



## Research Article

## Section: Community Medicine

### Evaluating Knowledge, Attitudes, and Practices: A Study on Menstrual Hygiene Management among Adolescent Girls in Chamba, Himachal Pradesh

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## ABSTRACT

**Introduction:** The menstrual cycle is a unique phenomenon that nature intended for women. Knowledge and practices related to menstruation hygiene are of major concern as it has a health impact. We investigated knowledge, attitude and practices regarding menstrual hygiene among school adolescent girls. **Aims:** Evaluating Knowledge, Attitudes, and Practices: A Study on Menstrual Hygiene Management among Adolescent Girls in Chamba, Himachal Pradesh. **Settings and Design:** A community-based cross-sectional study was carried out on all the adolescent girls of age group 13-19 years studying in class 9th to 12th of the only government senior secondary school situated in Chamba will be included in the study. This study was carried out in a period of 2 months from 20th July 2022 to 20th September 2022. The study was carried out on 285 girls. **Results:** Majority of participants had prior knowledge about menstrual cycle (82%) and majority had taught earlier about menstrual cycle (85%). More than half of girls got to know about menstruation from their mothers. 97% of girls were used sanitary pads during menstruation and about 3% used cloth. **Conclusions:** Education regarding reproductive health & hygiene should be given by ASHA / Angawadi workers as well as included as a part of school curriculum. In our study Mothers of adolescent girls did a fair job in informing daughters about menstruation prior to menarche but they should also teach menstrual management to their daughters.

## INTRODUCTION

The menstrual cycle is a unique phenomenon that nature intended for women. It's not just a term; it's a significant period of time when a woman experiences various reproductive changes, starting with menarche and ending with menopause. The period of physical, psychological, and reproductive development known as adolescence typically spans the years from puberty to the attainment of legal adulthood. The World Health Organization defines adolescence as individuals between 10 and 19 years of age [1]. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. This period is marked with onset of menarche [2].

In India, there are many stigmas associated with menstruation and its factors, which prevents teenage girls from learning about hygienic hygiene practices and scientific facts about the condition, which can occasionally have a negative impact on their health.

Menstruation is a natural process but it is still a taboo in Indian society as it is considered unclean and dirty [3]. Women have evolved unique coping mechanisms for this phase of life. Due to factors like individual preferences, resource availability, economic standing, cultural customs and beliefs, level of education, and menstrual knowledge, these tactics differ widely throughout the world.

Practices related to menstruation hygiene are of major concern as it has a health impact; if neglected, it leads to toxic shock syndrome, reproductive tract infections (RTI), and other vaginal diseases [4-6].

The adolescent girls get debarred due to various social misconceptions, low socioeconomic conditions, and lack of proper health education either at home or at school. Moreover, inadequate and inappropriate Water, sanitation and hygiene facilities in schools, especially in rural areas also comes in the way of managing their menstruation healthily, safely, and with dignity [7].

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. 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[8]

This study delves into the multifaceted aspects of menstrual hygiene management among adolescent girls in Chamba, Himachal Pradesh. By examining knowledge, attitudes, and practices related to menstruation, we aim to shed light on the existing gaps and challenges faced by these girls. Understanding the socio-cultural context, economic disparities, and educational influences will provide insights for tailored interventions and improved menstrual health outcomes.

**METHODOLOGY**

A community-based cross-sectional study was carried out on all the adolescent girls of age group 13-19 years studying in class 9th to 12th of the only government senior secondary school situated in Chamba will be included in the study.

This study was carried out in a period of 2 months from 20th July 2022 to 20th September 2022.

The study was carried out on 285 girls.

**Exclusion Criteria:**

1. Girls who did not gave assent.
2. Girls who could not be contacted after 3 visits to the

**Data Collection:**

An approval from the IEC of our institute was obtained and the study was then started.

Data were collected by interviewing girls at School. Girls were asked questions using a predesigned, pretested questionnaire specially designed for this purpose.

The questionnaire consisted of sociodemographic details, knowledge about menstruation, menstrual patterns and practices, hygiene followed, any restrictions followed during menstruation, and the changes in the life of the adolescent girl after the menarche.

Before the interview, an informed consent was obtained from the principal of the school 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. In addition, all their queries were answered satisfactorily.

**Data Analysis:**

The data was collected in Microsoft excel and cleaned for all possible errors. SPSS version 26.0 was used for statistical analysis. The data is expressed as percentages and proportions. chi square test was applied to find the significant difference in the qualitative variables.

