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# Self-Care Practices and Knowledge on Menstrual Hygiene Management among Adolescent girls

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***Abstract:*** ***Menstrual hygiene management (MHM) is an essential aspect of hygiene for women and adolescent girls between menarche and menopause. The menstruation cycle is treated as something dirty, impure, and contaminated. Girls and women are alienated from society as well as their friends and families during this time of the month. They are forced into harmful social restrictions and have to face the human condition and humiliation. The objective of the study was to measure the knowledge and self-care practices of adolescents on menstrual hygiene. A mixed method of qualitative and quantitative study designed to access the knowledge attitude and self-care practices, social cultural practices food taboos during menstrual hygiene among 459 adolescent girls of urban area in the Government Schools of Kathmandu Valley from 23, August 2019 to May 29, 2020. Semi-structured open-ended questionnaires along with a Likert scale and in-depth interviews were done among selected 92 students based on scoring of the Likert scale, focusing on socio-cultural practices, food beliefs and practices, and feelings and emotions during menstruation. The interview was accompanied by concurrent note-taking in the Nepali language which was later translated to English. The code book was generated and thematic data analysis was conducted. The result showed that 19.72% of students need improvement in attitude towards menstruation. Menstruation is taken as a secretive and indiscriminate management practice. During menstruation, 83.09 % of students used old and used cloths as absorbent, and 46.5 % disposed of their used pads by throwing them with other waste. Change of pad depending upon their bleeding was practiced by 54.9% of the student. More than half of the students i.e. 60.6% students don't take a bath every day during their periods. Even though all adolescents have facilities of the toilet but they are still facing the problem of water which, is a great obstacle for them to maintain their menstrual hygiene. Sociocultural rituals of the menstrual cycle are hampering the self-esteem of the girl's student, for which there is a need***

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***to focus on interventional study and MHM programs that suitably address the problems of adolescent girls.***

***Keywords: Adolescent Girls, Menstrual Hygiene, Mhm, Menstruation.***

## 1. INTRODUCTION

There are various stages of human-being throughout the lifecycle, including infancy, childhood, adolescence, adulthood, middle age, and old age (Thakre SB, et al, 2011). This is the period when boys and girls are no longer children or seen as adults and also called the transition period. According to the World Health Organization (WHO), adolescents are those who have reached the age of puberty, i.e. between the ages of 10 and 19 (Csikszentmihalyi, 2020). The primary physical changes that occur during puberty include growth, development of adipose and subcutaneous tissue, widening of the hips, and growth of pubic and underarm hair. Menstrual hygiene management (MHM) is a key element of women's life and hygiene in adolescent girls. Even after the tragedy of the 2015 Nepal earthquake, MHM is ignored even though it is a critical issue affecting menstruating women and girls (Budhathoki, et al., 2018).

Numerous awareness campaigns have been undertaken to disseminate information on menstrual hygiene. Menstrual Hygiene Day (MHD) was created. Menstrual taboos that still exist in some societies where menstruating women are considered ritually impure are broken on Menstrual Hygiene Day and proper menstrual hygiene is promoted, although the program is set worldwide, still the menstrual cycle is regarded as a social taboo. Also, in Nepal, menstruation is treated as a social taboo as menstruation huts are used in some parts of the country, with serious taboos and stigma-related health effects (WSSCC).

The findings of this study allow the researcher to bring about an understanding of various aspects of menstrual hygiene management, what problems adolescents encounter, and what causes negativism to the MHM. And then allow the development of improved strategies of help or intervention either by the teachers or the parents, which will contribute to knowledge in the subject area. In this regard, it will be useful for other researchers who might want to carry out research in related areas.

### Objectives

### General Objective

The general objective is to measure adolescents'knowledge and self-care practices on menstrual hygiene.

### Specific Objectives

a. To identify awareness about menstrual hygiene among adolescent girls.
b. To assess the practice regarding menstrual hygiene among adolescent girls.
c. To identify taboos and beliefs related to menstrual hygiene

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## 2. METHODOLOGY

The descriptive and explanatory questionnaire was used to learn about the knowledge and practice in the field of menstrual hygiene management. Where a cross-sectional multi-phase quantitative and qualitative study was conducted to meet the study's objectives. 459 schoolgirls aged 12 to 17 were randomly selected from the Kathmandu Valley government school. In the first phase, preliminary quantitative data was collected. A Likert scale questionnaire was used to screen students for qualitative research. For qualitative data, an isolated place in the school environment where students were easily accessible and able to react more imaginatively. After collecting, analyzing, and interpreting the data, potential adolescents were identified with practicing beliefs and re-questioned the taboos in a private classroom setting in a qualitative manner. Students who had had at least one menstrual cycle were included in the study.

## 3. RESULT

Among 459 respondents, 57.2 percent were of age 14-15 years old. 38 percent of the mothers were illiterate. 74.5 percent had menarche at the age of 11-13 years old. During the first menstruation, more than 65 percent consulted their mother, and surprisingly 1.5 percent of students with their father. During their first menstrual period, 38 percent said they were scared, and 1.4 percent felt bad and guilty about it. Regarding self-care practice, 83.09% of students used old and used clothes and only 1.4 percent used disposable sanitary pads. Regarding the frequency of changing pads, 54.9% change pads depending on their bleeding. Surprisingly, 1.5 percent of students change the student using 1 pad per period whereas only 2.8% changed at least 8 hourly. Among reusable pads user 11.3% used only water to wash reusable pads, and 94.4% dry them in direct sunlight. To maintain their hygiene only 39.4% bathed daily whilst another 39.4% bathed only on a fourth day and 7 % bathed whenever they get the water facility. Exploring through the emotional aspect, 28.2 percent. felt crying, and 2.7 percent anxiety when they had their menarche. The majority of students, i.e. 80.28 %, had positive attitudes towards menstruation. Among 459 respondents, 35.2% had a good knowledge of menstruation classification and only 2.8% had good MHM practices. Exploring their emotional issues further, most students said they didn't know why they had these feelings, but some of them said these feelings were more triggered by family behavior. "I don't know why, but it goes up when I'm restricted to doing whatever I was doing the day before and have to wait for someone else to give me water to eat or whatever. When my brother touches me, no one scolds him, but instead they scold me and I get even more annoyed" (IDI 2, Hindu).

