International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319 – 6505, Impact Factor: SJIF: 5.995
Available Online at www.journalijcar.org
Volume 6; Issue 7; July 2017; Page No. 4506-4509
DOI: http://dx.doi.org/10.24327/ijcar.2017.4509.0527

Research Article

MENSTRUAL HYGIENE AMONG THE ADOLESCENT GIRLS AT B.A.B.S SCHOOL, BARDOLI, GUJARAT

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ARTICLE INFO

Article History:

Received 12th April, 2017
Received in revised form 19th May, 2017
Accepted 15th June, 2017
Published online 28th July, 2017

Key words:

Menstrual Hygiene, Knowledge, RTI.

ABSTRACT

A descriptive study was conducted to assess the level of knowledge regarding menstrual hygiene among the adolescent girls at B.A.B.S School, Bardoli, Gujarat. The sample comprised of 60 Adolescent girls of B.A.B.S School. Sample was selected by using non probability purposive sampling method. Data collection done from 7rd March-2017 to 19th March-2017, by using structured interview schedule after obtaining formal permission from School authorities. Data was analysed by using descriptive and inferential statistics. The results of study showed that, the knowledge scores for mean (13.083), median (13) standard deviation (1.80) respectively. There was no significant association between the knowledge score and the selected socio-demographic variables like Age, Religion, Family income, Age of first menarche, Knowledge about menstruation hygiene, Source of information except the type of family where the calculated chi square value is more than the table value. The study concludes that, the education of adolescent girls regarding menstrual hygiene will play an important role in improving practices that help to maintain heath and prevent the spread of RTI and its consequences.

INTRODUCTION

Hygiene is a set of practices performed for the preservation of health. According to the WHO "Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.[1]

Menstrual hygiene is an issue that is inadequately acknowledged and has not received enough attention in the reproductive health and Water, Sanitation and Hygiene (WASH) sectors in developing countries including India and its relationship with and impact on achieving many Millennium Development Goals (MDGs) is rarely acknowledged. Studies that make this problem visible to the concerned policymakers and inform practical actions are very much warranted.[2]

The interplay of socio-economic status, menstrual hygiene practices and RTI are noticeable. Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to RTI and its consequences. Therefore, increased knowledge about menstruation right from early days may escalate safe practices and may help in mitigating the suffering of millions of women. With this background our study was conducted to evaluate the knowledge, beliefs, and source of information regarding menstruation among the adolescent girls of the secondary school and also to identify the status of menstrual hygiene among them.[3]

Adolescent is a period of transition from childhood to adulthood; which is usually between the age group 11 and 20 years1. Globally there were 1.2 billion adolescent girls in the year 2009, which forms eighteen percent of the world's population. Adolescent girls in India constitute almost 47 percentage of the population.[4]

A descriptive cross-sectional study was conducted among 160 adolescent girls with the help of pre designed and pre tested questionnaire. Data were analyzed statistically by simple proportions. Out of 160 respondents, 108(67.5%) girls were aware about menstruation prior to attainment of menarche. Mother was the first informant regarding menstruation in case of 60 (37.5%) girls. One hundred and thirty eight (86.25%) girls believed it as a physiological process. Seventy eight (48.75%) girls knew the use of sanitary pads during menstruation.[5]

A study was conducted regarding practice of menstrual hygiene, 17% used single use material, 40% used reusable cloths, 35% used both types during last menstruation, 33% used disposable sanitary pad, 40% used new cloth, 26% used old piece of cloth from sari and scarf. The use of sanitary pads is higher among girls in urban school (5%) in composition with rural school (19%). Half of the respondents 51% mentioned having taking bath every day and about 43% on alternate days during their last menstruation.[6]

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A descriptive cross-sectional method of study done on 250 students regarding menstruation. Study reveals that 70% had knowledge about dysmennorhoea, 75% received information from their relatives, mother sister, 32% practiced personal health taking behavior such as taking bath and using hygienic materials. 23% avoided physical activity (or) even mild exercises. 32% takes bath on the 1st days and 51.5% takes bath even after 8 days.[7]

Therefore, adolescent girls need the support and guidance of parents and nurses to facilitate healthy life practices. Increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women13. Equipping adolescent girls with adequate information, and skills on menstrual hygiene and its management is seen as empowering them with knowledge which enhances their self-esteem and academic performance14. This study was aimed to assess the knowledge regarding menstrual hygiene among adolescent girls and create awareness among them by developing and distributing information booklet on menstrual hygiene

Statement of the Problem

A study to assess the level of Knowledge Regarding Menstrual hygiene among the Adolescent girls at B.A.B.S School Bardoli, Gujarat.

Objectives of the Study

1. To assess the knowledge regarding menstrual hygiene among adolescent girls of B.A.B.S School.
2. To determine the association between knowledge regarding menstrual hygiene among adolescent girls and selected socio-demographic variables.

Hypothesis

H_{01}: There is no significant association between the level of knowledge regarding menstrual hygiene among adolescent girls and selected socio-demographic variables.

METHODOLOGY

Research Approach: Descriptive.

