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KNOWLEDGE, ATTITUDE AND PERCEPTION TOWARDS MENSTRUATION:A STUDY AMONG SCHOOL GOING ADOLESCENT GIRLS OF RURAL ODISHA

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Abstract

Menstruation is a natural physiological function of a women's body. Adolescent girls often lack knowledge regarding reproductive health including menstruation hygiene management which can be due to socio-cultural barriers in which they grow up. This study was undertaken to examine the knowledge, perception, practices and experiences of adolescent females between the ages of 10-19 years old on issues regarding menstruation and menstrual hygiene. It also examines the impact of menstruation on various aspects of their social life.The field of research is 17 selected schools of Subarnapur district, Odisha. For sampling we have used simple random sampling. A total number of 100 samples have been selected. For the collection of data primary as well as secondary sources have been used. For primary data we have used interview method, observation and focussed group discussion among the adolescent girls, for secondary data we have done intense literature review from journals and government statistical data. Result shows mythic religious interpretations and cultural taboos related to menstruation is causing social-psychological and physiological vulnerability of women in India especially in rural setup. Lack of knowledge regarding menstruation among young girls results in hampering at least four Sustainable Development Goals (SDGs) i.e., gender equality, good health and wellbeing, clean water and sanitation and quality of education. Further in this paper the researcher has suggested policy makers to provide compulsory education for the awareness of Reproductive Health in general and Menstruation Hygiene Management in particular (MHM). Suggestions have been given for the separate functional toilets for girl students inside the school premises as well as in the houses. Lastly, we suggest compulsory regular menstrual health check-up and health camps in the rural area.

Keywords: Menstruation, Reproductive Health, Adolescent Girls, Health, Menstrual Hygiene Management (MHM), Awareness.

Introduction

Health is regarded as the most crucial aspect of human well-being. The goal of "Health for all" as stated by WHO (1978) is an important tool to achieve the target of Universal Health Coverage for a healthy society.The health status of the majority of women was not found to be sound because of Social imbalances and harmful traditional practices which plays a dominant role in affecting the health and life, both of the rural and urban women. When we talk about reproductive and sexual health it mostly refers to the menstrual problems. The teen years can be difficult for both teens and parents. Physical changes during puberty can make adolescents feel awkward. This is especially true for girls when it comes to menstruation. For a girl, getting her first period is a physical milestone and a sign of becoming a woman. But it also can be confusing and scary, particularly if she has certain problems, like irregular periods or premenstrual syndrome (PMS). Menarche is a part of the complex process of growing up. Menstruation is a normal physiological process that begins during adolescence and many a times associated with various symptoms that happen either before or during the menstrual flow (Patil et al.: 2009). Adolescent girls are usually considered as a vulnerable group, particularly in India where the female child is still being considered as neglected one in most parts of the rural and tribal areas in our country (Pandit: 2014). After menarche, common menstrual abnormalities that the female adolescent usually would encounter are dysmenorrhea, irregularities in menstrual blood flow and the premenstrual symptoms. More than 75% of the adolescent girls experience some problems associated with menstruation (Lee et al: 2006), which hamper their daily life, which sometimes causes problems to them. The awareness level about menstruation prior to menarche was found to be very much low among the rural adolescents in the developing countries like India (Deo and Ghatraj: 2005). Lack of menstrual hygiene is one of the major risk factors for the development of reproductive tract infections in the adolescent females (Naik: 2012). Better knowledge and practices on menstrual hygiene reduce the risk of acquiring reproductive tract infections (Dasgupta and Sarkar: 2008).

Menstrual problems are generally perceived as only minor health concern and thus irrelevant to the public health agenda particularly for women in developing countries who may face life threatening condition. Menstrual cycle is normal physiological process that characterized by periodic and cyclic shedding of progestetional endometrium accompanied by loss of blood which is additional vital sign adds a powerful tool to the assessment of normal development and the exclusion of pathological conditions in adolescent and young girls. The duration of menstrual cycle is usually of 28 ± 2-3 days quite common. The duration of bleeding is about 3-5 days and estimated blood loss is between 50 - 200ml implies changing of three to five pads per day indicates normal flow (Nair et al.: 2009). Some variety of menstrual dysfunction occurs in adolescent girls which may affect normal life of adolescent and young adult women. Physical, Mental, Social, Psychological, Reproductive problems are often associated with menstrual irregularities and menstrual problems. Due to change in life style, habits, diet, the prevalence of obesity increased in developed world which results in decreased age at menarche (Chaturvedi et.al: 1999).

