

Menstrual hygiene and Socio-Cultural Impacts on Women during Menstruation; the Case of Wolaita People, Southern Ethiopia

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ABSTRACT

Menstruation is a natural process that occurs in the life of every woman, but it is commonly associated with diverse misconceptions, social taboos, and harmful practices that adversely affect women's health. Evidences show that those misconceptions are becoming visible in many cultures, and the issue is not allowed to be discussed openly. The multiple socio-cultural impacts negatively affected women and adolescent girls during menstruation have not been got the scholarly attention in the study area. The aim of this study is exploring menstrual hygiene and socio-cultural impacts on women and adolescent girls during menstruation. Mainly the exploratory qualitative research approach has been used in data collection and analysis. Key informant interview, case study, and focus group discussions have been used to collect data from the study participants. Primary data have been collected from elderly women and adolescent girls from the selected rural kebeles of Kindo Didaye, Sodo Zuria and Damot Pulasa Woredas in southern Ethiopia. The data was analyzed using thematic approach. The findings show that most of the time adolescents get information lately after the onset of menarche from their mothers, sisters, and friends when they personally see the menarche (first menstruation) with suffering events. Traditional societal perceptions, lack of awareness, secrecy of communication and poor hygiene management, and lack of governmental attention to menstrual issue are identified as the potential factors which are exposing women and adolescent girls to social, psychological, educational, and health problems. Thus, institutionally based multidimensional approaches, working in collaboration with concerned bodies, and consistent interventional training are highly needed to overcome menstrual problems of women and adolescent girls in the study areas.

1. INTRODUCTION

The beginning of menarche (the first menstruation) is one of the most important phenomena occurring among the girls during the adolescent years (Archana Patkar, 2011), and it is part of the female reproductive cycle that starts when girls become sexually mature at the time of puberty ((Pandey: 2014, Teklemariam: 2014:189).

Although menstruation is a natural process that occurs in the life of every woman, it is commonly associated with diverse misconceptions, social taboos, and harmful practices that adversely affect women's health. Evidences show that those misconceptions are becoming visible in many cultures, and the issue is not allowed to be discussed openly (Dasgupta and Sarkar: 2008, Umeora OUI: 2008. Water Aid Report: 2010, Bano and Al Sabhan: 2015). Obviously, from this we can understand that those misconceptions together with traditional beliefs and norms create unjust segregation of women. Besides, it makes menstruation become the secret agenda and something immoral to communicate and discuss openly.

Actually, the transition from childhood to adulthood occurs during adolescence period which is characterized by major biological changes like physical growth, sexual maturation and psycho-social development. However, in this transition period, girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know the issue (Shambhag *et al*: 2012), and also the young girls describe the onset of menarche as a shocking or fearful event (Pandey: 2014).

There are different beliefs and community defined restrictions for menstruating women in many cultures. For instance, Igbo women rarely discuss menstruation, and show major displeasure at the introduction of the subject (Umeora and Egwuatu 2008), and in Hindu culture women are not allowed to pray or fast nor is she allowed touching the holy book and temple (Pandey: 2014). Menses is also associated with silence, shame, social taboos and restrictions in many cultures. Moreover, menstruating women are considered as dirty, impure, unclean, and unfit... (Archana Patkar: 2011, Water Aid Report: 2010). On the other side, treating women as dirty and restricting discussion on menstrual issue with their family members would have adverse health impacts on women (Bano and Al Sabhan 2015). These can be taken as the practical implications for the existence of social exclusions which undermine women and accelerate hygiene management and associated health problems.

Reproductive tract infections, which has become a silent epidemic that devastates women's life is closely interrelated with poor menstrual hygiene. Therefore, proper menstrual hygiene and correct perceptions and beliefs can protect the women from this suffering (Shambhag *et al*: 2012). Menstrual hygiene management has not received adequate attention in the reproductive health sectors in developing countries. In Africa the practice of menstrual

hygiene management is still poor and the issue is under estimated. Due to poor menstrual hygiene management the adolescent girls are exposed for reproductive tract infection, school absenteeism and increase school dropout rate (Teklemariam: 2014).

