



ORIGINAL RESEARCH PAPER

Community Medicine

MENSTRUAL ATTITUDE AND PRACTICES AMONG ADOLESCENTS IN TRIBAL AREA OF FAQEERGUJRI, DISTRICT SRINAGAR.

KEY WORDS:

Dr Mahk Nelofar* MBBS, MD (social and preventive medicine), GMC Srinagar *Corresponding Author

Dr Satveer Choudhary MBBS, DNB(ortho) JLN Hospital and RC, Bhilai, Chhattisgarh.

Prof. Dr Muneer Ahmad Masoodi Ex, Head of department (social and preventive medicine), GMC Srinagar

ABSTRACT

BACKGROUND: Menstruation is generally considered as unclean process in Indian society. Isolation of the menstruating girls and restrictions imposed on them in the family, have reinforced a negative attitude towards this phenomenon.

AIM AND OBJECTIVES: To determine the attitude and practices among adolescent girls in tribal area of FaqeerGujari. To assess the knowledge and menstrual hygiene among adolescent girls in tribal area of FaqeerGujari.

MATERIALS AND METHODS: A community based, cross sectional study was conducted in april-july, 2017 on 150 adolescent girls in tribal area of faqeergujari ,district Srinagar. A predesigned pretested questionnaire was used in the study. the data collection technique was by personal interview of the study subjects.

RESULTS: (83.9%) of study participants use cloth as an absorbent during menstruation and (78.2%) reuse it in subsequent periods. Only 16.3% of participants took bath during menstruation and 93.3% of participants miss school during periods.

CONCLUSION: The findings showed that the knowledge and practice of menstrual hygiene is low. Awareness regarding the need for information about good menstrual practices is very important. Menstrual hygiene is an issue needs to be addressed at all levels.

INTRODUCTION

Adolescence is a phase of turbulent growth when large number of physical, social and psychological changes occurs. Adolescent has been defined by the World Health Organization (WHO) as the period between 10 to 19 years of age(1). Adolescent girlhood is a critical time of identity formation and a period of transition from childhood to womanhood(2) and of great challenge to the parents, as well as the child and those concerned for the upbringing of the adolescent(3). Menstruation is a milestone event in a girl's life and the beginning of reproductive age, which lasts till she attains menopause(4). The first menstruation (menarche) occurs between 11 and 15 years with a mean of 13 years in Indian subcontinent(5). Adolescent girls constitute a vulnerable group, particularly in India where the female child due to gender bias are usually neglected due to various cultural, social, and economic influences(6). Menstruation is stigmatized in our society. This stigma has built up due to traditional beliefs in impurity of menstruating women and our unwillingness to discuss it as a normal physiological phenomenon. Such taboos/beliefs about menstruation present in many societies impact on girls and women's emotional state, mentality and lifestyle and most importantly health.

AIM: To assess the knowledge, practices and menstrual hygiene among rural adolescent girls.

OBJECTIVE:

- To determine the attitude and practices among adolescent girls in tribal area of Faqeer Gujari.
- To assess the knowledge and menstrual hygiene among adolescent girls in tribal area of Faqeer Gujari.

MATERIALS AND METHODOLOGY

Study Design: community based cross sectional study.

Study Population: adolescents girls of rural area of Faqeer Gujari belonging to age group 11 to 19 years were selected for the study.

Study Tools and Technique: A pre-designed, pretested semi structured questionnaire was used in the study. The data collection technique was a personal interview of the study subjects.

Eligible participants were randomly selected from the areas as detailed below:

Tribal (Gujjar) area: The tribal population lives in three areas –

Faqeer Gujri, Dardkhower and Mulnar. One hundred fifty eligible participants were randomly selected from these areas using proportionate sampling. The total population and sample size for the three areas is given below:

Name of the area	Total population	Estimated population of adolescent girls	Number of eligible adolescent girls chosen for the study
FaqeerGujri	1710	168 (63%)	95 (63%)
Dardkhower	533	52 (20%)	30 (20%)
Mulnar	467	46 (17%)	25 (17%)
Total	2710	266	150

In FaqeerGujri, a consecutive house – to – house visit was done starting from a randomly selected household near Sub Centre Faqeer Gujri. Eligible participants were recruited for the study till a total sample size of 150 was achieved. In Dardkhower and Mulnar, a consecutive house-to-house visit was done starting from a randomly selected household near the centre of the area till the required sample size was achieved. In a selected household all eligible adolescent girls were selected for the study.

