

UNVEILING THE REALITIES OF MENSTRUAL HYGIENE: AWARENESS AND PRACTICES AMONG WOMEN IN GILGIT, PAKISTAN

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Abstract

There are many obstacles when it comes to MHM in Pakistan, particularly in remote areas like Gilgit-Baltistan. A lack of education, obstacles due to culture and insufficient infrastructure create problems in menstrual health and result in major social stigma. The research combined PDHS 2016-17 data with analyses of peer-reviewed articles from different regions of Pakistan. The study explored what urban and rural women in Gilgit-Baltistan knew, believed and practiced about menstruation. Urban women were found to be twice as likely to know about menstruation as rural women: 64.5% in urban places, but only 25.9% in rural places. Urban women chose commercial pads, whereas rural women mainly depended on washing and reusing cloths since sanitation was poor. The presence of cultural stigma was common and it was stronger in the countryside than in the cities. More than half the women were not trained which made it less likely that they knew how to care for their menstrual health and where to buy safe products. It is important to address MHM in Gilgit-Baltistan with interventions that are culturally aware and specific to the region, so people can learn more, find products and stop feeling stigma around the subject. When MHM becomes a part of health services and collaborative efforts, it gives better support to women in need in such communities. This study covers menstrual hygiene management in Gilgit-Baltistan, differences in menstrual care between urban and rural areas, the stigma of menstruation and how all of this affects Pakistan.

INTRODUCTION

It is normal for women and girls to go through menstruation in reproductive years. Although it is common to everyone, menstruation continues to cause shame and embarrassment in many low- and middle-income countries, Pakistan included. Culture, religion and wrong information have resulted in a silent and shameful approach to menstrual health. Consequently, the importance of MHM is often not

recognized which leads to various physical, mental and social problems for women (1,2)

People in Pakistani regions such as Gilgit-Baltistan which are often remote and underserved, find these difficulties become more severe. This northern region which has lots of cultural diversity, still faces big problems with access to infrastructure, education and healthcare services. Data from the Pakistan Demographic and Health Survey of 2016-17 state

that 81.7% of Gilgit-Baltistan women in the 15–49 age group live in rural areas, 46.8% are uneducated and 63.1% are already married (3). The reality of demographics in the region means that fewer people understand menstrual hygiene, facilities for proper sanitation are lacking and affordable menstrual products are rarely available, limiting people's ability to practice proper and dignified menstrual care.

The objective of this study is to examine and compare the insights, opinions and actions concerning menstrual hygiene among women from urban and rural areas in Gilgit-Baltistan. To reach this goal, it mixes statistics from the PDHS 2016–17 with a review of scholarly publications on MHM in Pakistan. The results collected from Karachi (3), Lahore (4), rural areas in Sindh (5) and northern highland areas (6) allow for comparisons and highlight the problems in menstrual health experienced in various regions. This approach breaks down Gilgit-Baltistan's challenges as well as highlights deficiencies in MHM by drawing on the country's trends and reviewing academic literature. Addressing menstrual health involves rights, fairness and public health in addition to hygiene, mainly for those who experience silence around menstruation and as a result experience less educational and community involvement (7,8).

Methodology

This investigation used a comparative mixed-method review to learn about menstrual hygiene management among women living in urban and rural regions of Gilgit-Baltistan, Pakistan. The research was designed to consist of three principal components: analyzing demographic data, reviewing published studies and comparing different themes.

