Understanding the Hygiene of Tribal Women

Abstract

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The Government of India has implemented the sanitation programme in mission mode with an objective to improve public health. Good sanitation facilities is one of the important components of women's overall health in general, and her menstrual hygiene and health, in particular. The objective of this study is to examine the overall sanitation hygiene among tribal women of Tapi district and whether it has any influence on the menstrual hygiene practices. The study is exploratory in nature. Besides, there are taboos and inhibitions on discussing this issue. Therefore, tools and techniques of qualitative research methodology are employed to undertake this study. The data is collected using focus group discussions among women belonging to different socioeconomic strata in different villages of Tapi district. It is observed that sanitation facilities are necessary, but not sufficient, to tackle the issue of menstrual hygiene. Cultural beliefs, taboos, lack of awareness about importance of menstrual hygiene, inadequate support infrastructure and facilities; and poor financial condition of the family are observed to be major deterrents to improve menstrual hygiene.

Keywords: menstrual hygiene, cultural taboos, block, taluka.

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1 BACKGROUND

Hygiene is one of the key factors to ensure good health; for prevention is better than cure. Safe drinking water and availability (and access) to hygienic sanitation facilities are the first steps towards prevention of many health problems. The Government of India has taken steps towards construction of individual household toilets to the houses constructed under the different housing schemes[1] and construction of community toilets for the localities which have houses that are made of mud walls and thatched roofs (now on referred to as *Kutcha houses*[2]). However, one major constraint in rural areas is that the average cost of lying a drainage line is higher in comparison with that in urban area. This is because the distances between the houses in rural areas are more than that in urban areas. Therefore, in most rural areas, despite having a toilet facility, the sewage is disposed largely in septic tanks. A septic tank is usually made up of concrete which collects the sewage, decomposes it and mineralizes it by providing appropriate bacterial environment. However, in comparison with that of closed drainage system, collection of sewage in septic tanks is less hygienic and may cause groundwater pollution. Sanitation and drinking water are two major pre-requisites to hygiene. The present study focuses on importance of sanitation facilities for hygiene.

Gupta and Pal [2008] observe that there is no demand for sanitation because there is no awareness about importance of sanitation hygiene. However, the supply side of sanitation has improved in terms of availability of individual household toilets, community toilets, schools with separate toilet facilities for girls and boys; and baby toilets in anganwadis[3]. The face of sanitation programme has changed in past few years. It is now more construction-oriented rather than being subsidy-driven.

Vulnerability to diseases is directly associated with the accessibility to sanitation facilities. The vulnerability is higher for women because of their menstrual cycles. Menstrual hygiene has three major components: clean sanitation facilities, the material used for soaking menstrual blood and the way of washing[4] / disposing off the said material. This study tries to examine the impact of access to sanitation facilities on the menstrual hygiene practices of women.

The study is organized into five sections: The importance of sanitation facilities for women's health is discussed in section 2. The methodology used to understand the issues of menstrual hygiene and its association with access to sanitation facilities are discussed in section 3. The observations and analysis of discussions with rural women are presented in section 4 and section 5 summarizes the study.

2 SANITATION FACILITIES AND WOMEN'S HEALTH

There are scattered evidences on relationship between sanitation facilities and hygiene. Merhotra [2008] observes that 92 per cent of the hospitalization from rural areas in the Uttar Pradesh (India) were largely for treating diarrhea and gastroenteritis. George [2009] observes a similar situation in Chattisgarh in India. Karn, et. al. [2003] have undertaken a study to examine the impact of socioeconomic and environmental factors on health conditions of urban poor in Mumbai (India). They find that lack of access to safe drinking water, and inadequate sanitation and sewerage facilities increases morbidity. Urban slums of India are characterized by high population density, lack of access to safe drinking water and inadequate sanitation facilities. Rural areas face the problem of inadequate sanitation.

The situation on other developing countries is no different. Bartlett [2005] states that the studies undertaken in Ghana, Brazil, Egypt and Thailand shows that access to safe drinking water and hygienic sanitation facilities have an influence on incidence of diarrhea as well as on the mortality rates. Buttenheim [2009] observes a similar pattern in the urban-poor localities and urban slums of Bangladesh. Both the studies also show a linkage between improved sanitation facilities and reduction in malnutrition among children.

