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Awareness about menstruation and menstrual hygiene management among females in the reproductive age group working as class 4 workers in Sumandeep Vidyapeeth campus

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Abstract---Background: Too often especially in the developing world mindsets, customs and institutional biases prevent women from achieving menstrual health. Thus objective of the study is to assess the practices of menstrual hygiene among women in the reproductive age group working as class 4 workers in sumandeep vidyapeeth campus. Methods: It was a cross sectional study in which total 80 class 4 female workers from Sumandeep Vidyapeeth campus were taken as study population. Data was collected through pre-structured questionnaires. Descriptive and analytical statistical methods were used for the preparation of results. Results: Among 80 reproductive age group women, 71.25% women had a regular cycle. 62.5% women had abdominal pain during menstruation. 52.5% women were using sanitary napkins for menstruation. 42.5% women were not using

sanitary napkins due to its high cost. Conclusion: This study was conducted to a certain menstrual hygiene among women in reproductive age group and to improve the knowledge and practices among them. The study revealed the menstrual hygiene was far from satisfactory among many women in study population. It becomes necessary to educate girls and young adults about the physiology of menstruation and hygiene management well before menarche.

Keywords---menstrual hygiene management, class 4 workers, menstruation.

Introduction

Menstruation is a recurring experience in the lives of millions of women and adolescent girls across the globe. This natural process has gained increased attention for its role in female health and social participation in recent years, following a history of neglect and silence (1). A women's menstrual health is crucial to her wellbeing and also to the wellbeing of her family and community. But too often especially in the developing world mindsets, customs and institutional biases prevent women from achieving menstrual health. Menstrual hygiene is the most challenging development issue today. Experiencing menstruation without proper structural environments, resources, information, and support may impact women and girls' sense of agency, self-esteem, confidence, bodily autonomy, educational experiences, and negative health outcomes associated with risky sexual behaviors. Given the impacts of inadequate resources and support for MHM (menstrual hygiene management), addressing these needs for women and girls is a public health priority (2).

Structural challenges include inadequate provision of clean water and soap, sanitation infrastructure, private places to clean and change, and disposal facilities. Improvising sanitary materials can place women and girls at risk for leaks and discomfort depending on the quantity and quality of materials accessible, and the improper cleaning and drying of these materials for reuse may potentially lead to infection, although more research is needed to substantiate this connection. In addition to these structural and resource barriers, women and girls face information and social support challenges: girls are often unprepared, uninformed, misinformed, and lack adequate support for understanding and managing menarche, menstruation, and puberty, resulting in fear, uncertainty, and potentially harmful behaviors, like risky sex, reduced bathing, and limited food and water intake. Further, the taboo and stigma around menstruation can lead to secrecy, shame, decreased mobility, social and religious restrictions, and impacts on confidence and self-efficacy (2). A majority of women continue to suffer from RTIs leading to complications such as pelvic inflammatory disease, infertility, cervical cancer, chronic pelvic pain and ectopic pregnancy. The notion behind intervention is to bring about the change in hygienic practices, thus inculcating safe and hygienic practices among women in reproductive age (3).

Objective

- To assess the practices of menstrual hygiene among women in the reproductive age group working as class 4 workers in sumandeeep vidyapeeth campus.
- To educate and increase the awareness about proper hygiene, risks and diseases contracted if standards of hygiene are not maintained.

Materials and Methods

It was a cross sectional study in which class 4 female workers of reproductive age group from Sumandeeep Vidyapeeth campus, Vadodara, Gujarat were taken as inclusion criteria. Exclusion criteria were those females who were not in the reproductive age group, pregnant females, and women who did not give consent. Total 80 class 4 female workers of reproductive age group from Sumandeeep Vidyapeeth campus were taken as study population. After obtaining the permission from ethical committee we completed the data collection. Data was collected through pre-structured questionnaires given to every individual. We selected the individual and obtain their written consent for the study. Care was taken to ensure privacy and confidentiality. Study duration was 2 months. Taking into consideration our second objective, we carried out a demonstration emphasizing on menstrual health, use of sanitary pads in place of cloth during menstruation, its proper disposal, hygiene maintenance and health hazards related to it. The demonstration was in the form of verbal lecture as well as charts and videos wherever needed.