The girls' inadequate understanding of menstrual process prior to the onset of menarche causes panic, anxiety and embarrassment. Their poor understanding of menses before its first onset makes them to be frightened, anxious and embarrassed with situations (Anne Mutunda, 2013). However, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of women (Shambhag *et al*: 2012). Moreover, knowledge about menstrual hygiene was the most influencing factors for the practice of menstrual hygiene (Teklemariam 2014)

Majority of the girls intended to seek advice from their mother for any menstrual practices, problems, nutrition, and any health problems... The most common source of information was the mother. All mothers irrespective of their educational status should be taught to break their inhibitions about discussing with their daughters regarding menstruation much before the age of menarche. (Shambhag *et al*: 2012).

There are many problems attributed to menstrual cycle. For instance: First, Premenstrual Syndrome (PMS):- This is distressing physical, Behavioral and psychological symptoms, in the absence of organic or underlying psychiatric disease (Taylor, 2005). Second, Premenstrual Dysphoric Disorder (PMDD):- it is severe form of PMS in which symptoms of anger, irritability, and/or internal tension are prominent and there was significant functional impairment. Third, other Menstrual Cycle problems include heavy flow, cramps, anovulatory cycle and irregular, absent or long cycles (Huo *et al*, 2007; Klatzkin et al, 2010); Taylor, 2006).

Menstrual hygiene management is a necessity, but it is the challenging issue for the life of adolescent girls. It needs accurate and adequate information to manage appropriately in hygienic and discreet ways (Guya *et al*: 2014:27). It is believed that providing information and educating girls on menstrual hygiene at an early age before they reach puberty and continue throughout adolescence would better prepare them emotionally and psychologically for menstrual issues including hygienic management systems (Guya *et al*: 2014:27).

Indeed, to live healthy, productive and dignified lives, women and adolescent girls have to manage menstrual bleeding effectively. Neglecting menstrual hygiene and management negatively affects girls' education, health, and the potential of achieving development goals (Water Aid Report 2010). Thus, menstrual hygiene management needs holistic approach taking into account the voice and space to talk, adequate water, privacy, facilities for washing and disposal of used sanitary pads (Teklemariam: 2014).

There are scholars who previously conducted their studies on the issues of menstruation in different societies in different parts of the world. To mention some, Guya *et al* (2014) on University students of Tanzania, Bano and Al Sabhan (2015) on University female students in Soudi Arabia, K. Kamaljit *et al* (2012) on secondary school students of Amritsar, Punjab, India, and Teklemariam Ketema (2014) on high school students in Amhara regional state of Ethiopia. Their studies were emphasized on the perceptions, social values, and knowledge level of adolescents towards menstrual hygiene management. However, there exist the multiple missing points in those studies in their focus and selection of study population, because they are mainly focusing on the high school and University students as their study population. In this case, the women and adolescent girls out of the school have not been taken into account and the multiple socio-cultural problems which lay the casual grounds for menstrual problems were kept intact untouched.

Taking into account the above gaps in the previous studies, the purpose of this study is to explore the socio-cultural impacts on women and adolescent girl's elementary school students and women and girls out of school in the rural areas of the study. This study has not purposely given emphasis to the high school and University students because it is believed that high school and University students might have better access to information awareness about menstruation since they have at least course based lessons and practical experiences of menarche in their actual life. Thus, this study gives more emphasis to the elementary students and uneducated rural adolescent girls in rural areas of the study.

In fact, though there are enormous problems related with menstruation that affect the life of women in reproductive age, the case of menses is did not get due attention in government's health care systems. On the other hand, the society also did not understand the adverse effects of cultural values on women during menstruation. Therefore, this study strives to explore the societal conception of menstruation and the personality of women and adolescent girls during menstruation. This study has also further investigated the socio-cultural impacts on adolescent girls and women in menstrual period in the context of Wolaita people.

