

Health and Menstrual Hygiene of Adolescent Girls in Vijayapura District

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ABSTRACT:

One-fifth of the world's population is in their adolescent years, and in India, 20.9% of people are in this age range. Adolescent girls were unable to obtain the proper knowledge due to social prohibitions and cultural beliefs, which resulted in poor hygiene habits. Due to these behavior's, microorganisms are harbored, which raises the risk of Genito-urinary diseases. To better understand the menstrual hygiene practices of teenage girls in the Vijayapura district, a study on the subject was undertaken. The study's goal was to investigate the menstrual hygiene habits of teenage females in Vijayapura. The study's secondary data-based paper's methodology. As a result of this study, teenage girls' health instruction must focus on menstrual hygiene and health for them to continue practicing good hygiene. With increased understanding and safe menstrual practices, reproductive system infections and their consequences can be prevented.

KEY WORDS: Menstrual, Hygiene, Adolescent girls.

INTRODUCTION:

The monthly adjustments a woman's body goes through to lay the framework for a possible pregnancy is known as the menstrual cycle. The term "standard menstrual cycle" refers to the regular occurrence of periods, or feminine cycles. Menstrual periods which are predictable are an indication that important parts of the body are functioning normally. An individual's body produces synthetic hormones during their periods, which are essential for maintaining health.

From the principal day of one period to the principal day of the subsequent time frame, a cycle is examined. The menstrual cycle typically lasts about 28 days. Cycles can last between 21 and 35 days for adults and between 21 and 45 days for teenagers. The menstrual cycle is governed by changes in hormone levels that occur throughout the month. Red blood cells need hemoglobin to take on their disc-like form, which facilitates their easy passage through blood channels. Four oxygen particles can be carried by each hemoglobin protein, and red platelets carry these particles throughout the body. The billions of cells that make up the body need oxygen to repair and maintain itself.

During the menstrual cycle, women's demands and requirements for medical services are managed by maintaining menstrual cleanliness. Inadequate management of the menstrual cycle may result in symptoms such as anxiety, respiratory disorders, dysphoria, and social disgrace. These include determining the appropriate "time frame security" or feminine hygiene products; determining the

frequency and timing of cleanings; caring for the vulva and vagina; and the purported benefits of vaginal douching at the conclusion of each menstrual cycle. Homemade remedies, such as small pieces of cotton cloth sewn onto underwear or a belt worn around the waist, are used in menstrual hygiene arrangements. It is possible to wash, dry, and reuse these materials. Business supplies easily accessible for feminine hygiene during period incorporate pads, tampons and cups.

The menstrual cycle's normal biological function of discharging blood and related materials through the vagina is known as menstruation. One it is a natural process that every woman experiences during her reproductive years. Menstruation is linked to several medical and psychological issues, including premenstrual syndrome. Additionally, poor hygiene throughout the menstrual cycle can put women at risk for potentially fatal RTIs (Reproductive Tract Infections). Menstrual hygiene-related beliefs and social taboos have caused serious problems for adolescent girls and women of all ages, both in rural and urban areas.

Because of the widespread prevalence of ancient rituals and taboos, even in modern culture, girls and women are reluctant to discuss or disclose any issues related to menstruation. Adolescent girls find it particularly difficult to communicate their needs to teachers during their long school days, as they typically spend long hours in the classroom. Teenage girls need to be understood, supported, and given resources since they are emotionally and physically vulnerable during this time in their lives. Menstrual hygiene and management for universal education, as well as gender equality and women's empowerment, were specifically addressed in the United Nations Millennium Development Goals No. 2 and 3.

REVIEW OF LITERATURE:

1. Puneet Misra, etal (2013): conducted study on a community-based study of menstrual hygiene practices and willingness to pay for sanitary napkins among women of a rural community in northern India. Women's hygiene measures during their periods are quite important. Northern Indian menstrual habits are not well documented in the literature. We examined rural women's willingness to pay for sanitary napkins and recorded their menstrual hygiene habits. In Ballabgarh, Haryana, villages covered by the Comprehensive Rural Health Services Project (CRHSP), a cross-sectional survey was conducted. 995 women in all were interviewed for this study's results. Sixty-two percent of them had no idea why they were menstruating. Since just 1.5% of women had received information from an auxiliary nurse midwife (ANM) or health worker (HW), the health sector's role in disseminating knowledge about menstruation was minimal. Apart from religious activities, the majority of women reported that their regular activities were unaffected by their menstruation. Merely 28.8% of females were utilizing sanitary napkins, and of those who did not, only 25% were inclined to purchase them. The study's findings stress a few recommended behaviors around menstruation-related taboos and menstrual cleanliness.

