



MENSTRUAL HEALTH AND WELL-BEING: EXPLORING THE QUALITY OF ADOLESCENT GIRLS IN DISTRICT FAISALABAD AND LAHORE, PUNJAB. PAKISTAN

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Abstract

Outline: The onset of puberty in girls typically occurs between the ages of eleven to seventeen, with the first menstruation experienced during this period. Even though menstruation is a common biological process, several factors have an impact on adolescent females' menstrual hygiene. Girls' mental health is at risk due to the sociocultural context, which includes social media, attractiveness pressure and cyberbullying. The quality of life of menstruating women will be different on the basis of their health, economy, age etc.

Aims and objectives: In this article the researcher studied the quality of life of menstruating adolescent girls in the community and the researcher has focused on the menstrual health and hygiene and its effects.

Materials and Methods: Data has been collected from 120 girls both from urban and rural background from both cities using google form questionnaire.

Results: The results revealed that the more than eighty percent of the girls were using single use napkins as it is more comfortable but leads to health issues. It was found that more than seventy percent of the girls does not intake nutritious food during their periods continuously. Many girls are deprived of sanitary products for being costly or not accessible due to economic backwardness. It is taken for granted when it is just using a piece of cloth; it is expected to be handled, disregarding the need for maintaining hygiene.

Discussion: We must create a parent-daughter communication bond in order to have informed, self-confident and healthy self-esteem girls. Awareness about setting a bond of hope between parent daughter by informing and preparing them regarding the menstruation and menstrual hygiene topics. In menstrual hygiene education it is important to include boys in all lessons to help eliminate the social stigma that exists between boys and girls during menstruation.

Keywords: Health and Wellbeing, Quality of Life, Menstruation,

INTRODUCTION

Menstruation is a normal biological process experienced by almost all women and girls between the age of 12-50 years around the globe every month. Menstruating women struggle to control their periods all over the world, especially those who reside and work in settings that do not promote good menstrual health and hygiene (MHH).

Women are facing several barriers concerned to socio economic empowerment like a little job opportunity, low-paid and less access towards their basic needs and sexual harassment. they are also facing the mensural poverty. Education increases women's awareness of their rights and enables them to make rational decisions. (Cheema, 2022). Both the United Nations Millennium Development Goals and the more recent Sustainable Development Goals put a high priority on educating women and girls. In Pakistan among one thousand thirty-three males there are only one thousand females (Census of Pakistan 2022). Among this half of them are deprived of proper menstrual health and hygiene and also awareness about it. Although social networking sites paly important role for the awareness in this regard but that are not sufficient and reliable, moreover their suggestions sometime not applicable because most of girls belong to average middle-class family (Farrah, 2021). Despite menstruation being a normal occurrence in the lives of many women and girls, they struggle to deal with it in a safe and hygienic way. Still there are many practices which make their even worse. Practices like keeping the menstruators away from the home by not understanding their pain. One of the greatest challenges faced by girls and women in underdeveloped nations is poor periods hygiene, which has an impact on their health and development. Lack of guidance from teachers, inadequate familial support, and a lack of cultural acceptance of alternate menstruation products are challenges to improving menstrual hygiene management.

Inadequate or lack of sanitation facilities at school impacts female students and teachers. Female students are not able, or choose not, to make use of the sanitation facilities as it mostly remains dirty or locked, and lacks proper water supply, which is a requirement especially on menstruation days. This results in female students staying back at home during menstruation, as disposing sanitary napkins and cleaning themselves becomes a challenge for them at school (Koonan, 2019).

Menstruators fall prey to several health issues such as anaemia, reproductive tract infections, restricted intake of food and liquids, gender-based violence, absenteeism, and poor mental health resulting from limited or lack of scientific knowledge about menstrual cycle, socio-cultural beliefs, and lack of access to menstrual hygiene products. There are mainly two factors to school absenteeism during menstruation. The first, "pull-out" factors, or factors indirectly linked to schools, which results from socio-cultural restraints, taboos, misinformation and a painful menstrual cycle. Second, "the push-out" factor, or factors directly linked to schools, which includes inadequate, unacceptable or lack of sanitation and disposal facilities and water supply (Muralidharan et al. 2015).

