

# Rural Women: Health Prejudices and Practices in Menstruation

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## Abstract

Health is the basic need of the human being. Physical & mental well-being of individual is necessary for the individual development. World Health Organization defined, "health is complete physical, mental & social well-being & not merely absence of disease or infirmity".

India is second most populous country in the world, sustaining 16.7% of the world's population on 2.4% of world's surface area. Even now, India continues to add about 26 million people per year because of huge population we face the problem of lack of natural resources like scarcity of land, unequal distribution of wealth, & other basic services. This is because more than 50% of the population is in the reproductive age group. In India 60 to 70% people are living in rural area, as well as unaware about the population growth & their impact on national progress. People's residing in the rural area faces many problems like improper sanitation, social, economic & health problems.

Health is basic, fundamental right of human being, especially maternal health in women is important for new born baby as well as mother. It helps in overall development of infant. Safe delivery is also needful for both the child and baby also. Care from pregnancy to up to child birth (prenatal) and after the delivery (post-natal) is beneficial for the life time. In rural areas women have agriculture as well as domestic work they are anemic don't have proper health status, there is lack of basic amenities like safe drinking water, proper sanitation, drainage, cleanliness etc. that impact on vulnerable section i.e. women & child that leads malnutrition among the children's, anemia in women.

**Traditional Health Practices:** Practice of early marriages, early pregnancies and practices of food taboos during pregnancy and after delivery is one of the major reasons for low birth weight babies and malnourishment among children, in case this continues the low birth weight babies and malnourishment will lead to serious problems in child survival.

**Methodology:** The present paper is based the primary data collected from rural women residing at rural areas. As well as the paper will include secondary data from various books, magazines, and Internet. It's an attempt to study the health prejudices and practices at rural area during menstruation. The sample for the study consisted of the women from Mangle Village of Shirala block, Sangli. A total of 50 women were interviewed which contains the The paper concludes with the emphasis on the use of healthy practices during the menstruation at rural area.

**Key words:** Women Health, Prejudices, Practices.

**Introduction:**

Every social group in the world has specific traditional cultural practices and beliefs. Some of which are beneficial to all members, while others are harmful to specific groups such as women. These harmful practices include early marriage, nutritional and health practices, traditional birth practices, son preference and its implications for the status of the girl child, female infanticide, early pregnancy and dowry practices.

Women and children are vulnerable sections of society, the reason behind it is anemic health condition of women and those women gives birth to children and makes new malnourished generation. India is developing agriculture based economy and women have most agricultural work as well as domestic work. They had taken little nutritious diet and neglect on nutritional things. As well as they are engage in work for whole family and unaware about the importance of nutrition, diet and related things. The traditional approach of patriarchal society is also responsible for this in general.

Generally throughout the developing world, the average food intake of women is far below that of the average male. Cultural practices, including nutritional taboos, ensure that women are deprived of essential nutrients, and as a result they tend to suffer iron and protein deficiencies. Poor health can be improves by a more balanced diet. The choice of food consumed is determined by a number of factors, including availability of resources, economic condition, religious beliefs, social status and traditional practices. Because these factors place limits in one way or another on the intake of food, communities and individuals are deprived of essential nutrients and as a result, physical and mental development is impaired.

Article 25(1) Universal declaration of Human Rights; everyone has the right to a standard of living, adequate food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, old age, widowhood, or other lack of livelihood in circumstances beyond his control. Since the Democratic Republic of India is said to have a very high economic growth rate. One can hypothesize on the good health and good quality of life of the people irrespective of their caste-class and gender, education, research and medical and health care institutions providing free and easy access to all.

**Overall Health condition of rural women:**

People's residing in the rural area faces many problems like improper sanitation, social, economic & health problems. In rural areas women have agriculture as well as domestic work they are anemic don't have proper health status. In rural areas there is lack of basic amenities like safe drinking water, proper sanitation, drainage, cleanliness etc. that impact on vulnerable section i.e. women & child that leads malnutrition among the children's, anemia in women. Also in the rural area there is huge population, there is lack of awareness about the increasing population & there impact. For the control if population growth government had taken many efforts like, National population policy, Janani Suraksha Yojana etc. Because of huge population we face the problem of lack of natural resources like scarcity of land, unequal distribution of wealth, % other basic services

**Utility of traditional health care methods in Modern Period:**

Traditional health practices can be used as a preventive measure to prevent various serious illnesses. Fore.g. Proper traditional diet and care during post-natal period can prevent gynecological morbidities among women; mother's milk is best food for a young baby than canned and artificial milk.

