

A Study to Assess the Knowledge regarding Menstrual Hygiene among Paramedical Students in Selected College at Gonda, Uttar Pradesh

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Abstract: *Menstruation is still considered something bad in Indian society. Menstruation and menstrual practices are even now being concerned by taboos resulting in adolescent girls remaining ignorant of the hygienic health practices, which sometimes result in health issues. To assess the knowledge regarding menstrual hygiene among paramedical students in a selected college at Gonda, Uttar Pradesh this study was conducted with the conceptual framework using the concepts from the ground general system's theory (Von Ludwing Bertalamffy 1956). A descriptive research design was used to assess the knowledge level of paramedical students. 50 paramedical students were selected for this study. Non - probability convenient sampling technique was used. Socio - demographic data and a questionnaire on knowledge related to menstrual hygiene were used to collect the data. The pilot study was conducted on 25th March 2021 with 6 samples. The main study was conducted on 30th March 2021. This study concluded that a maximum of 31 (62.0%) samples were having adequate knowledge regarding menstrual hygiene. The remaining 10 (20%) samples were having moderate and 9 (18%) samples were having inadequate knowledge regarding menstrual hygiene. So, there is a need to educate college girls about menstruation, its importance, and hygiene maintenance; so as to enable them to lead a healthy reproductive life in future.*

Keywords: Menstruation; paramedical students; hygiene

1. Introduction

Adolescent girls become vulnerable group, particularly in India where female child is neglected one. Menstruation is still considered as something bad in Indian society. Menstruation and menstrual practices are still concerned by taboos resulting in adolescent girls remaining ignorant of the hygienic health practices, which sometimes result into health issues. (Ghattargi, 2018) Menstruation is a natural event unique function in females. It is one of the most important change happening to adolescent girls. The average age of menstruation is thirteen years. (Goyal & Bhawsar, 2015)

Hygiene is very important not only adolescent girls, it is important for all as it will give fresh look and remove microorganism and dirty from our body. During menstruation, hygienic practices very important, because it has considerable impact on good health of adolescent girls. Most of the women face the infection related issues, if they fail to maintain menstrual hygiene. The interplay of socio - economic status, and menstrual hygiene practices are noticeable. Today millions of women are sufferers of reproductive tract infection (RTI) and its complications. (Venkata, 2018)

School children are facing difficulty to manage the menstrual hygiene, especially the girls belong to low socio - economic status (Sommer & Sahin, 2013). Poor water, and sanitation in schools, inadequate puberty education and lack of menstrual hygiene items (absorbents) cause girls to experience menstruation as uncomfortable (Mason, Nyothach, & Alexander, 2013). Qualitative studies report girls are not attending classes due to fear from leaking of blood and body odour (Bodat, Ghate, & Majumdar, 2013). Cultural taboos add to girls' difficulties, preventing them

from seeking help, and impose restrictions on their diet and activities when menstruating. (Srinivasa & Pelto, 2016). Now a days there are many awareness programmes have been conducted in schools and colleges to make the adolescent girls to get absorbents easily and to reduce their difficulties during those days. The study conducted by Sommer M 2012 says that the separate toilets for girls, water and cleansing materials, and safe disposal of soiled materials should be available in all part of the society especially in schools and colleges. (Sommer M, 2012)

In India there are two groups of people we can find. One group is extremely rich and another group will extremely poor. The extremely poor peoples are more common than rich peoples in India. Other than this there is gender - related disparities also there. These things cause a significant variation in health among girls and women. (Prusty & Kumar, 2014) Of the 113 million adolescent girls, 68 million attend about 1.4 million schools, with poor menstrual hygiene practices considered to be impediments to their school attendance (Muralidharan, Patil, & Patnaik, 2015). Recognizing the relevance of menstrual hygiene to the health, and educational achievements of girls, the Government of India has initiated an array of policies and programme, implemented at state level. Lot of menstrual hygiene management studies have been independently conducted all over India, examining the prevalence of social, educational and health problems faced by girls with poor menstrual hygiene management.

Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to reproductive tract infection (RTI) and its consequences. Therefore, increased knowledge about menstruation right

from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.

Problem Statement

“A study to assess the knowledge regarding menstrual hygiene among paramedical students in selected college at Gonda, Uttar Pradesh”

Objectives of the Study

- 1) To assess the knowledge regarding menstrual hygiene among paramedical students in selected college at Gonda, Uttar Pradesh.
- 2) To find the significant association between socio demographic variables and knowledge regarding menstrual hygiene among paramedical students in selected college at Gonda, Uttar Pradesh.

