

ROLE OF COMMUNICATION IN ADDRESSING MYTHS AND PREJUDICES SURROUNDING MENSTRUAL HYGIENE: A MALE PERSPECTIVE

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Abstract. Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions in many parts of the globe. Bringing men to talk about the facts of menstruation will pave the way for women to get redeemed from social isolation and other serious reproductive health problems. Due to myths and prejudices related to menstruation, women are subjected to discrimination in many places. This study explores the types of myths and prejudices, places of discrimination, factors responsible, possible communication and policy interventions to address the problem from the perspective of male university students. Central University of Tamil Nadu has been taken as the field of study. The Grounded Theory approach (Strauss & Corbin) is used for analyzing the data as it is the most popular method of analyzing qualitative data for sensitive issues like Menstruation and Menstrual Hygiene Management (MHM).

Keywords: Communication, Menstruation, Menstrual Hygiene, Myths, Prejudices, Grounded Theory.

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Introduction

Menstruation and menstrual practices are still surrounded by taboos and socio-cultural restrictions in many parts of the globe. This results in adolescent girls remaining unaware of facts, and hygienic practices leading to unfavorable health outcomes. The beginning of menstruation is an important change among girls during adolescence. As per the report of United Nations Population Fund 2015, there are about 1.8 billion young people between the age group of 10 to 24, many of them are concentrated in developing and least developed countries. Adolescence is considered to be a phase of physical growth and sexual maturation, where it is noted as a critical period with great influence on one's reproductive health and wellbeing (DAHL, 2004). According to the World Health Organization, the adolescence is the age group of 10-19 years. An estimated 200 million adolescents live in India (Shanbhag , 2012). In girls, adolescence has been considered as a turbulent period which means the transition from girlhood to womanhood and recognised as a landmark of female puberty (Bansal, 1998). As menstruation is a phenomenon unique to the females, the adolescent girls often have confused perceptions of menarche. For some it's a symbol of sexual maturity or femininity and proudly accepting the views about it ((Tang, Yeung & Lee, 2003)), the majority, attach menstruation and menarche with a plethora of negative connotations such as mood swings, disruptions of social activities and interactions (Avasarala & Panchangam, 2008).

Review of Literature

One of the primary reasons of menstrual hygiene negligence has been gender inequality. Uneven power relations between men and women result in women's voices not being heard in decision-making within households, communities, and development programmes also leading to cultural taboos, stigma, and shame on menstruation. During menstruation, women and girls may be restricted to participate fully in social, educational, productive, and religious activities and, in some cases even excluded from the home (House, Mahon and Cavill, 2013). Girls face many discriminations including physical and verbal bullying by boys as per a study in Malawi (Pillitteri).

A study conducted by Rev. Obstet in 2011 on cultural aspects of menstruation and menstrual hygiene in adolescents finds that the topic of genital hygiene practices in adolescent girls as under-represented in literature despite the fact that poor genital hygiene has a potential to

negatively impact adolescent health. Menstruation is experienced by more than a half the world's population yet it is a topic that all cultures are uncomfortable discussing at some level, and most girls have become the victims of its cultural misrepresentation. According to the study conducted by Shanbhag, Shilpa, D'Souza, Josephine, Singh & Goud in 2012, family plays a significant role in disseminating the knowledge compared to educational institutions. The study reveals that reproductive tract infections (RTIs), that have become a silent epidemic devastates women's life, are closely connected to poor menstrual hygiene. Researchers Sudeshna and Aparajitha in their study came up with a significantly strong relationship between practices during menstruation and prevalence of RTIs (Sudeshna and Aparajitha, 2012). The occurrence of Reproductive Tract infections is more than three times higher among girls having poor menstrual hygiene (Khanna, 2005).

A study to identify attitudes towards menstruation among adolescent girls by conducting a rural school-based survey in Kelantan, a rural state in Peninsular Malaysia; Li Ping Wong identified significant differences between urban and rural adolescent girls in some aspects of beliefs and attitudes toward menstruation. Significantly, higher proportions of rural adolescent girls were happy with the monthly menstruation (55.4 percent, vs. urban 23.5 percent) with the opinion that menstruation symbolised womanhood.

