



A STUDY TO ASSESS THE PRACTICES AND RESTRICTIONS RELATED TO MENSTRUATION AMONG ADOLESCENT GIRLS IN SELECTED RURAL SCHOOLS OF MAHARASHTRA

Community Medicine

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ABSTRACT

Introduction – Adolescence is a transitional phase between childhood and adulthood. Menstruation is the normal physiological process which occurs during this period. Although menstruation is a natural process it is linked with several misconceptions. Due to shy nature, lack of scientific knowledge, cultural taboos, myths, gender discrimination and restricted practice during menstruation, they are reluctant to discuss this topic with their parents and often hesitate to seek help regarding their menstrual problem. Adolescent girls are the future mothers and their health status significantly contributes to the health status of the community.

Objectives:- To assess the knowledge and practice regarding menstrual hygiene among rural adolescent girls.

Population: Adolescent girls aged 13-19 years studying in selected rural schools.

Methods:- A cross-sectional descriptive study with purposive Convenience sampling technique was used to collect data from 60 samples. The research variables were menstrual hygiene, knowledge and practice. Based on the objectives a semi-structured questionnaire was prepared to identify sociodemographic variables along with knowledge and practice on menstrual hygiene. Data was analysed using simple statistical tests.

Results:- It was inferred that among 60 adolescent girls, 75% of adolescent girls had knowledge deficit regarding menstruation while almost 50% had restriction imposed during menstruation.

Conclusion- The study depicts alarming results lacking menstrual hygiene among adolescent girls. The associated factors related to these problems needs to be urgently addressed to improve the health status of adolescent girls. In our community Policymakers and media can develop more awareness programmes in the schools' regarding promotion of menstrual hygiene among adolescent girls.

KEYWORDS

Menstrual hygiene, knowledge and practice

INTRODUCTION

Adolescence is a transitional phase between childhood and adulthood characterized by marked acceleration in growth.¹ Adolescence begins with pubescence- the earliest sign of development of secondary sexual characteristics and continues until morphological and psychological changes approximate adult status.² Menstrual problems are generally perceived as only minor health concerns and thus considered irrelevant to the public health agenda, particularly women in developing countries who may face life-threatening conditions.³

Because of the taboo and shame linked to menstruation along with the silence and global neglect of this basic human needs women and girls are often ashamed of their bodies and unable to speak about their real and practical need. Today's adolescent girls are tomorrow's home makers but most of them are extremely unaware of their own bodies. Studies on girls response to menarche have determined that it is a highly salient and intense event and a turning point in female development thus attention and adequate preparation is associated with more positive response. Breaking the taboo starts with broaching the subject and the best place to do this is the schools where the topic can be dealt as the key priority. The dictum very rightly adopted by WASH2012 is "TAKE THE PLEDGE –BREAK THE SILENCE"

World Health Organization (WHO) report suggests that in South East Asian Region a large number of adolescents, who constitute 20% of the population suffer from malnutrition and anaemia, which has an adverse impact on their reproductive health.⁸ Majority of adolescent girls does not seek health care services in developing countries due to lack of knowledge, education, cultural taboos and male dominance. School absenteeism is found among 75% adolescent girls during menstruation. In the coming 5 to 10 years, the adolescent girls will become mother and will be responsible for the health of the future generation. In view of the high prevalence of restrictive practices during menstruation among adolescent girls and the fact that many of them get married early, conceive and face the problems associated with anaemia in pregnancy, it is imperative to screen and treat them early for anaemia.⁶

Methods/Approach

A cross sectional survey design was chosen for the study. A semi structured questionnaire was used to assess the sociodemographic variables, knowledge and practices.

Firstly, a total of 60 girls who met the inclusion criteria were listed

down and were subjected for research study. The adolescent girls attained menarche were from standard VIII to Standard X.

Schools were selected and formal permission was obtained from the school authorities, parents and the adolescent girls for conducting the research study. The investigator has selected one school from Rural Community for conducting the pilot study and for checking the validity of tool. For the final study the investigator had taken samples from different school at selected rural community.

A questionnaire was prepared to assess the sociodemographic variables and questions related to knowledge and practices regarding menstrual hygiene. The tool was a semi-structured questionnaire. All the questions were structured and were multiple choice types except two which was open ended.

