

Assessment of Knowledge Regarding Menstruation and Sanitary Absorbents among Young Women

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Abstract

Background and Aim: Menstrual problems are common during adolescence which may cause significant anxiety for adolescent and their families. Even individuals with knowledge tend to use inappropriate menstrual hygiene management due to difficulties such as insufficient menstruation sanitary products and a lack of mental or physical support. Hence the aim of the present study was to assess the knowledge of the urban & rural high School teachers on menstrual hygiene practices.

Materials and Method: For the present study three Urban school and four Rural schools located in rural areas were selected for conducting the study. The target population were all the female teachers working in the selected urban and rural area. Randomly selected 100 female teachers were taken as sample of the study from the urban and rural areas. Simple random sample technique was used for selecting sample for this study.

Results: It was shown that there is significant association between pre test knowledge scores and selected variables it indicates that the knowledge level on menstrual hygiene in dependant of economic status, education Indus, experience, age of the respondents.

Conclusion: After structured teaching programme their knowledge on menstruation and menstrual hygiene had improved. Educating teachers in turn help us to educate the adolescent girls to adopt healthy behaviour,

Keywords: Menstruation, Hygiene, Teachers, Sanitary products

Introduction

The word 'adolescent' is derived from the Latin word 'adolesere' means to grow to maturity. The period of transition from childhood to adulthood is called adolescence, with an accelerated physical, biochemical and emotional development, adolescent represents one of the critical transition phase in the life span and is characterized by a tremendous pace

in growth and development. Biological processes drive many aspects of this growth and development, with the onset of puberty and marking the passage from childhood to adolescence.^{1,2}

The changes may start from 10 or 11 years, but they might start as young as eight years or as old as 13 years. Physical changes around puberty include, breast 2 development, changes in body shape and

height, growth of pubic and body hair and attainment of menarche. The onset of menstruation (menarche) is one of the most important changes occurring among girls during the adolescent years. The menstruation is normal physiological process that is characterized by shedding of endometrium accompanied by loss of blood which occurs every month as a menstrual cycle with a duration of 3-5 days with an average interval of 28 days ranging from 21-35 days.^{3,4}

Women have indirectly, if not directly, absorbed the messages that menstrual blood is dirty, smelly, unhygienic and unclean. This message may be perpetuated by advertisements for menstrual products or "feminine hygiene" products. Even the term "feminine hygiene" implies that help is needed with hygiene. With all these negative messages it is natural for women to want to hide their blood and throw it away as garbage. To do otherwise is to go against what they have been taught as women. But menstruation is a natural physical process - a harmless by-product of a biological event.^{5,6}

Adolescent girls who are fortunate enough to be given relevant textbooks and health education materials by their teachers gain some information about reproductive functioning and reproductive health problems from school sources. The events and experiences surrounding menarche can be a significant influence on young girls, view themselves as well as on their understanding of reproductive health issues and on appropriate behaviour for hygienic management of menstruation.⁷⁻⁹

Menstrual problems are common during adolescence which may cause significant anxiety for adolescent and their families. The common menstrual disorders of female adolescent are amenorrhea, abnormal/excessive uterine bleeding, dysmenorrhoea and premenstrual syndrome. Menstrual problems are generally perceived as only minor health concern and thus irrelevant to the public health agenda, particularly for the women in developing countries.^{10,11}

Due to societal prohibitions, rural teenagers do not have access to accurate information, and their parents do not discuss these concerns openly. It frequently results in a loss of self-expression and mobility. According to a study, the majority

of adolescents have incorrect information and views about menstruation. Even individuals with knowledge tend to use inappropriate menstrual hygiene management due to difficulties such as insufficient menstruation sanitary products and a lack of mental or physical support.¹² Hence the aim of the present study was to assess the knowledge of the urban & rural high School teachers on menstrual hygiene practices.

Material and Methods

For the present study three Urban school and four Rural schools located in rural areas were selected for conducting the study. Initially the number of teachers, their education qualification, their degree were assessed to get homogenous group for conducting study were recorded. All these Urban and Rural school were functioning under Government sector.

The target population were all the female teachers working in the selected urban and rural area. Randomly selected 100 female teachers were taken as sample of the study from the urban and rural areas. Simple random sample technique was used for selecting sample for this study.

Inclusive Criteria

Teachers working in Private & Govt., High schools and who had experience of 1 to 25 years. Those who have got Professional qualification of professional Education.

Selection and Development of Instrument:

Considering the purpose of the study number of participants and availability of time for data collection a structured interview schedule was developed.

The purposes of the tool were formulated before stepping towards the construction of it as follows.

1. Assess the existing knowledge on menstrual hygiene its management.
2. Identify the areas of Health education need from the collected data.
3. To create awareness regarding menstrual hygiene by planning and implementing the structure teaching.
4. To evaluate the effectiveness of teaching.

The following steps were carried out in preparing the tool.

- a. Related literature were reviewed.
- b. Construction of the subject experts and statistician for approval.
- c. Test-retest was done for reliability.

Interview schedule developed by reviewing literature and taking experts opinion. The interview schedule consists of the following parts.

Part I

This part seeks information on selected demographic variables of the teachers. Who are the study samples. This includes information on age, religion, Education, Marital status, Income, Type of the family teaching experience and type of the institution in which they work.

