

Reproductive Health Care And Hygiene Practices(RHCHP) Of Adolescent Girls In Haldia Town Of West Bengal

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Abstract: Reproductive health care and hygiene practices is a challenge for adolescent girls as it is closely associated with their education, health and economic potential. Lack of guidance, poor quality and inadequate supply of sanitary napkin and water, disposal facilities and privacy for changing in many schools and college leave girls with limited option for safe and proper personal hygiene which potentially increases prevalence of urogenital symptoms and infections in them .Keeping these facts in mind the present research is designed to study “Reproductive Health Care and Hygiene Practices (RHCHP) of Adolescent girls in Haldia town of West Bengal”. One hundred twenty adolescent girls were selected by random sampling method for the present study. The data was collected by questionnaire cum interview schedule method. The results of the study revealed that majority of the respondents belonged to 16-19 years of age group .39% girls were from low income family and all most 98.66% of the girls were unmarried. 30.83% girls believed that menstrual cycle was a physiological process. Majority (92%) adolescent girls were aware about real facts of menstruation and knew that the blood comes out from uterus. Three fourth of the respondents practiced various restrictions during menstruation. The practice of the use of sanitary pad was found among 53.33% of the adolescent girls. Prevalence of dysmenorrhea was higher among adolescent girls during menstruation. Abdominal pain was a major pre-menstrual syndrome among girls. Health care seeking care was found to be very low among the respondents. Thus reproductive health education should be prioritized in schools and colleges and included in their curriculum .Steps should be taken to educate community regarding significance of reproductive health care and hygiene practices of adolescent girls to get rid of plethora of this problem to save girls dignity and well being.

Key Word- Reproductive health, Hygiene, Adolescent girls, Morbidities

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I. Introduction

Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. It is the period of transition from childhood to adulthood and during which they go through a myriad of physical, hormonal, psychological, behavioral and social developmental changes. Because of illiteracy, unawareness and social taboos, the health of millions of adolescent girls worldwide are neglected. As direct reproducers for future generations, the health of adolescent girls influences not only their own health, but also the health of future generation (Agrawal S et al. 2007; Balasubramanian 2005; Sharma et al. 2008). Good hygienic practices such as the use of sanitary pads and adequate washing of the genital area are essential during menstruation. Women and girls of the reproductive age need access to clean and soft, absorbent sanitary products which can in the long run, protect their health. Menstrual hygiene and management will directly contribute to MDG-2 on universal education, MDG-3 on gender equality and women empowerment. However, the attention on this issue is far from sufficient and even the literature on gender mainstreaming in the sanitary section is silent on the issue of menstrual management. It is also reported by many researchers that a vast majority of adolescent girls in India are suffering from different types of reproductive health morbidities because of climate changes. Thus a key priority for women and girls is to have the necessary knowledge, facilities and the cultural environment to manage menstruation hygienically and with dignity. It was therefore considered as relevant to investigate the menstruation related health problems, knowledge and hygiene practices of adolescent girls (13-19 year) of Haldia Town of West Bengal.

The objective of the present study were

1. To study the socio demographic profile and nutritional status of the adolescent girls.
2. To assess the knowledge on reproductive health of the respondents.
3. To analyze different restrictions practiced during menstruation
4. To study prevalence of morbidities related to menstruation.
5. To find out health care seeking behavior during menstruation

II. Methodology

The study was carried out in Haldia town of west Bengal. One hundred twenty adolescent girls 13-19 years were selected for present study by random sampling method .The data was collected with the help of questionnaire cum interview schedule method in local language with the help of pretested and predesigned questionnaire .In order to elicit information regarding socio-economic status kuppuswamy ‘s socio-economic status scale was used. Weight, height and waist hip measurement was taken with the help of required tools.BMI and Waist hip ratio was calculated and compared with ICMR standard. The collected data were analyzed using descriptive statistics such as mean, standard deviation and percentage etc .

