

Menstrual Hygiene Practices and Awareness among Adolescent Girls in Government Schools of Karachi, West

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ABSTRACT

This study was done to evaluate the menstrual hygiene practices of the low-income adolescent girls living in Karachi Pakistan. Data was collected from one hundred and twenty nine adolescent girls aged 9-14 from three government schools of Karachi, West. Altogether 29 questions were asked from each of them. It was found out that the menstrual hygienic practices were un-satisfactory. The girls need to be educated about the use of proper pads, its changing and proper disposal. This can be achieved by giving them proper education, training and knowledge by family members and teachers so there won't be any misunderstanding to the adolescent girls regarding menstrual hygiene.

Keywords: *Menstrual hygiene, Adolescent girls, Karachi*

1. BACKGROUND

Menstruation is a part of reproductive cycle which starts when girls become sexually mature at the time of puberty. Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions. Isolating the menstruating girls, restrictions by the families, has reinforced a negative attitude towards this phenomenon (Ranabhat et al., 2015; Scorgie et al., 2016).

Promoting sexual and reproductive health of adolescent girls is a concern among all community members, educators, and health care professionals, particularly specialists in health promotion. Nevertheless, it has been observed that menstrual hygiene practices are still lacking and vary according to socio-cultural beliefs that are prevalent in different societies (Dasgupta & Sarkar, 2008; Sommer, Hirsch, Nathanson, & Parker, 2015; Sommer & Sahin, 2013). The attention on this issue is far from sufficient. Consequently, little information is provided to adolescents about sexual health. Young and growing children have poor knowledge and lack of awareness about physical and physiological changes associated with the onset and presence of adolescence. They learn about sexuality and secondary sex characteristics primarily from their mothers, peer groups or other inappropriate sources. Most girls are not informed about menarche and how to manage menstrual bleeding. Adolescents also lack knowledge about reproductive health issues, therefore the need for creating awareness and increasing access to the requisite sanitary infrastructure related to menstrual hygiene is important.

Good hygiene such as use of sanitary pads and adequate washing of the genital area is essential during menstruation. Women and girls of reproductive age need access to clean and soft absorbent sanitary products, which in the long run protect their health³⁻⁴. The type of absorbent material used is of primary concern since reusable material could be a cause for infection if improperly cleaned and poorly stored⁵. Menstrual hygiene and management will directly contribute to (MDG)-2 on universal education, MDG-3 on gender equality and women empowerment (Dasgupta & Sarkar, 2008; Ten, 2007).

Poor Menstrual Health Management (MHM) in schools has been shown to cause adolescent girls worry and humiliation, contributes to monthly absenteeism and leads to poor performance in schools (Boosey, Prestwich, & Deave, 2014; Tegegne & Sisay, 2014).

There is a lack of literature on this topic especially in our country and the availability of this educational literature to the girls belonging to a low socio economic status is even scarce. Therefore there is a need of research on this topic.

2. OBJECTIVE

The aim of this study was to assess the menstrual hygiene practices of students, aged 12 to 14 years, in Public schools, Karachi West.

3. METHOD

A descriptive, cross-sectional study was conducted among 129 adolescent girls of 3 secondary schools situated in Karachi, west, with the help of a pre-designed and pre-tested questionnaire. Data was analyzed statistically by simple proportions.

4. PROCEDURE

The study was conducted during the academic year 2012-2013. One hundred and twenty nine girls from public schools of grade VIII, IX and X were selected for the study. After taking permission from the school authorities, the students were explained the purpose of the study. Only those girls were selected from the class VIII, IX and X that were experiencing menarche. Briefing was done to the girls before providing the questionnaire. The pre designed, pre tested, tailored, self-administered questionnaire in Urdu language included questions related to the demographic status of the respondent including family details, parent's education, occupation, housing area and locality, the hygienic practices during menstruation, sources regarding the awareness about menstruation, school toilet facility and water supply in the school, chronological age and the age of experiencing menarche. The menstrual hygiene part of the questionnaire included type of absorbents used, its storage place, the use of clean or washed napkins and the frequency of cleaning and changing them were asked. The information about personal hygiene included washing and bathing during menses. After the end of the collection of questionnaire all the queries of the girls were answered satisfactorily by the researcher only to satisfy them. A toilet observation walk was also carried by the researcher in order to understand the situation.

5. RESULTS

In the present study, the mean age of menarche of the adolescent school girls was 12.8 with a maximum number 107 (82.30%) girls between 12 - 14 years of age.

The results in Table 1 show that majority of the subjects were from poor families whose fathers were manual workers or doing less paid jobs. This is also verified by the area of plot and by the residential area reported. Out of 129 respondents among the current study, 123 (95.15%) were Muslims, 5 (4.254%) were Christians and only 1 (.76%) was Hindu.

The results in Table 2 show that in the study, the main source of informant were mothers as 77 (59.23%) mothers were reported to be the first informer about menarche. Other sources of information were 43 (33.07%) sisters, 7 (5.38%) friends and 1 (.76%) literature. T.V was not found a source. A majority of the mothers of the respondents 57 (43.84%) were illiterate, the level of education among educated mothers were just 23 (17.69%) primary, 3 (2.30%) were middle and 32 (24.61%) had done their Matric, 11 (8.46%) Inter and 5 (3.84%) were more educated than Inter.

Apparently, the majority of the respondents were from a low income group. They were not always capable of using a new fabric for the sanitary pads. Poverty, high cost of disposable sanitary pads and to some extent ignorance dissuaded the study population from using the menstrual absorbents available in the market. Instead they used old clothing for this purpose. New or commercial made pads are used by only a few as observed in the Table 3.

