

MENSTRUAL HYGIENE AMONG WOMEN OF REPRODUCTIVE AGE IN RURAL, URBAN AND TRIBAL COMMUNITIES.

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Abstract

Menstruation and menstrual hygiene have been a sensitive concept to be discussed in public. It is necessary to address the neglect of menstrual hygiene as an issue because puberty and menstruation have significant effect on women's quality of life like causing reproductive tract infections, dropout from school, absenteeism from work, and others. A descriptive correlational design was used to assess and compare the knowledge regarding menstrual hygiene practices among women of reproductive age in rural, urban, and tribal areas of Vellore, Tamil Nadu. Ninety women of the reproductive age who visited the rural, urban and tribal PHCs were selected using purposive sampling technique. Data was collected using demographic and menstrual variable proforma. Knowledge regarding menstrual hygiene practices was assessed using a structured questionnaire. Major findings of the study reflected 67% of the urban and 60% of the rural women had moderately adequate knowledge and less than half of the tribal women had inadequate knowledge (47%) regarding menstrual hygiene practices. There was a significant difference (F ratio – 3.44, $p < 0.05$) in knowledge scores obtained by rural, urban, tribal women of the reproductive age. Reproductive tract infections were reported by 20% of tribal women. There was significant association between selected demographic variables like age (χ^2 - 7.53, $p < 0.05$), educational status (χ^2 - 6.21, $p < 0.05$) and level of knowledge regarding menstrual hygiene of mothers residing in urban community. This indicated the need for creating awareness regarding menstrual hygiene to ensure protection against reproductive tract infections caused by poor menstrual hygiene.

Key words: knowledge, menstrual hygiene practices, rural, urban, tribal communities.

Introduction

Menstruation is a natural phenomenon which is common to all women in this universe. It is the process of cyclical bleeding occurring every month which may be accompanied by pain and discomfort. In the existing Indian cultural milieu, the society is interwoven with traditions, myths and rituals about menstruation and menstrual hygiene.

The recurring process of menstruation requires unique attention in the context of sanitation, including personal and perineal hygiene during menstrual periods, appropriate use of absorbents and their disposal. Menstrual hygiene promotes comfort and prevents women from contracting various reproductive tract infections. Study conducted in Maharashtra supports the causes of genital infections like Human Papilloma Virus infections among 4.5% women as a result of unsafe menstrual hygiene practices.

Recent research addresses the neglect of menstrual hygiene management as a significant management issue and a barrier to achieve gender equality. Puberty and menstruation have substantial effects on women's quality of life like dropout from school, absenteeism from work, etc. both quantitative and qualitative works have suggested that poor menstrual hygiene results in school absenteeism, distraction and disengagement from academic activities.

The awareness about menstruation prior to menarche seems to be very low among the rural women in developing countries like India. Social prohibitions and negative attitude of parents, strong bondage with traditional beliefs, taboos and

misconceptions about menstruation have blocked the access of adolescent girls to right kind of information in rural and tribal communities. Hence, the researcher was interested to compare the knowledge of menstrual hygiene practices among women of reproductive age in rural, urban, tribal communities.

Statement of the Problem

A descriptive study to compare the knowledge regarding Menstrual Hygiene Practices among women of reproductive age in Rural, Urban, Tribal Communities, Vellore.

Objectives

- To assess the level of knowledge regarding menstrual hygiene practices among women of reproductive age residing in rural, urban and tribal communities.
- To compare the knowledge regarding menstrual hygiene practices between women of reproductive age residing in rural, urban and tribal communities.
- To identify the association between the selected demographic variables and knowledge regarding menstrual hygiene among women of reproductive age residing in selected rural, urban and tribal communities.
- To find out the association between selected menstrual variables and knowledge regarding menstrual hygiene among women of reproductive age residing in selected rural, urban, tribal communities.

Null Hypotheses

- **H1** : There will be no significant difference in the knowledge regarding menstrual hygiene practices between women of reproductive age residing in rural, urban and tribal communities.
- **H2**: There will be no significant association between selected demographic variables

and knowledge regarding menstrual hygiene practices among women of reproductive age.

- **H3**: There will be no significant association between selected menstrual variables and knowledge regarding menstrual hygiene practices among women of reproductive age.

Methodology

The study was conducted by adopting correlational design for quantitative data collection. The researcher obtained permission from concerned authorities for data collection from Odugathur rural, Sathuvacheri urban and Peenjamandai tribal PHCs. Sathuvachari Upgraded PHC is a 20 bedded urban center delivering primary health care for a population of 43,873 and provides services like MCH care, malaria programme, family welfare activities, and other activities. Odugathur rural PHC belonging to Anaicut block serves a population of 38,501 with full-fledged in house activities like MCH care, immunization, operation theatre, family health clinic and outreach services like malaria programme, and others. Peenjamandhai tribal PHC is located in Thongumalai Hills which is distanced around 10 km from Anaicut village. It renders round the clock services for a tribal population of 13,417 including 3 villages. They provide extensive outreach services to the population of 3 villages including MCH care, gynaecology OPD, polyclinics, vital events registration. An average of 30-40 women visit the centers in all three communities in a day. Written consent was obtained from 90 women who attended the Odugathur rural, Sathuvacheri urban and Peenjamandai tribal PHCs. They were interviewed for baseline data and menstrual variables. A 20 item structured multiple choice questionnaire was administered to assess the knowledge regarding menstrual hygiene practices among the women. Descriptive and inferential statistics were used to analyze the data using SPSS package. The knowledge scores were categorized as follows:

Score	Percentage	Interpretation
15 - 20	75 - 100	Adequate knowledge
10 - 15	50 - 75	Moderately adequate knowledge
0 - 10	<50	Inadequate knowledge

Results and Discussion

The findings regarding demographic variables of the women revealed that less than half of the women in the urban and rural communities were aged 31 – 40 years (40%), whereas 43.3% in tribal communities were in the age group of 21 – 30 years. As it is, 27% of the urban women were graduates, with 40% of rural women having completed high school and 47% of tribal women being illiterates. Half of them were housewives in urban and rural communities (50%), whereas 46.7% were housewives among tribal women. Majority of tribal women had no toilet facilities (70%) and practiced open field defecation. Majority of the women belonging to all three types of communities had attained menarche after 13 years (56.7%, 70%, 70%) and experienced a regular (28 days) menstrual cycle (70%, 83.3%, 90%). Less than half of the women of all three communities complained of menstrual problems like dysmenorrhea, oligomenorrhea, premenstrual syndrome and reproductive tract infections (33%, 23%, 20%).

Sixty seven percent of the urban and 60% of the rural women had moderately adequate knowledge and less than half of the tribal women had inadequate knowledge (47%) regarding menstrual hygiene practices.

There was a significant difference between the level of knowledge among the three groups – rural, urban, tribal women of reproductive age ($F= 3.47$, $p<0.04$). These findings were consistent with the findings from the study conducted in Gujarat which revealed that majority (64%) of the tribal adolescent girls were only partially aware about menstruation. It is interesting to note that knowledge scores was higher among rural women ($M = 11.03$, $SD \pm 2.18$) than women from urban region ($M= 10.93$, $SD \pm 1.96$) and tribal region ($M=9.6$, $SD \pm 2.84$). There will be no

significant difference in the knowledge regarding menstrual hygiene practices between women of reproductive age residing in rural, urban and tribal communities.

There was a significant association between selected demographic variables like age ($\chi^2 - 7.53$, $p<0.05$), educational status ($\chi^2 - 6.21$, $p<0.05$) and level of knowledge of mothers residing in urban community. Hence, null hypothesis Ho2 was rejected with regard to age and educational status of women of reproductive age residing in urban community. There was no significant association between selected menstrual variables and level of knowledge of women among all three communities. Hence, the null hypothesis Ho3 stating that there will be no significant association between selected menstrual variables and knowledge regarding menstrual hygiene practices among women reproductive age was accepted.

Recommendations

The study focuses the need for midwives to create awareness regarding menstrual hygiene practices and hence prevention of reproductive tract infections. The study recommends menstrual hygiene management programmes by nursing personnel which could be extended to tribal women in better ways like exclusive reproductive health camps, adolescent girls screening for menstrual problems, and others. Also school health nurses could play a major role in supportive educative care regarding safe menstrual hygiene practices among the adolescent girls.

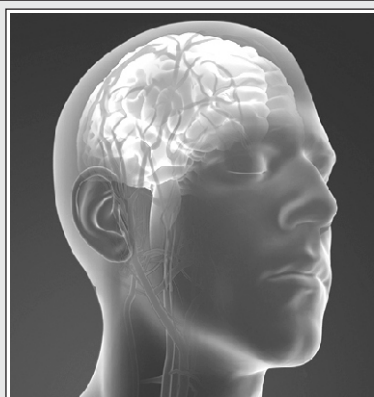
Conclusion

The findings of the study indicated that there was significant difference in the level of knowledge regarding menstrual hygiene practices among women of reproductive age in urban, rural and tribal

communities. It was also significant that the tribal women had inadequate knowledge regarding menstrual hygiene practices among all the three communities which could have been a direct cause for the prevalence of reproductive tract infections among the tribal women.

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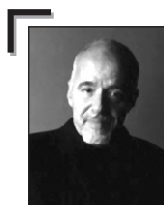


Low LDL Cholesterol and Hemorrhagic Stroke

Lower levels of low-density lipoprotein (LDL) cholesterol were tied to a higher risk of intracerebral hemorrhage (ICH), an epidemiological study in northern China reported.

People with LDL cholesterol concentrations under 70 mg/dL had a significantly higher risk of developing hemorrhagic stroke than people with LDL levels from 70 through 99 mg/dL, reported Xiang Gao, MD, PhD, of Pennsylvania State University in University Park, and co-authors. The findings are published in the journal *Neurology*.

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“Waiting is painful. Forgetting is painful.
But not knowing which to do is
the worst kind of suffering.”

- Paulo Coelho