

The Meaning of Menstruation in Women with Mild Disabilities

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Abstract

Women with Disabilities have a greater social vulnerability both as Women and Persons with Disabilities. The stigma formed by the community greatly influences them in interpreting their menstruation. This study aims to explore the meaning of menstruation in women with mild disabilities. This research uses a qualitative method with a phenomenology approach by Alfred Schutz and is supported by Symbolic Interactionism Theory and Radical Feminist Theory. Three themes of the meaning of menstruation in women with mild disabilities are 1) The menstruation concept; 2) The concept of personal hygiene during the menstruation, and 3) Gender relations in menstruation. The implications of this research are 1) Implementation of the Ministry of Health's policies related to reproductive health services for women with disabilities in adulthood at the Puskesmas level; 2) Encourage the LKS Rumah Kasih Sayang to make work programs related to Reproductive Health for Women with Disabilities; 3) Increase the knowledge about menstrual hygiene for Women with Disabilities and their families through counseling and home visits; 4) Capacity building about gender relation in menstruation for staffs of the LKS Rumah Kasih Sayang; 5) The Village Government and the LKS Rumah Kasih Sayang need to provide sanitary napkins for women with disabilities as a short-term strategy; 6) The village government and LKS need to provide reusable cloth pads as a long-term strategy using existing local resources; 7) The Village Government builds healthy toilet facilities that suit for families with persons with disabilities.

Keywords: Women with Disabilities; Reproductive Health; Menstruation; Stigma

1. Research Background

Reproductive health rights for persons with disabilities have been regulated in Law Number 8 of 2016 concerning Persons with Disabilities. Women's rights are related to reproductive health, especially menstruation. Menstruation is a special nature given by God, but during this biological process, women's values have been degraded even since the first menstrual in their lives. Menstruation is still considered a shameful thing, a taboo to show and talk about, even if it needs to be hidden. This social construction of society occurs in various parts of the world, including in Indonesia.

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Research conducted by Tanahitumeseng (2017) on the meaning of menstruation for women from the Naulu-Rohua Tribe, Central Maluku District, Maluku Province, found that women who experience menstruation are considered polluters. The lives of the women of the Naulu tribe are all under the supervision of men, society, and patriarchal tribal beliefs. The traditional figures, who are all dominated by men, require that women who are menstruating for the first time be exiled to a hut made of sago leaves with an area of 4x3 meters called *Pose*. During exile, the woman (*Pinamou*) will be looked after and supervised by a married woman (*Nuhu Ne Upu e*).

The social construction of menstruation has not changed people's views from centuries ago to the present generation. Taboos, myths, and stigma around menstruation leave women naturally not knowing how to understand their bodies. Women cannot talk openly about what they are going through, so they only believe in the myths that develop in society. This shame, stigma, and misinformation ultimately contribute to the non-fulfillment of women's rights.

All actions that make a person feel ashamed because menstruation has occurred since time immemorial and this is referred to as "*Period Shaming*". Bobel (2008) states "*Period shaming is the result of the social construction of menstrual events that are considered unexpected*". Nowadays, many women are starting to talk about "*period shaming*". It's not an exaggeration if women want comfort when talking about things related to the genital organs, including menstruation. Women across generations have many experiences that show them how to avoid negative views around them, especially from the male side. In Indonesia, women are still using certain terms to convey that they are menstruating, such as *Lagi M*, *Lagi Dapet*, *Datang Bulan*, *Halangan*, *Palang Merah*, even use special term terms related to the naming of sanitary pads like "*Roti or Roti Tawar*". Although many men have started to fight for women's rights as stated by Johnston-Robledo and Chrisler 2013, "*Menstruation or menses is a formal designation, there is no other designation for menstrual events*", this has not become a big movement in Indonesia.

Problems related to reproductive health, especially menstruation, were also faced by Women with Disabilities at the research location, Krebet Village, Ponorogo District, East Java Province. A preliminary study conducted by researchers on residents with disabilities assisted by the Social Welfare Institution (LKS) Rumah Kasih Sayang, found a lot of information related to reproductive health issues, namely, a) It is taboo to talk about sexual and reproductive health because it is considered a process of sexual intercourse; b) The stigma that people with disabilities are asexual and idiots or the local term is *wong mendho*. People think that '*wong mendho*' can only marry '*wong mendho*'; c) Every family has a myth about menstruation because of the family's hereditary belief; d) The support system for women with disabilities does not yet understand all matters related to menstruation; e) Women with disabilities are very dependent on their families, but families are not provided with adequate information by the Village Government or LKS

Rumah Kasih Sayang that mandated by the State to protect the person with disabilities rights related to reproductive health.

