

## ORIGINAL RESEARCH PAPER

**Community Medicine** 

# MENSTRUAL HYGIENE AMONG REPRODUCTIVE AGE GROUP WOMEN; A KAP STUDY

**KEY WORDS:** Menstrual hygiene, Knowledge, Practice, Reproductive aged women.

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Background: The issue of menstrual hygiene among women is not adequately addressed and proper attention is needed. The usage of sanitary pads and adequate cleaning of the genital area are essential for maintaining good menstrual hygiene. Objectives: To assess the knowledge, attitude and practice regarding menstrual hygiene among reproductive age group women. Methodology: This is a Descriptive, Cross-sectional study conducted in the month of December 2020. A self-designed, semi structured questionnaire was circulated through online social media platforms. 114 women responded. The data was entered into Microsoft Excel and analysed for descriptive statistics. Results: Out of 114 women, those who were not aware of menstruation before menarche were found to be 57(50%). 7(14.9%) stated that menstruation is not a physiological process. Sanitary pads were used by 105(92.1%). Disposal of absorbents in dustbin by 94(82.5%). Absorbents (pads/clothes) were disposed without wrapping with paper by 7(6.1%). Conclusion: By providing essential services and adequate knowledge regarding menstrual hygiene and proper way of disposal of absorbents which is accessible at a cost that a community can afford is needed.

### INTRODUCTION:

Menstrual hygiene is defined as the principle of maintaining cleanliness of the body during menstrual flow. It requires basic facilities such as appropriate clothes, soakage material, water, soap and toilet facilities with privacy. Poor menstrual hygiene may lead to problems such as itching or rashes in the perineal region, bad odour, and major complications such as pelvic inflammatory disease and toxic shock syndrome. [1] Women can also have related complications during conception and pregnancy. Unaddressed menstrual hygiene is also said to hamper the achievement of some of the  $\stackrel{-}{\text{millennium}}\,\stackrel{-}{\text{developmental}}\,\text{goals.}^{^{[2]}}$ 

The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention. Women and girls of reproductive age need access to clean and soft absorbent sanitary products which in the long run protect their health from various infections. [4] Studies in India have shown that at various places, the proportion of women using sanitary pads, still remain low, while the women with reproductive tract infections tend to have poorer menstrual hygiene practices. [5,6]

#### **Objectives:**

(i) To assess the level of knowledge, attitude and practice regarding the menstrual hygiene among the women of reproductive age group

### Methodology:

Study Design: Descriptive, Cross-sectional study

Study Period: December 2020

Study Setting Area: teaching hospital of Guntur.

Study Tool: A self-designed, semi structured questionnaire circulated through online social media platforms which includes 5 sections.

Section 1 regarding socio demographic data

Section 2 includes knowledge regarding menstrual hygiene

Section 3: attitude

Section 4: practice regarding menstrual hygiene.

Section 5: menstrual characteristics

#### Sampling Technique: convenience sampling.

Data Analysis: Data will be collected and entered in Microsoft Excel and analysed for descriptive statistics using SPSS software version 25.

### Inclusion Criteria:

Women of reproductive age group of 15-49 years. Women who gave consent to participate in the study.

#### **Exclusion Criteria:**

Women who have not attained menarche.

Women in primary amenorrhea.

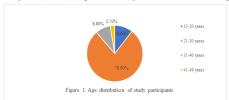
Women who have underwent hysterectomy.

### Ethical Clearance:

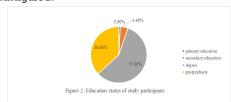
Ethical clearance was obtained from institutional ethical committee of Katuri Medical College, Guntur.

# RESULTS:

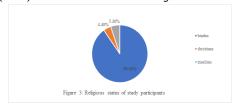
Out of 114 women, 12(10.6%) were between 15-20 years, majority 89(78.9%) were within age group of 21-30 years followed by 12(10.6%) aged 15-20 years, as shown in figure 1.



Among study participants, majority were degree students (i.e) 66(57.9%) followed by 42(36.8%) of post graduates as shown in figure 2.