Women are more vulnerable in terms of health care and hygiene, for factors other than accessibility to health care services and sanitation facilities. Jose and Navaneetham [2010] have examined the association between social infrastructure and women's health in India. This study also focuses on nutritional status of women with access to sanitation, over and above, drinking water and cooking fuels. They observe that lack of access to sanitation facilities increases the vulnerability of women to infections; which in turn has an impact on malnutrition. Thus, they argue that malnutrition reduces immunity and increases the vulnerability to many other communicable and non-communicable diseases. They observe that poverty adds to vulnerability and therefore, they suggest that public health policy should specifically address the dimension of women's health.

However, for women, only accessibility to sanitation facilties is not sufficient to improve health. There are sociocultural factors that influence hygienic practices, which in turn, influence women's health. Soman [1997] has undertaken case studies in Birbhum district of West Bengal, India and finds that women's health status depends on social factors, rather than on access to hygienic sanitation and access to health care facilities. The case studies also narrate

the secrecy associated with problems of menstruation and reproductive organs that further aggravates the problem / disease.

One major facet of women's health is her reproductive health. This includes conception, pregnancy, birth and lactation. The first three facets of her reproductive health is directly associated sanitation hygiene. Regularity in menstruation is equally important for reproductive health of a woman. As discussed earlier, nutrition status is associated with sanitation hygiene and malnutrition is one of the causes of irregularity in menstrual cycles. There are many reasons for irregularity in menstrual cycles: The most common is eating disorders, whereas ovarian / adrenal tumor is the cause of irregularity, on the other extreme. Other reasons include diabetes, adolescence hormonal imbalance, platelet disorders, uterine fibroids, hyperthyroidism etc. Women hardly know the reasons for irregularity in menstrual cycle. Most women are found to attribute a delayed or a missed period to pregnancy because of the lack of awareness of other causes. Therefore, the study focuses more on impact of sanitation hygiene on women's menstrual health.

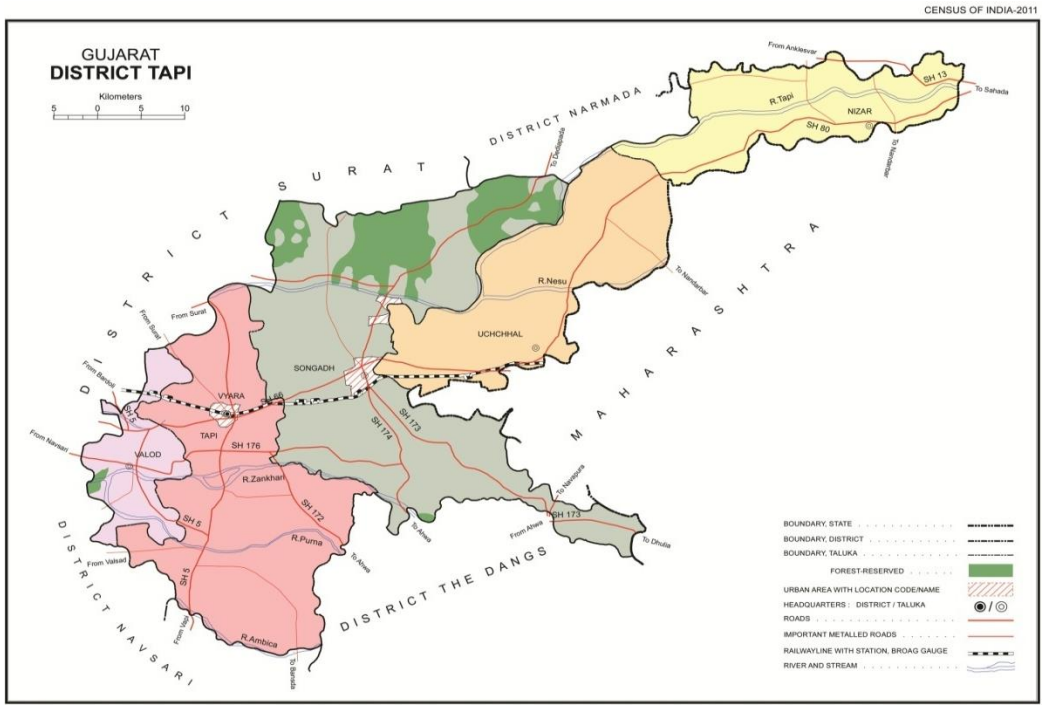
The objective of this study is to examine whether accessibility to improved sanitation facilities have influenced the practices during menstrual cycles. The study addresses the question as to whether the improved sanitation facilities have helped in improving the menstrual hygiene of women.