The study found resonance in India where feelings of discomfort and guilt about menstruation were high in urban areas compared to rural girls (Deo & Ghattargi, 2005). However, a cross-sectional study by Abhay Bhausahab Mudey, identified that girls who reported to have received information from mothers are lacking proper guidance which signifies the lack of knowledge and hesitation faced by the parents to discuss reproductive health with their children. A comparative study, to analyse the knowledge, attitudes and practices towards menstrual cycle and its problems faced by adolescent girls, recommended to develop adolescent-friendly health services, inclusion of reproductive and menstrual health and hygiene topics in the school curriculum, counseling sessions for adolescent girls at government health facilities and schools, producing self-learning manual and handbook for adolescent girls and pressing Accredited Social Health Activists (ASHA), Anganwadi workers into action to disseminate knowledge about menstrual health and hygiene (Hakim, 2017).

A study among the girls from South India regarding the factors influencing hygienic practices during menses identified that the

socioeconomic status was the most influencing factor on the behavior of girls (Omidvar & Begum, 2010).

This paper is a unique one as it tries to examine certain questions relating to menstruation and menstrual hygiene management from the perspective of male members of society.

Research Questions

A few research questions were formed for the study:

RQ1. What are the myths and prejudices attached to menstruation in our society from the perspective of male members?

RQ2. What are the sites of myths and prejudices?

RQ3. What are the factors responsible for the presence of myths and prejudices related to menstruation?

RQ4. How best communication be used to change the myths and prejudices of male members of society towards menstruation?

RQ5. What are the roles of various stakeholders e.g. civil society, policy makers in tackling the issues related to menstruation and menstrual hygiene management?

Research Methodology

The proposed research used the Grounded Theory approach (Strauss & Corbin, 1990) for analysing the data as it is the most popular method of analysing qualitative data and very useful for sensitive issues like menstruation and menstrual hygiene. In-Depth Interviews (IDIs) were used to collect primary data. As many as 10 male students were interviewed from various departments and various levels of education (from Post-Graduation to Ph.D.) belonging to Central University of Tamil Nadu, Thiruvarur in the Indian state of Tamil Nadu. Data collection and analysis went on simultaneously as per the requirement of Grounded Theory data analysis.

Steps Used for Grounded Theory (Strauss & Corbin) Approach

Interviews were audio and video recorded and later on transcribed. Each sentence of the transcription was read and analysed and major concepts highlighted. Concepts were leveled / coded. By passage of each sentence, new concepts emerged. They were constantly compared with old ones and accordingly given levels. Similar or dissimilar concepts pertaining to the same phenomenon were grouped to form categories and sub-categories (Constant Comparison Method). Sub-categories were formed by explaining

when, why, how, where etc of categories. Open coding was done. The analysis of categories and subcategories gave hints for future interviews and questions (Theoretical Sampling). Axial coding was done.

Efforts were made to look for macro and micro conditions in explanations. Any contradictions and variations were observed and reported. These steps were repeated in the text of subsequent Personal Interviews to achieve Theoretical Saturation and Category Saturation. Selective coding was done. The theoretical scheme was refined by reviewing it for internal consistency, gaps in logic, filling poorly developed categories, trimming excess categories, validating scheme (correlated things).

Data Analysis

Open Coding

Categories and subcategories were open coded. Categories/Subcategories were analysed in memo writing in terms of its properties and dimensions of the phenomenon it represented, conditions that gave rise to it, the action/interaction by which it was expressed, and the consequences it produced.