2. MATERIALS AND METHODS

2.1 Research Approach

This study has employed the exploratory qualitative approach in both data collection and analysis to meet the objectives effectively. This approach employed with the intention to intensively explain the beliefs and cultural norms people traditionally associate with menstruation and the personality of women and adolescent girls. It is believed that qualitative approach is more preferable than quantitative approach to further explain the impacts of such traditional beliefs and cultural norms. In addition to the investigators three female sociology, anthropology and midwifery degree graduates i.e. one from each departments were involved in data collection from the field. Data collected from the field have been analyzed qualitatively by thematic approach to explore the socio-cultural impacts on women and adolescents girls during menstruation.

2.2 Data Sources

Primary Sources

Primary data have been collected from elderly women and adolescent girls from the selected rural kebeles of Kindo Didaye, Sodo Zuria and Damot Pulasa Woredas in southern Ethiopia. Adolescent girls and elderly women from the selected *woredas* and rural *kebeles* were potential sources of primary data. In selecting informants, researchers take into account the informants' knowledge level to the cultural tradition of the Wolaita people and adolescents practical life experience of menses. Generally, researchers have used focus group discussions (FGDs), key informant interviews, and case study methods to collect primary data.

Secondary Sources

Secondary data were collected from relevant books, Masters Theses, articles, and other published and unpublished sources. The secondary data enabled the researchers to identify the research gaps in previous studies and existing misconceptions regarding menstruation among different societies in different parts of the world.

2.3 Methods of Data Collection

Focus Group Discussion (FGD)

Focus group discussion (FGD) is one of the crucial techniques of data collection in social sciences in general and qualitative studies in particular. Hence, in this study, FGD has played indispensable roles to generate reliable data about the societal conception of menstruation and the very existence socio-cultural impacts on adolescent girls and women during menstruation. The selected members/discussants were encouraged to discuss, generate, and

share their ideas to one another freely. Researchers conducted two FGD sessions with seven selected members/discussants under each session. The first FGD has been conducted with elderly women in *Kindo Didaye Woreda* and the second FGD has been conducted with adolescent girls in *Damot Pulasa Woreda*. FGDs were taken place by local language i.e. Wolaitigna and were translated to English and narrated intensively.

Interviews

In this study, interview is believed to be the important method to assess the conceptions, belief, and experiences of informants about menstruation. Key informant interview have been conducted with selected adolescent girls and elderly women. The unstructured interview guidelines questions were used as the crucial tool of data collection. As pointed out by Kothari (2004: 98), these unstructured interview questions give more freedom for inclusion of emerging new questions and exclusion of some questions based on the ongoing situations in the field. We conducted four key informant interviews. Interviews were taken place by local language i.e. Wolaitigna and were translated to English and narrated intensively.

Case Study/Life history Approach

This is one of the methods of data collection in anthropological and sociological studies in which the cases/life histories which need intensive analysis were collected from the field. It helps researchers to infer substantial experiences, encounters, life situations, and perceptions of a particular person in his or her life time. The especial cases/life histories of adolescent girls and elderly women were captured for evidential support of our explanation and better understanding of menstruation and women's life in the socio-cultural context of Wolaita people. The collected cases/life histories from individuals were translated from local language to English and narrated intensively.

3. RESULTS AND DISCUSSION

3.1 Local Definition and Conceptualization of Menstruation

This study identified the local conceptions and definitions of menstruation in the cultural context of the Wolaita people. Researchers understood that those conceptions and definitions are emanating from the cultural values and beliefs the society aggregately associate their meanings of menstruation. Most of the elderly key informants and FGD members disclose their perception of menstruation as abnormal bleeding which should be discharged out from women's body, due to this people conceive women as naturally disadvantaged group. Thus, the sum total of those perceptions, values and belief have shaped the local definitions of menstruation directly or indirectly.

