ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 05 | May - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A STUDY ON ASSESSMENT OF MENSTRUAL BEHAVIOUR AND HYGIENE HABITS AMONG SCHOOL GOING ADOLESCENT GIRLS OF RURAL AND URBAN AREAS IN NAINITAL DISTRICT, UTTARAKHAND

Education

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ABSTRACT

Menstruation, and hygiene beliefs and practices that are still associated with the fabric of socio-cultural restrictions, lack of economic and various types of healthy menstrual information, result in disparities in knowledge and awareness among adolescent girls in the environment like Uttarakhand and considerable disparities are visible in urban and rural areas due to ignorance of scientific facts, social intricacies and hygiene practices during menstruation. The objective of the study is to assess knowledge and menstrual hygiene practices among adolescent girls in urban and rural areas. For which a cross sectional study was conducted in Ramnagar town of Nainital district of Uttrakhnad. The study covered a total of 115 adolescent girls studying in schools in different rural and urban areas. A self-generated questionnaire was used for the data collection, in which a self-administered, Likert scale questionnaire was given to collect data regarding knowledge, attitudes and practices on menstruation. About 31.3 and 27.0 percent respondents aged 14 and 15 years, respectively. About 35.7 percent adolescent girls had their first menstrual period by the age of 13. In both urban and rural areas regarding the information of the respondents in the study area before their first menstrual period, it was found that 64.3% girls were (N=115) was aware about the process of mesntruation and 38.8% (N=115) respondents were not aware of this process. Adolescent girls mainly use pads as menstrual absorbers. Study aimed to educate all adolescent girls about menstruation, physical effects, its importance and proper hygiene practices during menstruation. Wrong interdiction, myths and beliefs associated with menstruation in school can be dispelled with the help of parents, teachers, trained nurses, health workers.

KEYWORDS

Adolescent Girls, Menstruation, Menstrual Hygiene.

INTRODUCTION

According to WHO, the term 'adolescent' refers to youth between the ages of 10 and 19. Adolescence is a transition period from childhood to adulthood during which puberty, development and sexual maturity occur [Sharma, 2013]. The first menstruation, also called 'menarche', is an indicator of developmental maturity in women whose arrival determines the transition from a child to adolescence [4]. Menstruation is the natural part of the reproductive cycle in which blood from the uterus moves out through the vagina. Menstruation is an important milestone that results in the development of girls' sexual and reproductive abilities. Women's reproductive health is strongly influenced by this, depending on adolescent girls' reaction to menstruation, her beliefs and attitudes towards menstruation, and even more importantly her behavior during it [Prajauli, 2016]. Although menstruation is a natural process, it is associated with many misconceptions and practices that sometimes result in adverse health consequences. Most practices during menstruation have a direct impact on reproductive health. For example, not bathing during menstruation can compromise a girl's hygiene and thus have detrimental consequences. In Indian society, parents do not communicate with their growing girls about sexual characteristics, or else the assumptions associated with the issue prevent them from communicating. Menstrual needs and problems, which is the main reason for adopting unhealthy practices during menstruation. This is a serious issue which requires free and frank discussion and support and information by the Government. Management of menstruation is associated with adopting hygiene practices and accepting womanhood from the very beginning of menstruation. All myths and taboos such as not bathing, avoiding hot and cold food, avoiding exercise have no scientific backing, and these need to be eliminated to get rid of menstrual anxiety in girls [Katiyar, 2013]. Accurate knowledge of menopause provides a positive experience about the menstrual process in young girls. This leads to positive health behaviors and greater satisfaction with body image. Increased knowledge, right from childhood, emphasizes enhancing safe practices and can help alleviate the suffering of millions of women .

Research Methodology

The list of schools affiliated to the Central Board of Secondary Education (CBSE) and run by the Uttarakhand School Education Council, the official website of the Block Education Officer and the Education Department was obtained from the list of schools by the random process. For uniformity of the sample, students in the age group of 13 years to 19 years were included in all schools of urban and rural areas through a random process.