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Considering Indian context, 70% health care services located in urban area and only 30% in rural area. Due to lack of knowledge, education, cultural taboos, male dominance majority of adolescent girl and young women does not seek the health care services, at the same time high prevalence of malnutrition among adolescent girls results in increased reproductive problems in young women. Problems with menstrual pattern may affect 75% girls, and are the major cause of recurrent short term school absenteeism in female college students.(Ziv et al : 1994) A number of medical conditions can cause irregular or missed menses which are diagnosable and treatable even at peripheral level in early stage but this part of women's health was neglected by primary health care. More than 90% menstrual problems are preventable which need early detection and early treatment by appropriate methods. Effectiveness of any health programme evaluated on the basis of improvement in general health of community. Majority of the study related to menstrual problems conducted all over India and outside India highlights adolescent girls only but very few studies highlight young girls. The information obtained from the present study will be useful in modifying health problems & education activities for young females with a view to improving reproductive health activities.

The present study focuses:

1- To study Policy and programme by the government related to adolescent women and menstruating women.
2- To study the attitude and awareness of the respondents about menstruation and menstrual hygiene management.
3- Lastly it will focus on the sociological implication of the society on the adolescent girls and their menstrual and reproductive health.

Methods and The Settings

The study has been carried out by selecting samples from 17 schools of Kumbharmunda and Charbhata Gram Panchayat of Tarbha Block (Largest in terms of Population), Subarnapur District, Odisha. After selection of the sample based on interval random sampling through the attendance register of the school (Class VI-X), the researcher has classified the sample on the basis of income of parents, social groups such as caste and tribal group and economic category. Data has been collected through interview schedule, focused group discussion and observation. One to one interview is done for collecting data on quantitative variables like age, social group, income of parents, education of the parents etc. And focused group discussion has been conducted by gathering 8-10 girls from different social background enumeration of facts which is sensitive in nature like date and year of menarche, perception and knowledge towards menstruation and awareness on difference policy and programme. Lastly the study also focuses on whether menstruation has an adverse impact on school attendance and subsequently absenteeism of the girl students.For the study purpose we have taken 100 samples from the age group of 11-16.

Policies Concerning Adolescents

There are certain policies and programme that has been taken place by the government of India to combat the problems faced by the adolescents. They are discussed below.

The Ninth Five Year Plan

The Ninth Five Year Plan (1997-2002) outlines the development plans and policies of the government, and reflects the government's concerns and approach. In the document, adolescents are mentioned mainly in the sections on women and children, health and youth. Specific mention of adolescents in the Ninth Plan includes its commitments towards the child, to universalise supplementary feeding with a special emphasis on adolescent girls, to expand the adolescent girls' scheme and to assess the health needs of adolescents in the Reproductive and Child Health programme. Nevertheless, adolescents continue to be a sub-group of women, children or youth and there appears to be no move to consider adolescents as a separate category. The expansion of the scheme for adolescent girls is mentioned in terms of the underlying rationale – "… in preparation for their productive and reproductive roles as confident individuals not only in family building but also in nation building" (Planning Commission, Government of India 1998). There is a danger that adolescents are seen as 'human capital' in relation to their productive role alone. At the same time, the Ninth Plan explicitly makes a commitment to human development, which is centred on the basic recognition of human beings as people. (Planning Commission, Govt of India)

Draft National Youth Policy (2001)

Draft National Youth Policy 2001, which provides a comprehensive overview of youth issues and concerns comes closest to a policy on adolescents. Both the 1986 Youth Policy and the current draft policy view youth as a vital resource to be nurtured for the development of the country, suggesting that the distinction between human capital and human development is not yet fully realised. Whereas the previous youth policy tended to be based more on a top-down approach, the current draft policy gives due importance to the participation of youth. The document advocates "working with youth and not merely for youth". Furthermore, rather than confining itself to a policy for youth on important but atypical activities such as sports, it highlights several areas of concern for adolescents and youth in the country today and emphasizes an inter-sectoral approach. By placing responsibilities along with privileges for youth, it provides a space for the contribution of youth to communities and to social development. The policy lays stress

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on providing youth with 'more access to the process of decision making and implementation of these decisions. It envisages that such access should be made in the form of 'identifiable structures, transparent procedures and wider representation of the young people in decision making bodies. The thrust areas of empowerment, gender equity and an inter-sectoral approach hint at a move towards a rights approach and a people-centred approach to development. The elements of participation, access and leadership building have been clearly delineated as objectives of the policy.