The findings from the preliminary study above were also found in the research conducted by 1) Aras, Dara Ugi and Asbi, Nurul Muflihun and Ibrahim, Juliani (2019) in their research on 'Gambaran Pengetahuan Remaja Tunanetra Terkait Kesehatan Reproduksi' in Yayasan Pembinaan Tunanetra Indonesia (YAPTI) Makassar. Researchers found that due to the taboo culture on talking about reproductive health, blind adolescents lacked understanding of menstruation, menstrual cycles, and hygiene behavior during menstruation. Even the educators at YAPTI did not understand the information about menstruation so they could not properly accompany the blind teenagers; 2) Puspitasari, Stella Vania; Novianti, Langgersari Elsari, and Agustiani, Hendriati (2020) in their research on 'Pubertas Menurut Perspektif Remaja Putri Dengan Disabilitas Intelektual', found that due to limited knowledge and communication skills parents and teachers have as the main source of information for adolescents intellectual disabilities, causing young women to obtain minimal information related to reproductive health. Although they have practical knowledge related to basic knowledge about body changes, menstruation, and how to protect themselves in relationships with men, their skills are not yet developed enough because their parents provide a lot of direct assistance to them.

Currently, most of the research related to menstruation is carried out to explore knowledge related to menstruation and no research tries to explore what menstruation means for women with disabilities themselves. This study uses two social theories, namely Symbolic Interactionism Theory as the main theory and Radical Feminist Theory as a supporting theory. Through the theory of Symbolic Interactionism, the researcher wants to understand the symbols used by Women with Disabilities in interpreting menstruation. The layered discrimination they face as a vulnerable group in society in accessing their reproductive health rights is analyzed through the Radical Feminist theory. The formulation of the research problem is 'What is the meaning of menstruation for women with mild disabilities in Krebet Village, Ponorogo District? '.

2. Literature Review

2.1 Women and Disabilities in Indonesia

People with disabilities are the most vulnerable group in social life, compared to men with disabilities. Women with disabilities face double discrimination because of their position as women and persons with disabilities. They have experienced various vulnerabilities related to poverty, economy, education, health, socio-cultural, and family relationships. There are still few institutions that assist women in disability issues that focus on reproductive health issues.

Stigma is the biggest problem experienced by women with disabilities. They are considered asexual, unable to marry and have children, and unable to take care of a

family. Moreover, many women with disabilities are unmarried, which reinforces the stigma that they are asexual. Harjono and Tri (2013) stated that reproductive health is more often seen as something related to sexual activity and the birth process. Sexual activity is associated with physical beauty that causes attraction to the opposite sex. Women with disabilities are considered not to have this value.

2.2 Reproductive Health Rights for Women with Disabilities

Reproductive health is a condition related to the reproductive system and function as well as a physically, mentally, and socially prosperous reproductive system and function that is not only free from disability but also disease (ICPD, 1994). The implies of reproductive health is "safe and satisfied of sex lives for people" and "... can reproduce and the freedom to decide whether, when and how often to do so" (WHO_RHR-HRP pp. 12-13). The definition of reproductive health in Health Law no. 36 of 2009, article 72 paragraph 1, also refers to the 1994 ICPD. Articles 71 to 74 also very clearly regulate all individual rights related to reproductive health. The Indonesian government also has Government Regulation (PP) No. 61 of 2014 which specifically regulates Reproductive Health.

In 2015, the Government through the Ministry of Health has compiled "Guidelines for Reproductive Health Services for Persons with Blind and Deaf Disabilities for Health Workers at Community Health Centers". Since 2017, according to the mandate of Law Number 8 of 2016 concerning Persons with Disabilities, the Ministry of Health has begun to focus on developing the "Guidelines for Reproductive Health Services for Adult Women with Disabilities", with a life cycle approach and the nature of a woman. Every citizen, without exception, including women with disabilities, must have the same rights and access to health services (*No One Left Behind*), including quality reproductive health services. The services provided are the same as service standards for non-disabled women. The difference is only in the way health workers interact according to the patient's disability condition. Although the guidelines have been given, the limitations for socialization and implementation for health workers are seen as not optimal and evenly distributed throughout Indonesia, including in the Ponorogo district.