A descriptive cross-sectional study was conducted in Ramnagar town of Nainital district of Uttrakhand. Among 115 school going adolescent girls in the age group of 13-19 years in rural and urban area who had started menstruating were selected for the study. Permission to conduct research work during school hours was obtained from the concerned school authorities, as well as the written consent of the respondents before data collection. Data related to knowledge, attitudes and practices were collected through a self-administered questionnaire. The confidentiality of the study participants and the confidentiality of their individual questionnaires was maintained throughout the study period. The nature of the research methodology is briefly shown:

Target Group: School going adolescent girls
Sampling process: Random sampling
Inclusion criteria: adolescent girls have already received menstruation
Exclusion criteria: Adolescent girls who have not menstruated
Age group: 13-19 years
Sample size: 115

Before the data was collected, the adolescent girls were briefed about the study and were made to be confident that they could answer the questionnaire without hesitation. After the questionnaire was answered by all the students, a health education session was also practically taken immediately by the researcher.

The content of the health education included information on menstrual physiology, general health problems related to menstruation such as irregular menstruation, menstrual hygiene practices, myths related to menstruation, diet during menstruation, as well as questions asked by adolescent girls. Closed-end questions related to demographic profile, health information, knowledge, attitudes and practices regarding knowledge, attitudes and practices on menstruation. The data was recorded and organized in MS Excel and analyzed using MS Excel, SPSS, PSL software.

RESULTS AND DISCUSSION

Demographics profile and personal information related studies

The respondents were aged between 13-19 years. Of the respondents who were from class 9th, 10th, 11th and 12th, the highest percentage of girls were from class 10 which was 33.9% (N=115).

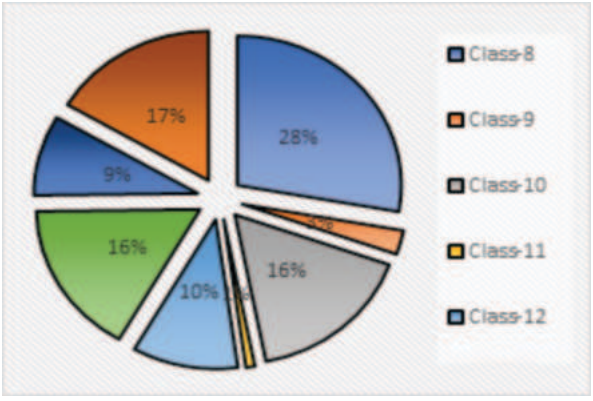
Educational qualification				
	Frequency	Percent	Cumulative Percent	
Class-8	8	7.0	7.0	

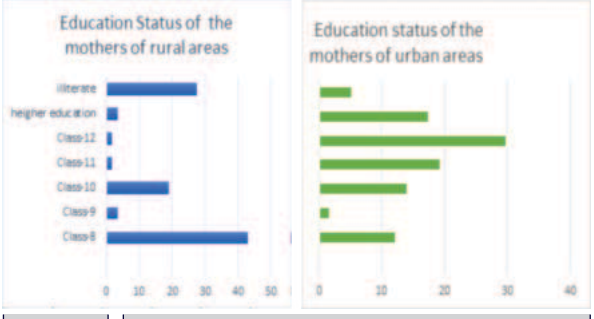
Class-9	15	13.0	20.0				
Class-10	39	33.9	53.9				
Class-11	32	27.8	81.7				
Class-12	21	18.3	100.0				
Total	115	100.0					
Statistics							
Mean	3.37	Median	3.00	Mode	3	Std. Deviation	1.135

The status of family occupation of adolescent girls studying in urban areas were as follows, i.e. 51.0% (N=57) Government job, 23% (N=57) Business, 14% (N=57) wages, 10% (N=57) agriculture, 2% (N=57) homework. Whereas the status of family occupation of adolescent girls studying in rural areas were as follows, i.e. 17.0% (N=58) were in government job, 10% (N=58) in trade, 60% (N=58) daily wages, 11% (N=58) engaded in agriculture.

Educational status of the mother of adolescent girls were also assessed to determined the position and role of women in the family. The educational status of the mother of urban ares studenst found to be higher.

