

MENSTRUAL HYGIENE: GAPS IN THE KNOWLEDGE AND PRACTICES IN ADOLESCENT SCHOOL GIRLS

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ABSTRACT: Menstrual hygiene is an issue that is insufficiently acknowledged. Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls lacking knowledge and remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes. Menstrual hygiene, a very important risk factor for reproductive tract infections (RTI), is a vital aspect of health education. Menarche is a significant milestone in the transitory developmental journey of an adolescent. Poor personal hygiene and defective menstrual management practices give rise to repeated reproductive tract infections (RTIs), which are otherwise preventable. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. There is a substantial lacuna in the knowledge about menstruation among adolescent. This study was conducted to assess the knowledge, attitudes and practices of adolescent school girls of a secondary school in an urban setting. It was found that there was lack of knowledge in specific areas. This study throws light on lack of basic amenities in school for girls which in turn leads to unhygienic practices during menstruation. These reinforce the fact that health education has to be more effective and also that the need of the hour is basic amenities in schools.

KEYWORDS: Menstruation, Menstrual hygiene, Knowledge, Practices, Socio-cultural restrictions.

INTRODUCTION: The taboo and myths regarding menstruation and menstrual hygiene has its roots since ancient times and is followed even today.¹ The socio cultural restrictions imposed on girls creates a negative attitude towards this phenomenon.² It also creates a mindset in which mothers, teachers hesitate discussing these issues openly, which in turn lead to adolescent girls being ignorant.¹ Insufficient knowledge, unhygienic practices during menstruation lead to repeated reproductive tract infections which are otherwise preventable.³ Therefore this study was designed to assess the knowledge, beliefs, and source of information regarding menstruation among the adolescent girls of secondary school and also to identify the status of menstrual hygiene among them.

AIMS AND OBJECTIVES:

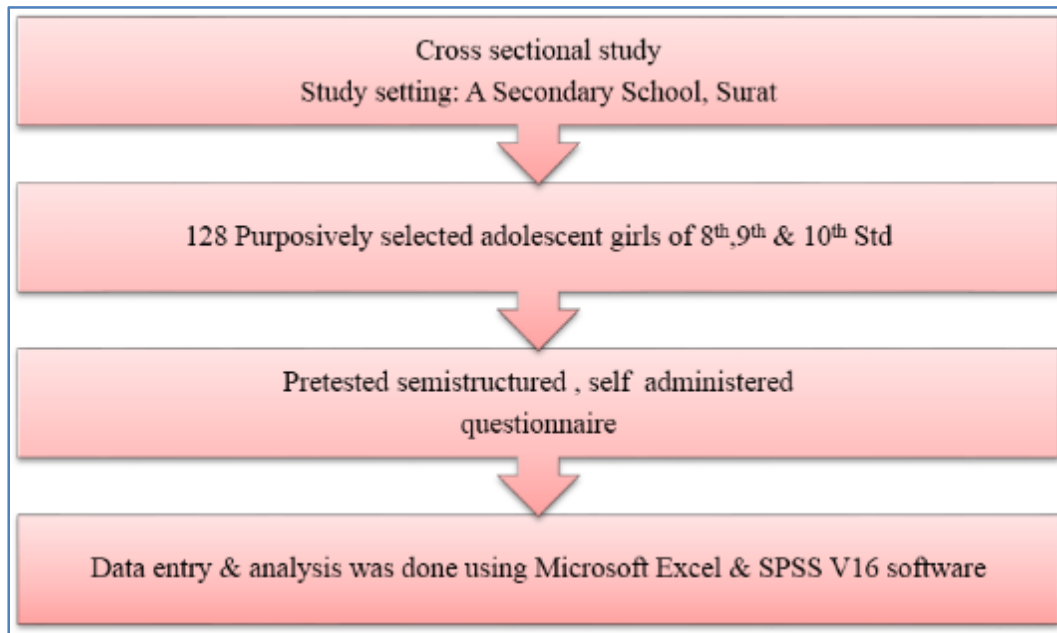
AIMS: To assess knowledge, attitude, practices regarding menstrual hygiene among adolescent girls.