Table 1: **Showing category and its subcategories and concepts**

Category	Subcategories and their concepts	
	Childhood	Adulthood
Types of Myths and Prejudices	Continuous bleeding	Become woman
	Impure body	Curiosity
	Impure blood	Coded conversations
	Impure radiation	Secret discussions
	Blue blood	
	Napkins for urinating	
	Unclean	
	Taboo topic	

Table 2: **Showing category and its subcategories and concepts**

Category	Subcategories and their concepts			
Discrimination Sites	Family	Educational Institutions	Religious Practices	Society
	Separate house/room	Peer group gossip	Menarche ceremony	Cooked up stories
	Separate dining	Code names	Restriction on rituals	Branding impure
	Untouchability	Absenteeism	Entry prohibition	Unethical practices
	Kitchen restriction			Unwritten rules
	Restriction on household activities			
	Floor sleeping			
	Drying clothes outside house			

Table 3: **Showing category and its subcategories and concepts**

Category	Subcategories and their concepts			
Factors for Myths Prejudices	Family	Educational Institutions	Religious Institutions	Society
	Family structure	Teacher's attitude	Traditional practices	Unawareness
	Secondary treatment	Menstruation as fun topic	Religious beliefs	Personal ignorance
	Ignorance	Lack of sex education		Conspiracy of silence

Table 4: Showing category and its subcategories and concepts

Category	Subcategories and their concepts		
Communication Interventions	Communication Creating Confusion	Factors for Confusion	Effective Communication
	Unauthenticated online sources	Lack of understanding	Breaking stigma
	Poorly designed advertisements	Hesitation to discuss	Discussion in family
	Depictions in films	Insufficient education	Open discussion
	Controversy	Poor communication	Adolescent education programs
			Well-designed PSAs
			Rural communication
			Topic in curriculum
			Social media campaign

Table 5: Showing category and its subcategories and concepts

Category	Subcategories and their concepts	
Policy Interventions	Government	Local bodies
	Taxation on sanitary products	Awareness programs
	National/ International policies	Low cost sanitary products
	Sanitary facilities	Revisiting policies
	Fund allocation	

Axial Coding

In Axial coding; through Coding Paradigm (The phenomenon it represents,

conditions which give rise to it, the action/interaction by which it is expressed, and the consequences it produces), sub-categories were related to their respective categories i.e. sub-categories 'Childhood' and 'Adulthood' were related to 'Types of Myths and Prejudices'; sub-categories 'Family', 'Educational Institutions', 'Religious Practices' and 'Society' were related to category 'Discrimination Sites'; sub-categories 'Family', 'Educational Institutions', 'Religious Practices' and 'Society' were related to category 'Factors for Myths and Prejudices'; sub-categories 'Communication Creating Confusion', 'Factors for Confusion' and 'Effective Communication' were related to 'Communication Interventions'; and subcategories 'Government', 'Local bodies' were related to 'Policy Interventions'.

Selective Coding

Selective coding is the process of integrating and refining a theory by unifying all categories under a core-category, which was a central phenomenon of the study. Central category was defined in terms of properties and dimensions. Findings were presented as a set of interrelated concepts and not just listing of themes.

The categories formulated from the study are:

1. *Types of Myths and Prejudices*
2. *Discrimination Sites*
3. *Factors for Myths Prejudices*
4. *Communication interventions*
5. *Policy interventions*

A central or core category was identified which could unify all categories stated above is: *Role of Communication in Addressing Myths and Prejudices Surrounding Menstrual Hygiene: A Male Perspective*. The above core category can be narrated as: The university male students revealed that during their childhood they had various types of myths and prejudices related to menstruation like girls facing continuous bleeding making their body impure and emitting impure radiation. Some even assumed the sanitary napkins are used for urinating and the colour of the blood is blue because TV commercials showed blue liquids in napkin advertisements. The majority of participants indicated that their childhood experiences instilled in them a strong message that menstruation is not a topic that should be discussed. When they became adults, their curiosity drove them to secret discussions

with coded conversations mostly concluding that menstruation means transformation into womanhood.

