AWARENESS ABOUT MENSTRUAL HYGIENE AMONG ADOLESCENT GIRLS: A SCHOOL BASED STUDYVaishali Jain¹, Sonal Jain², Chandra Prabha Jain³¹Consultant, Department of Obstetrics and Gynaecology, Mahaveer Hospital, Indore.²Consultant, Department of Obstetrics and Gynaecology, Mahaveer Hospital, Indore.³Consultant, Department of Obstetrics and Gynaecology, Mahaveer Hospital, Indore.**ABSTRACT**

The present study was undertaken to assess the knowledge and practices regarding menstrual hygiene among the 1000 adolescent school going girls in Indore City.

MATERIAL AND METHOD

Based on a predesigned, pretested and structured questionnaire menstrual score was calculated for every girl. Effect of factors such as age, mother's education, type of family and type of school on menstrual score was calculated.

RESULTS

Majority of girls belonged to mid-adolescent group, i.e. 86.6%; 66% belonged to English medium private school and only 34% from Hindi Medium Government School. Majority of girls lived in nuclear family (58.7%). Majority of girls were Hindu by religion (75.8%), 57% of girls had an average menstrual cycle score, 22% had good score and 21% had poor score. Late adolescent had a good score as compared to early and mid-adolescent. Girls whose mothers were Graduate and Post Graduate scored better. Girls in English Medium Private School scored better. Most important source of information was television (29.2%) followed by mother (15.3%).

KEYWORDS

Menstrual Hygiene, Awareness, Adolescent Girls.

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INTRODUCTION

The term adolescent is derived from Latin word "adolescere" meaning "to grow, to mature." WHO has defined adolescence as period between 10–19 years of life.⁽¹⁾ Adolescent girls constitute about 1/5 total female population in world. Menarche, that is the establishment of menstruation is one of the milestones and a natural phenomenon unique to females.⁽²⁾ It is still considered as something unclean or dirty in Indian society.⁽³⁾ The event of menarche is associated with taboos and myths existing in our traditional society, which has a negative implication for women's health, particularly menstrual hygiene.⁽⁴⁾ Poor menstrual hygiene is a risk factor for reproductive and urinary tract infection and cervical neoplasia.^(3,5) So the present study was undertaken to assess knowledge, status of hygiene and practices regarding menstruation among adolescent girls and study various factors affecting it. Sources of information regarding menstrual hygiene were also assessed.

MATERIALS AND METHODS

Study Design: Community-based cross-sectional study.

Study Setting: The present study was undertaken among adolescent school going girls in Indore. One was St. Raphael's Girls H.S. School (English Medium Private) and other two were

Shaskiya Ahilya Ashram Avam Chandrawati Kanya Uch Mahavidhyalay Kr 1 (Hindi Medium Government) and Shaskiya Malav Kanya Ucchar Madhyamik Vidhyalay (Hindi Medium Government). All were exclusively girls' schools.

Study Population: Study sample consisted of 1000 adolescent girls studying in class 9th to 12th in above-mentioned schools.

Study Tools and Technique: A predesigned, pretested and structured questionnaire was used in the study. Data collection technique was a personal interview of the study subjects.

METHODOLOGY

After taking permission from the school authorities, the aim of study was explained to the students. They were assured that all the data provided would be kept confidential and used for only statistical purposes. The demographic information including age, family details, parents' education, occupation and religion were documented. A predesigned, pretested and structured questionnaire was used in the study which included topics which were related to the awareness about menstruation and menstrual hygiene and sources of information for the same. On basis of this menstrual cycle score was calculated for each girl and classified as either poor, average or good score. Effect of factors such as age, mother's education, type of family and type of school on menstrual cycle score was calculated.

RESULTS

Socio-Demographic Profile: In this study majority of girls belonged to mid-adolescent age group, i.e. 86.6% (Table 1), 66% of girls belonged to private English medium school and only 34% were from Government Hindi Medium School.

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Majority of girls were Hindu by religion (75.8%), 11.7% were Muslim, 7% were Jain, 3% were Christian; 2.5% belonged to other religions. Majority of girls lived in a nuclear family (58.7%), whereas 41.3% were living in a joint family. Majority of mothers were educated up to 5th std. (86%), 35.8% graduate and 21.5% postgraduate.

Knowledge about Menstruation: Table 2 clearly shows that 57% of girls had average menstrual cycle score, 22% had good score, 21% had poor score.

Factors Affecting Menstrual Score

Age: Table 3 shows that in early adolescents most had either poor or average score, i.e. 55.8% and 34.8% respectively, only 9.3% had good score. In mid-adolescents, most had good 24.3% or average score (56.12%). In late adolescents most had average score (75.8%), only 18.6% had poor score.

Mother's Education: Table 4 revealed that girls whose mothers were illiterate and educated upto 5th had poor score in 33.6% and 43% respectively. On the other hand, whose mothers were graduate and postgraduate had average score i.e. 59.7% and 65% respectively and good score i.e. 25% and 27.9% cases respectively.