The Draft Youth Policy actually makes a distinction between the age of adolescence (13-19) and the age of attainment of maturity (20-30 years), marking a shift towards distinguishing between these different phases. By marking the age of adolescence, the policy facilitates advocacy efforts for focus on adolescents in government programmes.

The draft youth policy, gives a special focus to adolescent health, their education including non-formal education and their nutritional requirements as 'they are the most important segment of the population.

National Population Policy (2000)

This policy has recognised the earlier invisibility of adolescents and views them as a section of population which needs to be addressed and are the subject of one of the 12 strategic themes. They are specifically referred to in the sections on information, nutrition, contraceptive use, STDs and other population-related issues. This is understandable in view of the crucial role adolescents will play in determining when we will reach replacement level of fertility and when India's population will finally stabilise. There is a special mention about developing a health package for adolescents and enforcing the legal age at marriage.

Draft Health Policy (1999)

This policy expresses concern for the health of special groups such as adolescent girls, albeit only with regard to their nutritional needs. Elsewhere adolescent girls are clubbed with pregnant women and children instead of treating them as a distinct group with specific needs and problems. Even so, like women it is only the pregnancy and maternity related health needs of adolescents that are referred to. A life cycle approach to the health needs of women is wanting.

Draft National AIDS Policy (2000)

This policy is a crucial component of the national health strategy. Since unprotected sex is a major source of AIDS and adolescents form a significant portion of the sexually active population, they should form a special focus group under the Policy. Experimentation, lack of knowledge, peer pressures and a false sense of bravado make adolescents particularly vulnerable to STDs including AIDS. While the policy talks about programmes for adolescents like University Talk AIDS and NYKs, surprisingly, the policy does not specifically mention adolescents. One can say that even without specifically mentioning adolescents, the policy is crucially relevant to them and aims at addressing their needs.

Major government programmes/schemes for adolescents

The Department of Women & Child Development implements two major programmes for adolescents. The Adolescent Girls Scheme, now renamed Kishori Shakti Yojana aims at improving the nutritional and health status of adolescent girls (11-18 years), providing literacy and numeracy skills through the non-formal system, training and equipping adolescent girls with home-based and vocational skills, promoting awareness and encouraging them to marry after 18 years. This revamped scheme is expected to provide flexibility to states to adopt a need-based approach, depending on the situation in each state. The BalikaSamridhiYojana aims at delaying the age of marriage and finally eliminating child marriages.

The Adolescent Reproductive and Sexual Health(ARSH) and the Adolescent Education Programme(AEP) are core components of national health programmes that address adolescent health. SABLA- The centrally sponsored Rajiv Gandhi Scheme for empowerment of Adolescent girl aims to empower adolescent girls by promoting awareness about hygiene as well as adolescent reproductive and sexual health. Girls between the ages of 11 and 18 are given a 'Kishori Card' with information related to body weight, Body Mass Index, Nutrient supplement.

The Department of Family Welfare through it's Reproductive & Child Health Programme provides for maternal care, including safe motherhood and nutrition facilities, prevention of unwanted pregnancies, safe abortion facilities to all women. Adolescents get subsumed under the general target group of women. The atmosphere and environment within which these services are provided are not at all conducive for adolescents. Besides there being an unwritten code denying services to unmarried adolescents, lack of privacy and confidentiality prevent adolescents from accessing these facilities.

The Department of Health have a number of programmes to address the HIV/AIDS problem. Notable amongst these are the School AIDS education, the University Talk AIDS, and radio and TV programmes which target adolescents. The department is also

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collaborating with the Ministry of Social Justice and Empowerment in running drug de-addiction centers and supporting NGOs to do the same.

The Rajiv Gandhi Drinking Water Mission aims at providing safe drinking water and sanitation facilities in all schools in India.