By religion, 103(90.4%) were Hindus, 5(4.4%) were Christians and 6(5.3%) were Muslims as shown in figure 3.



Majority of the study participants belongs to nuclear families

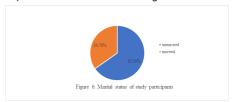
85(74.6%), 29(25.4%) were in joint families as shown in figure 4.



By socio economic status, 2(1.8%) comes under upper class, 36(31.6%) come under upper middle, 71(62.3%) under middle, 4(3.5%) under lower middle, 1(0.9%) under lower class as shown in figure 5.



Among study participants majority were 62(65.3%), 33(34.7%) were married as shown in figure 6.



## Section II: Knowledge Regarding Menstrual Hygiene:

104(91.2%) stated uterus is a source of menstruation. 97(85%) stated menstruation as a physiological process. 57(50%) were aware of menstruation before menarche. Poor menstrual hygiene leads to infection was reported by 109(95.6%). Good hygiene during menstruation helps in pain management was stated by 75(68.2%). Cause of menstruation was found to be hormonal by 103(90.4%), curse of God by 7(6.1%), do not know by 4(3.5%). Source of knowledge regarding menstruation was by mother among 74(64.9%). Normal interval between menstrual cycles was 21-35 days by 102(89.5%) as shown in figure 7 and table 1.



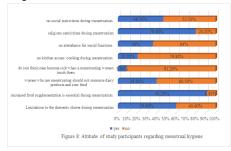
Table 1: Knowledge regarding menstrual hygiene

Cause of menstruation	(a) Hormonal – 103(90.4%) (b) Curse of God – 7(6.1%) (c) Do not know – 4(3.5%)
Source of knowledge regarding menstruation	(a) Mother – 74(64.9%) (b) Friends- 21(18.4%) (c) Teacher – 15(13.2%) (d) Relatives – 1(0.9%) (e) Media – 3(2.6%)
Normal interval between menstrual cycles	(a) 21-35 days – 102(89.5%) (b) <21 days – 7(6.1%) (c) Do not know – 5(4.4%)

#### Attitude Regarding Menstrual Hygiene:

Limitations to domestic chores during menstruation was 68(59.6%). Increased nutritious food supplementation is essential during menstruation was 104(91.2%). Women who are menstruating should not consume daily products and sour food by 45(39.8%). Men become sick when a menstruating

woman touch them by 10(8.8%). No kitchen access/cooking during menstruation by 23(20.2%). No attendance for social functions by 41(36%). Religious restrictions by 91(79.8%). No social restrictions during menstruation by 53(46.5%) as shown in figure 8.



# Practice Regarding Menstrual Hygiene:

During menstruation, absorbents used were pads by 105(92.1%), clothes 2(1.8%), pads/clothes by 7(6.1%). Change of pads/clothes >4 times per day by 38(33.3%), <4 times by 76(66.7%). Disposal was in dustbin by 94(82.5%). Soap and water were used by 65(57%) to clean external genitalia and water only by 49(43%) as shown in table 2 and figure 9.

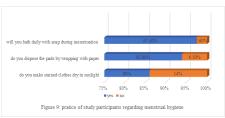


Table 2: Practice regarding menstrual hygiene

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Absorbent materials used	Sanitary pads – 105(92.1%)
during menstruation	Clothes – 2(1.8%)
	Pads/clothes - 7(6.1%)
How many times do you	>4 times - 38(33.3%)
change pads/clothes per day	<4 times – 76(66.7%)
during menstruation	
Disposal of clothes/pads	Dustbin – 94(82.5%)
	Burning - 15(13.2%)
	Drains - 5(4.4%)
What will you use to clean	Soap and water – 65(57%)
external genitalia during	Water only – 49(43%)
menstruation	

# Menstrual Characteristics:

Regular cycles by 90(78.9%), average bleeding by 97(85%). Bleeding duration 4 to 6 days by 65(57%). Pain during menstruation by 95(83.3%). Duration of pain was <24 hours by 78(68.4%). Usage of pain killers for pain relief by 31(27.2%) as shown in table 3.