Primary, demographic and socio-economic information was obtained from the Pakistan Demographic and Health Survey (PDHS) 2016–17 (2), more specifically from the weighted dataset for Gilgit-Baltistan. This dataset gave valuable information such as the age, marital status, educational level, place of residency and wealth index of women between 15 and 49 years. The purpose of analyzing these variables was to discover how the

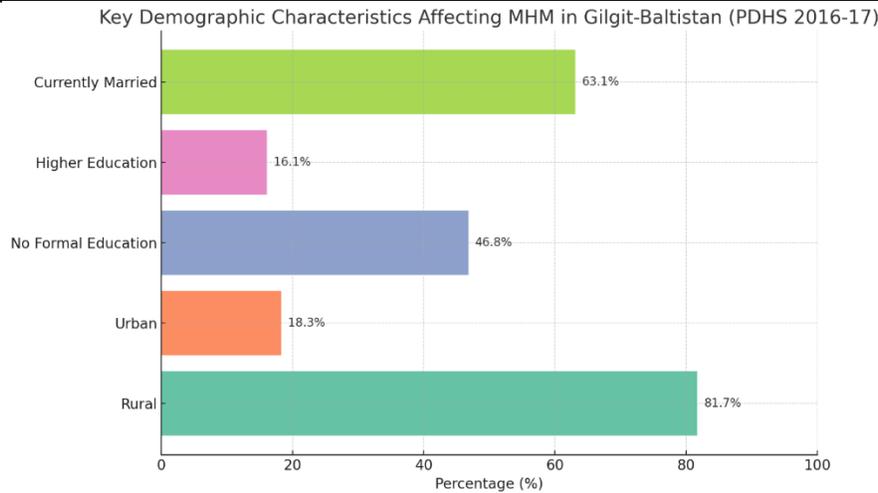
community's structure affects access to menstrual health resources and information.

In addition, all the important studies on menstrual hygiene in Pakistan were identified and reviewed to draw main findings. A wide variety of learning was gained by studying both quantitative and qualitative data on the topic. This information was obtained from various areas through cross-sectional surveys and qualitative interviews carried out in Karachi (3), Lahore (4), Sindh (5) and Gilgit (6). The study considered numerous geographic areas, helping it reveal how social and economic factors impact menstrual care in Pakistan.

In addition, a thematic analysis focusing on comparisons was applied. Data from the literature was sorted into key domains: understanding menstruation, sanitary habits, the way culture views menstruation and access to supplies and sanitation. After that, these themes were looked at side-by-side for urban and rural areas, particularly in Gilgit-Baltistan which was backed up by national research. Data was checked for recurring details, conclusions were derived and both were understood in light of the highlighted demographics in the PDHS data (2). Triangulating made it possible to compare rural and urban settings and base the study's findings on both numbers and observations.

Results

The analysis of PDHS 2016–17 found that important changes in the population have an effect on MHM in Gilgit-Baltistan. Out of the 10,744 women aged between 15 and 49 years in the survey, most (81.7%) live in the countryside, whereas only 18.3% live in cities. A large number of women have not completed any education, as 46.8% have no formal schooling and only 16.1% have a higher education. In addition, the majority of women between 30 and 34 are currently married (63.1%). This information highlights the risks that many women have of facing poor outcomes related to menstruation and explains the variance in menstrual knowledge, hygiene methods and cultural taboos in both rural and urban areas.



Understanding of Menstrual Hygiene

In Gilgit-Baltistan, urban women and girls are much more likely to realize that menstruation is part of their biological cycle (64.5%) as compared to rural women and girls (25.9%) [Shah et al., 2023]. Similarly, there are more service providers and facilities in educational and health information for metro areas like Karachi and Lahore [Usman et al., 2020; Afzaal et al., 2023].

Hygiene Practices

Menstrual hygiene practices differ sharply between people who live in urban and rural areas. Women living in cities tend to use commercially available pads which is helped by the availability of services and

resources. Rural women mostly wash their reusable cloths with inadequate water and sanitation which may result in increased risk of infection [Sagheer et al., 2023; Shah et al., 2023].

Stereotypes and beliefs in the culture

Although menstrual taboos exist throughout Gilgit-Baltistan, they are extremely common in remote rural communities. It is still common for menstruating individuals to avoid company, limit their movements and eat little due to stigmas and misconceptions [Ali et al., 2020; Malik et al., 2022]. Urban women also mention facing stigma, but it affect them less severely.