## Why Is Menstruation Still A Taboo In India?

Menstrual periods have been associated with several cultural myths and taboos. While looking at it from a socio-evolutionary perspective, most cultures have been shaped out to be patriarchal in nature. It is commonly established that “male” is “normal” while women have been considered to be deviant from being “normal”.

Taboos are nothing but perpetuating thoughts and beliefs over a particular period of time. They are embedded in our collective psyche that we refuse to let go of them even for the better. From a socio-psychological perspective, these taboos and myths about menstruation have been formed due to the circumstances and quality of life. Thus, the natural cycle has adopted cultural connotations followed by a set of restrictions and taboos.

## Why Does This Happen?

According to a Global Policy Forum research by Julie Mollins, more than 300 million women in India do not have access to safe menstrual hygiene products. Around the world, 2.4 billion people lack access to basic toilets. This is not only endangering the health of women but also curtailing them from education. It results in cultural prohibitions, shame, the thought of impurity and taboos.

In a study called “Stree Arogya Shodh” conducted between 2001 and 2005, in Goa, 2494 women participated in it. It was found that 72% of them used cloth napkins and only 19% used disposable sanitary pads.

## Objectives:

With having issue of rural women health and prejudices it is essential to probe deeply into the underlying the reasons behind traditional practices the present study was designed with this objective and the following states the specific objective of this study.

1. To study the practices during menstruation at the rural area.
2. Study the overall health status of rural women.

## Hypothesis:

1. There is no significant association between menstrual health practices and women health.
2. There is no significant relation between educational status and menstrual practices.

**Study Area:** For proposed study 50 women from Mangle village are taken Individual interview using scheduled questionnaire has been conducted to collect data from all respondents constituting the sample. In the present study all the respondents are in the age group of 20-35 years.

**Methodology:** The present paper is based the primary data collected from rural women residing at rural areas. As well as the paper will include secondary data from various books, magazines, and Internet. It's an attempt to study the health prejudices and practices at rural area. The sample for the study consisted of the women from Mangle Village of Shirirala block, Sangli. A total of 50 women were interviewed. The paper concludes with the emphasis on the use of various health facilities at rural area.

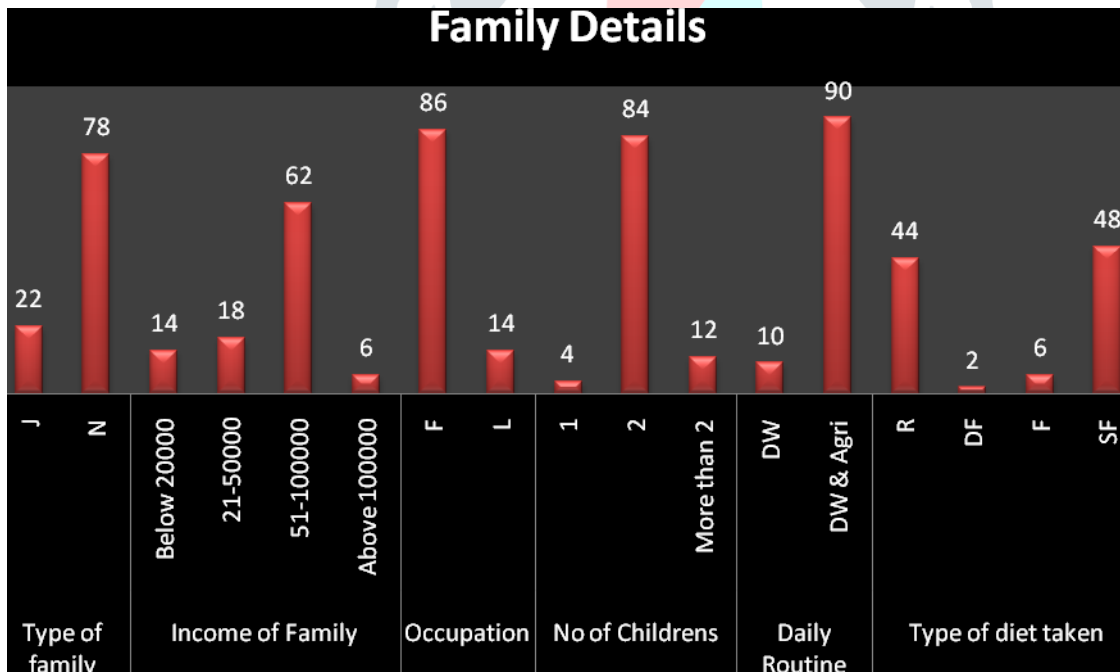
**Tools:** Individual interview using scheduled questionnaire has been conducted to collect data from all women constituting the sample. The questionnaire included various categories such as educational background, family background and health status.

