

PUBERTY AND HYGIENE PRACTICES AMONG CHENCHU WOMEN (A TRIBAL STUDY IN KURNOOL DISTRICT OF ANDHRA PRADESH)

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ABSTRACT

The present study focused on “Puberty and Hygienic Practices among women of chenchu tribe”. The Chenchu tribe is recognized as a Particularly Vulnerable Tribal Group (PTVG) and is known for its educational backwardness and limited exposure to modern influences. The Chenchus habitation is Nallamala forest spread in Andhrapradesh and Telengana States, India. Nallamala forest is a sanctuary for Tiger conservation. The study was conducted on a sample of 300 women belonging to the Chenchu Tribe from the Kurnool district of Andhra Pradesh.

Key words: Menarche age, Menstruation, Menstrual absorbents, menstrual hygiene practices, Chenchu tribal women,

Introduction

Most women's health studies which address reproductive health have barely touched upon the subject of menstrual hygienic practices. They have mostly focused on safe deliveries and sexually transmitted diseases. Unfortunately, the health sector has often neglected this crucial aspect, failing to acknowledge women's unique bodily needs. Instead, the focus has been predominantly on economic empowerment, political participation, healthcare and education access, and combating domestic violence. The neglect of menstrual hygiene and puberty-related challenges can have profound implications for women's overall health and well-being.

Menstrual hygiene is a fundamental aspect of women's health, and lack of awareness and access to proper practices can lead to adverse health consequences. By overlooking this aspect, women may not receive the necessary support and resources to manage their menstruation comfortably and safely. Only in recent years has menstrual hygiene got the attention of researchers. Despite numerous studies on menstrual practices among adolescent girls in India, research specifically focusing on those belonging to the most backward Scheduled Tribes remains limited.

Among tribal communities, health disparities are a significant concern. The various factors attributed to poor tribal health are the combination of geographical barriers, socioeconomic disadvantages, and cultural factors hinders their ability to access essential healthcare, leading to disparities in health status and well-being, contribute to poor health outcomes when compared to the general population. Additionally, illiteracy, poverty, isolation, superstitions, and deforestation further compound their health challenges. Addressing these health inequalities among tribal communities is crucial for achieving equitable and improved health outcomes for all segments of society.

Keeping above in view, the present study focused on “Puberty and Hygienic Practices among women of chenchu tribe”. The Chenchu tribe is a tribal community primarily located in the states of Andhra Pradesh and Telangana, India. The Tribe is recognized as a Particularly Vulnerable Tribal Group (PTVG) and is known for its educational backwardness and limited

exposure to modern influences. The study was conducted on a sample of 300 women belonging to the Chenchu Tribe from the Kurnool district of Andhra Pradesh.

Tribal Women indeed face Social Exclusion and have been a subject of research, policy-making, and development programs; but certain critical issues concerning them remain unaddressed. One such issue is puberty and the significance of menstrual hygiene practices.

Puberty is a significant transition from childhood to adolescence for girls, (WHO defines Adolescence as a life span between the ages of 10-19) presenting challenges due to menstruation and its impact on their reproductive life. Good menstrual hygiene is essential for the health, education, and dignity of girls and women, as it is a significant risk factor for reproductive tract infections (RTIs). This period is characterized by the onset of Menarche, a critical milestone in a girl's life. The age of puberty varies among individuals and is influenced by factors such as genetics, nutrition, and socioeconomic status, as it is primarily a physical phenomenon.

Hygienic practices during menstruation are crucial for women's health, particularly during puberty. Menstruation creates an environment conducive to bacterial growth, and improper hygiene can increase the risk of infections like urinary tract and vaginal infections. Maintaining good hygiene, such as regularly changing sanitary products and washing the genital area properly, is essential in reducing the risk of infections that can negatively affect women's health during puberty. However, menstrual hygiene practices have not received adequate attention in tribal programs, leading to a lack of understanding. It is essential to provide hygiene education at all levels and address harmful cultural practices at the community level with appropriate interventions (K.Satyamurthy 2014).

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Promoting hygienic practices during menstruation not only benefits individual health but also contributes to a healthy society by reducing health inequalities, breaking taboos, empowering women, and supporting environmental sustainability. By preventing infections and maintaining hygiene during menstruation, women can avoid health complications and maintain reproductive health. By ensuring access to menstrual hygiene resources and promoting education on proper practices, we can reduce health disparities and promote equity in society. Healthy women are more likely to actively participate in society, pursue education, and contribute to the workforce, positively impacting the overall development of society.

