***A descriptive study to assess the knowledge, attitude and practice on Menstruation and Menstrual Hygiene among adolescent school girls in selected rural of New Delhi***

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Abstract

Menstruation and menstrual hygiene remain a taboo in many rural areas. Early adolescent girls often face challenges in rural areas. Hence, a study was conducted to assess the knowledge, attitude and practice on menstruation and menstrual hygiene among early adolescent girls in selected rural School of New Delhi. The objective of the study was 1.) To assess the level of knowledge, attitude, practice 2) To associate the selected demographic variables with knowledge, attitude and practice on menstruation and menstrual hygiene in selected rural School of New Delhi. Descriptive design was adopted and the study was conducted in selected rural School of New Delhi. 70 early adolescent girls who fulfilled the inclusion criteria were selected as sample for study. Structured questionnaire was used to assess the level of knowledge, Likert’s scale was used to assess attitude and checklist to assess practice of menstruation and menstrual hygiene among early adolescent girls. Among the early adolescent girls of selected rural school 97.14% had good knowledge and 2.86% had poor knowledge. 92.86% and 7.14% had favorable and unfavorable attitude regarding menstruation and menstrual hygiene respectively. 92.86 % and 7.14 % of early adolescent girls expressed good and poor practice of menstruation and menstrual hygiene respectively. The analysis revealed statistically significant association of knowledge with demographic variables religion and education status of father at p< 0.05 level. There is statistically no significant association of attitude and practice with demographic variables.

Introduction

The transitional period between childhood and adulthood is called adolescence, which is characterized by the growth and development of the child. According to the World Health Organization (WHO), a person aged between 11-14 is considered an early adolescent. During this period, the physical, psychological and biological development takes place. It is recognized as a special period in a girl's life cycle that requires special attention. Menarche is an important biological milestone in girls’ life because it marks the beginning of the reproductive phase of her life. The average age at menarche is mostly consistent across the population, that is, between 10 and 13 years. Unfortunately, due to lack of knowledge about menstruation readiness and coping due to social stigma, the situation worsens for girls. Menstruation is a natural process, but it is still taboo in Indian society because it is considered impure and dirty. Globally, the coping strategies vary greatly due to personal preferences, availability of resources, economic status, cultural traditions and beliefs, education and knowledge about menstruation. Rural girls may not have sufficient knowledge about menstruation and menstrual hygiene. Poor water supply, sanitation, hygiene facilities in school, an inadequate education during puberty and a lack of sanitary needs (absorbents) cause girls to experience menstruation as shameful and unpleasant day. Studies showed that girls' fear and humiliation of bleeding and body odor leads to absenteeism (K.S. et al. 2022). As per WHO, about 2.3 billion people worldwide lack safely managed sanitation. Menstrual hygiene practices are a major concern as they impact on health; if neglected, it leads to toxic shock syndrome, reproductive tract infections (RTIs) and other vaginal diseases. Poor genital hygiene negatively affects the health of adolescents. Most girls were unaware and unprepared for menarche because they are uninformed or misinformed about menstruation. The review article focused on understanding menstrual practices, product design, disposal requirements and strategies. Therefore, this study hopes to determine the general knowledge, attitudes and practice among adolescent girls in a rural area.

Need for the study

 Although this is a phenomenon unique to girls, it has always been surrounded by mystery and myth in many societies. Culturally, in many parts of India, menstruation is still considered dirty and impure. Such taboos about menstruation present in many societies that may affect the emotional state of girls, their mentality and lifestyle, and above all, their health. Menstruation is a natural part of the reproductive cycle that nature has planned for women. The onset of menstruation is one of the most important changes that occur in teenage girls, when blood from the uterus flows out through the vagina. It is a natural process that occurs for the first time in girls, usually between the ages of 10 and 14, and is one of the indicators of the onset of puberty. Menstrual hygiene practices refer to maintaining specific hygiene and cleanliness during menstrual periods. Proper menstrual hygiene practices such as using sanitary napkins and adequate washing of their private parts are essential during menstruation. Due to lack of knowledge and awareness about menstruation among women in rural areas, many of them maintain poor sanitary conditions. Practicing poor hygiene such as using old clothes, a single pad during the menstrual cycle can lead to various urinary tract infections. Menstrual hygiene depends on the educational, socio-economic and cultural status of the family. Girls should be educated about the facts of menstruation, the physiological consequences, the significance of menstruation and proper hygiene practices during menstruation. It is also necessary to lead them out of traditional beliefs, taboos, misconceptions and limitations.