2.3 Menstruation in Reproductive Health

2.3.1 Definition of Menstruation

Bobak (2004) states that menstruation is periodic bleeding from the uterus that begins about 14 days after periodic ovulation due to the release of the uterine endometrial lining. Lupton (1994:142) states that menstruation is a biological process related to the achievement of sexual maturity, fertility, infertility, normality, body health, and even the renewal of the body itself.

The menstrual cycle is the time from the first day of menstruation until the next menstrual period, while the length of the menstrual cycle is the distance between the start date of the previous menstruation and the start of the next menstruation (Proverawati

and Maisaroh, 2009). The menstrual cycle occurs for about 28 days, while the ovulation period occurs 14 days before the second menstruation occurs (Ratnawati, 2010). Menstruation usually occurs on average 5 days, sometimes it can happen around 2 to 7 days at most 15 days. Usually, the age of a woman gets her first menstruation at the age of 12 or 13 years, but some experience it earlier at the age of 8 years or more at the age of 18 years.

2.3.2 Health and Personal Hygiene During Menstruation

An important aspect for all adolescents is learning about hygiene during menstruation as a part of health education because the patterns that develop during adolescence tend to persist into adulthood (El-Ganiya, AH, Badawi, K and El-Fedawy, S, 2005). Complaints of menstrual disorders in adolescents and improper hygiene practices during menstruation can cause unwanted health problems such as pelvic inflammation and even infertility (El Ganiya, 2005; Sharma, 2013).

Menstrual Hygiene Management, according to Unicef, 2015, is the management of hygiene and health when women are menstruating. Women should be able to use clean sanitary pads, change the sanitary pads frequently at least every 4 hours, have access to disposal, and be able to access privacy toilets that are complete with soap, and water to clean themselves during menstruation.

2.4 Social Theory

Based on the research data analysis, the researcher chose to use two theories:

2.4.1 Symbolic Interactionism Theory

The most important theory in symbolic interactionism is that of George Herbert Mead. The unit of action is the basis of his social theory. Social action involves two or more people and the basic mechanism of social action is the cue. Humans can create vocal cues, and develop and use significant symbols, which lead to the development of language and human ability to communicate, including enabling humans to think and perform symbolic interactions (Ritzer, 2012: 660-661).

The daily culture of the people in Kreet Village uses many symbols to express various things related to menstruation in the form of words, sentences, gestures, and objects. For example, YNK, a deaf informant, will show her mother or grandmother the gesture of turning her palms down as if she wants to grip an object underneath. This signal was understood by her grandmother and mother that YNK was menstruating. ES, who have physical disabilities, usually always use the word "*Mak Aku debil*" which means leaking or wet, so the mother is on standby to put on pads, change her pads or underwear, and also check regularly if ES needs other help. Informant EE, who has intellectual disabilities, usually knows that she will menstruate if she is always angry. KT, a deaf informant, will say to her mother "*Mak..aku mbabar..*" which means painful. KT's mother will know that her daughter is menstruating if KT is in the bathroom for a long time, and goes back and forth to the bathroom with more frequency to wash her underwear.

Blumer, 1969b:11 states the importance of thinking for symbolic interactionism is reflected in their views on objects, such as physical objects, social objects, and abstract objects. Objects are seen only as things, but of greatest significance is the way objects are defined by actors. This can be seen in the family of KT, deaf informants, who have a special ritual for female family members when they first experience menstruation. The physical object used is a bamboo ladder. This ritual is called '*ngelangkahin ondo*' or stepping over the bamboo ladders, where women step over the stairs with an odd count. . The purpose of this ritual makes female family members in this family not routinely experience menstruation every month. Including KT, which lasts up to three months or even 5 months to experience menstruation again. Medically, this condition should be consulted by health workers.

