

**“MENSTRUAL HYGIENE PRACTICE AMONG PLANTATION  
LABOURERS IN JOONKTOLLEE”**

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# CHAPTER 1

# INTRODUCTION

## Chapter I

### Introduction

Every person's health is impacted by gender during the course of their lifetime. The experiences of crises and emergencies, exposure to diseases, and access to healthcare, water, hygiene, and sanitation can all be impacted by a person's gender. Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. Women's and girls' health is especially important because they face discrimination based on sociocultural factors in many societies. Women are the foundation of a family's overall health; ensuring they have access to quality care can also lead to improved health for children and families. The illness or death of a woman has serious and far-reaching consequences for the health of her children, family, and community. In fact, with proper woman's care as a priority, a number of illnesses that affect women can be avoided. (*Women's Health, 2020*)

A productive and satisfying life with dignity depends on having good health, and all women's independence and suffrage are fundamentally based on their ability to govern all facets of their health, including their own fertility (A Woman's Right to the Highest Standard of Health,) Women's health covers a wide range of gender-specific difficulties, including estrogen production, mental health, sexual health, and fertility issues. As their reproductive systems undergo enormous transformations, women experience dramatic emotional and physical changes. The reproductive cycle has a significant impact on many aspects of a woman's life. Estrogen levels have a direct impact on many of the physical changes that women go through during youth, adulthood, and old life.(Drugwatch, 2022)

Menstrual health affects a woman's overall health as well as the health of her family and community. However, one of the most difficult problems in the underdeveloped world right

now is menstruation hygiene. Girls' access to education, mobility, and freedom may be hampered in the long run due to the social shame and limitations connected with menstruation. In order for them to continue living regular, daily lives, MHM must be taught to them from a young age. For information about menstruation and menstrual hygiene, moms are typically daughters' primary sources of information in most communities. They are unable to provide their daughters with scientific and useful knowledge regarding menstruation health, however, because they are uninformed and illiterate themselves. (Rawat, 2021)

In India, however, both sexes have the same life expectancy, despite the fact that women have a longer life expectancy at birth than men do (68.2 years compared to 73.2 years world wide). There are a variety of reasons why women experience premature death over time owing to neglect. Women's health is correlated with how women are perceived in society and with the culture that exists there. The socio-economic environment has given rise to numerous health problems such as Breast cancer, ovarian cancer, PCOS, menopause, and other difficulties related to women's health (5 Factors That Impact Women's Health, 2021)

Indian society has always taken women's health very seriously. Poor nutrition, a changing lifestyle, stress, domestic abuse, ignorance of maternal health, lack of access to basic medical facilities, etc. are some of the significant causes. Here are some significant health concerns impacting women in our nation.(Top 5 Women Health Issues in India - by Dr.Sanjeev Kumar Singh, 2022) Women currently outlast males due to the gap in life expectancy between the sexes. Adult women transition to menopause around midlife, which is followed by a sequence of natural physiological changes that can cause a number of illnesses like osteoporosis, depression, and urine incontinence, increasing their risk of multimorbidity. Multimorbidity is frequently linked to a lower quality of life, which in turn results in declining work productivity and related financial loss in middle age.(Puri, 2022)

There is definitely room for improvement and control of the current scenario. But it necessitates a tremendous amount of commitment, and changes in the Indian healthcare system must be made and continuously reviewed. In addition, efforts must be made to raise

public awareness of gender equality and women's rights to equal treatment in employment, healthcare, and education. (Women Health in India - Current Scenario and Challenges, 2020)

### 1.1 Women and workforce

A country's progress can be gauged by the health of its women. Poor, corrupt, war-torn, or nations with poor governance frequently fail to care for their most vulnerable inhabitants. They are frequently female. Women's productivity is decreased and the security of their families and children is compromised when they are unwell. An economic effect results from this. As a result, both an economic and a human rights standpoint support investing in women's health. (Bureau of International Information Programs, United States Department of State, 2018) The best approach to stay healthy, live longer, and live a happier life is to adopt healthy behaviours. However, in the bustle of a woman's everyday life, healthy living may take a second place to chores, work, hectic schedules, and other obligations. (The Healthline Editorial Team, 2020)

There is a strong relationship between the health of the women and their work environment. For a working woman in India, there are many places she has to go and many roles to take. For example, looking at the household affairs, taking care of children and parents. Along with that, she needs to do her job in the workplace. Many women are so busy juggling these roles that they don't think about themselves or their health. Even if she remembers, she doesn't get the time to do it. Income is a very necessary thing, so that in some situations they deliberately forgetting many privations and difficulties there. Even if it is the most essential facilities like toilet.

Women who work in environments without gender-specific restrooms miss pay for days of work due to menstruation and are perceived as unreliable employees, which limits their opportunities for promotion. Many girls and women lack access to sufficient menstruation

products due to budgetary restrictions or a lack of market availability.(World Bank Group, 2022).

Not only does it create economic growth, but working in a positive environment helps to boost a woman's mental and physical health. They can do their duties very effectively when they have a good atmosphere for working and are healthy. Sometimes the work pressure or working environment creates some problems in women and that affects their physical, social, and mental health. Especially the women who are working on plantations face a lot of difficulties. Their working hours or the environment may cause some problems. During their busy lives, sometimes they forget about self-care or don't have the chance to take care of themselves. Some people deal with the important personal hygiene matters through some adjustments. Especially since many of the tea plantation workers are temporary workers, they do not have paid holidays. They can only get salary if they work. So many people don't take leave even if they have to take leave. Even if they have severe pain during menstruation, many people come to work even if it is sunny or raining. Some people rely on pills in such situations. Pullikkanam is a cold area, so many people forget to drink water often. Tea plantation workers lack toilet facilities in their working areas, which discourages them from drinking water. It also made them keep the soaking pads for a long time. These adjustments lead to big problems later, like menstrual disorders.

Women's health is impacted by menstruation in a variety of ways. Menstruating women have leg and stomach cramps, headaches, nausea, and other physical symptoms that make it difficult for them to concentrate at work. Similar to how menopausal women may experience many health issues, including weight changes, hot flashes, vaginal dryness, mood swings, anxiety, depression, heart conditions, etc. Their productivity and job satisfaction are harmed by these conditions.

In this estate, workers leave for work at 7.30 am. People who live in the same area are given the same unit for work. Sometimes they get work in a place near them. Sometimes distant places too. Women get up early in the morning and go to work after preparing food

for the morning and afternoon. Some eat food in the morning. Others don't even get time to eat food because of their busy schedules. Many people avoid food due to pain during periods. When she walks long distances and carries a sack of tea on her head during menstruation, it causes a lot of trouble. When they get their period, some people tell their co-workers that they are on their period. Then the co-workers help them to carry the tea bags. Some people do not like to talk about such things. They are paid according to the quantity of tea leaves taken by each of them. It is measured in kilograms. If you take more kilograms of tea leaves, you will get paid accordingly. But many people can't take more tea leaves when they get their period. This makes them anxious about salary.

### 1.3 Tea plantation workers in Joonktollee

One group of people for whom life is a daily struggle is tea plantation workers. Despite working six days a week, all year long, in the rain, cold, and sun, they hardly ever have any savings. In Idukki, tea plantations are running in many places. But only some of them are working well and making profits. It is said that the rest of the plantations are operating at a loss. That is why the rights of the workers working on tea plantations are often lost. When approaching the authorities regarding workers' rights, many owners ask how they can meet the workers' demands without making a profit for the company. Many people do not go to the authorities with their demands when they realize that if the company ceases to exist, they will not be able to do the work they do now and even not get the salary they are getting. a group of people trying to find happiness in the overtime work that gets done during the season. In such plantations, mostly middle-aged and older people are working. The thought of where else to get a job at this age also sometimes hinders many from voicing their demands.

In nearly all plantation women's concerns, repairs and renovations were not addressed. The care of children and the elderly, as well as household chores and plantation work, were frequently seen as the only responsibilities of women. In terms of household decision-making, they had relatively little influence. Women sometimes felt uncomfortable asking questions or expressing their thoughts at work since they experienced management neglect.



All year long and in all seasons, women continued to work. Even in the rainy season, people continued to pick tea, but it became more difficult because there was nowhere to take a lunch break and there was a higher chance of accidents on the slick roads. In the absence of protective equipment, such as gloves and boots, workplace dangers including insect bites were widespread.

Joonktollee is one of the tea plantations that is working effectively, and they provide facilities like housing, PF, and gratuities to their employees. The Joonktollee estate covers 3 sub-divisions, such as Pullikkanam, Pazhayakad and Kolahalmedu Subdivision. The people in this area are mainly working on tea plantations, and some people have their own small tea plantations. In Joonktollee plantations, there were a lot of women working; some people are working in factories, and some are in subdivisions. Few unions are also working for the workers. Therefore, the demands and rights of the workers can be communicated to the authorities. Joonktollee Estate has divided the workers into two groups. One is the permanent workers and the second is the temporary workers. The company has built houses for them to live in. Most of them reside in modest, one- or two-room houses given to them by the tea plantations, or "layam" as they are known in Malayalam. Workers also get bonuses on Onam and Christmas. Common bathroom is used by workers. Layams were made years ago. But the people living there see it as their own home and paint the house when the celebrations come. In the past, only Malayalees and laborers were here to work. But from a few years back, Assamese and people from North India are working.

#### 1.4 Menstrual hygiene

Most women's periods are a normal and healthy part of their lives. About 26% of women worldwide, or 50 percent of the female population, are of reproductive age. Most women menstruate for two to seven days per month. Even No matter how widespread it may be, menstruation is stigmatised everywhere. Menstruation ignorance can result in prejudice, harmful stereotypes, and the exclusion of girls from common childhood experiences and activities. Teenage girls and boys are deprived of the chance to learn about menstruation

and form healthy habits because of stigma, taboos, and myths (*FAST FACTS: Nine Things You Didn't Know About Menstruation,*)

Millions of girls, women, transgender men, and non-binary people are unable to control their menstrual cycle in a respectable manner that promotes good health. Menstruation signals a new stage in women's life as well as new vulnerability. However, a lot of women experience social exclusion, harassment, and stigma during their periods. Menstrual health and hygiene requirements may not be satisfied due to gender inequity, discriminatory social norms, cultural taboos, poverty, and a lack of basic amenities like restrooms and sanitary products.(Menstrual Hygiene,2022)

Menstrual irregularities vary among people, indicating sociocultural and geographic diversity. The daily lives of teenagers and their families are affected by a variety of psychosocial challenges, such as anxiety, which are commonly linked to physical, mental, social, psychological, and reproductive issues. (Menstrual Hygiene Practices and Associated Factors Among Indian Adolescent Girls: A Meta-analysis - Reproductive Health, 2022) For the purpose of promoting the adoption of healthy and hygienic menstruation practices, the Kerala government developed and carried out a series of focused interventions directed at young girls. As girls enter puberty, health education is given to enable them to take charge of their own bodies. By reducing the stigma associated with menstruation, targeted intervention at the adolescent stage is anticipated to have an impact on girls' social behaviour in addition to their hygiene practises. The initiative will boost female students' self-confidence and have a favourable effect on their attendance and academic achievement. Girls confront several difficulties and hurdles at home, in the classroom, and at work since they are often unprepared for and unaware of their periods, especially in rural areas of the country. When evaluating the research, it was discovered that inadequate, incorrect, or incomplete understanding about menstruation is a significant barrier to managing personal and menstrual hygiene. Infections of the reproductive tract brought on by poor personal hygiene during menstruation are a topic of very little or no knowledge among girls and women.(Kaur, 2021)

The idea that menstruation should be kept private serves as the foundation for social norms and communication surrounding it in the majority of civilizations. Menstruation needs to be verbally avoided. Religions hold a variety of diverse perspectives on menstruation. The first time a girl has menstruation, which is common in India, she may feel ashamed, terrified, horrified, agonised, or guilty. Most girls and women don't really know what to expect during their period, and vice versa. As a result, they embrace menstruation dysfunctions as a normal and essential component of the monthly cycle. Rarely reported menstrual issues include irregular periods, delayed menarche, and heavy bleeding. Under-reporting causes critical problems to go undiagnosed, which can have a negative impact on a woman's ability to reproduce and productivity if left untreated.

Poor MHM is largely to blame for health issues, which can be avoided. Menstrual issues, however, are perceived as a normal aspect of the menstrual cycle by adolescent girls and women due to their prevalence and frequency. They frequently ignore signs of serious infections that, if untreated, might have a negative impact on their ability to conceive, their ability to carry a child to term, and even their own health.

Premenstrual syndrome, dysmenorrhea, delayed monthly bleeding, and mental disturbances are frequent menstrual irregularities that women may have after menarche. In fact, 75% of girls have some issues related to menstruation. Numerous studies from around the world, including India, reveal that many adolescent females deal with issues linked to menstruation. It causes a rise in the frequency of absenteeism from work and school. This supports the idea that menstruation issues should be prioritised as a public health issue.

### 1.5 Menstrual practice in social context

In many or most cultures, there have been and still are taboos around menstruation. Menstruation myths have caused women and girls to be excluded from a variety of situations and roles throughout history, including leadership positions and space exploration. (Menstruation and Human Rights - Frequently Asked Questions)

In the Pullikkanam area, most of the women plantation workers are Tamizhans, and they migrated a long time ago. About 100 years ago, they migrated to Pullikkanam from Tamil Nadu. Today, up to four generations of them live in this region, and they can easily speak Malayalam and Tamil . Their culture and beliefs have undergone many changes during the past hundred years. Sometimes the reason may be the culture and beliefs of the Malayalees who were present in Pullikkanam at that time. Or it could be the changes that happen to any society over time. Most of the people who migrated then were Hindus, but later many of them converted to Christianity. But when they came to Christianity, they brought many of the rituals they practised in Hinduism. One thing to mention is some of the beliefs they follow related to menstruation. In Hinduism, when a child gets their period for the first time, they look at it very solemnly. So they perform a big ceremony in connection with it. When a child first menstruates, the ritual is performed on the third or fifth day. They choose an odd-numbered day to perform the ceremony. Many people say that there are many reasons. The fifth day is chosen because menstruation usually ends on the fifth day. The ceremony should be performed by the girl's mother's family. Especially mother's brother and his family. Although the ceremony is performed in the first week, the girl is allowed to leave the house after a month. A girl should not see men for that one month. It should not be seen, even if it is one's own father. It is said that if you see men, your face will be full of pimples. Therefore, there will be no men present in the ceremony related to menstruation. Only women will be present.

The family paid more attention to providing nutritious food to the girl in that one month. raw rice and dehusked black gram etc. are mainly included in the diet. The main purpose of adding iron to her diet is to provide strength to the girl's body. In addition, oil is poured on the unboiled egg and given to the child before 6 a.m. and before 6 p.m. It is said that after receiving this kind of food for a month, the children will grow physically and their bodies will be healthy. Also, during this month, girls are bathed with turmeric and neem, and they are told to bathe with turmeric and salt on their armpits and waist area of the body. This helps in reducing the odour caused by hair growth in those areas. By doing this, the child gets good health and also increases the brightness of the body.

