



### RESEARCH ARTICLE

#### A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING MENSTRUAL HYGIENE AMONG ADOLESCENT GIRLS AT SELECTED SCHOOL OF DEHRADUN

Deepti Saini<sup>1</sup> and Diksha Arya<sup>2</sup>

1. Nursing Tutor, Msc Nursing, Department of Mental Health Nursing, Shushila Institute of Medical Science.
2. Nursing Tutor, Msc Nursing, Department of Community, Naincy College of Nursing.

#### Manuscript Info

##### Manuscript History

Received: 31 October 2023

Final Accepted: 30 November 2023

Published: December 2023

#### Abstract

**Background:** Menstruation is a normal biological process experienced by millions around the world each month. A period happens when the uterus sheds blood and tissue from the uterine lining and leaves your body through the vagina. Good menstrual health and hygiene practice can prevent infections, reduces odours and help girls to stay comfortable during period.

**Objective:** To assess the knowledge regarding menstrual hygiene among adolescent girls. To find out association between knowledge regarding menstrual hygiene with selected demographic variables.

**Material and Method :** Non experimental Descriptive method was used in the study non probability convenient sampling technique was used to collect data 40 adolescent girls were selected for the study from SGRR Public school

**Result :** Percentage and distribution of adolescent girls according to their age group the highest percentage is 72.5% of the girls belongs to 17 years of age and lowest percentage was 27.5% belongs to 16 year of age. Study concluded that the level of knowledge among adolescent girls 7.5% girls have average level of knowledge regarding menstrual hygiene 67.5% have good level of knowledge and 25% girls have excellent level of knowledge regarding menstrual hygiene.

Copy Right, IJAR, 2023,. All rights reserved.

#### Introduction:-

Menstruation is a unique event in life of a developing girl child is one of the milestone of puberty. It involves the cyclical shedding of the inner lining of the uterus which is controlled by the hormones produced by the hypothalamus and pituitary gland located in the brain the age at which women experience their first menstrual flow varies widely across the world but generally most study reports that it occurs between age 13 and 15 years. Although the age at which women start menstruating is not the same in all nation, menopause is reported to usually occur between the age of 45 and 50 years.

A woman therefore spends approximately 2100 days menstruating which is equivalent to almost 6 year of her reproductive life whereas some societies onset of menstruation is celebrated, it is the beginning of imposition of dietary and social restriction at some other places this socio cultural imposition during the period of menstruation makes one menstruating female perceive this phenomenon not only as burden some but also as an event that unless in fear disgust and shame.

**Corresponding Author:- Deepti Saini**

**Address:-** Nursing Tutor, Msc Nursing, Department of Mental Health Nursing, Shushila Institute of Medical Science.

Provision of adequate knowledge on menstruation before menarche could make young female view menstruation as an important milestone in their life and just a natural phenomenon. Parents and close relations are expected to be the foremost source of information on menstruation to young female but unfortunately in Africa parent-child communication about sexually related matters is poor, hence most adolescents acquire sometime incorrect information on the reproductive system from their friend.

Low knowledge on menstruation increases the risk of contracting reproductive tract infection as well as pelvic inflammatory disease and urinary tract disease among millions of women across the world, they are unable to manage their menstrual period well enough.

The perception and reaction of girls toward menstruation depends on their awareness, knowledge of their phenomenon and on the view of society towards menstruation. It may be viewed either positively or negatively by the society. A positive perception of menses would be considering it as the sign of femininity, fertility and womanhood. The negative perception includes a linkage to being vulnerable to different illness, or creating feelings of disgust and shame as it is an event with sociocultural implication. A number of studies carried out in developing countries have shown varying sociocultural beliefs and practices including the use of unsanitary absorbent material, prohibition in going to religious places, talking about menses at public places, lifting heavy objects. Although mothers have been the major source of information on menstruation to premenarche girls, after the information passes it is not adequate to prepare adolescent girls for menstruation.

In the late 19th century, concern grew around the notion of whether bleeding into one's clothes was healthy and sanitary. One German doctor in the book *HEALTH IN THE HOUSE* it is completely disgusting to bleed into your chemise and wearing that same chemise for 4 to 8 days can cause infection. Around this time, a report in the British Medical General describes a new tampon-like device to be inserted into the vagina, though it is not clear if it was meant to be used in periods.

### Material and Methods:-

In this descriptive study samples were 40 adolescent girls enrolled at SGRR Public school, Patel Nagar, Dehradun selected by applying by Cochran's sample size formula and non-probability convenient sampling technique. The inclusion criteria for the study were students studying at SGRR Public school, Patel Nagar, Dehradun who belong to the adolescent age group, who are all available at the time of data collection and who are willing to participate in the study. Self-structured knowledge questionnaire was used to assess the level of knowledge, the study was analysed through descriptive statistics and inferential statistics.

### Instruments and tool

Tool consists of section A and Section B, section A consists of Sociodemographic data such as age in years, type of family, family income, religion, residential area, number of sisters, father's education, mother's education, age of menarche. Section B consists of self-structured knowledge questionnaire these questionnaires are developed to assess the level of knowledge regarding menstrual hygiene, it consists of 30 questions which are related to menstrual hygiene and has four options, the correct answer contains one mark, the level of knowledge divided on score as follows: minimum score zero and maximum score 30 in which each 0-7 considered poor knowledge, 8-14 average level of knowledge, 15-22 good level of knowledge, 23-30 considered as excellent level of knowledge.

### Statistical analysis

Frequency and percentage distribution used to analyse the demographic variables and level of knowledge chi-square test was used to analyse the association with demographic variables.