Review of literature

**Srishti Kukreja (2022)** conducted a comparative study to evaluate menstrual hygiene among rural and urban adolescent girls -a mixed methodology study at Jhalawar district of Rajasthan. A mixed methodology adopted and conducted in rural and urban school in Jhalawar district of Rajasthan. Quantitative data were collected from the girls using semi-structured, self-responding questionnaire and qualitative data were collected by focused group discussion. Results: In the urban area, 100% girls use sanitary napkins as absorbent while in the rural areas 90.5% use sanitary napkins while rest use new/old cloth as absorbent. In rural area, 17.5% had knowledge about menstruation before menarche compared to 57.8% in urban areas. Almost all (98.9%) girls

  **V. U. Ajaegbu, M. Okwuikpo, et.al (2021)** conducted a Study to assess the awareness of menstrual hygiene and factors affecting its practice among adolescent girls in two selected senior secondary schools in Ogun state, Nigeria. The study utilized quantitative cross-sectional survey design with purposive sampling technique, 150 respondents were selected from two senior secondary schools. Descriptive statistics, correlation and T-test fixed at 0.05 significance level was conducted to give statistical responses to the research hypotheses using SPSS version. The result showed that adolescent girls in Babcock University High School (BUHS) and Remo High School (RHS) had advanced knowledge of menstrual hygiene and they had moderate practices of menstrual hygiene, but there were factors like religion and lack of conducive facilities affecting the effective practice among adolescent girls. Furthermore, respondents’ knowledge on menstrual hygiene had no significant positive relationship with practices of menstrual hygiene among adolescent girls in private schools and those in public schools (r = .022, p > .01). There was no significant difference between adolescent girls in private and public schools on practice of menstrual hygiene. Adolescent girls in BUHS and RHS had advanced knowledge of menstrual hygiene but moderate menstrual hygiene practices. This may be as a result of factors such as religion and lack of conducive facilities that hinder the effective practice among adolescent girls as identified in the study.

Objectives of the study:

To assess the knowledge of early adolescent girls on menstruation and menstrual hygiene in selected school of rural area of New Delhi

To assess the attitude of early adolescent girls on menstrual hygiene in selected school of rural area of New Delhi

To assess the practice of early adolescent girls on menstruation and menstrual hygiene in selected school of rural area of New Delhi

To associate the selected demographic variables with knowledge, attitude and practice on menstruation and menstrual hygiene in selected school of rural area of New Delhi

METHODOLOGY

 The research approach chosen for the study was survey approach. It was designed to obtain information about the Knowledge, Attitude and Practice regarding Menstruation and menstrual hygiene within a population. The design chosen for this study was a descriptive research design, which helps to provide factual information about the existing phenomenon. The present selected study population comprises of adolescent girl aged between 11-14 years of rural school, New Delhi and studying in 6th ,7th ,8th and 9th standard of rural School, New Delhi. For obtaining the data from the subjects, a structured questionnaire was developed to assess the knowledge attitude and expressed practices regarding menstrual hygiene. Intense review of research and non-research literature was done for the purpose of developing appropriate tool for the study. Informal discussions were done and a structured questionnaire was developed.

The structured questionnaire consisted of four sections:

SECTION -1

 Structured questionnaire on demographic data of early adolescent girls regarding menstruation and menstrual hygiene in selected school of rural area. This section includes 9 questions for obtaining information regarding demographic characteristics that is age, religion, dietary pattern, source of information, education status of mother, education status of father, income per month, number of siblings.

SECTION -2

 Structure knowledge questionnaire to assess the knowledge of early adolescent girls regarding menstruation and menstrual hygiene in selected school of rural area. It consists of questionnaire for knowledge assessment it includes 20 questions (MCQ) each carry one mark. Maximum score was 20 and minimum score was 1.

SECTION -3

 Likert scale to assess the attitude of early adolescent girls regarding menstruation and menstrual hygiene in selected school of rural area. It consists of statements for the attitude assessment. It includes 5 positive statements and 5 negative statements (agree/ disagree/neutral) each carry 3 marks. Maximum score was 30 & minimum was 10.

SECTION -4

 Checklist to assess the practice of early adolescent girls regarding menstruation and menstrual hygiene in selected school of rural area. It consists of questionnaire for the practice assessment it includes 10 questions yes or no each carry one mark maximum score was 10 and minimum score was 1.

