

Menstruation Hygiene Management among Adolescent School Girls in India

Ripa Mazumder* & Deb Prasad Sikdar**

**Seacom B.Ed. College, P.O. Andul-Mouri, Dist. Howrah,*

***Department of Education, University of Kalyani, P.O. Kalyani : Dist. Nadia*

ABSTRACT

This literature review analyzes the current challenges related to Menstruation Hygiene Management (MHM) among adolescent school girls in India. Research shows that many adolescent school girls miss days of school during their menses. A large number of school girls have no adequate feminine hygiene products, sanitation facilities, and menstrual hygiene education. Misconceptions regarding menstruation are widespread and there is a general culture of silence surrounding this topic. The current initiatives to distribute and produce feminine hygiene products, expand sanitation facilities and provide MHM education need to be expanded to improve girls livelihoods and ability to manage their menses.

Keywords: *Menstruation, Adolescent girls, Hygiene and Management*

INTRODUCTION

Girls typically start to menstruate ('the time of menarche') during puberty or adolescence, between the ages of 10 and 19 years. At this time, they experience physical changes and emotional changes due to hormonal effect. Menstruation continues until they reach menopause, when menstruation ends, usually between their late forties and mid fifties. Menstruation is also sometimes known as means or described as a 'menstrual period'. Menstruation is also a natural process linked to the reproductive cycle of woman and girls. It is not a sickness, but if not properly managed it can result in health problems which can be compounded by social, cultural and religious practices.

Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon (Dhingra and Kumar, 2009). Social prohibitions and the negative attitude of parents in discussing the related issues openly have blocked the access of adolescent girls to the right kind of information, especially in the rural and tribal communities (Mudey, *et.al.*, 2010). Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes.

Menstrual hygiene is an issue that is insufficiently acknowledged and has not received adequate attention in the reproductive health as well as water, sanitation and hygiene (WASH) sectors in developing countries including India. Also its relationships with and impact on achieving many Millennium Development Goals (MDGs). Studies that make the

issues visible to the concerned policy makers and informed practical action are very much warranted (WHO, 2003). Menstruation is still regarded as something unclean or dirty in Indian society. The reaction to menstruation depends upon awareness and knowledge about the subject.

The manner in which a girls learns about menstruation and its associated changes may have an impact on her response to the event of menarche (Rao, *et. al.*, 1998) although menstruation is a natural process , it is linked with several misconception and practices , which sometimes result in to adverse health outcomes . Hygiene related practices of women during menstruation are of considerable importance, especially in terms of increased vulnerability to Reproductive Tract Infections (RTI) (Singh, *et.al.*, 2001).

Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women. With this background the present study was undertaken to analyze the status of menstrual hygiene among adolescent rural and urban school girls of India.

KNOWLEDGE, AWARENESS AND EDUCATION REGARDING SANITATION

Research from multiple states of India reveals that there is a consistent lack of knowledge and education among school girls regarding menstruation. In a study Abioye – Kuetyi (2000) showed that school girls of rural, semi – urban and urban settings receive little or no pre – menarchal information. Girls most often used to ask parents, peers, sisters and teachers for different information about menstruation. In this study 52.5% girls got information regarding menstruation before their menarche by their mother followed by their sister. Similar findings were founded by Jain, *et al.* (2009) where as another study conducted by El – Gilang *et. al* (2005). Mass media was the main source of information followed by mothers. Another study conducted by Deo and Ghattargi (2005) reported that 42.5% urban and 55.4% rural girls were aware about menstruation prior to attainment of menarche. In urban girl's mother was the main source of information about menstruation, where as it was teacher in the rural counterparts.

Hygiene practices:

Narayana, *et. al.* (2001) suggested that urban girls had better awareness about menstrual hygiene practices than their rural counterparts. The research done in Andhra Pradesh University by Drakshayani, *et. al.* (1994) reported that around 78.5% girls knew menstrual bleeding originated from the uterus. In this study 88% girls knew that sanitary pads are better than cloths, however only 80.7% girls used the sanitary pad during menstruation. A study by Dasgupta and Sarkar (2008) in a rural community showed that majority of the girls preferred cloths rather than sanitary pads as menstrual absorbent.

In a study conducted by Khanna, *et. al.* (2005) three forth 3/4th of the girls used old cloth during their periods and only one fifth reported using readymade sanitary pads. These are due to differences in their socio – cultural profile. It was also observed that the usual practice was to wash the cloth with soap after use and keep it at some secret place till the next menstrual period. Regarding hygiene related practices during menstruation 84% girls took daily bath

during menstruation, and 90% washed their hands every times after visit to the toilet during menstruation and 75.3% girls cleaned genitalia regularly.

SOCIAL RESTRICTION

In a study conducted by Barathalakshmi, *et. al.* (2014) showed that 98.6 % girls are not allowed to pray or enter the pooja room during menstruation. The practice of the restrictions was significantly more among the rural girls as compared to the urban girls. The difference may be due to lack of awareness in the rural areas and also due to the association of more stigmas with menstruation in the rural areas as compared to the urban areas.

SCHOOL ABSENTEEISM AND REDUCED PERFORMANCE

A study conducted by Pandit *et. al.* in 2014 in West Bengal showed that 17.39% girls often miss school multiple days in a month, during their menses. Because most girls in rural areas walk at least an hour to reach their school each day and adequate sanitation facilities are not available in school. The School sanitation facilities are communal pits, which provides neither privacy nor water to wash. The girls reported that they miss four to five days of school each month as a result of menstruation. And menstruation related health problems, such as abdominal cramps, back aches and mood changes.

