Knowledge, Attitude and Practices about Menstrual Hygiene among Rural and Urban Adolescent Girls

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Abstract

Menstruation is a normal biological process and is a key sign of reproductive health, yet in many cultures it is treated as a negative and a shameful thing. The continued silence combined with limited access to information at home and in schools is a result of millions of women and girls having very little knowledge about the menstrual hygiene and what is happening to their bodies and how they should deal when they menstruate. This article focuses on identification of knowledge, practices and attitude about menstrual hygiene among urban and rural adolescent girls. It also aims at comparing the level of awareness among the rural and the urban area adolescent girls about their knowledge related to menstrual hygiene.

Keywords: Menstruation, menstrual hygiene, Rural and Urban Adolescent Girls.

INTRODUCTION

Menstruation is a normal physiological phenomenon that women and adolescent girls experience every month. Menstruation begins in girls at the age of 10-15 years. Menarche is the beginning of first menstruation cycle or first menstrual bleeding among girls. Menarche marks the onset of puberty. To maintain a good health menstrual hygiene is integral part for the women and girls as well. Menstrual hygiene management (MHM) is a basic human right, which contributes too many of the Sustainable Development Goals (SDG) set by the United Nations (UN). These goals are aiming to achieve good health and well-being, quality education and gender equality. Menstrual hygiene management is said to be a key factor in implementing the global strategy for women’s, children’s and adolescents' health [1]. School years are a remarkable period in the life of girls. They enter school probably at the age of five or six years and exit at about 16-17 years. This is a transitional period from girlhood to womanhood. Apart from the academic achievement, the girls undergo many physical, physiological and emotional developments during the school years. Puberty is a major milestone in the girl's life, which is historically associated with adolescence [2]. Girls attain reproductive maturity during this period. Menarche, the beginning of menstruation, is a challenging experience, which is usually associated with taboo and surrounded by silence and shrouded by myths. Even then menstruation and menstrual hygiene are emerging as pivotal issues for gender equality, human rights and development [3].

Health: Health is considered to be the state of being healthy or free from any kind of illness. It is considered to be the most precious value in life and therefore must be protected and enhanced as much as possible. For any individual to be healthy there must be a balance between the body and the mind. A person often requires a high level wellness to have a higher level of functioning and to have a holistic integration of the body, mind, the spirit and the society. A healthy individual only can carry out all the activities of daily living and perform life enriching goals [4]. According to WHO health is defined as “a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity.” Health and education are closely related, sometimes expressed as twin pillars for assuring well-being of an individual.

Adolescent health

Adolescents are people in the age group of 10-19 years and they constitute around one fifth of the world’s population. ‘Adolescence’ literally conveys many meanings like ‘grow to maturity,’ ‘to emerge’ and ‘achieve identity’. This is the period that extends from the appearance of secondary sex characteristics to sexual and reproductive maturity [5]. Adolescence is a transitional stage of physical and psychological human development and such major changes include
rapid physical growth and development, social and psychological maturity, sexual maturity and onset of sexual activity, beginning of menstrual cycle in girls, development of adult mental processes and adult identity, and transition from total socio economic dependence to relative independence[6]. Adolescence is considered as the healthiest period in one's life cycle. A number of programs for adolescents have been organized under various Government departments like The Kishori Shakti Yogana scheme and the Bali Samridhi Yogana program.

Milestones in the development of reproductive and child health programs

Reproductive Health

Reproductive health is often viewed as a complete state of physical, mental and social well-being. This well-being relates to all matters pertaining to the reproductive system, including its functions and processes. Refers to the diseases, disorders and conditions that affect the functioning of the male and female reproductive systems regardless of the age of the person. Disorders of reproduction include multiple areas, like congenital defects, developmental abnormalities, low birth weight, preterm birth, infertility, impotence and menstrual disorders [7].

Adolescent Reproductive and Sexual Health (ARSH)

The onset of adolescence brings physical changes to the young people. At the same time they are exposed to too much vulnerability like human rights abuse, especially in areas of sexuality and marriage. The girls are specifically coerced for unwanted sex or marriage, making them risk for unwanted pregnancies, illicit abortions, HIV and sexually transmitted infections (STI). They also face difficulties to get information on reproductive health [8]. The association of reproductive health professionals has identified that adolescents have unique reproductive and sexual needs. Adolescent reproductive and sexual health is a national strategy focused on reorganizing the reproductive and child health and the existing public health system in order to meet the service needs of adolescents. The program aims at capacity building of medical officers, health supervisors and health workers on the issues of adolescent health.