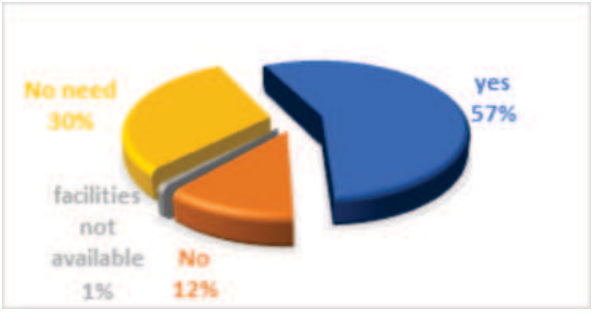
Mothers Education Status			
	Frequency	Percent	Cumulative Percent
Class-8	32	27.8	27.8
Class-9	3	2.6	30.4
Class-10	19	16.5	47.0
Class-11	1	0.9	47.8
Class-12	12	10.4	58.3
heigher education	19	16.5	74.8
literate	10	8.7	83.5
illiterate	19	16.5	100.0
Total	115	100.0	





Fo the provision of replacement of sanitary pads in the school of study area, 56.5% (N=115) respondents answered that they their schools ahve such facilities, while 0.9% (N=115) said that this facility was not available in the school.

Sanitary pad replacement facilities in schools			
	Frequency	Percent	Cumulative Percent
yes	65	56.5	56.5
No	14	12.2	68.7
facilities not available	1	0.9	69.6
No need	35	30.4	100.0
Total	115	100.0	



73.9% (n = 115) of respondents used media or internet as the main means of information regarding awareness about menstryual hygiene, while 7.8% (n = 115) responedents said that this facility is rarely available.

In the study area, 97.4% (N=115) of the respondents have their own toilet in their homes, but 1.7% (N=115) still defecate in the open .

Believe in role of supernatural powers /myths related to menstruation			
	Frequency	Percent	Cumulative Percent
Ghosts	4	3.5	3.5
magic, witchcraft	9	7.8	11.3
sightings	48	41.7	53.0
gods and goddesses	54	47.0	100.0
Total	115	100.0	

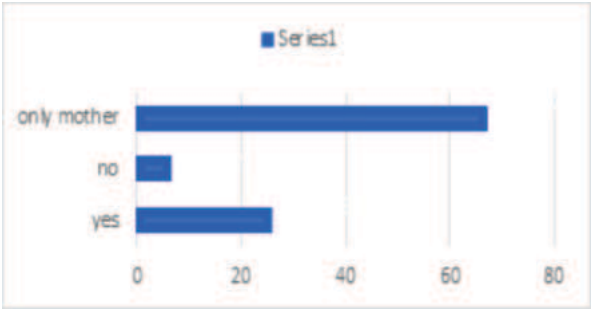
Respondents were asked regarding various physical changes which they faced during the adoloscent period which made them uncomfortable.

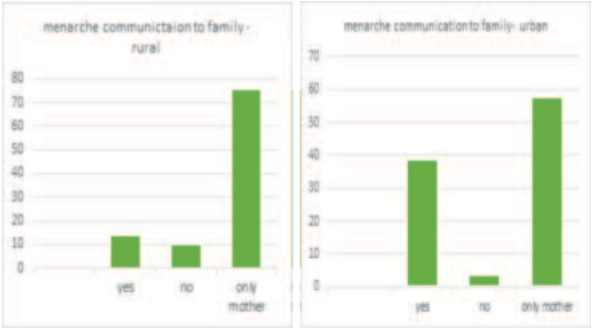
Physical Changes		Adolescent Girls of Urban Area Schools		Adolescent Girls of Rural Area Schools	
		Com fortable	Uncom fortable	Com fortable	Uncom fortable
1	Rashes on the face	77.2 %	22.8 %	63.8 %	36.2 %
2	Change of voice	91.2 %	8.8 %	87.9 %	12.1 %
3	Excess fat accumulation in body	78.9 %	21.1 %	70.7 %	27.6 %
4	Feeling slim due to increase in body length	54.4 %	45.6 %	63.8 %	36.2 %
5	Feeling uncomfortable in early adulthood	66.7 %	33.3 %	34.5 %	65.5 %
6	Hair on the body	50.9 %	49.1 %	53.4 %	46.6 %
7	Bad smell of sweat	35.1 %	64.9 %	46.6 %	53.4 %
8	Breast Development	49.1 %	50.9 %	63.8 %	36.2 %
9	Being attracted to other sex	43.9 %	56.1 %	77.6 %	22.4 %
10	Pressure of friends to consume drugs, etc.	31.6 %	68.4 %	53.4 %	46.6 %
11	Inferiority complex due to shortness of clothes	57.9 %	42.1 %	31.0 %	69.0 %
12	To discuss with parents about the changes that are coming in adolescence	89.5 %	10.5 %	72.4%	27.6%