**Gender:** All the inmates were female in present study.

**Data Interpretation and Analysis:**

**Table Number 1**  
**Family details of the respondents**

SN	Type of family		Income of Family				Occupation		No of Children			Daily Routine		Type of diet taken			
	J	N	Below 20000	21-50000	51-100000	Above 100000	F	L	1	2	More than 2	DW	DW & Agri	R	DF	F	SF
1	11	39	7	9	31	3	43	7	2	42	6	5	45	22	1	3	24
%	22	78	14	18	62	6	86	14	4	84	12	10	90	44	2	6	48



**J:** Joint Family, **F:** Farmer, **L:** labourer, **DW:** Domestic Worker, **DW & Agri:** Domestic and Agriculture Work, **R:** Regular, **DF:** Dry Fruits, **F:** Fruits, **SF:** Stale Food.

78% of women from respondents are staying at nuclear families; most of families have income range 510000-100000, as well as many of families occupation is farming, rural women have daily routine of domestic as well

as agricultural work, the type of diet taken at regular will be regular food and many of women taken stale food as a routine diet.

Those all factors are responsible for anemic health condition among rural women. Because the diet taken by her and the type work doing are controversial.

**Table Number 2**  
**Educational Qualification**

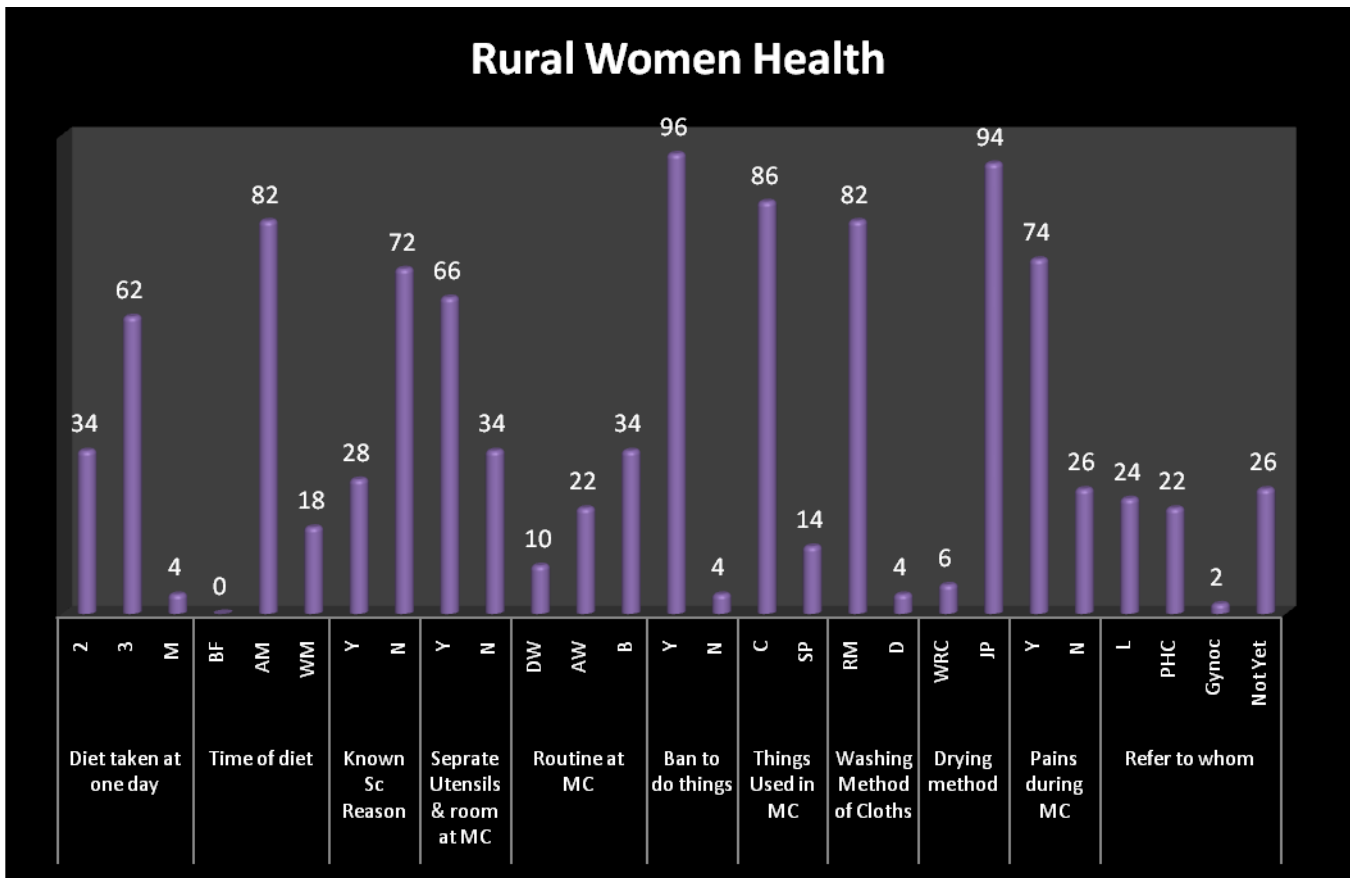
Sr. No	Educational Status	Frequency	Percentage
1	Up to Matriculation	13	26
2	More than Matriculation	37	74
Total		50	100