At the same time, the food that girls eat for that one month and the body care that they follow are the same that women follow to regain health after the first delivery. Utensils and clothes used during menstruation should not be used by anyone else. Moreover, after the first menstruation and at the end of each menstruation, other people should use those things only after properly washing the clothes and utensils used by the women during that time. Also, the leftovers of the food they eat during this time should not be given to the dog. It is said that it will cause dosha to the family. In the past, cloth was used instead of napkins. Therefore, it should not be dried in a place where others can see it. If the cloth is carelessly placed somewhere, there is a possibility of lizards or other reptiles coming and falling on that cloth. Moreover, there is a possibility of reptiles coming due to the smell of menstrual blood. Sometimes, if a snake comes in those clothes or if the snake goes to its own den with them, there will be Sarpa Dosha. Due to Sarpa Dosha, there is a possibility that marriage will be delayed and children will not be born. The reason why it is said that one should not go out at night during menstruation is because the smell of menstrual blood attracts bad forces and it causes difficulties for women. Women do not go to temple during periods because of the presence of snakes there. The women who are working in tea plantation didn't spend their time to maintain menstrual hygiene, which may be due to a lack of knowledge about it as well as the fact that some stigmas still existed. During the menstrual cycle, the old women didn't go to another house or take small children. Some people will go to church but not read the Bible. Some people are very shy about talking to their husbands or their sons about menstruation. The myths related to the menstruation created some difficulties in the personal and social life of the plantation worker. So that it is essential to know the menstrual hygiene practises among plantation workers, find solutions for their problems, and have a better understanding of their practices. Most of them are not aware of the cause of the menstruation, so we can educate them through ASHA workers and ICDS officers.

#### 1.4 Menstrual Hygiene Practice

Women who live in India and other South Asian nations face unique difficulties because of the widespread shame associated with menstruation. Women and girls who are

menstruating are frequently viewed as immoral or unclean. Women experience a variety of taboos and limitation on their daily activities, mobility, and routines for maintaining hygiene during menstruation.(NCBI - WWW Error Blocked Diagnostic)

Due to social restrictions and the inability to discuss this issue, women in India, particularly in rural areas, lack awareness about menstrual hygiene practices. Menstrual hygiene also affects the ecosystem. Poor disposal practices, such as storing waste in toilets and carelessly tossing it into ponds and drains, endanger the ecosystem and have a negative impact on human health. Because it is not well addressed in the reproductive health sector, menstrual hygiene is a challenge on a global scale, especially in India.(*Menstrual Hygiene Practices Among Women Aged 15-49 Years Journal of Family Medicine and Primary Care*)

Girls and women with disabilities and special needs face additional challenges with menstrual hygiene and are disproportionately affected by a lack of access to toilets with running water and period management materials. Many women and girls do not have access to menstrual management materials, especially during emergencies such as natural disasters and conflicts. UNICEF provides dignity kits to women and girls in emergencies, which include sanitary pads, a flashlight, and a whistle for personal safety when using the toilet. (*FAST FACTS: Nine Things You Didn't Know About Menstruation,*)

For the purpose of containing menstrual bloodstains, about half of the women use hygienic techniques. In India's low-income central and eastern states, menstruation hygiene practises are less common. The most significant contributing factors to menstrual hygiene behaviours, according to multivariate analyses, are women's education and socioeconomic level. Menstrual hygiene practises are positively impacted by women's autonomy and media exposure. Contrarily, women who live in rural areas, belong to scheduled tribes, or are unemployed are less likely to practise clean menstrual practises.(*Prevalence and Correlates of Menstrual Hygiene Practices Among Young Currently Married Women Aged 15-24 Years: An Analysis From a Nationally Representative Survey of India,.*)

Enhancing menstrual hygiene and making menstrual products more accessible can help girls and women have better access to education, opening up more opportunities for jobs, promotions, and entrepreneurship, and unleashing female contributions to the economy as a whole rather than keeping them at home (World Bank Group, 2022)By addressing the underlying causes of the problem, there is a statement that appropriately represents the idea that this problem may be eliminated: "When you educate a boy, you educate an individual." A family benefits from a girl's education. It is similar to educating women and assisting them in becoming more independent, so indirectly assisting the family as a whole.

The success of health treatments is at risk when women are excluded from decisions regarding their care as mothers. When creating health interventions for expectant mothers living in difficult settings, such as urban slums in low- and middle-income countries, it is important to take into account factors including age, employment, education, and household size.(Batura, 2022)

The Kerala State Women's Development Corporation Limited (KSWDC), a public sector undertaking (PSU) under the Keralan government, has launched the "MHM" and its component, the "SHE-PAD" Project to ensure that girl students learn about menstrual hygiene, have easy access to free sanitary pads and incinerators, and receive menstrual awareness classes. (Health & Hygiene | Kswdc,) The Kerala state government has established the She Pad programme to offer free sanitary products to female students. This programme will be introduced first in around 300 state-run public schools. The initiative to offer free sanitary napkins at public schools is a first for the nation. The government will also provide napkin storage and disposal areas in schools as part of the She Pad programme. Thus, the programme will assist thousands of female teachers and pupils. All public schools in the state will eventually receive the benefits of the programme (IAEME Publication, 2018)

With a variety of disposable sanitary pads, a continuous public health awareness programme about the physiological causes of menstruation and the implementation of good hygiene habits should be promoted. For the conveyance of such information, formal and informal routes of contact including mothers, sisters, and friends need to be highlighted. All mothers need to learn how to overcome their shyness and talk to their daughters about menstruation well before the age of menarche. Sanitary pads should be made available to all women, especially the poor, at discounted rates at medical institutions, and women should be urged to use them. The use of sanitary napkins and promotion of menstruation hygiene can both be accomplished through social marketing.

A knowledgeable mother is better able to teach her daughter healthy menstruation habits, give her appropriate nutrition, and make menstrual assistance a priority in the family budget. To lower menstruation-related anxiety and absenteeism among adolescent girls post-puberty, it is essential to train teachers to talk about it, provide functioning restrooms, and build forums for peer support; this also empowers girls to demand sanitation at home. Leading international organisations like UNICEF have recognised cotton fabric as a suitable sanitary material when handled in a hygienic manner. By promoting these alternatives, it will be possible to give disadvantaged groups more sustained access to biodegradable sanitary products. If menstrual issues are managed early, more than 90% of them can be avoided. Improved health outcomes will result from educating girls on what defines a normal or atypical period, when they should seek medical assistance, and training medical staff to offer pertinent care.

The majority of disposable pads wind up as part of household rubbish that isn't separated for rag pickers to sort, dumped in waterways, left on village streets, or burned along with other domestic waste, releasing toxins from the plastic that pose substantial environmental risks. Underscoring the significance of offering girls and women options, especially cloth, which is widely available and biodegradable, is the tremendous environmental threat posed by throwaway sanitary napkins. Women's risk of infection is reduced when they can control their periods with safe, cheap sanitary products. Overall sexual and reproductive health may be impacted in a cascading manner, including a decline in teen pregnancy, favourable



mother outcomes, and fertility. However, poor menstrual hygiene can result in major health hazards such reproductive and urinary tract infections, which can cause infertility in the future and complicate labour and delivery. After changing menstruation products, it's important to wash your hands to prevent the spread of diseases including hepatitis B and thrush.

Important interventions to guarantee health, wellbeing, and equal learning opportunities include adequate menstrual hygiene facilities with free hygiene products and timely teaching for boys and girls on period health.

## CHAPTER II

# REVIEW OF LITE

## **Chapter II**

### **Review of Literature.**

The goal of any literature review is to summarise and synthesise existing knowledge's arguments and ideas in a specific field without adding any new contributions. They assist the researcher in turning the wheels of the topic of research because they are built on existing knowledge. Overpowering existing findings requires a thorough understanding of what is wrong with them. For other studies, the literature review directs them in the right direction.

The period of the reproductive cycle when blood naturally leaves the uterus through the vagina is known as menstruation. It is a normal process that begins in females between the

ages of 11 and 14 and is one of the signs that puberty is starting to set in for them. (NCBI - WWW Error Blocked Diagnostic)

Although menstrual hygiene is as old as humanity, it has recently become more important as a result of society's willingness to face its difficulties. Getting to menarche is a joyous occasion in all cultures. The stress of managing menstrual hygiene is also linked to the physiological and psychological changes that the girl experiences. (Yaliwal et al,2020).

The series of activities your body goes through each month as it gets ready for the potential of pregnancy is known as the menstrual cycle. On the first day of a period, a menstrual cycle is thought to have started. Although cycles typically last 28 days, they can last anywhere from 21 and 35 days. ("*Normal Menstruation (Monthly Period): Menstrual Cycle & Symptoms,*")

Reproductive health in particular has been hampered by a lack of knowledge of fundamental uterine and menstrual physiology, despite the fact that women's health issues are often underrepresented in basic and translational research. Because the majority of women menstruate between menarche and menopause, menstrual health is a crucial component of overall health. However, menstruation regularly and frequently catastrophically impairs the physical, emotional, and social wellbeing of tens of millions of women around the world. (Critchley, 2020)

Menstruation has traditionally been thought of as a bodily function that affects women. In India, menstruation and menstrual habits are shrouded in a variety of social limitations, making girls more susceptible to infections and health issues since they are unaware of proper menstrual hygiene practises. (D'Mello, 2021)

Menarche and subsequent menstrual experiences are ingrained in social and cultural beliefs, customs, and practises on a global scale. For females, reaching menarche is a significant developmental milestone for sexual and reproductive health (SRH). Menarche

is entwined with sociocultural norms, attitudes, and practises, which can affect women's capacity to manage menstruation in a respectable manner. (Maulingin-Gumbaketi, 2022)

Millions of adolescent girls experience a dreadful cycle of agony, discomfort, embarrassment, worry, and solitude each month when their period comes. Girls frequently turn to utilizing substitute materials like dirt, leaves, or animal skins to attempt and absorb the menstrual flow because access to sanitary items like pads, tampons, or cups is typically limited in low- and middle-income nations. It is uncommon to find or maintain appropriate and hygienic Infrastructure, such as trash cans, soap and water for washing, and safe, private, and easily accessible restrooms. (The Lancet Child & Adolescent Health, 2018)

Many adolescent girls are forced to avoid school during their period due to the lack of facilities, as well as the humiliation and fear of being seen to be menstruating. As a result, in many rural settings with few resources, adolescent females who are currently in school miss even more classes. Because of the lack of facilities and the embarrassment and fear of being exposed during their period, many adolescent girls are forced to skip school; as a result, in many rural settings with limited resources, adolescent girls who are already disadvantaged by social norms miss a quarter of their educational opportunities. (The Lancet Child & Adolescent Health, 2018).

The premenstrual symptoms a woman experiences vary from woman to woman. Typical signs include: Leg, back, or stomach cramps, breast enlargement and sensitivity, tension, bloating, acne breakouts, and premenstrual syndrome. (“All You Need to Know About Period Symptoms,”2018).

Everywhere throughout the world, menstruation has always been associated with various perceptions. Today, there is a certain amount of acceptance of menstruation, but attitudes still vary across various communities. Countries, cultures, religions, and ethnic groupings all differ from one another. There are various taboos, including the prohibition of menstruation women from entering temples, cooking, and attending weddings, among others. Young women in India have little understanding and a lot of myths regarding menstruation, both before and even after the menarche. This typically results in excessive

dread, anxiety, and bad habits. Menstrual behaviours and understanding are influenced by socioeconomic factors as well. (Thakur, 2018)

Menstruation and menstruation practises continue to be hampered by a slew of societal, cultural, and religious constraints, creating a significant roadblock to menstrual hygiene management. Girls in many sections of the country, particularly in rural areas, are unprepared and unaware of their menstrual cycle, resulting in several issues and challenges at home, school, and at work. During the assessment of the literature, discovered that a lack of awareness about menstruation, whether accurate or incomplete, is a significant impediment to proper personal and menstrual hygiene management. (Kaur, 2018)

Menstruation may have an adverse effect on women's rights to sanitation, health, and education in low-income settings, according to recent grassroots activism in the development sector, which claims that this issue has been largely disregarded by international stakeholders working to realise universal human rights. (Robyn Boosey and Emily Wilson, *The Menstrual Hygiene Management and The International Human Rights System: A Vicious Cycle of Silence*)

A significant problem affecting the health, dignity, self-esteem, and privacy of millions of adolescent girls and women worldwide is menstrual hygiene management (MHM). Girls often view their period as embarrassing and difficult because of poor water, sanitation, and hygiene (WASH) facilities in schools, insufficient puberty education, and a lack of clean MHM products (absorbents). According to studies, menstrual girls miss school because of their concern of being embarrassed by their period-related blood spilling and body odour. Worldwide, 2.3 billion people lack access to properly maintained sanitation, according to the World Health Organization (WHO). (A Comparative Study of Menstrual Hygiene Management Among Rural and Urban Adolescent Girls in Mangaluru, Karnataka,)

Girls and women know little or nothing about reproductive tract infections, which are caused by poor personal hygiene during menstruation. Women in rural regions either don't have access to sanitary products or don't know much about the different varieties and how

to use them, or they can't afford them owing to the high cost. As a result, they primarily rely on reusable cotton pads, which they wash and reuse. Despite great improvements in the area of water and sanitation, the needs and requirements of adolescent girls and women remain overlooked. (Kaur, 2018)

MHM (menstrual hygiene management) has gotten a lot of press, and various literature reviews have been published. Original studies and reviews, on the other hand, tend to focus on absorbent access and use rather than on menstrual waste disposal. This evaluation attempts to fill a gap in the WASH sector by focusing on menstruation hygiene and safe disposal in low- and middle-income countries (LMIC)(*NCBI - WWW Error Blocked Diagnostic*)

Complete physical, mental, and social welfare in regard to the menstrual cycle is referred to as menstrual health. This definition acknowledges the complexity of menstruation and the many ways in which a person's capacity to effectively manage their menstrual health can have an impact on their daily lives. Good menstrual health depends on people having the resources they need to engage fully in all aspects of life during their menstrual cycle, which goes beyond just guaranteeing access to menstruation products. These resources might, for example, consist of knowledge, materials, sanitation facilities, encouraging settings (such as teachers and bosses who are sensitive to the needs of employees), and easily accessible health-care personnel who have received training in menstrual health issues.(Babbar, 2022)

All around the world, menstruating people are excluded from simple activities like socialising and eating particular foods. Women are discouraged from attending school and working every day because of the social stigma associated with menstruation and a lack of resources. Lack of access to sanitary products, education about menstrual hygiene, latrines, handwashing stations, or waste disposal is referred to as period poverty. Menstrual health is a problem that affects both sexes. 1.7 billion people worldwide lack access to basic sanitary services. Nearly 75 percent of people in underdeveloped nations lack access to even the most basic handwashing facilities at home. It is more difficult for women and

young girls to manage their periods safely and respectably when they are unable to utilise these facilities. (Rodriguez, 2022)