2. Sadhana Singh, etal (2011): conducted study on Menstrual Hygiene Practices and RTI among ever-married women in rural slum. The study's goals are to investigate menstrual hygiene practices among married "in-migrant" women from Dehradun as a significant factor in determining their demand for reproductive health care and to establish a causal relationship between these practices and important socio demographic characteristics RTI. A probability sample of 5033 never-married women from 06 "make-shift settlements"/slums along nearby precincts was used to create an observational (cross-sectional) study. Menstrual hygiene practices of the study population bore significant statistical association with their literacy status or education, religion, key symptoms of reproductive tract

infections, and socio-economic status as key determinants of reproductive health needs, according to the present study results. The results confirmed the sense that the four A's of primary health care should be kept in mind when addressing the knowledge, attitudes, and practices of the underprivileged study population through appropriate behavior change communication, community and provider capacity building, and strategies to deliver services at such resource-poor settings.

3. Swagata Karjeea, etal (2023) : conducted study on Contextualizing the socio-economic and spatial patterns of using menstrual hygienic methods among young women (15–24 years) in India. As a result, the current study attempts to ascertain the socioeconomic, regional, and predictive distribution of menstrual hygiene method use among Indian women: The National Family Health Survey-5 (2019–2021) provided secondary data for this investigation. 241,180 young women between the ages of 15 and 24 made up the study's overall sample. The study's conclusions include About 77% of women in India used hygienic menstruation practices. On the other hand, hygienic menstruation practices varied significantly by region and culture background. In India's socioeconomically failing districts, menstrual hygiene practices were significantly less widespread. It was found that using hygienic menstruation practices was significantly influenced by age, education level, social position, religion, place of living, and geographic region. The usage of clean menstruation methods among women has been found to be motivated by their exposure to mass media, autonomy, and household affluence. Further research employing qualitative research methods is urged to examine the ways in which behavioral and socioeconomic factors impact menstruation choice and practice in India.

4. Mohd Altaf Dar, etal (2023): conducted study on Menstruation hygiene and related issues in adolescent girls. Adolescence is a stage of physiological, psychological, and social change that occurs between childhood and adulthood. Menstrual problems are a typical symptom and a major reason why teenagers see their doctors. Consequently, societal barriers may contribute to insufficient awareness of reproductive health, including menstruation, among teenage girls. In India, most teenage girls have no idea what menstruation, reproduction, or sexuality are. Menstruation is still considered taboo, and many myths and prohibitions are upheld in the society. Inadequate personal hygiene and unsanitary conditions increase the risk of gynecological problems and reproductive tract infections during menstruation. It is very hard to keep up a high standard of hygiene in settings with little resources, where women do not have access to basic amenities like water, restrooms, and solitude. Improving the standard of living for dwellings requires basic utilities. The only way to encourage all girls to use sanitary pads would be to make them inexpensively available. Establishing distinct adolescent gynecological clinics is crucial. In addition to a comprehensive school education program on menarche and menstruation challenges, schools can provide girls with counseling and sensitive education to help them cope better and seek the right medical treatment.

5. Prasanna Kumar Mudi, etal (2023): conducted a study on Menstrual health and hygiene among Juang women. A total of 360 women were chosen for this investigation. For this investigation, they employed the Crosse sectional study approach. According to the findings, 85% of Juang women utilized old clothing as absorbents when they were menstruating. The low level of sanitary napkin usage was attributed to several issues, including distance from the market (36%), lack of knowledge (31%), and expensive cost (15%). Only one-third of the Juang women, who had menstruation issues in 71% of cases, sought medical attention.

6. Priya Sharma, etal (2022): conducted a study on Menstrual hygiene and infections. The health, education, and well-being of women worldwide depend on good menstrual hygiene. Menstruation is a

normal aspect of being a human. However, it has long been disregarded on a global and personal scale. Many civilizations still see menstruation as taboo, and there are still many unfavorable cultural attitudes and ideas attached to it. Menstruating women and girls are frequently labelled as "dirty," "filthy," "stink," and "impure," which results in forced isolation, restricted movement, and food and social limitations.

METHODOLOGY:

Methodology of the Study Secondary data-based paper, Researcher collected data from different sources there are e-books reports, policies, Acts, websites, observations of various organizations, journal articles, national and international articles published in local papers, etc.

OBJECTIVES:

1. To assess the knowledge and practices related to menstrual hygiene among adolescent girls of Vijayapura district
2. To study the menstrual hygiene practices among adolescent girls in Vijayapura district.

