



MENSTRUATION: A PHYSIOLOGICAL BUT NEGLECTED ISSUE-A COMMUNITY BASED STUDY FROM HARYANA, INDIA

Community Medicine

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ABSTRACT

Background: Menstrual hygiene is a critical component for women's reproductive health. A huge information gap exists among rural and urban adolescent girls regarding menstrual hygiene.

Objective: This study was done to compare the perception regarding menstruation and related social stigma among rural and urban adolescent girls (10-19 yrs).

Method: A community based observation survey was conducted in urban and rural areas of Haryana among adolescent girl aged 10-19 years for duration of one year. 1050 study subjects from both urban and rural area were selected. A pre-designed, pre-tested, semi-structured questionnaire containing items to assess socio demographic profile was used and questions related to menstruation and related social stigma were asked. Five point Likert scale was used for assessing study subject's responses. Differences between groups were assessed using chi square test for qualitative data.

Results: Urban adolescent girls are more aware to menstrual hygiene than the rural girls. P value was <0.5.

Conclusion: An intensive Information, education and communication (IEC) services should be channelized and implemented in a rigorous ways at every places especially at rural and peripheral areas. Mass media, mothers, Anganwadi workers, ASHAs could play an important role in dissemination of correct and useful information regarding menstruation among adolescent girls.

KEYWORDS

Adolescent, Awareness, Perception

INTRODUCTION

Adolescent girls (10-19 years) are one of the vulnerable populations not only due to their physical but also their mental and social status. Menstruation is a natural and physiological process. But the tragedy of our country is that even after seventy years of India's freedom, menstruation is considered as social stigma. Large number of girls have scanty knowledge about menstruation until their first experience because menstruation is something that is not frequently talked off in homes.[1] Menstrual hygiene is a critical component for women's reproductive health.

The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention [2]. Good hygienic practices, such as use of sanitary pads and adequate washing of the genital areas, are essential during menstruation period. Women and girls of reproductive age need access to clean and soft absorbent sanitary products which in the long run protect their health from various infections [3]. Currently millions of women suffer from reproductive tract infections and infection is transmitted to the offspring. Women having knowledge regarding menstrual hygiene are less vulnerable to RTI and its consequences. Therefore, increased knowledge about menstruation from adolescent period help in decreased suffering of millions of women.[3] Various studies indicate that a huge information gap exists among rural and urban adolescent girls regarding menstrual hygiene.[1,3]

Thus, it is very important to carry out such comparative study to identify the gaps between urban and rural adolescent girls regarding various aspects of menstruation and their perception about this crucial phenomenon.

OBJECTIVE

To compare the perception of social stigma related to menstruation among rural and urban adolescent girls (10-19 yrs.)

MATERIALS AND METHODS

Study design and setting: A community based observational survey was conducted in urban and rural areas of Haryana

Study duration: Study was conducted from 2019 to 2020

Study population: Adolescent girls aged 10-19 years.

Sample size: The sample size was calculated on the basis of a previous study which recorded prevalence of previous study- as 16%.^[14] Taking 95% confidence interval and 10% allowable error, the required sample size came out to be 2100. In this way, 1050 study subjects from both urban and rural area were selected.

Sampling: For selection of urban and rural area, field practice area of Harayana Medical College was taken into consideration. For selection of study participants, Simple random sampling method was used. Line listing of houses was available at the health centres. One adolescent female was selected from each of the household selected randomly using random number tables.

Study tool and Data collection: A pre-designed, pre-tested, semi-structured questionnaire containing items related to socio demographic profile and questions related to menstruation and social stigma was used. Five point Likert scale was used for assessing study subject's responses. The medical social workers and interns posted at the health centres interviewed the study participants in their local language and filled the questionnaire.

Ethical consideration: The adolescent girls and their parents were explained about the purpose of the study and after obtaining consent the data collection was started. Privacy and confidentiality was maintained during data collection.

Data and Statistical analysis: Data analysis was done using SPSS version 25. The results were explained in simple proportion and mean (+Standard deviation). Differences between groups were assessed using chi square test for qualitative data and. P value less than 0.05 was considered statistically significant.

