

**“MENSTRUAL HYGIENE- AN ISSUE RIGHTLY TO BE ADDRESSED”****Lata Sethi**

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**Abstract****Background:**

Adolescent population occupies 1/5th of world's population and in India 20.9% of the population falls into this age group. Social prohibitions and traditional beliefs blocked the access to get the right kind of information to adolescent girls that led to poor hygiene practices. These practices results in harbouring of micro-organisms that increases susceptibility to genito-urinary infections. Hence this study was conducted to study the menstrual hygiene practices among adolescent girls and in rural area. Menstruation, generally known as a "period," is a natural biological process that millions of people throughout the world go through each month. When the uterus releases blood and uterine lining tissue via the vagina, it is known as a period. Unable to control their menstrual cycle in a respectable and healthy manner are millions of these girls, women, transgender men, and non-binary people. Teenagers' life enter a new phase with the onset of menstruation, which also brings with it new vulnerabilities. However, many adolescent girls experience stigma, bullying, and social exclusion when they are menstruating. Due to discrimination based on gender identity, transgender males and non-binary people are denied access to the resources and facilities they require. Menstrual health and hygiene requirements may not be satisfied due to gender inequity, discriminatory social norms, cultural taboos, poverty, and a lack of basic amenities like restrooms and sanitary products. May be due to lack of knowledge, the attitudes of people towards menstruation, their practices are so.

**Objectives:**

*To study the menstrual hygiene practices among adolescent girls in rural area.*

**Methodology:**

*A community based descriptive cross sectional study was conducted in rural field practicing rural area of city, by using semi-structured questionnaire. 528 adolescent girls were included by complete enumeration. In view of the above, a research was conducted in order to see whether which way the intended message of maintaining adequate menstrual hygiene could be communicated that could eventually result in altering the current attitude and practices and thus it was found that two methods are a proven strategy.*

- 1. Direct intervention Method:*
- 2. Peer-led Intervention Method*

*Direct Intervention is an approach where with the aid of a support professional (expert) or interventionist, family members, friends, and loved ones face the afflicted individual in a direct way. It means that the individual will get a chance to speak with the expert privately and openly about his or her personal concerns. These kinds of interventions can be quite beneficial for people who struggle with needing assistance but are hesitant to ask for it or take the necessary steps to get there with the help of an expert in the field*

**Results:**

*Majority (89.2%) of the adolescent girls was using sanitary pads, fresh and reusable cloths were used by 6.6% and 4.2%, respectively. 65.3% girls changed their soaked absorbent 2-5 times in a day. Majority (60.8%) of the girls disposed their used absorbent by burying or burning. 67.9% girls were washing genitalia during maturation.*

54.4% used soap and water for hand cleaning purpose and 1.4% used ash & mud etc. Regarding the communication relating to the dissemination of health education connected to menstrual hygiene, both of these strategies have their own advantages. Many adolescent girls have benefited from these techniques in understanding menses, as well as the advantages and disadvantages of certain practises and attitudes based on prior knowledge.

**Conclusions:**

Even though sanitary pad users were high, unhygienic practices were noticed, so more emphasize is needed to be given on awareness of menstrual hygiene practices among adolescent girls.

**Key words:**

Adolescent girls, menstrual health and hygiene, sanitary pads, genito-urinary illness.

**Introduction:**

Adolescence has been recognized as a special period that requires specific attention as it marks the onset of menarche, an important milestone, and hence good hygienic practices during menstruation are crucial to maintain a healthy life. Menstruation (a period) is an exceptional phenomenon that the nature has planned for women. It is not just a small term but a major stage where a woman undergoes certain reproductive changes from onset of menstruation (menarche) till menopause. Adolescence is the stage of physical, psychological, and reproductive development that generally occurs during the period from puberty to legal adulthood. The World Health Organization defines adolescence as individuals between 10 and 19 years of

age. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. This period is marked with onset of menarche. Menstruation is surrounded by various psychological and religious barriers due to lack of knowledge about the scientific process of menstruation. Many girls residing in slum areas are unaware of what actually happens during menstrual cycle. Although menstruation is a natural process, it is linked with several perceptions and practices within the community, which sometimes may result in adverse health outcomes.