On studying the practice of untouchability during menstruation from the respondents in the study area, it is found that adolescent girls studying in urban areas, 7% (n = 57) is treated with menstrual untouchability, while 17.2% (N=58) girls were treated with menstruation untouchability in rural areas.

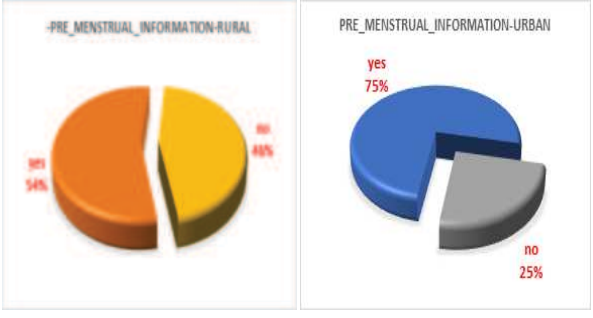
In the study area, the first menstruation of the respondents was reported to the family members, in urban and rural areas, it appears that 26.1% (n=115) was informed, 7.0% (n=115) was not informed and 67.0% (n=115) was reported to the mother of the respondents.

Menarche communication to family			
	Frequency	Percent	Cumulative Percent
yes	30	26.1	26.1
no	8	7.0	33.0
only mother	77	67.0	100.0
Total	115	100.0	



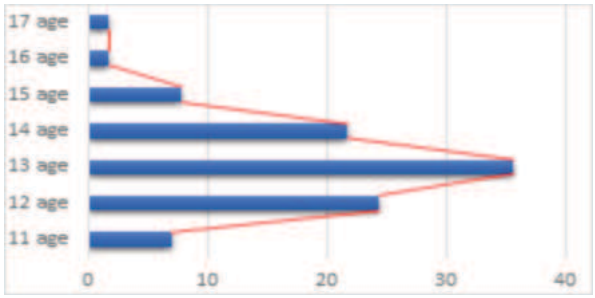


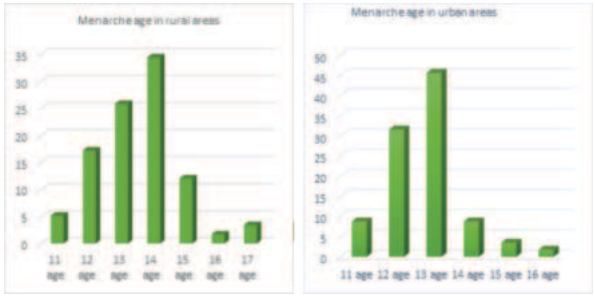
On a collective study in both urban and rural areas regarding the information of the respondents in the study area before their first menstrual period, it appears that 64.3% (N=115) was aware and 38.8% (N=115) was not



In the study it was found that most of them had their first menstrual period at the age of 13 in urban areas ie.35.7% (N=115) while in rural areas, the age at the time of first menstrual period was 14 of 34.5% of respondents (n = 58).