Part II

Part II consists of section A,B,C,

Section A

Section A contains 21 questions this seeks the information on relating to anatomy and physiology of menstruation. Questions like hormones influencing age at menarche, meaning of menstruation changes occurred during menstrual cycle. Normal menstrual flow length of the menstrual cycle, premenstrual syndromes are included in this section.

Section B

Consists of 14 questions related to practice includes usage of sanitary pads bath cleanliness, disposing of pads, days of separation during the menstrual cycle etc.

Section C

Section C consists of 15 question this consists of question related to menstruation, cleanliness, separation, foul smelling discharge, attaining menarche etc.

Questions were framed about socio-economic and personal profile of respondents, knowledge about menstruation and sanitary products. Respondents were selected randomly in three age

groups viz., 15-18 years, 19-24 years and 25-30 years so that data can be collected from young women of different age groups. Verbally consent of information was provided by each participant.

Data were analyzed by using MS-Excel. To assess the knowledge of participants, frequency and percentage were used. Knowledge of participants was assessed on a three-point scale of full knowledge, partial knowledge and no knowledge. Chi-square test was used to analyze the association between socio-economic variables and level of knowledge of women regarding menstruation. Pearson's correlation was used to find the correlation between knowledge and other aspects of menstruation.

Results

Distribution of respondents was done based on their age, religion, marital status and Education. Among 100 respondents 44 women were of the age of 31-35 years. Most of the respondents did belong to Hindu Religion i.e. 84 women out of 100. Regarding the marital status of them 84 respondents was married and 16 women were only single. Regarding Educational Qualification out of 100 respondents; 90 respondents have B.Ed and 10 respondents have M.Ed Qualification. On the basis of distribution of respondents based on the sex it was done that all the respondents were females.

On the different aspects in pre test mean knowledge on Menstrual hygiene, it was found that General concept in relation to knowledge of menstruation was found in mean of 48.7%. Practice of Menstrual cycle knowledge among the respondent has the mean of 42.3%. Attitude and belief regarding the Menstruation knowledge has the mean of 58.5% and combined knowledge regarding menstrual hygiene mean score was found to be 48.8% among the respondent.

It was shown that there is significant association between pre test knowledge scores and selected variables it indicates that the knowledge level on menstrual hygiene in dependant of economic status, education, experience, age of the respondents. The pretest knowledge scores was 29.8% and the effectiveness of the structured programme in terms & knowledge gain was more in post test. The rural

teachers (respondents) showed better performance than urban teachers (respondents) because of the under educational facilities and health awareness.

If the teachers are educated on menstrual hygiene they definitely develop and inculcate the positive attitude lead to coping physical and psychological changes of the girls. Further they enable the students to develop a healthy attitude towards menstruation and this adopt hygienic practices during menstruation periods.

Discussion

The present study was done to assess the impact of a structured teaching programme on menstrual hygiene among the female high school teachers. Few schools of urban and rural areas of Hassan district were taken for conducting this present study.¹²⁻¹⁴

The first objective of this study was to assess the knowledge of the urban and rural school teachers of selected schools. It was found that the teachers knowledge level on practice relating menstrual hygiene was comparatively lower than other areas of menstruation, like general concept of menstruation, attitudes and beliefs on menstruation.

At the same time teachers were found to be having inadequate knowledge on menstrual hygiene. The mean score obtained during pre test on knowledge regarding general concept of menstruation and attitude and beliefs on menstruation was 49.71% and 56.8% respectively. The same mean score showed very good improvement after health education. This clearly reveals that the health education have an impact on teacher's knowledge on menstruation, paired T- value of 16.73 was statistically significant at 5% level,

In our Indian culture hardly mothers teach their daughters about menarche and menstrual hygiene, Only few educated mothers are involved teaching their daughters on menarche and menstrual hygiene so it can be conveniently taught by teachers in the school so that they can avoid the prevalence of gynecological infections among the adolescent girls.¹⁵

The level of knowledge regarding menstruation and menstrual hygiene was found significantly associated with age, educational qualification

of respondents and their mothers, educational qualification of respondent's father/husband, occupation of respondent, socioeconomic status, mass media exposure and religion in the present study. The results were in accordance with the findings of a study which revealed that there was significant positive association between good knowledge of menstruation and educational status of mothers, having mass-media exposure and vice-versa.

Knowledge of women regarding menstruation and menstrual hygiene in the present study was found positively correlated with menstrual hygiene practices and general perception of women regarding menstruation. The findings of the study were in accordance with the results given by various other researchers who reported that poor level of knowledge of menstruation was significantly correlated with poor menstrual hygiene practices and perceptions regarding menstruation and vice-versa.

Conclusions

After structured teaching programme their knowledge on menstruation and menstrual hygiene had improved. Educating teachers in turn help us to educate the adolescent girls to adopt healthy behavior, it is suggested that school going girls should be imparted knowledge through school curriculum about menstruation and good menstrual hygiene practices. Parental support should be provided to young girls in managing the menstruation with ease and safety.

Ethical approval was taken from the institutional ethical committee and written Informed Consent was taken from all the participants.

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Conflict of Interest: None declared

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