



ORIGINAL RESEARCH PAPER

Community Medicine

MENSTRUAL HYGIENE AND REPRODUCTIVE HEALTH KNOWLEDGE AMONG LATE-ADOLESCENT GIRLS AT URBAN HEALTH TRAINING CENTRE IN UDAIPUR CITY, RAJASTHAN: A CROSS SECTIONAL STUDY

KEY WORDS:

Adolescent, Menstrual hygiene, Reproductive health, Knowledge

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ABSTRACT

Introduction: India has largest adolescent population in world. Adolescent is characterized by significant physiological and psychological changes. **Objective:** To assess knowledge and awareness of late-adolescent girls regarding menstrual hygiene and reproductive health including contraception. **Methods:** A cross sectional study was conducted in the month of October 2020 among late-adolescent girls who came to outdoor of an urban health training centre, Udaipur. 160 such girls who came with guardian and gave consent were included. A pretested, semi-structured questionnaire was used. Data was entered in MS Excel 2016 and analysed using SPSS. **Results:** Among 160 participants, 43% belonged to age group 15-17 years and 57% to 18-19 years. 5% were married, all were literate. The main source of information for knowledge about puberty were teachers (46.9%), although they wished to have knowledge from doctors (36.9%). They had good knowledge and practices for menstrual hygiene. Most of them were familiar with HIV (79.4%) but lacked in-depth knowledge. Majority did not know about any other sexually transmitted diseases (67.5%). Among contraceptive methods, majority had knowledge about condoms (73%), and least about emergency contraceptive (26%). **Conclusion:** Participants had good menstrual habits but lack reproductive health knowledge. Attempts to increase basic knowledge about menstruation and reproductive health through school curriculum or compulsory workshops, counselling, community and parenteral communication is required.

INTRODUCTION:

According to WHO, adolescent are people between 10-19 years of age.¹ They are further divided into early (10-14 years) and late (15-19 years) adolescent.² Adolescents are the future of every country and are considered to be the most vulnerable age group characterized by significant physiological and psychological changes. India has the largest adolescent population in the world (which is 21% of total Indians which comprises of about 243 million people.³)

Government of India has formulated ARSH strategy (Adolescent Reproductive and Sexual Health), under RCH-II programme, to increase awareness and service utilization among adolescents. It includes services which cover various preventive, promotive and therapeutic aspects along with counselling services. Under this programme adolescent health clinics have been established at all health care levels and staff are sensitized to health needs and ways of approach towards an adolescent.⁴ Although service provisions for adolescents are influenced by many factors like level of health care system, their socioeconomic class, level of education and information.

Thus, it is important to know current mind-set, awareness and utilization of facilities by adolescents of India.

METHODOLOGY

STUDY DESIGN and AREA: A cross sectional study was conducted in the month of October 2020 at Urban Health Training Centre affiliated to RNT medical college, Udaipur.

STUDY POPULATION: The outdoor girl patients of UHTC in the month of October who fall in the late adolescent age group, came with a guardian and gave consent were included in the study. A total of 160 such participants were selected.

STUDY PROCEDURE: A pre-tested semi-structured questionnaire was prepared and distributed among the participants. The health questionnaire, which had set of questions regarding knowledge about puberty, menstrual hygiene, contraceptive options, awareness about HIV, and other STIs, was formulated.

DATA ANALYSIS: Data from questionnaire was entered in MS Excel 2016. Each correct response regarding menstruation carried 1 point and incorrect response or no response carried 0 point. Data was analyzed using SPSS software and results expressed in percentages.

RESULTS

A total of 160 participants were included in the study. Age group of the participants was 15-19 years. 43% belonged to the age group 15-17 years and 57% belonged to age group 17-19 years. 5% were married. All were literate with ongoing education except 2% (rounding off 1.87%) who were college drop-outs and stated marriage as the reason for the same.

Table 1 shows source of knowledge about puberty and from whom they would prefer to know. In this majority (46.9%) gained knowledge from teachers followed by mothers (31.9%) and least from doctors (5.6%). On the contrary maximum participants told that they preferred to get knowledge from doctors (36.9%).

Table 1: Source of knowledge about puberty and from whom they would prefer to know

The source of knowledge about puberty and from whom they would prefer to know				
N=160	Source of knowledge about puberty		From whom would they prefer to get knowledge	
		(%)		(%)
Friends	15	9.4	5	3.1
Media	10	6.3	10	6.3
Mother	51	31.9	50	31.3
Teachers	75	46.9	36	22.5
Doctors	9	5.6	59	36.9
Did not answer	0	0	0	0

Table 2 shows knowledge about menstruation and hygiene practices. Majority practiced good menstrual hygiene by using sanitary pads (66%), changing them 2-5 times per day (51%), disposing in dustbin (79%), cleaning genital area more than 3 times a day (34%) and that too by soap and water (37%). Although they lacked knowledge of source of menstrual

blood being uterus (6%).

