

A Study on Common Menstrual Hygiene Practices Among Adolescent Girls in Mehrabadi, G11 Islamabad

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Abstract

The focus of this study was to explore the primary obstacles encountered by adolescent girls during menstruation. Menstruation is a natural biological process, yet it remain surrounded by stigma and inadequate support, particularly among adolescents in marginalized communities. This study aimed to collect relevant information and data from participants to understand their challenges and propose viable solutions based on the researcher's findings, thereby fostering positive societal change. The researcher used various effective qualitative research methodologies, including engagement with key informants, in-depth interviews, rapport building, and participant observation. Data collection utilized a combination of convenient and purposive sampling techniques in presence of rapport-building with the target population. The study highlights the urge need for awareness programs, improved menstrual hygiene facilities for girls, and community level interventions to address the stigma surrounding menstruation. The research aimed to identify significant issues and conduct a thorough analysis to devise potential solutions for these challenges. By identifying key issues, the research was able to provide not only a diagnostic account of challenges but also an evidence based foundation for designing potential interventions.¹

Keywords: *menstruation, adolescents, islamabad, challenges, stigma*

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Introduction

Menstruation is a natural and biological occurrence that every woman experiences (unicef,2023). Good Menstrual Hygiene plays a significant role in maintaining health and prevents the spread of various infections (personal hygiene, 2023). Menstrual Hygiene Management (MHM) is crucial in empowering women, girls, and all menstruating individuals to achieve their maximum potential. In developing countries, including Pakistan, Menstrual Hygiene Management (Mustafa & Zehra, 2021) remains a significantly overlooked concern. This is primarily due to factors like limited female participation in decision-making, insufficient social support, inadequate access to menstrual products and facilities, as well as a need for more information and awareness.

From the viewpoint of international health organizations, menstrual hygiene must be an imperative part of health care. Pakistan, being a developing country, faces many challenges regarding health due to hygiene problems (Wasan et al, 2022) and one of the most prominent is Menstrual hygiene. Within Pakistan's population, 22%, or around 42 million individuals, fall within the school-going age group of 10-19 years, signifying that most of them have entered the menstruation phase (world bank, 2022). According to WHO Daily, 300 million women (world bank, 2022) across the globe experience menstruation. In total, 500 million lack access to basic facilities and necessities, which is significant for adequate management of menstrual hygiene.

The challenges encountered by women, especially adolescents who menstruate, majorly extend beyond mere shortage of supplies or infrastructure. A "culture of silence" reinforces a perception (Ansari, 2024) of menstruation as shameful and taboo. In many societies, girls with menstruation remain restricted due to cultural taboos and discriminatory social values. This results in a lack of information about menstruation (Ahmad & Sehba, 2023) which majorly leads to unhygienic and detrimental menstrual practices.

Adolescent girls in menstruation are quite a vulnerable group (Jaafar et al, 2023) especially in slum areas where they lack necessities and female children are the neglected ones. Numerous girls living in slum areas lack knowledge about the intricacies of the menstrual cycle. Maintaining hygiene (Mahon & Fernandes, 2010) during menstruation is an essential aspect of a girl's life. Different elements, including the physiological, pathological, and psychological aspects of menstruation, are connected with the health and well-being of adolescents.

The Water Supply and Sanitation Collaborative Council (Deshpande et al, 2018) a United Nations council located in Geneva, stated that "menstruation is a long-standing societal taboo requiring girls to manage it privately, without sharing it openly. This taboo is ingrained in various aspects of life, including the household, educational institutions, and even governmental policies, all of which convey that girls should maintain privacy and feel ashamed of their bodies (Deshpande et al, 2018).

Studies have shown that girls going through menstruation (Yadav,2024)have reported experiencing humiliation, anxiety, confusion, and poor menstruation hygiene management. Such challenges include a lack of knowledge, social support, societal taboos, and access to water and waste disposal infrastructures in the slum areas (Deriba.,2022). The study of Pakistani adolescent girls revealed that these girls are often unaware of the signs of menstruation onset. This is primarily attributed to cultural taboos surrounding issues of girls' reproductive health as far as issues such as menstruation are concerned. (unicef, 2023).

Lack of good menstrual hygiene poses various health risks, such as risks of developing reproductive and urinary tract infections (Kniranda et al,2024) that may later contribute to future infertility and attendant complications of pregnancy and childbirth. The failure to observe good hygiene practices also elevates the risk of transmission of infections like hepatitis B and thrush (Orsini et al., 2024) through the failure to wash one's hands effectively after using menstrual products. Campaigning for MHM is an excellent way of promoting and upholding the dignity of women and promoting their privacy and integrity of the body, therefore increasing self-esteem (world bank, 2022).

