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A descriptive study to assess the challenges faced in adhering to menstrual hygiene management practices by adolescent girls in selected rural schools of Goalpara district, Assam

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Abstract

Background: Ability to manage menstruation hygienically is an important component of basic cleanliness, sanitation and reproductive health services. Also it is fundamental to the dignity and well-being of women. The concept that menstruating girls and women are dirty or impure and no proper awareness on the physiology, illogical attitude, myths, and misconceptions negatively affect their health and social lives. Unfortunately, it continues to be treated as a taboo in many societies, shrouded in a culture of silence and shame.

Aim: To identify the challenges faced by adolescent girls in adhering to menstrual hygiene management practices.

Materials and Methods: The study was a descriptive study conducted at rural schools of Goalpara district, Assam among 200 school students of class VI-XII. And were selected using purposive sampling techniques. The subjects were assessed for challenges faced in adhering to menstrual hygiene management practices. The collected data was analyzed using SPSS version 20 software.

Results: Majority 100 % of the participants were facing some kind of challenges during menstruation. Majority of the participants i.e. 64% (128) faced higher level challenges and 36% (72) faced lower level challenges. There is significant association between challenges faced in adhering to menstrual hygiene management practices and demographic variables of adolescent girls [age (df=1, p< .001)] and education (df=2, p< .001)].

Conclusion: Overall there still exist some or other challenges which the adolescent girls face in adhering to menstrual hygiene practice.

Keywords: Adolescent, menstrual hygiene management practices

Introduction

Menstruation is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle.1It is a physiological process that occurs throughout the reproductive years of every woman. Various mental and physical problems like premenstrual syndrome are associated with the process of menstruation. If hygiene is not maintained throughout menstruation, it can also predispose women to life threatening RTI (Reproductive Tract Infection) [1]. Both in rural and urban there has been critical issues for adolescent girls and women of all ages with various beliefs and social taboos related to menstrual hygiene. Even in advanced society, traditional practices and taboos still exists and practiced widely, as a result of which girls and women hesitate to discuss and share any problem on menstruation. On an average, any school going adolescent has to spend long hours in school and becomes even harder for the adolescent girls to clear their need with teachers at school. Adolescence is vulnerable age, both emotionally as well as physically and there is needed to understand, support and provide facilities to these girls [2].

General Objective

To provide health education to the adolescent girls to overcome the challenges faced in adhering to the menstrual hygiene management practices.

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Specific Objectives

- To identify the challenges faced by adolescent girls in adhering to menstrual hygiene management practices.
- To determine the association between the challenges faced in adhering to menstrual hygiene management practices and demographic variables of adolescent girls.

Methodology

The research approach chosen for the study was quantitative research design. The study was conducted among adolescent girls of selected rural schools of Assam.

Sample size

The sample size is 200.

Sampling technique

Purposive sampling technique

Tool for data collection

The study tool consists of Tool I: Questionnaire on sociodemographic information: There are 8 items namely; age of participant, class of participant, age of menarche of the participant, religion of the participant, parent's education and employment status.. Tool II: Questionnaire on challenges faced in adhering to menstrual hygiene management practices: It consisted of 15 challenges related to menstrual hygiene practices. It was categorize as per the number of challenges faced by the adolescent girls i.e., 1-8 =lower level challenges and 9-15 =higher level challenges.

Method of data collection Procedure for data collection

The data was collected in a duration of one month. List of schools was obtained from school inspector, Goalpara. Written permission was taken from 3 selected schools of Goalpara District. The students were selected by purposive sampling technique. Informed consent was taken by explaining the purpose of the study. After seeking consent from the students, the interview was conducted among the participants. The time taken by each student was 10-15 minutes. After completion of data collection health education in group was given to all the participants.

Data analysis

Descriptive and inferential statistics were used.