Regarding the local definition of menstruation, the elderly key informants and FGD discussants confirmed that the commonly accepted defining terminology used in the language of Wolaita people is *Kushe Qita*, *Kushe* meaning hand, and *Qita* meaning something dirty, impure, and unclean. The implication of using the local term *Kushe Qita* points how the society traditionally equating menstruation with dirty, impure, and unclean hands which should be washed safely. People perceive that washing the cyclical menstrual bleeding with water as making our hands dirty, impure and unclean that is why they are using the phrase *Kushe Qita* to mean menstruation.

Besides, the FGD discussion and elderly key informants analytically explained that observing the unusual menstrual bleeding on cloths and seats where women actually stayed makes people prefer to use the term *Kushe Qita* instead saying *suttaa* (blood) as an appropriate term to define menstruation. In discussion, informants were clearly noted that traditionally people associate any blood on the cloths and seats of adolescents with bleeding as their virginity discharged due to unusual sexual intercourse. In describing the appropriateness of the phrase *Kushe Qita*, one of the key informants viewed that using the term *suttaa* (blood) would make the adolescent girls afraid and ashamed since the term is seriously associated with unusual sex and loss of virginity.

On the other hand, the society believes menses as the occurrence of bleeding which indicates the biological maturity of girls reaching to adolescent age. In their common sense knowledge, the society also believes menarche as the sign which ensures that girls are in the time of appropriate biological instances which avail them to marry and bear child. As most of the informants have notified, just after the onset of menarche parents are becoming careful and feel doubtful to follow up and give advices to their adolescent girls cautiously. Here, the doubts and intension of parents is keeping their adolescent girls from unusual sexual relation and pregnancy before marriage. Because, the unusual sexual relation and pregnancy before marriage are culturally valued as immoral in which the parents and their adolescent girls get ashamed.

3.2 Secret Trends of Communication

In the introductory part, this study has tried to show that menstrual issue as one of the other sexual issues less likely communicated openly in the culture of different societies in different parts of the world. Practically, the findings of this study witnessed the trends of communication regarding menstrual issue in the culture of the Wolaita people took place secretly after the onset of menarche. Most commonly, adolescents began to get information when they experience menarche personally in their life.

When they see menarche personally, adolescents wonder with frightening approach to ask their mothers or sisters or close friends (classmates if they are students) and find the sources of information about the ‘unusual bleeding’ (menarche). From this it is understandable that the actual communication basically starts consciously or unconsciously just after menarche negative impressions of adolescents personal experiences.

This found the work of K. Kamaljit et al (2012) in India as sensible and interesting regarding the sources of information about menstruation, because it noted that the mothers, sisters, friends, and teachers are the potential sources of information to adolescents in India. Similarly, this study has identified the same sources as the potential sources of information about menstruation in the context of Wolaita. The adolescent girls and elderly women informants clearly stated that their mothers and sisters as well as friends including classmates and school teachers as the primary sources of information. In fact, the same informants reflected a kind of complaint reservation stressing that the information reaches to adolescent often late after the onset of menarche with suffering events. This is because of the absence of pre-menarche open communication on the issue.

The absence of open communication forced adolescents get information after menarche make menstrual issue the most complicated challenge to adolescents in the study areas. Unconsciously, people associate any bleeding on clothes and seats of girls it may be in market places, spiritual places, school, or in any other places with sexual intercourse with males. Adolescent memorize this societal perception immediately while menarche happen in their life, that makes them ashamed to freely communicate with and get information.

