

# A Study to Assess the Knowledge, Attitude and Practice of Menstrual Hygiene among Adolescent Girls and to Evaluate the Effectiveness of Structured Teaching Programme - A Quasi Experimental Study

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**Abstract:** *The researchers conducted a quasi experimental study to evaluate the effectiveness of the structured teaching programme on menstrual hygiene and to assess the attitude and practice of the menstrual hygiene among adolescent schoolgirls in the selected schools of Varanasi India. The study was conducted among 150 randomly selected adolescent girls of the selected schools in Varanasi India. The levels of knowledge attitude and practice on menstrual hygiene were collected using a validated tool. After organizing and analyzing the data the study shows that 84.66% had moderately adequate knowledge, 43.33% of the samples had negative attitude and 24.66% had poor practice on menstrual hygiene. The researchers evaluated the post test values after a structured teaching programme on menstrual hygiene which showed that the structured teaching programme had an positive impact in improving the knowledge of the adolescent girls about menstrual hygiene (t-value was 4.427 with a p-value of 0.0068 and the result is significant at p<0.5). The study concludes that the concept of understanding the physiology of menstruation and the importance of menstrual hygiene is the need of the hour. Yet this research stands as a proof that menstruating girls and women especially adolescent girls need a lot of education and peer discussion is needed. Though the Indian government has started a lot of newer initiatives like the Peer education programme called Sathiya, in a culturally diverse and ideologically conservative country like India, reach of 100% menstrual hygiene to all the menstruating girls and women is still being an unmet dream of the health care system in India.*

**Keywords:** Menstrual Hygiene, Menstrual health, Adolescent Girls, KAP

## 1. Introduction

Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls, women, transgender men and non-binary persons of reproductive age. Yet millions of menstruators across the world are denied the right to manage their monthly menstrual cycle in a dignified, healthy way. Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services often cause girls' and women's menstrual health and hygiene needs to go unmet. Adolescent girls may face stigma, harassment and social exclusion during menstruation. All of this has far-reaching negative impacts on the lives of those who menstruate: restricting their mobility, freedom and choices; affecting attendance and participation in school and community life; compromising their safety; and causing stress and anxiety. The challenges are particularly acute for girls and women in humanitarian crises. The onset of menstruation coincides with new opportunities – and vulnerabilities – that arise during adolescence. Menstrual health and hygiene interventions can be an entry point for other gender-transformative programmes during this period, like sexual and reproductive health education and life skills development. By strengthening self-efficacy and negotiating ability, menstrual health and hygiene programmes can help girls build the skills to overcome obstacles to their health,

freedom and development, such as gender-based violence, child marriage and school dropout. Investments in adolescent girls' well-being yield triple dividends: for those girls, for the women they will become, and for the next generation.

In India, out of the total 355 million menstruating women, only 42.6% use the most basic form of menstrual hygiene product, namely disposable sanitary pads. This means that only 12 % of Indian women use sanitary pads. Lack of awareness and socio-cultural beliefs that render menstruation as a dirty phase in women's lives have long deprived women access to proper menstrual hygiene management.

In rural India, where the taboo related to menstrual hygiene is even stronger, many girls are forced to leave school out of fear of public shaming and discomfort. An NGO named Dasra surveyed in 2014, and the resulting report states that nearly 23 million girls drop out of schools at menarche. This is a disturbing figure that states the condition of women who deal with menstruation without proper aid, as a result of which they face health risks in periods.

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2. Methodology

The study was conducted among 150 randomly selected adolescent girls of age 13-15 years of the selected schools in Varanasi India. The levels of knowledge attitude and practice on menstrual hygiene were collected using a validated tool along with the basic demographic data and the values of the knowledge served as the pre test values for the evaluation. After the pre test was evaluated the researchers used the WASH tool to educate on the menstrual hygiene to the adolescent girls after which a post test was conducted to evaluate the effectiveness of the structure teaching programme. Descriptive and inferential statistics were used using SPSS (20.0 Version) to evaluate the effectiveness of the structured teaching programme and to understand the level of knowledge attitude and practice.

3. Result

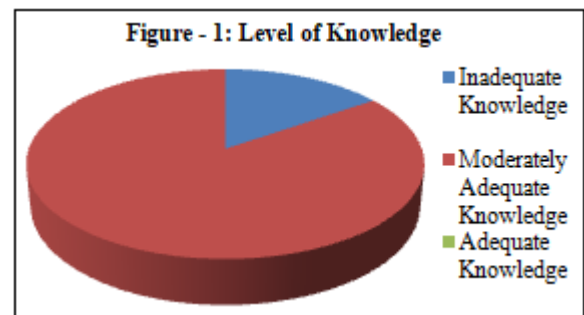
Data were collected, organized and analyzed according to the objectives laid down by the researchers. Out of the 150sample, 10 basic demographic details were collected and as the table 4.1 depicts 61.33% were girls of age group 14-16 years, 93.3% were Hindu, 98.8% were from rural areas, 40.66% of the samples mothers had only primary education, 85.33% samples mothers were home makers, 64.66% of the samples had a monthly family income less than Rs.7000, 27.33% of the samples has a female sibling, 78.88% of the samples has a menstrual days of 3-5 days, 84% of the samples has regular menstrual periods between two menstrual period and 97.33% had got information on menstrual hygiene from their mothers and other family members.