Results

Table 1: Frequency and Percentage distributions of adolescent girls according to sample characteristics.

n=200

Sl. No.	Sample Characteristics	Frequency
	Age in Years	
1	10-13 years	82(41%)
	14-16 years	118(59%)
	Standard	
2	Class VI-VIII	86(43%)
2	Class IX-X	57(28.5%)
	Class XI-XII	57(28.5%)
	Religion	
3	Hindu	93(46.5%)
	Muslim	107(53.5%)
	Father's education level	
	Illiterate	42(21%)
	Primary	60(30%)
4	Middle school	17(8.5%)
4	High school	60(30%)
	Higher secondary	14(7%)
	Under-graduate	5(2.5%)
	Post-graduate	2(1%)
	Mother's education level	
	Illiterate	38(19%)
	Primary	51(25.5%)
5	Middle school	29(14.5%)
	High school	71(35.5%)
	Higher secondary	6(3%)
	Under-graduate	5(2.5%)
	Father's employment status	
6	Employed	15(7.5%)
	Unemployed	185(92.5%)
	Mother's employment status	
7	Employed	0
	Unemployed	200(100%)
	Age of Menarche	. ,
8	9-10 years	31(15.5%)
	11-12 years	169(84.5%)

Table 2: Frequency and percentage of Challenges faced by participants.

N = 200

Challenges	Not Faced	Faced	Total
Overall Challenge			
Challenges faced during menstruation.	0(0.00%)	200(100%)	200
Home Challenges			
Staying alone in a separate room	72(36.00%)	128(64.00%)	200
Not allowed to touch others	102(51.00%)	98(49.00%)	200
Not allowed to play	72(36.18%)	128(64.00%)	200
Not allowed to visit religious places	0(0.00%)	200(100%)	200
Unable to discuss menstrual related issues with family members	200(100%)	0(0.00%)	200
Difficulty in disposing of the soiled menstrual products	200(100%)	0(0.00%)	200
School Challenges			
Not allowed to attend school	158(79.00%)	42(21.00%)	200
No private place to manage period at school	0(0.00%)	200(100%)	200
No adequate running water supply	0(0.00%)	200(100%)	200
Teasing, embarrassment or bullying by classmates	200(100%)	0(0.00%)	200
No facility of hand hygiene	0(0.00%)	200(100%)	200
No available dustbin at school	200(100%)	0(0.00%)	200
Lack of access to menstrual hygiene materials	0(0.00%)	200(100%)	200
Not provided with free sanitary pad	0(0.00%)	200(100%)	200
Total	1204(40.15%)	1796(59.85%)	3000

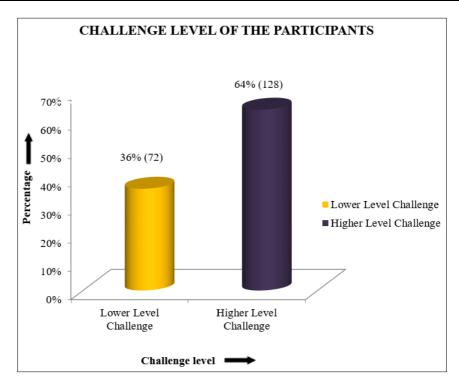


Fig 1: Frequency and percentage distribution of challenge level of the participants.

The results showed that 100 % were facing some kind of challenges during menstruation. 100% (200) of the participants were not allowed to visit religious places. 64% (128) of the participants were staying alone in a separate room. 21% (42) were not allowed to attend school and 64.00 % (128) were not allowed to play. 49% (98) of the participants were not allowed to touch others. 100% (200) have no private place to manage period at school, no adequate running water supply and no availability of dustbins for disposal of used sanitary pad in the girl's latrine/ changing room. Also all the participants face lack of access to basic materials such as sanitary pads, cloths etc. when gets periods all of a sudden in school and not provided with free sanitary pad at school. All the participants were able to discuss menstruation related issues with family members. No participants faced difficulty in disposing off the soiled

menstrual products neither faced teasing, embarrassment or bullying by classmates during menstruation.

And the majority of the participants i.e. 72(36%) faced lower level challenges and 128(64%) faced higher level challenges.

There is a significant association of challenges faced in adhering to menstrual hygiene management practices with relation to selected demographic variables i.e. age (df=1, p<.001) and education (df=2, p<.001) of the adolescent girls. And the calculated chi square test values are 14.06 and 23.67 for age and education of the participants respectively.

Discussion

The present study found that 100 % were facing some kind of challenges in adhering to menstrual hygiene management practices. A descriptive study conducted by Khatun S,

Mallik S, Roy S K, Biswas S and Bhattacharyya N (2020) to assess the Knowledge and Practice regarding menstrual hygiene among adolescent girls in a Government School in Birbhum District, West Bengal found that 17(13.6%) adolescent girls face no restriction during menstruation [3]. This contradicts the present study findings.

