

Impact assessment of awareness program developed on menstruation hygiene for the school going teenage girls of Hallol district in Gujarat

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ABSTRACT

Menstruation is a normal, process experienced by teenage girls, yet it is not spoken about openly causing pointless humiliation and ignominy. In rural India, menstruation is considered as a taboo swayed with stigma, not allowing discussion or seeking information, ensuring the teenagers into poor menstrual hygiene practices. Inadequate water, sanitation, and hygiene facilities in schools and home, insufficient puberty education and lack of sanitary absorbents cause girls to experience menstruation as shameful and uncomfortable. In order to enhance the level of awareness regarding menstruation hygiene, a research study was undertaken wherein, knowledge and practices related to menstruation hygiene management of participants was assessed and an intervention program was developed and implemented to enhance the knowledge and practices regarding menstruation hygiene of the school going teenage girls of Hallol district in Gujarat. The present study was conducted using both descriptive and experimental methods. A sample of 117 girls from 8th standards, who attained menarche, was selected for the present study. From the findings of the present study, it can be observed that the teenage girls lacked proper knowledge about menstruation and menstrual hygiene in the pre-program phase. The practices adopted were mostly inadequate regarding work out, sleeping, diet, drinks, medication, pain management, personal hygiene and washing of clothes. After the implementation of the awareness program significant enhancement were observed in knowledge and practice among the selected teenage school going girls with p-value <0.001. Therefore, it can be concluded that the program was successful in accomplishing the objective there was a significant impact of awareness program on the level of awareness regarding menstruation hygiene.

Key Words : Felt, Product diversification, Surface enrichment

INTRODUCTION

Menstruation is a normal, process experienced by teenage girls, yet it is not spoken about openly causing pointless humiliation and ignominy. In rural India, menstruation is considered as a taboo swayed with stigma, not allowing discussion or seeking information, ensuring the teenagers into poor menstrual hygiene practices. Inadequate water, sanitation, and hygiene facilities in schools

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and home, insufficient puberty education and lack of sanitary absorbents cause girls to experience menstruation as shameful and uncomfortable.

According to National Sample Survey Census of 2012, India's 113 million teenagers are most vulnerable at the commencement of menarche. The time when the teenagers need a safe and protected environment, guidance to ensure their basic health, well-being and educational opportunity, amongst the 14,724 government schools only 53 per cent has separate and usable girl's toilet. The situation at home is also poorest, as 132 million households did not have a toilet, leaving teenage girls to face the humiliation of open defecation (Prathama Annual Status of Education Report, 2015).

Another recent report published by the Bill and Melinda Gates Foundation (2016), on Menstrual Health in India, reveals that there are above 355 million menstruating ladies and lassies in India, but millions of females across the nation still face major obstructions to a comfortable and dignified experience with menstrual hygiene management. The report shows that 71 per cent of girls in India report having no knowledge of menstruation before their first period. At menarche, schoolgirls report their dominant feelings to be shocked (25%), fear (30%), anxiety (69%), guilt (22%), and frustration (22%). Further, a majority (70%) of female in India state that their family cannot buy sanitary pads and less than half (40%) of all government schools need a functioning common toilet, and another less than half (40%) of them lacked a separate toilet for girls.

However, menstrual health education and awareness programs are progressively becoming one of the most common interventions for addressing poor menstrual health. There has been increased momentum from donors, governments, the private sector and Indian film industry to address menstrual health issues. The National Menstrual Hygiene Management guidelines developed by Ministry of Drinking water and Sanitation, India, are significant measures towards a collaborative and integrated solution to MHM. Policymakers continue to function in silos and need a greater alignment, accountability, and strategies for implementing the guidelines at the state level as well. Supporting the efforts taken by the various organisations, a similar kind of research study was undertaken by the researchers, wherein, knowledge and practices related to menstruation hygiene management of participants was assessed and an intervention program was developed and implemented to enhance the knowledge and practices regarding menstruation hygiene of the school going teenage girls of Hallol district in Gujarat.

Review of literature:

Menstruation hygiene-related practices of teenagers are of substantial significance especially during the onset, at menarche. Many research studies have shown poor menstrual hygienic practice during the teenage. A study conducted by Dhingra *et al.* (2010) on tribal adolescent girls of Karnataka reported very poor menstrual management. The teenagers used dirty cloth or an old used cloth was recycled for absorption of menstrual blood, improper washing of used cloth and improper disposal of used cloth. Another research undertaken in Ethiopia by Alexandra (2010), revealed that the level of personal hygiene and management of menstruation also showed unsatisfactorily. Improper use of menstrual hygienic materials may associate with the risk of developing toxic shock syndrome (TSS), UTI and PID. Poor practices increase vulnerability to reproductive tract Infections (Dasgupta, *et al.*, 2008). The attitudes of parents in discussing the related issues are an obstacle to the right kind of information, especially in the rural areas. Therefore, menstruation is considered to be a subject of embarrassment in most cultures. Primarily poor personal hygiene and unsafe sanitary conditions result in gynaecological problems (Bhatia *et al.*, 1995). Infections due to lack of hygiene

