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Research Article

**KNOWLEDGE, ATTITUDE, AND PRACTICES REGARDING
MENSTRUAL HYGIENE AMONG WOMEN OF
REPRODUCTIVE AGE GROUP**Adeela Qayyum¹, Kashifa Rani², Irfana Kausar³¹Charge Nurse, Teaching Hospital D.G.Khan²Clinical instructor RN, School of General Nursing & Midwifery Dera Ghazi Khan³Charge Nurse, Punjab institute of Cardiology Lahore**Abstract:**

Objective: To assess knowledge, attitude, and practices regarding menstrual hygiene among women of reproductive age group. **Material and methods:** This cross-sectional study was conducted at Bahawal Victoria Hospital, Bahawalpur from January 2018 to June 2018 over the period of 3 months. Total 152 females of reproductive age group were selected and knowledge, attitude, and practices regarding menstrual hygiene was assessed. **Results:** The mean ages of the participants were 27±8 years. Inadequate knowledge, negative attitude and unsatisfactory practice towards menstruation were 73.7%, 65.1% and 62.5% respectively. Significant correlates were Lower level of education [AOR=1.6 (1.3, 2.1)] and less per capita income [AOR=4.7(1.4, 15.5)] for inadequate knowledge. Less per capita income [AOR=4.7(1.9, 11.1)] for negative attitude. Increasing age [AOR=1.1 (1, 1.2)] and lower level of education [AOR=1.3 (1.2, 1.6)] for unsatisfactory menstrual hygiene practice when adjusted with other variables in the multivariate analysis.

Conclusions: Women need to be educated about the significance of menstruation, importance of high-quality menstrual hygiene management, use of satisfactory absorbent material, proper and hygienic disposal of menstrual absorbent so as to enable them to lead a healthy reproductive life.

Keywords: Menstrual hygiene, Women of reproductive age group, Menstrual hygiene practice

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INTRODUCTION:

In female population of the world, menstruation is a unique phenomenon.¹ The process in a woman of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy.² menstruation is one of the important changes in female which starts during adolescent years.³

Menstrual hygiene and management is an issue that is insufficiently acknowledged and has not received adequate attention. The lack of menstrual hygiene among rural population is alarming, and there is an immediate need for policy-making and awareness programs to be initiated.⁴ Menstrual hygiene is defined as awareness, articulation, confidence and information to manage menstruation with dignity and safety by using safe hygienic materials together with adequate water and agents and spaces for washing and bathing with soap and disposal of used menstrual absorbents with privacy and dignity.⁵ religious and social significance is attaches with this phenomenon. Misconception and myths about mensuration is widely spreaded.⁵

The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention. Good hygienic practices, such as the use of sanitary pads and adequate washing of the genital areas, are essential during the menstrual 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.⁶ Numerous MHM studies have been conducted across the globe, examining prevalence of social, educational and health problems faced by adolescent girls with poor MHM.⁷

This study was conducted to assess knowledge, attitude, and practices regarding menstrual hygiene among women of reproductive age group with the aim to assess the socio demographic characteristics of women of reproductive age group, to elicit the knowledge, attitude and practices regarding menstruation among the women of reproductive age and to find the factors associated with their menstrual hygiene practice.

METHODS:

This cross sectional study was conducted at Bahawal Victoria Hospital, Bahawalpur from January 2018 to June 2018 over the period of 3 months. After obtaining ethical clearance from the institution and

informed consent from the reproductive age-group women, total 152 females were selected. A semi-structured, pretested pro forma was used for data collection which included the general and sociodemographic information about the women, hygiene practices during menstruation, and problems faced by them after menstrual bleeding. The questionnaire was prepared in English and was translated into urdu.

All the collected data was entered in SPSS version 18 and analyzed. Mean and SD was calculated for numerical data. Frequencies and percentages were calculated for categorical data.

RESULTS:

Among the 152 participants, 95 (62.5%) were found to have unsatisfactory menstrual hygiene practices. 112 (73.7%) participants had inadequate knowledge regarding different facts of menstruation and 99 (65.1%) participants showed negative attitude towards myths and misconceptions related to menstruation.