Hypothesis

H₁: There is a significant association between socio demographic variables and knowledge regarding menstrual hygiene among paramedical students in selected college at Gonda, Uttar Pradesh.

Assumptions

The study helps to understand the knowledge regarding menstrual hygiene among paramedical students in selected college at Gonda, Uttar Pradesh.

Limitations

The study will be limited to 50 paramedical students in SCPM College of Nursing and Paramedical Sciences, Gonda, Uttar Pradesh.

2. Methodology

The conceptual frame work of the present study was developed using the concepts from ground general system's theory (Von Ludwing Bertalamffy 1956). A descriptive research design was used to assess the knowledge level of paramedical students. The present study was conducted in SCPM College of Nursing and Paramedical Sciences, Gonda, Uttar Pradesh. 50 paramedical students were selected for this study. Non - probability convenient sampling technique was used. The inclusion criteria are the samples who are willing to participate, students who are able to write and read English and only female students were included. Exclusion criteria are those who were not willing to participate and sick. Socio demographic data and questionnaire on knowledge related to menstrual hygiene was used to collect the data. The final format of the structured questionnaire comprises of two parts. Part I consists of items describing the demographic variables of the sample like age in years, religion, type of family, mothers' education, mothers' occupation and source of information. Part II consists of 25 items containing questionnaire to assess the knowledge regarding menstrual hygiene. Each right answer will be scored one and wrong answer will be scored

zero. So, the minimum score is zero and the maximum score is 25. The pilot study was conducted on 6 samples. The reliability of the tool was computed by using test - retest method. The reliability coefficient found to be 0.85 revealing that the tool is feasible for conducting the main study. The pilot study was conducted on 25th March 2021 with 5 samples. The main study was conducted on 30th March 2021. The respondents were assured that the confidentiality of the information provided by them will be maintained. It took 2 minutes for introduction and rapport building and 30 minutes for filling the questionnaire.

3. Results

Table 1: Frequency and percentage distribution of socio demographic variables, n=50

Socio - demographic Variables		Frequency	Percentage
1)	a) 18 - 20	17	34
	b) 20 - 22	22	44
	c) 22 - 24	11	22
2)	a) Hindu	21	42
	b) Muslim	15	30
	c) Christian	9	18
	d) Other	5	10
3)	a) Nuclear	19	38
	b) Joint	31	62
4)	a) Illiterate	16	32
	b) Primary school	12	24
	c) Secondary school	15	30
	d) Graduation and above	7	14
5)	a) Housewife	13	26
	b) Private job	18	36
	c) Government job	11	22
	d) Business	8	16
6)	a) Media	10	20
	b) Relatives	12	24
	c) Neighbours	6	12
	d) Friends	14	28
	e) Medical professionals	8	16

The above table 1 shows that the maximum 22 (44%) samples were 20 - 22 age in years, the maximum 21 (42%) samples were belongs to Hindu religion, the maximum 31 (62%) samples were from joint family, the maximum 16 (32%) samples were mothers were illiterate, the maximum 18 (36%) samples were working in private sectors, the maximum 14 (28%) samples source of information was friends.

Table 2: Knowledge level regarding menstrual hygiene, n=50

Knowledge levels	Frequency	Percentage
Inadequate	9	18.0
Moderate	10	20.0
Adequate	31	62.0

The above table 2 depicts that maximum 31 (62.0%) samples were having adequate knowledge regarding menstrual hygiene.

Table 3: Association between socio demographic variables and knowledge regarding menstrual hygiene, n=50

Socio - demographic Variables		<median	>=median	Total	Df	Chi - Square	Inference	
1)	Age in years	a) 18 - 20	7	10	17	2	5.064	P>0.05 NS
		b) 20 - 22	13	9	22			
		c) 22 - 24	2	9	11			
2)	Religion	a) Hindu	10	11	21	3	1.324	P>0.05 NS
		b) Muslim	5	10	15			
		c) Christian	4	5	9			
		d) Other	3	2	5			
3)	Type of family	a) Nuclear	9	10	19	1	0.141	P>0.05 NS
		b) Joint	13	18	31			
4)	Mothers' education	a) Illiterate	7	9	16	3	11.359	P<0.05 S
		b) Primary school	6	6	12			
		c) Secondary school	5	10	15			
		d) Graduation and above	4	3	7			
5)	Mothers' occupation	a) Housewife	9	4	13	3	4.587	P>0.05 NS
		b) Private job	6	12	18			
		c) Government job	4	7	11			
		d) Business	3	5	8			
6)	Source of information	a) Media	4	6	10	4	2.212	P>0.05 NS
		b) Relatives	4	8	12			
		c) Neighbours	2	4	6			
		d) Friends	7	7	14			
		e) Medical professionals	5	3	8			

The above chi - square table 3 explains that there is a significant association between socio demographic variables such as "Mother's education" with the pretest knowledge regarding menstrual hygiene among paramedical students as the chi - square value is higher than the tabulated value at 0.05 level of significance. Therefore, the H_1 hypothesis was accepted.

