

Original article

Practices of Menstrual hygiene among urban adolescent girls of Hyderabad

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Abstract

Introduction: The stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity. There is a relation between menstrual hygiene and school drop out of girls from the high school.

Objectives: To elicit the beliefs, conception and source of information regarding menstruation and to find out the status of menstrual hygiene among adolescent girls.

Material & Methods: Present study was a institution based cross sectional study done in Government school of Hyderabad where in 180 girls from the above mentioned secondary school one class (class VIII) were selected and interviewed using a pre designed questionnaire. Data obtained were collated and analyzed statistically by simple proportions.

Results: Present study observed that 23% girls were not aware about menstruation prior to attainment of menarche. 159 (88.3%) girls believed it as a physiological process. Regarding practices during menstruation, 95(52.8%) girls used old cloth pieces during menstruation. For cleaning purpose, 148(82.2%) girls used both soap and water. Regarding the method of disposal of the used material, 89(49.4%) girls reused cloth pieces. 112(62.2%) girls practiced different restrictions during menstruation and among them 115(63.8%) girls did not attend any religious occasion.

Keywords: adolescent girls, school, menstruation, practices

Introduction:

The taboo of menstruation inflicts the dignity of millions of women & girls, the grave lack of facilities and appropriate sanitary products can push menstruating girls out of school, temporarily & sometimes permanently.

The stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to equality, non-discrimination, privacy, the right to freedom from inhumane and degrading treatment from abuse & violence. There is a relation between menstrual hygiene and school drop out of

girls from the high school infringement of the Millennium development goal MDG-2 (to achieve universal Primary education). The participation of girls lags far behind the participation of boys in the higher forms of Primary & Secondary education. The girls are married off at an early age in some cultures, many girls are kept at home when they start menstruating, either permanently (drop out) or temporarily during the days they menstruate.

The gender unfriendly school culture & infrastructure and the lack of adequate menstrual protection, safe & sanitation facilities for girls undermine the right of privacy. Consequently, girls are left behind & there is

no equal opportunity. Due to this obstacle MDG3 (promote gender equality & empower women) cannot be achieved. The findings also reveal that girls expend considerable energy trying to keep their menses a secret. Menstruation is supposed to be invisible and silent and sometimes menstruating women and girls are supposed to be invisible and silent too.¹

The hygiene practices of women during menstruation are of considerable importance, as they affect their health by increasing their vulnerability to infections, especially infections of urogenital tract. The majority of them have no access to clean & safe sanitary products, or to a clean & private space in which to change menstrual clothes or pads and to wash. The best place to make an impact or improving the lives of girls & women is in water & sanitation. The time has come to promote loudly and unashamedly the role of good menstrual hygiene management as a trigger for better, stronger development of women & girls in all prospects of personal, educational & professional. There is also clear evidence to show that ignoring good menstrual hygiene is damaging not just women & girls directly but also for school, businesses & economics.

Objectives

With the above background, this study was undertaken with the following objectives:

1. To elicit the beliefs, conception and source of information regarding menstruation among the study population.
2. To find out the status of menstrual hygiene among adolescent girls.

Materials and Methods

Type of study: Institution-based cross-sectional observational study.

Place of study: The present study was undertaken among the adolescent school girls in the field practice area of Urban Health Center, Hyderabad. A Government secondary school was selected for this study.

Duration of study: One month, 5.1.2015 – 5.2.2015

Study population: One hundred and eighty girls from the above mentioned secondary school or one class (class VIII) were selected. It had four sections and one section was covered every week.

Study tool: A pre-designed, pre-tested questionnaire.

Methodology: After taking permission from the school authority, the class teachers of the four sections of class VIII were explained the purpose of the study and rapport was built up with the girl students and verbal consent was obtained from them. Briefing was done to the students regarding the questionnaire provided to them. This pre-designed, pre-tested and structured questionnaire included topics relating to awareness about menstruation; source of information regarding menstruation, hygiene practiced during menstruation and restricted activities practiced during menstruation. At the end of the study, after collection of the questionnaire from the students, all their queries were answered satisfactorily by the research worker.