LokJumbish, Rajasthan was started in 1992 jointly by Government of India and Government of Rajasthan. Since 1995 this project has been organizing residential Adolescents' Girls Camps of about 6 months duration for providing primary education and various empowerment activities. Lok Jumbish also started short duration camps for boys and girls in upper primary classes to introduce the students to reproductive health and other issues relevant for adolescents. LJ's informal education programme has also contributed to education and development of adolescents.

The Department of Women & Child Development (Government of Haryana)

Under this Haryana Integrated Women's Empowerment & Development Project provides information and generates awareness regarding basic health, sanitation and reproductive health. A Life skill Development Programme for adolescent girls is also implemented by them for personal, physical and mental development of adolescents.

Menstrual Hygiene Scheme

The scheme has been implementing in 4 Districts (Bhadrak, Kendrapada,Jagatsinghpur and Dhenkanal) of Odisha covering 32 Blocks. The objectives of the scheme are to increase awareness among adolescent girl on Menstrual Hygiene, build self-esteem and empower girls for greater socialization and to increase access to and use of high-quality sanitary napkins to adolescent girls in rural areas.

Government of India has supplied the sanitary napkins to the block PHCs of Bhadrak, Dhenkanal, Kendrapada &J agatsinghpur. Sanitary Napkins are supplemented to adolescent girls (10-19 Yrs) at subsidiary price (@ Rs. 6 per pack of 6) by ASHA. ASHA is getting incentives of Rs. 1 rupee for selling 1 pack and a pack of sanitary napkins free for her use. Monthly adolescent educative programme on Menstrual Hygiene through demonstration of flipbook (in Oriya) containing information on menstrual hygiene and sanitary products (use & safe disposal) by trained ASHA.

Weekly Iron Folic Acid Supplementation

Anaemia is another problem that is common among the adolescents. Anaemia begins in childhood, worsens during adolescence in girls and gets aggravated during pregnancy. Taking into account the above circumstances Ministry of Health and Family Welfare- Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to address nutritional anaemia among adolescents (age group of 10-19years). Target group for the programme are out of school Adolescent Girls of age group (10-19 years) and School going Boys and girls (10 – 19 yrs).

Empirical Results and Discussion

This section gives a brief overview of socio-economic background of the respondents and their perception, attitude and level of understanding of adolescent girls about menstruation under their reproductive age group. This empirical analysis will help us to understand the issues involved and identify the appropriate policies for improving the knowledge and level of awareness about menstruation and its related problems.

Socio-Economic Background of the Respondents

Table-1.1 Distribution on the basis of Socio-Economic Background of the respondents

Sl.No.	Particulars	No of Respondents/ (Percentage)
01	Age	
	11>13	21
	13-16	79
02	Social Group	
	General	12
	OBC	38
	SC	36
	ST	14
03	Economic Group	
	BPL	61
	APL	39

Source: Fieldwork (2017)

Note: The number shown on the table are out of 100 respondents in total.

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The above table shows the socio-economic background of the respondents such as age, social group and economic group and income and education of their father (Head of the Family). It shows that 79% of the respondents belong to 13-16 years of age group where as 21% of them belong to 11>13 years of age group. As it is clearly visible that variables like caste, education and income of the family are determining factors in terms of awareness of the family and adolescent girls, we can see that a majority of sampled respondents are from Scheduled Caste (SC) and Other Backward Classes (OBC) i.e., 38% and 36% respectively. It is followed by Scheduled Tribe (14%) and General Category (12%).

Table-1.2 Distribution on the basis of Socio-Economic Background of the parents:

Sl.No.	Particulars	No of Respondents (Percentage)
01	**Education of the HoH**	
	Non-Literate	13
	Literate	31
	High School	45
	Higher Secondary and above	19
02	**Income (yearly)**	
	Below 10000	44
	10000-20000	30
	Above 20000	26

Moreover, while collecting details of the Head of the household, the researcher found that 45% of them attained high school and 19% has attained higher secondary but 31% of them are only literate where as 13% of them are non-literate. Income of the family plays important role in maintaining hygiene and sanitation. It is observed that 44% of the family have less than ten thousand of annual income where as 30% and 26% of them have family income of is Rs.10000-20000 and above Rs.20000 respectively.