Families may use more than one menstruation symbol, for example, '*haid and datang bulan; mens and bulanan or bulanan and datang bulan*'. The symbol of word '*roti or roti tawar*' is only used when buying sanitary pads at a shop. So they don't feel embarrassed or humiliated by the people surrounding them. Informants usually use the word '*softex*' at home and only among female family members. Ideally, the words related to menstruation should use the actual terms, namely '*Menstruation*' and '*Sanitary pads*'. However, because of the taboos formed by social constructions, women and men use other terms to refine the meaning of the words that are considered taboo. This refinement of the word is known as '*Euphemism*'. According to the Kamus Besar Bahasa Indonesia, the word euphemism means " a more subtle expression as a substitute for an expression that is felt harsh, which is considered harmful or unpleasant, for example *dying* to *die*".

2.4.2 Radical Feminist Theory

This menstrual problem can be seen from a radical feminist point of view. The attitude of women with disabilities who try to hide their menstruation from their family, including not discussing it even with their father and brothers, shows that social construction in society has succeeded in putting down an understanding that demeans women, which even affects women with disabilities. Including allegations that a woman who is menstruating is considered to be sensitive, more emotional, to aggressive, which becomes a joke in society and family.

The first finding is related to the view of men who assume that the nature of a husband is the breadwinner and the nature of a woman is taking care of the household, also including her daughter's menstrual problems. The second finding relates to the notion that menstruation is disgusting because it comes out of the female genitalia and should be kept secret. This is a multi-layered form of discrimination faced by women with disabilities in accessing their rights to reproductive health. The limitations of knowledge mothers and female caregivers as the first and main source of information are hindered by unfounded forms of taboo. Women are asked to accept their condition and this is what is meant by objectifying themselves.

Fakih, Mansour, 1996:84-85, states that radical feminists were one of the first groups of conflict theorists, whose history emerged as a reaction to the culture of sexism or sex-based social discrimination in the West in the 1960s. Radical feminists see no difference between personal and political goals and sexual or biological issues. So that in analyzing the causes of oppression of women by men it is considered rooted in the male gender itself and its patriarchal ideology.

Tong, 1998:69 explains, that radical feminists have a big role in the women's movement in general because of their understanding and analysis that *personal is political*, or *private is political*, is a political slogan that expresses a shared belief among feminists that women's personal experiences are rooted in political situations. and their gender inequality. The image of patriarchy as a violent practice is not always in the form of physical cruelty but can hide of them in the tedious and unpaid practice of gynecology, midwifery, and housework (Ritzer, 2012: 806).

3. Research methodology

3.1 Types of research

This research uses qualitative research with Alfred Schutz's phenomenological approach. A phenomenological approach is used to obtain an overview of the meaning of menstruation for women with disabilities in their daily lives. The aim is to understand the life experience of a person about a phenomenon (Creswell 2007; Daly 2007, p.97).

Alfred Schutz does not believe that every action is rational but is based on two motives for human action, namely: a) *In order to motive*, related to the reasons or goals that someone wants to achieve in acting as a motive. Its efforts to create situations and conditions that are expected in the future; and b) *Because of motive* relate to the factors that cause a person to take certain actions where one's actions do not just appear but go through a long process from the past to be evaluated and consider social, economic, cultural, and religious ethical norms based on the level of ability understanding before taking action (Ritzer,1943: 142).

3.2 Research focus

This study tries to formulate a research focus to explore a lot of information from women with disabilities and their families, which is then developed into a guide for in-depth interviews.

The focus of the research is, a) How do they understand what menstruation is, the menstrual cycle, and the signs of menstruation?; b) How do they determine which pads to use, how to use pads, the frequency of changing pads, and cleaning of pads?; c) How do they maintain personal hygiene, especially the genital organs during menstruation?; d) How does discrimination related to myths, stigmas, and taboos affect them in their daily lives?; e) How is the support of the family and the environment in regulating menstruation?; and f) How are their social interactions related?

3.3 Data source

Referring to the classification of determination of disability established internationally and nationally, the selection of key informants was carried out by purposive sampling with the following criteria: a) Women with disabilities with single status and still menstruating; b) Residents assisted by the LKS Rumah Kasih Sayang; c) Mild disability; d) Willing to be interviewed. Based on these criteria, 4 key informants were selected, as shown in the table below:

Table 3.1. Key Informant Data (Source: LKS Rumah Kasih Sayang)

No	Initials	Age	Address	Education	Type of Disability
1	YNK	20	Dukuh Gelangan	SDLB	Deaf
2	ES	28	Dukuh Kayen	Illiteracy	Physical
3	EE	30	Dukuh Pakis	Elementary School	Intellectual
4	KT	44	Dukuh Kayen	Illiteracy	Intellectual

3.4 Data collection technique

The Researcher is the main instrument in qualitative research and has more functions to determine the focus of research, select informants, as data sources, collect data, assess data quality, analyze data, interpret data and draw conclusions on everything (Sugiyono, 2007).