Statistical analysis: Data obtained were collated and analyzed statistically by simple proportions.

Results

The study shows that age of menstruating girls ranged from 10 to 15 years. Among 180 respondents 92% were Hindus and 8% girls were Muslims.

Table 1 shows that 23% girls were not aware about menstruation prior to attainment of menarche.

Among 180 respondents, mother was the first informant only in case of 87(48.6 %) girls. Other sources of information were friends & relatives in

case of 70 (39.2%) girls. In the present study the mean age of menarche of respondents was 13.4 years.

Table 1 Age wise distribution and source of information

Age of menarche of study participants(Years)	No	Percentage
10	05	2.8
11	14	7.8
12	57	31.7
13	95	52.8
14	08	4.4
15	01	0.5
Source of Information before menarche		
Mother	87	48.6
Relative	5	2.8
Friend	65	36.4
Nil	23	12.2

Table 2 Perceptions regarding menstruation (n=180)

Beliefs/Conception	No	Percentage
What is the cause of menstruation?		
It is physiological Process	159	88.3
It is a curse of God	14	7.8
It is caused by a sin	5	2.8
It is caused by a disease	2	1.1
From which organ does the menstrual blood come?		
Uterus	16	8.8
Don't know	164	91.2
What absorbent should be ideally used during menstruation?		
Sanitary pad	74	41.1
Cloth piece	106	58.9

Table 2 shows the different beliefs and conception about menstruation among the respondents. It was observed that 159 (88.3%) girls believed it as a physiological process. Five (2.8%) girls believed it as a curse of God. Two (1.1%) girls believed that it was

a disease five (2.8%) girls believed it to be result of some sin. Most of the girls 164 (91.2%) did not know about the source of menstrual bleeding. More than half of the girls (58.9%) were ignorant about the use of sanitary pads during menstruation.

Table 3 Practice of menstrual hygiene (n=180)

Menstrual hygiene	No	Percentage
Use of material during menstruation		
Sanitary pads	24	13.3
New cloth pieces	9	5
Old cloth pieces	95	52.8
All the above	52	28.9
Cleaning of external genitalia		
Satisfactory *	141	78.3
Unsatisfactory +	39	21.7
Material used for Cleaning purpose		
Only Water	32	17.8
Soap and Water	148	82.2
Maintenance of privacy		
Yes	121	67.2
No	59	32.8
Method of disposal		
Cloth pieces reused	89	49.4
Sanitary pads/cloth pieces disposed properly	91	50.6

* Satisfactory: Frequency of cleaning of external genitalia is ≥ 2 /day;

+ Unsatisfactory: Frequency of cleaning of external genitalia is 0-1/day;

++ Multiple responses

Table 3 depicting the practices during menstruation shows that 24(13.3%) girls used sanitary pads during menstruation, 95(52.8%) girls used old cloth pieces and 9(5%) girls used new cloth pieces. 52(28.9%) girls used both cloth pieces and sanitary pads during menstruation. Cleanliness of external genitalia was unsatisfactory (frequency of cleaning of external genitalia is 0-1/day) in case of 24(15%) girls. For cleaning purpose, 148(82.2%) girls used both soap and water. Regarding the method of disposal of the

used material, 89(49.4%) girls reused cloth pieces and 105(58.3%) girls properly disposed the cloth pieces or sanitary pads used, i.e. they wrap the used cloth piece or sanitary pad in a paper bag and disposed in a place used for solid waste disposal.

Fifty nine (32.8%) have no access to privacy during menstruation. Privacy is taken as no door to the toilet, no private area to store the used cloth which must be taken home to be washed.