For this reason, adolescents prefer to hide the newly happening menarche and associated painful feelings which are considered as symptoms of menstruation. Explaining how the trend of communicating menstrual issue is becoming hidden, one of our key informants states that *ayyoo donttay poloykka qosaana*, literally meaning *it begins and ends in hidden/secret manner*. Furthermore, researchers could capture the life experiences and encounters of informants who suffered in one way or another because of such hidden/secret trends of communication. Hence, the exemplar case of one of our key informants in Waja Qero rural *kebele* quoted as follows:

I am crying alone secretly without taking meals and drinks in thinking that if the people could see blood on my cloth they will perceive it as I made sexual intercourse with male. In the next day my mother could see and asked me again and again for why I am crying. When I tell her the issue, she told me that it is normal and common to everybody that is an indication your maturity

From this quoted case and the elaborated explanation given by the adolescent informants, researchers could understand that menstruation and sexual deeds were unconsciously misperceived by most adolescents due to the absence of pre-menarche information.

Furthermore, the findings ensure that it is not exaggerated if we state menstruation is taken as 'sacred issue' not allowed to discuss and communicate openly between adolescents and their parents in the culture of the Wolaita people. The cultural values, norms, and mores people associate with menstruation discredit open communication which limits adolescents' access to pre-menarche information and exposes them to menstrual hygiene management problems.

Generally, not only at families level but also in elementary schools menstrual issues has not been openly discussed. For instance, most of the elementary school students explained that they did not get any training and discussion on menstrual issue officially from schools and other health centers. As the especial case, the elementary students in Waja Qero School in rural areas of the study are acknowledging one of their teachers as their primary source of information because she is voluntarily conducting discussion sessions on menstrual issues. But, generally training and discussion on menstrual issue to rural community including elementary school students need due attentions to improve trends of communication and societal awareness about the issue.

3.3 Socio-Cultural Impacts

Evidences show that in the study areas, especially in rural areas, during menstruation women and adolescents have been subjected to the disruptive social cleavages which push out them from the normal circumstances, though menstruation is the normal natural process. Traditionally, as it has been explained in above the society believe that menstruating women is unclean and impure. Because of this traditional belief, during menstruation women are not allowed to participate in public scenes. They are also not expected to share bed room with their husbands for night stay. Hence, obviously this has tendency to discourage women and adolescents.

In addition to such traditional beliefs, FGD discussants and key informants were similarly disclosed that religiosities of individuals with respect to the 'commonly accepted dogmas' socially disfavor women and adolescent girls during menstrual period. One of the popular deacons of the Orthodox Church in Humbo *woreda*, our key informant, has noted that it is commonly accepted as a binding rule that women are not allowed to take part equally with other fellows in church issues during menstruation. In addition, women themselves are also inevitably subjected to the socially and cultural set norms and mores which define women as unclean and impure. To support with the living experiences, the views of one of our elderly key informants in Diguna Pango *woreda* has been quoted as, *I do not have confidence to attend any ceremonial gathering and I do not want to go to church since I feel that menstrual bleeding smells not good that makes me lack neatness.* This all in turn force women to actualize those norms and mores in their own life and misunderstand themselves as lacking neatness for equal consideration with others spiritually and socially.

Furthermore, the findings reveal that menstrual issue is rarely communicated openly not only in Wolaita but also in other parts of Ethiopia. We could identify handful evidences to justify how such trends of communication accelerate negative effects on women and adolescents in different parts of Ethiopia. To illustrate, the impressive case of one of the second year Anthropology department students, in the year 2016, at Samara University which

is located in North Eastern Ethiopia, has been included and analytically narrated. Her profile evidentially confirmed that she is from central part of Ethiopia, but not from the culture of Wolaita. To show the wide range effects resulted from trends of communication, the impression of her teacher has been quoted as follows:

She is missing classes and exams frequently. Personally, she is becoming very shy and expressing her discomfort facially, even sometimes she is crying but she could not disclose her problem. One day, I have tried to push her to disclose the reason (problem) why she is missing the classes and exams. Then she started to tell her problem and mean time she is becoming afraid, and I could observed her face that she could not control tears from her eyes. She told me that even it is bleeding while she is with her parent before coming to Samara University. By communicating the issue to female teachers and experts in gender office, I could understand that menstrual disorder. However, the issue is shocking to me.

