

KNOWLEDGE ATTITUDE AND PRACTICES ON MENSTRUAL HEALTH AMONG YOUNG WOMEN IN BIHAR- A CROSS-SECTIONAL STUDY.

Ranjan Kumari^a, Swati Bulbul^a, Seema Kumari^{b,*}

^a Senior Resident, Department of Obstetrics and Gynaecology, Jawaharlal Nehru Medical College & Hospital, Bhagalpur, Bihar, India

^b Assistant Professor, Department of Obstetrics and Gynaecology, Jawaharlal Nehru Medical College & Hospital, Bhagalpur, Bihar, India

Abstract.

Background:

India has several health issues that can be avoided by raising awareness and following fundamental rules. Menstrual hygiene is one of those subjects that is rarely discussed but is essential to a woman's life. Women have been discouraged from getting help from professionals due to misconceptions about this. This study aims to spread awareness of menstrual health and practice among young women in Bihar.

Methods:

This study was conducted at Jawaharlal Nehru Medical College and Hospital located in Bhagalpur, Bihar with 25 participants per week. Data collection was carried out from September 2022 to February 2023 with a structured questionnaire after obtaining consent. The data was collected using a questionnaire that had been pre-tested, and they were examined using SPSS version 21.0.

Results:

Most women (59%) understood little about menstruation. Moreover, a quarter of those surveyed used disposable pads. Most Bihari women (73%) who did not use sanitary pads claimed to have used cotton (9%), old disposable clothes (60%), reusable clothing (26%), or toilet tissue paper (4%). Sixty-one percent of the women took special baths, and thirty-seven percent observed sociocultural taboos during their periods. Higher menstrual knowledge was linked to more disposable sanitary napkins being used, according to the bivariate analysis (low knowledge: 76 individuals, high knowledge: 156 individuals; $p=0.01$).

Conclusion:

The research concluded that the study subjects had no awareness about menstruation hygiene. They had subpar menstrual hygiene habits and attitudes. Participants' lack of preparation for menarche and their strong opinions that menstruation is socially taboo can be inferred from their different constraints because of these strong social and cultural norms to eliminate the stigma associated with menstruation, group talks, media efforts, and sex education in schools are necessary.

Recommendation:

Frequent sessions should be conducted by healthcare workers to enhance the knowledge of young women, and to increase their positive attitudes and practices regarding menstrual hygiene.

Keywords: Knowledge, Menstrual health, young women, sanitary, Submitted: 2023-09-26, Accepted: 2023-09-28

1. INTRODUCTION.

Every month, women and adolescent girls experience the physiological phenomena of menstruation, which is universal, natural, and distinctive [1]. However, until recently in India, this subject was taboo [2]. In India, women keep their pads hidden from the male household guests' eyes. The store owner always provides sanitary pads completely wrapped in newspaper [3]. Girls in many low- and middle-income countries experience misconceptions about puberty because of the issue's poor acknowledgment and lack of attention [4]. Parents and teachers are among the adults who are uninformed and uncomfortable talking about sexuality, fertility, and menstruation around them [5]. These sociocultural constraints make menstruation a burden and a time when they experience anxiety, disgust, and shame [6]. The most common premenstrual issues were dysmenorrhea symptoms, which were connected to several myths and practices that aggravated menstrual hygiene [7]. Its management is a crucial component of reproductive health because, if improperly handled, it can result in vaginal thrush, pelvic inflammatory diseases, urinary tract infections, foul-smelling clothing, and shame, which infringes on the girls' dignity [8]. Good menstrual hygiene practices are advised as being crucial during menstruation. These practices include:

- *routinely changing your clothes and underwear*
- *daily showering, especially in cases of dysmenorrhea*
- *changing hygienic pads every three to four hours*
- *adequately washing your genitalia after each void of urine and/or feces*
- *continuing your normal routine and daily activities*

- *maintaining a balanced diet [9].*

Girls' academic performance and absenteeism are both affected by menstruation. Misconceptions about menstruation, a lack of proper facilities at schools or colleges, and familial constraints are risk factors for absence. Inadequate cleanliness is a typical risk factor for vaginal infections [10].

The menstrual hygiene scheme, which was introduced in 2011 [10], rewards front-line workers for mobilizing youth, educating them, and promoting menstrual hygiene and the use of sanitary products. The Government of India is currently making efforts in this regard. In collaboration with the community health and sanitation committee, they also encourage the use of toilets in houses and ensure that females have access to separate and cleaner restrooms in schools. Studying existing behaviors concerning the same is crucial to comprehend the effects and significance of menstrual hygiene practices among adolescent girls [10]. This will allow future treatments to be developed appropriately. The objective of our study was to evaluate the knowledge, attitude, and practices of menstrual health among young girls in Bihar.

