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Reproductive Health and Hygiene among Adolescents

Kavitha V.R.S., M.A., M.Phil.

ABSTRACT

The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The menstruation and menstrual practices are still clouded by taboos and socio cultural restrictions resulting in adolescent girls and remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes.

Adolescence is a transition stage in the life style, linking childhood to the adulthood during which physical, mental and social development takes place. For a girl, menstruation is a milestone and a sign of becoming a woman. During this phase of growth the girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know about this natural phenomenon. However, they do not get the appropriate knowledge due to lack of a proper health education programme in schools.

Moreover, the traditional Indian society regards talks on such topics as taboo and discourages open discussion on these issues. Unfortunately, the adolescent girls studying in co-educational institutions do not feel free enough to share it with their peers due to which they have high chances to lack adequate knowledge on the same that ultimately confuses them to identify their menstrual problem if any, adoption of healthy food and hygienic practices and right choice of treatment. Hence an effort was made to assess the knowledge on reproductive health among the adolescents (13 – 19) years studying in co-educational institutions (school and college) of Coimbatore.

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A descriptive study design was framed to conduct a study in co-educational institutions at Coimbatore. With the Interview schedule which consisted of 40 questions totally 144 data were collected based on convenience sampling technique and the results of the study denote that only 67.36% of the girls know about menstruation in prior to the very first menarche and a major proportion of the respondents do not restrict any foods which 27.7% of the girls restrict the foods in order to stabilize the menstrual flow. Almost all the girls care their perineum but due to various reasons and with distinct use of toilet articles. A very small proportion of the girls suffer from menstrual problems for which some practice self medications and, some are under treatment and some have recovered after treatment.

INTRODUCTION

Menstruation is a natural phenomenon unique to the females. Hence hygiene related practices of female during menstruation are of considerable importance as it has a health impact in terms of increased vulnerability to Reproductive Tract Infection (R.T.I.). In India, adolescent girls constitute a vulnerable group, where female child is neglected one and, menstruation is still regarded as something unclean or dirty. Therefore it is significant for women to feel comfortable with their bodies and to be knowledgeable about self care practices at the initial stage (adolescent) that promote health and well being and prevent infection and diseases which would effect on their daily activities, their productivity at home or at their work place. Based on a multi stage cluster sampling method of study among 360 married or unmarried, non-pregnant, non-lactating women of reproductive ages, between 12 – 45 years,

Anuradha (2008) found that there is a significant association between menstrual hygiene maintenance and education, socioeconomic status, knowledge prior to menarche, type of protection of, accessibility to water, bathroom facilities and menstrual disorders. Lena (2008) in an interventional study, reported that part of the students had a good knowledge and the other part do not possess knowledge. From the light of foregoing literature it has been planned to conduct a descriptive study on the knowledge on Reproductive health among the adolescents focusing on the hygienic practices during menstruation, prevalence of existing beliefs and taboos, food practices and activities carried on during the menstrual period and, the menstrual problems among the school and college adolescents (13 – 19 years) studying in co-educational at Coimbatore.

METHODOLOGY

- To assess the knowledge and source of information on reproductive health.
- To identify the food practices, activities and the existing socio cultural taboos.
- To evaluate the personal hygiene during menstruation.
- To identify the menstrual problems if any for the adolescents.

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A descriptive study design was framed and the study was conducted in two co-educational institutions of Coimbatore district. With the adoption of convenience sampling technique, data were collected from 144 adolescent girls of 13 to 19 years of age. a structured interview schedule was administered to collect the data which consisted of four parts namely knowledge on reproductive health, food practices, activities and socio cultural taboos, personal hygiene and menstrual problems. Totally it consisted of forty questions.

FINDINGS

With respect to their knowledge and source of information (Table 1) indicates that 67.36% of the school girls had knowledge about menstruation while, 32.63% of them did not know about it in prior to their very first experience. 56.25% of them have received information from their mothers, 18.75% of them has got information from their friends, the source of information for 6.94% of the respondents was from their relatives or neighbours, while a very low proportion (2.77%) of them came to know about menstruation through two sort of sources like friends and relatives or neighbours and from mothers and teachers and 15.27% of the girls came to know about it through mothers, friends and teachers and 15.27% of the girls came to know about it through mothers, friends and television.