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OBJECTIVES:

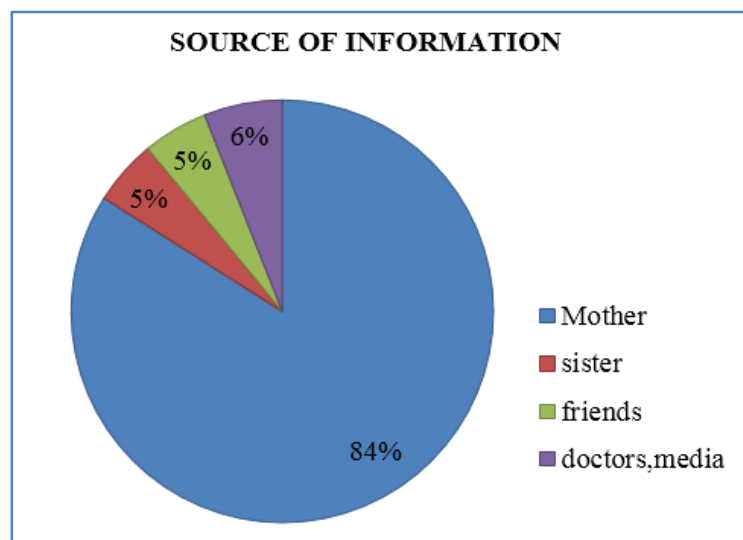
- 1) To explore the knowledge and practices regarding menstruation and its hygiene.
- 2) To find out restrictions imposed during menstruation.

METHODOLOGY:



NOTE: Health education was given to the study population prior to this study.

OBSERVATIONS AND RESULTS: The mean age of menarche was 11.75 years. About 93 % participants were aware about menstruation prior to menarche; mothers were the main source of information (84%).



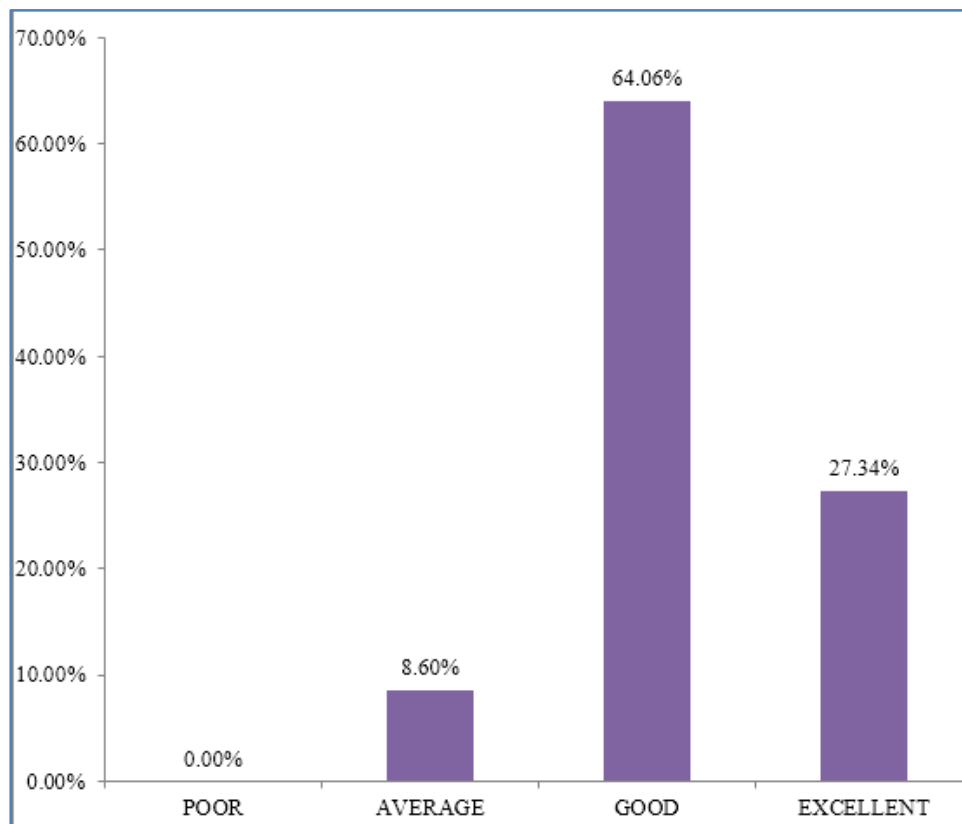
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KNOWLEDGE:

	QUESTION	SCORE
A.	Menstruation – physiological process	1
B.	Hormones as the cause of menstruation	1
C.	Source of menstrual bleeding	1
D.	Normal duration	1
E.	Normal interval	1
F.	Awareness of sanitary products available in the market	1
G.	Ideal absorbant	1
H.	Cleanliness during menstruation	1
I.	Poor hygiene predisposing to infection	1
J.	Age of menopause	1
	TOTAL	10

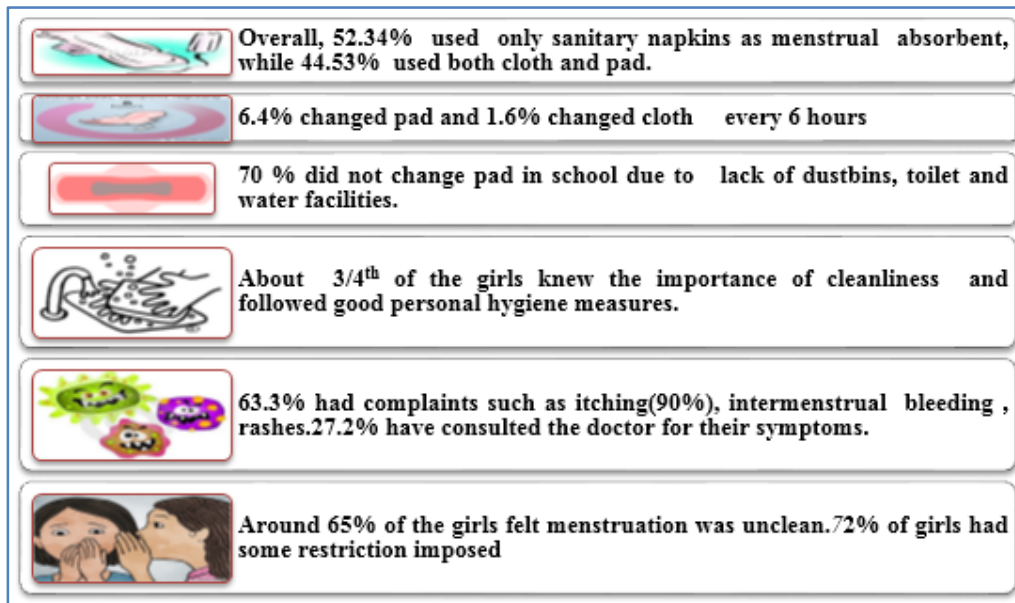
POOR: 0-2
GOOD: 6-8

AVERAGE: 3-5.
EXCELLENT: >8.



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PRACTICES:



87% were not allowed to go to the temple. 60% were not allowed to attend religious functions. 35.5% were not allowed to go kitchen and prepare food.