**REVIEW OF LITERATURE:**

**Mohsina H. MitaFatema T. Zahara Md Hasib (2021)**, Menstrual hygiene practices refers to maintaining specific hygiene during menstrual periods. Excused or unexcused school absenteeism can be attributed to adopted menstrual hygiene practices. This study aimed to assess the prevalence of school absenteeism during menstrual cycle and to explore the association of menstrual hygiene practices with school absenteeism among schoolgoing adolescent girls in Bangladesh. A cross-sectional study was conducted from April to November 2019 based on a sample of 442 school-going adolescent girls (aged 10–19 years) from randomly selected nine Girls' Schools in the Dhaka division, Bangladesh. Data were collected by an interviewer-administered questionnaire and a multiple regression model was

applied to assess factors associated with school absenteeism. The prevalence of school absenteeism was (35.1%) among school-going adolescent girls in Bangladesh. Factors associated with school absenteeism included older adolescent girls (AOR=2.97; 95% CI: 1.66–5.24,  $p<0.05$ ), with an illiterate mother (AOR=5.36; 95% CI: 1.91–12.44,  $p<0.05$ ) and illiterate father (AOR=4.66; 95% CI: 1.79–11.24,  $p<0.001$ ), from single families (AOR=2.54; 95% CI: 1.45–4.47,  $p<0.001$ ), who did not know about the menstruation cycle before menarche (AOR=2.14; 95% CI: 1.32–3.48,  $p<0.001$ ) and who practised poor hygiene management (AOR=5.66; 95% CI: 2.73–15.32,  $p<0.001$ ). Poor hygiene management including the lack of sanitary pads, the washing of a reusable cloth without soap/antiseptics, and lack of bathing and cleaning external genitalia, were factors associated with school absenteeism. The study findings may help governmental and non-governmental organizations design interventions to improve knowledge on the menstrual cycle and so reduce school absenteeism during menstrual periods.

**Tanvi Nitin Deshpande,<sup>1</sup> Supriya Satish Patil,<sup>1</sup> Supriti Balaram (2018),** This study was planned to assess knowledge, beliefs, and source of information regarding menstruation, and also to assess hygiene among them. A cross-sectional study was carried out in urban slum area. Data were collected using pre-tested proforma during the period of August 2017. Among the 100

adolescent girls, 72% were between 15 and 19 years. A maximum of 47% were having high school education. About 47% mothers were illiterate; 27% girls had menarche at 14 years and 82% had regular cycles. About 76% had no knowledge of menses before menarche. The source of information was mother in 84%. Only 16% girls commented that bleeding initiated in uterus. About 60% girls used sanitary pad and the rest used cloth pieces. About 22% used water and no soap for hand washing. Multiple restrictions were practiced. This study reported that menstrual hygiene was unsatisfactory among adolescent girls. Therefore, girls should be educated about the facts of menstruation and proper hygienic practices.

**Anna Maria van Eijk, M Sivakami, Mamita Bora Thakkar, Ashley Bauman, (2016)** Menstrual hygiene management (MHM) is a problem for adolescent girls in low and middle income countries (LMICs), particularly when attending school. Poor water, sanitation and hygiene (WASH) facilities in schools, inadequate puberty education and lack of hygienic MHM items (absorbents) cause girls to experience menstruation as shameful and uncomfortable. In this study to assess the status of menstrual hygiene management (MHM) among adolescent girls in India to determine unmet needs. Methodology of this study was Systematic review and meta-analysis. The Global Health Database, Information on menarche awareness, type of absorbent used,

disposal, hygiene, restrictions and school absenteeism was extracted from eligible materials; a quality score was applied. Metaanalysis was used to estimate pooled prevalence (PP), and meta-regression to examine the effect of setting, region and time. Data from 138 studies involving 193 subpopulations and 97, 070 girls were extracted. In 88 studies, half of the girls reported being informed prior to menarche (PP 48%, 95% CI 43% to 53%, I<sup>2</sup> 98.6%). Commercial pad use was more common among urban (PP 67%, 57% to 76%, I<sup>2</sup> 99.3%, n=38) than rural girls (PP 32%, 25% to 38%, I<sup>2</sup> 98.6%, n=56), p Menstruating girls experienced many restrictions, especially for religious activities (PP 0.77, 0.71 to 0.83, I<sup>2</sup> 99.1%, n=67). A quarter (PP 24%, 19% to 30%, I<sup>2</sup> 98.5%, n=64) reported missing school during periods. A lower prevalence of absenteeism was associated with higher commercial pad use in univariate (p=0.023) but not in multivariate analysis when adjusted for region (p=0.232, n=53). Approximately a third of girls changed their absorbents in school facilities (PP 37%, 29% to 46%, I<sup>2</sup> 97.8%, n=17). Half of the girls' homes had a toilet (PP 51%, 36% to 67%, I<sup>2</sup> 99.4%, n=21). The quality of studies imposed limitations on analyses and the interpretation of results (mean score 3 on a scale of 0–7). At last Strengthening of MHM programmes in India is needed. Education on awareness, access to hygienic absorbents and disposal of MHM items need to be addressed.