When analyzing the actions, the students took to alleviate the problem, more than half of the students reported taking a break. And 43.7% said they did nothing but continue with their daily activities. In terms of self-care, 83.09% of students used old cloth like cotton saree muslin as pads, 1.4% used pads throughout menstruation, about 56% changed pads according to bleeding and only 2.8% changed the pad at least every 8 hours. Regarding their self-

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cleaning, 39.4% bathed daily and only on the fourth day, with 6.9% reported that they bathed any other day when water was available.
The students' attitude towards MHM was done using a Likert scale and further analysis was done by giving them a score, which showed that 80.28% of students had positive attitudes towards menstruation.

**Analysis of qualitative study**
**Theme: Food Beliefs and Practices:** Seventy-nine percent of students expressed that they were restricted in some food as well, Muslim girls were restricted to eat or even touch pickles or any sour food, as it will lead to more bleeding and weakness. IDI 5, Muslim said," My mother restricts me from having or even touching pickles and any sour food, she says it will make me bleed more and weakens me, but my teacher said we need to eat more sour fruits to maintain blood I cannot change my mother"( sad voice). Hindu girls said they were restricted to have cow milk as it is believed a sinful deed and cows will stop giving milk and sour pickle. IDI 3, Hindu(Brahmin) stated "My mother and grandmother told me that if I drink cow milk the cow will stop giving milk, and if I want to have milk I at least need to wash my head." Seventy-nine percent of the students said they were also restricted from eating some foods, Muslim girls could only eat or even touch cucumbers or other acidic foods as this would lead to more bleeding and weakness. IDI 11, Muslim said," My mother restricts me from having or even touching pickles and any sour food, she says it will make me bleed more and weakens me, but my teacher said we need to eat more sour fruits to maintain blood I cannot change my mother"( sad voice). The Hindu girls say they can only drink milk because it is considered sinful, and the cows stop offering milk and pickles. IDI 15, Hinduism (Brahmin) said: "My mother and grandmother told me that if I drink milk, the cow will stop milking, and if I want milk, I must at least wash my hair."

**Reasons to follow the ritual:** When asked why they almost all follow this ritual. The students said they didn't want to be polite, but if they didn't they would be insulted, and if someone got sick, the family would blame them. Their mother taught them manners, saying that failure to observe manners was a sin and would bring misfortune to the family. IDI 21, Hindu (Brahmin)"I don't know exactly, but my mom said boys after "bratbandh" have "janai" and girls having menstruation are not allowed to touch them if we touched them during menstruation they will fall sick. My mother says in the toilet it is always wet so if I enter during menstruation it will bring bad luck to my father.."

**Theme 2: Self-perception towards menstruation:** In their opinion, more than one-third of respondents said it's a natural and normal physical process and is assumed fertility, but going through all the cultural practices they perceived menstruation as shameful and untouchable. IDI 8, Kirant, "Even though menstruation is a very natural process but due to the behaving of my family during the menstrual cycle I felt it was shameful, I always think why only girls have this problem, (aggressive tone)"

**Theme 3: Feelings/ emotions during menstruation:** Feelings and emotions were further explored through in-depth interviews, in which more than 75 percent said they do feel

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emotional during their cycle, about which they don't have any idea why they have such feelings as irritation, anxiety, mood swings, or aggressiveness. But they said it will grow more if they are restricted in daily chores and feel outcasted. IDI 18, Hindu (Dalit) "I don t know why, but it elevates when I am restricted to doing anything I was doing the previous day and have to wait for someone else to give me food water, or anything else. When my brother touches me no one scolds him but instead, they scold me, and I got irritated".

**Limitation and Recommendation**

The study was conducted in only one setting i.e. selected government schools of Kathmandu district. The study only found sociocultural practices food beliefs and practices self-perception towards menstruation, and feelings/ emotions during menstruation. This study showed that most students still practice socio-cultural rituals, so counseling, health-related education, and MHM education are needed to prevent adolescents' further reproductive health problems. Menstrual Hygiene Management was not properly followed the root cause can be found through the qualitative study. And a school-based interventional study can be done to upgrade the knowledge and practice of the student on MHM.

## 4. CONCLUSION

The findings show that female students still experience problems related to their menstrual cycle despite the many programs. There are still gaps in knowledge about maintaining menstrual hygiene. All adolescents have access to toilets but still struggle with water, making it difficult to maintain good menstrual hygiene. Even though schoolgirls have positive attitudes towards menstruation from a sociocultural standpoint, how they are treated during menstruation can harm them. Adolescent girls still consider menstruation taboo, and sociocultural traditions continue. Sociocultural practices of the menstrual cycle hurt the self-esteem of female students.

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**Authors contributions**

AG conceived the study concept. AG and PA conducted literature searches, developed the research tools and all authors contributed to data collection, transcription, and coding. AG performed analysis and wrote the manuscript. All authors contributed to the finalization of the manuscript.

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