

## MENSTRUAL HYGIENE AMONG ADOLESCENT GIRLS: A STUDY FROM BANGALORE URBAN SLUMS

G.N. Kavitha<sup>168</sup> & S. Alphonsa<sup>169</sup>

Correspondence: krishna.kavitha5@gmail.com

### ABSTRACT

Adolescence has been recognized as a special period that requires specific attention as it marks the onset of menarche, an important milestone, and hence good hygienic practices during menstruation are crucial to maintaining a healthy life. This study was planned to assess knowledge, beliefs, and source of information regarding menstruation, and also to assess hygiene among them. A cross-sectional study was carried out in an urban slum area. Among the 100 adolescent girls, 72% were between 15 and 19 years. A maximum of 47% was having a high school education. About 47% of mothers were illiterate; 27% of girls had menarche at 14 years, and 82% had regular cycles. About 76% did not know menses before menarche. The source of information was the mother in 84%. Only 16% of girls commented that bleeding initiated in the uterus. About 60% of girls used the sanitary pad and the rest used cloth pieces. About 22% used water and no soap for handwashing. Multiple restrictions were practiced. This study reported that menstrual hygiene was unsatisfactory among adolescent girls. Therefore, girls should be educated about the facts of menstruation and proper hygienic practices.

**Keywords:** hygiene, menarche, menstrual, slum area

### INTRODUCTION

Menstruation (a period) is an exceptional phenomenon that the nature has planned for women. It is not just a small term but a major stage where a woman undergoes certain reproductive changes from onset of menstruation (menarche) till menopause. Adolescence is the stage of physical, psychological, and reproductive development that generally occurs during the period from puberty to legal adulthood. *The World Health Organization* defines adolescence as individuals between 10 and 19 years of age. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention during monthly menstruation or menstrual cycle. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women. Menstrual hygiene management should be an imperative part of healthcare.

---

<sup>168</sup> Centre for Women's Studies, Jnanabharathi Campus, Bangalore University, Bangalore-56.

<sup>169</sup> St. Xavier's College, Palayamkottai – 627002.

*The United Nations* defines adequate menstrual hygiene management as “women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.” Particularly in poor countries, girls and women face substantial barriers to achieving adequate menstrual management.

Teachers leave a positive impact and greatly influence the minds of children. But the issue of menstrual hygiene is seldom being discussed in the school curriculum. It is also included in *The Millennium Development Goals*. Therefore, to understand the consequences and importance of menstrual hygiene practices among adolescent girls, it is important to study the current practices about the same so that future interventions can be planned accordingly. With this backdrop, a study was conducted among adolescent girls in the urban slum area to assess the knowledge, beliefs, source of information, practices of menstrual hygiene, and menstrual pattern and problems and also to identify status of hygiene and the restrictions practiced by adolescent girls during menstruation.

#### **MATERIALS AND METHOD:**

Data were collected by house-to-house survey in the community, and girls were asked questions using a predesigned, pretested questionnaire specially designed for this purpose. The questionnaire consisted of socio-demographic details, knowledge about menstruation, menstrual patterns and practices, hygiene followed, and finally any restrictions followed during menstruation. Before the interview, a verbal informed consent was obtained from the parent or guardian of the adolescent girl and ascent was taken from adolescent girl. All the respondents were assured that the information collected would be confidential throughout the study. At the end of the interview, the girls were educated about facts of menstruation and explained about cleanliness during menses.

#### **FINDINGS**

This study was conducted among 100 adolescent girls from urban slum area of Bangalore Urban Slums.

**Age wise distribution** showed that a maximum 72% of girls belonged to late adolescent group of 15–19 years and 28% belonged to early adolescent group of 10–14 years.

**Religion wise**, 75% were Hindus followed by 25% Muslims.

**Family type,** The 77% girls mostly belonged to nuclear family and 23% to joint family.

**Education,** a maximum of 47% of girls were educated up to higher secondary (8th–10th std.), followed by 32% secondary school (5th–7thstd.), intermediate (11th–12th std.) were 11%, primary 7%, and 3% were found to be illiterate. But 45% of the girls were found to be school dropouts. It was observed that majorities of 47% of mothers were illiterate and 42% had only primary education. The fathers of 44% of girls were found to be educated up to primary school majorly followed by 37% up to secondary school.

**Occupation wise distribution,** where it was found that majorly 57% of the fathers and 91% of the mothers had unskilled occupation; 22% fathers and 9% mothers had semi-skilled occupation; 21% fathers had skilled occupation, whereas no mothers were found to have skilled occupation.

**Use of sanity during the periods,** 60% of the girls used sanitary pad, about 19% used old household cotton, while 16% bought new cloth from the market, and only a 5% used both pad and cloth. 60 girls who used sanitary pad, 63.34% of the girls changed the pad frequently (>3 times/day). About 70% washed the same cloth and reused it for more than three times. Sanitary pads were wrapped in paper and disposed by 51.67% of the girls. But an unusual practice of washing the sanitary pad and then disposing it in a carry bag was observed in our study. About 30% girls used this method of disposal and 18.4% disposed their pads in open.