Infrastructure: give some background of this section or highlight the role of infrastructure

Table: 2.1(Infrastructure of the house relating to MHM)

1	Type of family	No. of Respondents	Percentage (%)
	Joint family	90	90%
	Nuclear family	10	10%
2	Bathroom facility		
	Yes	34	34%
	No	66	66%
	Outside of house	14	41.17%
	Inside of house	20	58.82%
3	Where do you take bath		
	Common pond/well	62	62%
	Bath at home	34	34%
	No answer	04	4%
4	Source of drinking water		
	Tap	20	28.57%
	Well	34	48.57%
	Common pond	00	00%
	Common tube well	16	22.85%

Source: Fieldwork (2017)
Note: The number shown on the table are out of 100 respondents in total.

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Table: 2.2 (Infrastructure of the School relating to MHM)

Sl. No.	Particulars	No. of School (Percentage%)	
		(Yes)	(No)
1	Toilet Facility Separate Toilet for Girls Water facility in the Toilet	17 17 6	00 00 11
2	Water Resource Inside the School Premises Outside the School Premises	17 08 09	00 09 08
3	Sanitary Napkin Supply	04	13

Source: Fieldwork (2017)
Note: The number shown on the table are out of 17 schools of selected villages.

The above tables show the details infrastructural facilities relating to Menstrual Hygiene Management (MHM) in the house and the school the adolescent girls attend. A percentage of 90% of girls belong to joint family system and 10% of them belong to nuclear family system. It is observed that 34% of the household have bathroom facility within or outside the house premises where as an overwhelming majority of the houses i.e., 66% do not have toilet facility in their house. Those who don't have toilet facilities in the house, they use nearby water bodies like ponds, tube wells and wells for bathing and other purposes. Although all the 17 selected schools have toilets and separate toilet for girls, water connection and usage of the toilet is observed only in 6 selected schools and rest 11 schools did not have water connection during the time of field work. All the schools had drinking water facility either within or outside the school premises.

Table-3: Awareness about Menstruation and Menstrual Hygiene

Sl. No.	Particulars	No. of Respondents	Percentage
1	Age of 1st menarche		
	10 11-13 14-15 16	00 23 50 17	00% 23% 50% 17%
			Total = 100%
2	Knowledge prior to menarche		
	Yes	57	57%
	Mother / sister Friends Teacher Media	09 37 03 08	9% 37% 3% 8%
	No	43	43%
3	Knowledge about menstruation		
	Blood Origins from stomach	38	38%
	It is unhealthy	12	12%
	It's a disease	2	2%
	Pain is unhealthy	60	60%
	Harmful to run and dance	90	90%
4	Cause of menstruation		
	Hormonal change/ Physiological Process Disease Curse	68 02 00	68% 2% 00%
5	Feeling of first menarche		
	Discomfort Scared	63 52	63% 52%

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	Normal	**04**	**4%**
6	**Restrictions imposed**		
	Food (sour, extreme hot and cold, nonveg)	**68**	**68%**
	Visiting temple	**100**	**100%**
	Entering to kitchen	**75**	**75%**
	Staying in one room	**09**	**9%**
	Not plucking flowers	**28**	**28%**
	Not talking to the male members of the family	**07**	**7%**
	No restrictions	**00**	**00%**
7	**Necessity of taboos**		
	Yes **No**	**33** **67**	**33%** **67%**

Source: Fieldwork (2017)
Note: The number shown on the table are out of 100 respondents in total.

The table shows the awareness and perception of girls on menstruation and menstrual hygiene. Having knowledge about menstruation is very important as almost all girls go through similar feeling during menarche. About 50% of girls had menarche at the age of 14-15 where as 17% and 23% of them had menarche the age of 11>13 and 16 years of age respectively. 57% of the students had idea about menstruation prior to menarche through their mother and sisters or other family members.

The mass media such as television advertisement play pivotal role in providing information about menstruation to the young girls.8% of students got the information from television advertisement and social media sources where as 3% of them had their menarche inside the school and they got to know about it through their teachers.