In describing the problem she noted that,

I encounter the pain with continuous bleeding of menstruation for two months daily. Bleeding started when I was at home before coming to Samara University, but I have not interested to communicate with my parents, because it is not culturally allowed to communicate openly with family members. I feel discomfort every day and night. Abdominal pain and headache become common. My appetite to eat or drink is decreasing from time to time. I have consulted nurses in our University clinic and took different medications, but bleeding continued with no stop. It makes me tired off and be hateful even to my personality.

With the due commitment her teacher has communicated to President Office and gender experts of the University about her case as urgent which needs especial treatment and further medication. Actually, the University has shown unreserved cooperation and referred her to Addis Ababa University Tikur Anbesa Referral Hospital for especial treatment and further medication by contributed 5000 Ethiopian birr. Fortunately, after two weeks treatment and medication she got better and come back to Samara University to continue her class. At the end she completed the classes and graduated successfully. Generally, from this we could understand that the cultural parameters make women and adolescents risked by social, psychological, and educational, and health problems.

3.4 Knowledge about Menses and Hygiene Management

As it has been mentioned above, in Wolaita women and adolescents rarely discuss menstrual and other sexual issues, because of this the elderly women as well as adolescent girls were not comfortable to discuss the issue in the time of data collection from the field. Though this created difficult environment for data collectors, they have

tried to convince the participants by telling the significance of the study and giving confidential promising to keep their secret will be kept.

During FGD discussions, the participants were asked about if they know the disease associated with menstruation and if they were faced some problems. The same questions were also posed in-depth interview sessions for deep explanation and further understanding of the issue. In this case, the findings revealed that diseases like heavy bleeding, upset stomach, bloating, constipation and diarrhea, headache, backache, joint pain, muscle pain, sleep disorder, anemia, vaginal scabies, abnormal discharge and urinary infections were the health related problems associated with menses. Majority of the study participants have disclosed as they feel some discomforts which affected their daily life, career and socialization. One of the FGD participants in Damot Pulasa *woreda* remembered her impression as,

I feel pain from head to toe during menstruation. I have bloating of stomach, muscle and leg pain, headache and I feel hotness whole over my body. It always starts about three days are remaining for menses. I drink lots of 'haytta tukkiya' (Coffee prepared from leaf of coffee tree) and put hot piece of cloth on my abdomen.

One of the adolescent informants aged 14 at Damot Waja rural *kebele* describes her premenstrual knowledge and experiences as, *I did not told the first menstruation to anybody, even to my mother, sisters, and classmates because I am afraid since I have no information before that. I told the second menstruation to my mother with shame and fearful approach, and then she replied me as it is normal.*

Similarly, most of the participants have noted that they have no pre-menarche information and enough knowledge on reproductive basis of menstruation, how it occurs and when it is said to be normal and abnormal. They gave the living witness as they do not know about premenstrual symptoms before first menses. The explanation given by one of our adult informants laid insightful impressions regarding pre-menarche information and knowledge as well as experiences of adolescents. When she is explaining the issues, she is blinking her eyes remembering as what happened to her and stated as, *for me it seems something unusual to ask menstrual issue. I was afraid to stand in front of my families. Anyways, through continuous trial, I asked my elder sister and she told me as it is menses. So, I started to know menses at that time when I started to (Sodo Zuriya woreda, age-32)*

According to FGDS, most of the adolescent girls have no sufficient knowledge about menstrual hygiene and how to protect menstruation hygienically. They told as they use homemade pad or piece of cloth, sponges over under wear and commercially available under wear. With in-depth interview some of the interviewees expressed as they have been using homemade pad but they are uncomfortable for fear of having bad odor and feeling that others

may also disrespect them. In fact, it is important to keep menstruation hygienically, because it has foul smelling odor and makes women, especially adolescents feel uncomfortable and ugly.