Type of Family: Table 5 showed that in girls living in nuclear family 52.8% had average menstrual cycle score and 26.9% had a good score and 20.2% had poor score. In girls living in joint family 62.9% had average score, 15% had good score and 22% had poor score.

Type of School: Table 6 revealed that in Hindi medium, majority had either average or poor score, i.e. 54.4% and 36.7% respectively and only 8.8% had good score. In English medium majority had either average (58.3%) or good score 28.7%, only 12.8% had poor score.

Source of Information: Table 7 depicts that most important source of information came out to be television 29.2%, followed by mother 15.3%, books 11.5% and newspaper 10.7% friends and 3.4% respectively; 21.2% opted for other options.

Age (Years)	Total	Percentage
Early Adolescent	43	4.3
Mid Adolescent	866	86.6
Late Adolescent	91	9.1
Grand Total	1000	100

Table 1: Age Wise Distribution of Girls

Menstrual Cycle Score	Total	Percentage
Poor	210	21.0
Average	570	57.0
Good	220	22.0
Grand Total	1000	100

Table 2: Menstrual Cycle Score

Age Group	Menstrual Cycle Score (Percentage)			
	Poor	Average	Good	Grand Total
Early	24 (55.8%)	15 (34.8%)	4 (9.3%)	43
Mid	169 (19.5)	486 (56.1)	211 (24.3%)	866
Late	17 (18.6%)	69 (75.8%)	5 (5.4%)	91
Grand Total	210	570	220	1000

Table 3: Age Versus Menstrual Cycle Score

Mother's Education	Menstrual Cycle Score (Percentage)			
	Poor	Average	Good	Grand Total
Illiterate	39 (33.6%)	64 (55.1%)	13 (11.22%)	116
Primary	37 (43.0%)	44 (51.1%)	5 (5.8%)	86
Middle	40 (40%)	56 (56%)	4 (4%)	100
Higher Secondary	25 (20%)	52 (41.6%)	48 (38.4%)	125
Graduation	54 (15.1%)	214 (59.7%)	90 (25%)	358
Post-Graduation	15 (6.9%)	140 (65.1%)	60 (27.9%)	215
Grand Total	210	570	205	1000

Table 4: Mother's Education to Menstrual Cycle Score

Type of Family	Menstrual Cycle Score (Percentage)			
	Poor	Average	Good	Grand Total
Nuclear	119 (20.2%)	310 (52.8%)	158 (26.9%)	587
Joint	91 (22.0%)	260 (62.9%)	62 (15%)	413
Grand Total	210	570	220	1000

Table 5: Type of Family to Menstrual Cycle Score

Medium	Menstrual Cycle Score (Percentage)			
	Poor	Average	Good	Grand Total
Hindi	125 (36.7%)	185 (54.4%)	30 (8.8%)	340
English	85 (12.8%)	385 (58.3%)	190 (28.7%)	660
Grand Total	210	570	220	1000

Table 6: Medium to Menstrual Cycle Score

Source of Information	Total	Percentage
Mother	153	15.3
Friends	87	8.7
Brother/Sister	34	3.4
Television	292	29.2
News Paper	107	10.7
Books	115	11.5
Others	212	21.2
Grand Total	1000	100

Table 7: Source of Information

DISCUSSION

Adolescence in girls has been recognized as a critical period, which signifies transition from girlhood to womanhood and is characterized by onsets of menarche, poor hygiene during menses has been associated with serious ill health ranging from reproductive tract infection, urinary tract infection, bad odour and many more.⁽³⁾ In this study 57% girls had average menstrual cycle score, only 22% had good score and 21% had poor score. It is very important to maintain personal cleanliness as a routine and especially during menstruation. Responses received from these adolescent girls revealed that

the level of personal hygienic practices followed by them was not up to the mark. Similar observations were made by Rajni Dhingra et al⁽⁵⁾ in their study on tribal adolescent girls. Poor hygiene during menstruation may lead to reproductive and urinary tract infection.⁽³⁾

Late and mid-adolescents were more aware than early adolescents. Adolescents whose mothers were educated scored better. Type of family did not have much influence on awareness scores. Girls in English Medium Private School were more aware as compared to Hindi Medium Govt. School.

In this study, most important source of information come out to be television 29.2% followed by mother in 15.3%. Many studies have revealed that mother's friends and relatives are the main source of providing knowledge about menstruation.^[6,7] However, it is seen that information received from this sources of often and accurate and incomplete. Similar results were found in many other studies.^(8,9) In a study conducted among 664 school girls aged 14 to 18 Mansoura, Egypt by EL-Gilany et al, mass media was main source of information followed by mothers.⁽¹⁰⁾

CONCLUSION

The present study has highlighted the need of adolescent girls to have accurate and adequate information about menstruation. Personal hygiene practices were also found to be unsatisfactory. There is also need to empower mothers and teacher to function as primary source of information as they are accessible to handle adolescent issues and facilitate referrals as the need arises. 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" of all women (The Delhi Declaration SACOSAN III 2008). This essentially will contribute to the attainment of some MDG particularly 2, 3 and 7.

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