as a most emotion-laden and vivid event for the human female regardless of any specific cultural practices. Moreover, when asking about the reason for fear more than three-fourth participants responded that they were unaware of the phenomenon. Literature reveals that girls who have prior awareness about the menarche and menstruation experience better adjustment than those who are unaware. Further, the majority of the participants reported that for resolving the sudden panic they discussed it with someone after that getting assurance of being it normal phenomenon with every girl they felt little relief. In a study conducted in Rajasthan by Khanna et al. (2005), the majority of girls were not aware of menstruation at their menarche. Furthermore, research suggests that menstruation is often associated with a variety of negative events, such as physical discomfort and moodiness (Clarke and Ruble, 1978). One study conducted by Grant (2013) found that girls are significantly more likely to be absent from school on days of a menstrual period relative to other school days.

Table 3: MENSTRUAL SYMPTOMS AND MORBIDITIES

	Response	Frequency	Percent
worry	No	3	13.6
	Slightly	7	31.8
	Medium	2	9.1
	Severe	10	45.5
Irritation	No	1	4.5
	Slightly	9	40.9
	Medium	5	22.7
	Severe	7	31.8
Mood swings	No	8	36.4
	Slightly	5	22.7
	Medium	1	4.5
	Severe	8	36.4

Mental stress	No	18	81.8
	Medium	1	4.5
	Severe	3	13.6
poor appetite	No	13	59.1
	Slightly	4	18.2
	Medium	2	9.1
	Severe	3	13.6
A headache	No	12	54.5
	Slightly	2	9.1
	Medium	2	9.1
	Severe	6	27.3
Fatigue	No	8	36.4
	Slightly	1	4.5
	Medium	5	22.7
	Severe	8	36.4
Dizziness	No	14	63.6
	Slightly	2	9.1
	Medium	1	4.5
	Severe	5	22.7
Stomach ache	No	4	18.2
	Slightly	4	18.2
	Medium	2	9.1
	Severe	12	54.5
Leg pain	No	4	18.2
	Slightly	3	13.6
	Medium	6	27.3
	Severe	9	40.9
The illusion of getting stained	No	6	27.3
	Slightly	1	4.5
	Medium	6	27.3
	Severe	9	40.9
Insomnia	No	13	59.1
	Slightly	3	13.6
	Medium	2	9.1
	Severe	4	18.2
Exceed	No	13	59.1

bleeding	Slightly	5	22.7
	Medium	2	9.1
	Severe	2	9.1
	Total	22	100.0
Swelling/pain in the body	No	13	59.1
	Slightly	3	13.6
	Medium	6	27.3
Swelling/pain in the breast	No	20	90.9
	Slightly	1	4.5
	Medium	1	4.5
Feeling Nausea	No	19	86.4
	Slightly	2	9.1
	Severe	1	4.5
Back pain	No	16	72.7
	Slightly	3	13.6
	Medium	1	4.5
	Severe	2	9.1
Weakness	No	3	13.6
	Slightly	4	18.2
	Medium	7	31.8
	Severe	8	36.4
Rashes in thighs	No	3	13.6
	Slightly	4	18.2
	Medium	6	27.3
	Severe	9	40.9
	total	22	100

MENSTRUAL SYMPTOMS AND MORBIDITIES AMONG ADOLESCENT GIRLS

During the menstruation some symptoms expose added difficulties among adolescent girls, these symptoms can be avoided or minimized if retain better menstrual practices and consuming better diet. In this study, around half of the participant accepted that they face severe worry during their period whereas 31.8% feel irritated and 36% feel severe fatigue and half of the participants revealed rashes in thighs, furthermore, few participants experience severe weakness and more than half of participants had severe abdominal pain during the periods. Moreover, 40% of girls accepted that during periods they feel apprehension of being their dress (bottom) stained. Fear of getting stained school uniform and resulted in embarrassment is the one among the reason for

school absenteeism among girls during the FGD it was revealed by a participant. It is studied that cramp and dysmenorrhea are the conjoint problems among adolescent girls that affect their quality of life (Haque, 2014). Pain indicates the discomfort and poor work efficiency among girls. Most of the girls experience severe dysmenorrhea in addition to which they do not know what to do to recuperate, irregular periods also a gigantic problem among adolescent girls in rural areas. One participant expressed during the discussion that, *“I do not get menstruation every month, it comes often in 2-3 months and when it comes I get too weak even could not get out from the bed neither can walk.”* This problem is not related to one girl but it is of many girls who silently bear the pain and hesitate to discuss with their elders or to doctors. However, Along with menstrual symptoms, responses on pre-menstrual symptoms were also collected. Dizziness, back pain, nausea, exceed bleeding, body swelling, mood swings were the prevailing symptoms among participants both in pre-menstruation and during menstruation. One study in Gujarat considered menstrual problems as one of three health-related complaints (Garg et al. 2001). Further, following the observation during FGD it was understood that participants were feeling very shy to talk about the symptoms as it is considered as a taboo but after persuasion, they come to be prepared to respond and discuss the symptoms and menstrual morbidities.

