

Menstrual Hygiene Management among Specially Abled Adolescent Girls in Rural Odisha of India: A Qualitative Explorative Study

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Abstract:- People with any physical or developmental disabilities are one of the most vulnerable and vital categories of the country's development but at the same time they are found to be neglected the most. The differently abled adolescent girls deserve the same kind of care and concern as any other normal girl receives during menstruation. They face quite a lot of challenges, maybe due to lack of awareness and support systems. Even if support is available, many girls feel awkward to discuss these issues with the people or caregivers.

In order to design appropriate educational interventions, research is needed to explore challenges they face during menstruation and what kind of support they need to overcome those challenges to solve their unmet needs. Therefore, a study was conducted to explore - Menstrual hygiene practices among rural girls with physical disabilities; Understand the perceptions and challenges of these girls and their mothers about menstrual hygiene management.

A study was carried out in Koraput District using qualitative research methodology. The study participants were adolescent girls of age group from 10 to 17 years with visual/locomotive/ hearing disabilities and have already attained menarche. The participants were recruited with the support of the local government and non-government agencies. A total of thirty five in-depth interviews: 15 girls, 15 mothers, 3 ASHA workers, one zilla parishad chairman and a community head was conducted. The in-depth interviews were conducted using a semi structured interview schedule with open ended questions and relevant probes. The interviews were conducted at the respondent's home after the consent. Analysis has been done by Thematic Framework Method using the Atlas.ti software.

The study found that the girls with locomotive disabilities find it difficult to wear the pads because of their bone and joint deformities. Many girls reported their challenges in accessing sanitary pads due to unavailability and sometimes also because of discrimination. Most of the girls' perceived menstruation as a curse. They skip and avoid their meals during menstruation as they believe that if they eat less then they may bleed less. And if they bleed less, they do not have to go to the toilets and they don't need to disturb their family members. According to their mothers and caregivers, this practice has made them weak and lose weight drastically. The menstrual hygiene practices are found to be poor and there are some socio-cultural practices and beliefs that have affected their

lifestyle despite their disabilities, the girls are being forced to follow these rituals. Nothing much has been done to improve their health condition and address their challenges in adapting to a healthy lifestyle.

Health education with specific focus on MHM at school level including explaining the harmful effects of poor menstrual hygiene practices could improve the situation. At the same time, community level health education programs and workshops on MHM should be conducted to reach out to school drop-out as well as to sensitize the mothers/caregivers and general community. This may enable them to discuss their issues and access required services. Further, it is important to have targeted programs on menstruation hygiene management and nutrition with regular follow-ups by the Government or the NGOs (Non-government Organization).

I. INTRODUCTION

Menstruation, specifically menarche, is a life-changing event for adolescent girls transitioning into womanhood. Effective menstrual hygiene management is significant for their health, well-being, dignity, empowerment, mobility, and productivity[1]. It's a crucial aspect of the basic hygiene, sanitation, and reproductive health services that every reproductive age group woman has a right to[2]. Reproductive health and Menstrual Hygiene Management (MHM) become significant components of a female's life from adolescence until menopause. If these needs of adolescent girls are addressed, it will underpin their physical and mental health and their ability to cope with the high demands of reproductive health life later [3]

An adolescent female with a disability will also have similar menstrual hygiene requirements as other adolescent girls. Hence, they deserve the same care and concern during menstruation as other normal adolescent girls receive. However, the situations of disabled women are even worse with regards to menstruation, for which they confront two-fold discrimination: as stigmatization associated with both disability and gender along with several other obstacles, challenges, and misinformation in adapting menstrual hygiene practices[4]

Though menstruation is a natural biological process, it is often grounded in stigma and discrimination, which limits access to WASH facilities which is a need for women to manage their menstruation [5]. They are considered impure and isolated from men and prohibited from sharing water sources during their periods in order to avoid contamination [6]. Few women have adopted this stigma; as a result, they

feel dirty and humiliated during their menstruation [7].

