

MENSTRUAL CYCLE AND HYGIENIC PRACTICES AMONG FEMALE STUDENTS

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ABSTRACT

Reproductive problems are often associated with menstrual irregularities and menstrual problems. Menstruation is shedding of lining of the uterus accompanied by bleeding from the vagina. It occurs in monthly cycles, unless a woman is pregnant. This study is aimed at analyzing menstrual cycle and hygienic practices among the females students. Using random sampling method, 150 respondents were selected from arts faculty in Annamalai University. Well prepared schedules were used for data collection and analysis was done through frequency and percent. It has been observed that 73 percent of the respondents had experienced normal period. Majority of them had stated that taking bath twice and changing the pad frequently are the hygienic measures adopted during the menstrual period.

Key words: Menstrual cycle, regular period, irregularity, hygienic practice.

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Introduction

Menstruation is the shedding of the lining of the uterus (the endometrial) accompanied by bleeding from the vagina. It occurs in monthly cycles, unless a woman is pregnant. Menstrual cycles range from about 21 to 40 days. Less than 15 percent of women have a 'normal' cycle of 28 days. In others, the interval between menstrual periods ranges from 25 to 34 days. During a typical 5-7 days menstrual period, the average woman loses less than half a cup of blood. The bleeding is heavier at the start and tapers off towards the end.

The practical and health dimensions of menstruations are almost thoroughly neglected subjects. Females use cotton strips of cloth pinned between their legs, their underpants, or nothing at all to absorb blood flow. Although they may replace and wash these cloths frequently may develop low-grade reproductive tract infections if the cloths are not boiled and dried thoroughly before being used again. This is a problem especially for adolescent girls who are not sexually active and are, thus, unlikely to seek treatment for reproductive tract infections. To manage menstruations, many females, particularly poor ones, in developing countries must do with materials on hand. A few local efforts are being made to provide females with better means of managing menstruation. For example, small-scale income-generating projects in Tanzania and Zambia have developed indigenously produced, low-cost, safe materials for this purpose, including sterilized pads. Rather than ushering in a protected period of development, prior to marriage and childbearing, first menses all too often marks a sudden, sometimes traumatic transition to adult roles and responsibilities and signals a girls' entry into a world in which her value is largely determined by her sexual and reproductive functions. (Barbara S Mensch et al, 1998).

The duration of menstrual cycle is usually of $28 \pm 2-3$ days quite common. The duration of bleeding is about 3-5 days and estimated blood loss is between 50 - 200ml implies changing of three to five pads per day indicates normal flow. Some variety of menstrual dysfunction occurs in adolescent girls which may affect normal life of adolescent and young adult women. Reproductive problems are often associated with menstrual irregularities and menstrual problems. Due to change in life style, habits, diet, the prevalence of obesity increased in developed world which results in decreased age at menarche.

In order to kill harmful bacteria that can cause infection cloths should be washed with soap and dried in sunlight. Lack of facilities, including safe water and clean, private toilets, coupled with the taboos and embarrassment associated with menstruation, mean that many women and girls do not have anywhere to change their cloths and are not always able to wash themselves regularly. Many are unable to wash their cloths adequately and have nowhere to dry them hygienically; instead they must find secretive, dark places to hide their cloths (Ahmed et al 2008; Dasgupta et al 2009; Dhingra et al 2009). In the West Bengal study only 11.25 per cent of girls used disposable sanitary pads with availability and affordability being stated as the key obstacle to more widespread use (Dasgupta and Sarkar 2008). In Nepal use of sanitary pads was higher among girls in urban schools (50 per cent in contrast to 19 per cent in rural schools). The survey showed girls' reasons for not using sanitary pads included lack of awareness about them (41 per cent), high cost (39 per cent), the fact that they were not easily available (33 per cent), and lack of disposal facilities (24 per cent). Focus group discussions suggested that girls would prefer to use disposable pads as they were more comfortable, less smelly, and easier to use and carry (WaterAid in Nepal 2009a).

The hygiene-related practices of girls in the adolescent period related to menstruation can have an effect on their health. The event of menarche may be associated with taboos and myths existing in our traditional society which has a negative implication for women's health, particularly their menstrual hygiene (Kumar A, 2011). Studies have shown that the girls lack knowledge about menstruation and due to lack of hygiene, they are likely to suffer from RTI's Attitude of parents and society in discussing the related issues are barriers to the right kind of information, especially in the rural areas (Mudley et al, 2010).

Objectives of the study

1. To understand the socio-economic and demographic characteristics of the respondents.
2. To examine the menstrual cycle and hygiene practices.

Methods and materials

For this study by adopting simple random sampling technique 150 respondents were selected. The respondents were the female students doing post graduate in arts faculty in

Annamalai University. The data required for the study was collected using a detailed survey schedule through personal interview with the respondents. After the field survey, all the schedules were thoroughly scrutinized to check the inconsistencies in responses and were edited. Then all the data collected were coded and entered into the computer and processed to get the required tables. In this study, statistical tools such as frequency, mean and percent were used.

Observations and analysis: The results obtained from the present study are summarized below according to the objectives of the study. In the following table, the socio-economic and demographic characteristics of the respondents are analysed.

