

## Common Menstrual Health Problems of Tharu Females and Impact of Intervention on Their health

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### ABSTRACT

**Background:** Menstruation, an important part of female reproductive cycle but menstrual dysfunction in adolescent girls may affect normal life of adolescent and young adult women. Menstrual Hygiene is an issue that every girl and woman have to deal with once she enters adolescence around the age of 12yrs and until she reaches the menopause somewhere in her 40's. Overall, a woman spends approximately 2,100 days menstruating which is equivalent to almost six years of her life. Menstruation is a monthly occurrence that requires access to appropriate materials and facilities, without which, females suffer from poor menstrual hygiene which restricts their movement and self-confidence. **Objectives:** 1-To assess the common menstrual problems among Tharu women. 2- To assess the impact of intervention their health. **Methodology:** The study was a community based cross sectional study. A total of 400 Tharu women were interviewed using pre tested interview schedule. **Conclusion:** Menstrual health is fundamental to women sexual and reproductive health. Due to poor socio-economic status the most vital factor for not using napkins was the affordability. This can be achieved by giving them proper training and health education by teachers, family members, health workers, and media so that there won't be any misconception to the Tharu women regarding menstrual hygiene.

**Keywords:** Health, Menstrual problems, Tharu, Tribe.

Health is a major pathway to human development, as it is the corner stone for a healthy, wealthy and prosperous life. Health is well reflected and self-evident in the proverbial saying "Health is Wealth". As basic resources are required to fulfill goals similarly good health cannot be gained without two basic requirements which are nutrition and hygiene. Hygiene is a set of practices performed to preserve health. Hygiene is an umbrella term, which is applied and of almost importance in many aspects of life. Menstrual hygiene is a sub- category of hygiene an extremely important step for women. "Menstrual hygiene is the window of reproductive health". Female cannot get good reproductive cum general health without healthy menstrual cycle. A vast majority of adolescent girls in India are suffering from reproductive health morbidities which may affect normal life of adolescent and young adult women. Physical, mental, social, psychological

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and reproductive problems are often associated with menstrual irregularities and menstrual problems.

Residing in remote area various factors such as heredity, environmental conditions, body stature, socioeconomic status, nutritional and health status, family size, level of education, and psychological well-being are known to influence the age of menarche and common menstrual problems, which are diagnosable and mostly curable even at peripheral level in early stage, but this part of women's health is often ignored by primary health care in India. In view of this, the study aims to assess the common menstrual problems of Tharu women. The health information obtained from the present study will be useful in organizing and modifying health programme activities for young females with a view to improve reproductive health of women.

### **METHODOLOGY**

#### ***Study design***

The present study is a cross-sectional community-based descriptive study.

#### ***Study Area***

The study was conducted in the Plaiya block of Lakhimpur Kheri district of Uttar Pradesh. This district is in the Terai region of Indo-Nepal border and is abound with Tharu tribe.

***Objective:*** 1- To assess the common menstrual problems among Tharu women.  
2- To assess the impact of intervention on their health.

#### ***Sample population***

Girls and women of 13-45years age group were taken as the study population.

#### ***Inclusive Criteria***

1. Females who have achieved menarche and their age is  $\leq 45$  years of age.
2. Willing to participate in the study.

#### ***Exclusion criteria***

1. Female who had serious systemic diseases or complications.
2. Pregnant women

#### ***Data Collection***

Data was collected through interview schedule. The interview schedule included closed ended questions for the ease of statistical analysis SPSS 2.1 Version. The interview schedule was prepared in Hindi language for ease of understand. Intervention was imparted regarding knowledge and ill effects of unhygienic menstrual practices. Audio- visual models (poster, movie, flash card, lecture, and rally) were developed to impart knowledge regarding healthy and hygienic menstrual practices. Under Post intervention assessment which was done after a gap of four month of intervention, the same question was asked to the sample groups to assess the changes in their knowledge and hygienic practices.

**RESULTS**

*Table No. I Frequency Distribution of Menstruation Health Score*

Health Issues		N	%
Period cycle	24-28 days	128	32.0%
	29-35 days	138	34.5%
	Less than 20 days	74	18.5%
	Irregular	60	15.0%
	Total	400	100.0%
Excess bleeding with large clots	Yes	98	24.5%
	No	302	75.5%
	Total	400	100.0%
Excessive pain during the Periods	Yes	121	30.2%
	No	279	69.8%
	Total	400	100.0%
Complaint of white discharge with Foul smell	Yes	109	27.2%
	No	291	72.8%
	Total	400	100.0%
Menstrual health related issues	Dryness	61	15.2%
	Itching	90	22.5%
	Vaginal irritation	39	9.8%
	Burning	28	7.0%
	Not symptoms	182	45.5%
	Total	400	100%

**Table No. I** show that among 400 respondents, 32.0% had period cycle between 24-28 days which is normal and 15% had irregular periods. 24.5% of respondents suffered from excessive discharge with clots and 75.5% did not face such issue. 30.2% of samples suffered from excessive pain during periods while 69.8% did not face this problem during menses. 27.2% of sample population had complaint of white discharge with foul smell during periods. 15.2% faced dryness issue, 22.5% faced itching issue, 9.8% faced vaginal issue and 7.0% had burning sensation.