- ***Setting:*** B.A.B.S School, Bardoli.
- ***Population:*** Adolescent girls.
- ***Sampling Technique:*** Non probability purposive.
- ***Sample:*** Adolescent girls studying in B.A.B.S School, Bardoli.
- ***Sample Size:*** 60.
- ***Inclusion Criteria:*** The postnatal mothers admitted in Sharda Hospital and willing to participate in the study as well as comprehend in Gujarati, English and Hindi Languages.
- ***Exclusion Criteria:*** The mothers who have delivered the baby on the day of data collection.
- ***Tool for Data Collection:*** Structured knowledge questionnaires.
- ***Method of Data Collection:*** Structured Interview Schedule.
- ***Data Analysis:*** Descriptive and Inferential statistics.

RESULTS OF THE STUDY

The result of study showed that 10 [33.4%] postnatal mothers were in 21-23 year and 21[70%] postnatal mothers were graduated. Majority of 22 [73%] postnatal mothers were Hindu and majority 14 [46.65] postnatal mother's monthly income is between Rs. 10,000-15,000. Majority of 18 [60.3%] postnatal mothers had normal delivery and 11 [36.4%] postnatal mothers had L.S.C.S. Majority of 21 [70%] postnatal mothers were belonging from nuclear family and 21 [70%] postnatal mothers were housewife. Majority of 18 [60%] postnatal mothers were prime Para and 12[40%] Multipara. The mean knowledge score was 20.7 and there was no significant association between the knowledge score and selected demographic variables like age, monthly income, type of family, occupation, type of delivery and parity status except religion and education where calculated chi square value is more than the table value

Table No 1 Frequency and percentage distribution of adolescent girls of B.A.B.S School, Bardoli.

n=60

Sr. no.	Variable	Frequency(f)	Percentage (%)
1.	Age in years		
	• Below 12 years	01	1.7
	• 13-14 years	20	33.33
	• 14-15 years	39	65
	• Above 16 years	00	00
2.	Religion		
	• Hindu	49	81.67
	• Muslim	08	13.33
	• Christian	02	3.33
	• Other	01	1.67
3.	Type of family		
	• Nuclear	16	26.67
	• Joint	44	73.33
4.	Family income		
	• Below 1000 Rs	09	15
	• 1001-5000 Rs	08	13.33
	• 5001-10000 Rs	13	21.67
	• Above 10001 Rs	30	50
5.	Age of first menarche		
	• Below 12 years	10	16.67
	• 14-15 years	50	83.33
	• 15-16 years	00	00
	• Above 16 years	00	00
6.	Knowledge regarding menstruation	49	81.67
	• Yes	11	18.33
	• No		
7.	Previous knowledge on menstrual hygiene		
	• Yes	50	83.33
	• No	10	16.67
8.	Source of information		
	• Mass media	02	3.33
	• Health person	20	33.33
	• Family member	28	46.67
	• Other	10	16.67

The above table depicts that, 1 out of 60 (1.7%) were between the age group of below 12 years, 20 outs of 60 (33.33%) were between the age group of 13-14 years, 39 outs of 60 (65%) were between the age group of 14-15 years, 49 outs of 60 (81.67%) is Hindu, 08 outs of 60 (13.33%) is Muslim, 02 out of 60 (3.33%) is Christian, 01 out of 60 (1.67%) is other, 16 outs of 60 (26.67%) is nuclear, 44 outs of 60 (73.33%) is joint, 09 outs of 60 (15%) were income below 1000 Rs, 08 outs of 60 (13.33%) were income 1001-5000Rs,13 outs of 60 (21.67%) were income 5001-10000Rs, 30 outs of 60 (50%) were income above 10001Rs, 10 outs of 60 (16.67%) were between the age group of below 12 years, 50 outs of 60 (83.33%) were between the age group of 14-15 years, 49 outs of 60(81.67%) were knowing the knowledge regarding

menstruation, 11 outs of 60 (18.33%) were not knowing the knowledge regarding menstrual hygiene, 50 outs of 60 (83.33%) were knowing the menstrual hygiene, 10 outs of 60 (16.67%) were not knowing the menstrual hygiene, 2 outs of 60 (3.33%) were collected information through mass media, 20 outs of 60 (33.33%) were collected information through health person, 28 outs of 60 (46.67%) were collected information through family member, 10 outs of 60 (16.67%) were collected information through other source

Table 2 Distribution of adolescent girls B.A.B.S school according to knowledge score

n = 60

Catergory	Poor	Good	Very Good
Range	1-10	11-14	15-20
Sample	4	42	14
Percentage	6.7%	70%	23.3%

The above table depicts that majority of (70%) of samples lies in the range of good, (23.3%) of samples lies in the range of very good, (6.7%) of samples lies in the range of poor.