Evidence from Uganda and Zambia also revealed that disabled women are considered “dirty” and contagious, hence banned from using public latrines and water points. The difficulties faced by disabled women are likely to vary depending on their impairment type. Inaccessible latrines force disabled women who cannot stand or see to crawl or sit on the filthy latrine seats to change their clothes or pads [6]. Visually impaired women may be unable to identify when their menstruation started and ended [8]. The individual with hearing or intellectual impairments may be less able to communicate when they are in pain or need support.

Because it is widely assumed that persons with disability are asexual, so, they are not provided with information about sexual and reproductive health or menstrual hygiene [8], [9].

In India, there are 26.8 million persons with disability, out of which 2.01% are female, and the literacy rate is only 44.6% [10]. Every year, disabled girls drop out of school, which further poses a threat of inaccessibility of information related to MHM.

The lack of accessibility is not only related to adequate information, but it can be issues related to health services, education and employment opportunities. Furthermore, the lack of disabled-friendly toilets is another constraint for them in India [11].

One of the goals of Sustainable Development Goals is ‘Leave no one behind’. In order to ensure so, programs and policies should focus particularly on the marginalized groups of the society. Although effort has been made to ensure WASH through programs, very few emphasize on ensuring MHM including people with disabilities. There is a dearth of evidence on women with disability and their challenges while maintaining their menstrual health.

Considering this existing gap, the present study was conducted to explore the challenges faced by the women with disability, their caregivers along with few stakeholders such as three ASHA workers along with one Community president and Zilla Parishad Chairman from Koraput Dist.

II. METHODOLOGY

A. Study setting

The study was carried out in Koraput District of Odisha, India. Koraput district has a population of 1,379,647 [12] and is situated in the southern part of Odisha State. Of the 61 tribes living in Odisha State, 51 inhabit Koraput district, constituting more than 55% of the district’s total population. The people of the district, in general, are economically poor, their literacy rate is 49.21% [12] and male and female literacy were 60.32 and 38.55 respectively.

A qualitative explorative study was carried out between August to October 2018 in 2 villages of Koraput, 3 villages of Jeypore, 2 villages of Semiliguda, 4 villages of Kotpad Blocks in the district of Koraput, Odisha. These

villages included both tribal and non-tribal families. As the study’s principal objective was to explore the challenges faced by the girls with disability to maintain their menstrual hygiene, participants were selected purposively, and qualitative interviews were conducted.

B. Study participants:

The study participants were adolescent girls of age group from 12-19 years with visual/ locomotive/ hearing disabilities and have already attained menarche. The participants were recruited with the support of the local government and non-government agencies. The list of the physically challenged girls was accessed through the District Child Protection Officer and an NGO (SOVA), the Zilla Parishad of Koraput supported the study by providing the permission for a smooth access to the selected families.

C. Data collection procedure:

A total of thirty-five in-depth interviews were conducted among 15 girls, 15 mothers, 3 ASHA workers, one zilla parishad chairman and a community leader. Face-to-face in-depth interviews (IDIs) were conducted in the local language using a pre-designed semi-structured interview schedule. In-depth interviews lasted between 15 and 30 mins. All the interviews were conducted at each respondent’s home.

D. Data analysis:

The face-to-face recorded interviews were transcribed and translated into English. The data were analysed using thematic analysis. In the process of transcription and translation, we familiarized ourselves with the data before stating the coding and identifying themes; then we coded the data. After coding we identified codes, categories, and themes. The emerged themes were reviewed and finalized by all researchers. Atlas.ti software was used for data management.

E. Ethical Consideration:

Institutional Review Board (IRB) was obtained from the Indian Institute of Public Health, Bhubaneswar (IIPHB). Verbal consent was also obtained from each participant before collecting the data. A detailed description related to the project was explained to the participants.

III. RESULT

Three themes emerged from the analysis of data: 1) Perspective of menstruation amongst disabled adolescents and their caregiver, 2) Challenges encountered amongst disabled adolescents and their caregiver, 3) Strategies adopted for management of menstruation. The findings are presented under each category with quotes from the participants at the end of each paragraph.