It is evident from Table 4 that the reuse of pads, if not cleaned properly, can also be a cause of infection. Out of the total, 118 (90.76%) girls reported that they change their pads once in 24 hours, 8 (6.15%) reported that they sometimes change daily and 4 (3.076%) reported that they do not change daily. 55 (42.30%) girls reported that they change the pad only twice a day, 51 (39.23%) change thrice a day, 9 (14.61%) change four times a day, 5 (3.84%) change five times a day. Changing twice a day means a pad is used for 12 hours before changing, it makes them vulnerable to infections, especially infections of the urinary tract and the perineum.

The duration of menstrual flow was 3-4 days in 23 (17.69%) girls, 5-6 days in 68 (52.30%) girls and 7-8 days in 40 (30.76%) girls. 84% girls reported that they don't engage themselves in any physical activity like walking or any strenuous household activity and even 72 (56%) girls reported it as the cause of absenteeism from school. The cleaning of the genitalia was satisfactory as girls reported that they wash their genitalia with water whenever they change or go for urination.

The results of Table 5 show a different aspect of hygiene is found to be poor as most 60 (46.15%) perspire heavily, 42 (32.30%) do not perspire heavily and 27 (20.76%) didn't answer the question. 74 (56.92%) girls do not take bath during menstruation although they perspire more during menstruation. Only 41 (31.53%) take bath and 14 (10.76%) did not respond. Majority of the girls (75.38%) disposed their pads in domestic waste and 13.84% disposed it off by burning.

46.1% girls reported to re-use pads. Respondents reported to dispose their pads off by burial and 6.92% did not answer. A majority of the study subjects 126 (96.92%) do not change it in the school because of unavailability of water in school toilets, fear, shame, lack of privacy as the door of (one school toilet which was inspected by the researcher) cannot be closed from inside. Only 4 (3.076%) reported that they changed pads and 8 (6.15%) kept silent. To keep their dirty pads away from the prying eyes before disposing, 31.12% participants used bathroom as a storage place. In second place comes the closet where girls keep their stained pads to discard them when unobserved. 38.58% do not store the pad. Storage of used pads can also be a major cause of spreading infection.

Table 1. Subjects' Religion.

	Number	Percentage
Muslims	123	95.0%
Christians	5	4.24%
Hindus	1	0.76%
Any other	0	0

Table 2. Source of Information.

	Number	Percentage
Mother	77	59%
Sisters	43	33%
Friends	7	5%

Table 3. Sanitary Pads Used by School Girls.

	Number	Percentage
New fabric	49	38%
Used Fabric	61	47%
Usage of both types	58	45.%
Commercial made	19	15%

Table 4. Sanitary Pads Re-used by School Girls.

	Actual number	Percentage
Yes	86	67%
No	38	29%
Re- used after boiling	19	15%
Re – used after washing	72	56%

Table 5. Different Aspect of Hygiene – Perspiration.

	Actual number	Percentage
Perspire heavily	60	46.%
Do not perspire heavily	42	32%
Did not respond	27	21%

6. DISCUSSION

The study identified menstrual hygiene practices of school girls in Karachi and explored a few barriers to good practices

The mother is the first source of information in most of the cases (59%) but we saw that in most case the information is very poor. The mothers being illiterate, they cannot provide valid information to their daughters or there is a communication gap between the two generations due to the social and cultural bounding.

The hygiene related practices of women during menstruation are of a considerable importance, as they affect their health by increasing their vulnerability to infection. This study revealed that most of the girls used old clothes as menstrual pads and that they reuse the clothes after washing them with soap/detergent and water. Very few girls used sanitary pads which were available in the market, possibly due to their low socio economic status and lack of awareness. This research also shows that a majority of the school girls used old clothes, sanitized the materials by boiling and dried them before reuse. It was evident that these practices offered some protection against the possible infection . The place of storage of the pads/napkins is equally important for their cleanliness especially the practice of storing them in bathrooms or wardrobes is disturbing as it could give rise

to the harboring of dust and insects. In this study, a small proportion of the girls changed the pads at school house. The probable reason for the girls not changing the pads could be ignorance and lack of facilities. Our findings are in accordance to those of other studies which were reported from Pakistan (Ali & Rizvi, 2010). It is evident that most of the girls do not take shower in spite of heavy perspiration which can be a cause of odor, infection and rashes. It could be because of the lack of the knowledge about healthy practices in young girls. Proper cleaning of genitalia is observed in most of the cases. One reason for the logic behind this finding was that Muslims are commanded to wash their genitals with water after relieving themselves. Soap and water were the most common materials which were used for cleaning the external genitalia.

7. CONCLUSION

Proper menstruation hygiene can prevent the adolescents from sufferings. Healthy practices are important for health and well-being of individuals. This can be achieved through well planned menstrual health educational programs in school, by communication between family on the topic and above all availability of proper facilities for girls. Affordability helps to acquire healthy practices. There is a requirement to improve the basic need of proper toilets in public schools of Karachi.

Good menstrual hygiene practices are essential during menstruation. They include

- 1) Regular change of clothing and underwear
- 2) Change of hygienic pads every three to four hours
- 3) Daily showering, especially in instances of dysmenorrhea
- 4) Adequate washing of genitalia after each voiding of urine and/or feces
- 5) Continuing normal routine and daily activities (e.g. going to school, doing physical exercise)
- 6) Maintaining a balanced diet with plenty of fruits and vegetables rich in iron and calcium.

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CONFLICT OF INTEREST

The author declares that there are no conflicts of interests regarding the publication of this paper.

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