Adolescent Girl's Knowledge And Practices Towards Menstrual Hygiene

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Abstract--- Adolescence in young ladies has been perceived as a fierce period which implies the change from girlhood to womanhood and considered as a land characteristic of female puberty. This transitional period is separate with the start of "menarche" which is usually recognized by little youths as a sign of improvement.AIM: To improve knowledge and practices regarding menstrual hygiene among adolescent girls. Objectives: To assess existing knowledge level regarding menstrual hygiene and effectiveness of educational program on knowledge, practices towards menstrual hygiene. To determine association with pre-test knowledge and practices towards menstrual hygiene of adolescent girls with demographic variables. Methods-A Study was done among 100 adolescent girls were selected from secondary school using Convenient Sampling method. The information was gathered utilizing pre tried self controlled survey recurrence circulation examination was performed. MAJOR FINDINGS Knowledge score regarding menstrual hygiene of adolescent girls before and after health teaching of 100 observations with pre-test mean of (4.11) and post-test mean of (7.61). The pre-test standard deviation was (1.569) and post-test (1.109). The computed 't' test statistical value is 16.686 since the 'p' value for the test is <0.0001. It is shows that the health teaching program is effective method for improving the practices level of adolescent girl's menstrual hygiene. Practices score regarding menstrual hygiene before and after health teaching of 100 observations with pre-test mean of (3.92) and post-test mean of (7.76). The pre-test standard deviation was (1.625) and post-test (1.046). The computed 't' test statistical value is 18.652. Since the 'p' value for the test is <0.0001. It is shows that the health teaching program is effective method for improving the practices level of adolescent girl's menstrual hygiene.CONCLUSION:The current study explored about the menstrual hygiene in adolescent girls. Overall, findings revealed a significant association found between the socio demographic variables.

Keywords--- Menstrual Hygiene, Adolescent girls, Information Booklet

Ι INTRODUCTION

The primary monthly cycle (menarche) happens between 11-15 years. The mean age 13 years .In existing Indian culture, there are a few conventions, legends, misguided judgments, riddle and superstition existing about period¹.

According to the study led by the legislature of India during 1999, the commonness of conceptive tract diseases in India was 28.8%. Accordingly, appropriate menstrual cleanliness and right discernments and convictions can shield the ladies from these sufferings.

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The present clinical writing mirrors the commonness of conceptive tract contaminations among youthful young ladies. In view of the writing and agents encounters, the specialist feels that it is imperative to make mindfulness among pre-adult young ladies with respect to menstrual cleanliness. Henceforth the investigatory intended to give the information without anyone else instructional module to pre-adult girls².

In the female reproductive cycle menstrual bleeding is a cyclic. This process is established during puberty (average age of menarche is 12.43 years) and continues until the years prior to menopause (average age 51.4 years).³

The first period usually begins between 12 and 15 years of age, this time is known as menarche.⁴

It might every so often start as ahead of schedule as eight, and this beginning might be typical. The normal age of the primary time frame is later in the creating nations and prior in created countries.5 Hygiene during feminine cycle is a significant piece of lady's life. Different attributes, for example, physiology, pathology and brain research of period have set up to connect with soundness of ladies; thus, it is a fundamental subject related dismalness and mortality of female population.⁶ During this period a woman is contemplate most endangered for developing any type of reproductive tract infections, urinary tract infections, various sexually transmitted diseases. Menstrual hygiene allocate with particular healthcare needs and demand of women.⁷

Hence, procure in knowledge about menstruation right from girlhood may expand safe practices and may help in lower the suffering of millions of girls.⁸

Cleanliness related acts of ladies during period are of significance, as it has a wellbeing impact as far as expanded destructibility to conceptive tract diseases. The interaction of socio-economic status, menstrual hygiene practices and RTI are observable Today a huge number of ladies are sufferers of RTI and its issues and regularly the disease is spread to the children of the pregnant mother.

II MATERIAL -

Study was conducted among 100 adolescent girls from selected secondary schoolusing Non Probability

Convenient Samplingwith pre experimental one group pre & post test design. The data was collected using pre tested self administered questionnaire. Frequency distribution analysis was performed.

Inclusion Criteria

- Adolescent girls who are studying in selected urban schools.
- Adolescent girls who are ready.
- Adolescent girls who are present at time of study.

Exclusion Criteria

Adolescent girls absent during data collection.

III ETHICAL CONSIDERATIONS:

Ethical clearance obtained from;

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- Permission obtained from the school principal
- Consent was obtained from the respondents.