During the study, the researcher was accompanied by assistant cadres from the LKS Rumah Kasih Sayang. These cadres are volunteers in charge of coordinating all disability-related activities in their respective hamlets. Their function in this study was as a translator during the in-depth interview process. Before the research was conducted, the researcher asked the informants and their families for approval through the *informed concern*. Documentation was supported by voice recorders, cameras, and field notes.

3.5 Data Validity Test

Testing the validity of the research data refers to the 'Gold Standard' as a type of data validity test developed by Lincoln and Guba (1985, 1989). Tuckett (2005, p.31) describes the four "Gold Standards" criteria, namely a) Credibility, b) Transferability, namely the extent to which research results can be applied to other groups; c) Addition (dependability) can be compared with the reliability. This is to say whether the results of these studies are consistent or not; d) Confirmability compared with objectivity or neutrality is defined as the impartiality of research.

This research cannot only rely on information from key informants. The dependence of key informants on the family needs to present *significant others* in in-depth interviews. *Significant others* referred to close family members such as mother and father. This is very helpful for researchers in understanding what was conveyed by key informants but researchers still maintain that there is no bias, because of their personal opinion about key information.

Research consistency is also ensured in the process of selecting key informants. The selection of informants at the beginning of the study was carried out with the LKS Rumah Kasih Sayang. When submitting informed consent to the family to be involved in the research, it was found that 2 informants from 6 informants did not meet the criteria as key informants. This is due to an error in the documentation of disability data in the LKS, where it turns out that one of the informants has a severe intellectual disability and the other informant has experienced menopause.

3.6 Data analysis

Analysis of research data using qualitative analysis by Creswell (2012:237) which consists of several stages of analysis, namely: a) Compilation and organization of data; b) Initial exploration of the data through the *coding* process; c) Use of *coding* to develop data descriptions and themes; d) Presenting qualitative findings, both in visual presentation and narrative discussion; e) Interpretation of findings; and f) Validation of the accuracy of the findings, through a triangulation process.

4. Results and Discussion

There are three major themes found in this study which were analyzed using Alfred Schutz's Phenomenological approach, namely 1) The Concept of Menstruation; 2) The Concept of Personal Hygiene during menstruation and 3) Gender Relations in Menstruation.

4.1 The Concept of Menstruation

4.1.1 Menstruation should be hidden

Women with disabilities interpret the concept of menstruation as having to be hidden. *Because of motive* revealed in this study, menstruation is considered as dirty blood because it comes out of the genitals, avoids embarrassment due to bullying from the surrounding environment, and considers menstruation to be only a woman's business, not men (father/brother) also a male health worker. Mother is the main factor in their support system that directs them to hide their menstruation because of the mother's experience. This includes prohibiting key informants from going out of the house during menstruation with the excuse that it will not leak or seep through to other people. Mothers are more worried about being judged by the social environment, which will consider them unable to take care of their daughters. This is considered a disgrace. The use of language such as 'leakage', isolates the mother and her daughter because menstruation should not be known by others. Words and language in the event of menstruation are stigmatized to create a culture of shame. The taboo to talk about menstruation causes families to be embarrassed to discuss menstrual problems with health workers. The key Informants, ES and EE, who also have epilepsy and have experienced seizures during menstruation did not want to discuss the problem with health workers. Whereas the menstrual cycle in people with epilepsy can be influenced by many things including age, the number of seizures experienced, or epilepsy

medication. Some women with epilepsy find that their periods do not follow a pattern (Slowik M, Bosak and Turaj, W. 2018).

The findings of the researchers stated that women objectified themselves as a result of having minimal knowledge of their biological events. In addition, women who have a positive attitude toward menstruation are less likely to objectify themselves than those who have a negative view of menstruation (Spadaro et al. 2017). *In order to motive* that key informant regarding menstruation are want to get information related to menstruation, especially from health workers, but in the form of personal discussions (counseling), because they are embarrassed to present their problems in education classes or groups. The informants stated that they had never been visited by health workers to discuss their menstrual problems. The family also thinks that the health worker should ask about their daughter's menstruation problems. LKS Rumah Kasih Sayang, as an independent institution has their own health facilities namely 'Pondok Kesehatan Desa' that is assisted by Village Midwife, who is also the LKS Rumah Kasih Sayang owner. Ideally, women's reproductive health issues are well controlled through home visits and counseling by the village midwives through LKS activities.