The study found that menstrual waste disposal is frequently overlooked in MHM and sanitation value chains, resulting in inappropriate disposal and negative consequences for users, sanitation systems, and the environment. More study is needed to get a better understanding of MHM waste streams, disposal practises, absorbent materials, and waste management technologies in order to provide women and girls with health, safety, mobility, and dignity. (NCBI - WWW Error Blocked Diagnostic)

When women are at home, they dispose of menstrual products in domestic waste and public bathrooms, and they flush them in the toilets without realising the risk of choking. As a result, there should be a need to educate and inform people about environmental pollution and the risks it poses to their health. Modern waste-reduction measures, such as incineration, can help. Also, public awareness should be raised to encourage the use of reusable sanitary goods or natural sanitary products produced from banana fibre, bamboo fibre, sea sponges, water hyacinth, and other natural materials. (Kaur, 2018)

Global health is facing new challenges as a result of the rapid urbanisation and development of megacities in many low- and middle-income countries. This is especially true for women and girls, who are disproportionately impacted by poor urban planning, inadequate sanitation infrastructure, and restricted access to water. Poor outcomes in sexual and reproductive health as well as a number of other health and welfare metrics are indicative of how many gendered inequities are reinforced in urban slums. (Google Scholar)

Menstruation begins during the adolescent years, and it is one of the most significant physiological changes girls go through. Girls' physiological maturity is signalled by menstruation. Until menopause, it becomes an inextricable aspect of their existence. This phenomenon is significant not only on a human level, but also on a societal level. In India, there are many myths and misconceptions about menstruation, as well as a comprehensive list of "do's" and "don'ts" for women. Women's hygiene measures during menstruation are crucial, as they can increase their exposure to Reproductive Tract Infections (RTIs). Poor

menstrual hygiene is a major contributor to female morbidity and leads to the high prevalence of RTIs in the country. (Wjpps | ABSTRACT,)

In recent years, menstrual hygiene and health have taken centre stage on the human rights agenda. This article looks at how human rights advocates use the language of human dignity to highlight and address the risks menstrual people experience. It contends that while the standards connected to traditional views of human dignity serve as a valuable resource for this endeavour, they can also act as a roadblock. Menstrual rights activists may unintentionally promote the period stigma at the root of the issue if they rely on traditional interpretations of human dignity linked to bodily restraint. (Zivi,)

Cultural norms, parental influence, individual perspectives, economic standing, and socioeconomic pressures all have an impact, both directly and indirectly, on menstrual hygiene behaviours. Menstrual beliefs are misconceptions and deeply ingrained ideas about menstruation that are specific to a culture or religion and are connected to the MHM. These conventions both hinder and facilitate proper menstrual hygiene habits. (Mohan Kumar Sharma<sup>1</sup> , Shanti Prasad Khanal<sup>1</sup> and Ramesh Adhikari<sup>2</sup>)

Menstrual hygiene management (MHM) practises differ around the world and are influenced by factors like as socioeconomic level, personal preferences, local traditions and beliefs, and availability to water and sanitation. For girls and women in disadvantaged contexts, MHM practises can be particularly unsanitary and uncomfortable. There is little evidence that unsanitary MHM practises enhance a woman's risk of urogenital infections such bacterial vaginosis (BV and urinary tract infection (UTI).The goal of this study was to see if there was a link between MH practises and urogenital infections while adjusting for environmental factors. (Das, 2018)

In June 2010, the Indian government suggested a new initiative to improve menstruation hygiene by providing rural adolescent girls with subsidised sanitary napkins. However, there are a number of additional concerns that must be addressed simultaneously in order to promote menstrual hygiene, such as knowledge, availability, and quality of napkins,

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regular supply, privacy, water supply, napkin disposal, reproductive health education, and family support.(Wjpps | ABSTRACT,)

Young girls engaged in various unsanitary habits as a result of their lack of understanding, resulting in poor menstrual hygiene. It also results in a lot of unwanted restrictions for young girls, and they suffer a lot of health issues and concerns that are either overlooked or handled incorrectly. From providing information to managing these young girls' health problems, the health system played a minor part. (World Bank Group, 2018)

While the sanitation sector is garnering more attention in policy and research, its natural interconnection with menstrual hygiene management is an issue that has received little attention. This study examines what is known about menstruation attitudes and behaviours, as well as how women and girls in low income countries now handle their monthly menses in connection to existing sanitation systems. It also looks into how used menstrual materials are disposed of, as well as the effects of different disposal practises on sanitation systems. (Sommer, 2018)

During menstruation, most adolescent girls in communities wear rags and worn clothes, making them more vulnerable to RTIs. Although adolescents account for one fifth of India's population, their sexual health issues are frequently ignored in government development programmes. In impoverished countries, poor menstruation hygiene has been a problem that has gone mostly unnoticed. (Wjpps | ABSTRACT,)

The findings suggest that research in the field of menstruation management is lacking. Shortage of privacy and space for changing, cleaning, drying, or discarding materials, as well as a lack of water for personal hygiene, are all areas where sanitation systems frequently fail to meet the needs of menstruation girls and women. For enhancing menstrual management and ensuring that absorption materials do not impede the functioning of sanitation systems, information on proper disposal of menstrual materials as well as the actual availability of disposal facilities is crucial. Menstrual management

training for sanitation system designers and planners could make sanitation systems more inclusive of all people's requirements. (Sommer, 2018)

Undoubtedly, a crucial area for inclusive growth is the plantation industry. The importance of plantations goes beyond their role as a source of foreign currency to include their role in providing employment for millions of women who, up until now, have been excluded from the process of economic growth and suffer from a variety of disadvantages. (Sumitha, 2021)

A study discovered that women expressed demands that were consistent with the WHO/UNICEF joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP) criterion for MHM: availability to clean materials, privacy for changing materials, soap and water for bathing and material disposal facilities. Women, on the other hand, require materials that are not only clean but also comfortable and dependable; soap and water for more than bathing; privacy for the full range of menstruation related practices, not just when changing; and disposal facilities that are private and secure, not just accessible. ( NCBI - WWW Error Blocked Diagnostic Retrieved November 3, 2022,)

Pain management, social support, and a conducive sociocultural context were also highlighted as demands that went beyond the existing criteria. Bathing, discomfort, and washing, drying, and storing fabric items were all described by women from various life phases. Unmarried and recently married women faced the greatest obstacles in terms of cloth management, as they were concerned that practises might betray their menstrual status and tarnish their reputations, leading them to prefer disposable materials if possible. For this demographic, we propose a re-definition of appropriate MHM that better reflects their needs. This concept could also be relevant for other populations, future research, developing evaluation measures, and determining intervention and programme goals ( NCBI - WWW Error Blocked Diagnostic Retrieved November 3, 2022,)

Postpubescent females' health is protected by a positive attitude toward menstruation and appropriate menstrual hygiene practises, which reduce their exposure to reproductive and

urinary tract infections. Although the majority of respondents were aware about menstruation prior to menarche, the majority of them felt anxiety and terror when it happened. Mothers were the first to be told when menstruation began, despite the fact that teachers were the ones who initially taught them about menstruation. Although respondents' understanding of menstruation was average, their menstrual hygiene practises were excellent. The respondents' knowledge of menstruation was highly influenced by their age, and course of study, with older students, as well as medical and midwifery students, having the most information. Increased awareness about menstruation has a beneficial and significant impact on menstrual hygiene habits(Ameade, 2019)

Women menstruate for approximately six to seven years of their lives. For women and girls, having the appropriate knowledge, facilities, and cultural environment to manage menstruation in a sanitary and dignified manner is a top issue. However, development practitioners in the WASH (water, sanitation, and hygiene) sector, as well as other related areas such as reproductive health, tend to overlook the relevance of menstrual hygiene management. This article examines why menstrual hygiene management is rarely incorporated in WASH projects, the social and health consequences of this omission for women and girls, and examples of successful menstrual hygiene approaches in WASH in the South Asia region. (Das, 2018)

Taboos and secrecy around menstruation obstruct proper menstrual hygiene management (MHM). Unhygienic menstrual behaviours and a lack of preparation for menstruation management have been linked to negative health and social outcomes. There is a scarcity of data on Menstrual behaviours among girls and women in rural communities, as well as sources of information about menstruation for teenagers. Mothers, teenagers, and teachers participated in twenty focus group discussions and thirteen in depth interviews to learn about their opinions on menstruation, cultural beliefs, sources, and degree of knowledge about menstruation and MHM practices. All of the individuals had varying levels of understanding regarding menstruation. When it came to discussing menstruation, all groups showed difficulty, embarrassment, and shame.(Shah,2019)

Menstruation is a natural biological activity that serves as a major indicator of reproductive health. Unfortunately, the stigma surrounding menstruation makes it difficult for women to express their needs. There is a dearth of understanding of the menstrual cycle and how to handle it hygienically. As a result, the issue of inadequate menstrual hygiene persists in society. Through a health education program, more people should be aware of the importance of maintaining good menstrual hygiene. (*Menstruation and Human Rights - Frequently Asked Questions*)

To cope with this time, women have created their own unique coping mechanisms. These tactics differ significantly across the globe depending on individual choices, resource availability, economic status, cultural customs and beliefs, educational attainment, and awareness of menstruation. Menstrual hygiene practises are extremely important since they have an effect on health and can result in toxic shock syndrome, reproductive tract infections (RTI), and other vaginal problems if neglected. .(Kaur, 2018) Due to poor individual knowledge of physiological processes, improper disposal, inadequate pain management, materials used as absorbents, and social taboos or myths like restriction to religious places and food items, it was revealed by numerous studies that MHM programmes needed to be strengthened in India. Due to the problem's vast distribution and complexity, a strategic strategy must be taken in order to solve it. (Sheoran, 2020)

# **CHAPTER 3**

# **METHODOLOGY**

**TITLE: MENSTRUAL HYGIENE PRACTICE AMONG  
PLANTATION LABOURERS IN JOONKTOLLY ESTATE**

## **INTRODUCTION**

Menstruation remains a barrier to gender equality in India, which ranks 125th out of 151 countries in the HDI Gender Inequality Index. Menstruation is a normal bodily function. Some of the women experience minor annoyances such as pain and discomfort. It usually has no bearing on their personal and professional development. However, this is not the case for many other women around the world. They can't even perform their duties properly. The ability to menstruate hygienically is fundamental to women's dignity and wellbeing, and it is an essential component of basic hygiene, sanitation, and reproductive health services.

## STATEMENT OF THE PROBLEM

Menstruating women and girls in rural India often face challenges in accessing menstrual hygiene products due to several factors such as a lack of agency among girls and young women, unavailability of hygiene products, poverty and social norms. Pullikkanam is a rural area and it is located close to the tourist destination, Vagamon. Most of the women who living there and work in tea plantations. As it is a place where Malayalees and Tamils live together, there are many different beliefs associated with menstruation. As well as their time schedule of the job, their working environment may create some difficulties in their daily life, especially in their menstrual cycle. Even though due to the tourist place near their locality, social and economic growth developed, but in case of personal hygiene, some people are not in the journey of growth. It is essential to know the status or level of awareness about the personal hygiene among the plantation workers. The different studies says that the women in the rural areas don't get the proper environment for the menstrual hygiene practice and also lack of knowledge and myths create more difficulties to maintain personal hygiene. It was also linked to long-term development goals such as good health and well-being, quality education, gender equality, safe drinking water and sanitation, decent work and economic growth, and responsible consumption and production.

If menstrual hygiene is not practised, the chances of contracting the disease are very high, and it also has an impact on their social functioning. The women who work on the plantation live in small houses called "layam," and they share bathrooms. They don't have a place to dispose of sanitary napkins. As a result, understanding menstrual hygiene practises among plantation workers is critical.

## SIGNIFICANCE OF THE STUDY

Every day, the world evolves. Despite this, much progress has been made in the health sector. However, it is a fact that must be examined in order to determine how far such progress has progressed. Many factors in rural areas prevent women from properly practising menstrual hygiene. It could be due to a lack of financial resources, a lack of

knowledge about menstrual hygiene, or some societal myths. If we examine this issue, we can see how the findings of similar studies in other rural areas are correct in a tourist and underdeveloped area of Pullikanam, and what has changed in the rest. Previous research has found that menstruation and menstrual practises continue to face many social, cultural, and religious constraints in rural areas. This study will aid in determining the relevance of previous studies on menstrual hygiene practises and myths among plantation labourers in the context of rural area. We can learn more about how existing factors, such as myths, influence menstrual hygiene practises through this research.

Pullikkanam is a diverse community. Because people from Kerala and Tamil Nadu have lived in Pullikkanam for many years, various beliefs about menstrual hygiene have developed. This study helps us understand how such beliefs have survived and changed over time, as well as the difficulties they face as a result of such beliefs.

Research also assists in determining the efficacy of various government policies in this sector. The government has implemented a number of policies to benefit rural residents, particularly women. One goal of this research is to determine how much women know about them and how much of their policies reach their intended audiences. It is also beneficial to understand the various factors that influence the evolution of menstrual hygiene practises.

Because Pullikanam is a tourist destination, it is critical to understand whether there is both personal and social development. Especially in women's menstrual hygiene practises. Children learn more about menstrual hygiene practises when they go out to study, through social media, or through people from other places. So all of these factors persuade us that this study is required.

#### GENERAL OBJECTIVE



This study aims to understand the menstrual hygiene practice among plantation labourers in Joonkoollee Estate.

### SPECIFIC OBJECTIVES

- To understand the socio-demographic characteristics of the respondents
- To understand the awareness about menstrual hygiene practice among the plantation workers
- To understand various hindrances affecting menstrual hygiene practice in rural areas
- To know what are the different factors affect the development of hygiene practice in the rural areas.

### THEORETICAL CONCEPTS

Menstrual Hygiene Practice: “Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials” (UNICEF and WHO)

Myth: “A popular belief or tradition that has grown up around something or someone” (seduced by the American myth of individualism— Orde Coombs, The utopian myth of a perfect society)

Plantation Worker: “small plantation worker” means a person engaged for doing any work in a small plantation for not less than ninety days in the preceding twelve months for wages

or reward, whether directly or through any contractor or agent, of the owner or company or family or Trust or Society and includes any self-employed person working in his own small plantation having an extent not more than half hectare (The Kerala small plantation worker's welfare fund act 2008)

## OPERATIONAL CONCEPTS

**Menstrual Hygiene Practice:** It is the practice of women during menstruation time to prevent the infection in reproductive and urinary tract and being healthy physically, mentally and socially.

**Myth:** A cultural, social or religious belief that has followed since long ago with or without knowing it is right or wrong regarding menstrual hygiene practice.

**Plantation Worker:** Tea plantation workers are the women who live in Pullikkanam, above the age of 30 who does manual work under the Joonktollee estate on a daily basis.

## RESEARCH DESIGN

This study takes a quantitative approach. To know the overall summary of the study variables of the research problem researcher adopted descriptive research design.

## UNIVERSE

Women who are above the age of 30 who work in tea plantations under the company of Joonktollee.