The present study found that 100% (200) of the participants were not allowed to visit religious places. Some other cultural difficulties are like as soon as the menarche starts the girls are kept isolated, not allowed to take bath and should eat cooked food for three days. There is practice of Santi bia or tuloni bia (i.e. marriage for menarche girl) for the girl who attend menarche, menstruating girl were not allowed to sit on floor, not allowed go to temple and should not go to pooja room at home. A study conducted by Kalita D and Pathak G (2019) on hygiene practice among adolescent girls with special reference to menstrual hygiene in Barpeta, Assam found that 100% of the participants were not attending religious occasion during menstruation. This supports the present study findings [4].

The present study found that out of 200 adolescent girls, 64% (128) of the participants were staying alone in a separate room. The adolescent girls were not allowed to sleep in their usual bed while menstruating. They were kept alone in either separate bed or separate room. A study conducted by Kalita D and Pathak G (2019) on hygiene practice among adolescent girls with special reference to menstrual hygiene in Barpeta, Assam Assam found that 30.5% of the participants had to sleep separately during menstruation [4].

The present study found that out of 200 adolescent girls 21% (42) were not allowed to attend school and 64.00 %(128) were not allowed to play. A study conducted by Kshirsagar M V, Mhaske M, Ashturkar M D and Fernandez K (2016) on menstrual hygienic practices among the adolescent girls in rural area found that the practices restricted during menstrual cycles were 18.34% (35) girls avoided going to school, which supports the present study and also found that 15.3% (29) restricted playing, which contradicts the present study findings ^[5].

The present study found that 200 i.e. all the participants have no private place to manage period at school, have no adequate running water supply and no availability of dustbins for disposal of used sanitary pad in the girl's latrine/ changing room. Also all the participants face lack of access to basic materials such as sanitary pads, cloths etc. when gets periods all of a sudden in school and not provided with free sanitary pad at school. A study conducted by Yaliwal R G,Biradar A M et al. (2020) on Menstrual Morbidities, Menstrual Hygiene, Cultural Practices during Menstruation, and WASH Practices at Schools in Adolescent Girls of North Karnataka, India found that 76.1% of the participants had adequate water and sanitation facilities at school. 22.3% had adequate facility to change their pads at school and 73.2% could get a spare pad at school [6]. This contradicts the present study findings.

The present study found that 49% (98) of the participants were not allowed to touch others during menstruation. It was found that out of 98 participants, 52 and 46 adolescent girls belongs to Hindu and Muslim community respectively. A study conducted by Raina D and Balodi G (2014) on menstrual hygiene: knowledge, practice and restrictions amongst girls of Dehradun, Uttarakhand, India found that 50.67% (76) of the participants not allowed to touch family

members during menstruation ^[7]. This supports the present study findings. A study conducted by Thakre S, Thakre S *et al.* on Knowledge and Practice on menstrual hygiene among Adolescent School Girls of Saoner, Nagpur District depicts that 24.81% (97) participants restricted to touch others while menstruating ^[8]. This contradicts the findings of present study.

The present study found that all the participants were able to discuss menstruation related issues with family member i.e., mother. A study conducted by Shah V, Nabwera H M, Sosseh F (2019) on a rite of passage: a mixed methodology study about knowledge, perceptions and practices of menstrual hygiene management in rural Gambia found that 28% of the Girls reported mothers regarding issues of menstruation [9]. This contradicts the findings of the present study.

Also the present study found that all the participants did not faced difficulty in disposing off the soiled menstrual products as they did not have adequate knowledge on proper disposal methods and had enough open space to throw the used menstrual products and many of them flashed it in toilet. A study conducted by Ninama R, Dund J V (2015) on knowledge and practice regarding menstrual hygiene among adolescent girls in schools of Patna, Gujarat found that 53 % of adolescent girls had faced difficulty in disposing of used menstrual products [10]. This contradicts the findings of the present study.

The present study conducted in co-educational institution found that no participants faced teasing, embarrassment or bullying by classmates during menstruation. A study conducted by Vashisht A, Pathak R, Agarwalla R, Patavegar and Panda M (2018) on School absenteeism during menstruation amongst adolescent girls in Delhi, India found 53 (21.6%) do not attend school because they were embarrassed [11].

In the present study, Chi-square statistics were used to examine association and found that there is significant relationship between the challenges faced in adhering to menstrual hygiene management practices and age (df=1, p<.001) and education (df=2, p<.001) of adolescent girls.

Conclusion

The present study reveals that there is still existence of restrictions/challenges during menstruation. Hence, the study findings emphasize the necessity to help adolescent girls to overcome the challenges faced during menstruation.

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