

## **Tribal Women of Jharkhand: A Study of the Menstrual Health and Sanitation**

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**Abstract:** Menstrual health of women in the tribal communities has less been talked about. This study attempts to look at practices and perceptions related to health, menstruation and sanitation amongst women. This paper tried to look at the facts related to facilities and also the societal notions related to menstruation. By asking questions related to the availability and accessibility of the resources, an attempt was made to analyse the situation. It is seen how there is a lack of certain facilities pertaining to women's menstrual health and they are also socially excluded.

**Keywords:** Health, tribal, women, sanitation, menstruation

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### **Introduction**

When we try to look at different societies and communities, we tend to analyse various aspects that not just constitute a society but also have an impact on it. The availability of resources and facilities is one important determinant of how a society functions. Like various other aspects, health and sanitation are such important elements to be looked at. It has also been argued that a good society is deeply related to the availability of decent health facilities (Basu, 1992). Overall this is a very general notion, various social inequalities constitute unequal access and distribution of resources and facilities. As a result, adequate health and sanitation, which is supposed to be available to everyone, gets restricted to certain groups of people only. Generally, people who are socially marginalised are also at a loss of this availability.

In this study, we particularly try to focus on the Tribal women to understand how health and sanitation facilities affect them in different ways. It is no doubt that in a patriarchal society, women are the oppressed and neglected ones. Women in marginalized communities face more problems than those who are privileged. This is not to disseminate that only marginalised women face more problems but to assert that they are at a higher risk. One of the most marginalised communities in India is the tribals. The research has indicated different layers of issues pertaining to education, health, employment and even basic living in these communities. It has been argued that these communities are more prone to malnutrition because the cultural practices and their social status are such and they also do not have enough education (Kapoor & Dhall, 2016).

Moreover, women in the tribal communities also face probes related to health and sanitation. In a traditional setup, women do not get adequate facilities for maternal health also. It is extremely important to understand that the health of a child and mother, especially after birth needs attention while it gets overlooked or taken very lightly in tribal communities (Basu, 1990). Apart from this, the menstrual health of women in these communities is an area of huge concern. Mehra (1995) asserts that a lot of studies have focused on how inappropriate sanitary conditions during periods have led to infections for these women. Apart from biological problems, women face social exclusion too. While in most communities, menstruation is a secretive process, the perceptions vary across communities (Huggett & Natoli, 2017).

### **Literature Review**

There is enough literature focusing on how women in the tribal communities face various issues pertaining to their health and sanitation. However, it varies from community to community. Women of all the tribal communities don't need to be subject to ill health and sanitation practices. Moreover, the availability of resources and facilities also differs from region to region. In such a scenario, it is of paramount importance that the research draws from a context of a particular tribe because they vary in terms of the geographical area they are in, the social evolution of the community and its history (Chauhan, 1990).

If a general perspective is explored, then it is argued that women in the tribal community are not able to access good healthcare and sanitation facilities due to their general low status in society. While it is assumed that the status of women must rise with time but this has not been the case with some tribal communities. Chauhan (1990) argues that how social change has taken place has impacted the social structure of the tribal communities where the status of women has been worsening. Mann (1987) asserts that there has not been enough research analysing the status of tribal women in society. Women have also not been keen to know or learn new practices be it for their good. Sometimes, there is no appraisal from their side to improve their own situation. Gupta and Pal (2008) identify that due to a lack of understanding and awareness about the need for hygiene practices, people do not even ask for sanitation facilities.

One of the reasons why these communities still are not aware or interested in the proper health and sanitation practices or facilities is that they have their own alternatives. The studies in the field of medicine have highlighted that many tribal communities repent on plant-based herbal medicines for the treatment of simple to most fatal diseases (Prasad & Sinha, 2012). With regards to this perspective, it is also to be argued that it is not true that tribal populations do not have access to health facilities at all. The nature of these facilities and practices can vary. Allopathic medical facilities are also important and people are gradually having access to them as well. In this light, one can argue that both traditional herbal treatments and allopathic treatments hold relevance depending on how people use them (Verma & Shah, 2014).