## SAMPLING PROCEDURE

Researcher adopted “Stratified Random Sampling” to collect information regarding menstrual hygiene practice and myths among 100 plantation labourers in Joonktollee Estate.

## INCLUSION AND EXCLUSION CRITERIA

### Inclusion Criteria:

- Only 80 women who working in plantations of Joonktollee Estate are included
- Women who are above the age of 30, who can answer to the questionnaire properly.

### Excluded Criteria:

- Other plantation workers excluded
- Women from other than Joonktollee estate is excluded.
- Women who those have attained menopause working in joonktollee plantations excluded.

## PILOT STUDY

The pilot study was conducted with four people. Two people were elderly women, and two people were middle-aged women. Older women talked about some of the changes in their lives associated with menstruation and some of the beliefs they had in the past. They don't take their babies or go to other houses when they are on their period. They only take their children after bathing, and they touch the whole body of the child with their wet hair. Otherwise, it is said that the children will cry all night. Even if they go to church during their period, they do not touch the Bible or any holy things. The middle-aged women talked about the health problems they faced during menstruation. They often skip programmes due to back pain, abdominal pain, and excessive bleeding. Sometimes they rely on pills to

relieve the pain. In the past, when there were no undergarments, people used to tie a string around their bodies and put a cloth on it during menstruation. The plants should not be touched during the period. But someone said that if plants are planted during their menstrual period, they will grow well. In the past, water and soap were used to clean. But today, there are people who use some of the lotions seen in the advertisement to clean their genitalia.

#### METHOD OF DATA COLLECTION

Researcher adopted Interview Method to collect information regarding menstrual hygiene practice among plantation workers. Researcher used questionnaire as a tool for collecting primary data. Secondary data collection was done through reviewing journals, online articles, webpages, online news and so on.

#### TOOL OF DATA COLLECTION

For the data collection, researcher use Interview Guide and it was Self-prepared questionnaire was used to collect the data

#### EXPECTED OUTCOME

- ❖ Associated with the menstruation of rural women, this study will help you to understand the current situation, needs and problems of them.
- ❖ This will help in making policy level suggestions for the women in rural areas.
- ❖ This study will help to know the role of social worker in this research area
- ❖ This study will help to understand the factors that affect on the menstrual hygiene practices

## DATA ANALYSIS AND INTERPRETATION

The research aims to understand the menstrual hygiene practises among plantation workers in the Joonktollee Estate. Though it is a quantitative research with a descriptive research design, SPSS software will be used for interpretation and analysis of data to draw conclusions.

## LIMITATIONS

Different clusters were taken for sampling. It took a long time to collect data because of the distance between the clusters. The researcher went to the homes of some workers and the workplaces of others to collect data. Therefore, when the researcher went to the workplace, she could only ask the prepared questions to the workers and could not ask anything more related to those questions. Because it was raining, snowing, and windy at the time of taking the data. The data of the workers in the tea plantation was taken for the research, and therefore the permission of the management was taken. But when the researcher went to the work site, the management did not inform the supervisor in each cluster about taking the data, so there was a delay in taking the data.

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## CHAPTERISATION

Chapter 1 – Introduction.

Chapter 2 – Review of literature.

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Chapter 3 – Methodology.

Chapter 4 – Analysis and Interpretation.

Chapter 5 – Findings, Suggestions & Conclusion

# CHAPTER IV

# ANALYSIS AND INTERPRETATION

The analysis and interpretation of the data obtained using the suggested methods in the previous chapter are summarised in this chapter. This will aid in concentrating on analysing the data gathered and coming to a decision about its significance and conclusions. In order for the research to succeed and be able to address the issue at hand. The information was thus collected, coded, and entered in accordance with a special coding sheet created by the researcher. Software called SPSS was used to examine the data. In this chapter (data analysis and interpretation), the examination of the information gathered from 80 respondents is covered.

The information was gathered in accordance with the four objectives,

- To understand the socio-demographic characteristics of the respondents

- To understand the awareness about menstrual hygiene practice among the plantation workers
- To understand various hindrances affecting menstrual hygiene practice in rural areas
- To find the solutions to enhance menstrual hygiene practice among the plantation workers.

This covers information about the respondents' sociodemographic characteristics, awareness about menstrual hygiene practice and various factors affecting menstrual hygiene practice. The research also focused on finding solutions to enhance menstrual hygiene practises among plantation workers.

These goals will be divided up into the several categories. Studying the respondents' socioeconomic and demographic backgrounds will be category A's initial goal. Age, residence, qualification, economic status and religion all recognised here.

#### **4.1 CATEGORY A:**

#### **SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS**

##### **4.1.1. AGE OF THE RESPONDENTS**

**Statistics**

**AGE**

Valid	80
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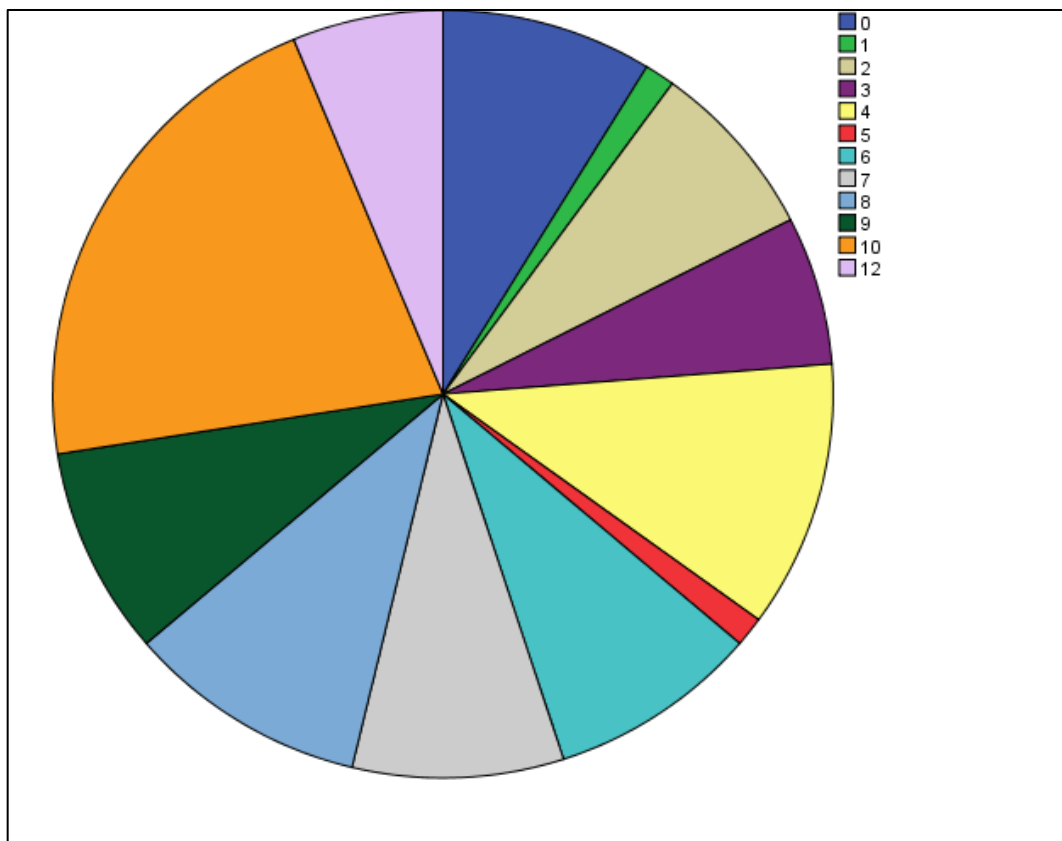
Missing	0
Mean	39.78
Std. Deviation	4.704
Range	19
Minimum	27
Maximum	46

The above table represents the age of the respondents. The age of the respondents varies from a minimum value of 27 to a maximum value of 46. Among the 80 respondents, the average age of the respondent is 39.78.

Here, the respondents are the plantation workers. Based on the analysis, we can say that the average age of the people who are working in the Joonktollee estate is around 40. So the Joonktollee estate includes various people. As well, the minimum age is 27 and the maximum is 46. So in this research, the researcher included the differing perspectives or difficulties of diverse groups of people. The respondent, who is 46 years old, is still managing her menstruation process while witnessing a lot of changes that have happened in the physical, social, or cultural aspects.

#### **4.1.2. QUALIFICATION OF THE RESPONDENTS**

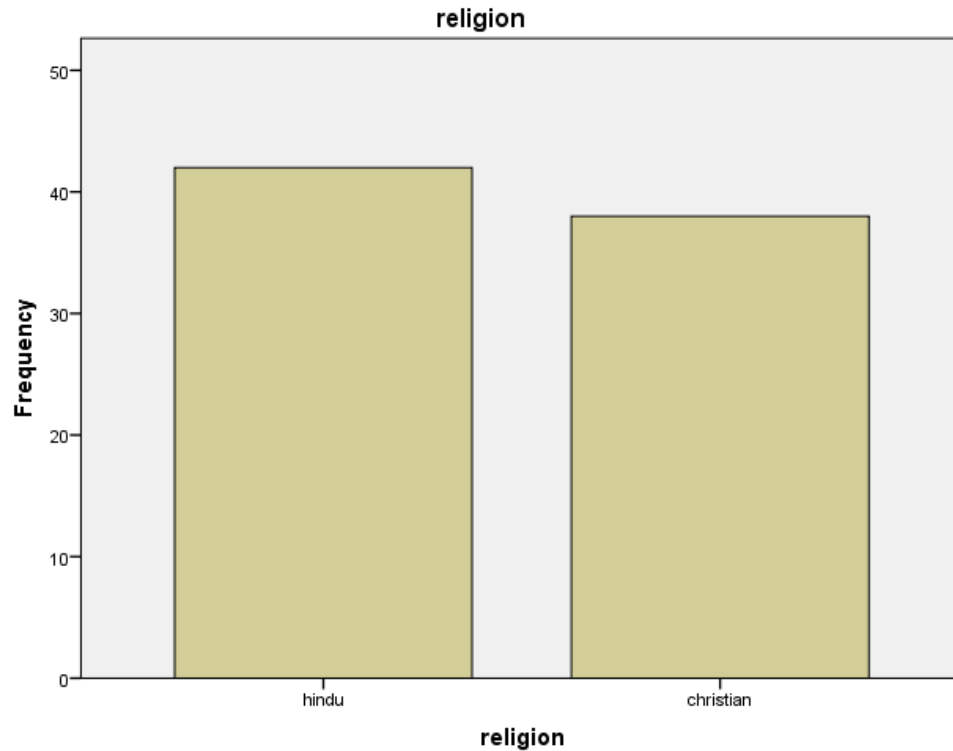
### **QUALIFICATION**



The above pie chart shows the qualifications of the respondents. The maximum qualification obtained by the respondent is passing 12th class. There were some respondents who didn't go to the school. If we consider the classes where the respondent went, it includes 1, 2, 3, 4, 6, 7, 8, 9, 10, and 12.

School is the most important source to provide information regarding health and personal hygiene. They also give information about menstrual health and healthy practices. But in some cases, some people don't get the education about menstrual health they need from the school setting because they don't study or drop out. This may lead to less scientific knowledge about reproductive health and its processes. The reason for the dropouts may be some social or cultural factors.

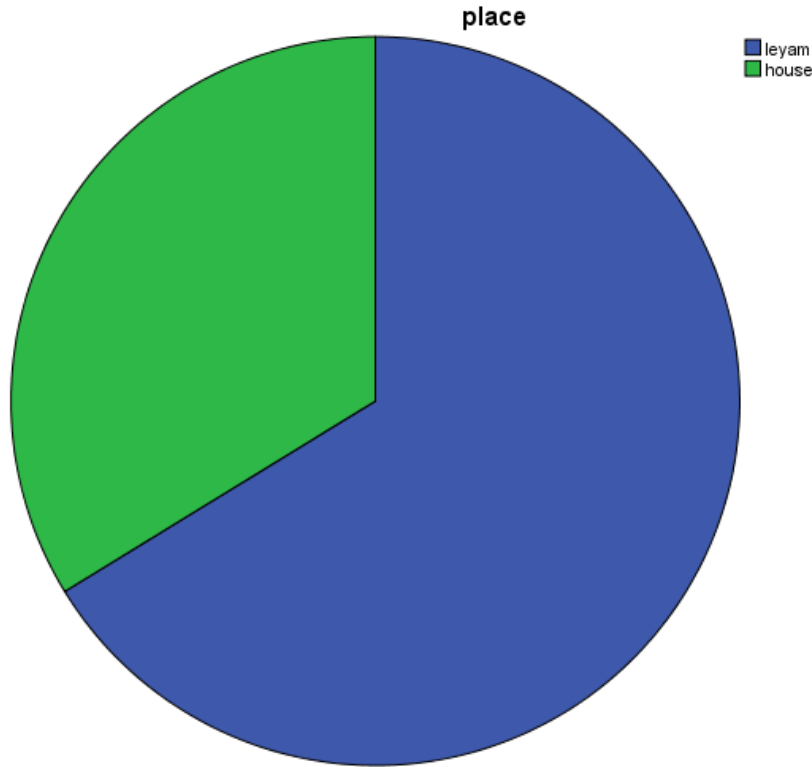
4.1.3. **RELIGION OF THE RESPONDENTS**



The above bar diagram 4.1.3 states that the religion of the respondents. People who are in Hindu religion are majority in the working population than Christianity. But it is also clear that there is no large difference between them.

The people of different religions are working together, and through this there will be sharing of experiences, knowledge, and beliefs. It is the platform for providing and gaining new ideas or habits. For example, beliefs related to menstrual hygiene practices or myths related to menstruation can easily spread between the religions. From each religion, they can learn the best solutions to some problems if they want them. Otherwise, it may lead to myths. It also opens the door to new practices or rituals or to following their own wants and needs. As well as working together, they will develop coordination skills and the ability to adapt to the environment.

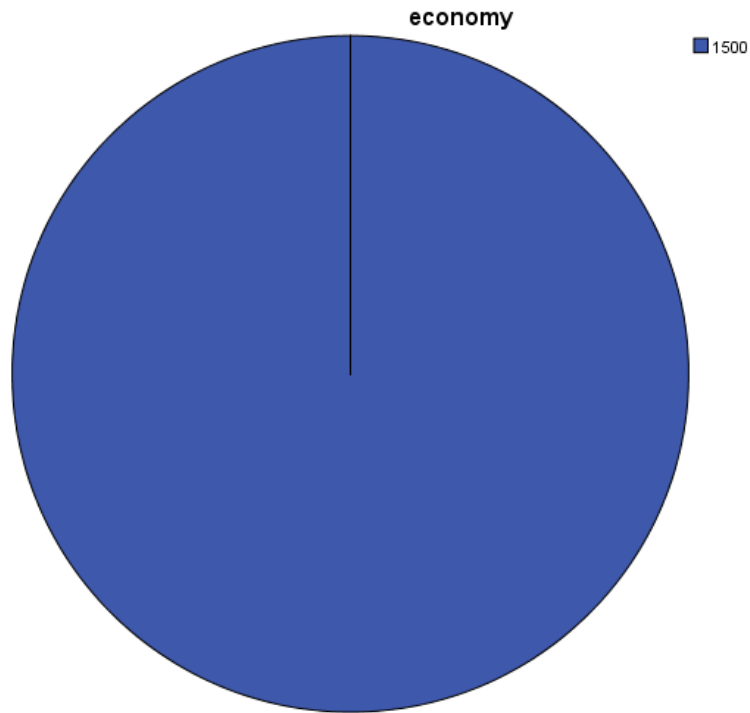
#### 4.1.4. **RESIDENCE OF THE RESPONDENTS**



Based on the above pie chart 4.1.4, significant majority were layam, which means most of the respondents were living in layam provided by the tea estate. Compared to people who live in houses, the proportion is high.