during menstruation are often reported (Mehra, 1996 and Margaret, 1997). Continuous use of unclean napkins or the improperly dried cloth/ napkins before its reuse results in harbouring of micro-organisms causing vaginal infections (Paul, 2007). The prevalence of RTIs is quite higher among girls having unsafe menstrual practices. It is clear from earlier studies that majority of girls had correct knowledge about menstruation but were poor in hygienic practices (Devi, 1994).

Objective of the study:

1. To assess the level of awareness regarding menstruation amongst the adolescent school going girls of Hallol district in Gujarat.
2. To determine the menstrual hygiene management practices adopted by the adolescent school going girls of Hallol district in Gujarat.
3. To develop, implement and find out the impact of the awareness program in enhancement of the level of awareness regarding Menstruation Hygiene Management amongst the adolescent school going girls of Hallol district in Gujarat.

METHODOLOGY

The present study was conducted using both descriptive and experimental methods. Wherein, the descriptive study method was used to assess the issues related to menstruation and menstrual hygiene management as they occurred at the time of the research study. Whereas, the experimental method was used to assess the impact of intervention program on level of awareness regarding menstrual hygiene management amongst the adolescent school going girls of Hallol district in Gujarat. The study was carried out from July 2017 to October 2017.

Study population:

As menstruation is generally observed to start at the age of 12 to 13 years, a sample of 117 girls from 8th standards, who attained menarche, was selected for the present study.

Study tools and technique:

In order to know the impact of awareness program on the level of awareness regarding menstruation hygiene among the adolescent girls, a validated, pretested and structured interview schedule was used for the present study using pre-test post test method.

Development and implementation of awareness program:

The study was conducted in three phases: Phase 1, consist of Pre-test, where data was collected through pre structured and validated interview schedule to assess the knowledge and practices about menstrual hygiene amongst teenage school going girls. Phase 2, comprise of development of need base awareness program and implementation followed with Phase 3, post test after the implementation of Awareness program.

Data analysis:

The Statistical Package for the Social Sciences (SPSS) was used for data analysis. Descriptive statistics were employed to summarize the demographic data, which was presented using frequency tables and expressed as percentages, mean and standard deviation. Chi-square test was used to test the associations among the under studied qualitative variables. Statistical significance was

considered at P-value < 0.05 and highly significance at P-value < 0.001.

RESULTS AND DISCUSSION

Age of participants:

The present study depicts that the ages of respondents selected from the schools, ranged from 12 to 19 years. Wherein, the majority of the respondents belonged to the age group of 12 to 15 years, with the mean age of 15 years.

Age at menarche:

The age of menarche was determined by general health, genetic factors, socioeconomic and nutritional status. The present study depicts that majority (65%) of the respondents reported that they started menstruation at the age of 13 years, which is the common age reported in other studies like a study conducted by Thomas et al. (2001), comparing the age at menarche in 67 countries found the mean age to be 13.5.

Place at menarche:

Menarche is often perceived as a traumatic experience for most girls, and the place where the girls experience the menstruation for the first time can lead to trauma and other uncomfortable feelings. The present study reveals that, majority of the participants reported the home as the first place where they experienced menarche (75%).

Reaction on menarche:

This question was intended to determine the participants' reaction at menarche, on the basis of the responses received from the respondents it was found that, majority (69%) of the respondent's first reaction was to tell their mother. This specified the significant role of mothers in menstrual hygiene Management.

Restrictions on adolescent girls during menstruation period:

From the obtain data in Table 2 it can be observed that during the menstruation period majority of the adolescent girls were restricted to attend religious occasion (90%), community functions

Table 1 : Distribution of the respondents according to score gained in pre -test and post-test for the awareness regarding menstruation hygiene

Items	Pre- test		Post test		P- value
	f	%	f	%	
Definition of menses	16	13.7	112	95.7	<0.001*
Definition of dysmenorrhoeal	18	15.4	111	94.9	<0.001*
Definition of menstrual disorder	18	15.4	109	93.2	<0.001*
Time of ovulation	12	10.3	105	89.7	<0.001*
Signs and symptoms before or during menses	15	12.8	107	91.5	<0.001*
Causes of increase bleeding	17	14.5	108	92.3	<0.001*
Causes of pain or discomfort	20	17.1	112	95.7	<0.001*
Factors effecting of menses	17	14.5	115	98.3	<0.001*
Methods of treatment	19	16.2	110	94	<0.001*
Complications	14	12	114	97.4	<0.001*