**RESULTS**

The following table shows the distribution of study population according to the sociodemographic factors

**Table 1: Distribution of study population according to the sociodemographic factors**

Sociodemographic Factor	Number	Percentage
<b>AGE</b>		
Early adolescent (13-14)	105	37
Late adolescent (15-19)	180	63
<b>Type of family</b>		
Nuclear	201	71
Joint	84	29
<b>Category</b>		
General	140	50
SC	70	24
ST	70	24
OBC	5	2
<b>BPL</b>		
YES	107	38
NO	178	62

Table no. 1 depicts that about more than half of participant were late adolescent (63%), the half of participant belonged to general category (50%), one third were belongs to below poverty line (38%).

**Table 2: Knowledge regarding menstrual cycle**

Variable	Yes (%)	No (%)
Prior knowledge about menstrual cycle	82	18
Whether taught earlier about menstrual cycle	85	15
Need of maintaining menstrual hygiene	92	8
Find menstruation hinderance in getting education	16	84

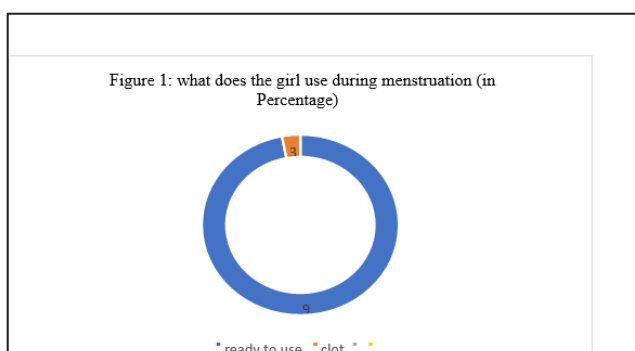
Table 2 depicts majority of participants had prior knowledge about menstrual cycle (82%) and majority had been taught earlier about menstrual cycle (85%). Nearly 92% of study participants knew about the need of maintaining menstrual hygiene, and about 84% of study participants do not find menstruation as a hindrance in getting education.

**Table 3: Distribution of study participants according to knowledge and practices regarding menstrual cycle**

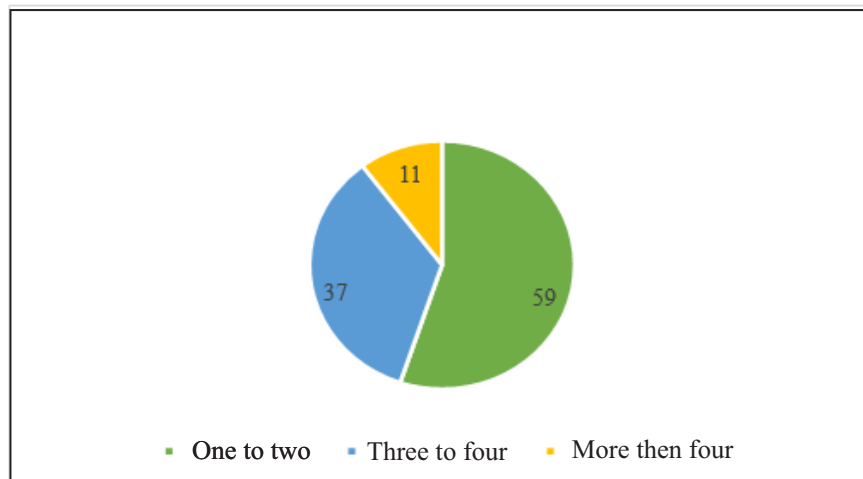
Variable	Response	Percentage
Problem faced during menstrual cycle	Dysmenorrhea	37
	Polymenorrhagia	4
	Menorrhagia	6
	No problem	53
Problem was managed	Yes	63
	No	37
Knowledge regarding menstrual cycle given by	Mother	51
	Sister	14
	Teacher	25
	ASHA	14
Reaction of adolescent during menarche	Disgust	27
	Embarrassed	13
	Surprised	35
	Felt like crying	13
	Take it normal	12
Reason behind menstrual cycle	Normal Biological process	93
	Disease	5
	Curse of god	2
Restriction imposed during menstrual cycle	No spicy / sour food	30
	No temple visit	45
	No cooking	16
	Less play	9
Changes in life after menarche	Have to be mature	85
	No less talking with boys	9
	No/ less play activities	4
	Restricted social moments	2

More than half of participants faced no problems and one third of participants had complained of dysmenorrhea during menstruation. Nearly two thirds of participants' problems were managed accordingly. More than half of girls got to know about menstruation from their mothers. About 27% of participants felt disgusted during their menarche.