Comparative Summary of Urban vs. Rural Menstrual Health Characteristics

| Theme | Urban Areas | Rural Areas |
|---|--|----------------------------|
| Understanding of menstruation as biological | 64.5% [Shah et al., 2023] | 25.9% [Shah et al., 2023] |
| Use of sanitary pads | High [Usman et al., 2020; Afzaal et al., 2023] | Low [Sagheer et al., 2023] |
| Use of reusable cloths | Low | High |
| Access to clean water and sanitation | High | Limited |
| Prevalence of cultural stigma | Moderate [Ali et al., 2020] | High [Malik et al., 2022] |

Discussion

The study reveals that urban and rural women in Gilgit-Baltistan, Pakistan, are not equally aware of proper menstrual hygiene, lack the same resources and have difference practices. Women’s experiences with menstruation are influenced by unequal access to education, opportunities and infrastructure(9). The

significant difference in restroom knowledge between people in urban areas (64.5%) and rural areas (25.9%) points out how much education can help with MHM. Similar findings were seen in Karachi and Lahore, where having an education past high school was related to better menstrual health literacy(3,5). In Gilgit-Baltistan, almost half of all women there are not

educated (2) which leads to the spread of myths and false ideas in remote regions.

The study findings agree with national reports that show education helps determine if girls practice better menstrual hygiene and use safe products(5). Educating rural schoolgirls with messages designed for their cultural backgrounds can greatly improve MHM situations.

Urban areas had a much higher rate of sanitary pads being used, matching the findings seen in Karachi [1] and Lahore [5]. Many rural women in Gilgit-Baltistan must depend on cloth because they cannot afford menstrual sanitary products and often do not have proper water or bathroom facilities, as found in different parts of the country and in LMICs (4). It is clear that making affordable menstrual products available and especially in hard-to-access mountainous areas, is necessary. By using local health workers, NGOs and schools as distribution points, the gap in access to HIV medicine could be closed, as it was tested in Sindh and Khyber Pakhtunkhwa (10,11).

In Gilgit-Baltistan, rural women feel more excluded and punished by society for having their monthly periods, facing limits on their movements, social life and religion (12). Families and local groups often impose these limitations which are a result of wider gender inequality issues. Stigma affects people in cities as well, although it is usually less rigid and can be challenged more quickly through communities and the media. The data from Sindh and Lahore indicates that harmful views are still found where community MHM schemes do not exist (5,13,14). Therefore, measures within the healthcare, educational and policy areas are necessary to change these beliefs (15).

Actions and Strategies in Government

It is necessary to include menstrual health in the current maternal health programs across Gilgit-Baltistan. Teaching about family planning can be done through mobile health teams, women who work in communities and classes in schools. Public health kits should contain menstrual products and clean water and sanitation should always be available in schools and workplaces. Additionally, working together, the health, education and gender ministries can ensure that MHM initiatives are both sustainable and fit cultural norms in regions with limited resources.

Recommendations

In order to improve menstrual hygiene management (MHM) in Gilgit-Baltistan, interventions that are both culturally sensitive and aimed at the community are important. Educating people about menstruation should be done in schools and at community events to address popular misconceptions. In rural areas, menstrual products should become more available by lowering their costs and by cooperating with local groups or charities. Making WASH infrastructure better in schools and public areas will make it easier for people to practice safe hygiene. To challenge cultural stigma, it is useful to join forces with religious and community leaders to introduce positive changes in society. In addition, menstrual health should be officially included in national and regional health policies by working together in health, education and gender sectors.

Conclusion

This research points out that women in Gilgit-Baltistan have unequal knowledge, practice and access to menstrual hygiene due to education, culture and infrastructural challenges. Addressing where women are missing key services is important for their health and also helps to achieve gender equality and social inclusion. It is necessary to use interventions that include education, easier access to products, less stigma and infrastructure support. By working together on policies and getting community support, Gilgit-Baltistan can help all women and girls achieve safe and dignified periods which will improve their involvement in different areas of life.

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