3 METHODOLOGY OF THE STUDY

The study is undertaken in the Tapi district of Gujarat state in India. The map of Tapi district is shown in Figure 1:

Tapi district is one of the 26 districts of Gujarat state in western India. Tapi is located in South Gujarat region. Tapi is located in the Southern part of Gujarat state between 73.5° to 74.23° East(Longitude) and 21.0° to 21.23° North(Latitude). The area of the Tapi district is 3434.64 sq km.

Figure 1: Map of Tapi District



Source: Census of India (Gujarat Office)

There are five blocks[5] (talukas) in Tapi district. Three[6], out of these five talukas are identified as "Developing Talukas" by the Cowlagi committee[7]. In each of these five talukas, two villages are sampled for the study, such that one village closer to the urban centre and one far away from the urban centre were selected for the study. A large proportion of the population of Tapi district is tribal. The practices and treatments to health problems differ to a great extent among tribals, compared to the standard allopathy practices. The purpose of selecting village closer to the urban centre is to examine whether the tribals there is any difference in practices and treatments between villages close to urban centres and those far away from. Nizar, Uchchhal and Valod are 100 per cent rural talukas. Thus, for these talukas, one village close to highway and one interior village is selected for the study for each of these talukas, considering the accessibility to health care services. The survey was undertaken in 10 villages.

Focus group discussions were conducted to understand the menstrual hygiene practices among tribal women. A group of 12-15 women was formed and their discussions were administered to understand the practices during and beliefs pertaining to menstruation among tribal women. The groups were formed in consultation with; and included; Anganwadi workers, Auxillary Nurse Midwife (ANM) and Accredited Social Health Activists (ASHA).

The focus group had to be moderated with discussing broader issues of health and life style, which included a small component of menstrual health and sanitation habits. Since, there are obvious inhibitions on discussing these issues, they had to be imbibed under the larger umbrella of health and life style of tribal women.

4 SANITATION FACILITIES AND MENSTRUAL HYGIENE

The outcome of our study revealed that only accessibility to sanitation facilities is not sufficient to ensure menstrual hygiene, though this is one of the pre-conditions. The practices were associated more with their financial status and cultural beliefs, rather than access to sanitation facilities. Except for our focus group discussion at Mandal, a village in Songadh block, all women used clothes (usually torn from a worn out sari) to soak menstrual blood. Alternatives include sanitary napkins, tampons, menstrual cups, reusable menstrual sponges and non-chlorine bleached cotton pads. The only feasible alternative is sanitary napkins because tampons should be rarely used for health reasons. Moreover, there is no awareness about other alternatives. The reason for not using sanitary napkins were many: First, the cost of sanitary napkins is very high and one napkin can be used only once. Second, there are no provisions for disposal of sanitary napkins. Some villages selected for the study had only one shop in the entire village, where as in some villages, there were no shops. The village shops did not sell sanitary napkins because there was no demand. The reason for no demand was that the males run the village shop and women will not go to men to buy sanitary napkins for the cultural taboos.

Sanitation habits and the practices associated with the use of pieces of clothes (during menstruation) were also studied. In rural areas, despite the Total Sanitation Campaign[8] of the Government of India, there were fewer bathrooms (a separate place to take bath) than there were toilets. Some houses had constructed a wall made of bamboos[9] and thatches, with a small opening from one (covered with a curtain sort of cloth) side in the backyard, where women take bath. Not all houses have these facilities. Other women go to the village pond to take bath. So, washing clothes used for menstrual purposes cannot be cleaned at either of the places. This is because it is believed that anything associated with menstruation is dirty, impious and tabooed. Needless to say anything about bathing during the menstrual cycle. This is the first unhygienic practice during menstruation. Bathing is important to clean the vital parts and cleaning is necessary to prevent infection in those parts.

