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Perception of menstrual knowledge and hygiene practices among young women

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Abstract

A Woman menstruates for a whole of 40 years in her life span. But enormous majority of women who survive in the developing world do not have right to use to clean water protected and private spaces for washing and cleaning, resources for absorbing menstrual blood, or facilities for proper and safe removal of used menstrual hygiene resources. Menstrual hygiene is essential to the self-esteem and wellbeing of women and girls, it is an important part of basic hygiene, cleanliness and reproductive health services, However, menstruation is too often unmentionable, with many unconstructive cultural attitude linked with it, including the idea that menstruating women and girls are “contaminated”, “dirty” and “impure”. The study was conducted only for the women; the survey had been conducted with young women in Ladies Hostel, The Gandhigram Rural Institute -Deemed University, Gandhigram, Dindigul, Tamil Nadu, India. The size of the sample collected is 300 randomly. The questionnaire was administered as the tool for collecting data from the respondents. The study conducted that the young women most of their adequate knowledge and practices during menstrual hygiene.

Keywords: Women, Hygiene practices, Menstrual knowledge

Introduction

In India, it is estimated that 200 million women have a poor understanding of menstrual hygiene practices. Moreover, only 12 percent of Indian women and girls use commercial sanitary products. Historically, mythology, taboos and dishonor around the female body and menstruation contain overshadowed progressive initiative aimed at improving menstrual hygiene in India. Such beliefs and practices not only violate women’s dignity, they have serious implications for their health and wellbeing. In some cases, women’s are enforced to resort to unhygienic options, such as using ash, newspapers, hay, sand or old rags to absorb menstrual blood. Consequently, every period is loaded with mental emotional and physical trauma, which affects the day to day lives of women across India [1]. Every female will notice changes in her body as she grows up and develops. One of the fundamental changes that occur in most adolescent girls is menstruation, which is a natural part of the female reproductive cycle but issues relating to menstruation and menstrual hygiene [2]. Menarche is one part of the maturation process, but it is often, culturally defined as the indicator of girl's maturity and readiness for marriage and sexual activity. Menstruation is still regarded as something unclean or dirty in Indian society and it is strongly related with misconceptions and cultural restrictions. Menstrual cycle is the cyclical shedding of endometrial every 28 ± 7 days in response to hormones. The average menstrual cycle lasts for about 5 days, which accounts to approximately 67 months of menstrual bleeding over a lifetime. Menstruation is a normal physiological process indicating beginning of reproductive life but sometimes it is considered as unclean phenomenon in the Indian society. Menstrual hygiene depends upon the educational, socioeconomic, and cultural statuses of family. School curriculums also have some role in menstrual health. Poor menstrual hygiene causes great impact in increased vulnerability to reproductive tract infections (RTI). Currently millions of women sufferers from RTI and infection is transmitted to the offspring. Women having knowledge regarding menstrual hygiene are less vulnerable to RTI and its consequences. Menstrual hygiene is an issue that every girl and women has to deal with in her life but there is lack of awareness on the process of menstruation [3].

It is a human right for women to be able to manage their menstruation in a safe and dignified way [4, 5].

Framing the shame "Leaky, liquid, flowing menstruation a uniquely female experience associated with sexuality is constructed as a shameful form of pollution that must be contained.

Menstruation, then, is constituted as a problem in need of a solution". [6].

According to Bobel [6]. Women usually associate menstruation with something negative. In developing countries, this negativity is associated with the women's lack of possibility to manage their menstruation in a safe, hygienic and dignified way [5]. The conditions for women to maintain a good hygiene during their menses differ a lot globally. Due to the lack of economic means and knowledge about menstruation and thus allocation of money to buy pads, some women and girls do not have a sufficient access to sanitary products [7].

Some women, who do not have enough private space to change, wash and dry clothes that are used as pads are forced to re-use half-damp and still semi-soiled materials. Furthermore, those who cannot afford to buy sanitary pads resort to using materials such as old rags, leaves and toilet papers. In some instances where these things are not available, they may not use anything at all [8]. It has been proven that a lack of menstrual hygiene by using unhygienic materials to absorb the blood increases the risk of contracting infections, which could in turn affect the woman's reproductive health. Poor menstrual hygiene management (MHM) has shown to be related to lower reproductive tract infections (RTIs) and urinary tract infections (UTIs). Untreated RTIs can in worst-case lead to adverse pregnancy outcomes and/or infertility [7].

