

## Knowledge level, myths and taboos practised during menstruation among adolescent residential and non-residential school girls

Krutika Chanda, Sunanda Itagi

Department of Human Development and Family Studies, College of Rural Home Science, University of Agriculture Science, Dharwad, Karnataka, India

### Abstract

The study was conducted to explore the level of knowledge on menstrual hygiene, myth and taboos observed during menstruation among of 60 residential and 60 non-residential school age girls from rural and urban areas of Dharwad taluk. The tools used for the study are Socio Economic Status (SES) of the family was assessed using socio- economic scale and self-structured questionnaire was used to elicit the information regarding knowledge and practice of menstrual hygiene during menstruation among girls. The results pointed out that there was no difference and significant association found between the residential and non-residential school girls in case of knowledge on menstrual hygiene. While there was significant difference but highly significant association was found between the rural and urban school girls. It was observed that 96.67 per cent girls take bath immediately attainment of menses and 3.33 per cent girls indicated that they didn't take bath immediately after menses and the entire respondent from residential and non-residential (100%) didn't enter temple or holy places during their menses which indicates that still some of the myths and taboos are followed among the school girls. Hence there is a need for educator and parents to provide accurate and adequate information about menstruation to young school girls.

**Keywords:** knowledge, menstrual hygiene, myth and taboos

### Introduction

Adolescent has been defined by the World Health Organization (WHO) as the period between 10 to 19 years of age, in their second decade of life (WHO, 2007). Today, 1.2 billion adolescents stand at the crossroads between childhood and the adult world. As they stand at these crossroads, so do societies at large – the crossroads between losing out on the potential of a generation or nurturing them to transform society. India has the largest population of adolescents in the world being home to 243 million individuals aged 10-19 years. India alone has 105 million adolescent girls who comprise one-fifth of the total Indian population.

The period between childhood and young adulthood is a period of rapid change – physical, emotional, cognitive and social. For girls, we see early physical changes from about 10 or 11 years. Menstruation is one such natural phenomenon which is an important indicator of women's health. Although menstruation is a major significance event associated with bodily changes with hormones, psychological, cognitive and physical changes occur simultaneously and interactively making physiological development a challenge adolescents have to face, with emotional, social and behavioral dimensions.

The name menstruation" comes from the Latin "menses" meaning moon, with reference to the lunar month and lasting also approximately 28 days long. Studies by Mensh *et al.* (1998) reveal that at the onset of menstruation, girls' lives change abruptly and in some domains, their activity may be restricted and may be kept from food preparation and consumption, socializing, religious practice, mobility, etc. Menstruation is also considered taboo and often enough

information is not provided to the girls. This results in girls having little knowledge about the aspects of menstruation which may result in different types of morbidity in women. Unfortunately, this taboo surrounding menstruation in society prevents girls and women from articulating their needs and the problems of poor menstrual hygiene management have been ignored or misunderstood. There is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. Issues associated with menstruation are never discussed openly and the silence surrounding menstruation burdens young girls by keeping them ignorant of this biological function. Even after the attainment of menarche, very little information is given to young girls about the physiological processes involved and the hygienic practices to be followed.

Hence, targeting school girls at the time of adolescence is an appropriate strategy since it is the time when most of them are curious about their bodily changes and also active learning phase takes place. During these formative years which reflect future health of adolescence, hygienic care revolving around the menstrual cycle needs to be addressed and emphasis on healthcare is essential to shape their quality of life in the years to come. Thus, present study was conducted to explore the menstrual hygiene among residential and non-residential school age girls with the following objectives:

1. To find out the knowledge regarding menstrual hygiene among residential and -residential school girls.
2. To find out the myth and taboos observed during menstruation among residential and non- residential school girls

## Material and Methods

The present study was conducted in Dharwad district, Karnataka state during 2014-2015. The total sample size was 120 girls from eighth and ninth standard, studying in government residential and non-residential schools of rural and urban area. The list of schools in Dharwad district was obtained from Block Education Officer and the principal of the school were approached for permission to conduct the research. Two residential and non-residential schools from rural and urban areas were selected randomly. Among each school 15 girl students were selected the age group of 13-16 years based on the criteria that they should have attained menarche before one year for assessing their knowledge level and myths and taboos followed during menstruation.

