

Knowledge and practices regarding menstrual problems and menstrual hygiene: study conducted in slum area under urban health training center of IMSR Mayani

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Abstract

Objectives: 1. To know the pattern of menstruation in women of reproductive age group 2. To study the knowledge and practices about the common menstrual problems and hygiene. **Material and Method:** A community based cross-sectional study was carried out in slum area under Urban Health Center, Vita of IMSR Mayani Dist-Satara. (M.S.). 132 women of reproductive age group participated in present study. A pretested and predesigned proforma was used to collect information and data collected was analyzed by using appropriate statistical tests. **Results:** About 3/4th of respondents had their menarche between 12-14 years of age with 65.90% had blood flow for 3-5 days. Dysmenorrhoea was the commonest (81.52%) associated complaint and breast tenderness ranked as common (65.43%) premenstrual symptom. **Conclusion:** Hygienic practices were not satisfactory as about 3/4th of the respondents were reusing cloth as absorbent material and practice of cleaning genitalia was totally absent in 40.91% respondents which showed significant association with no facility of toilet at home. (p < 0.001).

Keywords: Menstrual problems, Menstrual hygiene, Women of reproductive age.

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Received Date: 14/01/2015 Revised Date: 24/01/2015 Accepted Date: 02 February 2015

| Access this article online | |
|---|--|
| Quick Response Code: | Website: www.statperson.com |
|  | DOI: 04 February 2015 |

INTRODUCTION

Menstruation is a natural phenomenon of bleeding per vagina every month experienced by adolescent girls and women of reproductive age group. It is still considered as something unclean or dirty in Indian society. Menstrual problems account for much of the morbidity that occurs in women of reproductive age. Dysmenorrhoea, menorrhagia, irregular menses are some of the common

problems associated with menstruation. Women usually avoid consulting a doctor regarding the problems due to uncomfortable feeling in disclosing it. Menstrual hygiene deals with the special health care requirements of women during menstruation. Feminine hygiene products for protection during menstruation include both home-made like cloth pieces as well as commercial like sanitary pads. Although menstruation is a natural process, it is linked with several perceptions and practices. Menstruating woman is considered as impure or polluted, due to which several restrictions are imposed on the women during menstruation which may result in adverse health outcomes¹. According to India's 2011 census, 89% of the nation's rural population lives in households that lack toilets. This absence of proper sanitation presents public health challenges and affects Indian women disproportionately. They usually wait until night time before using public toilets, which expose them to various forms of health hazards. A majority of rural women in

India employ clothes and rags for feminine hygiene. These materials might predispose women to reproductive tract infections since it may be difficult for them to keep their used napkins clean and free of harmful bacteria. Washing reusable feminine products with soap and drying them in sunlight may be difficult due to lack of water, private toilets and cultural taboos associated with menstruation². Women having better knowledge regarding menstrual hygiene and safe menstrual practices are less vulnerable to reproductive tract infections and its consequences. So the present study was undertaken to assess the knowledge about menstrual hygiene and practices.

A present cross-sectional community based study was conducted in a population of Phulenagar, a slum area under Urban Health Training Center, Vita of IMSR Mayani, Taluka-Khatav and Dist-Satara. In total there are 98 houses and 135 women in reproductive age group (15-45 years). The present data was collected during the period of one month with the help of predesigned and prestructured proforma with their verbal consent, taking the help of MSWs of the department of Community Medicine IMSR, Mayani. Three women were not willing to participate in the study, so study population was 132. Strict confidentiality was maintained about collected data and analysis was done with the help of appropriate statistical tests. Ethical clearance was obtained from Institutional Ethical Committee of IMSR Mayani.

MATERIALS AND METHODS

OBSERVATIONS AND RESULTS

Table 1: Distribution of women according to sociodemographic variables

| Variables | Frequency | Percentage |
|--|-----------|------------|
| Age group (in years) n = 132 | | |
| 15 to 25 | 52 | 39.39 |
| 26 to 35 | 41 | 31.06 |
| 36 to 45 | 39 | 29.55 |
| Religion n = 132 | | |
| Hindu | 90 | 68.18 |
| Buddha | 35 | 26.52 |
| Muslim | 07 | 05.30 |
| Socioeconomic status* n= 132 | | |
| Upper (I) | 06 | 04.54 |
| Upper middle (II) | 16 | 12.12 |
| Lower middle(III) | 40 | 30.30 |
| Upper lower (IV) | 53 | 40.15 |
| Lower lower(V) | 17 | 12.88 |
| Educational status n = 132 | | |
| Illiterate | 15 | 11.36 |
| Primary | 23 | 17.42 |
| Secondary | 41 | 31.06 |
| Higher secondary | 35 | 26.52 |
| Graduate and above | 18 | 13.64 |
| Facility of toilet at home n= 132 | | |
| Yes | 43 | 32.57 |
| No | 89 | 67.42 |

*Socioeconomic classification as suggested by B.G. Prasad and modified as per the All India Consumer Price Index (AICPL) of May 2014

Approximately 1/3rd respondents belonged to each age group. More than half of the respondents belonged to Hindu religion (68%) while 2/3rd respondents were from

lower middle and upper lower class together i.e. 70.45 % and educated up to higher secondary class (26.52%). Only 32.57% respondents had facility of toilet at home.