The findings pointed that the modern sanitary pads have not been commonly used by women and adolescent girls in rural areas out of the school. We could understand that the usage of modern sanitary pads depends on the parents' awareness about menstrual hygiene and their economic and educational backgrounds. One of the participants in Kindo Koysa *woreda* explains, *most commonly I use piece of cloths over under wear and sometimes I commercially available sanitary pad when my father gives me money to buy.* On the other hand the other participant states that *it is difficult for me to buy the modern sanitary pads because my mother could not afford since she is poor.it is also difficult for me even to wash daily my genital area freely since we have no separate room to wash and change close and take shower.* (Participant from Kindo Didaye, age -19)

3.5 Diseases and Health Problems Associated With Menses

This study has paid attentions to understand disease and health problems associated with menses by analyzing data from expertise in health centers and key informants who have the memory of unforgettable event in their actual life. The findings revealed that though menstruation is a natural process of female reproduction, the poor management can result in diseases and health related problems.

Those diseases and health problems may range from simple discomfort to devastating gynecologic problems. Some of the problems were dysmenorrhea, urinary tract infection, vaginal discharge syndrome, yeast infection etc. To illustrate with the study participants' experiences from their actual life, one of the informant's memories has been quoted as follows:

When I was young commercially available pad is not known in our area. I use piece of the warren out clothes for menstrual hygiene, which were not clean since there was scarcity of water. At the middle my urine started burning and had foul smelling vaginal discharge. Then I have been to Otona Hospital and the physician told me as the disease you have is urinary tract infection and candidiasis. (Participant from kindo Didaye, age=32)

The study participants also explained that lack of the private rooms for washing as well as drying the blood soiled pads was one of the problems that cause stress and shame to the women and adolescent girls. The reason for stress was the secrecy of communicating the issue. However, seldom family has private room for girls and even well-established latrines. Regarding this, one of the key informants describe her experience as,

Ohh it is disgusting. It frustrates us and I always had headache and depression since I am shameful since am thinking someone may see me and the pads that I am using. (Participants from Damot pullasa, age=21.

Basically, this implies that not only the trend of communication but also hygiene management is secretly practiced in the study areas. Accordingly it is the fact that both the trends of communication and hygiene management are inseparably conjoined, and the former one aggravates the problems of the later one.

This research could also identify other than commonly experienced physical and psychological symptoms like headache, stomach ache, backache, and tiredness; severe form of pain which is called dysmenorrhea reported among one group. And they reported as it affects their social interaction and daily work. One of the participants of this group describing its painfulness as,

It is so painful for me during menses. I cannot move, it is difficult for me to take a sit and even I cannot sleep well. I always take lots of hot drink 'haytta tukkiya' (coffee prepared the leaf of coffee) and sit around fire to alleviate the pain. (Participant from Damot pullasa, age=30)

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4. CONCLUSION

This study found that the attributes of socially and culturally developed understandings of the society contradicting with the normal natural process of menstruation. Though it is not explicitly perceived as the 'abnormal occurrence' by the society, it seems that menstruation has not been accepted as the normal natural process since women and adolescent were under looked and discredited unjustly during menstruation in the study.

Therefore, the contradiction of socially and culturally developed perception creates the puzzling paradox which complicates menstrual issues and associated problems. By confirming the remarks of Water Aid (2010) as essential, this study concludes that working in collaboration with the potential expertise, health centers, schools (with especial focus on elementary level), elderly community members, and religious leaders would have indispensable roles to make the intervention by fur effective.

Moreover, institutionally based approach is needed to implement consistent interventional training in order to reverse the problems. We believe that primarily the health extension workers who have direct contact to the rural community should be trained to teach the rural community for awareness creation on menstrual problems. As it has been described above, lack of the awareness together with secrecy of communication in the society's culture exposing women and adolescent girls to intense menstrual problems. Hence, menstrual issue should not be seen in isolation from the profound socio-cultural settings since its beliefs, values, and norms are shaping and determining its hygiene management directly or indirectly. Therefore, working in collaboration and multidimensional approaches with consideration of socio-cultural factors are essential to mitigate the intense problems of women and adolescent girls.

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