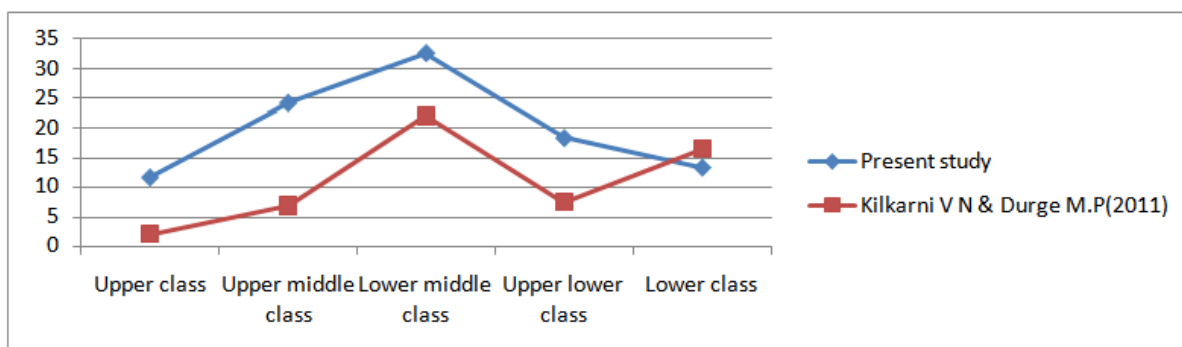
III. Results And Discussion

1. Demographic Characteristics

It was observed that majority 59.16% of the girls belonged to 16-19 years of age group. Nuclear family system was found to be prevalent in that area. Maximum respondents (98.33%) were Hindu by religion . It was also observed that majority of the girls were unmarried and belonged to general caste.

Table No- 1: Distribution of respondents according to their socio economic class.

SL	Variable	Present study		Result of other study Kulkarni V M and Durge M P(2011)	
		Frequency	Percentage	Frequency	Percentage
1	Upper class	14	11.66	3	2.05
2	Upper middle class	29	24.17	10	6.84
3	Lower middle class	39	32.5	32	21.91
4	Upper lower class	22	18.33	77	52.73
5	Lower class	16	13.33	24	16.43
Total		120	100	146	100

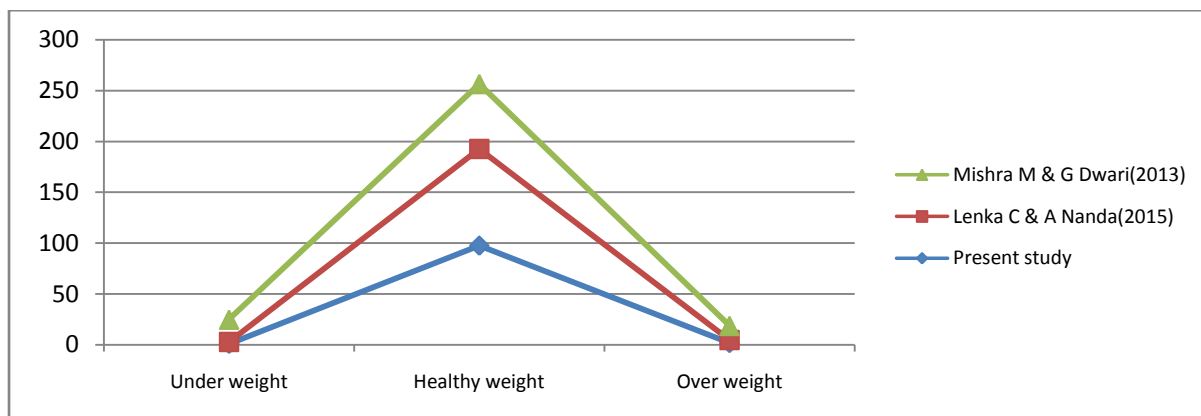


From the above table it depicts that majority of the respondents belonged to Lower middle class i.e. 32.5% whereas only 11.66% belonged to upper class.24.17% respondents were in Upper middle class.18.33% respondents were in Upper lower class and 13.33% respondents were in lower class. Not much difference in different socioeconomic class of the respondents was found in this study. Kulkarni V M and Durge M P(2011) also found that only 52.73% respondents were from upper lower class family.

2.Nutritional status of adolescent girls

Table No.-2: Distribution of respondents according to their BMI.