Women live in seclusion during the menstrual cycle. The impact of seclusion on bathing is already discussed. Another impact of seclusion during menstrual cycle is that the she collects the clothes used for soaking menstrual blood in a corner where she lives in seclusion. These used, yet unwashed clothes, smell and attract germs. The clothes are washed with whatever little water that is left for her consumption. Thus, clothes are not properly cleaned. Use of detergent or soap is rare. Mud / wet clay is used to remove blood and stains. This provides further ground to attract germs. These clothes are then kept again in a corner and allowed to dry, and most of the times they are reused even before they are completely dry. All this activity of washing and drying has to be completed after the male members leave for work and before they return home. Menstrual clothes cannot be dried in the sun because it is considered shameful if any one sees these clothes. The damp clothes soak lesser blood and is a fertile ground for bacterial infection. However, women were not very open to share about problems in their private parts and therefore, the information on infections because of menstrual hygiene could not be elicited.

Some women also told us about their reduction in water consumption and holding the urine to reduce the frequency of urination during menstrual cycles. In fact, during menstruation, the urination frequency naturally increases. Reduction in water consumption and holding the urine for longer time also affects health in its own ways.

The Government of India has implemented Total Sanitation Campaign in the form of: Having separate toilet facilities for girls and boys at the school, building individual household toilets and building community toilets. The Government has constructed (and is in the phase of constructing) baby toilets at Anganwadis, under the Integrated Child Development Scheme. In spite of making toilet facilities available, it is observed that household toilets are used more as store rooms than toilets; and community toilets are also not used by many. It was also observed that there were no separate community toilets for men and women. This was one of the reasons, why women did not prefer to use community toilets. Of course, cleanliness because of scarcity of water supply for flushing, also prevented many from the use of community toilets.

The basic intention of Total Sanitation Campaign is to stop open defecation, so that infections associated with open defecation can be controlled and environment can be conserved by thus, controlling the land pollution. The Government's objective was also to reduce girls' dropouts by providing separate girls toilets in Government-run schools. The dropout rate has reduced but absenteeism during menstrual cycles continue. The girls studying in primary school rarely

gets her menarche. Secondary schools and institutes of higher education in Gujarat in general and Tapi, in particular have separate toilet facilities for girl-students. The focus group revealed that girls are now even going out of their villages to avail higher education. However, they mentioned of their absenteeism from schools and colleges during the days of their menstrual cycle, especially those days, when the bleeding is heavy. Most women in this region work as agricultural labourers. Some even work on MNREGA[10] projects for construction of road and irrigation facilities. They too were found to remain absent from work during their menstrual cycles. The reason for absenteeism is that use of cloths to soak menstrual blood is the common practice. Cloths requires to be changed more frequently (usually after every 2 hours) in comparison with sanitary napkins. Some MNREGA sites had the provision of mobile toilet vans. But the problem was, where to hide the used cloth? Therefore, women prefer to stay at home during their menstrual cycles. Thus, provision of toilets alone is not sufficient to ensure menstrual hygiene, though it can be considered to be the first and an important step towards improving the menstrual hygiene. Breaking the taboos, making sanitary napkins available at affordable prices and creating facilities for disposal of sanitary napkins can help improving menstrual hygiene and thereby, women's health.

Use of sanitary napkins is not sufficient to ensure menstrual hygiene. The practice of its use and frequency of change also influences menstrual hygiene. Therefore, awareness also requires to be created among women about the hygienic use of sanitary napkins. Union Health and Family Welfare Ministry of the Government of India has already launched a scheme to provide low-cost sanitary napkins to adolescent girls in rural areas, jointly with the State Governments to make incinerators available at the schools. A pack of six sanitary napkins can be purchased for Re 1 for girls living below the poverty line and for Rs 5 for girls living above the poverty line from the ASHA workers in the village[11]. This initiative is taken to reduce dropouts and absenteeism of girls from schools. Tamil Nadu, Haryana, Bihar, Rajasthan and Puducherry have already taken this initiative and recently, the Government of Kerala has made compulsory to have sanitary napkin vending machines in all schools. Further research requires to be undertaken to examine the impact of these initiatives on women's health in general and their menstrual hygiene in particular.