IV RESULTS:

TABLE 1: distribution of samples according to demographic variablesn=100

| Sr.no | DEMOGRAPHIC VARIABLES | Frequency (f) | Percentage (%) | |
|-------|--|---------------|----------------|--|
| | | | | |
| 1 | Age | | | |
| | 10-14years | 47 | 47 | |
| | Above 14 years | 53 | 53 | |
| 2 | class of student | | | |
| | 8 th | 26 | 26 | |
| | 9 th | 74 | 74 | |
| 3 | Income of family per month | | | |
| | Up to 10000 | 46 | 46 | |
| | Above 10000 | 64 | 64 | |
| 4 | Who given Information regarding menstruation | | | |
| | Mother | 87 | 87 | |
| | Sister | 6 | 6 | |
| | Teacher | 6 | 6 | |
| | Friends | 1 | 1 | |
| 5 | Type of family. | | | |
| | Nuclear | 51 | 51 | |
| | Joint | 49 | 49 | |
| | Extended | - | | |
| 6 | Residency | | | |
| | Rural | 69 | 69 | |
| | Urban | 31 | 31 | |
| 7 | Religion | | | |

| Hindu | 74 | 74 |
|--------|----|----|
| Muslim | 11 | 11 |
| Other | 15 | 15 |

The data presented in **Table-1** indicates that majority of the samples 53(53%) of students belong to age group of <14 years, 47(47%) students belong to age group of 10-14 years. Maximum number of adolescent girls were 74(74%) belongs to class of 9 standard, 26(26%) belongs to class of 8 standard. Majority of adolescent girls 54(54%) are belongs to family income above10000. Majority of adolescent girls 87(87%) information related to menstrual hygiene received from mother, 6(6%) sister 6(6%) teacher and 1(1%) by to friends. Majority of adolescent girls 51(51%) are from nuclear family. Majority of adolescent girl's69(69%) are residence from urban area. Maximum number of adolescent girls 74(74%) belongs to religion of Hindu.

Table 2: distribution of knowledge before and after teaching intervention

| Knowledge | Score | Pretest | | Post test | |
|-----------|-------|-----------|-------------|-----------|-------------|
| | | Frequency | Percentage% | frequency | Percentage% |
| Good | 6-10 | 16 | 16 | 93 | 93 |
| Average | 3-5 | 70 | 70 | 6 | 6 |
| Poor | 0-2 | 14 | 14 | 1 | 1 |

In the table 2 is noticeable that majority of adolescent girls 70(70%) had average level of knowledge level, 14(14%) had poor knowledge level, 16(16%)had good knowledge in the pre test. And 93(93%) had good knowledge level, 6(6%) had average knowledge level and 1(1%) had poor knowledge level in post test.

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Table 3: Table distribution of practice before and after educational intervention

| Practice | Score | Pretest | | Post test | |
|----------|-------|-----------|-------------|-----------|-------------|
| | | Frequency | Percentage% | Frequency | Percentage% |
| Good | 6-10 | 18 | 18 | 96 | 96 |
| Average | 3-5 | 60 | 60 | 3 | 3 |
| Poor | 0-2 | 22 | 22 | 1 | 1 |

In the table 3 is noticeable that majority of the adolescent girls60 (60%) had average level of practice level 22 (22%) had poor practice level 18 (18%)had good practice level in the pre test .And96 (96%) had good practice level 3 (3%) had average practice level and 1(1%) had poor practice level in post test.

Table 4: Data showing values of before and after educational intervention meanscore and complete t -test

| Sr. No | Test | Mean | StandardDeviation | T Value | P Value |
|--------|-------------|------|-------------------|---------|----------|
| 1 | PRE-TEST | 4.11 | 1.569 | | |
| | (knowledge) | | | | |
| 2 | POST TEST | 7.61 | 1.392 | 16.686 | < 0.0001 |
| | (knowledge) | | | | |
| 3 | PRE-TEST | 3.92 | 1.625 | | |
| | (Practice) | | | 18.652 | < 0.0001 |
| 4 | POST TEST | 7.76 | 1.264 | | |
| | (practice) | | | | |

The above table shows that knowledge score of 8^{th} and 9^{th} standard students regarding menstrual hygiene before and after teaching program of 100 observations with pretest mean 4.11 and post test mean is 7.61 the pre-test standard deviation is 1.569 and post test is 1.392 the table also shown the calculated paired t value is 16.686 along with p value of <0.0001

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There was no significant association found between the knowledge level of adolescent girls towards menstrual hygiene with the age (1.135), class(2.612), religion(1.819)

Demographic Variables Good Poor Chi Square P Value Significant Or Not Average Age 10-14 6 230 11 12 31 10 HS <14 1.710 0.453 Class 8th 3 17 6 9th 1.003 0.605 NS 15 43 16 Religion Hindu 8 53 13 2 8 1 Muslim 1.006 0.908 NS 2 3 Other 10

Table 5: Association of practice score with demographic variables

HS: highly significant NS: not significant

This table shows the association of pretest practice level of adolescent girls towards menstrual hygiene with their selected demographic variables, using chi-square test. There was only the age had highly significant association with the practice level of adolescent girls towards menstrual hygiene.