SL	Weight Categories	Present study		Lenka C & A Nanda(2015)	Mishra M & G Dwari(2013)
		Frequency	Percentage	Percentage	Percentage
1	Underweight	1	0.83	02	22
2	Healthy Weight	117	97.51	95	64
3	Overweight	2	01.66	03	14



It was interesting to note that 97.5% respondents had normal BMI i.e healthy weight and 1.67% respondents had overweight. Similar finding was also observed by Lenka et.al (2015) and Mishra et.al (2013) that is 95% and 64% normal respondents respectively.

3. Waist-hip ratio in adolescent girls

Table No-3 :Distribution of respondents according to their Waist-hip ratio.

SL	Categories	Frequency	Percentage
1	Excellent	0	0
2	Good	3	2.5
3	Average	82	68.333
4	At risk	35	29.166
5	High risk	00	00

Waist hip ratio of respondents showed that 29.2% respondents were at risk whereas rest 68.3% and 2.5% respondents had average and good waist hip ratio respectively. Percentage of at risk respondents was found to be more by assessment with waist hip ratio in comparison to BMI. None of the respondents were at high risk. Thus it can be concluded that waist hip ratio is a better tool for assessment of nutritional status of adolescents. Similar finding was also obtained by Mishra M et.al(2013) and Lenka C (2015).

4. Perception about menstruation in adolescent girls

Table No -4: Information about menarche and perception about menstruation

SL	Variable	No	Percentage(%)
1	Age at which menarche attained		
	<12 years	51	42.5
	12-14 years	44	36.66
	>14 years	25	20.83
2	Source of knowledge of menstrual cycle before menarche		
	Mother	48	40
	Teacher	0	00
	Friend	38	31.67
	Relatives	7	05.83
	Sister	26	21.66
3	Knowledge of cause of menstruation		
	Physiological	37	30.83
	God given	35	29.16
	Due to some disease	9	7.5
	Do not know	39	32.5
4	Form which organ does the menstrual blood come		
	Uterus	92	76.66
	Urethra/Vagina	2	1.67
	Don't know	26	21.66

The results of Table -4 reveals that the 42.5% adolescent girls attained their menarche below 12 years age. The most important sources of the information for them was mother, sister and friends while teachers had no role in creating awareness among girls regarding menstruation. It was observed that 32.5% of the study subjects were not aware of the cause of the menarche, whereas 30.83% girls believed that it was a physiological process and 29.16% believed it as a curse from God. Only 7.5% respondents thought that it is due to some disease. The reason was that they had no prior information about menstruation due to which they faced several

problems. Similar results were also found in many other studies (Centre for Social Research 1990; Kudesia 1994 and Gupta et al.2004). Subush B. et. al (2010) found in their study 71.33% respondents informed about menstruation by their mother and only 2.58% know that bleeding come from uterus .

5. Restrictions during menstruation cycle

Table No -5 : Different restrictions during menstruation cycle

SL	Restrictions during menstruation	Frequency	Percentage
1	Attend religious functions temple/religious occasion	65	54.16
2	Routine household work	11	09.17
3	Play outside	1	00.83
4	Not allowed to go to school	42	35.00
5	Certain types of foods	1	00.83
	Total	120	100.00

Table-5 reveals that 54.16% girls were not allowed to attend any religious function or visit temples during their period. 9.17% girls were not allowed to do the household work where as only 0.833% girls were not allowed to play outside. 35% girls were not allowed to attend their schools during menstruation because of excess bleeding or other health problems. It was surprising to note that no restriction was imposed on food intake except few which revealed that parents and family members were aware about importance of nutrition intake during adolescence . The study conducted by Ughade S N (2010) showed that three fourth of the studied girls practiced various restrictions during menstruation.

6. Practice about menstrual hygiene

Table No-6: Practice about menstrual hygiene in adolescent girls

SL	Menstrual hygiene practices	No	Percentage(%)
1	Use of material during menstruation		
	Sanitary pad	64	53.33
	Old cloth + Pad	54	45
	Old cloth	2	1.66
2	Cleaning of external genital		
	Satisfactory	62	51.66
	Unsatisfactory	58	48.33
3	Martial used for cleaning external genitalia		
	Only water	22	18.33
	Soap and water	48	40
	Water and antiseptic	50	41.66
4	Storage of absorbent		
	Bath room	52	43.33
	Don't store	23	19.16
	Store with routine cloth	18	15
	Others	27	22.5
5	Toilet facility at home		
	Yes	52	43.3
	No	68	56.66
6	Chang of pad in school		
	Yes	32	26.6
	NO	88	73.3