RESULTS

Table 1-Sociodemographic factors of study participants (n=2100)

	Urban (%)	Rural (%)	Total (%)
Age (in completed years)			
6 – 9	345(32.9)	357(34)	702(33.4)
10 – 12	705(67.1)	693(66)	1398(66.6)
Education status of mother			
Illiterate	144(13.7)	375(35.7)	519(24.7)
Primary	294(28.0)	438(41.7)	732(34.8)
Secondary	312(29.7)	204(19.4)	516(24.5)
Higher Secondary	162(15.4)	27(2.6)	189(9)
Graduate	114(10.9)	6(0.6)	120(5.9)
Post graduate	24(2.3)	0(0)	24(1.1)
Working status of mother			
Working	336(32.0)	312(29.7)	648(30.9)
Housemakers	714(68)	738(70.3)	1452(68.1)

Above table reflects that most of the study population were late adolescents (86.9%, 79.1%) in rural and urban area respectively.

Nearly 67% of study population in both areas were studying in standard 10-12th class. About one fourth (25%) of mothers of study population were illiterate. Many (68.1%) mothers were house makers.

Table 2:- Perception of menstruation related issues among study subjects (n=2100)

Statement	Place	Strongly disagree No. (%)	Disagree No. (%)	Neither No. (%)	Agree No. (%)	Strongly agree No. (%)	p- value
I was given adequate information about periods before I got my first one	Urban (100%)	246(23.4%)	171(16.3%)	108(10.3%)	345(32.9%)	180(17.1%)	0.001*
	Rural (100%)	351(33.4%)	261(24.9%)	141(13.4%)	171(16.3%)	126(12.0%)	
I was mentally and physically ready when I got my first period	Urban (100%)	300(28.6%)	324(30.9%)	156(14.9%)	204(19.4%)	66(6.3%)	0.004
	Rural (100%)	288(27.4%)	255(24.3%)	159(15.1%)	192(18.3%)	156(14.9%)	
I knew what to do when I got my first period	Urban (100%)	195(18.5%)	354(33.7%)	135(12.9%)	255(24.3%)	111(10.6%)	0.013
	Rural (100%)	291(27.7%)	309(29.4%)	120(11.4%)	186(17.7%)	144(13.7%)	
I have not told anyone that my periods have started	Urban (100%)	306(29.1%)	264(25.1%)	123(11.7%)	210(20.0%)	147(14.0%)	0.021
	Rural (100%)	192(18.3%)	297(28.3%)	135(12.9%)	255(24.3%)	171(16.3%)	
Just the fact that I have my periods makes me uncomfortable	Urban (100%)	120(11.4%)	228(21.7%)	126(12.0%)	369(35.1%)	207(19.7%)	0.001*
	Rural (100%)	237(22.6%)	279(26.6%)	162(15.4%)	234(22.3%)	138(13.1%)	
When I talk with my friends about periods, I feel uncomfortable	Urban (100%)	354(33.7%)	363(34.6%)	129(12.3%)	138(13.1%)	66(6.3%)	0.001*
	Rural (100%)	237(22.6%)	240(22.9%)	153(14.6%)	243(23.1%)	177(16.9%)	
I feel very grown up when I have my period	Urban (100%)	174(16.6%)	309(29.4%)	252(24.0%)	222(21.1%)	93(8.9%)	0.001*
	Rural (100%)	336(32.0%)	354(33.7%)	105(10.0%)	162(15.4%)	93(8.9%)	
It is ok if I go to temple while having periods	Urban (100%)	327(31.1%)	312(29.7%)	150(14.3%)	153(14.6%)	108(10.3%)	0.072
	Rural (100%)	258(24.6%)	330(31.4%)	117(20.9%)	219(20.9%)	126(12.0%)	
I miss my school during those days	Urban (100%)	333(31.7%)	360(34.3%)	135(12.9%)	153(14.6%)	66(9.6%)	0.434
	Rural (100%)	303(28.9%)	333(31.7%)	126(12.0%)	195(18.6%)	93(8.9%)	

*p value <0.05(Statistically significant)