DISCUSSION AND FINDING

The aim of study was to determine the effectiveness of educational intervention towards menstrual hygiene among adolescent girls at secondary school with a view to develop information booklet.

Monthly cycle is the primary sign of adolescence. At the age adolescence, the physical changes happen in the group of youngster into that it turns in grown-up, changes like body size, and body extents. A cross sectional investigation was led in urban zone of Karachi Pakistan to investigate the menstrual practices among young people of urban utilizing by interviews. In this investigation Findings indicated that half of the young ladies did not have comprehension of the starting point of menstrual blood and those with an earlier information on menarche had picked up it fundamentally through discussion with their moms. Almost half members detailed that they didn't clean up during period. In this, study reasons that there are unhygienic practices and misinterpretations among young ladies requiring activity by medicinal services professionals. 10

In this examination recurrence of changing the cushions just once every day were 75 (27.27%) young ladies in urban and 81 (30.45%) young ladies in rustic region. Flushing of outside genitalia was two times each day in 131 (47.63%) of the urban and 101 (37.96%) of the country young ladies, was good as indicated by the standard set in this examination. One hundred and forty four (52.36%) of the urban and 165 (62.03%) of the provincial young ladies cleaned genitalia just a single time, during washing, which was acceptable as indicated by the standards set in this investigation, study discovered practices level was progressively palatable in the urban territory as difference to country ones (P = 0.02), other similar study found that hygienic practices are more satisfactory in urban area (62.03%) as compared to the rural (43.40%). 11

The mean time of monthly cycle in the examination test was 13.43yrs. It was shows that as it were 65 (49.24%) of samples were know about menstruation before menarche and primary origin of the information about menstruation from mothers. 59.09% subject used sanitary napkins only, 27.27% used new cotton cloth.

and 13.64% used old washed reusable cloth. 98.48% of the subject followed some curtailment during menstruation. 93.18% had daily bath. Orderly hand washing was follow in 90.91% subjects of which 86.36% subjects used soap water for hand washing. In this study 65.91% subjects frequently rinse the external genitalia in that 66.67% used soap water and 33.33% used water. 12

60 adolescent girls were studying in 7th standard. Half of adolescent girls were 13th years and the maximum numbers (90%) of them were Muslims. Majority of adolescent girls (65%) were studying in 7th class. 34 of the girls were from nuclear family. majority of girls' mother (81.7%) were house wives. Most of the girls' family income (35%) was above Rs. 10,000. This study also tells that more than half of the subject (61.7%) had their first cycle at the age of 12 years. The mean age at first menstruation of participants was 12.52 ± 0.792 years. Most extreme number of the subject (88.3%) had past information identified with menstrual cleanliness and the significant wellspring of data was wellbeing work force (76.7%). 46.7% had great information and 48.3% had normal information with respect to menstrual cleanliness. It shows that mean score of knowledge towards menstrual hygiene was 20.45 ±3.022. The obtained median score was 21. Investigation of zone savvy information score speak to that immature young ladies had most noteworthy mean rate (89.28%) of information in the zone of data on life structures 3998

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of female conceptive organs and period. data on life structures of female regenerative organs and period The mean score was 6.25 ± 1.216 , greatest score was 7 and least score was 2.13

Numerous comparative examinations have been directed broadly and universally on the information and mindfulness with respect to menstrual cleanliness before. The present study shows that Knowledge score regarding menstrual hygiene of adolescent girls before and after health teaching of 100 observations with pre-test mean of (4.11) and post-test mean of (7.61). The pre-test standard deviation was (1.569) and post-test (1.109). The computed 't' test statistical value is 16.686 Since the 'p' value for the test is <0.0001. It is shows that the health teaching program is effective method for improving Knowledge level of adolescent girl's menstrual hygiene.

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VI CONCLUSION

The findings of the study illustrated that less than half of adolescent girls were having good knowledge on menstrual hygiene which indicates that there is still lack of adequate knowledge towards menstrual hygiene among adolescent girls. Thus, health education programs are required to enhance the knowledge towards menstrual hygiene to improve their menstrual hygiene practice. The best place to impart the education on menstrual hygiene to adolescent girls is schools. Nursing students, peer groups can be mobilized to conduct these educational programs. The curriculum of the schools also should include the topic on menstrual hygiene. School teachers, mothers, siblings and relatives also should be educated on menstrual hygiene and motivated to instruct their daughters to practice better menstrual hygiene practices. Likewise, further explores ought to be led to cover different schools, zones and distinctive piece of the nation regarding information, perspectives and practice on menstrual cleanliness.

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IX CONFLICT OF INTEREST-NIL

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