Table 4: MENSTRUAL PRACTICES

	Response	Frequency	Percent
Knowledge about menstruation	Yes	3	13.6
	No	15	68.2
	Little	4	18.2
What knowledge have	Nothing	11	50.0
	It happens	8	36.4
	Not applied	3	13.6
Source of knowledge	House	21	95.5
	Friends	1	4.5
Absorbent	Pad	14	63.6
	Clothe	8	36.4
Type of toilet	House toilet	8	36.4
	Farm	14	63.6
A place for changing absorbent	House toilet	8	36.4
	Farm	2	9.1
	Cattle	2	9.1
	Place of bathing	10	45.5

	Total	22	100.0
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MENSTRUAL PRACTICES

It is known that Prior Knowledge to anything minimizes the chances of fear or anxiety from negative consequences, In this study data depicts that more than half of the participants were not having the knowledge of menarche whereas 13% only have knowledge when asking about that what knowledge half of the participants were not at all aware whereas 36% participants reported that they knew that it happens with almost each woman. For the majority of the participant's source of little knowledge was their house, further, it was reported that the primary source of information regarding menstruation in-house were mothers (three-fourth). Although few participants were accepting of having knowledge about menstruation when asked about it they were not able to answer. Swenson & Havens (1987) explains that a more positive attitude towards menses can be attained if girls are physical, emotionally prepared thus initial knowledge help them immensely. Moreover, more than half of the participants accepted that they go out for open defecation. During FGD one respondent said, *“I have a toilet in my house but since my friends do not have toilets in their houses so to accompanying them I also join them to farm for defecation.”* This statement illustrates that peer pressure and only received time in a day for outing leads adolescents and women to go for open defecation hence they more likely to get a genital infection. A report says that every year nearly 10% of women worldwide are exposed to genital infections including urinary tract infections and three-fourth of women having a history of a genital infection (Upashe & Tekelab, 2015). Moreover, most of the houses in the village did not have toilets so participants use place of bathing to change the absorbent.

Table 5: SOCIO-CULTURAL RESTRICTIONS

	Response	Frequency	Percent
Restriction in religious places	Strongly agree	13	59.1
	Agree	4	18.2
	Disagree	3	13.6
	Never	2	9.1
Prohibited entry in kitchen	Strongly agree	10	45.5
	Agree	3	13.6
	Disagree	7	31.8
	Never	2	9.1
Don't touch water mud pot	Strongly agree	11	50.0
	Agree	1	4.5

	Disagree	9	40.9
	Never	1	4.5
Take bath before sunrise	Strongly agree	7	31.8
	Agree	3	13.6
	Don't Know	5	22.7
	Disagree	6	27.3
	Never	1	4.5
	Stay away from sacred plants	Strongly agree	13
Agree		8	36.4
Disagree		1	4.5
Don't touch the pickle	Strongly agree	15	68.2
	Agree	6	27.3
	Disagree	1	4.5
Don't apply Mehandi	Strongly agree	4	18.2
	Agree	3	13.6
	Don't Know	1	4.5
	Disagree	12	54.5
	Never	2	9.1
Don't take head bath	Strongly agree	8	36.4
	Agree	7	31.8
	Disagree	5	22.7
	Never	2	9.1
Don't come before guests	Strongly agree	3	13.6
	Agree	12	54.5
	Don't Know	1	4.5
	Disagree	4	18.2
	Never	2	9.1
Don't see the mirror	Strongly agree	6	27.3
	Agree	3	13.6
	Disagree	11	50.0
	Never	2	9.1
Eat separately	Strongly agree	10	45.5
	Agree	3	13.6
	Strongly Disagree	1	4.5
	Disagree	6	27.3
	Never	2	9.1

Staying alone	Strongly agree	6	27.3
	Agree	2	9.1
	Strongly Disagree	1	4.5
	Disagree	12	54.5
	Never	1	4.5
	Total	22	100.0

