

SOCIO CULTURAL FACTORS AND STIGMA ASSOCIATED WITH MENSTRUAL HEALTH AND HYGIENE OF RURAL ADOLESCENT GIRLS

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ABSTRACT:

Adolescence is considered as a period of transition from childhood to adulthood. This period of life between ages of 10 to 19 years. This study is designed to examine the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls. A descriptive study was intended to examine the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls and data were collected from rural adolescent girls in selected blocks of Kanyakumari district. The data was collected from all the 50 rural adolescent girls through Multistage / Stratified Simple Random sampling technique. For the purpose of collecting data, questionnaire was used through which socio-demographic data was collected and Structured knowledge questionnaire, Modified Three-point Likert scale and Observational Checklist was used to assess the socio-cultural factors and stigma associated with knowledge, attitude and practice of menstrual health and hygiene of rural adolescent girls. Several statistical tools such as t' test, Chi square test, Correlation were applied, analyzed and interpreted. Findings: The findings revealed that the rural adolescent girls had lack of knowledge, attitude and practice of socio-cultural factors and stigma associated with menstrual health and hygiene. Suggestion: Based on the above findings, application of social work methods will be very helpful and locally relevant to socio cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Keywords- Socio cultural factors, Stigma, Menstrual health and hygiene, Rural adolescent girls.

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INTRODUCTION

Adolescence is considered as a period of transition from childhood to adulthood. This period of life between ages of 10 to 19 years. This period is very crucial, since these are the formative years of life of an individual when major physical, psychological and behavioral changes take place. Health is defined as a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have introduced a negative attitude towards this phenomenon. There is a substantial lacuna in the knowledge relating to menstruation among adolescent girls. Good hygienic practices such as the use of sanitary pads and adequate washing of the genital area are essential during menstruation. Adolescent girls constitute a vulnerable group not only with respect to their social status but also in relation to their health. Menstruation is regarded unclean or dirty in society. The issue of menstrual hygiene was inadequately acknowledged and has not received proper attention among visually challenged girls. Thus, the consequences of reproductive tract infections are severe and may result in significant negative impact to adolescent's health including chronic pelvic pain, dysmenorrhea (painful periods) and in severe cases of infertility.

Menstrual health and hygiene interventions can help overcome these obstacles. Not only do they fulfil the unmet demand for menstrual hygiene products; they also protect dignity, build confidence, and strengthen sexual and reproductive health, particularly among adolescents. The meaningful explanation of selected aspects of menstrual education would prevent the needless suffering of thousands of girls who grow up in an environment of ignorance and superstitions. Nurses can help young adolescent to understand the normal and physical and psychosocial changes taking place during the puberty. So that they may learn to see it as positive change "young people need help in making healthy decision". "Investing Adolescent health and rights will yield large benefits for generations to come and healthy Adolescent wealthy nation"

METHODS AND MATERIALS**Statement for the Study**

Socio cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Objectives of the study

- ✓ To know the socio-cultural factors associated with menstrual health and hygiene among rural adolescent girls.
- ✓ To understand the stigma attached to menstrual health and hygiene among rural adolescent girls.

Operational clarification of the key concepts

Socio cultural factors

In this study, it refers to common traditions, habits, patterns and beliefs present in a population group and the most remarkable drivers behind the way people makes decisions in a society.

Stigma

In this study, stigma refers to a set of negative and often unfair beliefs that a society or group of people have about menstrual health and hygiene.

Menstrual health and Hygiene

In this study, Menstrual health and hygiene refers to maintenance of hygiene on matter relating to daily bath, right way to use sanitary pad or cloths and its disposal, cleaning perineal area during menstruation to maintain reproductive health and prevent illness.

Rural Adolescent girls

In this study it refers to rural adolescent girls in the age group below 18 years those who attained menarche.

METHODOLOGY**Research design:**

Descriptive research design was adopted to assess the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Setting of the study:

The study was conducted in a selected rural block in Kanyakumari district, Tamil Nadu.

Population:

The population chosen for this study was rural adolescent girls who were living in a selected block.

Sample size:

Sample size consisted of 50 rural adolescent girls.

