



A Study To Assess The Knowledge On Menstrual Hygiene Among Adolescent Girls In Selected Schools In Visnagar.

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INTRODUCTION

Adolescence is defined as life between 10 and 19 years of age. In girls, it is a phase of transition from girlhood to womanhood. In females, menstruation marks the beginning of the adolescence, but they are not prepared and there is lack of knowledge about menstruation among adolescent girls.¹

Adolescence is considered as a critical period in human evolution, although it is often not recognized as such by healthcare workers and parents as well as professionals in adult medicine and pediatric disciplines. The onset of phenomenon that signals reproductive maturity and should not be seen as an abnormal conditioner disease.² Menstruation is a physiological phenomenon which is unique to females in teenage. The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The first menstruation occurs between 11 and 15 years with a mean of 13 years. Menstruation is also properly called menses or more commonly a period of monthly flow. It is healthy, natural and mature process. Although menstruation is natural process, it is linked with several adverse health outcomes.²

Menstruation is the first indication of puberty. During puberty, the physical changes occur which transform the body of child into that of an adult, changes in body size and changes in body proportion. Menstrual hygiene depends upon the educational, socio economic and cultural statuses of the family. But many lack economic and social conditions to manage menstrual sanitation satisfactorily. Menstruation is still regarded as something unclean or dirty in Indian society. The reaction to the menstruation depends upon awareness and knowledge about the subject.³

Menstrual hygiene management is limited by various cultural, social and economic factors. Infections because of poor menstrual hygiene during menstruation have been reported in many studies. Problems such as lack of water and bathroom facilities, lack of private rooms for changing sanitary pads and ignorance because of lack of education are some of the factors responsible for poor menstrual hygiene, which in turn poses many reproductive health problems in future.⁴

Good menstrual hygiene practices are essential during menstruation which includes: 1) Regular change of clothing and underwear, 2) Change of hygienic pads every three to four hours, 3) Daily showering, especially in instances of dysmenorrhea, 4) Adequate washing of the genitalia after each voiding of urine and feces, 5)

Continuing normal routine and daily activities(e.g. Going to school, doing physical exercise) and 6) Maintaining balanced diet with plenty of fruits and vegetables rich in iron and calcium.⁵

MATERIAL AND METHODS

Research approach: Quantitative approach

Research design: Non experimental survey design

Study setting: The study Was Conducted N.M.Nootan seva vidhyalay Visnagar.

Population: Adolescent Girls.

Sample: The sample for the present study comprise of 50 school girls N.M.Nootan seva vidhyalay Visnagar.

Sampling technique: A sample is a subset of the population that has been chosen for observation and analysis. The process of picking a subset of the population to represent the complete population is known as sampling. Purposive sampling technique used for this study.

Sample size: 60

Tool: Self Administered Questionnaire was done to check the clarity of the items, their feasibility and practicability.

Result:- Major Findings

**Table-1: Frequency & Percentage distribution of adolescents girls by the selected variables
N=100**

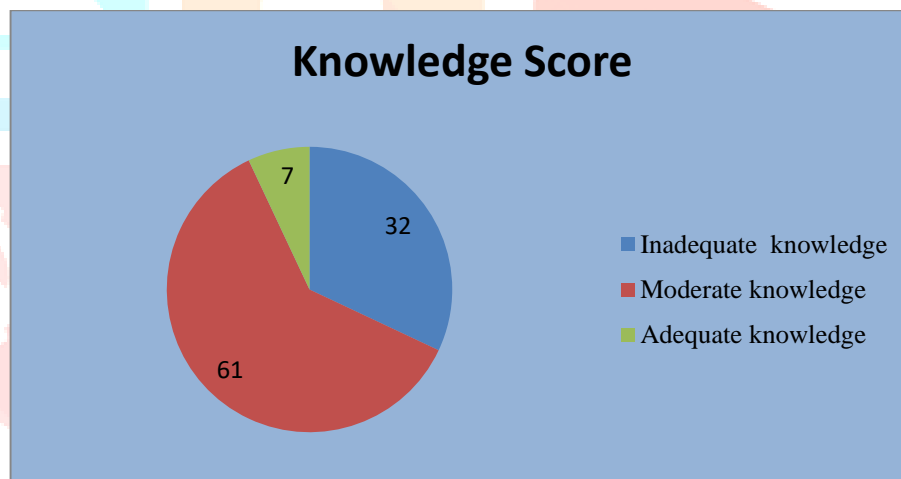
S. No.	Sample Characteristics	Frequency(F)	Percentage (%)
1.	Age		
	12years	5	5%
	13years	42	42%
	14years	43	43%
	15years	10	10%
2.	Religion		
	Hindu	64	64%
	Christian	31	31%
	Muslim	5	5%
	Others	0	0
3.	Educational		
	VII Standard	5	5%
	VIII Standard		
	IX Standard	95	95%
	X Standard	0	0
4.	Age at Menarche		
	12years	58	58%
	13years	25	25%
	14years	9	9%
	15years	8	8%

5.	Previous Knowledge		
	Yes	73	73%
	No	27	27%

The study findings revealed that, out of 100 adolescent girls enrolled in the study, (5%) were at the age group of 12 years (42%) were at the age of 13 years (43%) were at the age of 14 years and 10% were at the age group of 15 years. When it comes to religion, majority of adolescent girls (64%) were Hindus, 31% were Christians, and 5% were Muslims. With regard to education 5% were studying VII standard, 95% were VIII standard. In the regard to age at menarche 58% of adolescent girls attained menarche at the age of 12 years, 25% attained menarche at the age of 13 years, 9% attained menarche at the age of 14 years and 8% attained at the age of 15 years. Majority of the adolescent girls (73%) had previous knowledge on menstrual hygiene.

Table-2: Distribution of level of knowledge on menstrual hygiene Among Adolescent in pre test. N=100

S.No.	Knowledge Score	Frequency (F)	Percent age (%)	Mean	Sd
1.	Inadequate knowledge	32	32%	12.55	3.54
2.	Moderate knowledge	61	61%	12.55	3.54
3.	Adequate knowledge	7	7%	12.55	3.54



The above data in the table 2. Revealed that 32% of adolescent girls had inadequate knowledge, 61% of adolescent girls had moderate knowledge, and only 7% of adolescent girls had adequate knowledge on menstrual hygiene.

N=100

Table-3: Chi-Square Values Showing The Association Between Knowledge And Selected Variables.

S. No.	Demographic Variables	Chi-Square Value (χ^2)	Table Value	Degree of Freedom (Df)	Result
1.	Age in years	7.5	12.59	6	NS
2.	Religion	1.33	12.59	6	NS
3.	Education	1.11	12.59	6	NS
4.	Age at menarche	20.36	12.59	6	S
5.	Previous knowledge of menstrual	1.44	5.99	2	NS

NS=Not significant SS=statistically significant *P<0.05

The chi-square values for knowledge scores and age ($\chi^2=7.52$), religion ($\chi^2= 1.33$), education($\chi^2=1.11$), and previous knowledge on menstrual hygiene ($\chi^2=1.44$)were less than the table value with significant level at 0.05%. Hence, there was no significant relationship existing between the knowledge scores of adolescent girls on menstrual hygiene with above stated variables.

Conclusion

The study results revealed that majority of the adolescent girls had inadequate knowledge on menstrual hygiene and the knowledge of adolescent girls was significantly associated with their socio-demographic variables which include age, religion, educational status, age at menarche and previous knowledge on menstrual hygiene. Hence, there is a need to educate the adolescent girls about the menstrual hygiene and its importance to enhance their knowledge.

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