Methodology

The current study is exploratory in nature as it explored the challenges of menstruation among adolescents in Islamabad. Explanatory research is a research which is used to gain better a better understanding of a problem or issue. It is used to refine a general idea into more specific research problem. This study involves a Qualitative research method as this method seeks an in-depth understanding of a phenomenon within natural settings.

Study Area

Islamabad

Islamabad, situated in southern Asia, serves as the capital of Pakistan. The city is enveloped by meadows, low mountains, and hilly plains (Britannica, 2023). Islamabad holds the position of the ninth largest city in Pakistan, whereas the broader Islamabad-Rawalpindi metropolitan area stands as the country's fourth largest, boasting a population of approximately 1.015 million (Data Commons, 2024). For research purposes, the site was Mehrabadi, a slum area in G-11 Islamabad, Pakistan. Mehrabadi is among the areas that have been identified as facing socio-economic challenges, including issues related to sanitation, healthcare, and education.

Sampling and sample size

The type of sampling used in this research is non-probability purposive sampling. It is a non-random sampling technique where the respondents are chosen based on the purpose of the research. The research study selected a sample size of 10 respondents from two distant communities situated within the Mehrabadi locality. Specifically, the research focused on adolescent girls aged between 14 to 20 years. Therefore, with the help of purposive sampling the researcher was able to verify whether the specific respondents meet the criteria for being included in sample or not. This has helped the researcher to get the opinion of only targeted population. During this research study, various data collection techniques were incorporated to closely access the various challenges faced by adolescent girls during menstruation while residing in Mehrabadi. The following techniques were included, rapport building, interview guide, participant observation and in-depth interviews.

Results

This foundation facilitated the thematic analysis of the collected data, enabling the identification of existing patterns and providing a comprehensive and detailed account of the key themes related to menstrual challenges faced by adolescents in Mehrabadi, Islamabad.

1. Access to Clean Water

Many families struggled to have clean water available to them or at all. As the study progressed to interact with the participants it was realized that participants have been forced to use cloth pads

because they cannot afford to buy sanitary pads. A substantial number of adolescents were also noted to be able to manage menstruation without access to clean water. During non-participant observation, a girl aged between 15 to 20 years was observed washing her sanitary essentials in a contaminated drainage passage adjacent to her residence, thereafter secretly hanging them under a tree. In an interview, 19-year-old girl experiencing challenges with menstruation due to inadequate access to clean water, expressed,

“We cannot afford to wash our menstrual pads as we barely have water for drinking and bathing purposes. We dispose of them outside our homes, either in the nearby drainage passage or by burning them after use.”

The scarcity of water made it impractical for these girls to properly wash and sanitize their menstrual hygiene products. Instead, they were left with no choice but to dispose of used pads in unsanitary ways, such as throwing them outside their homes. A 14-year-old girl, newly experiencing menstruation was suffering from severe pain due to the use of unclean cloth pads. She stated,

“I’m experiencing severe pain, it’s my third day of menstruation, and my private area is completely red with rashes; unfortunately, there’s nothing I can do. I have to resort to using cloth because my family can’t afford sanitary essentials. With five sisters to care for and a father working as a garbage collector, our financial situation leaves us with no other option”.

2. Inadequate Access to Sanitary Pads

In Mehrabadi, adolescent girls face significant challenges in managing their menstruation due to a lack of access to sanitary pads. Instead, they often resort to using unhygienic methods such as cloth or rugs which they wear continuously for 3 to 4 days due to the absence of washing facilities. In some households, there is a prevailing belief that sanitary pads are a Western imposition and are laden with harmful chemicals, making them undesirable for menstruating girls. A 17-year-old respondent, with a pallid complexion, ragged attire, and bare feet was observed suffering from high fever as she had been menstruating continuously for the past 11 days, described,

“I wish to have access to sanitary pads the ones girls like you have as these cloth pads are incredibly uncomfortable for me. They make it difficult for me to sit or walk properly and I suffer from severe rashes, especially in summers. Moreover, the smell of these pads is unbearable. Despite using incense packets to mask the odor, it persists”.

.According to another respondent a 21-year-old girl from Mehrabadi, who was my key informant as well stated,

“When I use cloth pads, I have to be careful because mostly I feel like it might get leak. So, I keep on checking my clothes over and over again”.

These statements are quite clear and emphasize the helplessness of adolescent girls in their possible access to proper menstrual sanitation items contributing to a circle of discomfort and increasing danger for their health due to an insufficient menstrual hygiene management. Lack of these basic hygiene resources therefore not only affect the health and survival of girls but also their self-worth and body image.