Table 4 Restrictions practiced during menstruation (n=180)

Restrictions	No	Percentage
Not Practiced	68	37.8
Practiced for *	112	62.2
Any religious occasion	115	63.8
Marriage	25	13.9
School	13	7.2
Playing	75	41.7
Household work	28	15.6
Certain foods	53	29.4

*Multiple responses

Regarding different types of restrictions practiced during menstruation [Table 4], only 68(37.8%) girls did not practice any restriction. 112(62.2%) girls practiced different restrictions during menstruation. Among them 115(63.8%) girls did not attend any religious occasion, 53(29.4%) girls did not eat certain foods such as sour foods, banana, radish, and curd. 75(41.7%) girls did not play, 28(15.6%) girls did not perform any household work. 13 (7.2%) girls did not attend school and 25(13.9%) girls did not attend any marriage ceremony during the menstrual period.

Discussion

This study reveals that the age of the menstruating girls ranged from 10-15 years, with the maximum number of girls between 11-13 years of age. Another researcher reported that the age of the menstruating girls ranged from 12-17 years, with the maximum number of girls between 13-15 years of age⁴. In the present study, the mean age at menarche was found to be 13.4 years, whereas the mean age for menarche was calculated to be 12.8, 13.2 and 13.7 years, as reported by other researchers^{2,5,6,7,8,9}. However, in urban areas, the mean age of menarche among the girls was earlier (12.85 ± 0.867) years, as against the earlier reported age of 12-14 years in India^{10,11,12,13,14,15}.

Prior awareness regarding menarche and menstruation among girls is generally low in most of the cultures. It was evident that only 81.8% of the participants were aware of menstruation before menarche. Menarche is an important event in girls at the threshold of adolescence and ideally, mothers should be the main informants at this tender age of the girls. However, mothers were the first informants for only 48.6% of the girls. The larger gaps may be due to the low literacy status of the mothers and high inhibitions for the mothers in talking to their daughters regarding the significance, hygienic practices and a healthy attitude towards menstruation. This practice will go a long way in maintaining a healthy reproductive tract for each and every girl child, who after she becomes a mother, will disseminate this healthy message to her offspring. Studies which were conducted by other researchers reported that the first informant was the mother in 40.67% and 37.5% of the subjects^{3,5,11,17,18}. Other sources of information were sisters, friends and teachers for the study girls. These findings were consistent with those of other studies^{2,3,5}. It was observed in this study, that only 88.3% of the girls believed menstruation to be physiological process, whereas in a similar study, 86.25% believed it to be a

physiological process⁵. Only 8.8% of the study girls stated that menstrual blood came from the uterus and 91.2% were unaware of the source of the menstrual bleeding. These findings were consistent with other study⁷. Forty one percent of the girls were ignorant about the use of sanitary pads during menstruation. The above observations may be due to lack of proper health education programs in the school, which focused on the menstrual health and hygiene among girls.

Studies which were reported from India and other developing countries have highlighted the common practices which have prevailed among the adolescent females^{5,8}. The type of absorbent material which is used is of primary concern, since reuse of the material could be a cause for infection if it is improperly cleaned and poorly stored⁸. This study revealed that most of the rural girls used old clothes as menstrual pads and that they reused the clothes after washing them with soap and water. They discarded the clothes by burning them or throwing them with the routine waste after using it for a few months. Very few girls from the rural areas used sanitary pads which were available in the market; possibly due to their low socioeconomic status, lesser availability of the pads at the rural areas and lack of awareness. Other researchers, in their studies, also reported that more than three fourth of the girls used cotton clothes and reused them after washing them^{2,3,10}. A study from India indicated the use of old cloth material as a frequently used absorbent (82.5%) among rural and (72.2%) urban girls. A study from India reported that a majority of the rural school girls who used old clothes, sanitized the materials by boiling and drying them before reuse^{9,10}. It was evident that such practices offered protection against the possible infections. In our study, 41.86% girls

used cloth material as menstrual absorbents, though the practice of cleaning or sanitizing it was not appraised.