#### **METHODOLOGY:**

A cross-sectional study was conducted from April to November 2019 based on a sample of 442 school-going adolescent girls (aged 10–19 years) from randomly selected nine Girls' Schools in the Dhaka division, Bangladesh. Data were collected by an interviewer-administered questionnaire and a multiple regression model was applied to assess factors associated with school absenteeism.

#### **Sampling:**

The minimum required sample size was calculated by using a single population proportion formula ( $n_0 = Z^2 p q/d^2$ ), 5% margin of error, 95% confidence intervals, and an estimated prevalence of school absenteeism of 40%, based on schoolgoing adolescent girls during the menstrual cycle in India (developing country like Bangladesh)<sup>12</sup>. This yielded a sample size of 442 with 20% non-response rate. A simple random sampling process was used for this study. At first, we randomly selected girls' schools from the list of the district education office for each district and then randomly selected participants from the attendance list of the respective classes. If the chosen girl was not interested in the study, she was excluded.

#### **Data Collection Procedure:**

A female research assistant was recruited and trained for fieldwork, which included sample selection and collection of data by reviewing the questionnaire through teamwork with the researcher. Structured questionnaires were used to collect data.

A random sampling approach was adopted to collect information like menstrual hygiene practices, the menstrual cycle pattern, and factors associated with school absenteeism through face-to-face interviews. The protocol of this study was approved by the Research Ethical Committee (REC) of the Department of Environmental Sanitation, Patuakhali Science and Technology University. The purpose of the study was explained in detail to the participants, and written informed consent was obtained from the subjects before participation in the study. Moreover, permission was obtained from the principals of the schools.

**DATA ANALYSIS & INTERPRETATION**

The quantitative data were analyzed using SPSS for Windows Version 23.0. Descriptive statistics, such as frequency, percentages, mean and standard deviation, were used to analyze the demographic details of the respondents. Multiple logistic regression analyses were performed to utilize factors associated with poor menstrual hygiene practices and school absenteeism during the menstruation cycle. The adjusted odds ratio (AOR) was used to evaluate the strength of associated factors with poor menstrual hygiene practices and school absenteeism during the menstruation cycle at 95% CI, and  $p < 0.05$  was considered statistically significant.

**Sociodemographic characteristics of school-going adolescent girls in Bangladesh**

(N=442)

Charac- acteri- stics	Total n (%)	Absenteeism		P
		Yes n (%)	No n (%)	
<b>Total</b>		155 (35.1)	287 (64.9)	
<b>Age (years)</b>				0.047
<15	27 (37.8)	27 (16.2)	140 (83.8)	
≥15				
	275 (62.2)	127 (46.2)	148 (53.8)	
<b>Religi- on</b>				0.167
Musli- m	407 (94.3)	128 (31.5)	279 (68.5)	
Non- Musli- m	35 (5.7)	27 (77.1)	8 (22.9)	
<b>Moth- er’s educa- tion level</b>				0.035 <sup>a</sup>
Illitera- te	75 (16.9)	53 (70.7)	22 (29.3)	
	128 (28.9)	55 (43.0)	73 (57.0)	
Prima- ry	239 (54.2)	47 (19.7)	192 (80.3)	
Secon-				

dary or above				
<b>Mother's occupation</b>	331 (74.9)	79 (24.0)	252 (76.0)	0.0
Housewife	111 (25.1)	76 (68.5)	35 (31.5)	0.4 <sup>a</sup>
Employed or other				
<b>Father's education level</b>				
Illiterate				
Primary	58 (13.1)	39 (67.2)	19 (32.8)	0.0
Secondary or above	153 (34.6)	64 (41.8)	89 (58.2)	0.0
Farmer	231 (52.3)	52 (22.5)	179 (77.5)	7 <sup>a</sup>
<b>Father's occupation</b>	189 (42.8)	47 (24.9)	142 (75.1)	0.0
Employed	253 (57.2)	108 (42.7)	189 (57.3)	4.6 <sup>a</sup>