RESULTS:

TABLE 1: Demographic profile

Demographic profile	N(%)	Total
BG Prasad socioeconomic status 2016		
upper class/upper middle	0(0.0%)	150(100.0%)
middle class	10(6.7%)	
lower middle/lower class	140(93.3%)	
Educational status		
Fathers education		
Illiterate	127(84.7%)	150(100.0%)
Primary,middle school	23(15.3%)	
Mothers education		
Illiterate	150(100.0%)	150(100.0%)
Primary,middle school	0(0.0%)	
Residence		
tribal	150(100.0%)	150(100.0%)

Table 2: Distribution of study participants with mean age of menarche (years).

Group	N	Mean	Std. Deviation	Minimum	Maximum
Tribal	150	13.9	0.97	12	17

Table3: Distribution according to the type of absorbent used during menstruation.

Group	Cloth	Sanitary pad	Sanitary pad/cloth	Total
Tribal	125(83.9%)	13(8.8%)	12(8.2%)	150(100%)

Table 4: Distribution according to reuse of absorbent during menstruation by study participants.

Group	Yes	No	total
Tribal	115 (78.2%)	32 (21.8%)	147 (100.0%)

Table 5: Distribution of study participants as per their practice of taking bath during menstruation

Group	Yes	No	total
Tribal	24(16.3%)	123(83.7%)	147(100.0%)

Table 6: Distribution of study participants according to missing the school during periods

Group	Yes	No	total
Tribal	31(93.9%)	2(6.1%)	2(6.1%)

Table 7: Distribution of study participants according to the frequency of missing school during menstruation

Group	On all Period days	On First Day	Occasionally/ very Rarely	Total
Tribal	1 (3.3%)	22 (70.9%)	8 (25.8%)	31 (100%)

Table 8: Distribution of study subjects regarding knowledge about menstruation before first period started

Group	Yes	No	total
Tribal	76(51.7%)	71(48.3%)	147(100.0%)

DISCUSSION

The study was conducted in tribal area of faqeer Gujri, block hazratbal, district Srinagar, where in total of 150 subjects participated strictly following inclusion criteria of study design. Regarding the socio economic status of family of the study subjects using modified B.G Prasad scale 2016, majority of participants 93.3% belong to lower middle or lower class because of illiteracy and there occupational status. A study conducted by Singh Amit Kumar, Bandhani Aradhana (2013) found that almost more than 95% of the study subjects belonged to lower status which was in accordance with our tribal study findings. Fathers' educational status of the participants when analyzed showed that 84.7% of the tribal/Gujjar population were illiterate followed by 15.3% who had studied up to primary, middle class respectively. Similarly 100% mothers were found illiterate in the same tribal group. In our study the mean age of menarche was 13.9 years which was almost similar to another study conducted in urban slum of Delhi, India (7). When analyzed the hygienic part of tribal participants it was found that 83.9% use cloths, 8.8% use sanitary napkins and 8.2% using both sanitary napkins/cloths it again reflects that due to poor socio economic conditions and lack of awareness. 78.2% of participants reuse their cloths (either alone or along with sanitary napkins). Obviously due to the poor socio economic conditions of these families, they cannot afford to purchase costly sanitary napkins. Our study is in accordance with the study from Rajasthan (8) and Delhi (7), where majority of the young girls were using and reusing old cloth, homemade napkins, and very few used cotton wool or sanitary napkins. Cloth is the cheapest material used for protection during menstruation. All kinds of old, ragged, and rejected clothes are kept by women for this and used by the majority of women in the slum and in rural areas (9,10,11). The main reasons for using homemade napkins were the inability to buy costly readymade sanitary napkins but also the lack of availability in rural areas (11). 83.7% participants did not take bath during periods because of cultural taboos and beliefs passed by their ancestors. 93.9% of participants miss school during periods because of lack of facilities in school, lack of privacy, inconvenient feelings or fear of accidental leakage of blood. Majority of participants miss school on day first because of dysmenorrhoea and as the severity of dysmenorrhoea decreases the frequency of missing the school decreases. 51.7% of participants have knowledge about menstruation before their first period starts but

the knowledge was found either inadequate or incorrect. Negative attitude towards menstruation was highest in tribal/Gujjar (87.66) score.

CONCLUSIONS

The findings showed that the knowledge and practice of menstrual hygiene is low. Awareness regarding the need for information about good menstrual practices is very important. Menstrual hygiene is an issue that needs to be addressed at all levels. A variety of factors are known to affect menstrual behaviours, the most influential ones being economic status and residential status (rural). So, health education program should be set up to create awareness and practice of good menstrual hygiene.

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