In this study objectives focus on the Young women's and their menstrual practices,

1. To understand the knowledge of menstruation among the young women
2. To find out the practices, attitudes and problems of these respondents during menstruation
3. To ensure safe disposal of sanitary napkin in an environment friendly manner

2. Methodology

The study was conducted only for the studying women; the survey had been conducted with students in the Ladies Hostel, The Gandhigram Rural Institute -Deemed University, Gandhigram. The size of the sample collected is 300 randomly, who are studying M.Sc/M.Phil/Ph.D women were concentrated for the study.

The process and technique is known as simple random sampling. The questionnaire was administered as the tool for collecting data from the respondents. The questionnaire is the most common practices for data collection. It contain a set of question logically selected to a problem under study. The study is an attempt to gather data on the menstrual Hygiene among young women's, to explore the knowledge, practices, and source of information regarding menstruation and hygiene. The questionnaire was administered as the tool for collecting data from the respondents. The questionnaire is the most common practices for data collection. It contain a set of question logically selected to a problem under study. Interviewing is one of the major methods of data collection. It is defined as a two way systematic conversation between an investigator and informant initiated for obtaining information relevant to a specific study.

3. Results and discussion

In this table shows that demographical profile of the respondents,

Table 1: Table Demographical profile

Demographical Profile	Numbers	Percentage
a. Age wise distribution of respondents		
Age of respondents	Number	Percentage
20-23	255	85
24-27	36	12
28-30	9	3
b. A distribution of respondents educational qualification		
Educational Qualification	Number	Percentage
M.Sc	210	70
M.Phil	43	14
Ph.D	47	16
c. A distribution of respondents on the basis of religion		
Religion	Number	Percentage
Hindu	210	70
Muslim	12	4
Christian	78	26
Others	Nil	-
d.A distribution of respondents on the basis of residential area		
Area of Residency	Number	Percentage
Rural	249	83
Urban	51	17
e.A distribution of respondents family type		
Family Type	Number	Percentage
Nuclear	222	74
Joint	78	26

a) Age wise distribution of respondents: In this study 85% of the respondents were reported in the age of (20-23) years.12% of the respondents were reported in the age (24-27) years and 3% of the respondents were reported in the age of (28-30) years are respectively.

b) A distribution of respondents educational qualifications: In this study 70% of the respondents were studying M. Sc and 14% of the respondents of them were studying M. Phil and the Ph. D respondents are 16%.

c) A distribution of respondents on the basis of religion: In this study 70% of the respondents were found Hindu religion and 4% of the respondents were found that Muslims. Remaining 26% of the respondents were found that Christians are respectively.

d) A distribution of the respondent’s on the basis of residential area: In this study area of residency 83% of the respondents were comes from rural area. Remaining 17% of the respondents comes from urban area.

e) Distribution of respondents’ family type: In this study 74% of the respondents were nuclear family type and 26% of the respondents were represented as joint family system. Due to the objectives to following evaluation were done and interpreted the discussion for the entire study.

3.1. To understand the knowledge of menstruation among the young women

Table 3.1.1.Shows that pre-menarche knowledge in rural respondents 19% of the respondents were already knows the pre-menarche knowledge. Remaining 38% of the respondents were reported don’t know about pre-menarche knowledge are respectively. Reveals know about pre-menarche knowledge in urban respondents 43% of the respondents were already know the pre-menarche knowledge are respectively. A relationship between area and pre-menarche knowledge among young women was statistically significant.

Table 3.1.1: Area Premenarche Knowledge

Area Premenarche Knowledge	Rural	Urban	Total
	Number (%)	Number (%)	Number (%)
Knew	19	43	62
Don't Know	38	Nil	38
Total	57	43	100

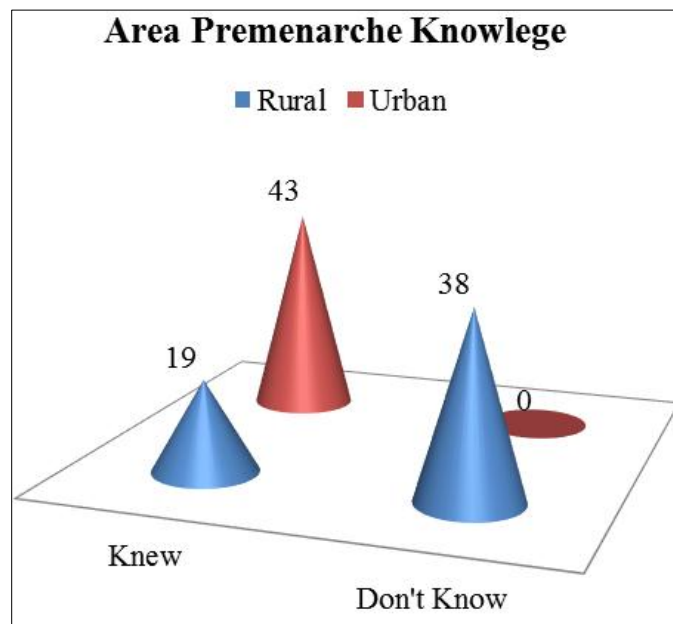


Fig 1a:

Table 3.1.2: Menstrual History

Menstrual History	Numbers	Percentage
a. Distribution as per age at menarche		
Age at menarche (In Year)	Number	Percentage
11	79	26.33
12	34	11.33
13	56	18.66
14	43	14.33
15	76	25.33
16	6	2
17	2	0.66
18	4	1.33
b. Distribution on the basis of duration of menstrual bleeding		

Duration of menstrual bleeding (In days)	Number	Percentage
< 4 days	120	40
5 days	88	29.33
6 days	47	15.66
7 days	25	8.33
8 days	7	2.33
< 9days	13	4.33
c. Distribution on the basis of menstrual bleeding		
Menstruation	Number	Percentage
Regular	241	80.33
Irregular	59	19.67

3.1.2. a) Distribution as per age at Menarche: In this study 26.33% of the respondents were reported that the age of 11 at menarche. 11.33% of the respondents were reported that the age of 12 and 18.66% of the respondents were reported that the age 13 and 14.33% of the respondents were reported that the age 14. And 25.33% of the respondents were reported that the age 15 and 2% of the respondents were reported that the age 16. Remaining 0.66% of the respondents was reported that the age 17 and 1.33% of the respondents were reported that the age of 18 ages at menarche.

3.1.2. b) Distribution on the basis of duration of menstrual bleeding in days: In this study duration of menstrual bleeding in days 40% of the respondents were

reported <4 days at every menstrual cycle. 29.33% of the respondents were reported as 5 days and 15.66% of the respondents were reported as 6 days and 8.33% of the respondents were reported as 7 days and 2.33% of the respondents were reported 8 days. Remaining 4.33% of the respondents were reported that <9 days are respectively.

3.1.2. c) Distribution on the basis of menstrual bleeding: In this study 80.33% of the respondents were reported met they are having regular menstrual cycle. Remaining 19.67% of the respondents were reported as irregular.

3.2. To find out the practices, attitudes and problems of these respondents during menstruation

Table 3.2.1: Food Pattern During Menstrual

Food Pattern during Menstrual	Numbers	Percentage
a. Distribution of respondents food pattern during menstruation		
Food Pattern	Number	Percentage
Followed	221	73.66
Un Followed	57	19
Both	22	7.34
b. Distribution of respondents special foods taken during menstruation		
Food items	Number	Percentage
Dhal	48	16
Vegetables	34	11.33
Fruits	147	49
Other	71	23.66

3.2.1. a) Distribution of respondents food pattern during menstruation : In this study majority of them 73.66% of the respondents were reported they followed food pattern during menstruation and 19% of the respondents were reported that un followed food pattern. Remaining 7.34% of the respondents were reported followed and unfollowed food pattern during menstruation.

3.2.1. b) Distribution of respondents special foods items taken during menstruation: In this study 16% of the respondents were taken dhal and 11.33% of the respondents were taken vegetables and 49% of the respondents were taken fruits. Remaining 23.66% of the respondents were taken other foods during menstruation.

Table 3.2.2: Health problem

Health Problems	Numbers	Percentage
a. Distribution of respondents feeling on first day on menstruation		
Feeling on First day	Number	Percentage
Normal	135	45
Fear	12	4
Tension	42	14
Upset	96	32
Others	15	5
b. Distribution of respondents health problems during the menses		
Health problem	Number	Percentage
Vomiting	34	11.33
Diarrhea	59	19.66
Both	31	10.33
Others	36	12
None	140	46.67

c. Distribution of respondents how to rectify the health problems		
Rectify the health problem	Number	Percentage
Healthy food	52	17.33
Good rest	128	42.66
Drinking water	78	26
Drugs	24	8
None	18	6

3.2.2. a) Distribution of respondent feeling on first day on menstruation: In this study 45% of the respondents were feeling on first day of menstruation on normal. 4% of the respondents were reported as fear. 14% of the respondents were reported as tension. 32% of the respondents were reported upset and 5% of the respondents were reported others the health problems of respondents feeling on first day on menstruation

3.2.2. b) Distribution of respondents health problems during Menses: In this study 11.33% of the respondents were reported that they were suffering from vomiting and 19.66% of the respondents were reported that they were suffering from diarrhea. 10.33% of the respondents were reported both problems they are suffering and 12% of the

respondents were reported other problems. Remaining 46.67% of the respondents were none of the health problems during menses.