Menstruation

The term 'menstruation' comes from the Latin "menses", meaning moon, referring to the lunar month. The onset of menstruation profoundly changes a girl's life [9]. It occurs every month from puberty to menopause. The first menstruation in a girl's life is called menarche [10]. Cyclic menstruation depends on the coordinated interplay between four structures and their functions in the girl's body- the hypothalamus, pituitary, ovaries and the uterus; often referred to the hypothalamus - pituitary - ovarian - uterine axis. It is usual to take one to two years for the menstrual cycle to become regular. Physiologically, the menstrual cycle is divided into three phases that correspond with the dominant events in the monthly development of each ovum; the follicular phase begins with the onset of menstrual bleeding and averages 15 days, succeeded by the ovulation phase lasting for 1-3 days only. The final luteal phase lasts 13-14 days and ends with the onset of menstrual bleeding. A normal menstrual cycle may range from 21-35 days, depending mainly on the length of the follicular phase [11]. The first menstruation usually occurs at the age of 12, but it can be as early as nine years and as late as 15 years.
The event of menarche is associated with many taboos and myths existing in the society, which usually affects women’s health, their menstrual hygiene and social life [12].

Menstrual Hygiene

Hygiene refers to conditions and practices that help to maintain health and prevent spread of diseases. Hygiene is defined as the science of health and embraces all factors contributing to healthful living. Therefore, menstrual hygiene includes a specific set of practices during menstruation associated with the prevention of health [13]. Effective menstrual hygiene management implies that everyday life of a girl is not affected by menstruation and the girls can continue with daily routine such as going to school, going to work or doing household chores. Proper menstrual hygiene management is important for the well-being and development of a girl [14]. Many materials for menstrual hygiene are available in the market like sanitary napkins, tampons, menstrual cups or even pad made of cloth. These protected items should be changed regularly and the standard time to change the pad is once in every six hours. Wrapping the pad before disposal ensures that smell and infections are controlled. Proper hand washing with soap and water is to be done once the used pad has been handled. Further the girl must stay dry during the periods as there are chances of developing a pad rash. Moreover regular cleaning of the body and bath should be taken so as to help relieve menstrual cramps and backache and also helps to improve mood.

Problem related to menstrual hygiene

Surveys by the Ministry of Health in 2002, 2005, 2008 and 2012 found out that most problems related to menstrual hygiene in India are preventable, but are not due to low awareness and poor menstrual hygiene management. This resulted in development of some serious ailments for adolescent girls. Roughly 120 million menstruating adolescents in India experience menstrual dysfunctions, affecting their normal daily chores. Nearly 60,000 cases of cervical cancer deaths are reported every year from India, two-third of which is due to poor menstrual hygiene. Other health problems associated with menstrual hygiene like anemia, prolonged or short periods, infections of reproductive tracts, as well as psychological problems such as anxiety, embarrassment and shame. In rural areas, sanitary napkins are found with difficulty. Most girls rely on home-made or other readily available material, the latter often being unhygienic and unsanitary. Only 2 to 3 per cent women in rural India are estimated to use sanitary napkins. The lack of demand results in storekeepers not stocking up on sanitary pads. This results in women resorting to unhygienic practices during their menstrual cycle, such as filling up old socks with sand and tying them around waists to absorb menstrual blood, or taking up old pieces of cloth and using them to absorb blood. Such methods increase chances of infection and hinder the day-to-day task of a woman on her period.

Lack of Awareness

It’s a major problem in India’s menstrual hygiene scenario. Indian Council for Medical Research’s 2011-12 report stated that only 38 per cent menstruating girls in India spoke to their mothers about menstruation. Many mothers were themselves unaware what menstruation was how it was to be explained to a teenager and what practices could be considered as menstrual hygiene management. Schools were not very helpful in rural areas as they refrained from discussing menstrual hygiene. A 2015 survey by the Ministry of Education found that in 63% schools in villages, teachers never discussed menstruation and how to deal with it in a hygienic manner [17].
CONCLUSION

This Article emphasizes the need for enabling environment to manage hygiene during menstruation; it further focuses on improper menstrual hygiene management. In spite of steps taken by the government of India menstrual hygiene management continues to be a neglected issue, girls continue to face a lot of problems related to menstrual health management.

REFERENCES