yed or other			
<b>Type of family</b>			
Extended	275 (62.2)	66 (24.0)	89 (53.3)
Single/nuclear	167 (37.8)		
<b>Knew about menstruation cycle before menarche</b>			
Yes	251 (56.8)	53 (21.1)	
No	191 (43.2)	102 (53.4)	
<b>Source of information before menarche</b>			
Mother	243 (55.0)	80 (32.9)	
Relatives/friends	78 (17.6)	37 (47.4)	
TV/movies	66 (14.9)	25 (37.9)	
School program	55 (12.5)	13 (23.6)	
<b>Thoughts about menstruation</b>			
Don't know	297 (67.2)	86 (29.0)	
Physiological process	134 (30.3)	62 (46.3)	
Curse of God	11 (2.5)	7 (63.6)	

**Result:**

We found that about one-third (35.1%) of school-going adolescent girls were absent from school during menstrual periods, which is in accordance with a study conducted among adolescent girls in India (40%). Another study conducted in Nepal reported that girls were more likely to be absent from school during menstruation than on other days. This study identified that the older adolescent girls, whose mother was illiterate, and came from a nuclear family were significantly associated with higher school absenteeism during menstrual periods. Older adolescent girls were more absent from school compared with younger girls, and this was consistent with previous studies. Overall, school absenteeism was higher among the older age group, indicating that age may be a significant factor associated with school absenteeism. School absenteeism was higher among the adolescent girls whose parents were illiterate, a result also found in a study conducted among Nigerian school-going girls. Literate mothers play an important role in motivating their daughters regarding hygiene practices and a healthy attitude toward menstruation. Thus, school absenteeism was high among adolescent girls with illiterate mothers. Adolescent girls who come from a nuclear family and had no knowledge about menstrual hygiene management before menarche were more absent from school. A study conducted in Dibrugarh town reported that adolescent girls from single/nuclear families were more absent from school during menstruation. It also found that girls from

an extended family had good knowledge of menstrual hygiene management, as found in previous studies. School absenteeism among the adolescent girls was lower for those who received information about menstrual hygiene management from school-based programs, as found in a previous study. Hence, this study suggests that school-based menstrual hygiene practice intervention programs should be increased to reduce school absenteeism among school-going adolescent girls.

The present study revealed that poor menstrual hygiene practices were significantly associated with absenteeism among school-going adolescent girls during menstrual periods, in line with previous studies. A study conducted in India reported that poor hygiene management was associated with reproductive tract infections. In our study poor hygiene management was considered if: the frequency of change of sanitary pad/cloth was greater than eight hours; not cleaning hands before and after changing MHM materials; not washing external genitalia at least once per day; and using reusable sanitary pads/cloths without washing them with soap/antiseptic. This type of poor hygiene is intricately linked with risks of infection, such as urogenital infections, yeast infection, fungal infection, and urinary tract infection, leading to increased school absenteeism during menstrual periods.

This study found that school absenteeism was higher among adolescent girls who used homemade cloths or underwear, reused sanitary materials, washed reusable cloths with only water and dried these inside the house or outside without sunlight. School absenteeism was less among the girls who use sanitary pads during this period. School absenteeism was significantly associated with the reuse of sanitary materials, consistent with results found with a study conducted in Northeast Ethiopia. The adolescent girls who used sanitary pads were more concern about menstruation and hygiene practices. Due to proper hygiene maintenance and concern about menstruation, they had less reproductive tract infections and less school absenteeism. Reusable sanitary cloth washing with soap or antiseptic results in properly disinfected or less contaminated cloths that inhibit several genital problems and less infection. Improper drying of reusable cloths may be associated with contamination and responsible for reproductive tract infections found in a previous study. Unsatisfactory cleaning or cleaning without soap/antiseptics also leads to less school participation by adolescent girls during menstrual periods. This issue is responsible for reproductive infections and pain during menstruation

### **Conclusion:**

The major finding of this study was that the lack of knowledge and the lack of wash facilities and soap/antiseptic

equipment for washing sanitary pads, for bathing and cleaning external genitalia were responsible for school absenteeism among school-going adolescent girls. Menstrual hygiene management knowledge and adequate mother's education level prevent school absenteeism. This study's findings may help governmental and nongovernmental organizations to design programs to reduce school absenteeism during menstrual periods by improving education on health hygiene practices during the menstrual cycle.

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