With regard to the practice of food habits Table 2 shows that 27.77% of the girls would restrict the foods like papaya, chocolate, sweets, hotly, fatty and spicy food, cool-drink, ice-cream, egg and nuts while 72.22% of the girls do not restrict any food during their menstrual period. 54.16% of the respondents would restrict their activities like pilgrimage, cooking and sports, and touching others and stored food, worship and social occasions whereas, 45.83% of them do not restrict any activities. 27.77% of them were practiced to avoid touching the stored food, 6.94% of the adolescent girls had the taboo like not to sit on threshold and 9.72% of the respondents reported that they do not attend any social functions.

The Table No. 3 displays that less than one fourth 21.42% of the girls has the habit of cleaning their perineum in morning and evening. 42.85% of them use to care their perineum after every urination and defecation. 2.85% of the respondents care their perineum while taking bath alone, whereas, 32.85% of them clean only on the necessity basis and discomfort. With respect to the use of toilet article 37.5% of the use bathing soap, 3.47% of the girls use medicated water, while, 16.66% of them use only hot water and 34.72% of the girls clean only with cold water and, 7.63% of the respondents care their perineum with the use of cotton.

A very high proportion (99.30%) of the adolescent girls has chosen napkin as their absorbent while, 0.69% of theirs is home made napkin. The frequency of changing the absorbent denotes that 52.08% of the girls change it 4 – 5 times a day, 47.91% of the girls changing frequency ranges from 2 – 3 times per day. 62.5% of the respondents reported that they change the napkin whenever the paid is soaked, 22.22% of them change it before going to bed and in the early morning while 8.33%

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of the respondents changing condition is after taking bath and, 6.94% of the girls change it after every urination and defecation. Slightly above three fourth (76.38%) of the girls have the habit of disposing their napkins into the dustbin while, 13.88% of them burn it, 9.02% of the girls bury it and only one of the respondent follow the traditional method of washing it in the cold water to reuse the same in the future.

The 4th Table predicts the menstrual problems of the adolescents that a very high proportion of the girls (81.94%) of the girls are experiencing regular menstrual cycle while 18.05% of them face irregular menstrual cycle. Less than one half (45.83%) of the adolescents has reported that they have painful menstruation for which 9.02% are under treatment like allopathy and 6.94% are under ayurveda. While the others take rest, eat fenugreek, oil massage or press lower abdomen, take hot bath, sleep whereas, 54.16% of them do not experience the pain.

DISCUSSION

Since Indian society is well known for its diverse culture, the socio cultural taboos like restriction to pilgrimage is found to be the most prominent restriction that falls in line with Baridalyne and Reddiah (2004). The most common menstrual problem were painful menstruation and stomach pain during menstruation. The other minor inconveniencies experienced by the adolescents were scanty and irregular period which is similar to the study findings of Barua and Kutz (2001) but among the married women.

The results of personal hygiene denote that almost all the respondents have had the habit of cleaning their perineum with use of antiseptic lotion or with the bathing soap and the change of absorbent is either on the basis of the flow or on the socialized way like before to and after from bed and, with the frequency of urination which is because of the available infrastructure in the educational institutions as most of the girls were from hostel which is located inside the campus. Most of the girls had knowledge about menstruation prior to their puberty which concurs with the study findings of Dasgupta A (2008) that major proportion of the girls was aware about menstruation prior to the attainment of menarche.

The present study findings denote that mother is the source of information which differs with the study findings of Sharma (1998) that source of information is the elder sisters. The difference is plausible due to the first birth order of the respondent and also due to the only girl child in the family where they do not find a chance to share or reveal it to their elder sister.

CONCLUSION

A flood of physical, emotional and psychological changes accompany a girls' transition to an adolescent. During the adolescent years a girl gains a deeper understanding of her body and herself as the ground work is laid for the development of a self confident woman with health habits that will carry her through out life.

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Healthy hygiene practices and nutritious food are vital for adolescent girls for building bones to step into a healthy adulthood.

The health care system provides many programmes specifically tailored to meet the unique needs of young women but adolescence can be emotionally intense as it begins to exercise their independence and redefine themselves as adults. Most of them encounter struggles with body image and self esteem that can leave them vulnerable to depression and eating disorders. Hence, Today's adolescent girls must be equipped with the skills necessary to make appropriate life choices regarding their food habits, hygiene practices towards the reproductive health which involves R.T.I., irregular periods, menstrual problems and feminine cancer consequently, to uplift the reproductive health status of women at the earliest.

