

MENSTRUAL HYGIENE AMONG SCHOOL GOING ADOLESCENT GIRLS

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ABSTRACT

Background

In order for women and girls to live healthy, productive and dignified lives, it is essential for them to manage menstrual bleeding effectively. Menstrual hygiene is a taboo subject, many women in South Asia are uncomfortable discussing menstruation in public. The first experience of menstruation is often associated with shame, fear, and agony. Several studies have indicated that menstruating girls are not aware of the biological reasons associated with menstruation.

Aim and Objectives

To evaluate adolescent school girls' knowledge and practice of menstruation, menstrual hygiene, and sanitation.

Materials and Methods

This is a cross-sectional study conducted on a study population of 486 school going adolescent girls studying 8th to 12th standards. The sample was derived from a Government Girls High School, Bengaluru. Girls who have attained menarche were included in the study. The study was carried out between June and September 2016.

Results

Out of the 486 girls studied 73.8% (n=359) of the girls were aged between 13-15 yrs. of age with a mean age of 14.2±1.3 years. The mean age of menarche was 12.6±1.1 years. Only 31.06% (n=151) girls were aware of menstruation before menarche. Among the girls without prior knowledge of menstruation 58.5% (n=196) girls were frightened and 41.5% (n=139) were worried on seeing the first menstruation. The main source of information about menstruation and menstrual hygiene was their mother (46.5%, n=226). 58.23% (n=283) girls reported that menstruation refers to bleeding from the stomach, 33.5% (n=163) girls knew that menstruation is uterine bleeding. 58.7% (n=285) girls did not know the reason for menstruation. 73.1% (n=355) of girls knew the duration of the menstrual cycle. 89.3% (n=434) girls used sanitary pads during menstruation, 8.1% (n=39) girls used cloth pieces and 2.7% (n=13) used tampons. 97.3% of the girls were not allowed to go to temple, 83% girls were not allowed to cook and 92% percent girls were not allowed to take rest during the day

Conclusions

The present study highlights the need for adolescent girls to have accurate and adequate information about menstruation. The study revealed that the knowledge on menstruation is poor and the hygiene practiced is often sub-optimal. Awareness among adolescent girls regarding menstruation has increased in recent times but there is a lot more to be done to improve menstruation and menstrual health management awareness among adolescent girls for addressing poor menstrual health

KEYWORDS: *Menstruation, Menstrual Hygiene, Awareness & Healthy Practices*

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INTRODUCTION

In order for women and girls to live healthy, productive and dignified lives [1], it is essential for them to manage menstrual bleeding effectively. Menstrual hygiene is a taboo subject, many women in South Asia are uncomfortable discussing menstruation in public. The first experience of menstruation is often associated with shame, fear, and agony. [2] Several studies have indicated that menstruating girls are not aware of the biological reasons associated with menstruation, and most thought menstruation to be a “disease.”[3,4,5,6]

Menstrual hygiene deals with the special health care needs and requirements of women during monthly menstruation. Many Studies show that majority of girls are aware of menstruation before menarche, but a significant number are not, and most girls do not fully understand the biological process of menstruation. A survey of 160 girls by Dasgupta and Sarkar in West Bengal (2008) found that 67.5% were aware of menstruation prior to menarche, but 97.5 percent did not know the source of menstrual bleeding [7].70% of women in India cannot afford to buy sanitary pads [8]. The multivariate analysis done in 2012, showed a lack of functioning common toilet in 40% of all government schools, while 40% lacked a separate toilet for girls [9]

Even though Women and girls constitute half of India’s population [2], gender disparities still impact women and girls’ education, health, and workforce participation. Data shows that adolescent girls face increasing restrictions to their mobility and agency during menstruation.

There are over 355 million menstruating women and girls in India [2], but millions of women across the country still face significant barriers to a comfortable and dignified experience with menstrual hygiene management (MHM). Poor menstrual hygiene with inadequate washing facilities increases susceptibility to infection and the odor of menstrual blood puts girls at risk of being stigmatized. Although there is evidence in India illustrating the problem, the evidence linking the impact of poor menstrual health, on critical outcomes is limited [2]. Lack or unaffordability of facilities and appropriate sanitary products may push menstruating girls temporarily or sometimes permanently out of school, having a negative impact on their right to education [1]

Girls often depend on their mothers for information and support, but 70% of mothers consider menstruation unclean. Taboos regarding menstruation vary across regions and families, common discriminatory practices include restrictions on living and eating with and/or cooking for the family, restrictions on visiting the temple, and using flowing sources of water such as rivers and streams [10]. Taboos restrict girls’ mobility and activity during menstruation. Most girls are influenced by mothers and grandmothers to follow cultural practices or taboos and these girls, in turn, perpetuate these taboos when they become mothers and grandmothers...