The myths and prejudices were probably further strengthened by discriminations to menstruating women at various places. At family set-up, they are forced to stay at separate rooms and sometimes in separate houses, eat separately; compelled to stay away from common clothes, utensils, kitchen and household activities; and sometimes made them to dry their clothes outside the house premises, sleep at the floor and stay in closed rooms. In educational institutions, most of the university students during their puberty or teens had peer group discussions where they talked silly, hilarious and coded discussions regarding sexual health related to menstruation. Girls were reported to have taken leave during the days of menstruation. The celebration of menarche, restrictions on performing religious rituals and prohibitions to enter various places of worship were some of the discriminations reported at religious places. Cooked up stories, branding the women impure, plethora of unethical practices with unwritten rules were reported from social gatherings.

When asked about their assessment of factors responsible for these discriminations, the male students listed many but the core one is 'ignorance'. If the family type is patriarchy, women get secondary treatment; coupled with ignorance the discriminations become harsher. In educational institutions the attitude of teachers plays an important role. Most of the time, teachers skip teaching topics related to reproduction and reproductive health of the syllabus or don't give due importance, discourage questions on it. At best it is treated as a fun-topic in private conversations. As far as religious discriminations are concerned, the traditional practices practiced for long and religious beliefs contribute. The silence surrounding menstruation can therefore be understood as a type of vicious cycle. The conspiracy of silence is a vicious cycle. Men are told as children that they should not know or talk about it. This lack of discussion leading to ignorance prevented them from gaining some type of empathetic knowledge about menstruation as a routine physiological activity of a woman's life.

When students were asked about different communications that had created confusion about menstruation; it was found out that unauthenticated online sources providing confusing information, poorly designed advertisements such as television commercials showing the blue liquid in sanitary napkin advertisements, stereotype depiction of

menstruation in movies, on and off controversies such as prohibition to enter various shrines during menstruation are some them. And the factors responsible for this were attributed to lack of understanding of the subject, hesitation to discuss it either at family or at educational institutions or in public fora, insufficient education on reproductive health and sex education and finally poorly designed communication instruments such as television commercials. They also suggested what could be the effective communication strategy to remove communication related confusion on menstruation. First and foremost, to break the stigma related to it and discuss it openly in family when required, providing adolescent reproductive and sexual health concerns in course curriculum, properly designed communication instruments like TV commercials, running social media campaigns and running traditional communication campaigns in rural set-ups would help to achieve the said goals. The study also looked into the policy interventions that could make a difference. The respondents voiced their concerns over the taxation on products like sanitary napkins making it unaffordable to many and urged to do away with it. National and international policies on health and hygiene could play a crucial role on menstrual hygiene management e.g. spreading awareness on it, proving affordable sanitary napkins and vending machines and incinerators at public places and other institutions for common use. The local bodies could localize awareness programs by revisiting policies from time to time and aim to provide low cost sanitary products by encouraging innovation at local level.

Findings

The university male students revealed that during their childhood they had various types of myths and prejudices e.g. girls facing continuous bleeding making their body impure and emitting impure radiation. Some even assumed the sanitary napkins are used for urinating and the colour of the blood is blue because TV commercials showed blue liquids in napkin advertisements. The majority of participants indicated that their childhood experiences instilled in them a strong message that menstruation is not a topic that should be discussed. When they became adults, their curiosity drove them to secret discussions with coded conversations mostly concluding that menstruation means transformation into womanhood.

At family set-up, they are forced to stay at separate rooms and sometimes in separate houses, eat separately; compelled to stay away from

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Limitations of the study

As per Strauss and Corbin, in their book, "*Students should stay within the general guidelines outlined in this book and use the procedures and techniques flexibly according to their abilities and the realities of their studies.*" (Corbin & Strauss, 1998). They also write that if the aim is description, conceptual ordering, or discovery of categories to build measurement of scales, the procedure can be used in parts (Corbin & Strauss, 1998).

The deviations from the procedure were:

- Theoretical saturation could not be achieved because of constraint of time, resources and other factors. The findings could be at best called 'Theoretical Scheme' and not 'Theory' which is the intent of Grounded Theory approach of data analysis. However, this is also permissible as per Corbin and Strauss in their book. (Strauss & Corbin, 1998)
- No models could be established during the analysis.

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