IMPLICATIONS

- The educational institutions can tune the knowledge on the role of personal hygiene to the adolescent girls in order to highlight the infectious diseases with its consequences.
- The educational institutions can generate awareness on the significance of reproductive health to safeguard the reproductive health of the adolescents at the earlier stage.
- Mothers have to be educated to train the girls children with regard to reproductive health.
- Adolescent girls have to be driven out of anxiety in prior to menstruation in order to exhibit the problems and inconveniences related to the same.
- Mother community has to be educated about the physiological changes that take place scientifically in order to reduce the existing superstitious beliefs and taboos.
- Efforts can be taken to change the attitudes of society towards women in this regard on discriminatory socio cultural practices.

RECOMMENDATIONS

- An interventional study can be made either with the adoption of Self Instructional Module (SIM) or with the Structured Teaching Programme (STP).
- A comparative study can be made between the rural and the urban girls adolescents or with the early and late adolescents.
- A similar study can be replicated in a large sample.

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KNOWLEDGE ON REPRODUCTIVE HEALTH TABLE – 1

S. No.	Know about menstruation prior to first experience	Frequency	Percentage
4.	Yes	97	67.36%
	No	47	32.63%
	Total	144	100.00%
5.	Source of Information	Frequency	Percentage
	Mother	81	56.25%
	Friends	27	18.75%
	Mother, Friends & Television	22	15.27%
	Relatives / Neighbors	10	6.94%
	Friends / Relatives or Neighbors / Mothers & Teachers	4	2.77%
	Total	144	100.00%

RESTRICTION OF FOOD HABITS AND ACTIVITIES TABLE – 2

S. No.	Restrict Foods	Frequency	Percentage
	Yes	40	27.77%
	No	104	72.2%
	Total	144	100.00%
S. No.	Restrict social activities	Frequency	Percentage
	Yes	78	54.16%
	No	66	45.83%
	Total	144	100.00%
S. No.	Beliefs and Taboos	Frequency	Percentage
	Avoid temple visit	80	55.55%
	Avoid touching stored food	40	27.77%
	Avoid to sit on threshold	10	6.94%
	Avoid attending social occasions	14	9.72%
	Total	144	100.00%
	Total	144	100.00%

HYGIENE OF THE RESPONDENTS TABLE – 3

S. No.	Perineum Care	Frequency	Percentage
	Morning & Evening	31	21.42%
	After every urination & defecation	55	42.85%
	While taking bath alone	4	28.5%
	Whenever feel discomfort / necessary	54	32.85%
	Total	144	100.00%
S. No.	Article used to clean perineum	Frequency	Percentage
	Soap & Water	54	37.5%
	Hot water alone	24	16.66%
	Cold water alone	50	34.72%
	Medicated water	5	3.47%
	Wipe with cotton	11	7.63%
	Total	144	100.00%
S. No.	Type of absorbent used	Frequency	Percentage
	Napkin	143	99.30%
	Cloth	1	0.69%
	Total	144	100.00%
S. No.	Frequency of changing the absorbent	Frequency	Percentage
	2 to 3 times	69	47.91%
	4 to 5 times	75	52.08%
	Total	144	100.00%
S. No.	Type of conditions to change the absorbent	Frequency	Percentage

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	Whenever the pad is soaked	90	62.5%
	After urination & defecation	10	6.94%
	Before going to bed & early in the morning	32	22.22%
	Only once after taking bath	12	8.33%
	Total	144	100.00%
S. No.	Disposal of used pads	Frequency	Percentage
	Throw in dust bin	110	76.38%
	Burn it	20	13.88%
	Busy	13	9.02%
	Wash and reuse	1	0.69%
	Total	144	100.00%

IDENTIFY MENSTRUAL PROBLEMS IF ANY TABLE – 4

S. No.	Perineum Care	Frequency	Percentage
1.	Regular	118	81.94%
	Irregular	26	18.05%
	Total	144	100.00%
	Perineum Care	Frequency	Percentage
2.	Yes	66	45.83%
	No	78	54.16%
	Total	144	100.00%
	Experienced any problems before	Frequency	Percentage
3.	Yes	71	49.30%
	No	73	50.69%
	Total	144	100.00%
	You take any treatment	Frequency	Percentage
4.	Yes	23	15.97%
	No	20	13.88%
	Self medications	28	19.44%
	Total	71	49.29%
	Type of treatment	Frequency	Percentage
5.	Allopathy	13	9.02%
	Ayurvedha	10	6.94%
	Total	144	100.00%

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Kavitha V.R.S., M.A., M.Phil.

Lecturer

Department of Sociology

PSG CAS Please expand the abbreviation. Many may not know what it stands for.

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Coimbatore 641014
Tamilnadu
India
drkavithavrs@gmail.com

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