The Socio Economic Status (SES) of the family was assessed using socio-economic scale developed by Agarwal (2005) [1]. A self-structured questionnaire was used to elicit the information regarding knowledge and practice of menstrual hygiene during menstruation among girls. (reliability and validity of the tool 0.97) This tool consists of 36 questions divided into six categories like general information, school facility and information, history of menstruation, effects of menstruation, care and management of menstruation and myths and taboos.

## Results and Discussion

The table 1 shows that in case of residential school age girls 26.66 per cent girls belonged to 13-14 years, while 43.33 per cent belonged to 14 – 15 years and 30 per cent belonged to 15- 16 years. Among non-residential school age girls 28.33 per cent girls belonged to 13-14 years, while 41.66 per cent girls to 14 – 15 years and 30 per cent girls belonged to 15-16 years age range. Totally 28.33 per cent belonged to 13-14 years, 43.33 per cent belonged to 14-15 years and 28.33 per cent belonged to 15-15 years.

With respect to number of female sibling in residential school, 26.66 per cent girls had no female sibling, 65 per cent girls had 1-2 female siblings, 6.66 per cent girls had 3-4 female siblings and only 1.67 per cent had 5-6 female siblings. Whereas in non-residential school age girls 21.67 per cent girls had no female siblings. While 58.33 per cent had 1-2 female siblings, 11.67 per cent had 3-4 female siblings and only 2.5 per cent girls had 5-6 female siblings. On the whole 24.16 per cent had no female siblings, 61.67 per cent had 1-2 siblings, 11.67 per cent had 3-4 female siblings and only 2.5 per cent had 5-6 female siblings.

With respect to ordinal position of residential girls 36.66 per cent found second born, 30 per cent first born, 20 per cent are third born 8.33 per cent are fourth born and only 5 per cent are fifth born. Whereas in case of non-residential girls 36.66 per cent found second born followed by 33.33 per cent are first born, 20 per cent are third born, 6.66 per cent are fourth born and only 3.33 per cent are fifth born. On the whole 31.67 per cent were first born, 36.67 per cent were second born, 20 per cent were third born, 7.5 per cent were fourth born and only 4.16 per cent per cent were fifth born.

In case of residential girls 63.33 per cent belonged to lower middle class of SES, followed by 25 per cent to upper middle class of SES, 8.33 per cent to poor middle class of SES and only 3.33 per cent to high SES category. Whereas in case of non-residential girls 76.66 per cent belonged to lower middle class of SES followed by 20 per cent to Upper middle class of

SES and only 3.33 per cent to poor middle class of SES. The SES of the respondents indicated that only 1.67 per cent belonged to high class, 22.5 per cent belonged to upper middle class, 70 per cent belonged to lower middle class and 5.83 per cent belonged to poor middle class of SES.

The table 2 indicates knowledge on menstrual hygiene of school age girls where it is important to note that among residential school girls, 45 per cent girls have medium knowledge on menstrual hygiene and 55 per cent girls indicated high knowledge on menstrual hygiene. Whereas from the non-residential school girls 36.67 per cent showed medium knowledge and remaining 63.33 per cent girls had high knowledge on menstrual hygiene. The non-residential (56.18±2.54) girls mean was slightly higher than the residential (55.71±3.48) school girls. There was no difference and significant association found between the residential and non-residential school girls in case of knowledge on menstrual hygiene.

In terms of rural and urban locality the knowledge on menstrual hygiene of school girls is indicated in table 3. While 30 per cent of girls had medium and 70 per cent had high knowledge on menstrual hygiene among rural residential group. While from the non-residential school girls 33.33 per cent showed medium and remaining 66.67 per cent had high knowledge on menstrual hygiene. Totally it indicated that 31.67 per cent girls had medium and 68.33 per cent exhibited high knowledge on menstrual hygiene.

In case of urban residential school girls 60 per cent had medium and 40 per cent showed high knowledge on menstrual hygiene while in non-residential school girls 40 per cent indicated medium and 60 per cent expressed high knowledge on menstrual hygiene. Overall equal proportion of respondents showed medium and high knowledge on menstrual hygiene. The mean was found high among residential school girls than non-residential school girls in rural area whereas in case of urban non-residential school girls higher mean than residential school age girls had. There was no difference and but significant association between rural residential and non-residential school age girls but significant difference was found between urban residential and non-residential school age girls. Overall there was significant difference but highly significant association was found between the rural and urban school girls. Hence, the null hypothesis is accepted as stated for the study on the knowledge on menstrual hygiene of rural and urban residential and non-residential school age girls. A study conducted by Chanda and Itagi (2015) [3] found the similar trend in the results.