Menstruation is generally considered as unclean in the Indian society [3,11]. Their silence about menstruation which does not allow an open discussion on any subject on menstruation results in ignorance among adolescent girls about hygienic menstrual practices. Menstruation Hygiene Management (MHM) focuses on practical strategies for coping with

monthly periods. MHM refers to ways women themselves keep clean and healthy during menstruation and how they acquire, use and dispose of blood-absorbing materials. Poor menstrual hygiene is an important risk factor for reproductive tract infection and cervicalneoplasia [12, 13]. Knowledge about menstrual hygiene is vital for the health of adolescent girls as these same hygienic practices once developed persist throughout adult life [14, 15].

The aim of this study to evaluate adolescent school girls' knowledge and practice of menstruation, menstrual hygiene, and sanitation.

MATERIALS AND METHODS

This is a cross-sectional study conducted on a study population of 486 school going adolescent girls studying 8th to 12th standards. The sample was derived from a Government Girls High School, Bengaluru. Girls who have attained menarche were included in the study. The study was carried out between June and September 2016. Class teachers and physical education teachers were explained about the objectives of the study and required permission was taken from school authorities. A pre-designed semi-structured questionnaire was prepared for data collection. The girls were explained about the rationale of the study and were assured of privacy. The questionnaire included questions regarding the knowledge and awareness regarding menstruation, the source of information and practices followed to maintain menstrual hygiene. Questions about menstrual hygiene like the type of absorbent used, its storage place and the frequencies of changing them were included. Data about personal hygiene included washing and bathing during menstruation, the practice of wearing washed clothes was also asked. The demographic data collected included family details, parent's education and occupation. Adequate time was given to the students to fill up the questionnaire. Data was entered in Microsoft excel 2007 and Statistical analysis was done using descriptive statistics, Pearson Chi-square test, and Kruskal-Wallis test by using SPSS 18 package.

RESULTS

Out of the 486 girls studied 73.8% (n=359) of the girls were aged between 13-15 yrs. of age, with a mean age of 14.2±1.3 years. The mean age of menarche was 12.6±1.1 years. 76% of the girls studied belonged to Hindu religion, most of the girl's belonged to the nuclear family. Only 31.06% (n=151) girls were aware of menstruation before menarche. Among the girls without prior knowledge of menstruation 58.5% (n=196) girls were frightened and 41.5% (n=139) were worried on seeing first menstruation. The main source of information about menstruation and menstrual hygiene was their mother (46.5%, n=226), while sisters (22.6%, n=110), friends (19.3%, n=94) and teachers (11.5%, n=56) were the other sources. 58.23% (n=283) girls reported that menstruation refers to bleeding from the stomach, 33.5% (n=163) girls knew that menstruation is uterine bleeding, 5.1% (n=25) reported menstruation as urethral bleeding, 3.1% (n=15) reported it as white discharge. 58.7% (n=285) girls did not know the reason for menstruation. 73.1% (n=355) of girls knew the duration of the menstrual cycle. 89.3% (n=434) girls used sanitary pads during menstruation, 8.1% (n=39) girls used cloth pieces and 2.7% (n=13) used tampons. Among girls who used sanitary napkins or cloths, 6.3% (n=27) girls changed it once a day, 16.6% (n=81) twice a day, 49.8% (n=242) girls thrice a day, 27.2% (n=132) girls changed it 4 times a day. 76.1% girls threw the pads in house dustbin and 23.9% girls flushed in the toilet. 93% girls thought menstruation to be dirty, 88.2% girls bathed daily during menses. 29.4% girls washed the genitals with only water and 70.6% girls used soap and water to wash their genitals. Only 61.6% girls knew that practicing good hygiene during menstruation would prevent reproductive tract infections. 94.1% girls washed hands regularly after using the washroom. Regarding restrictions during menstruation, 97.3% of the girls were not allowed to go to the temple, Pooja room or attend any religious function, 83% girls were not

allowed to cook and 92% percent girls were not allowed to take rest during the day. 84% percent girls experienced leg cramps and 77.6% girls had lower abdominal pain during menstruation.