A. Theme 1: Perspective of menstruation amongst disabled adolescent and their caregiver Category 1: Perception towards menstruation

Menstruation was regarded as a “normal” phenomenon by the mothers and adolescent girls but when it’s about managing their daughter’s menstruation, very few mothers cited it to be “normal” just like managing urination or

vomiting.. In this regard, a participant with locomotive disability stated,

“During menstruation when it’s raining outside, I avoid eating food or drink water especially at night as if I do so then I have to go to the toilet and further disturb my family members and hence, I become weak during those days.”

Few participants cited menstruation as “good”. The possible reason behind this was, if a girl does not bleed then all the dirt and impurities in the body may accumulate in the stomach which may lead to increased belly size and even gain weight. Also, many of respondents quoted menstruation to be “bad” as they believed that if they eat less food then they may have less bleeding.

“I eat less during menstruation as there will be less food to produce blood and further there will be less bleeding, according to my mother.”

Moreover, the caregivers perceived that taking care of them was a burden. Many of the participants explained, they could not go for their work during their daughter’s menstruation and for this they suffer from wage loss.

“I have to stay back at home and look after her. This sometimes leads to loss of wages as I could not go out for work. I had also started searching for medicines that could stop menstruation of my daughter, but nothing worked permanently.”

➤ *Category II: Socio-cultural practices and beliefs*

Irrespective of the disabilities, every girl has to perform and follow a few rituals during menstruation. For instance, they were not allowed to take baths, all used materials had to be immersed into a pond after taking bath. This symbolizes that the girl is now free from evil’s eye or any kind of impurities and illness. Participants explained, because by taking a bath in a dirty pond, they developed itching.

“After 11 days my family consulted with a disari, and I was taken to a pond for a dive. I could feel that the water in the pond was smelling so bad and when I got out of the pond, I started developing an itch. Then I returned home and took a bath again with warm water (no soap is used), which gave me some relief.”

However, there were very few who skipped all these rituals and went against the community to support their daughter. A mother revealed,

“I tried to convince my in-laws and even my husband to avoid following any rituals or restrictions, but they didn’t listen to me, as they said people will laugh at our family and may isolate us from the community”

Participants also mentioned “disari”; a person who is a local priest and primary influencer for the villagers. While attending menarche, they performed “puja” which includes animal sacrifice. Participants also consult disari for their irregular periods for which they usually suggested fried

“Goat blood (in a jelly based)” to intake. However, a participant explained that she could not consume it for more than 2 days as she suffered from severe stomach pain along with loose motions. Participants also stated that their parents visited them in search of medicines that could stop menstruation permanently. Few participants explained that they consumed prescribed medicines, but it did not work.

“We also started searching for medicines that could stop menstruation and once the disari gave us a medicine that was consumed for 1-2 months, but it didn’t stop.”

Further, participants believe regarding the disposal of used pads that, if the pads with bloodstains are thrown here and there or not disposed properly then people may have a chance to become a victim of black magic and the girl may fall ill after which the mothers stopped getting the pads from the market.

B. Theme 2: Challenges encountered amongst disabled adolescent and their caregiver

Category 2.1. Challenges in practicing menstruation:

The use of sanitary pads was affected by the perception and understanding of participants. The study revealed that availability of sanitary pads, its quality and high price were the major contributing factors for which they choose clothes over pads. According to a mother,

“The quality of pads is very poor; it gets wet very quickly and leads to leakage but for a girl who is differently abled find it difficult to change the pads regularly. Therefore, we get pads from the market which are expensive.”

Not having toilets was one of the significant challenges revealed by the participants. On rainy days, most mothers ask their children to avoid taking baths. Further, they had to stay back with the girls to accompany them for daily activities.

“As we don’t have toilets at home or nearby, I have to travel a long distance to reach the pond or a public toilet. When I am alone it’s okay but taking my daughter is a bit difficult. Some days I ask her to skip taking bath”

Also, girls skipped their meals and took very little food to avoid going to the toilets.