Statistical Methods

Collected data was compiled using Microsoft office Excel 2007 format. Descriptive and analytical statistical methods were used for the preparation of results. Data was then presented in the tabulated format.

Results

Results are given in tabular form. Among 80 reproductive age group women, 55% women were studied upto secondary education. 71.25% women had a regular cycle. 62.5% women had abdominal pain during menstruation. 52.5% women were using sanitary napkins for menstruation. 42.5% women were not using sanitary napkins due to its high cost.

Table 1
Distribution of women according to their age group

Age group of girls in reproductive age	Number in percentage
15-25 years	24(30%)
26-35 years	37(46.25%)
36-45 years	19(23.7%)

Table 2
Distribution of participants according to education

Primary (<5)	28(35%)
Secondary (6-10)	44(55%)
High secondary (11-12)	5(6.25%)
No education	2(2.5%)

Table 3
Distribution on basis of menarche

Age of women	Number of women
11-12	16(20%)
13-14	44(55%)
15-16	17(21.25%)
17-18	3(3.75%)

Table 4
Distribution on basis of menstrual cycle

Regular	57(71.25%)
Irregular	23(28.7%)

Table 5
Distribution on basic of average duration of menstruation

Days	Number
2-4	47(58.7%)
5-7	33(41.25%)

Table 6
Distribution on the basis of Premenstrual syndrome symptoms

Symptom	Number of women
Abdominal pain	50(62.5%)
Breast tenderness	11(13.75%)
Bloating	9(11.25%)
Headache	22(27.5%)
Fatigue	48(60%)
Food cravings	17(21.25%)
Mood swings	40(50%)

Table 7
Distribution on the basis of type of sanitary protection material used

Material	Number of women
Cotton	4(5%)
Cloth	24(30%)
Sanitary napkins	42(52.5%)

Cloth and sanitary napkins	8(10%)
Cloth and cotton	2(2.5%)

Table 8
Data on women using cloth material

Sub Table-8.1

Wash and discard	22(62.85%)
Wash and reused	13(37.14%)

Sub Table-8.2
Frequency of changing the cloth

In hours	
<1	1(2%)
1-3	19(54.2%)
4-5	11(31.4%)
6-7	4(11.4%)

Table 9
No. of Sanitary napkins used during menstruation (in a day)

No. Of Sanitary napkins	
>5	5(9.6%)
3-5	21(40.3%)
<2	26(50%)

Table 10
Distribution on the basis of reasons for not using sanitary napkins

Reason	
High cost	17(42.5%)
Non availability	7(17.5%)
Don't know how to use	4(10%)
Discomfort	11(27.5%)
Disposal problem	1(.25%)

Table 11
Distribution on the basis of mode of disposal of menstrual absorbent

Mode of disposal	
Burning	12(15%)
Dustbin	55(68.75%)
Open dumping	13(16.25%)

Table 12
Distribution on the basis of cleaning their body during menstruation

Method	
Bathing with soap	21(26.25%)
Handwashing after using menstrual protection	23(28.75%)
Both	36(45%)

Table 13
Distribution on the basis of frequency of cleaning genitalia

No. Of times	
1-2	40(50%)
3-4	30(37.5%)
5-6	10(12.5%)

Table 14
Distribution on the basis of methods used for genitalia cleaning

Only water	33(41.25%)
Soap and water	47(58.75%)

Table 15
Distribution on the basis of history of reproductive tract infection

Symptoms	
Itching	44(36.06%)
Rashes	30(24.5%)
Burning micturition	26(21.3%)
Fever	0%
Vaginal discharge	22(18.03%)