Mean (\pm SD) age of the participants in the study was 27.2 (\pm 8) years. 48 (31.6%) participants were illiterate, 90 (59.2%) were living in joint family. 135 (88.8%) were married. 86 (56.6%) participants were homemaker. Most of the study participants belonged to middle class 53 (34.9%) and lower middle class 88 (57.9%) according to modified BG Prasad socio economic status assessment scale (January 2017).

Mean age of menarche was 12.9 (\pm 1) years. 65 (42.8%) felt scared during their first menstruation. Information regarding menstruation was acquired from mothers 23 (15.5%), sisters 23 (15.5%) and 66 (43.4%) were not aware regarding menstruation before menarche.

42 (27.6%) participants complained of excessive white discharge through genitalia.

There were five questions regarding knowledge and each correct response was awarded a score of 1 and the attainable range of score was 0-5, and higher the scores, more was the knowledge. Minimum attained score was 1 and the maximum was 5. Median score was 2; 25th percentile was 2, 75th percentile was 4. Ultimately, score \geq 4 (75th percentile) was regarded as adequate knowledge and $<$ 4 as inadequate knowledge, and accordingly 40 (26.3%) were found having adequate knowledge and 112 (73.7%) were found inadequate knowledge regarding different facts of menstruation (Table 1).

To elicit attitude towards menstruation, eight questions were asked and each positive response was awarded a score of 2, neutral response was awarded a score of 1 and negative attitude had a score of 0 and the attainable range of score was 0-16, and higher the scores, more was the positive attitude. Minimum attained score was 4 and the maximum was 10. Median score was 8; 25th percentile was 6, 75th percentile was 10. Ultimately, score >8 (median score) was regarded as – positive attitude and ≤ 8 –as negative attitude, and accordingly 53 (34.9%) were found having positive attitude and 99 (65.1%) participants showed negative attitude (Table 2).

Eight questions were asked regarding practice and each correct response was awarded a score of 1 and the attainable range of score was 0-8, and higher the score, more was the satisfactory menstrual practices. Minimum attained score was 3 and the maximum was 6. Median score was 5; 25th percentile was 4, 75th percentile was 6. Ultimately, score ≥ 6 (75th percentile) was regarded as - satisfactory menstrual hygiene practice and <6 -as unsatisfactory menstrual hygiene practice. And accordingly 95 (62.5%) were found having unsatisfactory menstrual hygiene practices and 57 (37.5%) participants were found having satisfactory menstrual hygiene practices (Table 3).

Table 1: Distribution of study participants according to knowledge about menstruation (n=152).

Knowledge regarding menstruation	Number (%)
1. What is the cause of menstruation?	
Physiological process	42 (27.6)
Course of God	10 (6.6)
Caused by sin	13 (8.6)
Don't know	87 (57.2)
2. What is the Source of menstrual bleeding?	
Uterus	62 (40.8)
Urinary bladder	33 (21.7)
Don't know	57 (37.5)
3. What should be the ideal menstrual absorbent?	
Sanitary pad	118 (77.6)
Old cloth pieces	26 (17.1)
all of the above	8 (5.3)
4. What should be the ideal time for changing soakage material?	
Every 3-6 hours	91 (59.9)
More than 6 hours	51 (33.5)
After first gets soaked	10 (6.6)
5. What should be the ideal disposal of used menstrual absorbents?	
Throw in the garbage	98 (64.5)
Warp in paper and throw in the dustbin	54 (35.5)

Table 2: Distribution of study participants according to attitude regarding menstruation (n=152).

Attitude	Disagree No (%)	Neutral No (%)	Agree No (%)
1. Women can enter temple/can pray during menstruation	152 (100)	-	-
2. Women can enter kitchen/cook food during menstruation	-	-	152 (100)
3. Women can take bath with soap during menstruation	-	-	152 (100)
4. Women can wash hair during menstruation	83 (54.6)	-	69 (45.4)
5. Women can sleep on same beds as others during menstruation	51 (33.6)	6 (3.9)	95 (62.5)
6. Women can touch pickle during menstruation	152 (100)	-	-
7. Women need not avoid any foods during menstruation	41 (27)	2 (1.3)	109 (71.7)
8. Women can have sexual intercourse during menstruation	140 (92.1)	12 (7.9)	-

Table 3: Distribution of study participants according menstrual hygiene practices (n=152).