Table 2: Menstrual Pattern among Respondents

| Menstrual Pattern | Frequency | Percentage |
|---|-----------|------------|
| Age at menarche (in years) n=132 | | |
| <12 | 04 | 03.03 |
| 12-14 | 97 | 73.48 |
| >14 | 31 | 23.48 |
| Duration of blood flow n=132 | | |
| <3 days | 22 | 16.66 |
| 3-5 days | 87 | 65.90 |
| >5 days | 23 | 17.42 |

| Length of the cycle n=132 | | |
|------------------------------|----|-------|
| 3 weeks | 21 | 15.90 |
| 4-5 weeks | 54 | 40.90 |
| 6 weeks | 18 | 13.64 |
| Irregular | 23 | 17.42 |
| Quantity of blood flow n=132 | | |
| Normal | 74 | 56.06 |
| Excessive | 32 | 24.24 |
| Scanty | 26 | 19.69 |

More than 2/3rd women (73.48%) had their menarche between the age 12-14 years and bleeding for 3-5 days (65.90%). Menstrual cycles were irregular in 17.42% and with excessive or scanty flow in 43.93% respondents.

Table 3: Distribution according to complaints associated with menstruation

| Complaints | Frequency | Percentage |
|---|-----------|------------|
| Associated complaints during menstruation n=92 | | |
| Vomiting | 26 | 28.26 |
| Pain in abdomen | 75 | 81.52 |
| Foul smelling discharge | 12 | 13.04 |
| Itching | 18 | 19.57 |
| Passage of clots | 43 | 46.74 |
| Burning micturition | 08 | 08.69 |
| Pre-menstrual symptoms n= 81 | | |
| Fatigue/weakness | 45 | 55.55 |
| Depression | 08 | 09.88 |
| Breast tenderness | 53 | 65.43 |
| Edema on feet | 15 | 18.52 |
| Mood swings | 12 | 14.81 |

*Multiple responses

Most common complaint found in study group were pain in abdomen (81.52%) followed by passage of clots (46.74%) while fatigue/weakness (55.55%) and breast tenderness (65.43%) were common premenstrual symptoms.

Table 4: Practices of Menstrual Hygiene

| Practices | Frequency | Percentage |
|--|-----------|------------|
| Absorbent material used n=132 | | |
| Only cloth | 101 | 76.51 |
| Only sanitary pads | 10 | 07.58 |
| Both | 21 | 15.91 |
| Frequency of changing absorbent material in a day n=132 | | |
| Once | 21 | 15.91 |
| Twice | 25 | 18.94 |
| Thrice | 18 | 13.64 |
| >Thrice | 12 | 09.09 |
| Not changing | 56 | 42.42 |
| Frequency of cleaning genitalia in a day n=132 | | |
| Never | 54 | 40.91 |
| Once | 48 | 36.36 |
| Twice | 18 | 13.63 |
| Thrice or more | 12 | 09.09 |
| Method of disposal of absorbent material n=132 | | |
| Burnt | 12 | 09.09 |
| Reused after cleaning | 94 | 71.21 |
| Disposal in dustbin | 18 | 13.64 |
| Thrown indiscriminately | 08 | 06.06 |

The absorbent material used by 3/4th of respondents (76.51%) were cloth with reusing it after cleaning was practiced by 71.21%.

Table 5: Distribution of respondents according to availability of toilets and frequency of cleaning genitalia

| Frequency of cleaning genitalia in a day | Facility of toilet at home (%) | No facility of toilet at home (%) | Total |
|--|--------------------------------|-----------------------------------|------------|
| Never | 15 (09.25) | 49 (90.75) | 54 |
| Once | 05 (31.25) | 33 (68.75) | 48 |
| Twice | 14 (77.77) | 04 (22.23) | 18 |
| Thrice | 09 (75.00) | 03 (25.00) | 12 |
| Total | 43 | 89 | 132 |

$\chi^2 = 40$, d.f. = 3, H.S. $p < 0.001$

Amongst 43 respondents having facility of toilet at home, 23 (53.48%) practiced cleaning genitalia more than twice

a day. 49 (55.05%) respondents having no toilet at home were never washing genitalia in whole day.