Every woman experiences the menstrual cycle, which is a natural process, during her reproductive years. The menarche begins during this time. Premenstrual syndrome is one of the physical and mental morbidities linked to the menstrual process. In addition, if women do not practice good cleanliness during their periods, they may be at risk for developing a potentially fatal RTI.

BASIC FACTS ABOUT MENSTRUATION:

1. The lining of your uterus sheds during menstruation
2. Uterine contractions are the cause of cramping, which is a typical occurrence.
3. Between the ages of 10 and 15, menstruation typically begins.
4. The average age at which menstruation finishes is between 45 and 55.
5. The menstrual cycle lasts 28 to 35 days on average.
6. For women, menstruation is a normal biological activity.
7. A girl's menstrual cycle indicates the possibility of pregnancy
8. It's safe to swim when you're menstruating
9. Women and girls shouldn't douche or clean their vagina.
10. Girls and women should wash their vulva (the skin surrounding the vagina) at least once a day when they are menstruating.
11. Handmade menstruation cloths must be cleaned with soapy water and let to air dry.
12. Three to six times a day, menstrual products (such as sanitary pads or handmade cloth) should be replaced.

FACTORS LEADING TO POOR MENSTRUAL HYGIENE:

The environment in which women are born, raised, mature into women, get married, and then repeat the process when they start their own families is a clear influence on menstrual health, which is directly impacted by economic, social, cultural, educational, and several other factors. In addition to several other variables such women's poor standing within the family, incapacity to make independent decisions, and unhealthy behavior, all these factors contribute significantly to the rising prevalence of RTIs/STIs.

MANAGEMENT OF MENSTRUAL HYGIENE:

It is the entitlement of women and girls to possess the requisite information, resources, and setting to handle menstruation in a sanitary and dignified manner. Due to demographic diversity and cultural customs, there are alarming statistics on teenage females' menstrual patterns in India. Menstrual hygiene day serves as a global platform for the promotion of MHM, bringing together individuals, government agencies, the commercial sector, and charity organizations. To assist women and girls realize their full potential, menstruation hygiene day aims to raise awareness and dispel the taboo around the essential role that excellent menstrual hygiene plays.

It fuels an expanding worldwide movement for MHM and encourages international, regional, national, and local collaborations. MHM is a serious issue in most developing nations, as women particularly those living in rural areas—face difficulties in getting access to clean water for washing, sanitary absorbents, and a private area for changing. They are compelled to choose unsanitary methods each month, disregarding their own health and wellbeing, to catch the flow and conceal menstrual symptoms.

FACILITIES AND SERVICE FACTORS:

1. Poverty, both institutional and personal, is the cause of inadequate water and sanitation facilities in households and schools.
2. Furthermore, schools' female-only restrooms are poorly designed.
3. To this, add the fact that most rural stores have insufficient supplies of sanitary products.
4. Inadequate availability of sanitary facilities and clean water.
5. The girls were anxious and panicked because they were afraid, they would smell horrible and leave stains on their clothes.
6. The females experience stress, and their sanitary standards are compromised by the lack of washing facilities.
7. A key issue at home and in schools was a lack of privacy. This is the main cause of females' high failure rates when it comes to short- and long-term effects on their academic results and, consequently, their future. It also contributes to girls' bad performances at home and at school.

MENSTRUATION AFFECTS SCHOOL PERFORMANCE:

- Missing classes and being absent from school
Leaving school early
- Of the numerous negative effects of the initiation rites, early marriages forced upon young women, and pregnancies motivated by curiosity and a desire to test what was taught
- Adolescent girls have a significant lack of awareness regarding menstruation.
- During menstruation, good hygiene practices are crucial, including the use of sanitary pads and thorough genital cleaning.
- In the underdeveloped world, females are unable to attend school because there are insufficient and inappropriate sanitary facilities, especially during menstruation.

CONCLUSION:

Therefore, providing pads or making spaces more accessible won't fully address issues associated to menstruation or genitourinary illnesses. Furthermore, there needs to be greater emphasis placed on the proper timing for changing soaked absorbents, cleaning external genitalia on a regular basis, using

sanitary materials for cleaning, and disposing of used menstrual absorbents in an appropriate manner for the adolescent females in this area. Even though few people could have afforded it, the survey shows that the majority of the homes lacked separate sanitary latrine facilities. This is mostly because the homeowners were ignorant of the need for them and believed they were unnecessary. A public health concern that is silently pervasive in this community is open-air defecation. In this research area, these problems have long gone unrecognized.

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