Practices	No (%)
Absorbent used during menstruation	
Sanitary pads	96 (63.2)
Unused old cloth pieces	31 (20.4)
Reused old cloth pieces	12 (7.9)
Sanitary pad and old cloth pieces	13 (8.5)
Wash the cloth	
With water	-
With soap and water	15 (9.9)
Not applicable	137 (90.1)
Dried that material	
Dried in sun	-
Under other cloth	15 (9.9)
Not applicable	137 (90.1)
Frequency of changing soakage material	
3 -6 hourly	68 (44.7)
>6hourly	84 (55.3)
Washing of genitalia	
With water only	52 (34.2)
With soap and water	100 (65.8)
Maintain privacy for changing of soakage material	
Yes	124 (81.6)
No	28 (18.4)
Bathing with soap during menstruation	
Yes	115 (75.7)
No	37 (24.3)
Disposal of soakage material	
Reuse cloth pieces	15 (9.9)
Disposed used cloth/sanitary pad with wrapping in open drain	106 (69.7)
Dispose used cloth/sanitary pads without wrapping in open drain	31 (20.4)

DISCUSSION:

In this study, mean age of the women was 27.2 (± 8) years. Similar findings have been noted by Kansal et al.⁸ In the current study, only 15.5% of women acquired knowledge regarding menstruation from their mothers, this finding is comparatively less than the findings of the studies conducted by Dasgupta et al, Goel et al and Sarkar.⁹⁻¹¹ Majority of the women (42.8%) in this study were scared at the time of their first menstruation which signifies that they had no/ little knowledge about menstruation prior to its onset. In our study 40.8% of the women knew that uterus is the source of menstrual bleeding and this knowledge was higher than other studies (Adhikari et al, Pokhrel et al, Roy et al) where approximately 20 percent subjects knew the correct source.¹²⁻¹⁴ In this study majority of the study subjects had a negative attitude towards entering temple, touching pickle or having sexual intercourse during her menses. These findings are in line with results of several other studies.^{9,15-16} In this study 62.5% women were found to have

unsatisfactory menstrual hygiene practice which is less than in the study conducted by Goel et al.⁹ Though 77.6% women opined that sanitary pad is the ideal absorbent to be used during menstruation, only 63.2% women used sanitary pad and rest used cloth pieces. Gupta et al. also found that during menstruation 67.7% used sanitary pads while rest used cloth.¹⁷ Financial reason was the main reason for avoiding sanitary napkins. Certain positive attitude was observed in our study in the context of menstruation-related taboos and hygiene during menstruation. Most women said that apart from religious activities, other routine activities such as cooking food, washing hair, sleeping in the same bed was not impacted by menstruation, almost similar findings noted by Misra et al.¹⁸ In our study majority of the study subjects had a negative attitude towards women entering temple, touching pickle or having sexual intercourse during her menses similar findings observed by Goel et al.⁹ Statistically significant association was seen between knowledge and age, literacy status, occupation and

socio-economic status of the study participants. These findings suggest that literacy level or socio-economic status has a positive impact on knowledge. Statistically significant association was seen between negative attitude and participant's inadequate knowledge, low literacy level, low socioeconomic condition and increasing age depicting that women belonging to a higher socioeconomic status and adequate knowledge have a better attitude regarding menstruation compared to those belonging to lower socioeconomic status and had low literacy level. Significant association was also seen between practice and respondent's socio-economic status and literacy status. In a study done by Kansal et al significant association was observed between menstrual hygiene practices and subject's marital status, literacy status, religion, socio-economic status and mother's literacy status.⁸

Our study had certain strength, i.e. this was a community based study where most of the domains of menstrual hygiene practice, knowledge regarding menstruation and attitude towards menstruation were considered, had the advantage of having multivariable models for menstrual hygiene knowledge, attitude and practice with different factors. The findings of this study can be generalized and applied to all the urban women of West Bengal with similar socioeconomic and cultural background.

CONCLUSIONS:

Women need to be educated about the significance of menstruation, importance of high quality menstrual hygiene management, use of satisfactory absorbent material, proper and hygienic disposal of menstrual absorbent so as to enable them to lead a healthy reproductive life.

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