DISCUSSIONS

Menstruation is a natural physiological process occurring normally in all healthy women. Menstruation is supposed to be invisible and silent, and sometimes, menstruating women and girls are supposed to be invisible and silent, too. During menstruation, millions of girls and women are subject to restrictions in their daily lives [18].

The present study was conducted in 486 adolescent girls of which majority girls (73.8%) were of age group 13-15 years. In the study by Drakshayani DK et al [16] (76.3%) a number of girls were between 14-15 years of age, in the study by Channawar Kanchan et al 78.7% were of 13-15 yrs. age, these finding correlate with findings in the present study.[17]

Only 31.6% girls were aware of menstruation before menarche. In the study of 435 school going girls, J. Barathalakshmi et al [19] found that only 123 girls (28.2%) were aware of menstruation before menarche which is similar to the finding in our study. Mother was the commonest source of information on menstruation with 46.5%, (n=226) saying mother to be the primary source of information. Similar findings were seen in other studies done elsewhere in India [7,19, 20]. Among the girls without prior knowledge of menstruation 58.5% (n=196) girls were frightened and 41.5% (n=139) were worried on seeing the first menstruation. In similar studies conducted in India and Nigeria, most adolescent girls expressed fear during their first menstrual period [21, 22]. Social prohibitions and silence of family members in discussing menstruation-related issues are the cause of ignorance among these adolescent girls. Inadequate knowledge and false beliefs make girls unprepared for menstruation leading to fear and anxiety on their first menstruation.

In the present study, only 33.5% girls knew that menstruation is due to uterine bleeding. Similar low percentage of girls had knowledge of menstruation in studies carried out in elsewhere in India [22, 23, 24]. It was quite distressing to observe more than half of the girls (58.7%) in the present study had no knowledge about the cause of the menstrual bleeding. The type of absorbent used during menstruation is of importance since unhygienic materials could lead cause of infection. In the present study 89.3% (n=434) girls used sanitary pads during menstruation, 8.1% (n=39) girls used cloth pieces and 2.7% (n=13) used tampons. Similar findings were seen in the study by J. Barathalakshmi et al [19] where 90.5% of the respondents used disposable sanitary pads and only 9.5% girls used an old piece of cloth as absorbent. Contrasting findings were seen in the study conducted in Maharashtra, where only 15.6% girls used sanitary napkins [22]. The increased use of sanitary pads in the present study is mostly due to increased awareness among girls. 70.6% girls in the present study practiced good genital hygiene during menstruation. Other similar studies by Dasgupta (28%), Omidvar (22%) had recorded that less than one-third of the study participants practiced good genital hygiene [7, 20]. This shows that awareness among adolescent girls regarding menstruation has increased in recent times but there is a lot more to be done to improve menstruation and MHM awareness among adolescent girls, for addressing poor menstrual health.

Many cultures have their own beliefs, myths, and taboos relating to menstruation. They have social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Many restrictions of various forms have been placed on the menstruating girl based on these cultural beliefs. In the present study, 97.3% of the girls were not allowed to go to the temple, enter the pooja room or attend any religious function, 83% girls were not allowed to cook or enter the kitchen and 92% percent girls were not allowed to take rest during the day. Similar findings were seen in other studies conducted in India [12, 20]. We educated these adolescent girls about the physiology of

menstruation, menstrual hygiene, and sanitation. Limitations of this study were that the accuracy of respondent's answers on menstrual practice cannot be independently verified as it was assessed by using self-administered questionnaire. Generalization of the outcome of this study might be limited due to wide social and cultural diversity.

CONCLUSIONS

This study was conducted to evaluate adolescent school girls' knowledge and practice of menstruation, menstrual hygiene, and sanitation. The present study highlights the need for adolescent girls to have accurate and adequate information about menstruation. The study revealed that the knowledge on menstruation is poor and the hygiene practiced is often sub-optimal. Girls should be educated about the facts of menstruation, its physiological implications, about the significance of menstruation and development of secondary sexual characters, and above all, they should be imparted knowledge of proper hygienic practices and sanitation. The above findings support the need to encourage safe and hygienic practices among adolescent girls and bring them out of traditional beliefs, misconceptions, and restrictions regarding menstruation. Awareness among adolescent girls regarding menstruation has increased in recent times but there is a lot more to be done to improve menstruation and MHM awareness among adolescent girls for addressing poor menstrual health.

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