Table 6: Distribution of respondents according to social practices

| Practices | Yes (%) | No (%) | Total |
|----------------------------|------------|------------|-------|
| Continuing domestic work | 117(88.64) | 15(11.36) | 132 |
| Worshipping god | 00 | 132(100) | 132 |
| Attending social functions | 62(46.96) | 70(53.03) | 132 |
| Untouchability in house | 11(08.33) | 121(91.67) | 132 |

100 % respondents were against worshipping god during menses while continuing with domestic work was accepted by 88.64%.

DISCUSSION

In the present study, women of reproductive age group participated with preponderance from Hindu religion (68.18%) with only 11.36% illiterate. These findings are comparable with the study done by Adwitiya Das *et al*¹, a cross sectional community based study among women in 15-49 years of remote village of Eastern India who mentioned 72% Hindu women and 23.7% illiterate women. Out of 132 respondents 89 (67.42%) had no facility of toilet at home, comparable to study by Adwitiya Das *et al*¹ (52.17%) and less than Thakre S B *et al*³ (86.56%) In this study about two third of respondents (73.48%) had their menarche between 12-14 years of age and the findings are similar to Keerti Jogdand *et al*⁴ and Shridevi K *et al*⁵ among adolescent girls who mentioned 72.77% and 71.20% respectively. 65.90% respondents of current study had menstrual blood flow for 3-5 days; the findings are slightly less than Shridevi *et al*⁵ and Abhay *et al*⁶ who found 85.6% and 70.65% respondents with blood flow for 3-5 days. Length of cycle was found to be 4-5 weeks in 40.90% respondents which findings are towards lower side of findings recorded by Shridevi K *et al*⁵ (64.27%) and Keerti Jogdand *et al*⁴ (66.54%). In this study normal menstrual flow was found in 56.06% and excessive flow in 24.24% respondents where as in Abhay *et al*⁶ study, 56.33% had normal flow and 17.67% had excessive flow. In present study 92(69.69%) respondents had one or more associated complaints during menstruation of which dysmenorrhoea was the commonest (81.52%) one, the finding is similar to Amit Singh *et al*⁷ (73.83%) . 81(61.36%) respondents had premenstrual symptoms which is comparable to findings by

Amit Singh *et al*⁷ (60.7%). Out of which 65.43% had breast tenderness which is comparable to Myint Thu *et al*⁸ who reported same in 60% but higher than Amit Singh *et al*⁷ who reported 17.75%. Most commonly used absorbent material in our study was piece of cloth (76.51%) so it was reused after cleaning by 71.21% respondents. These findings are quite higher than Shridevi *et al*⁵ who reported only 25.6% using cloth out of which 16.27% were using new cloth each time so percentage of reusing the cloth after cleaning was only 01.60%, but comparable to Dasgupta *et al*⁹ study where 11.25% girls use sanitary pads as in our study 07.58% and Adwitiya Das *et al*¹ study mentioning 72.90% using cloth and 09.70% using sanitary pads. Practice of cleaning genitalia was found to be unsatisfactory as only 09.09% respondents used to clean genitalia three or more than three times a day during menstrual period which is quite less as compared to Shridevi K *et al*⁵ study who reported 71.20% but comparable to Adwitiya Das *et al*¹ study who reported 06.30%. In our study significant ($p < 0.001$) positive association was found between practice of cleaning genitalia and facility of toilet at home. Similar findings were mentioned by Thakre *et al*³.

Religious restrictions were the main restrictions imposed on the participants, similar finding was reported by Adwitiya Das *et al*¹ i.e. 100%. Daily house hold activities are continued by 88.64%, the finding is higher than 22.96% mentioned by Keerti Jogdand *et al*⁴.

CONCLUSION

Half of the respondents (56.06%) had normal blood flow during menstruation with history of irregular menses in 17.42%. Associated menstrual complaints were found in 92 (69.69%) respondents while premenstrual symptoms were found in 81 (61.36%) respondents. Over all hygienic practices were not satisfactory and the reason found was

absence of facility of toilet at home. Inadequate knowledge and unhygienic practices regarding menstruation are quite common in Indian women who need to provide education and equip them with skills regarding safe hygienic practices and contribute to "SWACHH BHARAT MISSION". Lack of education and influence of taboos still not allow women to worship god during menstruation but at the same time practice of untouchability has been decreased and they are allowed to do routine domestic work.

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Source of Support: None Declared
Conflict of Interest: None Declared