3.2.2. c) Distribution of respondents how to rectify the health problems: In this study 17.33% of the respondents were take healthy food to rectify the health problems. 42.66% of the respondents were take good rest and 26% of the respondents were take drinking water and 8% of the respondents were take drugs. Remaining 6% Of the respondents were reported none of the health problems.

3.3. To ensure safe disposal of sanitary napkins in an environment friendly manner

Table 3.3.1: Menstrual Hygiene

Menstrual Hygiene		Numbers	Percentage
A. Distribution of respondents as per type of absorbent use during menstruation			
Type of absorbent used		Number	Percentage
Sanitary Napkin		254	84.66
Cloth		6	2
Both		40	13.34
b. Distribution of respondents number of times absorbent changed in a day			
No. Absorbent change during first 2 days of menses		Number	Percentage
1		30	10
2-4		225	75
5-6		45	15
c.A distribution of respondents on the basis of method of disposal of absorbent			
Method of disposal		Number	Percentage
Bathroom/Toilet		Nil	-
Bury in ground		87	29
Public dustbin		189	63
With domestic refuse		24	8
Other		Nil	-
No. answered		Nil	-
d. A distribution of respondents on the basis of cleaning habit of genital during menstruation			
Cleaning habit		Number	Percentage
Don't Clean		Nil	-
During bathing		117	39
Every time with toilet		181	60.33
Not answered		2	0.67

3.3.1. a) Distribution of respondents as per type of absorbent use during menstruation: In this study reveals type of absorbents opted by the respondents 84.66% of the respondents were found using as the sanitary napkins and 2% of the respondents were using the cloth absorbents. Remaining 13.34% of the respondents were both absorbents are use during menstruation.

3.3.1. b) Distribution of respondents number of times absorbent changed in a day: In this study the absorbent change during first 2 days of menses among them 10% of the respondents were found by using 1 absorbent changing per day. Remaining 75% of the respondents were found by using 2-4 absorbents changing per day. Remaining 15% of

the respondents were found by using 5-6 absorbent changing per day.

3.3.1. c) A distribution of respondents on the basis of method of disposal of absorbents: In this study 29% of the respondents were found by using the disposal of absorbents in method of bury in ground and 63% of the respondents were found by using the public dustbin. Remaining 8% of the respondents were found by using with domestic refuse of the disposal of absorbents.

3.3.1. d) A distribution of respondents on the basis of cleaning habit of genital during menstruation: In this study 39% of the respondents were genital cleaning during bathing and 60.33% of the respondents were cleaning the

genital at every time with toilet. Remaining 0.67% of the respondents was didn't answer.

4. Summary

Many studies have been done on menstrual hygiene and practices, but most of the study done on rural population or in school girls. This study in young women's in ladies hostel of The Gandhigram Rural Institute-DU to the best of author knowledge. Menstrual unhygienic practices are lead the inflammatory disease and infertility ^[1].

The demographical profile of respondents, all were in age group 20-30 years of age and majority of respondents 85% were in 20-30 years of age. Out of 300 respondents 70% were M. Sc and Hindu religion. 83% are residing in rural area. 74% of the respondents are nuclear type of family. The age at menarche of these respondents were ranges between 11-18 years of age, the maximum numbers of respondents between 11 and 15 of age respectively 2.33% and 25.33%. 83.33% of them have regular menstruation. The distribution of respondent's menstrual hygiene is 84.66% were using sanitary napkin and 13.34% were using either cloth or both during their menstrual period. The distribution of respondent's food patterns during the menstrual period is 73.66% of respondents were followed food patterns. The respondents health problems during menstruation is 45% of respondents were normal in their menstruation.

5. Conclusion

In this study conducted that the young girls most of their adequate knowledge and practices during menstrual hygiene. Few of the respondents were missing class in the first day during menstruation. And most of the respondents were taken special foods like dhal, green leafy and fruits etc. Most of the respondents were having faced health problems like abdominal pain and back pain joint and limp pain. I encouraged them to have personal hygiene and proper disposal of the absorbents to the respondents.

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