When we talk about health and sanitation in the context of women, menstrual health is to be looked at with paramount importance. While we talk about menstruation in more scientific terms today, people from different cultural and religious backgrounds have different perceptions about it (Sonowal & Talukdar, 2019). But it is also important to acknowledge that the biological significance of menarche and menstruation which is directly related to the reproductive system has been a major reason behind various kinds of practices associated with different cultures in some countries (Dammery, 2015). Women face different kinds of restrictions during their periods. Devi & Ramaiah (1994) have argued that generally, women in these communities have to go through restrictions related to basic activities like bathing, eating and cooking to even praying or sexual intercourse.

Bhatia & Cleland (1995) have argued that women do not get proper sanitation facilities resulting in unhygienic conditions leading them to face gynaecological problems. When it comes to Central health, there is a lack of awareness and therefore the girls struggle with proper sanitation-related conditions. While daughters mostly rely on their mothers for discussing these issues, the mothers might also not have adequate knowledge which makes them resist having a conversation about it (Garg, Sharma & Sahay, 2001). Some of the practices that women have to go through during periods can be very repressive. It is argued that these kinds of cultural practices pertaining to periods have no scientific basis. These kinds of practices stigmatise menstruation and the menstrual blood to be a sign of impurity which just not restrict women but also exclude them socially (Thakur, Aronsson, Bansode, Stalsby, Dalvie & Faxelid, 2014).

These kinds of cultural practices can be oppressive to an extent that this stigma restricts women even from using the water facilities or their basic mobility (House, Mahon & Cavill, 2012). But there is also literature suggesting a different picture. There has been research to highlight that certain communities undertake cultural processes to acknowledge and celebrate the traditions of girls (Sniekers, 2005). This, what one clearly understands, is that cultural practices and perceptions differ in various tribal communities.

### Methodology

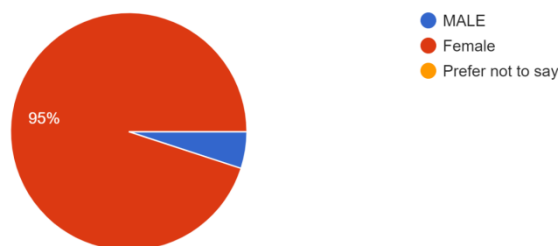
For research, the following method of study was adopted.

The research encompassed a quantitative analysis to comprehend and analyse how tribal women in Jharkhand have the access to health and sanitation. The research uses a survey method of 20 people from Jharkhand. Considering the time and geographical constraints, an online questionnaire was circulated among the people via Google Docs. The survey questionnaire was divided into 3 sections. The initial questions would find out the eligibility of the respondents for research.

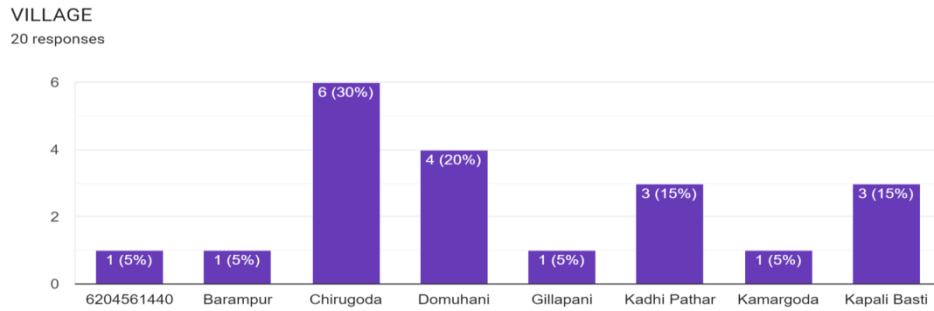
A detailed questionnaire asking both open-ended and closed-ended questions to the respondents was used to understand their awareness and attitude towards health and sanitation facilities. The data was collected in the form of pictogram graphs and online documents. An online questionnaire was prepared through Google form.