4.1.2 Painful menstruation

Almost all women have experienced pain symptoms before menstruation or better known as *Premenstrual Syndrome* (PMS). Chrisley, 1996; Gottheil et al., 1999, stated that *Premenstrual Syndrome* is "*the name given to a variety of symptoms often include headaches, breast soreness, swelling in some body regions, increased sensitivity to pain, acne, and various psychological reactions. These psychological reactions typically include depression, irritability, anxiety, and lethargy*". More than 90% of women worldwide experience these symptoms during their childbearing years. A severe form of PMS is *Premenstrual Dysphoric Disorder* (PMDD). PMDD affects about 5.5% of women with severe emotional symptoms, such as depression, anxiety, mood swings, anger, or even suicidal thoughts.

Research on the prevalence and severity of menstrual symptoms among women with intellectual disabilities by Chou, etc. all in 2009, found that "*Strong significant differences were detected between the participants' physical, emotional, behavioral, and psychological changes during the perimenstrual and remainder phases in all domains, cramps, hot flushes, affection, orderliness, excitement, and bursts of energy were most prevalent during the perimenstrual (>50%). The various domains of the PMS are related to the uniqueness of participants and their cultural background*".

Because of motive in this case the key informants thought menstruation was painful is the frequent experience of pain every menstruation. YNK, even showed how uncomfortable the pain of every menstruation which is related to her first-period experience. The opinion of the key informants in this research is the same as the opinion of other women, that the emotional changes they experience during PMS are caused by hormones.

Hardie, 1997; Schmidt et al., 1998, stated that hormonal factors can indeed cause premenstrual problems in a small number of women. But two other factors that may be more important are 1) Psychological factors, such as anxiety and strong support for traditional feminine gender roles, and 2). Cultural factors such as the belief that PMS is a fact with an emphasis on biological explanation. Mood-related PMS is still difficult to document. Doctors and other healthcare professionals who believe PMS is a biologically driven problem, often recommend exercise as a therapy. They also suggest avoiding fat, salt, sugar, alcohol, and caffeine (Futtermann & Jones, 1998; AE Walker, 1998).

In order to motive is used by key informants for overcoming pain during menstruation by utilizing local wisdom such as drinking herbal medicine called "parem". Parem is a Javanese herbal drink that is believed to relieve pain during menstruation, facilitate menstruation and reduce the fishy smell of menstrual blood. Parem is mostly made from the basic ingredients of turmeric mixed with tamarind and palm sugar or a mixture of other ingredients needed. Research by Khayat, Samira, et. al, 2015, found that substances curcumin in turmeric significantly reduced the severity of mood and behavioral and physical symptoms of premenstrual syndrome. The use of turmeric is considered to be commonplace used to overcome women's menstrual problems in Indonesia.

4.2 The Concept of Personal Hygiene During Menstruation

This section refers to the behavior of using sanitary pads and myths related to menstruation. Belief in several things related to menstruation which is a "myth" has an impact on the concept of personal hygiene during menstruation the key informants. Some of the myths that developed in Krebet Village that influenced disability informants to become *because of motive* were avoiding washing hair during menstruation and food taboos. They believe washing hair it would make the menstrual period longer and menstrual blood heavier. The prohibition of eating certain foods so their menstrual blood does not smell fishy. Ideally, during menstruation, the condition of women should still be a clean condition, by always taking regular baths and washing their hair regularly. Good food can help women from nutritional deficiencies and anemia during menstruation.

On the other hand, *because of motive* can be seen in the condition of the informant KT, who carries out the ritual symbol of stepping over the bamboo ladder. *In order to motive the ritual* is, first, carried out to avoid the hassle of cleaning themselves and their clothes during menstruation which are considered to require a lot of water. Second, women's decisions in choosing sanitary pads are also influenced by purchasing power. KT's poor living conditions make them unable to buy sanitary pads.