2. METHODS.

2.1. Study design and Sampling size.

Between September 2022 to February 2023, a cross-sectional study was conducted in Jawaharlal Nehru Medical College and Hospital located in Bhagalpur, Bihar with 25 participants per week with a structured questionnaire after obtaining consent. A total of 400 participants took part in the survey.

2.2. Data Collection and Procedure.

The data was collected using a questionnaire that had been pre-tested, and they were examined using SPSS version 21.0. The demographic and socioeconomic data of the women, including their age, monthly income, education, family size, and type, as well as their experiences with menstruation and knowledge of and practices for managing

* Corresponding author.

Email address: seemakumari04041985@gmail.com
(Seema Kumari)

menstrual hygiene, was gathered using a structured questionnaire. To detect any issues with the questionnaire, improve its quality, increase response rates, and ensure dependability, the questionnaire was pre-tested.

Before the survey, a female co-author trained all the field researchers on the questions' structure and content. Instruction on the procedures for gathering data and how to deal with difficulties that may arise. A brief description of how women typically behave, especially those who are dealing with psychological and physical issues during menstruation, was also given to all field investigators. The female field investigators were skilled in both Hindu and Bihari culture.

2.3. Data analysis.

Data were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 2.0 for analysis after being manually checked for correctness. Data quality was ensured by cleaning and cross-checking it before statistical analyses. After that, descriptive and bivariate analyses were carried out. The proportion in the form of classified responses was used to provide the sociodemographic factors, knowledge about menstruation and experiences during menstruation, and knowledge and practices connected to menstruation.

3. RESULTS.

Table 1 displays the socio-demographic details of the study participants (n=400). At the initial stage, several 573 patients were examined for eligibility, however, 173 patients were excluded from this study due to not being eligible. Results show that 59% of respondents were between the ages of 20 and 39. 26 percent lacked a formal education. Most had only completed their secondary education. The mothers of participants made up about 80%, and 62.5% said their family's monthly income ranged from Rs 5,000 to 10,000.

Before their menarche, almost 66% of participants had never heard of menstruation. Sixty-nine percent of individuals who had heard of menstruation (n=276) stated that they were not psychologically ready for menarche and that 69% of

them got their first period between the ages of 10 and 12 years. About 80% of women claimed that their period lasted up to 6 days (see Table 2).

Most women (73%) said they didn't use disposable sanitary pads while they were menstruating. The reasons given by the women for not using disposable sanitary napkins were their high cost (48%), their belief that they were not necessary (11%), a lack of knowledge (7%), their embarrassment at having to purchase them (2%), and their unavailability (1%). The Bihari women (n=292) reported using cotton (9%), old disposable garments (60%), or toilet tissue paper (4%).

4. DISCUSSION.

The results show that most of the women had little information about menstruation. Most women and girls did not use disposable sanitary towels when they were menstruating. Bihari women typically used a variety of absorbents instead of disposable sanitary napkins, including cotton, tissue paper, old throwaway clothing, and reusable cloths. The study's findings showed that the participants' level of understanding was low. The females in this study were also aware of their nutrition during their periods, but there were still many persistent myths because many of them reported avoiding sweets and spicy food, while a few noted avoiding cold water. The study's findings about the avoidance of sweets were particular to it. This may have been due to the local idea that sweets increase bleeding, even though numerous studies have recommended avoiding cold water and sour and spicy foods.

The findings of this study are in line with those of other studies conducted in Pakistan [10] and Ghana [11], where most students reported feeling fear and terror. Lack of knowledge causes adolescents' minds to harbor unwarranted dread, worry, and false beliefs. Women in India are said to have been kept in the dark about menstruation until they had their first period [12]. Additionally, it was observed in some locations that mothers do not educate their daughters about menstruation and maintaining personal cleanliness during periods.

Table 1: **Socio-demographic characteristics of participants.**

Characteristics	Frequency (n=400)	%
Age less than 19	128	32
Age between 20 to 40	236	59
Age more than 40	36	9
No education	104	26
1 to 4 years of schooling	64	16
5 to 8 years of schooling	180	45
More than 9 years of schooling	52	13
Income less than Rs. 5000	64	16
Income between Rs. 5000 to 10000	252	63
Income between Rs. 10000 to 15000	72	18
Income more than Rs. 15000	12	3
Family of 1 – 4 members	188	47
Family of more than 5 members	212	53
Nuclear family	272	68
Joint family	128	32