SOCIO-CULTURAL RESTRICTIONS RELATED TO MENSTRUATION

Menstruation, in most of the societies, is encircled by several socio-cultural restrictions that constrain the lives of girls and women in both rural and urban areas. In India, cultural practices are associated with impurity hence girls are prohibited to perform many activities. In this study, to assess the socio-cultural myths around menstruation questions based on the five-point ‘Likert scale’ were developed to understand the responses more accurately. Moreover, more than half participants in the study accepted strongly that they do not enter into the religious places neither they perform any religious practice irrespective of their religion while 18% marked on the ‘agree’ statement. Hindu participants reported that they don’t enter into ‘*Pooja-Ghar*’ (worship place) and Muslim participants accepted that they don’t offer ‘*Namaz*’ (Prayer) during menstruation. Almost half the participants strongly agreed on the prohibition of entry into cooking place/ kitchen whereas 13% responded as agreed for the same. Half of the participants strongly agreed on the prohibition of touching the water mud pot. More than half responses confirmed strongly the prohibition of touching sacred plants e.g. Basil plant whereas 36% response agreed on the same restriction. 68% strongly confirmed the prohibition on touching the pickle as it is believed that pickle would spoil after touching it by a girl having her menstruation. Few cultural constraints are very weird to understand, few among are prohibition on seeing a mirror, 27% of girls strongly responded positively on. Half of the participants strongly agreed that they eat separately during their periods whereas 13% agreed for the same. However, 27% of participants strongly agreed that they stay alone when on periods. During the FGD it was revealed that culturally rich villages are more rigid to oppose the prevalent taboos as it is considered a part of their culture rather than any social malicious. For instance, One participant told that *“I keep my utensils separate and stay alone in my room, my mother provide me food in my room itself, I do not need to come out, I am treated as an impure entity during periods and it happens with every girl here during periods.”* Miller and Smith (1975) investigated the social and cultural aspect in their study of menstruation concluded that females with the more traditional attitude towards women’s societal roles are tending to report more severely stressful menstrual symptoms. Thus, removing cultural barriers is needed in order to ensure menstrual hygiene and health among young girls.

KNOWLEDGE DISSEMINATION ON MENSTRUATION:

Studies have revealed that prior knowledge and preparedness for any phenomenon is always better for natural growth. In the present study, Knowledge dissemination session was conducted in three folds with three different groups of adolescent girls. For the session, one list of points 'to be discussed' was prepared based on the early done focused group discussion and data analysis of the filled questionnaire from the same respondents. During the session, the first girls were asked about their general perception, knowledge about menstruation. It was observed that although in the questionnaire they had responded as having knowledge of menstruation when asked they said they do not know anything rather that they get impure during this period and impure blood drains out from their body. Girls were not aware of the use of clean cloth or pad during periods. Girls are very shy to speak about it and they try to escape when it is discussed with them. Girls also told that their mothers restrict them to talk about menstruation because it is considered as an impure phenomenon and they applied a condition for responding only if the conversation kept hidden from their mother. However, when discussion stirred girls started asking about the benefit of using sanitary pads and harm by using clothing.

During the session, the first thing was articulated to them was the physiological cause of menstruation and it is a positive phenomenon in term of the reproductive health of women. Matter of cultural Taboos and myths related to menstruation were also discussed, it was pleasant to know that even young girls understand that imposed taboos are merely fictional and should be avoided as much as possible. Furthermore, Girls had exited to know how to maintain hygiene during periods, why frequently changing cloth/pad is important, how to dispose the used absorbent and what girls should do if having morbidity related to menstruation. Interesting fact about the discussion was that each girl was curious about the new aspects of periods and they all took the suggestions positively. Aftermath the session girls were again asked the answer of the same discussed questions and satisfactory responses came -out from the girls' side, consequently of this girls accepted that they have received a new insight about their monthly cycle and the knowledge would be helpful for them as well. Thus it was concluded that imparting knowledge about menstruation was a beneficial activity executed hence more session with a large number of girls would lead towards successful experience.

CONCLUSION

Menstruation is a pivotal aspect of every woman's life thus ensuring menstrual health among young girls at an early age should be a prior concern for everyone. However, if at the age of adolescence girls get prepared for the significance and consequence of menstruation they would have a better coping and adjustment for menstrually related morbidities. Furthermore, cultural taboos associated with menstruation restrict the life of a young girl which prohibit their natural

psycho-social development and help girls to deal with pubertal changes. In this study, one knowledge dissemination session was conducted which has come across as a successful experience. So it is suggested for future study to provide knowledge about healthy menstrual practices among rural girls as they have limited resources of information in their villages. In rural Rajasthan girls often go for open defecation which itself has an adverse health consequence and during the periods going out encompasses more chances for girls of getting infected. Thus early awareness among young girl may create a healthier scenario

SUGGESTION

In the study, more than three-fourth girls accepted that they were unaware of the cause of menstruation that indicates the immediate need for menstrual health education at the community as well as school level in rural Rajasthan. One comparative study can also be conducted in order to understand the variation in urban and rural socio-cultural practices related to menstruation.

CONFLICT OF INTEREST

Authors experienced no conflict of interest during the study.

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