Method of study

The present study focuses on the Chenchu Tribal settlements situated in the Kurnool District of Andhra Pradesh, India. Kurnool has been identified as one of the high priority districts (HPDs) by the Union Health Ministry due to its maternal and child mortality rates.

The Chenchu tribes inhabit 43 villages within 14 of the 54 Revenue mandals in the district. For this study, 12 villages from seven revenue mandals were selected. These villages are

predominantly located proximate to hilly and forest areas; the forest area is referred as Nallamala forest, and is a Sanctuary for Tigers. Some parts of the district are isolated and underdeveloped.

The present study focuses on puberty and hygienic practices among Chenchu women residing tiny hamlets called “Gudems” in remote areas proximate to forest of Kurnool district, Andhrapradesh. Data pertaining to the 300 Chenchu married women collected through field work is considered for the study. The study provides valuable insights into the demographic and family characteristics of Chenchu women, shedding light on their living conditions and social dynamics within their communities

Preliminary data were collected from these 12 tribal villages to conduct intensive fieldwork. The population size of these villages varies from 40 to 550 individuals, and it is estimated that approximately 700 households reside in these 12 villages. The study involved 300 sample respondents who were chosen through multistage random sampling from the selected villages.

The data collection involved structured interviews using a pre-developed questionnaire, conducted at the convenience and availability of the respondents in their homes. The research employed qualitative methods, including Focus Group Discussions (FGDs), in-depth interviews, and participant-observation techniques.

Demographic features

A family's Demographic features i.e. age, Type of Family, family composition, bear a wide impact on an individual/family's health, educational attainment, etc., in relation to others. Economically independent women contribute towards the family income which results not only in the development of income but also health, education to their children etc.

The average age of the Chenchu women under study is found to be 20.0 years. Large percentage (41 %) represents the age group of 19-23 years; 20.7% are in the age group of 14-18 years; and the smallest group (5.3%) in the age group of 29-33. Tailored interventions based on age-wise distribution (41% belong to the age group of 19-23) empower women to care for their health during puberty and beyond. Understanding the age-wise distribution and hygienic practices can guide targeted awareness campaigns and education programs. Promoting proper hygiene during puberty can prevent infections and improve overall health, contributing to a healthier society. Such inclusivity fosters a society that values the well-being of all its members.

The family structure of the Chenchus under study reveals that the majority (60.7%) follow nuclear family system, while the rest (39.3%) live in joint families. Interestingly, despite having nuclear families, the Chenchu tribe practices mutual assistance and cooperation, especially in activities like the collection of forest products. The data reveals that majority (60.3 %) have 5-8 numbers of family members; and 16.7 % have more than 8 family members. 23% have four or less numbers of family members.

The data (60.3% have 5-8 family members) on family size underscores the need and significance of family planning initiatives. Providing access to family planning services empowers women to make informed decisions, leading to better socio-economic conditions and contributing to a healthier and more prosperous society. Despite nuclear families (60.7% follows a nuclear

family system), the Chenchu tribe practices mutual assistance, fostering a caring and inclusive society. Promoting and sustaining such values in the broader community can create a more interconnected and supportive interventions.

The data collected from the 300 respondents reveals important information about their housing conditions, electricity, sanitation, drinking water and access to basic amenities in the study area which primarily consists of Chenchu Tribes.

The primary source of drinking water for most respondents is public tanks with taps provided by ITDA (Integrated Tribal Development Agency) and public bore wells. 80 % of the households relies on public tanks for their drinking water. The remaining 20 % obtain drinking water from public bore wells. It is observed that they face hardship with regard to water for washing and such other purposes.

It is observed that majority (76.3%) of Chenchus understudy is living in Pucca houses. These houses were provided by the Govt. Agencies. A significant issue faced by the Chenchu Tribes is the lack of adequate toilet facilities. 86% of the households do not have latrines; and they either use manual scavenging toilets or defecate in public spaces. Only 14.0% of the households have toilet facilities within the premises of their house. However, it is heartwarming to note that the majority of the respondents (94.3%) have access to electricity in their households.