Consequently, they have suffered weight loss and have become weak. When the mothers are not at home, the girls had to control themselves and had to do everything in a single room which was observed to be very unhygienic during the interviews. A mother stated,

“I keep my daughters in a room, since they are having locomotive disability they are unable to use clothes properly even after trying many times. So, I let them stay in a separate room, spread a saree or a bedsheet and provide them food, water, and take them for a bath every day. The blood stains are sometimes all over the floor, so I have to clean them every morning.”

Almost everyone discussed the issues regarding the scarcity of water and its effects on their day-to-day life. The villages had a poor supply of water because of which they had to get water from the tube well which does not work most of the times. A participant stated,

“The village Has a very poor water supply, we have to get water from the tube well which is located in the chak (Chowk).”

And a mother explained,

“Water supply has been a constant issue for us, we have to fill up our tanks through an electric motor which runs on electricity and in case there is no electricity, and we have to live without sufficient supply of water for many days.”

Participants explained they face difficulty in throwing or disposing of the pads as there is no proper system to dispose of it, the pads are thrown in the household dustbins which are then disposed of in the water streams near or in the fields which is a major concern for the other people residing in that village. A girl revealed,

“When I stay in the house, I try to avoid the pads and rather use the clothes as there is no provision to throw the pads and since we don’t have toilets, we can’t even flush it” While another girl explained, “If the used pads are being thrown into fields or dustbins, then if anybody sees or find it there are chances of that girl getting affected with black magic. That is why we don’t use pads.”

And according to our discussion with one of the ASHA, she stated that,

“Some girls throw away these pads in the backyard and in the fields, as a result the birds take it and throw it in someone else’s house or even people walking on the road find these pads lying around. Because of all this, villagers had requested me to give these pads only to those who can use it and dispose of it properly.”

Because of lack of availability to dispose of the used menstrual products and lack of affordability few mothers were forced to stop using pads. Further they revealed that to access pads, they have to travel a longer distance. Though school sometimes provides pads to the girls but when it gets out of stock, they could not continue supplying them for which they again switched to clothes for which they stayed at home for 3-5 days and missed their classes. A girl explained, pads and send me. But once the pads become wet, it started stinking and releasing a foul smell from my body. Slowly, it became difficult for my mother to get pads from the market which led to irregularity in school. At last, I had to drop out from school.”

Many of the participants explained facing challenges while managing their menstruation. Lack of information and knowledge was one of the major challenges for them to manage their menstruation. They explained that they did not get any information from the frontline health workers

regarding the menstrual hygiene practices and about sanitary pads use. Few of them use pads only when they are outside or go to the school or think they start stinking. A mother discussed,

“No, we don’t use pads as we cannot travel to the town to get. Sometimes her school friends get it for her but now as they have left the school for higher studies.

Therefore, it is quite easy for us to use a piece of cloth. We had asked ASHA to get some pads but the next time she visited, she said it’s stockout.”

➤ *Category 2.2. Societal level challenges*

The girls with physical disabilities face social discrimination in every aspect of life that may be in the school, in the locality or even in the families.

At family level, their parents want them to get married and have babies, rather providing them education for a better life along with appropriate treatments. In case, they are not getting married then they are treated as a burden for the family. To avoid any kind of disturbance and hindrance in their daughters’ marriage and conceiving child, they are forced to perform every ritual during “puberty ceremony”.

At an individual level, girls don’t want to go out and make friends as in most of the villages, they are the only ones who are having any disability and because of this they are ashamed of meeting people. Even if they try, people start laughing at them when they used to go out with their parents because of these reasons they could not continue to go to school and further withdraw their names.

At community level, the FHWs never explained to them about pads, if the girls ask her to get pads only then she gets it on her next visit. Some of them also mentioned that the “ASHA workers” does not count the disabled girls and feel that they too require the same kind of care and concern as any other normal girl and say that “even if she provides pads to those girls then also, they won’t explain about its usage, benefit and disposal mechanism.

A mother explained,

“The ASHA didi gives pads only to the girls who goes to college or school but not for your daughter. She says that Your daughter doesn’t go outside and even if I give her pads then she won’t understand how to use it? What are the benefits? How to fix it on her own?? And how to dispose of it properly?”