Perception of young girls towards menstruation is supposed to be quite different as it highly depends on the background of the family, social and cultural value system etc. Girls coming from nuclear family structure had knowledge about menstruation and girls from joint family system having siblings and cousins had better knowledge. It is also observed that girls belonging from nuclear family were comparatively open towards their mothers and sisters. However, in the joint family system, menstruation is kept as a secret process.
Right information about menarche is very essential as it affects women health and life. Wrong information can affect their life adversely. A large majority of respondents had idea that menstrual blood origin from stomach. And few respondents believed that menstruation is a disease and it is unhealthy in nature. Girls also face some or the other type of restriction during their menstruation such as 100% of them observe that there is restriction on visiting temple and taking Prasad during their periods as it will be considered as a sin. Along with restrictions on taking hot, cold or sour food (68%), entering the kitchen (75%), talking to male members of the family and so on. When asked about the reasons behind the restriction they responded that such kind of restriction is imposed to women because they are impure during menstruation and it will affect other male members, flowers and food items adversely. They also shared their view on entering temples. It is prohibited because if a woman enters the temple during her menstrual cycle, it will lead to some kind of mishap in the village. In a focus group discussion, we got to know that few years back Lord Shiva temple of Charbhata village caught with fire because an impure woman (menstruation woman) entered the temple during her monthly cycle.

33% respondents also said that taboo and prohibition are necessary because menstruating women are impure and cursed. Hence, they should not be involved in holy activities. 67% of the respondents cited Rajo festival as an example and said

- "**we celebrate the menstruation of Goddess Earth with joy and happiness; such restrictions are manmade and not related with purity and pollution concept. It is a biological process, so although we are observing some taboo, because we live in society but these are not necessary**."

Discussion

From analyzing the data, we found that culture have an important impact on the menstruation, the taboos and the rituals differs in various religions. Hindu culture isolate menstruating women from various daily house hold works, at the same time Islamic culture don't isolate a woman from daily works, but it restricts them from offering prayers and fasting at Kabba, while they can visit to Hajj at that time. In Christianity some church defended the exclusion of menstruating women on the basis of notion of purity. The above discussion shows that 32% parents are illiterate and 68% parents are literate. The present study shows that the majority of the respondents attained menarche at the age of 12 and the mean age of menarche is 12.5. The present study shows that the majority of the

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girls,i.e. 57% have a fair knowledge about menstruation that it is a physiological process which happens due to hormonal change in body. Friends are the first informant about menstruation followed by mothers which is different from that of other studies. 74.28% of the respondents were psychologically not prepared for the menstruation. Taboos and restrictions are an integral part of menstruation in the daily life of females in Indian society. The most common restrictions are not visiting to the temple and not entering to the kitchen and not taking non-vegetarian foods like egg and extremely cold or sour foods. When the respondents were asked about the necessity of restrictions in daily life and that they don't feel that we need restrictions because these made a menstruating woman isolated from the mainstream which is similar to the study done by Anuradha et.al in 2008 that restriction imposed and the isolation gave a negative remark to the phenomenon. In the present study 90% of the respondent feel that its harmful to dance or run during menstruation.

There are some policies and programmes which are started by the governmentof India and the governmentof Odisha for giving a healthy life to the adolescent. The present study shows that only a few respondentsi.e., only 2.86% are aware about the policies and programmes and majority of the respondent are unaware about it.

Conclusion and Suggestions

A healthy person is an important indicator of a healthy society. From the above study it is found that still there is lack of awareness about menstruation and menstrual hygiene. The knowledge regarding menstruation among adolescent girls is not satisfactory which needs to be taken care of and their hygiene practices during menstruation are not up to the mark for proper hygiene. Mothers also should be given proper knowledge about menstruation and menstrual hygiene so that they could give these ideas to their daughter prior to menarche so that the adults could live a healthy menstrual life. Again, it is very much important to give reproductive health education to the girls from primary stage to clear their doubts about menstruation. The implication of govt. Policies and programs should be checked in a regular interval to make them accessible to adults of every level.

1. Proper information about menstruation should be given to every female.
2. Teachers should discuss about this topic among the girls to give them proper information.
3. Mothers should take the initiative to talk to their daughters about maintaining a healthy hygienic life
4. Attention should be given to create a hygienic environment to lessen the rate of absenteeism.
5. The importance of menstrual problems and its adverse effect on the health should be spread among the females.
6. Health care facility should be present at every locality.
7. Awareness about sexual and reproductive health issues should be spread by the ASHA workers through pamphlets and books among the girls.
8. Specialized physician for female reproductive health issues should be appointed in every rural area.
9. Low-cost sanitary pads should be distributed among the girls to lessen the use of clothes.
10. Implication of policies and programs should be checked in a regular interval to make them accessible to everyone.

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