Table 1: Distribution of the demographic variables, N=150

S. No	Demographic Variable	Options	Number	Percentage (%)
1	Age	11-13 year	44	29.33
		14-16 year	92	61.33
		> 16 years	14	0.93
2	Religion	Hindu	140	93.3
		Muslim	9	6
		Christian	1	0.66
3	Residence	Urban	2	1.2
		Rural	147	98.8
4	Mothers education	Primary	61	40.66
		Secondary	60	40

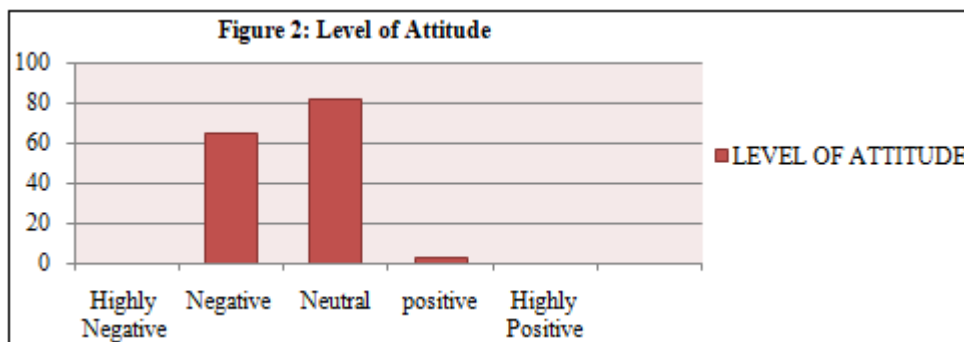
		College	29	19.33
5	Mothers occupation	Full time worker	8	5.33
		Part time worker	14	9.33
		Home maker	128	85.33
6	Family income per month	<Rs.7000	97	64.66
		Rs.7000- Rs.15000	44	29.33
		>Rs15000	9	6
7	Number of female siblings	No	27	18
		1	41	27.33
		2	37	24.66
		> than 2	45	29.7
8	Menstrual days	< than 3 days	35	23.33
		3-5 days	95	78.88
		> than 5 days	20	13.33
9	Duration between two menstrual period	Regular	126	84
		Irregular	24	16
10	Source of information on menstrual hygiene	Mother and other family members	146	97.33
		Health workers	4	2.66

On assessing the knowledge of the samples on menstrual hygiene the researchers understood that 15.33% of the samples had inadequate knowledge, 84.66% had moderately adequate knowledge and no sample had adequate knowledge



On assessing the attitude of the samples on menstrual hygiene the researchers understood that no sample had highly negative attitude, 43.33% of the samples had negative attitude, 54.66 samples had neutral attitude, 2% had positive attitude and no sample had highly positive attitude.

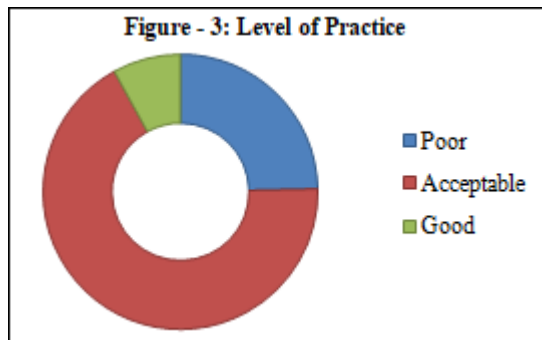
On assessing the practice of the samples on menstrual hygiene the researchers understood that 24.66% had poor practice, 67.33% had acceptable practice and 8% had good practice on menstrual hygiene.



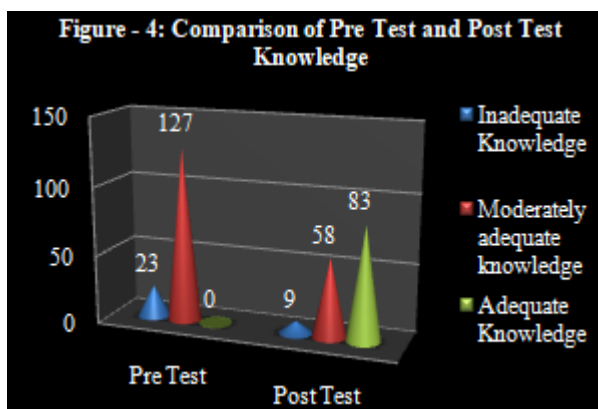
On comparing the pre test and the post test after administering the structured teaching programme the in pre test 15.33% of the samples were having inadequate

knowledge, yet in post test only 9% had inadequate knowledge. About 84.66% were having moderately adequate knowledge in pretest yet after post test only

38.66% had moderately adequate knowledge. In pre test no samples were having adequate knowledge but after the administration of the structured teaching programme, the post test values showed that about 55.33% were having adequate knowledge.



On conducting a paired t-test on the pre test values and the post test values it showed that the t-value was 4.427 with a p-value of 0.0068 and the result is significant at  $p < 0.5$  proving that the structured teaching programme had an positive impact in improving the knowledge of the adolescent girls about menstrual hygiene.



#### 4. Conclusion

The study concludes that though the technological improvement graph line are off the chart, yet the concept of understanding the physiology of menstruation and the importance of menstrual hygiene is the need of the hour. Yet this research stands as a proof that menstruating girls and women especially adolescent girls need a lot of education and peer discussion is needed. Though the Indian government has started a lot of newer initiatives like the Peer education programme called Sathiya in a culturally diverse and ideologically conservative country like India, reach of 100% menstrual hygiene to all the menstruating girls and women is still being an unmet dream of the health care system in India.

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