**Hygienic during the periods,** all the girls practiced hand washing during menses. They used soap and water in majority (78%), but a few (22%) used only water to wash. Bathing everyday was found in almost all the girls and washing of private parts during menses was practiced by them during bathing. Any special attention to genital hygiene was not found in them. Some of the girls (4%) practiced hair washing everyday during menses.

**Social restriction during the periods,** only few (20%) of the girls did not follow any restrictions, whereas a majority of them had restrictions. Few (27%) believed that the restrictions imposed on them are by Gods commands. Almost a maximum (80%) of girls did not visit temple during menses, separation from the family members and not entering the kitchen was found in 27% girls, whereas some (21%) girls said that they were not allowed to touch anyone and had to stay out of the house during menses.

**Age of the menstruation,** the mean age to be 10.21 and 12.8 years, respectively.

**Infrastructure facilities,** 85% girls had continuous water supply in the house, whereas 15% had intermittent. This study being carried out in slum area, poor environmental sanitation was observed. The surrounding of the houses was found to be dirty in almost all houses. The maximum of 79% of girls used common public toilet and 21% had separate private toilet in the

house. About 65% of the girls lived in kaccha housing and 35% lived in pucca house.

**The pattern of menstruation**, including the regularity of menses, amount of flow, and length of the menstrual cycle was also analyzed, and it was observed that 82% of the girls had regular menstrual cycle with a majority of 65% with moderate flow while 18% had irregular cycles which was comparable to a study carried out in Amravati district where most of the girls (78.2%) had regular menstrual cycle and 21.8% had irregular cycle, 75.7% girls had regular menses and 24.3% had irregular menses. The duration of menstrual flow in our study was 4–6 days for 78% girls, 76.9% girls had bleeding for 3–5 days, the duration of menstrual flow was within 5 days in 96.3% of girls and 3.7% had prolonged menses.

**Pre/Post menstrual syndromes**, Dysmenorrhea is the most common menstrual problem; many of the adolescent girls have abdominal pain, back pain, and abdominal cramps. It is the most disturbing health problem faced by young women with adulatory cycles. In this study, dysmenorrhea was experienced by 40% girls, while to a study where 57.5% of girls disposed the pad properly.

**Personal hygiene practices**, such as hand washing, bathing, and cleaning private parts regularly play a vital role in safeguarding oneself from infections. Simple hand washing with soap and water during period of menstruation and after using toilet can be beneficial. In our study, hand washing with only water was found in 22% of girls, whereas 78% of girls used soap and water which was found to be similar to a study in which 28.5% girls used only water and 71.5% used both soap and water for hand washing.

**Information about sanitary pad**, the adolescent girls had no information about proper method of disposal of sanitary pad. In our study, only 51.67% of the girls used proper disposal technique of wrapping the sanitary pad with paper and then throwing it into a dustbin which was similar to a study where 57.5% of girls disposed the pad properly.

## **CONCLUSION:**

Menstruation is an important indicator of reproductive health and development, thus menstrual hygienic practices are of major concern. This study revealed that menstrual hygiene was unsatisfactory among adolescent girls. This study being community based study in slum area, unhygienic environmental conditions were observed. Poverty, illiteracy, and ignorance are the major factors which lead to poor environmental sanitation. Improper sanitation of the surrounding also contributes to adverse health outcomes. Lack of water supply majorly affects the status of hygiene. Privacy issues are mainly found in girls using public toilets. Hence, ignorance toward cleanliness is seen in these girls to avoid embarrassment. Girls using private toilets were

found to practice better hygiene than those using common public toilets. This was because of low level of education and improper assumptions about the phenomenon of menstruation. Hence, it is very crucial to educate girls about the physiological facts of menstruation, wipe off false taboos, and lead them to proper hygienic practices to safeguard themselves against reproductive tract infections.

## REFERENCES

*Ghai OP, Paul VK, Bagga A. Essential Pediatrics. 7th ed. New Delhi: CBS Publishers and Distributors Pvt Ltd; 2009.*

*Improvement in Knowledge and Practices of Adolescent Girls Regarding Reproductive Health with Special Emphasis on Hygiene during Menstruation in Five Years. National Institute of Public Cooperation and Child Development; 2014.*

*Yasmin S, Manna N, Mallik S, Ahmed A, Paria B. Menstrual hygiene among adolescent school students: An in-depth cross-sectional study in an urban community of West Bengal, India. IOSR J Dent Med Sci 2013;5:22-6.*

*Bachloo T, Kumar R, Goyal A, Singh P, Yadav SS, Bhardwaj A, et al. A study on perception and practice of menstruation among school going adolescent girls in district Ambala Haryana, India Int J Community Med Public Health 2016;3:931-7.*

*Barathalakshmi J, Govindarajan PK, Ethirajan N, Felix AJ. Knowledge and practice of menstrual hygiene among school going adolescent girls. Natl J Res Commun Med 2014;3:138-42.*

*Sommer M, Sahin M. Overcoming the taboo: Advancing the global agenda for menstrual hygiene management for school-girls. Am J Public Health 2013;103:1556-9.*

*Kuhlmann AS, Henry K, Wall LL. Menstrual hygiene management in resource-poor countries. Obstet Gynecol Surv 2017;72:356-76.*