Original Research Article

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Menstrual hygiene: awareness and practices amongst adolescent girls attended school health camp in Mumbai, Maharashtra, India

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ABSTRACT

Background: Adolescence in girls signifies the transition from girlhood to womanhood. Menstruation is considered unclean in India and there are many restrictions imposed during menstruation. Good hygiene practices are essential during menstruation. There is a lacuna in the awareness about menstruation among adolescent girls. To assess the awareness and practices of menstrual hygiene among adolescent girls attended school health camp in Mumbai, Maharashtra, India.

Methods: A community based cross sectional study was carried out during the period of September to December 2014 amongst 70 girls attended school health camp Mumbai, Maharashtra, India. Information regarding the socioeconomic and educational profile of family was elucidated. Data was entered using Microsoft excel and analysed with SPSS software.

Results: More than half 57.2% girls achieved their puberty after the age of 14 years. Only 28% of the girls actually knew that the menstruation is a normal biological process. Maximum 85.7% girls were imposed with religious restrictions. Awareness about the menstruation before menarche was not present in almost 64% of girls.

Conclusions: A variety of factors are known to affect menstrual hygiene practices and the restrictions followed. Awareness regarding the need for information about healthy menstrual practices is very important.

Keywords: Adolescent girls, Menstrual hygiene, Practices, Restrictions

INTRODUCTION

According to WHO, the term 'adolescents' refers to young people between the ages of 10 and 19 years. The first menstruation also called as 'Menarche' is an indicator of developmental maturation in women whose arrival determines the transition from being a child to being a teenager.

Menarche is characterized as one of the few rites of passage that is still valued in modern societies for all adolescents, regardless of their social group.² The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention.³ Reproductive tract

infections, which have become a silent epidemic that devastates women's lives is closely related to poor menstrual hygiene.⁴

The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention.⁵ Every year approximately 10% of women worldwide are exposed to genital infections including urinary tract infections and bacterial vaginosis, and 75% of women have a history of a genital infection. Specifically, the common risk factors for vaginal infections include pregnancy and poor hygiene (both perineal and menstrual hygiene).⁶ There is a substantial lacuna in the knowledge about menstruation among adolescent girls.

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Several research studies have revealed this gap and they showed that there was a low level of awareness about menstruation among the girls when they first experienced it. Social prohibitions and the negative attitude of parents in discussing the related issues openly, have blocked the access of adolescent girls to the right kind of information, especially in the rural and tribal communities. Infections due to lack of hygiene during menstruation have been reported in many studies. Special health care needs and requirements of women during monthly cycle of menstruation are collectively given the term "Menstrual hygiene". 9

There is a lacuna in the knowledge about menstruation among adolescent girls. Good hygiene practices are essential during menstruation. This study was planned for knowing the awareness and practices about the menstrual hygiene in metro city urban adolescent girls studying in different colleges as a community based cross sectional study. To explore the various factors responsible for the restrictions and their practices and also the educational impact about the same.

Objective of the study was to assess the awareness and practices of menstrual hygiene amongst adolescent girls of NSS camp in Mumbai, Maharashtra, India.

METHODS

A community based cross sectional study was carried out amongst 70 girls attended school health camp in Mumbai. After taking permission from the school health camp authorities, the purpose of study and the questionnaire was explained to the girls. The study was carried out during the period of September 2013 to December 2014. A pre-designed, pre-tested structured questionnaire which included questions on awareness about, menstrual hygiene and restrictions practiced was used.

Information regarding the socioeconomic and educational profile of family was elucidated. Ethical committee permission was obtained. Sampling method was universal sampling. As all the girls attended school health camp during study period were selected, those girls which refused to participate in the study were excluded. Informed consent was sought. Data was entered using Microsoft excel and analysed with SPSS software. Data analysis was done by descriptive statistics frequency, percentage Chi Square Test. Graphical and representations and tables are made where ever needed.

RESULTS

As seen from (Figure 1) that more than half (57.2%) girls achieved their puberty after the age of 14 years, with 18.6% achieving it at the age of 12 years. Only 28% of the girls actually knew that the menstruation is a normal biological process while almost half of the girls (48%) did not know the cause of menstruation while (18%) were having some superstitious belief as it may be the curse of

god or a mean of throwing dirt from the body (Figure 2). The various restrictions imposed upon the girls by the society include (Figure 3) the maximum i.e. 85.7% were religious restrictions followed by going into kitchen and touching food 62% almost same i.e. 30-35% were playing outside, going to school, household work, avoiding particular food item.

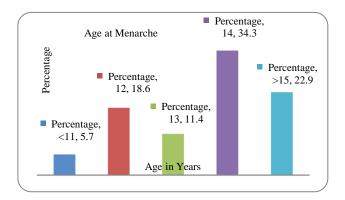


Figure 1: Age at menarche.