RESULTS

Table 1: Distribution of sociodemographic characteristics of adolescent girls

Attribute	Sociodemographic characteristics	Frequency f	Percentage %
			n=60
Age (Years)	10-13	20	33.33
	14-16	40	66.67
Family	Nuclear	36	60
	Joint	24	40
Educational qualification of mother	No formal education	09	15
	Primary	09	15
	High school	40	66.67
	Graduate	02	3.33

(Figures in parenthesis denote percentage)

Table 2: Distribution of premenstrual symptoms reported by adolescent girls

Attribute	Frequency f	Percentage %
n=60		
Abdominal pain	40	66.67
Weakness	20	33.33
Headache	10	16.67
Nausea	18	30
Breast Tenderness	23	38.33

Table 3: Distribution of knowledge regarding cause of menstruation reported by adolescent girls

n=60

Attributes	Cause	Frequency	Percentage
Menstruation	Natural cause	12	20
	Abnormal cause	3	05
	Do not know	45	75

Table 4: Distribution of use of sanitary pads reported by adolescent girls

n=60

Attributes	No of sanitary pads used in a day	Frequency	Percentage
Use of sanitary pads	1	12	20
	2-3	30	50
	4 or more	18	30

Table 5: Distribution of disposal of sanitary pads reported by adolescent girls

n=60

Attributes	sanitary pads disposal	Frequency	Percentage
Disposal of sanitary pads	Directly in dustbin	9	15
	Wrapped and thrown in dustbin	27	45
	Burial	24	40

Table 6: Distribution of practised restrictions reported by adolescent girls

n=60

S. No.	Practised Restrictions	Total no of individuals	Percentage
1	Restrictions on worshipping , going to temple	28	46.67
2	Restrictions on doing household jobs	31	51.67
3	Restrictions on playing	26	43.33
4	Restrictions on eating pickle, sour and spicy items	24	40
5	Restrictions on attending marriages	11	18.33
6	Restrictions on attending school	8	13.33
7	Restrictions on working in the kitchen	8	13.33
8	Restrictions on wearing new clothes	11	18.33
9	Restrictions on going the courtyard in the evening	2	3.33
10	Restrictions on sleeping	8	13.33
11	Restriction on lifting heavy weights	1	1.67

CONCLUSION

Reproductive tract infections which have become a silent epidemic that devastates a women's life is closely interrelated with poor menstrual hygiene, therefore proper menstrual hygiene and correct perceptions can protect the women folk from this suffering. Before bringing any change in the menstrual practices the girls should be educated about the facts of menstruation, physiological implications about the significance of menstruation and above all about proper hygienic practices with selection of suitable disposable absorbent. This can be achieved through educational training programmes, school nurses, health personals, compulsory sex education in school curriculum and knowledgeable parents so that her received education would indirectly wipe away the age old wrong ideas and make her feel free to discuss these matters without hesitation. All mothers irrespective of their educational status should be taught to break these inhibitions about discussing with their daughters regarding menstruation much before the age of menarche.

Lack of privacy is an important problem. In resource poor context where women do not have access to poor facilities such as water, toilet and privacy the standard of hygiene one can maintained is severely compromised. There is a need to improve the housing conditions with basic facilities. Universalised use of sanitary pads can be advocated to every girl only by making it available at affordable prices (social marketing).

Along with regular counselling of students the health worker female from the subcentre should conduct regular visit to the adolescent girls of the particular locality to impart menstruation related health education to the target groups. The health worker from the PHC should conduct supervisory visits to reinforce the concepts of menstrual

hygiene. The parent teacher meetings in the schools should address these issues with great concern. School teachers being the key persons in reinforcing education should be counselled to deal with students facing menstrual problems in schools. Adolescent girls should be encouraged to carry sanitary pads to school. A senior girl can be made a resource person in terms of keeper of sanitary pads to help students in emergency. Privacy of girls in school in terms of separate washrooms for changing pads and provision of proper covered bins for disposal of used pads is a must school premises.

This study reveals that menstrual hygiene is far from satisfactory among a large proportion of adolescent girls with ignorance, false perceptions, unsafe practices regarding menstruation and reluctance of the mother to educate her child which is quite a common practice.

Thus the above findings reinforce the need to encourage safe and hygienic practices among adolescent girls and bring them out of the traditional belief, misconceptions and restrictions regarding menstruation.

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