4. Discussion

Major findings were maximum 22 (44%) samples were 20 - 22 age in years, the maximum 21 (42%) samples were belongs to Hindu religion, the maximum 31 (62%) samples were from joint family, the maximum 16 (32%) samples were mothers were illiterate, the maximum 18 (36%) samples were working in private sectors, the maximum 14 (28%) samples source of information was friends, maximum 31 (62.0%) samples were having adequate knowledge regarding menstrual hygiene. The chi - square value explains that there is a significant association between socio demographic variables such as "Mother's education" with the pretest knowledge regarding menstrual hygiene among paramedical students as the chi - square value is higher than the tabulated value at 0.05 level of significance. Therefore, the H_1 hypothesis was accepted.

A supportive study was found, a descriptive cross - sectional study done on 100 adolescent college girls. Girls School in Shimla, Himachal Pradesh. The data on knowledge scores revealed that 59% had adequate knowledge about menstrual hygiene. It shows very close value to our study. (Anjali & Kanica, 2017). Another study conducted by Ruchi Juyal (2012) reveals that even though many of the girls having knowledge about menstrual hygiene, others having inadequate knowledge. Therefore, need to educate the girls about menstruation, its importance and hygiene maintenance; so as to enable them to lead a healthy reproductive life in future (Ruchi, 2012).

Ethical Consideration

Written permission was taken from the SCPM College of Nursing and Paramedical Sciences, Gonda. Written Informed consent was taken from each paramedical student.

5. Conclusion

This study concluded that maximum 31 (62.0%) paramedical students were having adequate knowledge about menstrual hygiene, and the rest of 19 (38%) students not having adequate knowledge regarding menstrual hygiene. So, there is a need to educate the girls about menstruation, its importance and hygiene maintenance; so as to enable them to lead a healthy reproductive life in future.

References

- [1] Anjali, M., & Kanica, K. (2017, June). A descriptive study to assess the knowledge and practice regarding menstrual hygiene among adolescent girls of Government School of Shimla, Himachal Pradesh. *Journal of health and research*, 4 (2), 99 - 103.
- [2] Balwinder, K. (2019, August 5). A study to assess the knowledge of nurses regarding helper techniques. *International Journal of Research Science & Management*, 15 (8), 112 - 6.
- [3] Bodat, S., Ghate, M., & Majumdar, J. (2013). School absenteeism during menstruation among rural adolescent girls in Pune. *Natl J Community Med*, 212-16.
- [4] Ghattargi, C. (2018, January). Perceptions and practices regarding menstruation: a comparative study in urban and rural adolescent girls. *Indian J Community Med*, 30 (1), 33 - 4.
- [5] Goyal, R., & Bhawsar, R. (2015). Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *J Health Manag*, 91 - 107.
- [6] Mason, L., Nyothach, E., & Alexander, K. (2013). We keep it secret so no one should know—a qualitative

- study to explore young schoolgirls attitudes and experiences with menstruation in rural western Kenya. *PLoS ONE*, 789 - 91.
- [7] Muralidharan, A., Patil, H., & Patnaik, S. (2015). Unpacking the policy landscape for menstrual hygiene management: implications for school Wash programmes in India. *Waterlines*, 79–91.
- [8] Prusty, R., & Kumar, A. (2014). Socioeconomic dynamics of gender disparity in childhood immunization in India. *PLoS ONE*, 598 - 9.
- [9] Ruchi, J. (2012). Practices of menstrual hygiene among adolescent girls in a District of Uttarakhand. *Indian Journal of Community Health*, 24 (2), 124 - 5.
- [10] Sommer M, V. E. (2012). WASH in schools empowers girls' education. *UNICEF and Colombia University*.
- [11] Sommer, M., & Sahin, M. (2013). Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. *Am J Public Health*, 1556–9.
- [12] Srinivasa, D., & Pelto, P. (2016). Puberty rituals reproductive knowledge and health of adolescent schoolgirls in south India. *Asia Pac Popul J*, 16, 225–38.
- [13] Venkata, R. (2018). A study on menstrual hygiene among rural adolescent girls. *Indian J Med Sci*, 139 - 43.