### Data Analysis

GENDER  
20 responses

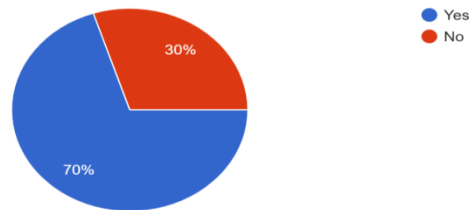


95% of the respondents were female and only the remaining 5% were males.



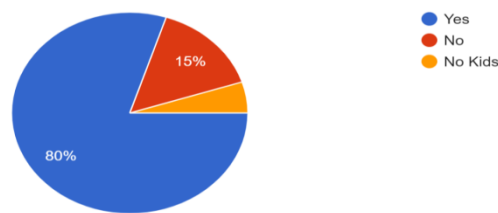
30% of the respondents belong to Chirugoda village, 20% to Domuhani village, 15% each to Kadhi Pathar and Kapali Basti and 1% each to other mentioned villages.

Q4) FOR WOMEN- Do they do ghoonghat in front of the elderly people?  
20 responses



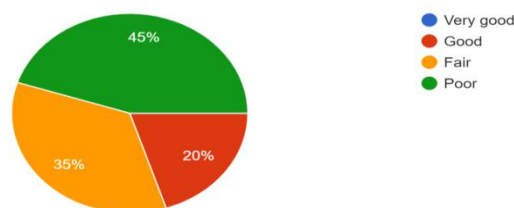
70% of women said that they take *ghoonghat* in front of elderly people while the other 30% denied it.

Q5) FOR WOMEN- If there is a problem in the house related to the kids, do you solve it or do you tell your husband?  
20 responses



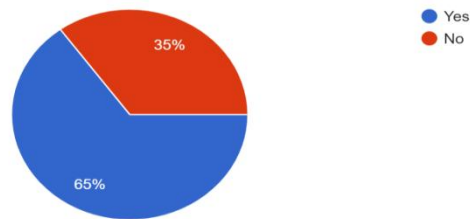
80% of the women said that they tell the problems related to their children to their husbands while 15% of women denied doing so. Another 5% did not have kids.

Q2) How are your health facilities?  
20 responses



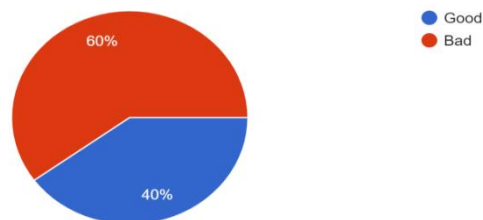
45% of the respondents said they have poor health facilities, 35% of them said that the health facilities are fair enough while the other 20% said that the health facilities were good.

Q6) Do you have a local doctor ( vedh )/ PHC?  
 20 responses



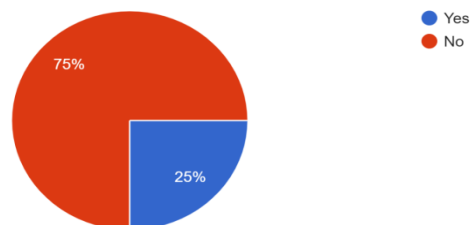
65% of the respondents said that they don't have a PHC while the other 35% said that they have one.

Q6a) How are the services of the PHC?  
 20 responses



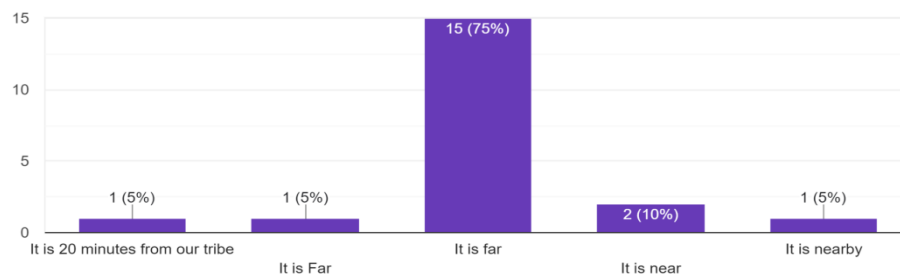
60% of the respondents said that the PHC services are bad but the other 40% said that there were good PHC services.