3. Inadequate Access to Medical Facilities

This theme is about the problems that girls in Mehrabadi face in terms of insufficient access to medical facilities and which compels them to self-medicate with harmful substances and traditional medicine, leading to a further hazard of mistreatment and side effects. This occurs due to denial of information concerning consequences of extreme measures like uterus removal to prevent procreation because of cultural and social norms targeted at the subject’s reproductive health.

The one of the respondents even though very young recorded delays in her menstrual cycles as delays on periods were for months. She bled whenever she had her period and at times suffered from high fever and redness all over the body. However, due to her financial limitations, lack of access to a nearby hospital and stigma, she failed to receive proper medical treatment. She mentioned,

“It has been like three months in one go, and I have not gotten my periods yet. They are super unpredictable”. The dates vary, and when they arrive, the pain is excruciating and can only be alleviated by the intake of painkillers. My husband

is a garbage picker, and thus, I cannot fund medical treatment. Common pain remedies such as Panadol and paracetamol from the nearest medical store helps me manage the pain when it gets intense”.

Economic limitations also add to challenges experienced by adolescent females with psychological and social pressures combined to exacerbate the situation. Constantly experiencing leakage or discomfort because of the insufficient menstrual products and/or the lack of appropriate healthcare can cause feelings of shame and stress.

4. Risks of Misdiagnosis and Adverse Reactions

The infrastructural and structural deficiencies in medical facilities deprive girls in Mehrabadi of optimal health facilities. Lack of sufficient hospitals with well-equipped and efficient clinics and lack of enough skilled medical personnel like doctors and medical staffs makes medical intervention a challenge for the girl child. This creates serious limitations in terms of medical resources which in turn leads to enhanced chances of misdiagnosing them especially during their menstrual periods and child bearing. Similarly, Misdiagnosis is a common problem in clinics in and around Mehrabadi especially when it comes to girls and their fertility problems during conception or menstruation. Instead several wrong drugs like large quantities of strong pain killers or contraceptive pills are given especially to young female adolescents.

During informal discussions with girls of Mehrabadi I got to know that mostly girls were using painkillers and contraceptive pills on their own without any reliable prescriptions. One of the respondents aged 16 years, during in-depth interview stated,

“Whenever I have menstruation, I have severe itching in the urinary organs and the appearance of mucopurulent secretion from the rectum and blood. I went to the nearby clinic many times with my mother, believing that the treatment would work, but nothing worked at all. Every time we visit them, it costs us 600 rupees,

and the prescribed medicine and injections do not provide any relief. When I take them, I get severe body pain and headaches”.

The needless over-reliance on these medicines and injections to get relief from pain without necessary medical knowledge affects the health of menstruating girls the most. It can lead to abdomen discomfort, liver injury, or possibly kidney effects. Furthermore, injections may be done without the proper medical care, and this may sometimes cause infections, swelling of tissue around the injection area or allergic reactions, and this will again add to the health implications for the girls who menstruate.

5. Dietary Challenges

This theme particular brings attention to the dietary concerns that girls have during their menstrual periods. Lack of financial resources being a common restraint towards achieving the nutritional needs. Additionally, difficulties are exacerbated by the high rates of iron-deficiency anemia among menstruating girls, which creates serious health risks.

The case of Mehrabadi girl clearly demonstrates, young women in slums encounter huge challenges in trying to ensure that they take the right nutritional levels of food during the time of menstruation due to ignorance on the right nutritional knowledge and lack of financial resources within the slum community. This leaves them with minimal choices of getting healthy and nutritious food and hence, resulting to health-related problems during their menses. One of the most common practices that I came across during interviews was that the girls were relying on Garlic and ginger green tea for the entire duration of their menstrual cycle which lasted 7-8 days. In an in-depth interview, a 16-year old respondent revealed,

“When I start menstruating, I feel severe pain in my lower abdomen, so I prepare a green tea for myself and accompany it with sugar”.

This is a critical period when body depends on a balanced diet, and failure to do so results in the deprivation of crucial nutrients due to which body alleviates symptoms such as cramps, bloating, and fatigue.

6. Menstruation Considered A Taboo

This theme highlights issues girls have to face in order to handle their periods in slums. In Mehrabadi it is believed that menstruation is something that cannot be discussed as it is considered a societal taboo. Furthermore, parents marry off their daughters when they reach puberty. They justify this practice by claiming they are upholding family honor and the additional costs incurred by raising unmarried girls.