DISCUSSION: The study shows that the mean age at menarche was 11.75 years. In a study conducted by Kamat et al in Udupi, Karnataka, the mean age of menarche was 12.39 yrs and 13 years in a study conducted by Patil et al in Raichur in 2013¹. The findings in the present study is comparable to a study conducted by Yasmin. S et al in West Bengal in 2013 in which mean age of menarche is 11.95 years.² The findings suggest a decrease in the mean age of menarche, as in a study conducted in 2008 by ADNIMA et al it was 14.2 years.³ About 93% of the girls were aware of menstruation prior to menarche which is a positive finding with regard to awareness. In the study conducted by Kamat et al in Udupi and Yasmin. S in Calcutta, only 33.7% and 40% girls had awareness prior to menarche. Mothers were found to be the most common source of information (84%). This was a common finding in studies conducted by Patil. A et al (41%),

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Kamat et al & Yasmin. S et al.^{1,2} About 64 % had good knowledge about menstrual hygiene and 27.34% had excellent knowledge and only 8.6% were on the average range.

Regarding menstrual hygiene practices, 52.34% used only sanitary pads as menstrual absorbent, while 44.53% used both cloth and pad. In a study conducted by Kamath et al, 75.9% and 65% used only sanitary pads and 20.7% and 30.4% used both cloth and pad in urban and rural areas respectively.¹ In a study conducted in West Bengal by Yasmin et al 82.3% used only sanitary pads as menstrual absorbant.² In a study conducted in rural area of Raichur by Anju Ade et al, it was found that 65% used sanitary pads during menses³. Noting the findings in other studies, the use of only sanitary pads by adolescent girls in an urban setting in the present study is lesser and use of both pad and cloth is higher as even compared to the rural areas in other places.

In this study, frequency of changing pad is about 6.4% and frequency of changing cloth is about 1.6% every 6 hours. In a study conducted by Rupali Patle et al 2.37% changed pad every 6 hours.⁴ This shows that a significant number of girls are not changing pad/cloth every 6 hours as recommended for maintaining good menstrual hygiene and studies indicate that lack of hygiene could predispose to reproductive tract infections¹. In the present study, 70% girls did not change pad in school due to lack of dustbins, toilet and water facilities which again is a significant finding and throws light on factors which hinders maintenance of good menstrual hygiene for adolescent girls.

About 3/4th of the girls (about 93%) knew the importance of cleanliness and followed good personal hygiene measures like taking bath every day, washing the genitalia, hand washing practices before and after changing pad/cloth, appropriate disposal of sanitary pad and drying of cloth in sunlight when used. In study conducted by Yasmin et al, Rupali Patle et al and Juyal R et al about 85%, 62.03%, 90% of the girls followed good hygienic practices.^{2,4,5} This suggests a positive finding in this aspect.

About 63.3% of the participants had complaints such as itching, inter-menstrual bleeding, rashes. Among them, 27.2% have consulted the doctor for their symptoms. The secrecy associated with the reproductive health issues hitherto considered taboo are some of the underlying reasons for the silent spread of RTIs as most of the girls and women do not consult the doctor for their symptoms¹. In this study, more than half of the girls (63.3%) had complaints and less than half among them (27.2%) have consulted the doctors for their symptoms.

Around 65% of the girls felt menstruation was unclean. 72% of girls had some restriction imposed such as not being allowed to go to temple (87%), not allowed to enter religious functions(60%), not being allowed to enter kitchen and not being allowed to cook (35.5%), take water from pot, not allowed to touch other's belongings etc. In a study conducted by Juyal. R, 97.6% of the girls faced social restrictions⁵. Even in the present times with advancement of scientific knowledge, socio-cultural restrictions such as these are being imposed.

CONCLUSIONS AND RECOMMENDATIONS: Health education classes have played a role as it has partly improved knowledge regarding some aspects of menstruation and personal hygiene measures to be taken. There was lack of knowledge in specific areas. Frequency of changing pad/cloth is not as per recommendations for maintaining good menstrual hygiene. Lack of basic

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amenities in school also hinders this. Socio cultural restrictions persist probably due to the rigidity in the parents/grandparents. If the information provided via health education classes is understood completely, consciously, and scientifically, then we can hope that these practices would change in the next generation. Basic amenities in school have to be provided.

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