The 13(26%) respondents are educated up to the matriculation and 37(74%) are educated more than Matriculation. The educational status of the individual is helpful for the awareness level regarding the health practices and other things. Most of women are educated more than metric but still they are facing the traditional health prejudices and practices during every stage of life.

**Table Number 3**  
**Practices during Menstruation**

S	Diet taken at one day				Time of diet			Known Sc. Reason		Routine at MC			Separate Utensils & room at MC		Ban to do things		Things Used in MC		Washing Method of Cloths		Drying method		Pains during MC		Refer to whom			
	1	2	3	M	B.F	A.M	W.M	Y	N	D.W	A.W	B	Y	N	Y	N	C	S	R	M	D	W.R.C	JP	Y	N	L	PHC	Gyn.
2	17	31	2	0	41	9	14	36	5	11	17	33	17	4	8	2	43	7	41	2	3	47	37	13	12	11	1	13
%	34	62	4	0	82	18	28	72	10	22	34	66	34	9	6	4	86	14	82	4	6	94	74	26	24	22	2	26

**2: Two Times, 3: Three Times, M: More Times, B.M: Before Male, A.M: After Male, WM: With Male, Known Sc. Reason- Known Scientific reason behind Menustration, Y: Yes, N: No, D.W: Domestic Work, A.W: Agriculture Work, B: Both, Y: Yes, N: No, C: Cloths, S: Sanitary Pads, R.M: Regular Method, D: Dettol, WRC: With Regular Clothes, D: Dettol, JP: Janitorial Place, L: Local Level, PHC: Primary Health Centre, Gynoc: Gynecologist, Not Yet: Not Anyone.**



Diet taken at one day contains most of women (62%) taken diet three times a day but it’s not nutritious. 82% of rural women take a diet after the family members and take remaining food. Many of women (72%) are unaware about the scientific reason behind the menstrual cycle and become a fall prey of traditional practices. Several households in India even the educated ones, still stop women from doing several things during their menstrual periods. During this time, women aren’t allowed to touch anything holy. They cannot enter a temple or cook food. The utensils to cook their food are kept separately from the rest. Since books are considered God-like according to our culture, girls aren’t allowed to go to school or touch books.

Majority of women (86%) at rural areas use cloths during M.C. and the used cloths are cleaned with regular method cannot taken any special care as well as drying place of those cloths will be janitorial place where no one will be gone or not seen anyone and the place will be not in regular use of family members. Use of all these things and practices results maternal health issues to women.

The pains at the time of M.C. will occurs in 74% women, among that many of refer to local practitioner, some of at PHC whereas few are as gynecologists i.e. only 2%, where as 26% women are not refer to anywhere.

**Conclusion:**

1. Usually, women have the “walk of shame” while carrying their sanitary pads in their hands. The topic of menstruation has been considered the “best kept secret” of women. Not only men but even women shy away from speaking about bleeding.
2. There is no reason to shy away or hide that you bleed. Menstrual periods are nothing to be ashamed of. Both men and women can work towards making this very important topic a mainstream one. Let’s stop hiding it or speak about it in whispers which cannot be heard. Women, be loud and proud as you say

that you bleed. Men, be bold enough to accept that the “that time of the month” is a natural process of the human body.

3. The healthy practices like use of cloths with proper hygiene or use of sanitary pads with appropriate method of application like change in after 2 to 3 hours are useful to tackle the issues of gynecological morbidities among adolescent girls and women.
4. It is observed that there is no significant association between educational level of the women and practices during menstruation, because even the higher educated women are also not well aware about these things.
5. The wrong practices during menstruation leads serious gynecological issues among women and it is risky for her to life time.

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