From the data analysis, it is clear that most of the tea plantation workers use the resources the tea estate provides. Joonktollee Estate is also focused on the basic needs of human beings, like shelter. Other workers also use the resources of the tea estate, but not in the form of shelter. Every worker has to access resources from their environment to meet their needs. Everybody's needs are different, so the resources they find in the environment are also different.

#### **4.1.5.ECONOMIC STATUS OF THE RESPONDENTS**



As per the above pie chart Chart Diagram 4.1.5, the economic status of all the respondents is the same. There is no change in one person's economic status compared to another person's.

The respondents to the research have good observation skills, and they are enthusiastic, so when the researcher went to one cluster to collect the data, other people from different clusters knew what the researcher was doing too. The researcher collected the data through home visits and worksite visits. Respondents may think that if they provide information about their economic status, they don't get any benefits from it. So they all said to write the same amount as other people.

#### **4.2 CATEGORY B**

Category B will make up the next section. Here, the second goal will be highlighted. It included absorbents used, number of times absorbents were changed per day, cleaning of

external genitalia, disposal of used absorbents, choice of absorbent materials, cause of menstruation, the organ that provides the menstrual blood, and so on. Through this section researcher can understand the awareness about menstrual hygiene practice among the plantation workers.

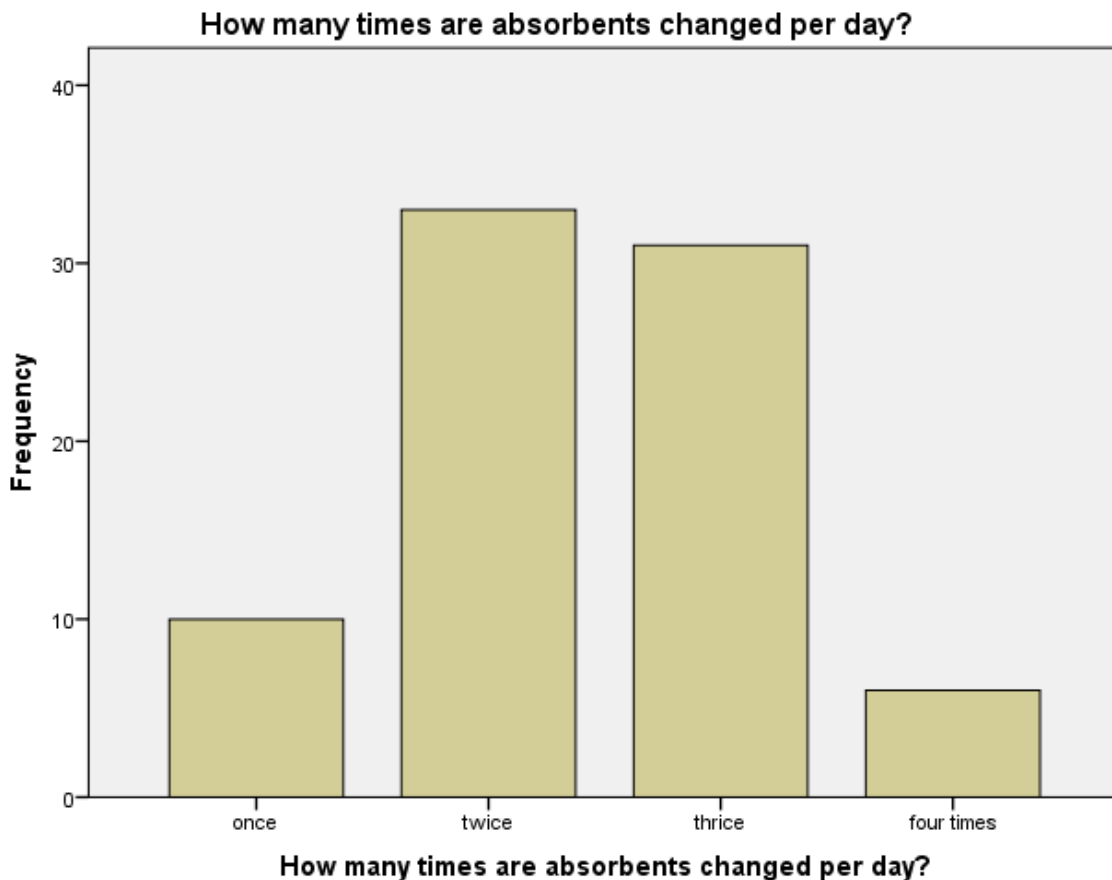
**4.2.1. ABSORBENTS USED DURING MENSTRUAL PERIOD**

		Frequency	Percent
Valid	new piece cloth	32	40.0
	old piece cloth	18	22.5
	sanitary pad	30	37.5
	Total	80	100.0

The data in Table 4.2.1 clearly show that the majority of the respondents used new pieces of cloth as absorbent during the menstrual period. The percentage of people who used sanitary pads (37.5%) is close to the percentage of people who used new piece cloth (40%). From this table, the percentage of people who used the old piece of cloth cannot be negligible. because 22.5% of the respondents are using an old piece of cloth.

The other studies say that the women who are in rural areas are very poor at menstrual hygiene practices and don't use good absorbing materials, but in this study, the majority of people used the new cloth during menstruation. There were some people who used sanitary napkins. This may indicate that the respondents, knowingly or unknowingly, are on the journey toward healthy menstrual hygiene practices. But 22.5% of the people are still using the old piece of cloth, so here, providing health education is necessary.

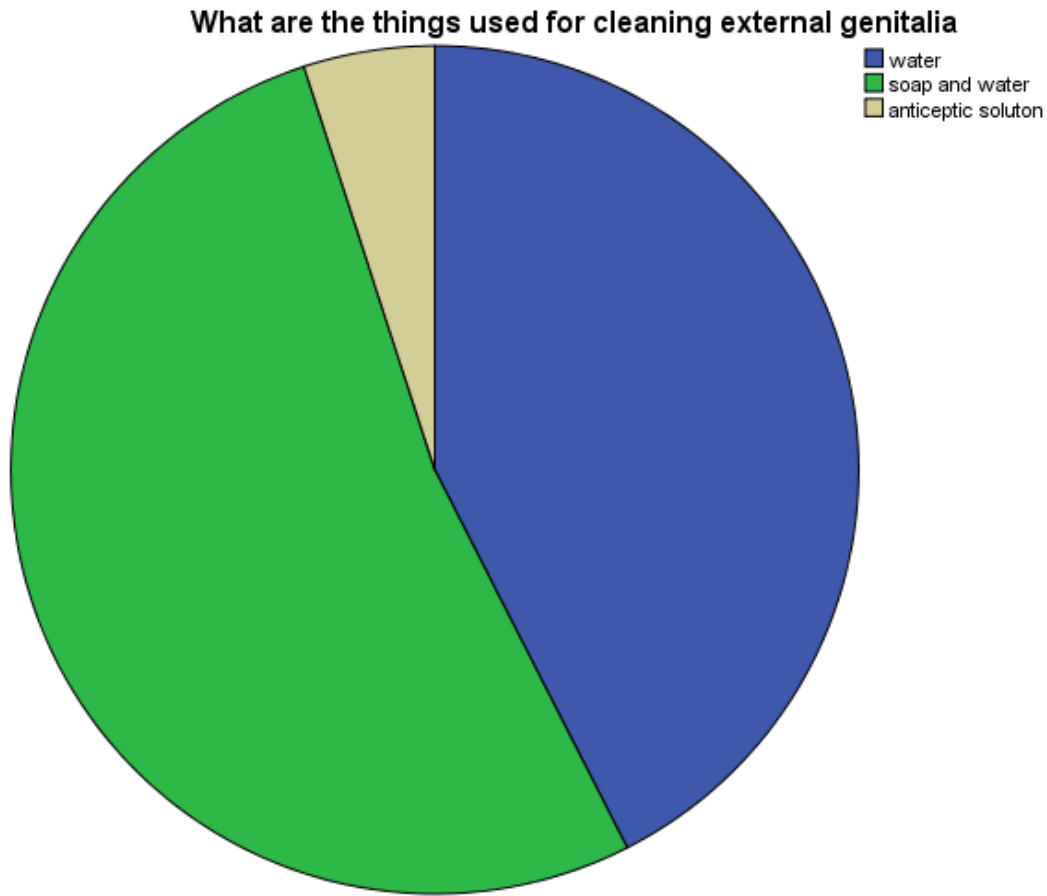
**4.2.2. NUMBER OF TIMES CHANGING THE ABSORBENTS**



The above table 4.2.2 shows that most of the respondents changed their absorbents twice per day and the second most respondents changed their absorbents thrice per day. Compare to the people who change the absorbents twice or thrice, the people who change the absorbents four times less.

There will be some reasons for the changes in the number of absorbents used by the respondents. It mainly included the frequency of the menstrual period. Some people have a high blood flow during their menstruation, and some other people have a lower blood flow. So they need to change their absorbents based on their own menstrual characteristics. The frequency of changing the absorbents is also connected with how they maintain their personal hygiene.

**4.2.3. THINGS USED FOR CLEANING EXTERNAL GENITALIA**



It is clear that from the pie chart, majority of the respondents are using soap and water (52.5%) to clean the external genitalia. The people are cleaning the genitalia with normal water is (42.5%). Very less people are using the antiseptic solution (5%) for cleaning.

Through this analysis, we can identify that the perception of maintaining personal hygiene is different from one person to another. Sometimes we do some hygiene practice in the belief that it is the right method. There were some factors that may have affected those practices, like consuming wrong information, misinterpreting it, or trying to adapt to new changes without knowing the reason.



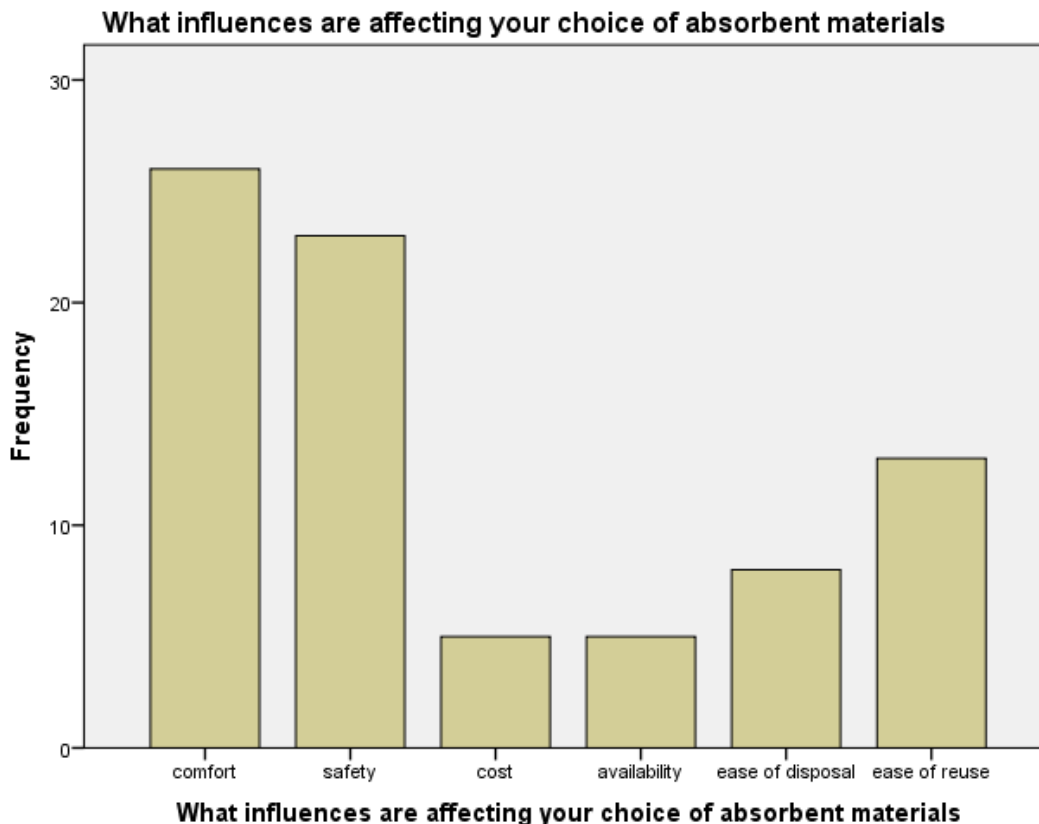
**4.2.4.DISPOSAL OF USED ABSORBENTS**

		Frequency	Percent
Valid	washing	31	38.8
	burnt	29	36.3
	thrown away	13	16.3
	deposit in toilet	7	8.8
	Total	80	100.0

As per the above table 4.2.4, 38.8% of respondents wash the cloth, which is used during menstruation. It will help them reuse the absorbents next time. Some people are burning the absorbents, which included cloth and pads (36.3%). 16.3% of respondents threw away the used absorbents, either through the river or by throwing them into the environment. Some people are using toilet paper to deposit the pads (8.8%), even if they don't have the facility to do so.

The menstrual hygiene practise does not only deal with personal hygiene. It also has a great importance in the protection of the environment. If we didn't dispose of the absorbents properly, it would create a lot of problems in the community as well as in the environment. Sometimes we may forget to protect the environment while protecting only our own areas or places. Menstrual hygiene practise covers a lot of aspects.