Discussion

Sociodemographic characteristics of respondents of our study were total of 80 women in reproductive age group participated in the study. The largest proportion of women belongs to the age group of 26-35 years that's 46.25% followed by 15 to 25 years and 36 to 45 years, which was 30% and 23.7% respectively. All the participants belong to lower socio economic class and were employed as class 4 workers in Sumandeep vidyapeeth campus. 86.25% of the women were married. In our study we found that 55% women had age of menarche ranges between 11-18 years. 71.25% women had regular periods and 28.7% had irregular periods. The average duration of menstruation was ranged between 2-7 days, out of which 58.7% had an average duration of 2-4 days. Premenstrual syndrome symptoms were seen like abdominal pain (62.5%), mood swings (50%), fatigue (60%), headache (27.5%), food cravings (21.25%), breast tenderness (13.75%), bloating (11.25%).

In our study, the main focus was on the sanitary protection material. 52.5% of women were using sanitary napkins, 30% were using cloth material and 5% were using cotton. There were also women who were using both cloth and sanitary napkins (10%) and cloth and cotton (2.5%). Out of 35 women using cloth as a source of menstrual protection, 62.85% women were washing and discarding the cloth and the rest 37.14% women were washing and reusing the cloth. Out of 52 women using sanitary napkins as menstrual protection, 5(9.6%) women were using more than 5 sanitary napkins per day, whereas 21(40.3%) women were using 3-5 napkins per day and 26(50%) women were using less than 2 napkins. In the study it was found that 35% women did not use sanitary napkins, the reasons for the same were - High cost (42.5%), non-availability (17.5%), don't know how to use (10%), discomfort in using (27.5%) and disposal problem (0.25%). 15% of the women were burning the menstrual protection material used and 68.75% were disposing it in the dustbin. Lastly 16.25% women were throwing it into the open dumping grounds. Out of the total 80 study participants 67 had one/more symptoms of reproductive tract infection. Most common symptoms were genital itching (36.06%), genital rashes (24.5%), burning maturation (21.3%), and vaginal discharge (18.03%).

Menstrual Hygiene Management (MHM) is very important for the empowerment of women. It is not just about physical health of women but also their mental health. It is also about giving women an environment which respects their ability to manage their menstruation with pride and dignity. Poor MHM for women leads to a risk of infection, and it also affects women's education and self - confidence. The disposal of menstrual commercial pads is of great distress because it contains high amount of non-biodegradable materials. There is an absence of standardized technique for discarding of pads, so most of the time they are thrown with regular domestic waste or thrown in the open space or buried or burned openly (4). The same thing is seen in our study also. Incinerators are a better option for disposal but should be operated in a controlled environment so that harmful gasses emitted will not harm larger area (5).

One of the main reasons why menstruation is a taboo and menstruation hygiene is neglected is gender inequality. Unequal rights given to men and women result in women's voices being ignored within households and communities and in development programmes. Due to cultural norms and stigmas, menstruating women are even excluded from home as menstruation is considered impure. Therefore, comprehensive programmes that engage both men and women should be organized related to menstrual hygiene. Men can support and influence women and girls in managing menstruation in households, schools, work, and community through many roles as husbands, fathers, brothers, students, teachers, colleagues, leaders, and policymakers (6,7).

Conclusion

It is a cross sectional study so there is a limitation of qualitative data. Menstrual hygiene is not commonly spoken, either between same genders or between opposite gender. The subject is taboo in many cultures and shrouded in myths and traditions. This study was conducted to a certain menstrual hygiene among women in reproductive age group and to improve the knowledge and practices

among them. The study revealed the menstrual hygiene was far from satisfactory among many women in study population. It becomes necessary to educate girls and young adults about the physiology of menstruation, its importance and hygiene management well before menarche. The findings from this study reinforce the need to encourage safe and hygienic practices. Cotton or cloth should not be used and use of sanitary napkins should be promoted. This can be achieved by intervention at various levels be it social marketing strategies, government schemes or simple discussion and demonstrations as we did in our study. It is a cross sectional study so there is a limitation of qualitative data.

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