A girl with physical disability discussed,

“The people in our village did not support me rather they used to laugh at me made me feel useless, If they could support me then I would have continued going to school.”

➤ *Category 2.3. Specific challenges for being disabled*

Participants mentioned that it is very difficult for them to fix on the pants independently and even if someone fixes those pads, it does not stay stable at a particular place. Those who can't even fold or open up their legs, it is quite challenging to wear the pads and further it makes them feel uncomfortable. Therefore, in case of emergency they use clothes as pads that could not be available all the time.

"I use clothes during periods, I don't use pads as I can't wear pants on my own and therefore I can't fix it."

"Pads sold in the market are not for those girls who cannot fold their legs, cannot even move both their legs & feet. Therefore, it's difficult for the pads to be fixed and stay at a particular place."

Because of the use of clothes during menstruation it is quite difficult for the mothers and daughters to manage it in the school, as they cannot change their clothes on their own. They further added that the toilets in the school were in their worst condition, and this had led their mothers to stop their daughters going to school during menstruation. A girl with locomotive disability indicated,

"My mother fixes the pads and help me wearing my pants, she then helps me to change the pads after few hours. She takes leave and stay back with me."

Another girl with visual impairment said,

"But I avoid using the toilets at school as they are too unhygienic and smells a lot. My friend tell me that the toilets are not cleaned and to go the toilet."

Participants who were visually impaired found it difficult to change their menstrual product after it soiled for which they faced leakage and felt embarrassed in front of others, their mothers had to clean the floor inside the house again because of the blood stains. A girl with visual impairments stated,

"My mother has to clean the floor again and again during my periods because of my blood stains / leakage as I am unable to see it."

The girls with disabilities had to depend on their family members during menstruation for washing clothes and taking bath. For this, the mothers had to go to the water streams or to the wells and tube wells. The mothers had to stop going out for work and stay back with their daughters and then they suffered from wage loss. A mother explained,

"Earlier I used to take her with me but after she got periods, I have to stay with her for 4-5 days and take care of her. My family also suffers financial loss during that time, as my husband is the only one to take care of the family needs."

According to the interviews, girls try to wash their clothes on their own as they feel ashamed when they realize that someone else has to help them in their daily routine, but the blood stains are not removed properly and stinks because

of this they had to stop allowing them to wash the clothes. According to a participant,

"I feel bad when I see my mother or my younger sister washing my used clothes during menstruation. I feel like a burden for the family as I am unable to do even my day-to-day work. I have also noticed that the blood stains or dirt are not even removed properly but don't discuss it with my mother as she might feel bad."

C. Theme 3: Strategies

➤ *Category 3.1: Treatments adopted to manage disabilities and menstruation*

Understanding and managing the girls with physical disabilities during menstruation is a huge challenge for the parents. During the interviews, almost every mother spoke about searching for medicines that could menstruate permanently by visiting many doctors and disari. Only a few of them mentioned that they could find some medicines and had asked their girls to consume it for 2-3 months, but it did not work. A participant explained,

"Yes, initially my parents searched for medicines that could stop menstruation completely as I used to bleed for almost 9-10 days which further made me lose weight and fall ill."

Few of the families mentioned giving their daughters "goat blood" (in gel form) according to the suggestions of disari that could improve the blood circulation in case of irregular periods and even some grains of rice after the puja. A girl stated,

"My menstruation cycle was irregular few months back and there was not much bleeding, the disari said that I have low blood level in my body for which he further suggested me to take "Goat blood (in a jelly based)" and fry it."

A mother also discussed with us about her daughters getting treated in a tertiary care hospital by attending physiotherapy classes that has improved the movement of the girls. Their doctor has suggested making her daughter get married to a boy who is also suffering from the same kind of disabilities and then having a baby with him which could further help in recovery.

Among them one girl explained,

"I started with physiotherapy which has helped me to improve my condition. the doctor also suggested to marry a man with the same difficulties. He said the baby that I'll be giving birth to will be having both of our genes which is going to further help me in recovering."