Above table reflects that nearly 50% (strongly agree and agree) of urban girls had adequate knowledge about menstruation before their menarche whereas in rural area, it was known in only 28% girls. Nearly 60% (strongly disagree and disagree) urban girls were not physically and mentally ready at the time of menarche and in rural area it was about 52%. Due to menstruation, about 55% (strongly agree and agree) urban girls and 35% (strongly agree and agree) rural girls were

uncomfortable. In both urban (61%strongly disagree and disagree) as well as rural areas (56%strongly disagree and disagree) it was not ok to attend temple while having periods

Above table depicts the questions that were included in different domains of knowledge, attitude and practices. Last question in the above list from each domain were taken as the final assessment of their responses.

Table no. 3: Distribution of study subjects on the basis of knowledge, attitude and practice (n=2100)

Responses	Urban	Rural	Total	P value
Knowledge				
(i)Having good knowledge regarding menstruation	530(50.5)	297(28.3)	827(0.01*
(ii)Having poor knowledge	520	753	1273(60.6)	
Attitude				
(i)Having positive attitude towards menstruation	522(49.7)	435(41.4)	957	0.01*
(ii)Having negative attitude	528	615	1143(54.4%)	
Practices				
(i)Practising good hygienic practices during menstruation	546(52)	399(38)	945	0.01*
(ii)Practising poor hygienic practices	504	651	1155(55)	

*p value <0.05(Statistically significant)

Above table reflects that urban adolescent girls were having better knowledge(50.5%),positive attitude(about 50%) and good practices(52%) as compared to rural girls knowledge (28%), attitude (41%) and practices(38%).But the overall knowledge level was poor(60%) among rural and urban girls, same was with attitude and practices.

DISCUSSION

Even after ten years of launch of Menstrual Hygiene Scheme (2011) under Ministry of Health and Family Welfare (MoHFW), the status of awareness regarding menstruation related issues are very tragic. Especially among adolescents girls (10-19 years) awareness rates are quite low. But the fact is that this transitional age group needs most awareness regarding menstruation due to their physical, mental and physcho-social changes. This disparity is seen more in rural adolescent girls as compared to urban girls.

In the present study, it was found that overall knowledge level was poor (60%) among rural and urban girls. Nearly half (54%) of the study population were having negative attitude towards menstruation and about half of them were practicing poor hygienic practices during menstruation. When comparison was made with urban and rural girls, urban girls were somewhat in a better condition than rural girls. It could be due to more exposure to media, newspapers and free environment in families of urban area. Poor hygienic practices also documented in other studies like Patle *et al.* [1] found that the use of sanitary pad was higher among girls in urban schools (50%) in

comparison to rural (19%). In the study by Narayan *et al.*,[5] it was found that only 1.7% girls in the rural area and 8.3% girls in the urban areas used commercially available sanitary pads.

It was found that nearly 50% (strongly agree and agree) of urban girls had adequate knowledge about menstruation before their menarche whereas in rural area, it was known in only 28% girls. Similar study conducted by Deo *et al.*,[6] it was found that 40 (42.5%) rural and 41 (55.4%) urban girls were aware about menstruation prior to attainment of menarche. Other studies done by Dasgupta *et al.*[3] (32.5%) and Subhas *et al.*[7] (36.95%)also reflected the same findings.

From the present study, it was found that in both urban (61%strongly disagree and disagree) as well as rural areas (56% strongly disagree and disagree) it was not ok to attend temple while having periods. Similar findings were also documented by Shubhas *et al.*[1] showed that 73.64% and Dasgupta *et al.*[3] where 85% girls practised different restrictions during menstruation.

CONCLUSION AND RECOMMENDATION-

Lack of awareness of menstruation related issues are a crucial challenge to be solved at the earliest. Especially among rural adolescents, it is a matter of great concern. Towards this, intensive Information, education and communication (IEC) services should be channelized and implemented in a rigorous ways at every places especially at rural and peripheral areas. Mass media, mothers, Anganwadi workers, ASHAs could play an important role in dissemination of correct and useful information regarding menstruation among adolescent girls.

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