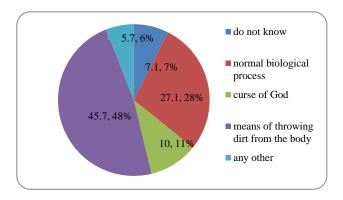


Figure 2: Causes of menstruation.

As seen from the Table 1, the awareness about the menstruation before menarche was not present in almost 64% of girls. The primary source of such information is from mother 27% followed by teacher 20% then the sister, friend or some other source.

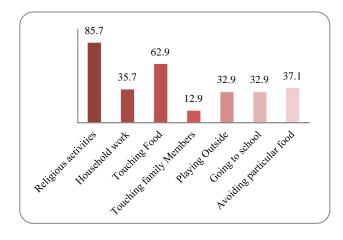


Figure 3: Restrictions practiced.

As Table 2 gives a direct perspective of the various restrictions imposed upon girls and the educational level of the mothers.

Regarding the restrictions related with the religious activities between the mothers having educational level below secondary level and the mothers having education above secondary level the difference was not statistically significant (p>0.05), while all other restrictions were found to be statistically significant (p<0.05) with the mothers having higher secondary education level not imposing such restrictions on her girl child.

The less educated mothers on the other hand were quite adamant in imposing such restrictions.

Table 1: Awareness about menstruation and source of information.

Awareness	Frequency	Percentage		
Awareness about menstruation before menarche	25	35.7		
Source of Information before menarche				
Mother	19	27.1		
Sister	08	11.4		
Friend	4	5.7		
Teacher	14	20		
Other (e.g. newspaper, TV etc)	06	8.6		

Table 2: Associations between restrictions practiced and the mother's educational level.

Restrictions Practised for	No. of Girls	Mother's education below secondary education	Mother's education above secondary education	p-value
Religious activities	60	30	30	P<0.5
Household work	25	18	7	P<0.03
Touching stored food	44	25	19	P<0.03
Touching family members	9	7	2	P<0.04
Playing outside	23	15	8	P<0.04
Going to school	23	15	8	P<0.04
Avoiding particular food	26	17	9	P<0.04

DISCUSSION

A lot of studies have been done on practices of menstrual hygiene but most of them have been done on rural population girls. There is a paucity of study in adolescent girls attending outdoor camps residing in metro cities to the best of author's knowledge. This study has tried to fill this huge gap. As it is evident from the above results more than half (57.2%) girls achieved their puberty after the age of 14 years, with 18.6% achieving it at the age of 12 years, this could be due to some genetic as well as nutritional factors responsible for this picture. Another researcher reported that the age of the menstruating girls ranged from 12-17 years, with the maximum number of girls being between 13-15 years of age. ¹⁰

Only 28% of the girls actually knew that the menstruation is a normal biological process whereas in a similar study, 86.25% believed it to be a biological process. While almost half of the girls (48%) did not know the cause of menstruation, this is in fact less than a study which in almost 80% girls were unaware about it. While some (18%) were having some superstitious belief as it may be the curse of god or a mean of throwing dirt from the body. Lack of knowledge in such cases can be directly attributed to the inefficient source of biological information and as well as lack of primary sex education

at the school level. The various restrictions imposed upon the girls by the society include the maximum i.e. 85.7% were religious restrictions followed by going into kitchen and touching food 62% almost same i.e 30-35% were playing outside, going to school, Household work, avoiding particular food item.

These restriction were utmost a product of the orthodox culture and its blind faith. Similar type of restrictions was reported by other studies also. ^{13,14} The awareness about the menstruation before menarche was not present in almost 64% of girls which really swirls the lack of talk by the mother with her child at the early ages explaining her transition towards puberty. It also reflects the stigma in the society to have a free talk on it.

The primary source of such information is from mother 27% followed by teacher 20% then the sister, friend or some other source. These findings were consistent with those of other studies. Regarding the restrictions related with the religious activities between the mothers having education below secondary level & the mothers having education above secondary level the difference was not statistically significant (p>0.05), while all other restrictions were having statistically significant difference (p<0.05) with mothers having education below secondary level imposing more such restrictions on her girl child.

This could be attributed to the less education and hence lack of knowledge but point of concern is that on religious ground both of these type of mothers were equally or we can say orthodoxically practicing the restrictions which ultimately draws our attention towards the strong religious blind faith following leading to narrowing of the mind set as such regarding the religious practices and concern.

CONCLUSION

A variety of factors are known to affect menstrual hygiene practices and the restrictions followed. Educational profile of the mother is one of the important factors. Awareness regarding the need for information about healthy menstrual practices is very important. Considering the taboo surrounding the issue, it is essential to design an effective mechanism for delivery of knowledge regarding menstrual hygiene.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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