**4.2.5. CHOICE OF ABSORBENTS**



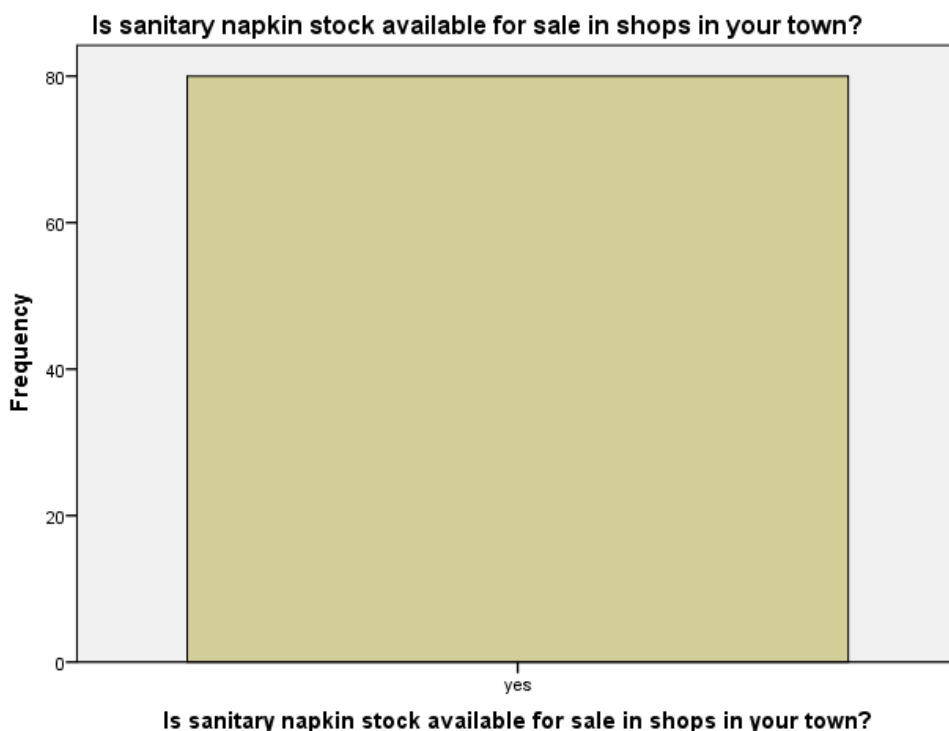
This graph indicates the factors affecting the choice of absorbent materials. It includes comfort, safety, cost, availability, ease of disposal, and ease of reuse. For 80 respondents, 26 respondents chose the absorbent materials looking at the comfort side. 23 respondents were selected due to safety. 13 people are choosing the absorbents considering the fact it can be reused. Eight people are selecting the absorbents because of their ease of disposal. Five people are looking at the cost elements, and five people are looking at the availability of the absorbents.

Every individual is different, just as their social, cultural, and economic situations also vary from person to person. So to maintain their own health or personal hygiene, they have to look at different sides of their lives. social, physical, cultural, and economic factors affecting their choices. It makes them adjust to certain things.

### 4.3 CATEGORY C

The category C deals with the third objective, which was to understand various hindrances affecting menstrual hygiene practises in rural areas. It included the following: availability of sanitary napkins in their own town; cause of menstruation; the organ that produces the menstrual blood; places for drying cloth; privacy at home during hygiene care; frequency of baths; restrictions; disturbances; problems during menstruation; and storage of menstrual clothes and pads.

#### 4.3.1. Sanitary napkin stock is available in shops in your town.



Based on the figure, it is clear that the 80 respondents said there is sanitary napkin availability in the shops of their own town. The place of the respondent was a rural as well as tourist area. So, there is a lot of development happening in those areas, not only in the infrastructural development but also in the health of the people who live there, and they bring the necessary materials for the development of health.

### 4.3.2. Buy sanitary pads



This pie chart states that there is an equal proportion of people who say they buy sanitary pads from their own town shops and people who say they don't buy sanitary pads from their own town shops. In a survey of 80 respondents, 40 people said they buy the sanitary napkins, and the other 40 people said they don't buy the sanitary napkins.

It is normal for people who don't use the pad to not buy those things in their home town. But the people who don't buy the sanitary napkins, including the people who use pads or wear clothes, are under the same umbrella because the people who used the pads when they went out of town or shopping will buy the napkins for the next month. So there is no chance to depend on the home town for buying the napkins. The people who say they buy things from their hometown may be immediate users. So because of this, most of them are not afraid to buy those things in their home town.

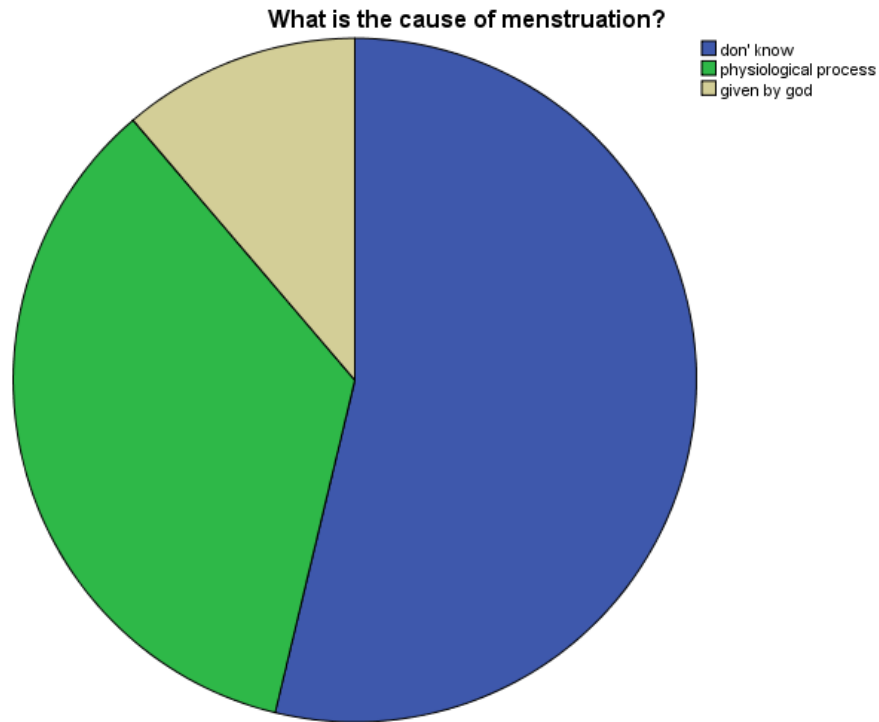
**4.3.3. THE REASON FOR NOT BUYING THE NAPKINS**

		Frequency	Percent
Valid	allergy	8	10.0
	not comfortable	27	33.8
	fear about using pad	15	18.8
	buy	30	37.5
	Total	80	100.0

The above table shows the reasons for not buying the napkins. Most of the people (37.5%) are buying the napkins for their own use. But 33.8% of people are not comfortable using pads, so they don't buy the things because they don't need them. Some people want to use pads, but some fears are affecting them (18.8%), so they don't buy or use the pads. Some people (10%) have allergies due to the materials used in making the pads. so they don't use it or buy it.

Some people have a fear about using pads because they think it may cause allergies or infections because the materials used in their making may cause some serious diseases like PCOS or infertility. Some people are not comfortable because they are used to the materials. So through proper menstrual health education, we can solve a lot of misunderstandings related to menstrual hygiene practice.

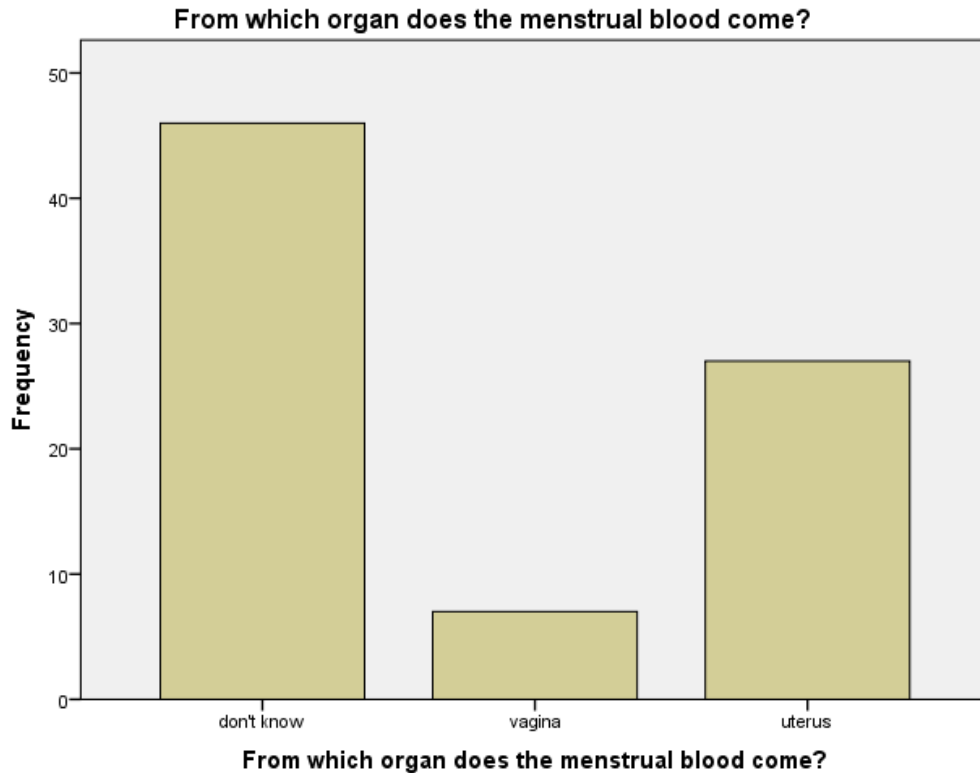
#### 4.3.4. CAUSE OF MENSTRUATION



Based on the diagram, it is identified that a large percentage of people, almost above 50%, don't know about the cause of menstruation. Some people -- around 11 % of people think it is the gift given by God. Around 35 % of people are saying it is a physiological process.

Even if the women face menstrual difficulties or menstruate each month, they don't know the reason for the menstruation. It maybe they didn't get the proper education or they live in a community where they cannot talk these things freely.

**4.3.5. ORIGIN OF MENSTRUAL BLOOD**



In this figure, we can easily see that most people are not aware of the origin of the menstrual blood. In a survey of 80 respondents, around 46 people didn't know the origin of the menstrual blood. Around 27 people are saying it was from the uterus, and below 10 people are saying that the origin of the menstrual blood is vagina.

If they have a doubt about menstruation, they are afraid to ask about it. For girls, they typically get the information about menstrual hygiene practices from their mothers or their relatives, as well as teachers. So if they provide information regarding this topic to their children but the information is not accurate. If they are not knowledgeable about the menstrual cycle, then how can they educate their children about menstrual health? It will create a lot of problems in different areas.

**4.3.6. PLACES FOR DRYING ABSORBENTS**

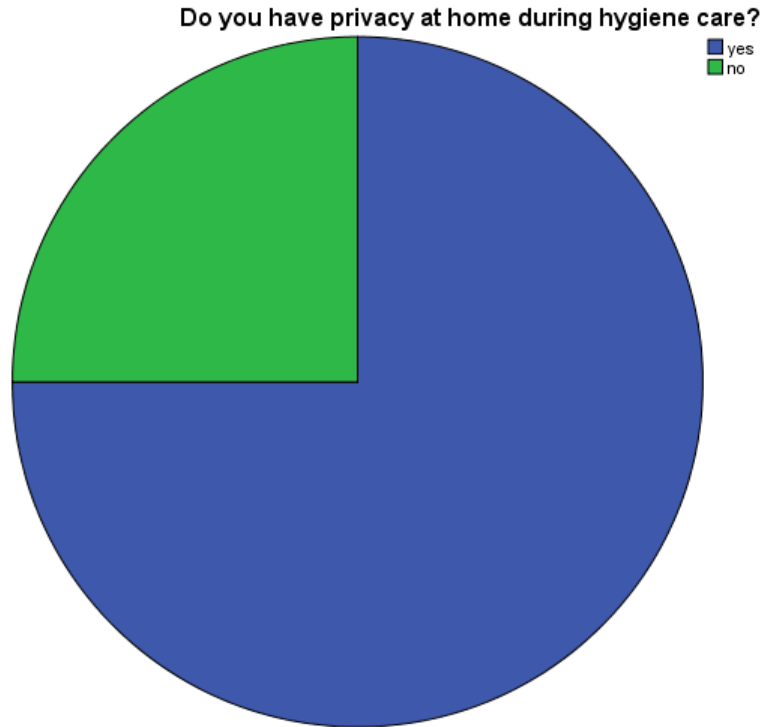
		Frequency	Percent
Valid	outside with sunlight	50	62.5
	outside without sunlight	21	26.3
	inside	8	10.0
	One time using	1	1.3
	Total	80	100.0

The above table shows the places chosen by the respondents for drying absorbents. In 80 people, around 62.5% dry their absorbents outside with sunlight. 26.3% of people are drying the absorbents outside without sunlight. Only 1.3 % of people use the reusable absorbents only once. Some people (10%) dry absorbents on the inside.

Normally the people dresses are drying in the presence of sunlight, but some people are not drying the absorbents with normal dresses. because they think that the absorbents are not the same as in other dresses. So they dry them outside without sunlight. People also dry on the inside of the house because they think the absorbents are not seen by others.



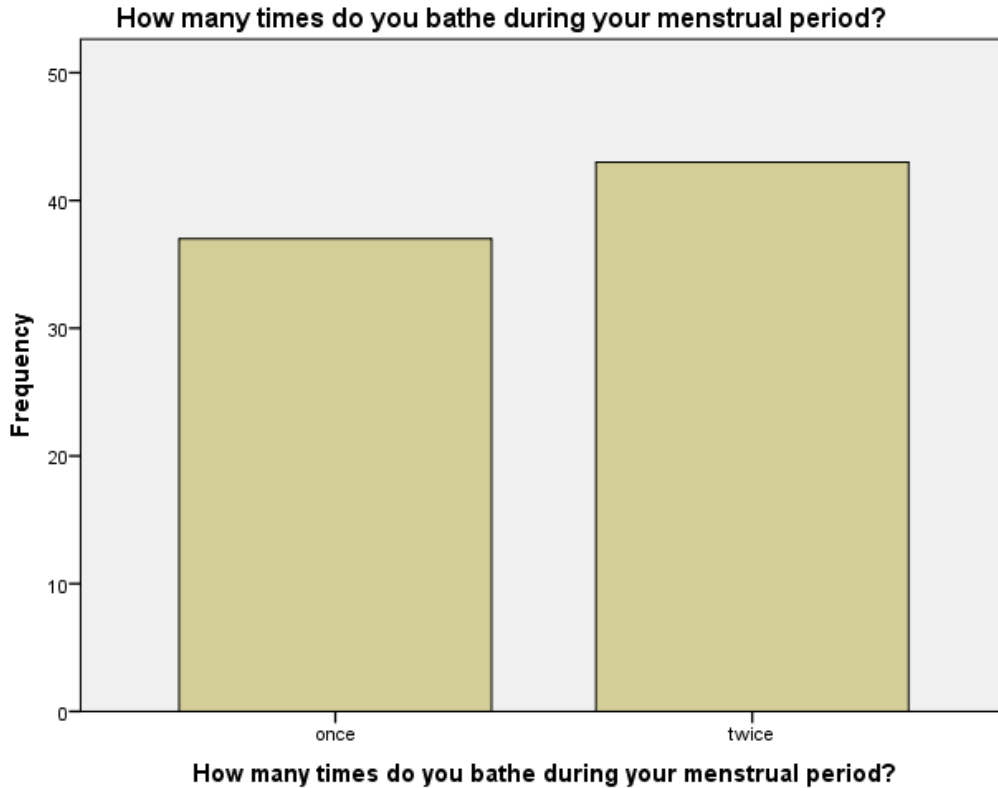
**4.3.7. PRIVACY AT HOME DURING HYGIEN CARE**



From this figure, around 75% people have privacy at home during hygiene care and only 25% people don't have the privacy in their home. In 80 respondents 60 people have the privacy and 20 people don't have the privacy for the personal hygiene.