Overall, the data indicates lack of adequate washing and toilet facilities of the households and the practice of open defecation (86 %) and the reliance on public tanks and bore wells for drinking water by the households (80%) poses serious health risks and spread of waterborne diseases and infections.

Socio-economic Status of the Chenchu

The study reveals dismaying conditions of the educational, Occupation and annual income status of the Chenchu women under study. It is observed that even today illiteracy is prevalent among the Chenchu women. Majority, (61%) are illiterates; while 31% have completed primary education; only Eight % have attended high school. No respondent has completed higher secondary or graduation. This highlights the need for Missionary intervention by the Govt. Agencies.

It is observed that the opportunities for livelihood and their earnings are poor, marginal and seasonal. Regarding employment, the majority of household members are involved in variety of occupations owing to limited resources and opportunities. Gathering forest products (35.0 %) still continues to be their favorite and major pursuit, which of course, is seasonal in nature. Involvement in non-agricultural labor (31.3percent), followed by agricultural labor (18.3%) are other alternative seasonal opportunities for employment. A smaller percentage is engaged in other activities, such as brewing toddy (preparing alcohol) (6%), sheep rearing, and gathering forest products (3.3%), working as forest guides (1.3%), field guards (2.3%), and miscellaneous jobs (2.3%). It is observed that no new modern avenues of employment however low in rank and file are made available to them. A special focus and drive is to be made in this direction, particularly in the domains of health care and education and social welfare. It is noted that among the Chenchus, significant portion (60%) of the households earn less than Rs30,000/- per anum; while

25.3% earn between 30,000 to 45,000. Only, a small percentage of households (14.7% earn above 45,000. This indicates a lower socio-economic status for a majority of the Chenchu households.

It highlights that high illiteracy rates 61% (183 out of 300), low education levels, and limited household income (60% of the households earn less than 30,000) affect the understanding and preparedness for puberty changes. Low socio-economic status results in limited and restricted access to healthcare services and resources, impacting health outcomes during puberty. Moreover, limited resources and inadequate nutrition can affect physical health and development. Further lack of education on hygienic practices during menstruation leads to improper hygiene, increases risk of infection.

By promoting better healthcare resources, education and economic empowerment tribal society can benefit from healthier and more empowered individuals who can contribute to their families, communities, and overall development. Creating an inclusive and supportive environment for the Chenchu community can lead to a more equitable and prosperous society.

Age at Puberty

Information and knowledge play an important role in adoption of better menstrual practices. Due to the prevailing cultural norms and perceptions, menstruation continues to be regarded as a highly private and personal subject. Besides source of information, it is also important to examine whether information is positive or negative. There is also a need to look into sufficiency of information. All these dimensions of information will guide us towards identifying better strategies and actions.

Table - 1
The Distribution of Respondents by Age at Puberty

| Age at Puberty | No. | of | Percent |
|----------------|-----|----|---------|
| 11years | 43 | | 14.3 |
| 12 years | 138 | | 46.0 |
| 13 years | 107 | | 35.7 |
| 14 years | 12 | | 4.0 |
| Total | 300 | | 100.0 |

Most of the Chenchu Women attained puberty at a tender age of 11-12 years. 14.3 % of Chenchu women have attained puberty at the age of 11 years. Large percentage of respondents (46.0%) was 12 years of age at the time of puberty; followed by 35.7% whose age at menarche was 13 years. Age at puberty was 14 for 4.0% women.

The age of puberty in India is 13-15 years. But above data reveals that three fourth of the Chenchu women respondents reached puberty between the ages of 11-13 years. The uterus does not mature at this age. Therefore, reproductive health problems come if they get married at this age. It is observed that a sizeable percentage of chenchu girls under reference have attained puberty relatively at an early age of 11-13 years.

It is observed that almost all respondents (94.7 %) are attending to work for their livelihood during menstruation periods. Among them (33.3 %) respondents were venturing into the forest for collecting forest products like gum, tuber roots, honey, etc. 29.0 % respondents' families were

working as non-agriculture labour; (18.0 %) individuals are working as agriculture labour; 6.0 % respondent families are involved in toddy brewing. About 3.0% respondents depend on sheep, poultry rearing and the remaining 1.3% is working as forest guides; 2.0% families earn livelihood as field guards and 2.0% families are engaged in miscellaneous works.