Menarche age			
	Frequency	Percent	Cumulative Percent
11 age	8	7.0	7.0
12 age	28	24.3	31.3
13 age	41	35.7	67.0
14 age	25	21.7	88.7
15 age	9	7.8	96.5
16 age	2	1.7	98.3
17 age	2	1.7	100.0
Total	115	100.0	





It was found that girls in rural areas are more shy in context to market experience for buyring sanitary, pads, tampoons, undergarments etc.

Shopping experiences		Urban Area Students		Rural Area Students	
		Comfortable	Uncomfortable	Comfortable	Uncomfortable
1-	Sanitary pads purchasing	82.5 %	17.5 %	55.2 %	44.8 %
2-	Undergarment purchasing	77.2 %	28.8 %	34.5 %	65.5 %
3-	if the shop is crowded, how will they feel to buy the above items,	56.1 %	43.9 %	15.5 %	84.5 %
4-	how will tehy feel if the shopkeeper is female ?	91.2 %	8.8 %	74.1 %	25.9 %

Most of the respondents in the study area, it was found that they have little knowledge about the clothes and their types used for undergarments. Also, most of the used sanitary pads are disposed of in the dustbin.

It was found that the following 18 variables that were randomly taken play an important role in this study area. In which the value of alpha is found to be 0.749, which is greater than 0.700 and can be said to be close to 1.0.

Test Statistics						
Variables	Mean	Std. Deviation	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Age	5.43	1.364	29.43	26.685	0.569	0.711
Educational_qualification	3.37	1.135	31.48	29.182	0.497	0.720
Toilet	1.03	0.227	33.82	36.326	0.069	0.751
Internet availability	1.44	0.786	33.41	34.051	0.207	0.748
Menstrual_information	1.49	1.165	33.37	30.497	0.366	0.737
first_menstrual_age	3.11	1.219	31.74	29.142	0.451	0.727
home_work	1.30	0.549	33.55	34.566	0.263	0.743
School_distance	1.17	0.457	33.69	34.901	0.269	0.743
first_menstrula	2.41	0.878	32.44	33.003	0.277	0.743

adolcenes_changes	1.30	0.458	33.56	34.389	0.366	0.739
adolcenes_changes	1.50	0.502	33.36	34.091	0.379	0.737
adolcenes_changes	1.48	0.502	33.37	35.587	0.121	0.751
shopping_experience	1.31	0.466	33.54	34.198	0.395	0.737
shopping_experience	1.44	0.499	33.41	33.349	0.515	0.730
shopping_experience	1.64	0.481	33.21	34.395	0.344	0.739
shopping_experience	1.17	0.381	33.68	34.887	0.341	0.741
daily_egg	2.38	0.643	32.47	34.760	0.184	0.748
bean_sprout	1.87	0.884	32.98	31.737	0.407	0.731
Reliability Statistics						
Cronbach's Alpha	0.749			N of Items		18

SUMMARY AND CONCLUSION

The study found that the age of menarche in urban areas was found to be low as compared to rural areas. Mothers in urban areas were playing a more active role in informing their daughters regarding menstruation and hygiene as their educational level was also found to be higher. Even in the presentscenario , some families in rural areas defecate in the open, which needs special attention by the Government. In both urban and rural areas, the role of ghosts, super natural powers etc. is almost equally prevalent. The awareness of the family members regarding menstruation and hygiene was limited to the mother only that too non scientific knowledge.

Regarding the role of media and internet, it is clearly visible in the above path analysis that media plays an important and positive role in the variables related to menstrual behavior, use of things in menstrual hygiene and disposal of pads in which the value of beta has been found to be 1.0.

Finally, Uttarakhand lacks research literature on the subject concerned, there is also a lack of adequate research on aspects like factors affecting the age of menstruation, things used in menstruation, role of media, necessary information on hygiene and sanitation. Therefore, it was suggested that more frequent studies should be done onmenstruation hygiene and awareness, so that the complex relationship of menstruation needs to be simplified and positive efforts should be made to deal with this issue. Proper counselling of adolescent girls should be done to make them aware of their health and the academic curriculum should include menstrual hygiene and related information before the age of first menstrual period. There is an urgent need for menstrual health education and eradiacte the myths and taboos associated also to augment the women's health.

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