It not only indicates the space for personal matters as well as it also showed the development of the community or the unmet needs of the respondents. Some people are faced some difficulties due to the lack of privacy, but some other are adjusting to it or adapting with the previous experiences.

### **4.3.8. FREQUENCY OF BATHING**



This figure shows the frequencies of taking bath during the menstrual period. Below 50 people are taking bath twice in a day during the menstrual period. Below 40 people are taking bath once in a day during the menstrual period.

The respondents are busy with family as well as job duties so that sometimes they didn't get the chance to take care of themselves even if they want. Some people are taking extra time from their daily life for finding the time for personal matters.

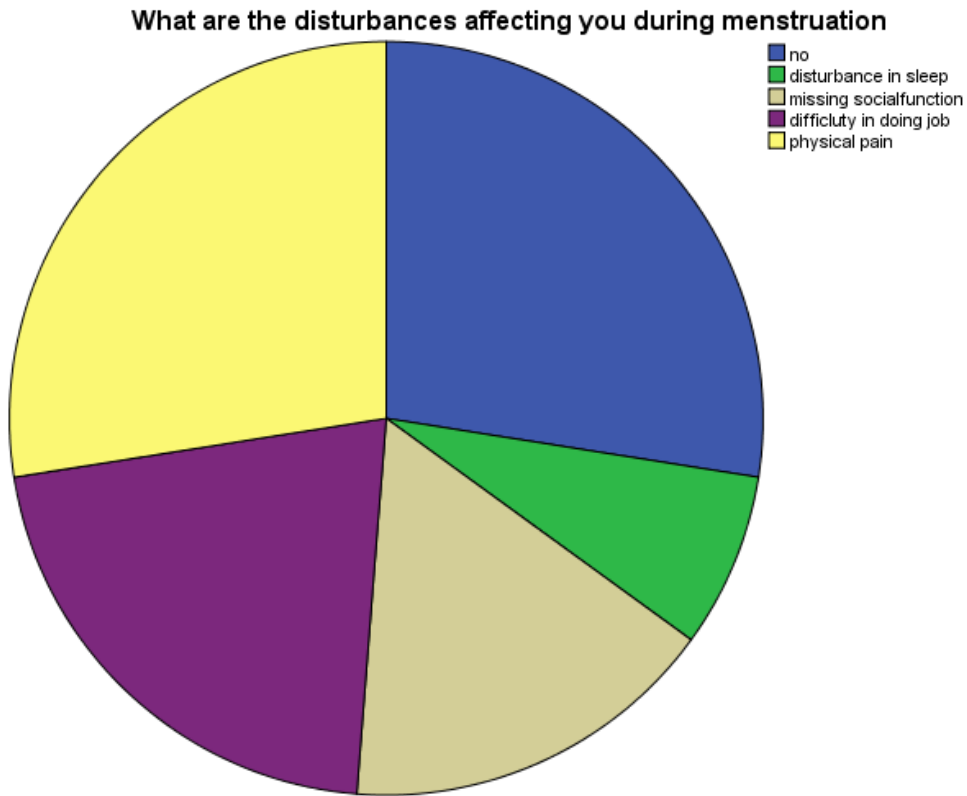
**4.3.9 RESTRICTIONS DURING MENSTRUATION**

		Frequency	Percent
Valid	no	20	25.0
	religious	36	45.0
	touching things	10	12.5
	going outside	14	17.5
	Total	80	100.0

The above table shows the restrictions faced by the respondents during the menstruation time. Most of the people 45% are facing religious restrictions. But 25% people said that they don't have any restrictions. 12.5% of people said they don't touch plants in their period. Some people (17.5) % are facing restrictions like not allowing to go out night in the period time.

When they say they don't have any restrictions, there may be some things that are not considered restrictions by the respondents. The religious restrictions mean the respondents cannot enter the temple, and when they go to church, they don't touch holy things. They cannot touch some plants, as well, because there is a belief that says if they stay outside at night during the menstruation period, the evil force will attack them.

**4.3.10 DISTRUBANCES DURING MENSTRUATION**



From the pie diagram it is clear that some respondents faced some disturbances during the menstruation, but some people don't have any disturbances. The main disturbances are including disturbance in sleep, missing social function, difficulty in doing job and physical pain. The main disturbance was the physical pain and it create a lot of difficulties in plantation workers like it affect their job. They losing some important social function because of some rituals and beliefs as well as pain.

**4.3.11 STORAGE OF MENSTRUAL CLOTHES**



Based on the above diagram, it is identified that most of the respondents keep their menstrual clothes and pad separately. Very few people are keeping them with the normal dresses.

There are two reasons for keeping them apart. The first one is to keep it in a good environment because it should not be dirty. The second reason was that they had a thought that it was something not normal that they could not keep with normal ones or were afraid that other people would see it.

**4.3.12 PROBLEMS FACING DURING MENSTRUATION**

		Frequency	Percent
Valid	disposal	27	33.8
	uncontrolled emotions	17	21.3
	disturbance in social activities	15	18.8
	difficulty in doing job	21	26.3
	Total	80	100.0

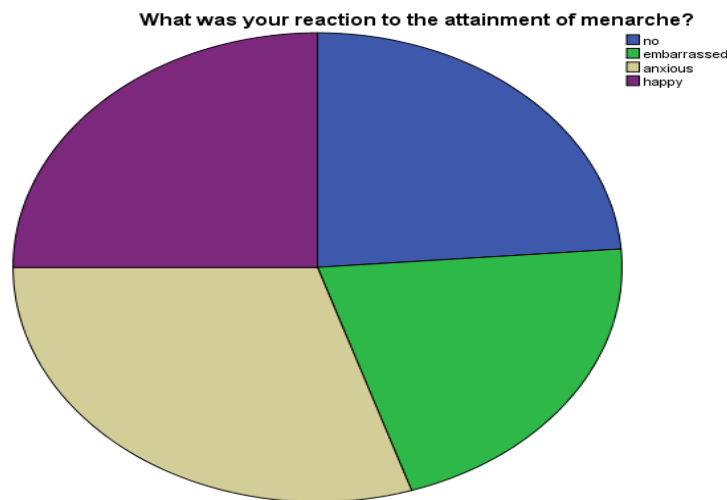
The above table 4.3.9 states that, among 80 plantation workers 27 people are facing disposal issues regarding menstruation,17 people face uncontrolled emotions,25 people faced problems like difficulty in doing job.

The people who are coming from different areas or different situations so that their needs are totally different. The menstrual hygiene practice is affecting each person I different ways. Sometimes it affecting people’s mind or emotions, sometimes it affects the ability to do their job.

#### 4.4 CATEGORY D

The category D deals with the fourth objective, which was to find solutions to enhance menstrual hygiene practices among the plantation workers. Through assessing or analyzing a lot of areas, we can reach the best solutions or methods that enhance the menstrual hygiene practice among plantation workers. It included an attitude towards menarche, knowledge about new materials for the menstrual health, remedies used to reduce menstrual cramps, a relationship between social media and the knowledge regarding the menstrual hygiene, talk with family, and the existing myths related to menstruation.

##### 4.4.1. REACTION ON ATTAINMENT OF MENARCHE



Based on the above diagram, the people who have different emotions when they attain on menarche. Some people tells they don't have any emotions when it comes first time. As well as some people felt so happy because they will get a lot of things as a gift, some people felt embarrassed or anxious when the attain menarche

#### 4.4.2. MENSTRUAL CUP



The above diagram 4.4.2 states that, in 80 respondents around 60 above people are unaware about the menstrual cup. Below 20, the people are knowing about menstrual cup. If they knew about it, they also have a fear about using it. As well as some people found that it is difficult to use.



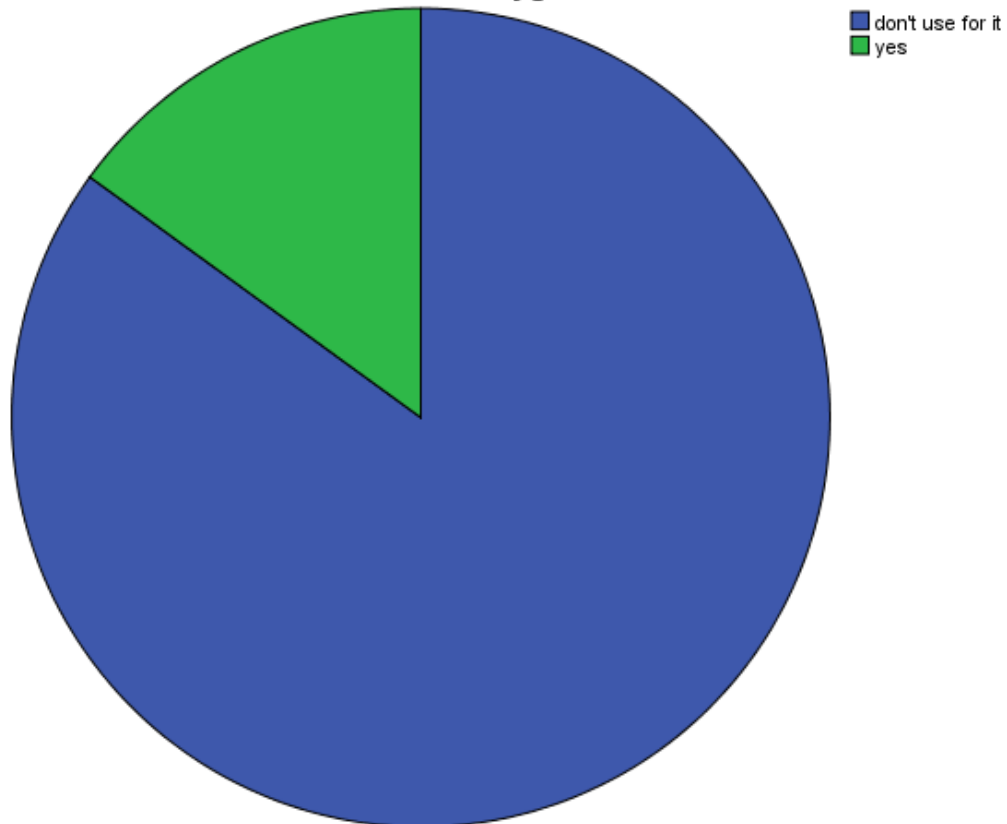
**4.4.3. REMEDIES USED TO REDUCE MENSTRUAL CRAMPS**

		Frequency	Percent
Valid	no cramps	16	20.0
	no remedies	19	23.8
	taking medicine	24	30.0
	using hot water	21	26.3
	Total	80	100.0

The above table 4.4.3 states that, around 20% people don't have any cramps related to the menstruation. 23.8% people don't take any medicines if they have menstrual cramps. Some people are using medicines (30%) and other people are using hot water (26.3%) To reduce the menstrual cramps.

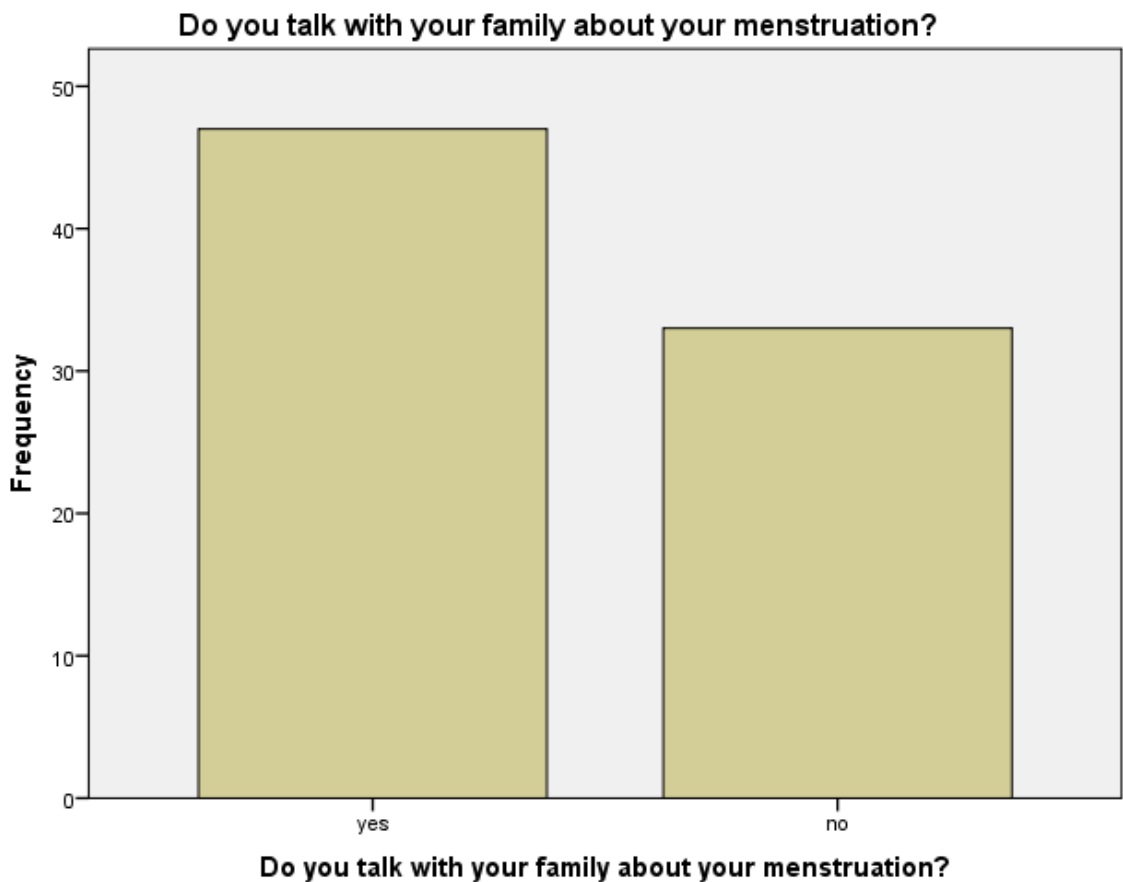
**4.4.4. SOCIAL MEDIA USAGE**

**Does social media usage help you increase your knowledge about menstrual hygiene?**



From this diagram it is clear that majority of the population don't depend the social media for knowing menstrual hygiene practice. Above 75% people are not updating the menstrual hygiene practice and less than 25% people are gaining information related to the menstrual cycle through social media.

**4.4.5. COMMUNICATION WITH FAMILY**



This diagram indicates that most of the plantation workers are telling about their menstruation with their family. The family means, it may be their husband, child, or mother etc. so they can help her when she was tired as well as they can do a lot of things to support her .But the people who are not telling about their menstruation not less in number. So it showed that it should be a mass change in this area.

**4.4.6. MYTHS REALED TO MENSTRUAL HYGIENE**

	Frequency	Percent
Valid religious matters	16	20.0
going out night	26	32.5
touching plants	23	28.8
not taking children without bath	15	18.8
Total	80	100.0

The above table 4.4.6 states that, 32.5 % people are don't go at night during the menstruation time.28.8% people are don't touch the plants when they menstruate. As well as some people (18.8%) they don't takin the children without bathing. Religious practices are strictly avoided (20%) during the menstruation.