*Table No. II Correlation Between Health Issues and Type of Absorbent Used by Respondents During Periods*

Absorbent material used during periods	Menstrual health related issue					Total
	Dryness	Itching	Vaginal irritation	Burning	Not disease	
Ash with cloth	8	8	6	3	12	37
	21.6%	21.6%	16.2%	8.1%	32.4%	100.0%
	13.1%	8.9%	15.4%	10.7%	6.6%	9.2%
Used cloth	36	56	19	18	75	204
	17.6%	27.5%	9.3%	8.8%	36.8%	100.0%
	59.0%	62.2%	48.7%	64.3%	41.2%	51.0%
New cloth every time	12	15	7	6	61	101

## The Rise of Neo-Fascism in Today's World: A Qualitative Analysis

	11.9%	14.9%	6.9%	5.9%	60.4%	100.0%
	19.7%	16.7%	17.9%	21.4%	33.5%	25.2%
Napkin sanitary pad//Home made pad	5	11	7	1	34	58
	8.6%	19.0%	12.1%	1.7%	58.6%	100.0%
	8.2%	12.2%	17.9%	3.6%	18.7%	14.5%
Total	61	90	39	28	182	400
	15.2%	22.5%	9.8%	7.0%	45.5%	100.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2$  value=27.56; df (12); p-value=0.006; consider very significant.

**Table No. II** depicts those respondents using sanitary napkin/ homemade pad and new cloth have much lower menstruation related health issues in comparison to respondents using ash with cloth and used cloth. Out of 58 respondents using sanitary napkin/homemade pad 58.6% had no disease and only 1.7% had burning issue. Similarly, out of 101 respondent using new cloth every time 60.4% had no disease and only 5.9% had burning issue. Respondents using ash with cloth had maximum vaginal irritation issue i.e., 16.2%. Respondents using reused cloth had maximum itching issue. The table also reveals that **there is significant relationship between menstrual health related issue and type of absorbent used by respondent (p=0.006)**.

**Table III Impact of intervention regarding menstrual health related issues**

Menstrual health related issues		Pre test					Total
		Dryness	Itching	Vaginal irritation	Burning	Not disease	
Post test	Dryness	19	0	0	0	0	19
		100.0%	0%	0%	0%	0%	100.0%
		31.1%	0%	0%	0%	0%	4.8%
	Itching	0	34	0	1	0	35
		0%	97.1%	0%	2.9%	0%	100.0%
		0%	37.8%	0%	3.6%	0%	8.8%
	Vaginal irritation	0	0	14	0	0	14
		0%	0%	100.0%	0%	0%	100.0%
		0%	0%	35.9%	0%	0%	3.5%
	Burning	0	0	0	7	0	7
		0%	0%	0%	100.0%	0%	100.0%
		0%	0%	0%	25.0%	0%	1.8%
	No disease	42	56	25	20	182	325
		12.9%	17.2%	7.7%	6.2%	56.0%	100.0%
		68.9%	62.2%	64.1%	71.4%	100.0%	81.2%
Total	61	90	39	28	182	400	
	15.2%	22.5%	9.8%	7.0%	45.5%	100.0%	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

$\chi^2$  values=455.2; df (16); p-value=<0.001; consider highly significant.

McNemar-Bowker Test p-value=<0.001; consider highly significant.

**Table No. III** identifies menstruation health related issues on two scale i.e., pre and post test and scored under domains i.e., burning, vaginal irritation, itching and dryness etc. during menstruation. The presence of symptom was assessed at base level study and then impact of intervention module was assessed at post intervention level. During intervention the respondents were made aware of use of home-made pads/sanitary napkin, cleanliness of vaginal area, and personal hygiene. The changes in their behaviour reflected in their adopted health practices. Post intervention results clearly indicate that the use of old cloth and improperly dried cloth were probably the main reason of UIT infection and use of sanitary pads reduced the number of menstrual related disorder/symptoms. It is thus reflected that healthy practices adopted by respondents must have resulted in decline of sign and symptoms of menstrual related health issue.

At pre-intervention phase 15.20% faced dryness issue, 22.5% faced itching issue, 9.80% faced vaginal irritation issue, 7.0% faced burning issue and 45.5% of sample population did not have any such sign/symptoms. **At post-intervention level dryness problem reduced to 4.8%, itching reduced to 8.8%, vaginal irritation reduced to 3.5%, and burning reduced to 1.8%. The percentage of sample population with no such sign or symptoms increased from 45.5% to 81.2%.**

In all the sign and symptoms of genital area as well as the sample having no disease reduced significantly and the same is reflected from the chi test which shows  $p\text{-value} < 0.001$  i.e., the relation between pre and post test results are highly significant. Mc Nemar- Bowker Test reveals that the impact of intervention was found to be highly significant ( $p\text{-value} < 0.001$ ).

### CONCLUSION

Menstruation is still a “taboo” in Tharu tribal society. Lack of knowledge and poor menstrual hygiene was observed among the Tharu women. Many of the adolescent girls/women are still facing menstrual hygiene issues due to unsafe menstrual practices which ultimately effects their health status. In Tharu tribal society menses is taken as a physiological burden. This physiological burden is further compounded by cultural or social beliefs that bounds women to face restrictions during menstruation. Due to poor socio-economic status the most vital factor for not using napkins was the affordability. Nearly 55.6% of respondents found it costly. Lack of awareness adds on and 15.6% of respondents were not aware of use of napkin. This can be achieved by giving them proper training and health education by teachers, family members, health workers, and media so that there won't be any misconception to the Tharu women regarding menstrual hygiene.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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