Table 2: **Knowledge and hygiene related practices.**

Menstrual related questions	Frequency (n=400)	%
Ever heard of menstruation before menarche	136	34
Never heard of menstruation before menarche	264	66
Participants were prepared mentally for first time	96	24
Participants were not prepared mentally for first time	304	76
Age of menarche 10-12 yrs.	276	69
13-16 yrs.	124	31
During of menstrual flow 0-5 days	332	83
More than 6 days	68	17
Use of sanitary pads	108	27
No use of sanitary pads	292	73
Seek advice from doctors about all this	100	25
Don't seek advice from doctors	300	75
Follow cultural rules	148	37
Don't follow cultural rules	252	63

To the best of the researchers' understanding, the study's findings have supplied baseline information about menstrual hygiene knowledge, attitudes, and practices that can be used in future research. The results of this study can be utilized to evaluate information about young women who don't go to school or who are enrolled in private institutions. Additionally, an interventional

study should be carried out to evaluate the impact of educational initiatives on participants' knowledge, attitudes, and menstrual hygiene behaviors. Through outreach efforts, nurses and other female health professionals could play a key role in giving accurate information. This might help the community as a whole and improve the reproductive and sexual health of young women.

5. CONCLUSION.

The results show that Bihari women did not practice appropriate menstrual hygiene and lacked sufficient knowledge about MHM. Most of the women did not use disposable sanitary napkins due to budgetary constraints, personal preferences, a lack of awareness, and the lack of sanitary napkins. More importantly, Bihari women continued to adopt several unsanitary menstruation behaviors, such as the reuse of old clothing, cotton, and tissue paper, which may have negative effects on reproductive health. These hazardous menstruation habits may be common because of their ignorance about MHM, their inability to afford sanitary napkins, and their lack of education about MHM. Therefore, it is essential to implement interventions to improve their understanding of menstruation and offer MHM-related therapies to improve their sanitary practices.

6. LIMITATIONS.

The limitations of this study include a small sample population who were included in this study. The findings of this study cannot be generalized for a larger sample population. Furthermore, the lack of a comparison group also poses a limitation for this study's findings.

7. RECOMMENDATION.

Frequent sessions should be conducted by healthcare workers to enhance the knowledge of young women, and to increase their positive attitudes and practices regarding menstrual hygiene.

8. ACKNOWLEDGEMENT.

We are thankful to the patients; without them, the study could not have been done. We are thankful to the supporting staff of our hospital who were involved in the patient care of the study group.

9. LIST OF ABBREVIATIONS.

MHM- Menstrual Hygiene Management

10. SOURCE OF FUNDING.

The study was not funded.

11. CONFLICT OF INTEREST.

The authors report no conflicts of interest in this work.

12. PUBLISHER DETAILS.

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.



13. REFERENCES.

1. Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? *Indian J Community Med.* 2008;33(2):77.
2. Sinha RN, Pau B. Menstrual Hygiene Management in India: The Concerns. *Indian J Public Health.* 2018;62(3):2018–20.
3. Anand T, Garg S. Menstruation related myths in India: Strategies for combating it. *J Fam Med Prim Care.* 2015;4(2):184.

4. Upashe SP, Tekelab T, Mekonnen J. Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Ethiopia. *BMC Womens Health*. 2015;15(1):1–8.
5. Chandra-Mouli V, Patel SV. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reprod Health*. 2017;14(1):1–16.
6. Ameade EPK, Garti HA. Relationship between Female University Students' Knowledge on Menstruation and Their Menstrual Hygiene Practices: A Study in Tamale, Ghana. *Adv Prev Med*. 2016; 2016:1–10.
7. Rupa Vani K, Veena KS, Subitha L, Hemanth Kumar VR, Bupathy A. Menstrual abnormalities in school going girls - Are they related to dietary and exercise pattern? *J Clin Diagnostic Res*. 2013;7(11):2537–40.
8. Dasgupta A, Sarkar M. Menstrual Hygiene: How Hygienic is the Adolescent Girl? *Indian J Community Med*. 2008;33(2):77–80.
9. Chowdhury S, Chakraborty P Pratim. Universal health coverage - There is more to it than meets the eye. *J Fam Med Prim Care*. 2017;6(2):169–70.
10. Kumar A, Srivastava K. Cultural and social practices regarding menstruation among adolescent girls. *Soc Work Public Health*. 2011;26(6):594–604.
11. Manzoor T, Azam N, Pervaiz F. Assessment of knowledge and practices menstrual hygiene management among adolescent schoolgirls. *Pakistan Armed Forces Med J*. 2019;69(2):247–53.
12. Ahmad A, Garg SG, Gupta S, Alvi R. Knowledge and practices related to menstruation among Lucknow college students in North India: Results from a cross-sectional survey. *medRxiv* 2021.