The issue of sanitary pads has attracted the attention of Radical Feminists. Some of the Radical Feminists voiced that women should pay attention to the sanitary pads used during menstruation. The use of sanitary pads from materials that do not contain harmful substances such as chlorine, and which do not pollute the environment is recommended,

such as cloth pads. Cloth pads are considered to be able to save the world as the “*Mother of Life*”. Jin, et.al (2019) research related sanitary pads and diapers containing higher phthalate content than commercial plastic products. Besides that, most of the surveyed sanitary pads and diapers contained VOCs and phthalates. Raising awareness and concern about the safety of menstrual products to reduce the impact of VOCs and phthalates is urgently needed by all women.

The mother of the key informant, YNK, stated that they need sanitary pads every month from the village government but the family income is not sufficient. The same condition was faced by informant KT and her family. Preference for choice of sanitary napkins will be different between women. Whatever the choice, education regarding the choice of sanitary napkins needs to be conveyed to the key informants. The best choice of sanitary pads for women with disabilities in Kreet is cloth pads.

The movement back to cloth pads has started to be discussed in recent years in Indonesia because cloth pads are considered to be more environmentally friendly and healthier for women's reproductive organs. However, cloth pads on the market are sold online and are more expensive than disposable pads. “*Yuspin*” one of the brands of cloth pads in Indonesia, is currently being discussed on various social media. The brand is sold at various prices depending on the customer target. For example, Yuspin for teenage girls is sold at the lowest price of IDR. 75,000/pack contains 3 pieces. For adult women, it is sold according to packages between IDR. 125,000 to IDR. 170,000. The teenage girls need at least 6 pieces for a month with a total price of IDR. 150,000/year. The advantage is it can be used for 2 years. In contrast to disposable pads, such as the “*Charm*” brand, which is sold at a price of around IDR. 5,000/pack of 8 pieces. The teenage girls used 8-10 pcs every month. They spend around IDR.60,000-IDR.120,000 for 1 year. This economic calculation is not sufficiently understood by families with low income. It is easy for them to spend around IDR. 5,000 – IDR. 10,000 per month compared to buy cloth pads.

The attention of the government and private institutions toward fulfilling the need for menstrual pads is still very minimal in Indonesia. This is a big challenge for all parties so the motto “*No One Left Behind*” can run optimally. Wike's research (2015), found that non-governmental institutions greatly contributed to helping families in providing the best services for their children with disabilities. The LKS Rumah Kasih Sayang can be a pioneer for all disabilities organizations throughout Indonesia if they will support cloth pads for the disabilities in their works area. Until now, almost all disabilities organizations in Indonesia still focus on the mandatory strengthening of disability independence in the economic which is also vital for persons with disabilities. The desire of the village government and LKS to be able to develop the production of cloth pads through a group of women tailors in the village can be maximized if these two parties can work well together to achieve the same goal.

4.3 Gender Relations in Menstruation

Gender relations in the issue of menstruation greatly influence the formation of the concept of menstruation for key informants. Some of the *because of motive* that occur in gender relations at the family and community levels are that menstruation is considered only a woman's business, not men's, whether it is biological father, biological brother, or male health worker. In addition, the assumption was stated directly by informant EE's father. He said that menstruation is considered disgusting because it comes out of the female genitalia, compared to other bodies such as ears, mouth, and nose. This strongly convinced the informants and other female family members that the biological events were problematic. The key informants do not have *in order to motive* for this problem. They seem to have accepted the stigmatized condition caused by the patriarchal issues. In comparison, the same conditions were found in another study in India. The involvement of the roles of men and boys in menstrual issues stated that *"The patriarchal culture in India shows that men have great power in deciding everything in family life. Women do not share their experiences about menstruation with adult men or boys. This is a common thing done by Indian women"* (Sudha and Ramajyothi, 2011). *The normal physiology of women's menstruation, such as the menstrual cycle, is not widely known by men. There is only about 22 percent of men know when a woman can get pregnant in one menstrual cycle. (Singh et al., 1998)"*.

The stigma surrounding menstruation is considered to be as old as patriarchy itself. Kara Loewentheil, a feminist woman at JD, MCC, coach states *"Patriarchy in society's life system is as old as the stigma of menstruation that has been experienced by millions of women. Although women consider menstruation to be normal, society teaches different things. Menstruation is considered a shameful and disgusting thing. Whereas a man's sperm that comes out regularly from his body is not considered a disgusting part like menstruation."* This statement refers that men and women both experiencing and going through their biological events, but again because of patriarchy, everything is focused on women's menstruation only.