➤ *Category 3.2: Seeking support by the family and peers*

Almost all the girls depend upon one or the other person in their family to support them in their daily routine. Most of the mothers stay back at home to help their daughters' daily activities. Only few those disabled adolescents go to school, they take help of their friends and siblings in the school.

However, sometimes they don't feel like taking help of others and rather avoid that activity which could disturb their friends or siblings during the school hours. In case of emergency, they take help of their neighbours who take care of the girls.

One school going girl stated,

"I really feel bad as my friends get disturbed a lot when I ask them to take me to the toilet or anywhere else during the class hours or even when they busy with some another work."

While a mother stated,

"I come back home mostly in the evening because of which I cannot spend much time with Champa. I had noticed when she is alone, she doesn't even eat or do her regular work properly. She doesn't even take help of her friends or neighbours.. We are planning for my elder son's marriage with one of my relative's daughters who can stay back in the house and take care of Champa."

➤ *Category 3.3: Initiatives by the government*

The girls with physical disabilities wish to have a better lifestyle and to lead a normal life as any other normal girl deserves. Therefore, participants explained that government has initiated some programs that could support them physically and financially.

The disability pension also known as "Madhubabu Pension Yojana" which is administered by department of woman and child development by verifying certain documents including the disability certificate. This is the only pension scheme in the state of Odisha which ranges from Rs.500 to Rs.700. The girls have been provided with the buses pass which includes free travelling to the person with complete sight loss with 50% concession to their escort. The girls with locomotive disabilities also reported of being provided with wheelchair but few of them could not use it because they can't even open up their limbs properly and had to depend upon someone else to help them. A girl explained,

"I get pension of Rs.700 and do have a disability card. I have been given a wheelchair by the govt., but I can't use it because of my inability to move the wheel and even I can't sit on the chair on my own. Therefore, this chair could not help me much."

IV. RECOMMENDATIONS BY THE PARTICIPANTS

Participants recommended and suggested improving the experience of disabled adolescent for managing their menstruation. Many of the mothers suggested that quality of the pads need to be improved along with being available and affordable for women living in rural areas. They also suggested bio-waste management workshops that could help them to dispose of the pads safely.

Participants also suggested that ASHA should provide the pads to adolescent girls irrespective of their disabilities.

Also, mothers requested to organize some workshops that could help them to manage their girls more appropriately. Furthermore, some of them also suggested "physiotherapy training" that could improve their limb movement and further the girls won't have to depend upon others. They also mentioned about the doctors that could conduct some free health camps and provide proper treatment for the betterment. Along with that, a few of them also suggested increasing the disability pension of the girls, so that they can be more financially stable.

According to the girls, the suggestions were focused on the trainings that could help them to understand the use of pads, fix the pads on the pants properly and independently and then they gave some ideas of designing the pads in such a way that the girls with locomotive disabilities who can't even open or fold up their limbs completely can use the pads efficiently along with that to reduce the price of the pads. They also mentioned the challenges they faced during their school days, they suggested recruiting a helper that could accompany them from their house to the school along with that those helpers could support them during the school hours like toilets, taking food and even during their class hours when needed. Some of the girls also mentioned not forcing them to follow the restrictions and perform every ritual during menstruation or even during puberty ceremony, as this is quite harmful for them and problematic to manage the aftereffects according to their parents.

V. VIEWS OF STAKEHOLDERS

According to the Frontline Health Workers (FHWs), they have explained and even discussed hygiene practices along with the use of pads with the mothers, other family members, but they are not willing to take efforts. They do not feel that these girls deserve the same kind of care and concern as any other normal girl deserves but as they can't do anything on their own, can't marry and have children, they treat them as useless and a burden to their family. They have seen girls sitting in the corner of the house without meeting or talking to anyone and having just 2 times meal a day.

The FHWs also mentioned that the village members had complained of stop providing pads to the girls, as they had found used pads from the fields while ploughing which was quite disturbing for them. Even if they provide pads to the mothers or the girls, they keep it aside and continue using clothes which leads to complete wastage of the pads. Therefore, most of them had stopped providing pads to girls. They also mentioned that some of the mothers do not want to use pads because of a belief that if someone's eyes fall on the blood-stained pads.