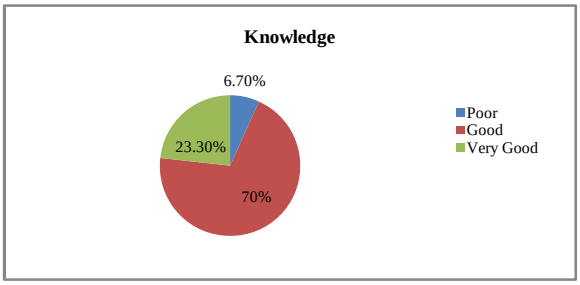

Figure No. 1 Pie chart diagram showing the knowledge of adolescent girls

The above table depicts that, there is no association between the knowledge score and the selected socio-demographic variables like age, religion, family income, age of first menarche, knowledge about menstruation, hygiene, source of information, except type of family where calculated chi square value is greater than the table value.

Hence, the null hypothesis is accepted in all the cases except type of family where the calculated chi square value is greater than the table value at 0.05 level of significance.

DISCUSSION

Majority 65% of girls were of age group of 14-15 years, majority 81.67% of girls of religion was Hindu, majority 73.33% of samples were living in joint family, majority 50% of family having monthly income above 10,000 Rs, majority 83.33% of girls first menstrual age group of 14-15 years, majority 81.67% of girls have knowledge about menstruation before attained menarche, majority 83.33% of girls have previous knowledge on menstrual hygiene, majority 46.67% of girls have knowledge regarding menstruation by family member.

The investigator found that, the majority of 6.7% girls having poor knowledge, 70% girls having good knowledge and 23.3% girls having very good knowledge.

There was no association between the knowledge score and the selected demographic variables like age, religion, family income, age of first menarche, knowledge about menstruation, hygiene, source of information except only the type of family was having significant association with the knowledge score.

Table No. 3 Association between knowledge score and selected demographic variables.

n=60

Sr.No	Demographic Varible	Above Median	Below Median	df	α^2	Table value	P at 0.05 Level
	Age						
	a) Below 12 years	0	0				
1.	b) 13-14 years	4	17				
	c) 14-15 years	14	25	3	1.82	7.82	NS
	d) Above 16 years	0	0				
	Religion						
	a) Hindu	16	35				
2.	b) Muslim	2	5				
	c) Christian	0	1	3	4.14	7.82	NS
	d) Other	0	1				
	Type of family						
3.	a) Nuclear	1	15	1	12.04	3.84	S
	b) Joint	17	27				
	Family income						
	a) Below 1000 Rs	5	4				
4.	b) 1001-5000 Rs	2	6				NS
	c) 5001-10000 Rs	5	9	3	4.35	7.82	
	d) Above 10000 Rs	6	23				
	Age of first menarche						
	a) Below 12 years	3	7				
5.	b) 14-15 years	15	35				
	c) 15-16 years	0	0	3	5.4	7.82	NS
	d) Above 16 years	0	0				
	Knowledge about menstruation						
6.	a) Yes	16	32	1	1.27	3.84	NS
	b) No	2	10				
	Hygiene						
7.	a) Yes	17	36	1	0.93	3.84	NS
	b) No	1	6				
	Source of Information						
	a) Mass media	0	4				
8.	b) Health person	6	13				
	c) Family members	9	19	3	1.83	7.82	NS
	d) Others	3	6				

NS=non significant S=significant

The calculated chi-square value is less than the table value at 0.05 level of significance level except type of family were the calculated chi square value is more than the table value at 0.05 level of significance.

CONCLUSION

Based on the study findings, the investigators dealt with the various nursing implication of the study and the limitation of the study. Similar study can be replicated on large samples. Regular in-service education should be conducted for secondary school girls regarding menstrual hygiene. The findings helped to give suggestion and recommendation for the further studies.

References

1. Water Aid (2009) Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings of Nepal [online]. Available from www.irc.nl.
2. CIA (2013) The World Fact book: Uganda [online]. Available from: https://www.cia.gov/library/ publications/the-world-factbook/geos/ug.html.
3. Pillitteri, S. P. (2011) School menstrual hygiene management in Malawi: More than toilets [online]. Available from: http://www.shareresearch.org/ LocalResources/MenstrualHygieneManagement_Malawi.pdf.
4. Fakhri M, Zeinab H, and Abdulhay K. Promoting menstrual hygiene among Persian adolescent girls from low socio economic background: a quasi-experimental study. BMC Public Health. 12:193, 2012. Available from: www.biomedcentral.com/1471- 2458/12/193.
5. Dasgupta A, Sarkar M.Menstrual hygiene: How hygienic adolescent girls? *Indian J community med* 2008 Apr 1; 33(2):77-81.
6. Tazeen saeed Ali," Menstrual knowledge and practices of female adolescent, 2009, 115-124.
7. Poureslami, Oasti-Ashtiani F. Attitude of female adolescents about dysmenorrhoea and menstrual hygiene s in Tehran suburbs. *Archives of Indian medicine* 2002; 5:377-96.

How to cite this article:

Anil Patrimath *et al* (2017) 'Menstrual Hygiene Among The Adolescent Girls At B.A.B.S School, Bardoli, Gujarat', *International Journal of Current Advanced Research*, 06(07), pp. 4506-4509.
DOI: http://dx.doi.org/10.24327/ijcar.2017.4509.0527

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