Menstruation has been stigmatized throughout history even in religious texts. Almost all religions regard menstruation as dirty or impure and restrict women from taking part in religious practices. Amgain,(2012), *Chhaupadi*, the traditional practice from Hindu tradition in Nepal, deals with secretions related to menstruation and childbirth. This ritual is to expel women from their homes during menstruation and isolate them in a special hut that is unsanitary and unfit. A husband, a father, or a brother who comes into contact with menstruating women is required to purify themselves. This ritual has an impact on women's health, even causes death, and affects the psychology of women, who experience depression, feel low self-esteem, and helplessness. This is still maintained by male traditional leaders and is still supported by conservative women. On the other hand, the religion of Islam, interpretation of verse 222 of Surah Al Baqarah regarding menstruation has so far been too dominant and gender-biased. Nuroniyah. W. (2019), the word *"adza"* has a non-singular meaning, it can mean dirty or najis as written in *Tafsir-al-Kasyif*. While other interpretations by *Tafsir-al-Maragi* the word *"adza"* can

mean something that can cause pain. But the meaning of the word carried out by men is then agreed that what is used is “*adza*” which means dirty, so in that verse, menstruation is interpreted as something dirty. The word dirty is synonymous with a symbol of smell, and something disgusting. Thus, in the end, women think that their menstrual blood is disgusting, especially for men.

The background of the revelation of verse 222 of Surah Al Baqarah is actually in response to ignorant men who do bad things to their wives when they are menstruating. The verse in the Qur'an only states that women who are menstruating should get respect from others. A healthy female reproductive system is characterized by the presence of menstruation. The term menstruation in the Qur'an verse is known as the word ‘Haid’ is the nature of a woman. Aisyah, the wife of the Prophet Muhammad, said, "*We used to have menstruation, so we were ordered to make up the fast and not to make up the prayer.*" (Narrated by Al-Bukhari No. 321 and Muslim No. 335). This is a privilege for women where religion values the severity of their menstrual periods. Women are only asked to replace their fast at another time.

Gender relations that run well in male and female relations will lead good gender equality. The existence of an empathetic attitude towards women that is felt by men, will actually be very encouraging, both men and women have an equal position in the family, or in society (Rahmah, Siti., et al. 2020). A healthy reproductive process is also influenced by good gender relations. As the findings of Putri, Puri's (2018) research that gender welfare in the use of contraceptives which aims to improve the welfare of family members needs to be supported by harmonious family communication. So far, contraceptives are considered only for women, even though women can also play a role in the success of male contraceptives. The good lessons about changing the views on menstruation in Indonesia have begun to be intensified in the East Nusa Tenggara Province. The involvement of men in supporting women to undergo menstruation properly can be seen in one of the programs carried out in the SIMAVI project partnership in Manggarai District and West Manggarai District. The Menstrual Health Management program encourages men to play a role, starting from allocating the household budget to purchasing menstrual products and building proper latrines for female family members. In addition, fathers are also encouraged to be role models for their sons to positively support menstruating women by not insulting them, helping to buy sanitary pads, and overcoming pain experienced by women during menstruation. The results of the intervention show that once men are introduced to the topic of menstrual health, they will enthusiastically support women's needs during menstruation.

Dialogue within the men's group in Krebet Village needs to be carried out immediately. The government needs to facilitate this change wisely. The entrance can be started by understanding the concepts of sex and gender. Raising awareness among community groups, family members, local leaders, and women's organizations is needed to encourage them to focus on the reproductive health issues on disabilities. Increasing

the capacity of family members will have a maximum impact on their role to accompany women with disabilities.

5. Conclusion

Experience related to menstruation is a different biological condition for all women, including women with disabilities. Government support is very important to be carried out immediately related to budgets, policies and trained human resources to strengthen reproductive health services for women with disabilities. Menstruation issues are women's rights that are no longer taboo to be fought and discussed.

This study recommends that it is necessary to conduct the same research with the target of women with severe disabilities, to find out what needs to be done by the family in helping menstrual care for women with severe disabilities. In addition, there is a need for further special studies on how to re-synchronize the roles and functions of LKS in issues of taking sides in the reproductive health of women with disabilities.

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