Sampling technique:

Multistage / Stratified Simple Random sampling technique was adopted.

Tools for data collection

The aim of the study is to know the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls. The first part of the interview schedule covered the question pertaining to the socio demographic data and opinion of the respondents about socio cultural factors and stigma associated with menstrual health and hygiene with selected rural adolescent girls. The interview schedule consists of socio demographic data. Structured knowledge questionnaire, Modified Three-point Likert scale and Observational Checklist was used to assess the socio-cultural factors and stigma associated with knowledge, attitude and practice of menstrual health and hygiene of rural adolescent girls.

RESULTS

The study was conducted to found out the to assess the socio-cultural factors and stigma associated with knowledge, attitude and practice of menstrual health and hygiene of rural adolescent girls.

The study's major findings are;

- Majority of the respondents (82%) belong to the age group of 12-14 years.
- Half of the respondents (50%) are Hindus.
- Majority of the respondents (73%) are studying 6th to 8th standard.
- Majority of the respondents' (75%) are attended menarche at the age of 12 – 14 years.
- Half of the respondents (50%) had regular menstruation.
- One third of the respondents (32%) had knowledge of menstruation.
- Half of the respondents (58%) had experience with pain during menstruation.

Table. 1 : Distribution of the respondent among the level of socio-cultural factors and stigma associated with knowledge of menstrual health and hygiene of rural adolescent girls.

Category	Score	Frequency	%
Inadequate knowledge	0 – 12	42	84
Moderate knowledge	13 – 19	6	12
Adequate knowledge	20 - 25	2	4

Table 1 shows that 84% of subjects had inadequate and 12% of subjects had moderate knowledge. 4% of subjects had an adequate knowledge of the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Table. 2: Distribution of the respondent among the level of socio-cultural factors and stigma associated with attitude of menstrual health and hygiene of rural adolescent girls.

Category	Score	Frequency	%
Poor attitude	0-9	45	90
Average attitude	10-15	3	6
Good attitude	16-20	2	4

Table 2 shows that 90% of subjects had poor attitude and 6% of subjects had average attitude. 4% of subjects had good attitude of the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Table. 3: Distribution of the respondent among the level of socio-cultural factors and stigma associated with practice of menstrual health and hygiene of rural adolescent girls.

Category	Score	Frequency	%
Poor practice	0-9	40	80
Average practice	10-15	5	10
Good practice	16-20	5	10

Table 3 shows that 80% of subjects had poor practice and 10% of subjects had average practice. 10% of subjects had good practice of the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls.

Table. 4: Correlation of the respondent among the level of socio-cultural factors and stigma associated with knowledge, attitude and practice of menstrual health and hygiene of rural adolescent girls.

Variable	No. of samples	Mean	SD	Karl Pearson Correlation Coefficient
Knowledge	50	21.2	2.1	r=0.51 p=0.001*** Significant
Attitude	50	18.9	1.7	
Practice	50	20.3	1.10	

*** Very high significant at P≤0.001

There is a significant, positive correlation between knowledge, attitude and practice score. It means whole knowledge increases the attitude and practice also increases moderately. There was a significant correlation between knowledge, attitude and practice of menstrual health and hygiene of rural adolescent girls.

RECOMMENDATION

- To give awareness programme on menstrual health and menstrual hygiene
- To motivate the adolescent girls to avoid stigma associated with menstrual health and menstrual hygiene
- To explain about reproductive life.
- To give some ideas to reduce their reproductive tract infection.
- To educate the adolescent girls about good menstrual hygienic practice.

LIMITATIONS

Due to the time and practical constraints, the researcher was unable to collect a bigger sample. Therefore, the sample may not be adequate to represent the universe. Thus, the findings of the present study may not be generalized to a large extent. Further study with a larger sample is suggested.

CONCLUSION

This study was conducted to identify the socio-cultural factors and stigma associated with menstrual health and hygiene of rural adolescent girls. The findings revealed that the rural adolescent girls had lack of knowledge, attitude and practice of socio-cultural factors and stigma associated with menstrual health and hygiene.

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