In Mehrabadi girls come across various problems regarding menarche because of the prevailing cultural beliefs and myths. They are forbidden on communicating with their family members during menses. One day, when I was interviewing a 17-year-old respondent, she recounted to me some of her experiences with menstruating,

“I feel extremely shy with a lot of humiliation, during my periods I cannot eat with my family or sit with them as I used to do on usual days. My mother instructs me to put on black clothes and to avoid roaming here and there in the house. I am not allowed to enter kitchen. Sometimes, I feel absolutely helpless as I acquire strong cravings for food and I cannot fulfill my cravings; which results in heavy cramps and nausea. I just do not understand why all these restrictions had to be imposed only on the girls”.

These cultural practices have a significant psychological effect on the girl’s emotional and mental health. It will also cause negative attributes as shame, embarrassment, and low self-esteem because of the isolation and restriction from everything during menstruation. It reinforces the extent to which the society deems menstruation as a dirty and shameful condition and perpetuates low esteem and worth of women.

Discussion and Analysis

The research was conducted in Mehrabadi, a slum area located in G-11 Islamabad. The main reason for selecting this locale were the issues related to water and waste management facilities, hygiene and sanitation infrastructure, cultural myths surrounding menstruation, ineffective medical infrastructure and other prevalent issues. These conditions made Mehrabadi an ideal location for exploring the criteria of this study. Respondents were purposefully selected to align

with the research objectives. Data collection methods included in-depth interviews, informal discussions, audio-visual techniques, daily diaries, rapport building, and detailed field notes. The main objective of this thesis was to get the information on the particular issues that face adolescent girls during menstruation in specific if they are residing in Mehrabadi and the resulting affects over their health and life. In the secondary data analysis and doing extensive fieldwork in Mehrabadi, the most impacting findings were that adolescent girls suffering were from severe challenges in the management of menstruation, which in turn had a considerable influence on their physical and psychological lives. Using thematic analysis, this study aimed to develop a comprehensive understanding of menstrual experiences of adolescent girls residing in Mehrabadi. Participants for in-depth interviews were purposefully selected for a wide range of perspective. This approach supported thematic analysis of gathered data, allowing identification of recurring patterns and offering an in-depth account of central themes surrounding menstrual difficulties faced by adolescents in Mehrabadi. Most girl in Mehrabadi were using cloth pads instead of using sanitary pads due to lack of access to sanitary facility. These cloth pads were sometimes not well washed or even discarded causing serious effects like vaginal infections, reddening, irritation and other reproductive issues causing complications during menstrual periods. One of the main issues arising from the inability to access washroom facilities is that girls end up practicing defecation in the open which was a key contributor to the infection's girls acquire as well as leading to poor health outcomes. To solve such problems there is a need for identifying gaps in sanitation services providing the information related to the menstrual health, and finally the stigma that associates with menstruation must be eliminated within the communities.

Conclusion

This study aimed to understand the challenges faced by adolescent girls in Mehrabadi during their menstruation. One of the most striking findings was the role of patriarchal attitudes in making and perpetuating these difficulties. The cultural beliefs and sanctions attached to menstruation also contributed significantly to these problems because during menstruation girls were banned from sitting or eating with their parents, from visiting temples and similar places, or from taking part in domestic tasks. This study clearly demonstrate the gravity of the situation and the importance of developing specific strategies and initiatives to improve the quality of life and welfare of girls.

Employing privacy partitions for sanitary facilities and allocating space for changing and washing are essential for meeting people's health needs especially, sanitary partitions for providing privacy and education on menstrual hygiene can effectively contribute to removing the misconceptions and taboos about menstruation. The aspects of this research are vital for highlighting the significance of comprehensive approaches indispensable for addressing the menstrual challenges of girls in Mehrabadi for boosting their health, well-being, and empowerment. When it comes to dealing with menstrual hygiene among adolescents, culturally appropriate and effective education and awareness programs will prove to be crucial in this venture, mainly if they are conducted with the support of local leaders in order to challenge cultural taboos and misconceptions surrounding menstruation. In addition, cultural prohibitions relate to psychological problems associated with menstruation, which are exacerbated in the presence of cultural taboos, which affect the mental health of adolescents. Beyond that, making safe spaces where people can discuss things openly and help each other for instance, through peer support is crucial. Furthermore, some physical factors, especially the lack of hygiene and sanitation, are complicated. Therefore, developing and adequately maintaining hygienic public restrooms with facilities for disposing of used paper is critical. Using unique rooms in the school or community centres ensures a safe environment that can promote adequate menstrual hygiene for girls, enhance positive well-being and guard the dignity of girls.

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