**Table No. 1(a):-** Frequency and percentage distribution of demographic variables among adolescent girls. N=40

Sr.No.	Demographic variables	Frequency	Percentage
1	Age		
	16	11	27.5%
	17	29	72.5%
2	Type of family		
	Nuclear	29	72.5%

	Joint	11	27.5%
3	<b>Family income</b> 8000-12000 13000-17000 >17000	7 14 19	17.5% 35.0% 47.5%
4	<b>Residential area</b> Urban Rural	31 09	77.5% 22.5%
5	<b>Religion</b> Hindu Others	34 06	85% 15%
6	<b>Father's education</b> 10 <sup>th</sup> 12 <sup>th</sup> Graduate	03 13 24	07.5% 32.5% 60%
7	<b>Mother's education</b> 10 <sup>th</sup> 12 <sup>th</sup> Graduate	08 16 16	20% 40% 40%
8	<b>No. of Sisters</b> None 01 02 >3	15 11 11 03	37.5% 27.5% 27.5% 07.5%

**Table No. 1(a)** shows that 72.5% adolescents under the age of 17 year in which 72.5% of adolescent girls belong to nuclear family and 27.5% belong to joint family, 77.5% of adolescent girls belong to urban area and 47.55% of adolescent girl's family income was 17000, 85% of adolescent girls follow hindu religion and remaining 15% follow other religion, 60% of adolescent of adolescent girl's father educated and 40% of adolescent girl's mother are graduated and 37.5% of adolescent girl's have no sister.

**Table No. 2(b):-** Association between the level of knowledge regarding menstrual hygiene and demographic variables N=40.

Sr. No.	Demographic variables	Level of knowledge			df	chi-square	Level of association	Table value
		Average	Good	Excellent				
1	<b>Age</b> 16 17	1 2	9 18	0 10	2	4.44	#	5.99
2	<b>Type of family</b> Nuclear Joint	3 0	20 7	6 4	2	1.953	#	5.99
3	<b>Family income</b> 8000-12000 13000-17000 >17000	1 0 2	3 11 13	3 3 4	4	3.665	#	9.49
4	<b>Residential area</b> Urban Rural	0.0 0.3	8 19	1 9	2	7.107	*	5.99
5	<b>Religion</b> Hindu Others	3 0	22 5	9 1	2	0.95	#	5.99
6	<b>Father's education</b>							

	10 <sup>th</sup> 12 <sup>th</sup> Graduate	0 2 1	7 2 18	1 4 5	4	9.701	*	9.49
7	<b>Mother's education</b> 10 <sup>th</sup> 12 <sup>th</sup> Graduate	2 0 1	2 15 10	4 1 5	4	12.825	*	9.49
8	<b>No. of Sisters</b> None 01 02 >3	0 1 2 0	12 8 4 3	3 2 5 0	6	8.443	#	12.59

**Table No. 2(b)** shows that there was a significant association (\*) between level of knowledge among adolescent girls with demographic variable- residential area, father's education and mother's education and there was no significant association was found (#) between level of knowledge among adolescent girls with demographic variables - age of family, type of family, family income, religion and number of sister.

### Discussion:-

The study was focussed on assessing the level of knowledge regarding menstrual hygiene among adolescent girls in selected school of Dehradun. However result shows that 7.5% of girls have average level of knowledge and 25% of adolescent girls have excellent level of knowledge and there was significant association found between level of knowledge among adolescent girls with demographic variable with p-value 5.99. A similar descriptive cross sectional study was conducted by Anjali mahajan, Konikakaushal this study shows that knowledge score among adolescent girls were 29% had adequate knowledge about menstrual hygiene, 71% had inadequate knowledge about menstrual hygiene. Practice score revealed that 19%, 69%, 12% sample had poor, fair and good knowledge about menstrual hygiene.

### References:-

- 1 Adinma ED, Adinma J. Perceptions and practices of menstruation among Nigerian secondary school girls. AfrPeopd health 2008; 12 (1): 74-83.17)
- 2 Adhikari P. Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal, Kathmandu University Med J 2007; 5(19): 382-6.9)
- 3 Aniebue UU, Aniebue PN, Nwankwoto. The impact of pre menarcheal training on menstrual practices and hygiene of Nigerian school girls. Pan Afr Med J 2009, 2 (9).12)
- 4 Annabel S. Abebaw F, Work UA, Wolde marie G, Helen A, study in seven regions. Addis Ababa, Ethiopia: population council: 2010.
- 5 Baisley K, Chongalucha J, Weiss HA, Mugeye K, Euerett D, Hamblenton I, et al. Bacterial vaginosis in female facility workers in north western Tanzania: Prevalence and risk factors. Sex trans infect 2009; 85: 370-5.
- 6 Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic in the adolescent girl? Indian J community Medicine 2008; 33 (2): 77-80
- 7 Desalegn T, Berihun M, Abay M: Age at menarche and the menstrual pattern of secondary school adolescents in northwest Ethiopia. BMC women's health, 2009, 9/(29).
- 8 Education bureau of Nelcemte town. Students enrolment data. Education Bureau Ethiopia oromia region.
- 9 FDRE C, THE 2007 population and housing (census of Ethiopia) Addis Ababa: Results for oromia region part V. Statistical report on population and household size of kebeles; 2008. JUYAL.
- 10 Lewan U, Mafisa W, Musa A. Menstruation and menstrual hygiene amongst adolescent school girls in Kano northwest Nigeria. Afr J reprod health 2010; 14(93): 201-7
- 11 Narayan KA, Srinivas DK, Pelto PJ, Veerammal S. Puberty rituals, reproductive knowledge and health of adolescent school girls in south India Asia-Pacific population J. 2001; 16 (2): 225-388
- 12 Omidvar S, Begum K, Factors influencing hygienic practices during menses among girls from south India - A cross sectional study. Int J College Res Inter Med Public Health 2010; 2(12): 411-23.