It is mentioned earlier in this paper that Mandal, a village of Songadh block, had practices different from the rest of the villages surveyed. An NGO, based in Mandal, is working towards empowerment of women. They empower the women through providing them with free education (they run school up to class 12), by training the women to increase the agriculture

produce, and giving vocational training to women to do various tasks, including diamond cutting and polishing. It was found that the financial status of these women was better than their counterparts from other villages. These women did not have any taboos in discussing menstrual hygiene related issues with us. Most of these women were using sanitary napkins, they were aware about the changing frequencies to ensure hygiene, they took regular baths, had the habit of using the household toilets and knew the means of disposing the used sanitary napkins. Thus, empowerment in terms of educating women to come out of taboos and guiding them on use of sanitary products can help in improving the menstrual hygiene. Those who cannot afford, the government scheme of distributing sanitary napkins at affordable prices should make the difference.

5 SUMMARY

The Government of India has launched the sanitation drive to provide access to sanitation facilities to everyone with an objective of improving public health. Sanitation facilities per se are not sufficient for improving overall health. This is because it is more important for people to make use of those available sanitation facilities. People in rural areas are still not able to accept that defecation facilities is a part of their own house. Use of community toilets is also not that effective for the cleanliness reasons and availability of water supply for flushing. Moreover, separate community toilets for women are preventing them from using it.

Women have specific needs that requires to be addressed while providing for sanitation facilities. The cultural taboos associated with menstrual cycles and their seclusion during these days deprive them of making use of common bathing facilities and community toilets. Moreover, they use pieces of cloths to soak menstrual blood, instead of using other alternatives because of financial constraints, issues in procurement of fresh napkins, disposal of used napkins and lack of awareness of alternative materials. Moreover, each of the sanitary material requires to be used with caution and care, which in turn, requires awareness and training the tribal women for its use. Sanitary napkins are the only feasible alternatives because the Government of India has launched a scheme to provide the same through ASHA workers at an affordable price. However, this addresses only the needs of adolescent girls. Women who cross their adolescence and in the work force (most of them are casual agricultural labourers and some of them work on MNREGA projects) continue to face the same problem. However, the penetration and effectiveness of providing affordable sanitary napkins requires to be examined. Thus, one can say that providing sanitation facilities is a necessary condition but nor a sufficient

condition. Cultural taboos, beliefs and inhibitions requires to be addressed along with sensitizing the women on alternative and affordable sanitary products to help improve menstrual hygiene and thereby, women's overall health.

[1] Government of India has introduced many housing schemes like Ambedkar Awas, Indira Awas etc. to provide a decent and modest housing to people living below the poverty line.
[2] Census 2011 defines Kutcha buildings as *"Buildings, the walls and / or roof which are predominantly made of materials other than those…..such as unburnt bricks, bamboos, mud, grass, reeds, thatch, plastic / polythene, loosely packed stone etc…."*.
[3] Anganwadis are set up under the Integrated Child Development Scheme and caters to the nutrition needs of children below 6 years of age.
[4] It is observed that in rural areas, women normally use pieces of clothes (usually torn out of a worn sari) to soak menstrual blood.
[5] Nizar, Uchchhal, Songadh, Vyara and Valod.
[6] Nizar, Uchchhal and Valod.
[7] A committee was set up by the Government of Gujarat to identify the extent of development of taluka under the chairmanship of Mr V R S Cowlagi. The talukas were examined on a set of 44 different indicators to identify the extent of development of each taluka. The committee has identified a total of 49 talukas across Gujarat State as "developing talukas".
[8] Total Sanitation Campaign was launched in 1999 through the Ministry of Rural Development, Government of India with an objective to enhance the quality of life of rural people by providing them with accessibility to toilet facilities.
[9] Bamboos grow amply in this region.
[10] MNREGA is the abbreviation of Mahatma Gandhi National Rural Employment Guarantee Act. Under this Act, anyone who wishes to offer physical labour are guaranteed employment for 100 days a year at Rs 192 per day as per the notification dated March 7, 2017.
[11] Details retrieved from a news item on: http://www.gujaratheadline.com/gujarat-govts-scheme-of-low-cost-sanitary-napkins-to-rural-girls-approved/

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