Table 3: Characteristics of menstruation

Menstrual cycle	Regular – 90(78.9%) Irregular – 24(21.1%)
Menstrual bleeding	Less - 6(5.3%) Average - 97(85%) Heavy - 11(9.6%)
Bleeding duration	<4days - 39(34.2%) 4 to 6 days - 65(57%) >6 days - 10(8.8%)
Pain during menstruation	Yes - 95(83.3%) No - 19(16.7%)
Duration of pain	<pre>&lt;24 hours - 78(68.4%) 24-48 hours - 27(23.7%) &gt;48 hours - 9(7.9%)</pre>
Do you use pain killers for pain relief	Yes - 31(27.2%) No - 83(72.8%)

Absenteeism to daily duties	Yes - 48(42.1%)
due to menstruation	No - 66(57.9%)

Pain during menstruation is significantly reduced with age and in married women. The usage of sanitary pads during menstruation is significantly high in educated and low in women with low socioeconomic status.

#### **DISCUSSION:**

In the current study, sanitary pads were used by 105(92.1%) and clothes by 2(1.8%). Disposal in dustbin by 94(82.5%). Soap and water were used by 65(57%).

A similar study was done by Kumar et al [7] in which out of 715 women participated in the study, 91.3% were using an adequate soakage material during menstruation and almost all 97.2% were storing soakage material adequately. 93% used to change the soakage material at adequate intervals. Nearly 90% of participants disposed the material satisfactorily had satisfactory bathing practices during menstruation and did not reuse the soakage material. A small proportion of participants (32.7%) were seen to regularly wash their genital area after using toilet, during menstruation. A study by Shamima Yasmin et al. found that out of 147 respondents, 62 (42%) girls were aware about menstruation prior to attainment of menarche. Hand-washing was regular among 91.8% but 16.3% washed only with water. Similarly, washing of private parts were regular among 76.9% but 74.1% used only water no soap, there is significant relationship between hygienic practices followed and presence of continuous supply of water and presence of exclusive toilet of their family.

A study by Salve et al. found that 93 (49%) rural and 94 (71%) urban girls had started menarche, regularities of menstruation was better in rural girls, i.e., 87 (94%) compared to urban girls, 53 (56%). Percentage of using market available sanitary napkins was more in urban girls 56 (60%) compared to rural girls 6 (06%), whereas homemade sanitary napkins were used by 87 (94%) rural girls and 38 (40%) urban girls and this difference was statistically significant amongst rural girls. Female teacher was the main source of knowledge 89 (47%) in rural areas while it was the mother in urban area 48 (36%). Knowledge about reproductive system, determination of fetal sex, age of marriage, etc., was better amongst urban girls. Social taboos such as separate sitting, restriction on attending school, and social functions were more amongst rural girls while sanitary facilities such as attached toilet, full wall bathroom, sufficient water, etc., were less in rural areas. [9] Out of total 360 adolescent girls, 257 (71.39%) girls have attained menarche. Maximum number of girls (72.77%) attained menarche in the age range 12-14 years. About 15.96% girls reported blood flow for more than 5 days. In 66.54% girls, menstrual cycle was of 28-32 days. [10]

A study by Keerti Jogdand et al. found that only 36.19% girls were aware regarding menstruation prior to the attainment of menarche. About 53.7% girls reported use of sanitary pads during menstruation, 34.63% girls reported use of old clothes during menstruation, and 11.6% reported of having used both, similar to youngsters in our study. About 78.99% girls were not allowed to attend religious occasions, 22.97% and 20.63% girls, respectively, were restricted from doing routine household work and playing. [11]

### CONCLUSION:

Universalised usage of good quality sanitary napkins at low cost by social marketing. Awareness regarding maintenance of proper menstrual hygiene can be increased through health education programs thereby preventing reproductive tract infections and carcinoma of cervix. Strengthening of menstrual hygiene management programmes in India is

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