Majority of participants know about the biological reason behind the menstrual cycle. About 30% of participants do not eat sour/spicy food while menstruating. About 85% of participants had felt that they need to be mature and responsible after menarche.



**Figure 1: Depicts 97 % of girls were used sanitary pads during menstruation and about 3 % used cloth**



**Figure 2: Depicts that more than half of girls changed pad only one to two times a day and 37 % of girls change three to four times a day**

## DISCUSSION

We used cross sectional descriptive study design to assess knowledge, practices and behaviours of school going adolescent girls in district Chamba. In this study, participant age ranged from 13 -19 years and two third of the girls are found between the age group of late adolescents (15–19 years) which was similarly observed in a study in Kolkata where 57% girls belonged to 15–19 years age group[9]

A lack of information about menstruation can lead to misconceptions and discrimination. In current study majority(82%) of the participants had prior knowledge about menstrual cycle. This is in line with other similar studies done in Maharashtra[11]

Mother was the first informant in 51% cases which was similar to study conducted by Deshpande et al<sup>11</sup>. Generally, it is desirable to have a school teacher or a health worker to be the first source of information ensuring that right knowledge and skill has been imparted to the adolescents. Evidence also showed that the quality of educators can have a huge impact on sexuality education including information being provided related to menstruation.[10]

While in our study only 25 % of study participants got informant from teachers and only 14 % from. A study in Ethiopia reported teacher to be the first source of information in 43.1% of girls.[12] In order to ensure that girls receive accurate information about menstrual hygiene, they should receive their initial education about menstruation from qualified teachers or health professionals.

Dysmenorrhea is the most common menstrual problem. In this study, dysmenorrhea was experienced by 37% girls. Majority of the girls managed the dysmenorrhea by taking painkillers. The prevalence of dysmenorrhea was found to be 40% in a study at a slum population in Maharashtra[11].

It was observed in this study that 93% that is majority of girls believed it to be a physiological process which is similar to a study conducted by Dasgupta and Sarkar M.[14] Some study participants consider it to be disease

(5%) and curse of god(2%). For this reason, it's critical to impart accurate information about menstruation.

Unhygienic and improper practices during this period can lead to serious reproductive tract infections, urinary tract infections, and various sexually transmitted diseases. It can also contribute to developing life-threatening conditions such as cervical cancer. In this study, it was observed that 3% of the girl's used cloth and about 97% of the girls used sanitary pad, which is even more than that reported from a study done in an urban community by Patavegaret al. in which 85.92% used sanitary pads.[13]

It is recommended to change sanitary pads about at least every 4 to 8 hours.<sup>15</sup> In our study more than half of girls changed pad only one to two times a day, which was similar to study conducted by Mehta S. et al. [16]

Different restrictions were practiced by most of the girls in this study due to their false beliefs and improper perceptions about menstruation. Traditional practices and superstitions are followed due to lack of knowledge among adolescent girls and their families. Multiple restrictions were followed by every adolescent girl which included not visiting temples and not entering kitchen. Restrictions such as less play time, not having spicy or sour food were also found to be practiced. Almost every girl followed some or the other restrictions. In another study carried out in slum and non-slum areas by Rokade and Kumavat, 77% of girls from slum area and 76.61% of girls from non-slum area practiced various types of restrictions, and the commonest restriction reported in both the groups was related to religious activity – 68% in slum and 70.16% in non-slum girls.[14]

There are number of changes in the life of the girl after menarche. In this study also it has been observed that girls are told to be mature and responsible after the onset of menarche. They are also told to talk less to the boys and their social movements are also restricted. This is due to lack of education in the parents about menstruation and false beliefs.

## CONCLUSION

This study was conducted to ascertain knowledge & practices among adolescent girls. The study revealed that menstrual hygiene was satisfactory among adolescent. Education regarding reproductive health & hygiene should be given by ASHA/Aangawadi workers as well as included as a part of school curriculum. In our study Mothers of adolescent girls did a fair job in informing daughters about menstruation prior to menarche but they should also teach menstrual management to their daughters. In this study we observed that girls are adequately provided sanitary napkins but they should also be taught about the usage of the sanitary napkins i.e the frequency in which the sanitary napkin has to be changed as the prolonged use of a single napkin can cause infections. Better hygienic practices can be adopted by making sanitary pads available at affordable prices (social marketing). Incorrect restrictions, myths and beliefs associated with menstruation can be removed by the help of teachers and parents. Educational television programmes, trained school nurses/ health personnel, motivated school teachers, and knowledgeable parents can play a very important role in transmitting the critical messages of correct practices about menstrual hygiene to the adolescent girls of today.

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