Many menstruating women around the world are unable to purchase pads. According to the Borgen Project, 500 million menstruation people worldwide experience period poverty each month. According to estimates, 12% of women in India and 65% of men in Kenya cannot afford menstrual products. Period products are subject to taxes in some nations that can reach 27%, as in Hungary, and 25%, as in Sweden, further restricting availability for families with lower incomes.

Menstruation causes cramping pain which usually spreads from the lower abdomen to the lower back or inner thigh. The first 24 to 36 hours and the first two to three days are when pain is at its most intense. Additional symptoms that some girls may suffer include nausea, vomiting, headaches, loose stools, and dizziness. It has an impact on the psychological, social, and physical activities of adolescent girls.

On 235 adolescents, a study in Hong Kong used the Short-Form Health Survey to assess the effects of various menstrual problems, such as dysmenorrhea, amenorrhea (absence of a menstrual period in a girl of reproductive age), menorrhagia (periods with abnormally heavy or prolonged bleeding), and eumenorrhic (normal periods). The results demonstrated that in the bodily pain domain, teenagers with dysmenorrhea had the lowest quality of life scores. Furthermore, they scored significantly lower than females without menstrual issues in the overall health and social life domains.

MATERIALS AND METHODS

Based on the above background the present study aimed to assess the menstrual health and hygiene among the adolescent girls in district Faisalabad and Lahore. A simple random sampling technique was adopted, to meet the meaningful sample size of the study. The data were analysed using percentage distribution.

VALIDITY AND RELIABILITY

The researcher sought the help of experts for guidance, to fix the standard, and to establish the validity of the tool. The panel of experts scrutinized the construction of the tool and made valuable suggestions. Based on their guidance and suggestions, the tool was redesigned. The draft went for a number of reviews and revisions by subject experts and the investigator. For this study, the reliability was measured using Cronbach alpha reliability test. An alpha coefficient above 0.70 is considered acceptable (George and Mallery, 2003).

RESULTS

The responses collected from the respondents have shown that little less than sixty percent of the girls belong to urban places and rest among them came from rural areas and semi-urban localities. When analysed on the basis of age it was found that little less than half of the girls belong to the age group of 21 years old and rest among them were 18, 17 and 20 years old. It was found that half of the girl's family annual income was below one lakhs rupee. We found out that little less than half percent of the girls were feeling free to speak about their menstruation. It was evident from the study that more than half of the girls were aware about the menstruation before attaining the puberty through social media or social networking sites. From the study we have found that most of the girls were having regular periods. More than eighty percent of the girls use single use napkins and other were using cotton pads and very negligible number of girls use cloth, and menstrual cups.

The results revealed that girls were taught about the menstrual hygiene (72.7%) and it was clear that girls were changing their pads 3 to 4 times a day. When asked about disposing of the sanitary napkins three fourth among them were throwing used sanitary napkins into the garbage and few were burning them. While finding the information regarding the use of medicines during the menstruation it was revealed that little less than sixty percent use pain killers. For the question i.e., opinion from the people in changing the state of adolescent girl's period times. We could find that majority of the girls of demoted community were affordable to single use napkin but not affordable to cotton or other menstrual products. Due to the low level of income girls does not intake nutritious food during their menstruation. We also found that girls were deprived of doctor consultation during extreme conditions and still believe on the home remedies to go through extreme conditions.

The study has also found that, alongside the social and cultural restrictions, the public space and society is seen to be an important challenge for women to practice menstrual hygiene. Majority of the respondents use sanitary napkins, and are seen to dispose them in dustbins. But the public spaces, tend to lack proper WASH (Water, Sanitation and Hygiene) facility, availability of menstrual absorbents in public places.

SUGGESTIONS FROM GIRLS

- Educational institutions should teach the students about the menstrual hygiene.
- Thoughts about menstruation should be normalised.
- The quality of studies and lack of information on schools and colleges sanitation-imposed limitations on the type of analysis that could be conducted and on the interpretation of results.
- The cost of sanitary napkins is high and it should be reduced.