Table 2: The knowledge about menstruation and hygiene practices during menstruation

The knowledge about menstruation and hygiene practices during menstruation			
Knowledge about menstruation	Subtypes	Number (N=160)	Percentage
1. Why does menstrual bleed happen?	Normal change	158	98.75%
	Curse of god	0	0.00%
	It is a disease	2	1.25%
2. Source of bleeding	Uterus	9	6%
	Vagina	124	78%
	Urinary bladder	12	8%
	Did not answer	15	9%
3. Absorbents used during menstruation	Sanitary pads	105	66%
	Old clothes	46	29%
	Did not answer	9	6%
4. Number of pads changed per day	<2	58	36%
	2-5	82	51%
	As per need	20	13%
5. Disposal of absorbent	Dustbin	127	79%
	Burn/Burly	18	11%
	Flush in toilet	0	0%
	Wash and reuse	0	0%
	Did not answer	15	9%
6. Cleaning genital area (Per Day)	<3	51	32%
	>3	55	34%
	Only during bath	28	18%
	During micturition	20	13%
	Did not answer	6	4%
7. Agent used for cleaning	Soap and water	59	37%
	Dettol	15	9%
	Only water	30	19%
	Vaginal Wash	56	35%

Table 3 shows knowledge about sexually transmitted diseases(STDs).Majority (79.4%) were familiar with HIV but not with any other STD (32.5%). Although they lacked indepth knowledge about HIV like presence of cure (28.8%)or diagnosis(48.8%).

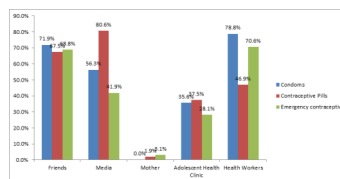
Table 3: Knowledge of study population about HIV and other STDs

Knowledge of study population about HIV and other STDs	N=160		No	
	Yes	(%)	No	(%)
Knowledge about HIV	127	79.4	33	20.6
There is cure for HIV	78	48.8	82	51.3
Simple test to find out HIV	46	28.8	114	71.3
Do you know any other STDs	52	32.5	108	67.5

Majority were familiar with contraceptives but did not know merits and demerits. As shown in figure 1, the main source of

knowledge regarding condoms and emergency contraceptive were health workers(78.8% and 70.6% respectively) but for contraceptive pills was media(80.6%).

Figure 1: Source of knowledge About Contraceptive Methods



DISCUSSION:

In our study majority of participants said that they would prefer to get knowledge about puberty from doctors but in reality least number of participants got it from them which can be either due to lack of involvement of doctors in counseling session or lack of approach by the girls . And on the contrary, a study by Mamilla et al⁴ reveals the actual and most preferred source to be mothers.

In consistence with other studies like Mamilla et al⁴, Alam et al⁵, in our study also majority did not know about menstruation before menarche . Due to this lack of preparedness , girls suffer from physical and mental stress.

In our study 98.7% had the knowledge of menstruation being a normal process, in complete contrast to study by Jain et al⁷ and Thakre et al⁷ where respectively only 50% and 18% know this fact.

Similar to other studies^{4,6},66% of our participants agreed to using sanitary pads. But some rural studies^{8,9} were very dismal. This may be due to lack of awareness and availability of menstrual hygiene products in rural area.

Similar to our study, other studies⁴ revealed that though adolescents know about contraceptive methods but majority did not know about the best method that suites them .The participants who were married agreed that method and need of contraception was decided by their male partners.

The familiarity of participants towards HIV and not other STDs may be due to successful efforts of government with support of media campaign to create awareness about HIV but lack of emphasis on other STDs. But the lack of indepth knowledge about HIV and other STDs revealed not only in our but also other countries' studies like Nigeria^{10,11} is very problematic as correct knowledge at this tender age will protect from deadly diseases.⁶

CONCLUSION:

Participants had good menstrual habits but lack reproductive health knowledge. Attempts to increase basic knowledge about menstruation and reproductive health through school curriculum, compulsory workshops and health education programme is required to strengthen the upcoming generation. Counselling, peer education, community and parenteral communication to address sensitive topics are must.

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