Research Article

Awareness and practices about menstrual hygiene and its impact among migrant adolescent girls of Dera: a community based cross-sectional study from Nashik (Maharashtra)

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ABSTRACT

Background: Onset of menstruation is one of the most important changes occurring during adolescence. In various parts of India, there are several cultural traditions, myths and misconceptions related to menstruation, which make them vulnerable to genital tract infections. There is very little awareness about menstruation among girls when they first experience it. Social prohibitions and negative attitude of parents in discussing the related issues openly has blocked the access of adolescent girls to right kind of information especially among migrant adolescent girls. Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to Reproductive Tract Infections (RTI) and its consequences. Hence this study was conducted with objective to assess awareness and practices of menstrual hygiene among adolescent in migrant population.

Methods: Study area and study population: This cross-sectional community based study was conducted among migrant adolescent girls residing in (Dera) the Corporation area of Nashik (Maharashtra). Duration of study: The study was carried out for 2 months. Purposive sampling method was adopted. We carried out in-depth interviews among such purposively selected adolescent girls till redundancy in responses started creeping up. A written informed consent was taken from the study subject’s. A semi-structured schedule with open ended questions was used for data collection process.

Results: Majority of the study participants were not aware (75%) about menarche while for sanitary protection old traditional method cloths were used. Knowledge of menarche was mostly (50%) provided by friends followed by mother (35%).

Conclusions: In the present study, we found that the myths and misconceptions about menstrual practices are still continued in the 21st Century. There is a need to focus on such migrant population for their better health.

Keywords: Menstrual hygiene, Adolescent, Migrant, Awareness, Practices

INTRODUCTION

Adolescence as the period between 10-19 years of life. Onset of menstruation is one of the most important changes occurring during adolescence. The reaction to menstruation depends upon awareness and knowledge about the subject. The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. Although menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes result into adverse health outcomes. Hygiene-
related practices of women during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to Reproductive Tract Infections (RTI). The interplay of socio-economic status, menstrual hygiene practices and RTI are noticeable. Today millions of women are sufferers of RTI and its complications and often the infection is transmitted to the offspring of the pregnant mother. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women. Various studies are conducted in urban slums and rural areas but no data of menstrual hygiene among migrated adolescent girls (Dera) were found. This study was conducted with following objectives to assess the awareness, practices of menstrual hygiene and problem of RTI among migrant adolescent girls.

METHODS

Study area and study population: This descriptive cross-sectional, community based study was conducted among adolescent girls from migrant’s population (Dera) in the Corporation area of Nashik (Maharashtra). Duration of study: The study was carried out for 2 months from 1 Oct 2014 to 31 Nov 2014. Sample size and Sampling: Purposive sampling method was adopted. We carried out in-depth interviews among purposively selected adolescent girls (total 60) till redundancy in responses started creeping up. Ethical approval and informed consent: Ethical approval for the study was granted by the Head of the Institute, Dr. Vasantrao Pawar Medical College, Hospital and Research Centre, Nashik (Maharashtra, India). Verbal & written informed consent was obtained from the head of the households/parents/guardians as study participants were minors.

Data collection: A semi-structured schedule with open ended questions was used for data collection process. Total 60 in-depth interviews of study subjects were carried out. Average time required for each in-depth interview was approximately 1 hour & 45 min. Data collection was done by trained investigator.

Appropriate rapport was established before administering the questionnaire. Data was collected on the socio-demographic characteristics, awareness about the menstrual hygiene, the practices during menstruation and the impact of improper menstrual hygiene in terms of RTI. Recall period of six month was used.

Statistical analysis: The data entry and analysis was done using EPI-INFO version 6.04. We expressed magnitude in terms of percentages.

RESULTS

The mean age of study participants were 15.6 ± 2.4. Almost all of the study participants were illiterate and not aware about their own age. Majority of (60%) study participants were married in which most of them were married within 2-3 years after menarche. Majority of the study participants (75%) were not aware about menarche (Figure 1). Those having the knowledge of menarche in which 50% information was obtained from friends followed by mothers (35%) (Figure 2).

![Figure 1: Knowledge about menarche.](image1)

![Figure 2: Source of information about Menarche.](image2)

![Figure 3: Practices of sanitary protection during menses.](image3)
Figure 4: Restricted activities during menstruation.

Majority of the study participants were experienced the complaints of the Reproductive Tract Infections (RTIs) in last 6 months (Figure 5). In which 80% were abnormal vaginal discharge and 20% were low backache (Figure 6). All the study participants were not taken any treatment for their complaints of RTIs.

Figure 5: Reproductive tract infection.

Figure 6: Types of reproductive tract infections.

DISCUSSION

We found that, majority study participants were not aware about menarche and what is sanitary hygiene. Similar findings reported by Jogdand et al.2 (64%), Das Gupta et al.3 (97.5%) and Asif Khan4 (78.8%) from rural area of India. It may be because of the low education level of study participants and their parents. We also found that, almost all the study participants were restricted activities like bathing; cooking, prayer and sleeping/sitting in home, similar findings were reported by Nair et al.5 (70%) while Das Gupta et al.3 and Asif Khan4 was reported only 33.8% and 12% restricted household activities respectively.

In the present study almost all study participants were using old cloths (100%) for sanitary protection but as per Asif Khan,4 Hakler et al.5 Baridalyne et al.7 the proportion of adolescent’s girls using cloths during menstruation was found to be 68.3%, 61.5% and 60%, respectively. This finding may be because of low socioeconomic status, illiteracy and lack of knowledge about sanitary pads among migrant adolescent girls of Dera.

Majority of the study participants facing the problem of RTIs which may be because of all the study participants were using old cloths for their sanitary protection as well as proper hygiene (Like bathing) was not maintained during MC. Those facing the RTI problem not seeking the medical care which will be increase the risk of other health related complications in future i.e. Infertility, Miscarriage, Carcinoma of Cervix etc. We also found that, in study area there is no toilet facility available and adolescent’s girls go for open defecation in unsafe places and it also prone for increases risk of sexual assault, STI/RTI and other communicable diseases.

Strength of this study: this is the first study which focusing on the issue of menstrual hygiene among migrant adolescents’ girls (from Dera). The data collection was done by trained investigator.

Limitations: 1) Self reporting: The accuracy of respondent’s answer cannot be independently verified. 2) Recall: It was also likely that details of the information could be lost due to memory-decay, thus a recall bias.

In India, school teachers are providing proper information of menstruation and its hygiene to school going adolescent girls; but no information provided to migrant adolescents girls of Dera. There is need to provide proper awareness about MC and distribution of sanitary pads to such vulnerable population in community through non-governmental organizations to avoid the future consequences of health among migrant adolescent girls from Dera.

CONCLUSION

In the present study we found that, lack of awareness about proper menstrual hygiene and improper sanitary practices. It may be because of social prohibition, educational gap and negative attitude of parents in discussing menstrual related topic openly. There is need to give focus on such migrated adolescents girls to aware them about proper menstrual hygiene and practices.
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