Only 5.3 percent of Chenchu women were not involved in any type of work. The data related to the menstrual cycle, in general, indicates that the majority of Chenchu Tribal women have experienced physical and mental changes before and after Menstruation which affected their general health, work efficiency, and Productivity. The data reveals that despite the hardship and pain during the menstrual periods, the Chenchu women are constrained to work to earn their subsistence.

Menstruation and Hygiene:

Our study reveals that a preponderant majority of Chenchu women (83.7%) use cloth for menstrual protection. Only a smaller percentage (13.7%) were found to use menstrual pads.. Only 8 (2.7%) respondents reported that they have not at all used any protection.

Regarding the frequency of changing cloth/pads during the day, only a small portion (2.0%) reported changing thrice a day; while 39.7 % changed them twice a day. However, half of the respondents (55.7%) changed them once a day, Only 5.3% of respondents reported that they have not used the same cloth, a serious and disturbing observation is that majority of the respondents (78.3%) used the same cloth after washing for other days of menstruation, indicating poor menstrual hygiene management.

Table 2

Distribution of Respondents by Menstrual Protection

| Menstrual protection used | | |
|------------------------------------------------------------------------|--------------------|---------|
| Particulars | No. of Respondents | Percent |
| Cloth | 251 | 83.7 |
| Menstrual Pads | 41 | 13.7 |
| None (Not using any protection) | 8 | 2.7 |
| Total | 300 | 100 |
| Change of clothes/Pads in a menstrual cycle: Number of times in a day | | |
| 1 | 167 | 55.7 |
| 2 | 119 | 39.7 |
| 3 | 6 | 2 |
| None | 8 | 2.7 |
| Total | 300 | 100 |
| Using same cloth after washing for the other days of menstruation | | |
| Yes | 235 | 78.3 |
| No | 16 | 5.3 |
| Not applicable | 49 | 16.3 |
| Total | 300 | 100 |
| Keeping the same cloths for future use that is subsequent menstruation | | |

| | | |
|----------------|-----|------|
| Yes | 208 | 69.3 |
| No | 43 | 14.3 |
| Not applicable | 49 | 16.3 |
| Total | 300 | 100 |

Similar findings were observed by Shipra Nagar & Kh. R. Aimol (2010) in Tribal Areas of Meghalaya. They found that napkin change was more than 2 times per day. Similarly, only 69.3% of those using cloth stated that they reuse it for subsequent menstruations, suggesting a lack of awareness about proper menstrual hygiene practices and limited access to better options like sanitary pads.

Overall, the data highlights the poor management of menstruation among Chenchu women, including the use of unhygienic cloth and inadequate practices. The lack of health awareness, reproductive health education, and limited economic resources contribute to these challenges.

Conclusion

The lack of proper menstrual hygiene practices among Chenchu women has led to negative consequences for their health and well-being. Many resort to using unhygienic cloth instead of sanitary pads or tampons, putting them at a higher risk of infections and reproductive health complications. These detrimental practices contribute to poor health outcomes that could be prevented with proper menstrual education and hygiene practices.

Beyond individual health, these practices also impact the Chenchu society as a whole. The exclusion of menstruating women from certain activities hinders their social and economic participation, perpetuating gender disparities. It is crucial to promote good menstrual hygiene practices, as they contribute to overall health, well-being, and women's active participation in society, positively influencing societal development.

The promotion of hygienic practices during menstruation has wide-ranging positive impacts on society. It helps to reduce health inequalities, especially among marginalized communities, by providing access to menstrual hygiene resources and education. By challenging cultural taboos and stigma surrounding menstruation, it fosters a more inclusive and supportive environment for women and girls. Additionally, promoting menstrual hygiene education and access to resources empowers girls to stay in school/work site and participate actively in society. Moreover, embracing eco-friendly menstrual products contributes to environmental sustainability. Overall, these efforts create a healthier, more equitable, and informed society.

The recommendations for addressing menstrual hygiene and health inequalities among tribal communities include implementing comprehensive menstrual hygiene education programs, ensuring access to affordable hygiene products, conducting community awareness campaigns, addressing socioeconomic disparities, encouraging research, sensitizing healthcare providers, collaborating with local organizations, and advocating for policies that prioritize menstrual health. By implementing these recommendations, it is possible to improve menstrual hygiene practices, raise awareness, and reduce health inequalities among tribal communities, leading to better overall health and well-being for girls and women.

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