LACK OF ADEQUATE SANITATION FACILITIES IN SCHOOLS

Many studies indicated that most school girls do not have adequate sanitation facilities at school to manage their menses (Paria, *et. al.* 2014). This problem is more severe in rural areas than in urban areas. Some rural schools have communal latrines or no facilities at all. Many sanitation facilities are open to both sexes and do not afford the girls the privacy they need to manage their menses. Frequently, facilities do not have lock , doors , water for washing ,or disposal mechanism. Girls complained that lack of privacy in the bathrooms increases their discomfort and fear of discovery. Further more the sanitation facilities are often dirty and unhygienic.

FINDINGS AND CONCLUSIONS

The literature review reveals that MHM in India is a wide spread multifaceted problem. To improve the situation, MHM must be viewed through a wide lens. Currently there is a lack of MHM education and knowledge, suitable feminine hygiene products and adequate sanitation facilities in schools. These are the factor which is responsible for school absenteeism and reduced performance, myths and misconceptions and negative feelings and experience regarding menstruation. In addition to school girls, many other groups desire more education about MHM, including mothers, teacher, men and boys and community and government leaders. There is a need to provide accurate education to eliminate the many existing myths and misconceptions regarding MHM.

From this study it can be concluded that accurate and adequate information must be imparted to adolescent girls about menstruation and its appropriate management. Formal as well as informal channels of communications such as mothers, sisters and friends need to be

emphasized for the delivery of such information. In view of the vital role of the mothers, it is very important that the mother be armed with the correct and appropriate information on reproductive health, so that she can give this knowledge to her growing girl child. It is also essential for the teachers, who may not have the necessary skills to impart reproductive health education, including menstrual hygiene to their students. Much more efforts are needed to curb the mis - beliefs and taboos among adolescent school girls. Institutional systems within schools require improvement to help girls for manage their menses. Health education especially puberty education should be included in school curriculum and infrastructure of institutional facilities should be developed.

REFERENCES:

- i. Abioye-Kuteyi, E. (2000). Menstrual knowledge and Practices amongst secondary school girls in Ileife ,Nigeria. *Journal of Social Promotion Health*, 120(1), 23-26.
- ii. Barathalakshmi, J., Govindarajan, P. K., Ethirajan, N. and Felix, J. William. (2014). Knowledge and Practice of Menstrual Hygiene among School Going Adolescent Girls. *National Journal of Research in Community Medicine*, 3(2), 138-142.
- iii. Dasgupta, A and Sarkar, M . (2008). Menstrual Hygiene: How hygienic is the adolescent girl? *Indian Journal of Community Medicine*, 33(2), 77-80.
- iv. Deo, D. S. and Ghattargi, C. H. (2005). Perceptions and practices regarding menstruation: a comparative study in urban and rural adolescent girls. *Indian Journal of Community Medicine*, 30(1), 33-34.
- v. Dhingra, R. and Kumar, A. (2009). Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Etho – Medical journal*, 3(1), 43-48.
- vi. Drakshayani Dvi, K. and Venkata, R. P. (1994). A study on menstrual hygiene among rural adolescent girls. *Indian Journal of Medical Science*, 48(6), 139-143.
- vii. El-Gilany, A. H., Badwi, K. and El- F. S. (2005). Menstrual hygiene among adolescent school girls in Mansoura Egypt. *Repor Health Matters*, 13(1), 147-152.
- viii. Jain, K., Garg, S. K. and Singh, J. V. (2009). Reproductive health of adolescent girls in an urban population of Meerut , Uttar Pradesh Health and Population : *Perspectives and Issues*, 32(4), 204-209.
- ix. Kansal, S., Singh, S. and Kumar, A. (2016). Menstrual Hygiene Practices in Context of Schooling: A Community Study Among Rural Adolescent Girls in Varanasi. *Indian Journal of Community Medicine*, 41(1), 39-44.
- x. Khanna, A., Goyal, R. S. and Bhawsar, R. (2005). Menstrual Practices and reproductive problems: A study of adolescent girls in Rajasthan. *Journal of Health Management*, 7, 91-107.
- xi. Mudey, A. B., Kesharwani, N., Mudey, G. A. and Goyal, R. C. (2010). A cross sectional study on Awareness Regarding Safe and Hygiene Practices amongst School going Adolescent Girls in Rural area of Wardha District , India . *Global Journal of Health Science*, 2(2), 225-231.

-
- xii. Narayan, K. A., Srinivasa, D. K., Pelto, P. J. and Veerammal, S. (2001) . Puberty rituals, reproductive knowledge and health of adolescent School Girls in South India. *Asia Pacific Population Journal*, 16, 225-238.
 - xiii. Pandit, D., Bhattacharyya, P. K. and Bhattacharyya, R. (2014). Menstrual Hygiene: Knowledge and Practice among Adolescent School Girls in Rural areas of West Bengal. *IOSR Journal of Dental and Medical Sciences*, 13(6), 19-24.
 - xiv. Paria, B., Bhattacharyya, A. and Das, S. (2014). A comparative Study on Menstrual Hygiene Among Urban and Rural Adolescent Girls of West Bengal. *Journal of family Medicine and Primary Care*, 3(4), 413-417.
 - xv. Rao, S., Joshi, S. and Kanade, A. (1998). Height velocity, body fat and menarchal age of Indian Girls. *Indian Pediatric Journal*, 35, 619-628.
 - xvi. Singh, M. M., Devi, R. and Garg, S. (2001). Effectiveness of syndromic approach in management of reproductive tract infections in women. *Indian Journal of Medical Science*, 55(4), 209-214.
 - xvii. World Health Organization. (2003). Adolescents in India: A profile, Available in www.whoindia.org/linkfiles/adolescent_health_and_development.