Table.no.1.Distribution of respondents by socio-economic and demographic characteristics

Place of birth	Number of respondents	Percent
Rural	60	40.0
Urban	90	60.0
Total	150	100.0
Religion	Number of respondents	Percent
Hindus	66	44.0
Christian	58	38.7
Muslim	26	17.3
Total	150	100.0
Occupation of father	Number of respondents	Percent
Farmer	48	32.0
Private sector	46	30.6
Government sector	34	22.7
Business	22	14.7
Total	150	100
Family income in Rs/month	Number of respondents	Percent
20001-30000	52	34.7
30001-40000	46	30.6
40001-50000	30	20.0

50001-60000	22	14.7
Total	150	100.0
Age Group	Number of respondents	Percent
20-24	112	74.7
25-29	38	25.3
Total	150	100.0

Mean age of the respondents = 23 years

It has been observed from the above tables that, majority (60%) of the respondents were born in urban area while 40 percent of them were born in rural area. Regarding religion, it has been observed that majority of the respondents (44%) were Hindus followed by Christians with 39 percent while 17 percent of them were Muslims.

Regarding the occupation of their father, it has been observed that 32 and 31 percent were farmers and working in private sector respectively whereas 23 and 15 percent were working in government sector and doing business respectively. Regarding family income it shows that 35 percent and 31 percent of their parents were earning the income ranged between 20000 to 30000 and 30001 to 40000 respectively while 20 percent and 15 percent were earning the income ranged between 40001 to 50000 and 50001 to 60000 respectively. The mean family income per month is found to be Rs 36 467. The age of the respondents shows that higher proportion (75%) of the respondents were in the age group of 20-24 years, while 25 percent of them were in 25-29 age group. The mean age of the respondents is found to be 23 years.

Distribution of respondents by menstrual cycle and menstrual hygiene

Age at first menstruation	Number of respondents	Percent
10-12	32	21.3
13-15	96	64.0
16-18	22	14.7
Total	150	100.0
Reaction at first menstruation	Number of respondents	Percent

Fear	24	16.0
Happy	52	34.7
Sad	26	17.3
multiple feeling	48	32.0
Total	150	100.0
Menstrual cycle	Number of respondents	Percent
Regular	110	73.3
Irregular	40	26.7
Total	150	100.0
Menstrual Interval	Number of respondents	Percent
23 to 25 days	38	34.5
26 to 28 days	72	65.5
Total	110	100.0
No. of pads used per day	Number of respondents	Percent
3 pads	84	76.4
4 pads	26	23.6
Total	110	100.0
Period of irregularities	Number of respondents	Percent
2 months	26	65.0
3 months	14	35.0
Total	40	100.0
Reasons for irregularity	Number of respondents	Percent
Weakness	12	30.0
Stress	18	45.0
Inadequate food	10	25.0
Total	40	100.0
Treatment taken	Number of respondents	Percent
Yes	24	60.0
No	16	40.0
Total	40	100.0

Hygienic measures	Number of respondents	Percent
Taking bath at least twice	84	56.0
Changing pads frequently	66	44.0
Total	150	100.0
Experienced heavy periods	Number of respondents	Percent
Yes	40	26.7
No	110	73.3
Total	150	100.0
Number of Pads used per day	Number of respondents	Percent
6 Pads	10	25.0
7 Pads	16	40.0
8 Pads	14	35.0
Total	40	100.0
Treatment taken	Number of respondents	Percent
Yes	18	45
No	22	55
Total	40	100.0
Self-care techniques used	Number of respondents	Percent
Nil	58	38.7
Hot Tea	32	21.3
Coca-cola	20	13.3
Full rest	28	18.7
Multiple methods	12	8.0
Total	150	100.0

Regarding the age at first menstruation, it has been observed that majority (64%) of respondents had attained menstruation at age between 13 and 15 years, while 21 percent had attained it at age between 10 to 12 years, the remaining 15 percent had attained it at the age of 16 to 18 years. The mean age at first menstruation is found to be 13.8 years. Reaction at first menstruation shows that majority (35%) of respondents had

felt happy while 17 and 16 percent of them had felt sad and fear respectively. The remaining 32 percent of respondents had felt multiple feelings.

Regarding menstrual cycle, 73 percent of them had experienced regular period, while 27 percent of them had irregular menstrual period. Among those who experienced regular period, 66 percent had resumed menstruation every month in 26 to 28 days interval while 34 percent had resumed it in 23 to 25 days. Higher proportion (76%) of respondents had used 3 pads per day, while 24 percent of them had used 4 pads per day during menstruation.

Among those who experienced irregular period, it has been observed that 65 percent of respondents had resumed menstruation after 2 months while 35 percent had resumed menstruation after 3 months. Regarding reasons for irregular period majority (45%) of them had stated stress while 30 and 25 percent of them had stated weakness and inadequate food respectively as the reason for irregular period. Among those with irregular period 60 percent had undergone treatment, whereas 40 percent of them had not undergone treatment. Regarding hygienic measures, it has been observed that 56 percent of respondents had stated taking bath twice while 44 percent of them had stated changing the pad quite frequently as the hygienic measures.

Regarding heavy periods of menstruation, it seems that only 27 percent of the respondents had experienced heavy period. Regarding number of pads used per day during heavy periods, it seems that 40 percent of the respondents used 7 pads per day, while 35 percent and 25 percent of them had used 8 pads and 6 pads respectively. Among the respondents who had suffered heavy periods only 45 percent had undergone treatment. Regarding self care techniques used during menstruation 39 percent of them had not used any techniques but 21 percent and 13 percent of them had taken hot tea and coca cola respectively to get relief from discomfort the remaining 19 percent and 8 percent of them had taken full rest and using multiple methods respectively to get relief from discomfort.

Conclusion

It has been concluded that among the students the hygienic practices during menstruation is found to be good. Stomach ache and excess bleeding are found to be the common menstrual problem among the female. The medical consultation for the

menstrual problems was found very low. Proper health care through trained health counselor is necessary to decrease the extent of the problem.

Generally, poor hygiene during menstruation has been associated with serious ill-health ranging from reproductive tract infection, urinary tract infection, bad odor and many more. Female adolescents should adopt proper hygienic practices during menstruation to prevent these problems.

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