Q9) Is there a government scheme that helps provide the facilities?  
 20 responses



75% of the respondents told that there are no government schemes to support health facilities while the other 25% disagreed.

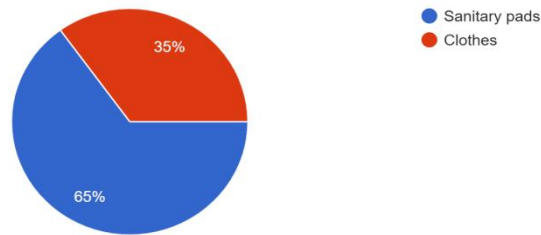
Q11) If the disease/injury is big, how far is the nearest hospital for treatment?  
 20 responses



75% of the respondents said that the nearest hospital was far while others argued that it is not too far.

Q4) What do you use during period?

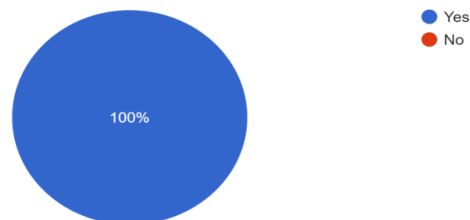
20 responses



65% of the respondents argued that they use sanitary pads but the other 35% used cloth during periods.

Q6) Is it forbidden for women to visit temples during that time of the month?

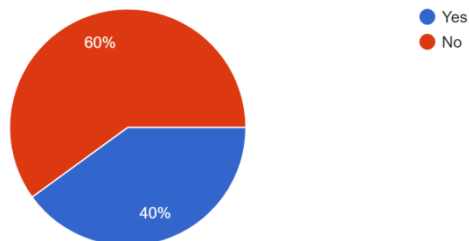
20 responses



100% of respondents said that women were forbidden to enter temples during periods.

Q8) Can you discuss your menstrual hygiene issues with your husband?

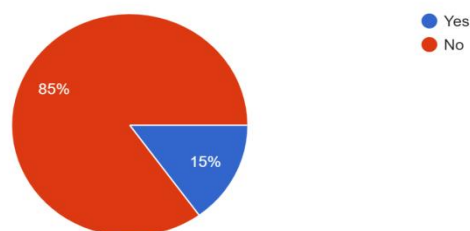
20 responses



60% of the respondents told that they could discuss their periods with their husbands while the other 40% said that they could not.

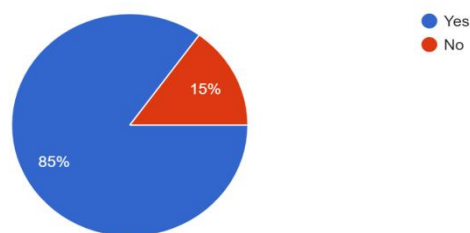
Q1) Do you have open defecation?

20 responses



85% of the respondents argued that there was no open defecation but the other 15% affirmed it.

Q3) Does every house have a toilet?  
20 responses



85% of the respondents said there was a toilet in every house while the other 15% did not agree.

### Conclusion

After going through the available literature and the responses, an attempt has been made to make a sound understanding of the issue. In a more general sense, women and their health are not mostly concerned areas as talked about by various studies. The status of women in these communities remains low which results in their overall lower levels of autonomy in society. While most of the women did mention that they have access to sanitary pads, toilets, hospitals etc, the majority of them continue to face problems in society. A lot of women are not quite comfortable talking about menstruation even with their husbands. Moreover, the cultural practices in the communities lead to their exclusion in society. We need to analyse how women are not just facing health and sanitation problems related to menstruation but are also subject to social injustice.

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