RESULT

Section 1 : Analysis of demographic characteristics

**Table 1: Frequency and percentage distribution of demographic data(n=70)**

|  |  |  |  |
| --- | --- | --- | --- |
| S.NO. | SAMPLE CHARACTERISTICS | FREQUENCY(NO.) | PERCENTAGE (%) |
| 1 | **Age Group** 11 – 12 12 – 13 13 – 14 | 112534 | 15.7135.71 48.58 |
| 2 | **Religion**HinduMuslimChristian Others | 650500 00 | 92.867.1400 00 |
| 3 | **Dietary Pattern**VegetarianNon-Vegetarian Mixed | 2000 50 |  28.58 00 71.42 |
| 4 | **Source of information**Family and relativesFriendsMass mediaHealth Care Workers | 4481 17 |  62.8611.431.43 24.28 |
| 5 | **Education status of mother**IlliteratePrimary schoolSenior secondary school Graduate and above |  17212507 |  24.283035.72 10 |
| 6 | **Education status of father**Illiterate Primary schoolSenior secondary school Graduate and above |  52233 10 |  7.1531.4247.15 14.28 |
| 7 | **Income per month**10,000 – 20,00020,001 – 30,00030,001 – 40,000 More than 40,000 | 441705 04 | 62.8624.287.14 5.75 |
| 8 | **Family size**1 – 3 members4 – 6 members7 – 9 members More than 9 | 063419 11 | 8.5748.5727.14 15.71 |
| 9 | **No. of female siblings**No female siblings12 More than 2 | 172410 19 | 24.2834.2814.28 27.16 |

Majority of sample subjects 34(48.58%) are of age group 13-14years. Majority of sample subjects 65(92.85%) are Hindus, 7.14% are Muslim. Dietary wise distribution reveals that 71.42 % are mixed (veg + non veg) and 28.5% are vegetarian.62.85% of sample got information from family and relatives.25.28% from health care workers. 11.42 % from friends and 1.42% from mass media. Mothers of 35.71% of sample are educated upto senior secondary school, 30% upto primary school, 24.28% are illiterate. Fathers of 47.14% of sample are educated upto senior secondary school, 31.42% upto primary school,14.28% upto graduate and above and 7.14%are Illiterate. Income per month of 62.85% of sample is Rs. 10,000-20,000. 24.28% has income Rs 20,001 to 30,000. 48.57% of sample has 4-6 members in their family,27.14% has 7-9 members,15.71% has more than 9 members and 8.57% has 1-3 members in their family.34.28% of sample has 1 female siblings,27.14% of sample has more than 2 female siblings, 24.28% of sample has no female siblings and 14.28% has 2 female siblings.

Section 2: Analysis of knowledge

Knowledge wise distribution of early adolescent girls indicates maximum 97.14% sample had good knowledge and 2.86% had poor knowledge. Attitude wise distribution of early adolescent girls indicates maximum 92.86% sample had favorable attitude and 7.14% had unfavorable attitude. Practice wise distribution of early adolescent girls indicates maximum 92.86% sample followed good practice and 7.14% sample followed poor practice.

SECTION - 3: There is statistically significant association of knowledge with religion, and education status of father

SECTION – 4: There is statistically no significant association of attitude with any demographic variable.

SECTION – 5: There is statistically no significant association of practice with any demographic variable.

Discussion

The result of the study is similar to the V. U. Ajaegbu, M. Okwuikpo, et.al (2021) conducted a Study to assess the awareness of menstrual hygiene and factors affecting its practice among adolescent girls in two selected senior secondary schools in Ogun state, Nigeria.The result showed that adolescent girls in Babcock University High School (BUHS) and Remo High School (RHS) had advanced knowledge of menstrual hygiene and they had moderate practices of menstrual hygiene, but there were factors like religion and lack of conducive facilities affecting the effective practice among adolescent girls. and the result of present study has shown the impact of religion and education status of father

 RECOMMENDATION

Based on findings the following recommendations are offered for future research that a similar study on a large sample in different school can be replicated for broad generalization.

IMPLICATIONS

The findings of the study have several implications for nursing education, nursing practice, nursing administration and nursing research.

1. NURSING PRACTICE

 the role of school health nurse to conduct educational programmes related to menstrual hygiene and sex education.

2. NURSING ADMINISTRATION:

Nursing administrator should take initiative in organizing in services education programmes for nurses and motivates nurses to participate in such type of activity and adequate support should be given with men, money & material.

3. NURSING EDUCATION

During basic nursing education courses students may be given clinical assignments regarding the activities procedures to find out the special needs of adolescents regarding menstruation, plan and implement various health education programmes.

4. NURSING RESEARCH:

Study has a great implication on the need of nursing research in the era client education, to discover the appropriate method, media and audio visual aids for teaching regarding menstrual hygiene.

Conclusion

Majority of girls have good knowledge, favorable attitude and good practice and there is also an association of knowledge with the education status of father and religion. This result will help the girls to maintain good menstrual hygiene

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