According to the community president and Zilla Parishad, they discussed that they had never thought of any programs or strategies to manage menstruation among differently abled girls to improve their condition. They said that they will happily accept the initiatives by the govt. and programs specifically focusing on menstrual hygiene management, promoting the usage of pads and then regular follow-ups which will surely have huge impact over the

mothers and the girls in a positive way.

VI. DISCUSSION

The practices associated with menstrual hygiene management and menstrual wastes have a huge impact over the life of a woman and it starts when a girl attains puberty, if it is neglected by any means then it may worsen the health condition of the women [4]. The girls who are differently abled deserve the same kind of care and concern as any other normal girl deserves.

There are some issues that have been discovered during this study, if addressed then it may help in promoting better health status of the differently abled girls up to a greater extent.

Except few, almost everyone recruited in the study do not use sanitary pads rather use traditional methods like clothes and then it is carried further by their daughters. But in case of differently abled girls having locomotive disability, a unique factor was revealed. Most of their mothers are aware of sanitary pads but they face difficulty in fixing the pads, since they are not able to fold or open their limbs, it is impossible for them to wear pants. If the pads are fixed on the pants, then the pads are of no use. The pads may be designed in such a way that these girls can also use it the way just as they use the clothes, they can just be placed at the required area and can be tied with strings just like diapers but of smaller size. The price should not be much high or else it may not be that acceptable for the parents.

According to the study carried out in Taiwan with 13 intellectually disabled girls and their mothers to explore their experiences and challenges in providing help to their daughters with high support needs during menstruation. Very clear conclusions were drawn. Conclusions were drawn that both the mothers and caregivers need to be well trained and educated regarding the care along with the access to appropriate supportive facilities [13]. And in this study, it was quite evident that with poor knowledge and awareness regarding Menstruation and MHM it was difficult for the mothers or caregivers to accept the interventions or even understand its importance.

Many studies have revealed about school dropouts among young girls, some do because of financial reasons, some are forced because of gender discrimination and some get married.

But there are some differently abled girls who do not want to go to school because of the social discrimination they had to face along with that the challenges they face during menstruation. Most of them had to depend on someone or the other who could support them in their day-to-day activities but when they reach school, they have sought for help from their friends who are of the same age or have to stay back at home.

During menstruation, they have to ask their female friends to check for leakage or bad smell, had to take rest because of stomach pain and go for change of clothes or pads regularly. Their friends may not be interested to support

them every time and miss their classes as they are not appointed for the same, therefore, recruiting a female helper in the school may scale down the difficulties which they had to face during menstruation. Regular inspections should be done by the officials to make sure that the toilet in the schools is clean and washed properly and avoid any chance of getting infections to the children. [14]

Many of the participants are found to be aware of using clothes and some of them have built toilet in their house premises, but few of them are still unaware of the benefits of toilet. Those who don't have a toilet or even a community toilet, has to travel to the pond or wells and tube-wells or backyard and among those who have toilet are still using the ponds, backyards or tube-wells which is mostly because of insufficient water supply.

The girls who are differently abled find it difficult to go to the toilet and even if they can reach there on their own, someone has to make them sit on the pan, in case of those who do not have a toilet even they have to travel for the day-to-day activities accompanied by their caregivers. Most of the girls have developed their own personal strategies to handle this period of time and one of them is quite disturbing, the girls revealed that they don't eat and drink during menstruation especially if its rainy days or night so as to avoid going to the toilets and do not want to bother anyone, they feel that if they eat less then they may bleed less and will not have to go for regular change of clothes. It may be because they may have experienced something hurtful which have made them feel as a burden on their family or even as they are useless. This practice or strategy followed has led to a tremendous weight loss and further weakened them.

VII. CONCLUSION

This study highlighted the challenges encountered by the disabled adolescent and their carers. The barriers for them are even more complicated for managing their menstruation. Future research is needed which could inform about the type of intervention which could help in managing their menstruation with dignity.

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