CONCLUSION

The results of our study highlight that certain social and cultural menstrual restriction practices, though not extreme, exist. And they are encouraged to be practiced by the family members.

Educational institutions are seen to play little role in educating women, regarding menstruation. Hence, family teaches menstrual practices alongside restrictions. In social sphere, women experience stigmas and limitations around menstruation. Though menstrual restrictions are in practice, the perception of women regarding those practices are contrasting. They practice them because they are indulged by their family members. To effectively manage their menstruation, girls and women require access to water, sanitation and hygiene facilities, affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment where they can manage menstruation without embarrassment or stigma. In order to ensure hygienic management of menstruation, gathering spots should be able to provide women with menstrual hygiene products, (like sanitary pads, tampons and panties) particularly during period emergencies. They should also provide suitable and operating WASH facilities. In order to offer accurate and useful information on menstruation and remove the stigma that goes along with it, menstrual education should be incorporated into regular health promotion and health education campaigns in communities.

BIBLIOGRAPHY

1. ACMHM. (2021, May 18). Menstruation and human rights - Frequently asked questions. ACMHM.
<https://acmhm.org/2021/05/18/menstruation-and-human-rights-frequently-asked-questions/>
2. Anand, T., & Garg, S. (2015). Menstruation related myths in Pakistan: Strategies for combating it. *Journal of Family Medicine and Primary Care*, 4(2), 184. <https://doi.org/10.4103/2249-4863.154627>
3. Dasgupta and M. Sarkar, "Menstrual hygiene: how hygienic is the adolescent girl?" *Indian Journal of Community Medicine*, vol. 33, no. 2, pp. 77–80, 2008.
4. Farrah, H. A., & Tahir, M. (2021). Assessing the impacts of social networking sites among Pakistani youth. *Pakistan Journal of Social Research*, 3(4), 272-280.
5. Komal Riaz Cheema, Airaj Riaz, Hafiza Ayesha Saeed, & Hira Ahmad Farrah. (2023). Effect of education and property rights on female empowerment in district Faisalabad. *Pal Arch's Journal of Archaeology of Egypt / Egyptology*, 20(2), 524-533. Retrieved from <https://archives.palarch.nl/index.php/jae/article/view/11813>
6. Kaur, R., Kaur, K., & Kaur, R. (2018). Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries. *Journal of Environmental and Public Health*, 2018, 1–9. <https://doi.org/10.1155/2018/1730964>
7. Kiran, V. K., & Yashoda, K. (2020). Menstrual Hygiene Management among Rural Adolescent Girls of Agrarian Families. *International Journal of Current Microbiology and Applied Sciences*, 9(1), 891–899. <https://doi.org/10.20546/ijcmas.2020.901.099>
8. Mitsuo, Iwamoto. (1958). On Growth in Japanese Adolescent Girls. *The Journal of Anthropological Society of Nippon*, Doi: 10.1537/ASE1911.66.179
9. Menstrual Health and Hygiene. (n.d.). World Bank
<https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
10. Sharma, N., Vaid, S., & Manhas, A. (2006). Age at menarche in two caste groups (Brahmins and Rajputs) from rural areas of Jammu. *Anthropologist*, 8(1), 55– 58.
11. Rosalyn, Shute. (2018). *Clinical Psychology and Adolescent Girls in a Postfeminist Era*.
12. R. Dhingra, A. Kumar, and M. Kour, "Knowledge and practices related to menstruation among Tribal (Gujjar) adolescent girls," *Studies on Ethno-Medicine*, vol. 3, no. 1, pp. 43–48, 2009
13. V. Tjon A Ten, "Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals," *Europe External Policy Advisors*, 2007
14. Illogical taboos about menstruation that still exist in India. (n.d.). [Www.speakingtree.in](http://www.speakingtree.in). Retrieved September 16, 2022, from <https://www.speakingtree.in/allslides/illogical-taboos-about-menstruation>