Table- 6 reveals results on the hygiene practices of adolescent girls during menstruation .It was observed that 64(53.3%) girls used sanitary pads during menstruation, 54(45%) girls used old cloth and pad even present day.. The cleaning of the external genitalia was unsatisfactory among 48.33 % girls which is about half of the respondents. For the cleaning purpose 48(%) girls used soap and water, 22(18.33%) girls only water and 50(41.66%) girls used water and antiseptic .A majority 43.33% respondents stored their absorbents in the bathroom, 19.16% of the girls did not store and 15% girls store it with their routine cloth. A majority of the study subject 56.6% had no toilets a home and 73.3% subjects preferred to change pad at their at home. The study conducted by Ughade S N (2010) found that A majority of them had knowledge about the use of sanitary pads were i.e 49.35% . The practice of the use of old clothes was reported in 45.74% of the subjects. Satisfactory cleaning of the external genitalia was practiced by 33.85% of the girls.

7. Reproductive health and related to morbidities

Table -7 :Self report on reproductive health and related to morbidities

SL	Reproductive morbidity	No	Percentage
1	Intervals between two menstrual cycles		
	25-28 day	21	17.5
	More then 28 days	68	51.66
	Other	37	30.83
2	Duration of blood flow in days		
	<2	7	5.83%
	2-5	58	48.33
	>5	55	45.83
3	Quantity of blood flow		
	Normal	59	49.16
	Excessive	22	18.33
	Scant	39	32.5
4	Number of times pad changed		
	1	48	40
	2-4	68	56.66
	5-6	4	3.33
5	Regularity in the menstrual cycle		
	Regular	74	61.66
	Irregular	46	38.33
6	Pain at the time of menstrual discharge		
	Severe	67	55.83
	Not so much	53	44.16
7	Duration of peak menstrual discharge (days)		
	One	64	53.33
	Two	56	46.66
9	Presence of white discharge		
	Present	108	90
	Absent	12	10
10	Problem occurring during menstruation cycle		
	Abdominal pain	21	17.5
	Dysmenorrhoea	70	58.33
	Anorexia	29	24.1
11	Problem occurring pre- menstruation cycle		
	Backache	93	41.52
	Headache	18	8.03
	Irritability	15	6.69
	Breast pain	7	3.12
	Other(edema, nausea etc)	2	0.89

Table-7 Shows the information related to reproductive health and reproductive morbidities. It was observed that majority girls had more than 28 days interval between two menstrual cycles and blood flow for 2-5 days. Quantity of blood flow was normal in majority girls. Most of the girls had regular cycle. Duration of peak menstrual discharge was found to be one day in most of the cases. Under premenstrual syndrome abdominal pain and back pain was found to be common among respondents. Present of white discharge was found among 90% respondents. The most common problem during menstruation was dysmenorrhoea i e 58.33%. Prevalence of dysmenorrhoea (62.5% to 84%) was also reported in various studies (Balasubramanian 2000; Lee et al. 2006; Agrawal S et al. 2007; Deo and Ghattargi 2007; Sharma et al.2008; Agarwal A and Venkant 2009; Chan et al. 2009; Agarwal K and Agarwal A 2010; Esimoyi and Esan 2010).

8. Health care seeking behavior during reproductive illness

It was observed that 61.66% girls did not seek health care during reproductive illness and the reason was no need of treatment for seeking health care . Kulkarni V.M and Durge P M (2010) conducted similar study on awareness regarding health care seeking behavior during reproductive illness and found to be very poor and 37.67% girls sought health care for reproductive illness .

IV. Conclusion

As reproductive health during adolescence is closely associated to future health of women, emphasis should be given to create awareness among adolescent girls regarding reproductive health, hygiene practices and handling morbidities. Reproductive health education should be a part of curriculum in schools and colleges. They should be encouraged to share their problems related to reproductive health to treat their problem in time. Government should take necessary steps to construct toilets in schools and colleges and distribute good quality sanitary napkins to better off the reproductive health of future mothers.

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