The probable reason for the girls not changing the pads could be ignorance and lack of facilities. Our findings are in accordance to those of other studies which were reported from India¹¹. Further, the practice of using old clothes was found to be common among girls in the present group (58.9%). It could be because of the lack of knowledge about healthy practices in young girls. Based on his study, Narayana et al⁹. Suggested that urban girls had better awareness about menstrual hygienic practices than their rural counterparts. This study shows that 13.3% of the girls preferred sanitary pads as a menstrual absorbent (Table3). The apparent reasons for not using sanitary pads, which were observed in this study, were lack of knowledge in 40.25%, high costs in 33.5%, unavailability and shyness. Other studies which were conducted by other researchers reported that, 11.25%-20% of the girls used sanitary pads^{2,5,9,10,16,17,18}. Cleanliness of the external genitalia was unsatisfactory (the frequency of cleaning the external genitalia was nil or less than 2 times per day) in case of 21.7% girls. A study which was conducted by another author revealed that only 34.33% of the girls satisfactory cleaned their genitalia^{3,11}. Soap and water were the commonest materials which were used by 148 girls (82.2%) for cleaning the external genitalia. In the present study, the commonly practiced methods of disposal of the used absorbent were, wrapping it in paper and either disposing it in a place which was used for solid waste disposal or burning it. The same findings were reported by other studies^{3,5,9,11}.

Different restrictions were practiced by most of the girls in the present study, possibly due to the different

rituals in their communities; the same were practiced by their mothers or other elderly female in the family, due to their ignorance and false perceptions about menstruation. These findings were consistent with those of other studies^{3,5,9}.

Recommendations and Conclusions

This study has highlighted the need of adolescent girls to have accurate and adequate information about menstruation and its appropriate management. Formal as well as informal channels of communication such as mothers, sisters and friends, need to be emphasized for the delivery of such information. In view of the vital role of the mothers, it is very important that the mother is educated the correct and appropriate information on reproductive health, so that she can give this knowledge to her growing girl child. Menstrual hygiene management (MHM) should be included in School curriculum¹⁹.

In conclusion, three key recommendations for moving the MHM agenda forward were identified

Recommendation one

Document current menstrual hygiene management practices and the barriers girls face in various contexts. Strengthen the evidence base, both within and across countries, by carrying out studies to understand the relation between inadequately MHM programmes and girls' school performance and attendance. Consolidate and share experiences on the most efficient and cost-effective interventions that are simple, innovative, and can be used in schools programmes across a range of contexts.

Recommendation two

Develop guidelines for integration of a minimum package for menstrual hygiene management into existing schools programmes. Guidelines may include policy guidance on implementation, facility designs, and monitoring and evaluation of MHM

programmes. Increase utilization of services and promote government supply of sanitary pads by involving ASHA and other health activists.

Recommendation Three

Engage with national governments from the very beginning when initiating menstrual hygiene management activities to ensure buy-in and additional support for multi-sectorial involvement. Menstrual hygiene management is a social issue that cannot be addressed by working in schools alone. It is necessary to explore additional avenues and expand existing programmes targeted to reach girls and communities. Such activities should include MHM guidance and encourage girls self-efficacy and confidence when managing menstruation en route to and in the school setting. Moreover, communities should be aware of the barriers to menstrual hygiene management that girls face in school, as well as their role in enabling girls to successfully manage menses in school and at home.

It is also essential for the teachers, who may not have the necessary skills to impart reproductive health education, including menstrual hygiene to their students. They have to be given requisite skills – usually through training or workshops. Much more efforts are needed to curb the misbeliefs and taboos among the adolescent and school girls.

In India, all organizations which work on reproductive health should work adequately on the neglected issue of menstrual hygiene and management to achieve “Sanitation for dignity and health” for all women (The Delhi Declaration, SACOSAN III 2008). This essentially will contribute to the attainment of some MDG, particularly 2, 3 and 7.

Conclusions

It can be said that among the adolescent school girls in both the urban and rural areas, the knowledge on menstruation is poor and practices are often not optimal for proper hygiene. Menstrual hygiene is an issue needs to be addressed at all levels. A variety of factors are known to affect menstrual behaviors, the most influential ones being economic status and residential status (urban and rural). Awareness regarding the need for information on healthy menstrual practices is very important. It is essential to design a mechanism to address and for the access of healthy menstrual practices.

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