This shows that there are still some myths existing related to the menstruation and hygiene practice and there should be a change in the grassroots level.

**CHAPTER – 5**

**FINDINGS,**

**SUGGESTIONS**

**AND**

**CONCLUSION**

The main conclusions from data analysis on plantation workers' menstrual hygiene practises are outlined in this chapter. For ease of review, the following summary of this chapter is provided: The sociodemographic profile of the respondents, their knowledge of plantation workers' menstrual hygiene practises, and the variables influencing those practises. Depending on each study purpose, different conclusions can be drawn from the results. The session's major focus is on the research findings derived from replies from 80 female plantation workers in Kerala's Idukki district.

#### **4.1.SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS**

##### **4.1.5. AGE OF THE RESPONDENTS**

The age of the respondents varies from a minimum value of 27 to a maximum value of 46. Among the 80 respondents, the average age of the respondent is 39.78.

Here, the respondents are the plantation workers. Based on the analysis, we can say that the average age of the people who are working in the Joonktollee estate is around 40. So the Joonktollee estate includes various people. As well, the minimum age is 27 and the maximum is 46. So in this research, the researcher included the differing perspectives or difficulties of diverse groups of people. The respondent, who is 46 years old, is still managing her menstruation process while witnessing a lot of changes that have happened in the physical, social, or cultural aspects.

##### **4.1.6. QUALIFICATION OF THE RESPONDENTS**

The maximum qualification obtained by the respondent is passing 12th class. There were some respondents who didn't go to the school. If we consider the classes where the respondent went, it includes 1, 2, 3, 4, 6, 7, 8, 9, 10, and 12.

School is the most important source to provide information regarding health and personal hygiene. They also give information about menstrual health and healthy practices. But in some cases, some people don't get the education about menstrual health they need from the school setting because they don't study or drop out. This may lead to less scientific knowledge about reproductive health and its processes. The reason for the dropouts may be some social or cultural factors.

#### 4.1.7. **RELIGION OF THE RESPONDENTS**

People who are in Hindu religion are majority in the working population than Christianity. But it is also clear that there is no large difference between them.

The people of different religions are working together, and through this there will be sharing of experiences, knowledge, and beliefs. It is the platform for providing and gaining new ideas or habits. For example, beliefs related to menstrual hygiene practices or myths related to menstruation can easily spread between the religions. From each religion, they can learn the best solutions to some problems if they want them. Otherwise, it may lead to myths. It also opens the door to new practices or rituals or to following their own wants and needs. As well as working together, they will develop coordination skills and the ability to adapt to the environment.

#### 4.1.8. **RESIDENCE OF THE RESPONDENTS**

significant majority were layam, which means most of the respondents were living in layam provided by the tea estate. Compared to people who live in houses, the proportion is high.

From the data analysis, it is clear that most of the tea plantation workers use the resources the tea estate provides. Joonktollee Estate is also focused on the basic needs of human beings, like shelter. Other workers also use the resources of the tea estate, but not in the form of shelter. Every worker has to access resources from their environment to meet their needs. Everybody's needs are different, so the resources they find in the environment are also different.

#### **4.1.5.ECONOMIC STATUS OF THE RESPONDENTS**

The economic status of all the respondents is the same. There is no change in one person's economic status compared to another person's.

The respondents to the research have good observation skills, and they are enthusiastic, so when the researcher went to one cluster to collect the data, other people from different clusters knew what the researcher was doing too. The researcher collected the data through home visits and worksite visits. Respondents may think that if they provide information about their economic status, they don't get any benefits from it. So they all said to write the same amount as other people.

## **4.2. CATEGORY B**

### **4.2.1. ABSORBENTS USED DURING MENSTRUAL PERIOD**

majority of the respondents used new pieces of cloth as absorbent during the menstrual period. The percentage of people who used sanitary pads (37.5%) is close to the percentage of people who used new piece cloth (40%). From this table, the percentage of people who used the old piece of cloth cannot be negligible. because 22.5% of the respondents are using an old piece of cloth.

The other studies say that the women who are in rural areas are very poor at menstrual hygiene practices and don't use good absorbing materials, but in this study, the majority of people used the new cloth during menstruation. There were some people who used sanitary napkins. This may indicate that the respondents, knowingly or unknowingly, are on the journey toward healthy menstrual hygiene practices. But 22.5% of the people are still using the old piece of cloth, so here, providing health education is necessary

### **4.2.2. NUMBER OF TIMES CHANGING THE ABSORBENTS**

most of the respondents changed their absorbents twice per day and the second most respondents changed their absorbents thrice per day. Compare to the people who change the absorbents twice or thrice, the people who change the absorbents four times less.



There will be some reasons for the changes in the number of absorbents used by the respondents. It mainly included the frequency of the menstrual period. Some people have a high blood flow during their menstruation, and some other people have a lower blood flow. So they need to change their absorbents based on their own menstrual characteristics. The frequency of changing the absorbents is also connected with how they maintain their personal hygiene.

#### **4.2.3. THINGS USED FOR CLEANING EXTERNAL GENITALIA**

Majority of the respondents are using soap and water (52.5%) to clean the external genitalia. The people are cleaning the genitalia with normal water is (42.5%). Very less people are using the antiseptic solution (5%) for cleaning.

Through this analysis, we can identify that the perception of maintaining personal hygiene is different from one person to another. Sometimes we do some hygiene practice in the belief that it is the right method. There were some factors that may have affected those practices, like consuming wrong information, misinterpreting it, or trying to adapt to new changes without knowing the reason.

#### **4.2.4. DISPOSAL OF USED ABSORBENTS**

38.8% of respondents wash the cloth, which is used during menstruation. It will help them reuse the absorbents next time. Some people are burning the absorbents, which included cloth and pads (36.3%). 16.3% of respondents threw away the used absorbents, either through the river or by throwing them into the environment. Some people are using toilet paper to deposit the pads (8.8%), even if they don't have the facility to do so.

The menstrual hygiene practise does not only deal with personal hygiene. It also has a great importance in the protection of the environment. If we didn't dispose of the absorbents properly, it would create a lot of problems in the community as well as in the

environment. Sometimes we may forget to protect the environment while protecting only our own areas or places. Menstrual hygiene practise covers a lot of aspects

#### **4.2.5. CHOICE OF ABSORBENTS**

For 80 respondents, 26 respondents chose the absorbent materials looking at the comfort side. 23 respondents were selected due to safety. 13 people are choosing the absorbents considering the fact it can be reused. Eight people are selecting the absorbents because of their ease of disposal. Five people are looking at the cost elements, and five people are looking at the availability of the absorbents.

Every individual is different, just as their social, cultural, and economic situations also vary from person to person. So to maintain their own health or personal hygiene, they have to look at different sides of their lives. social, physical, cultural, and economic factors affecting their choices. It makes them adjust to certain things.

#### **4.3.CATEGORY C**

##### **4.3.1.Sanitary napkin stock is available in shops in your town.**

The 80 respondents said there is sanitary napkin availability in the shops of their own town. The place of the respondent was a rural as well as tourist area. So, there is a lot of development happening in those areas, not only in the infrastructural development but also in the health of the people who live there, and they bring the necessary materials for the development of health

##### **4.3.2.Buy sanitary pads**

This pie chart states that there is an equal proportion of people who say they buy sanitary pads from their own town shops and people who say they don't buy sanitary pads from their own town shops. In a survey of 80 respondents, 40 people said they buy the sanitary napkins, and the other 40 people said they don't buy the sanitary napkins.

It is normal for people who don't use the pad to not buy those things in their home town. But the people who don't buy the sanitary napkins, including the people who use pads or wear clothes, are under the same umbrella because the people who used the pads when they went out of town or shopping will buy the napkins for the next month. So there is no chance

to depend on the home town for buying the napkins. The people who say they buy things from their hometown may be immediate users. So because of this, most of them are not afraid to buy those things in their home town.

#### **4.3.3. THE REASON FOR NOT BUYING THE NAPKINS**

. Most of the people (37.5%) are buying the napkins for their own use. But 33.8% of people are not comfortable using pads, so they don't buy the things because they don't need them. Some people want to use pads, but some fears are affecting them (18.8%), so they don't buy or use the pads. Some people (10%) have allergies due to the materials used in making the pads. so they don't use it or buy it.

Some people have a fear about using pads because they think it may cause allergies or infections because the materials used in their making may cause some serious diseases like PCOS or infertility. Some people are not comfortable because they are used to the materials. So through proper menstrual health education, we can solve a lot of misunderstandings related to menstrual hygiene practice.

#### **4.3.4. CAUSE OF MENSTRUATION**

Based on the diagram, it is identified that a large percentage of people, almost above 50%, don't know about the cause of menstruation. Some people -- around 11 % of people think it is the gift given by God. Around 35 % of people are saying it is a physiological process.

Even if the women face menstrual difficulties or menstruate each month, they don't know the reason for the menstruation. It maybe they didn't get the proper education or they live in a community where they cannot talk these things freely.

#### **4.3.5. ORIGIN OF MENSTRUAL BLOOD**

In a survey of 80 respondents, around 46 people didn't know the origin of the menstrual blood. Around 27 people are saying it was from the uterus, and below 10 people are saying that the origin of the menstrual blood is vagina.

If they have a doubt about menstruation, they are afraid to ask about it. For girls, they typically get the information about menstrual hygiene practices from their mothers or their relatives, as well as teachers. So if they provide information regarding this topic to their children but the information is not accurate. If they are not knowledgeable about the menstrual cycle, then how can they educate their children about menstrual health? It will create a lot of problems in different areas.

#### **4.3.6. PLACES FOR DRYING ABSORBENTS**

Normally the people dresses are drying in the presence of sunlight, but some people are not drying the absorbents with normal dresses. because they think that the absorbents are not the same as in other dresses. So they dry them outside without sunlight. People also dry on the inside of the house because they think the absorbents are not seen by others

#### **4.3.7. PRIVACY AT HOME DURING HYGIEN CARE**

It not only indicates the space for personal matters as well as it also showed the development of the community or the unmet needs of the respondents. Some people are faced some difficulties due to the lack of privacy, but some other are adjusting to it or adapting with the previous experiences

#### **4.3.8. FREQUENCY OF BATHING**

The respondents are busy with family as well as job duties so that sometimes they didn't get the chance to take care of themselves even if they want. Some people are taking extra time from their daily life for finding the time for personal matters.

#### **4.3.9 RESTRICTIONS DURING MENSTRUATION**

When they say they don't have any restrictions, there may be some things that are not considered restrictions by the respondents. The religious restrictions mean the respondents cannot enter the temple, and when they go to church, they don't touch holy things. They

cannot touch some plants, as well, because there is a belief that says if they stay outside at night during the menstruation period, the evil force will attack them

#### **4.3.10 DISTURBANCES DURING MENSTRUATION**

some respondents faced some disturbances during the menstruation, but some people don't have any disturbances. The main disturbances are including disturbance in sleep, missing social function, difficulty in doing job and physical pain. The main disturbance was the physical pain and it create a lot of difficulties in plantation workers like it affect their job. They losing some important social function because of some rituals and beliefs as well as pain.

#### **4.3.11 STORAGE OF MENSTRUAL CLOTHES**

There are two reasons for keeping them apart. The first one is to keep it in a good environment because it should not be dirty. The second reason was that they had a thought that it was something not normal that they could not keep with normal ones or were afraid that other people would see it.

#### **4.3.12 PROBLEMS FACING DURING MENSTRUATION**

among 80 plantation workers 27 people are facing disposal issues regarding menstruation, 17 people face uncontrolled emotions, 25 people faced problems like difficulty in doing job.

The people who are coming from different areas or different situations so that their needs are totally different. The menstrual hygiene practice is affecting each person I different ways. Sometimes it affecting people's mind or emotions, sometimes it affects the ability to do their job.

#### **4.4 CATEGORY D**

#### **4.4.1. REACTION ON ATTAINMENT OF MENARCHE**

the people who have different emotions when they attain on menarche. Some people tells they don't have any emotions when it comes first time. As well as some people felt so happy because they will get a lot of things as a gift, some people felt embarrassed or anxious when the attain menarche

#### **4.4.2. MENSTRUAL CUP**

in 80 respondents around 60 above people are unaware about the menstrual cup. Below 20, the people are knowing about menstrual cup. If they knew about it, they also have a fear about using it. As well as some people found that it is difficult to use.

#### **4.4.3. REMEDIES USED TO REDUCE MENSTRUAL CRAMPS**

around 20% people don't have any cramps related to the menstruation. 23.8% people don't take any medicines if they have menstrual cramps. Some people are using medicines (30%) and other people are using hot water (26.3%)  
To reduce the menstrual cramps.

#### **4.4.4. SOCIAL MEDIA USAGE**

majority of the population don't depend the social media for knowing menstrual hygiene practice. Above 75% people are not updating the menstrual hygiene practice and less than 25% people are gaining information related to the menstrual cycle through social media.

#### **4.4.5. COMMUNICATION WITH FAMILY**

most of the plantation workers are telling about their menstruation with their family. The family means, it may be their husband, child, or mother etc. so they can help her when she was tired as well as they can do a lot of things to support her .But the people who are not telling about their menstruation not less in number. So it showed that it should be a mass change in this area.

#### **4.4.6. MYTHS REALED TO MENSTRUAL HYGIENE**

32.5 % people are don't go at night during the menstruation time.28.8% people are don't touch the plants when they menstruate. As well as some people (18.8%) they don't takin the children without bathing. Religious practices are strictly avoided (20%) during the menstruation.

This shows that there are still some myths existing related to the menstruation and hygiene practice and there should be a change in the grassroot level.

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# **ANNEXURES**

## **INTERVIEW GUIDE**

### **Demographic Details**

1. Name
2. Age
3. Place
4. Qualification
4. Economical Status
5. Religion
6. Marital status

### Questions Related to the topic

1. Which absorbents are used during the menstrual period?
2. How many times are absorbents changed per day?
3. What are the things used for cleaning external genitalia?
4. How to Dispose of Used Absorbents
5. What influences are affecting your choice of absorbent materials?
6. Is sanitary napkin stock available for sale in shops in your town?
7. Do you buy sanitary pads from shops in your town?
8. Why don't you buy sanitary pads?
9. What is the cause of menstruation?
10. From which organ does the menstrual blood come?
11. Which places are you choosing for drying the cloth?

12. Do you have privacy at home during hygiene care?
13. How many times do you bathe during your menstrual period?
14. What are the restrictions you face during menstruation?
15. What are the disturbances affecting you during menstruation?
16. How to store menstrual clothes and pads?
17. What problems do you face dealing with menstruation?
18. What was your reaction to the attainment of menarche?
19. Do you know what a menstrual cup is?
20. What all remedies do you use in order to reduce the menstrual cramps?
21. Does social media usage help you increase your knowledge about menstrual hygiene?
22. Do you talk with your family about your menstruation?