Table 2 : Distribution of the respondents according to score gained in pre -test and post-test for self care practices during menstruation

Items	Pre- test		Post test		P- value
	f	%	f	%	
Section A					
Perineal hygiene	17	14.5	117	100	<0.001*
Underwear and methods of cleaning	22	18.8	116	99.1	<0.001*
Methods of shaving the hair in genital area	29	24.8	115	98.3	<0.001*
Frequency of change	33	28.2	114	97.4	<0.001*
Exercise during menses	12	10.3	111	94.9	<0.001*
Herbal use / Traditional methods	15	12.8	110	94	<0.001*
Fluid intake	22	18.8	109	93.2	<0.001*
Food intake	10	8.5	107	91.5	<0.001*
Medication	66	56.4	4	3.4	<0.001*
Absenteeism / and stay of home during menses	99	84.6	12	10.3	<0.001*
Section B					
Types of pad used					
Piece of old clothes	72	61.5	2	1.7	<0.001*
Piece of New clothes	23	19.7	115	98.3	<0.001*
Piece of cotton	36	30.8	1	0.9	<0.001*
Sanitary pad	66	56.4	116	99.1	<0.001*
Number of pads per day					
Single per day	17	14.5	0	0	<0.001*
Twice per day	77	65.8	1	0.9	<0.001*
Thrice per day	20	17.1	2	1.7	<0.001*
Four or more per day	3	2.6	114	97.4	<0.001*
Washing clothes menses					
With another cloths	56	47.9	1	0.9	<0.001*
Wash clothes menses cloth separately	61	52.1	116	99.1	<0.001*
Pond water with soap	33	28.2	5	4.3	<0.001*
Pond water only	22	18.8	1	0.9	<0.001*
Tap running water with soap	22	18.8	101	86.3	<0.001*
Tap running water only	17	14.5	2	1.7	<0.001*
Tap water with antiseptic	33	28.2	115	98.3	<0.001*
Waste dispose of pad					
Throw it routine waste	17	14.5	114	97.4	<0.001*
Throw on road side	20	17.1	0	0	<0.001*
Burn it or landfill	21	17.9	1	0.9	<0.001*
Reply to used after boiling	17	14.5	1	0.9	<0.001*
House dust bin	40	34.2	1	0.9	<0.001*
Methods of drying					
Expose to the sun	66	56.4	116	99.1	<0.001*
Artificial dry	51	43.6	1	0.9	<0.001*

p: p value for comparing between pre and post program

*: Statistically significant at $p \leq 0.05$

(81%) and had food restrictions (71%).

Source of information:

The present study depicts that majority (82.05%) of the respondents were informed by their mother regarding menstruation. Whereas, less than one fifth of the respondents, reported that they were informed by their sisters followed with friends (9.62%) and teachers (8.33%).

Impact of menstruation hygiene awareness program :

Improvement in awareness regarding menstruation:

It can be observed from Table 1, that there was a highly significant improvement in awareness regarding various aspects of menstruation like definition of menses, dysmenorrhoeal, poly-menorrhoea, time of ovulation, signs and symptoms before or during menses, causes of pain or discomfort, factors effecting of menses, methods of treatment and complications when compared to values before program (Table 1).

Improvement in practices :

Table 2 depicts that there was a highly significance difference in all items related to comprehensive care for menses , table reflect good prognosis of acquired prevented practice care in pre educational program comparing to post program of the study group. Regarding practical awareness it was observed that there was a significant differences in level awareness regarding practical awareness post awareness program with p-value <0.001 (Table 2).

Conclusion:

From the findings of the present study, it can be observed that the teenage girls lacked proper knowledge about menstruation and menstrual hygiene in the pre-program phase. Also teenagers' practices were mostly inadequate regarding work out, sleeping, diet, drinks, medication, pain management, personal hygiene and washing of clothes. After the implementation of the awareness program significant enhancement were observed in knowledge and practice among the selected teenage school going girls. Therefore, it can be concluded that the program was successful in accomplishing the objective there was a significant impact of awareness program on the level of awareness regarding menstruation hygiene.

Recommendation:

On the basis of the findings of present study the following recommendation can be made: - It is essential to educate teenage girls about the issues connected to menstruation hygiene so that they can protect themselves against assorted infections and diseases. To fulfil this objective, emphasis needs to be given organizing workshops for teenagers and their mother at home level. At school level classroom debates and information lectures on "Adolescent Reproductive Health" and "Menstruation Hygiene Management "can be organised. A research studies can be done to know the level of awareness amongst the mothers of teenage girls and educational program can be develop for them as well. Menstruation hygiene management promotional activities can be carried out by ASHA workers and Panchayats. Regular supply of sanitary napkins and disposal mechanism should be established. Action project like production of sanitary napkins at the village level by Self Help Group, marketing and demand generation of Sanitary Napkins can be implemented.

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