Myths and taboos followed by the residential and non-residential school girls in indicated in this table 4. It was observed that 96.67 per cent girls take bath immediately attainment of menses and 3.33 per cent girls indicated that they didn't take bath immediately after menses in both residential and non-residential school girls. With regard to practices of resting in separate room during menses 26.66 per cent girls followed it and 73.33 per cent girls not followed it from residential school group. Whereas 18.33 per cent girls followed it and 81.67 per cent girls not followed it among non-residential school girls. Similarly a study conducted by Verma *et al.* (2009) [7] showed that about 8.3 per cent of the girls were asked to sleep separately during menses and another study was inline which was conducted by Nemade

*et al.* (2009) [4] about 102 (51.77%) girls reported the isolation at home during menses. The entire respondent from residential and non-residential (100 %) didn't enter temple or holy places during their menses. The study carried out by Nemade *et al.* (2009) [4] about 197 (100%) girls reported that they do not visit holy places during menstruation. While 96.67 per cent from residential and 31.66 per cent from non-residential touched the pickle container during menses because in residential school they did not have any restriction in touching whereas 3.33 percent from residential and 68.33 percent from non-residential school girls didn't touch the pickle container. The study conducted by Raina and Balodi (2014) [5] majority girls 122(81.33) did not attend any religious function, 92(61.33) were not allowed to touch stored food. It was interesting to know that menstruation as natural phenomena 65 per cent indicated that menstruation is a natural phenomenon and 35 per cent girls didn't consider as natural phenomena among residential school girls. While

from non- residential school girls 51.67 per cent girls thought menstruation as natural phenomena and remaining 48.33 per cent didn't think it as a natural phenomenon but a burden. Shanbhag *et al.* (2012) [6] indicated that 73.7 per cent considered menstruation as normal phenomenon.

**Conclusion**

It was observed that no one had low knowledge on menstrual hygiene because the girls were educated in their schools regarding the menstrual hygiene but we could find that both residential and non-residential school girls followed some of the myths and taboos which were followed at their homes. Hence there is a need for educator and parents to provide accurate and adequate information about menstruation to young school girls so that the girls can remove the traditional belief, misconceptions and restriction during menstruation and spread the right practices to next generation.

**Table 1:** Personal characteristics of the school age girls

S. No.	Variables	Residential (n= 60)	Non-Residential (n=60)	Total (n=120)	
1	Age ( years)	13-14 years	16 (26.66)	18 (30.00)	34 (28.33)
		14-15 years	26 (43.33)	26 (43.33)	52 (43.33)
		15-16 years	18 (30.00)	16 (26.66 )	34 (28.33)
2	Number of Female Siblings	No Siblings	16 (26.66)	13 (21.67)	29 (24.16)
		1-2	39 (65.00)	35 (58.33)	74 (61.67)
		3-4	4 (6.66)	10 (16.67)	14 (11.67)
		5-6	1 (1.67)	2 (3.33)	3 (2.5)
3	Ordinal Position	1	1 (1.67)	20 (33.33)	38 (31.67)
		2	22 (36.66)	22 (36.66)	44 (36.67)
		3	12 (20.00)	12 (20.00)	24 (20.00)
		4	5 (8.33)	4 (6.66)	9 (7.5)
		5	3 (5.00)	2 (3.33)	5 (4.16)
4	Socio-Economic Status	Upper Middle	2 (3.33)	-	2 (1.67)
		Lower Middle	15 (25.00)	12 (20.00)	27 (22.5)
		Poor Middle	38 (63.33)	46 (76.66)	84 (70.00)
		Very Poor	5 (8.33)	2 (3.33)	7 (5.83)

Figures in the parenthesis indicates percentage

**Table 2:** Knowledge on Menstrual Hygiene of school girls

Sl. No.	Knowledge on Menstrual Hygiene	Residential (n=60)	Non-residential (n=60)	t-value	χ <sup>2</sup>
1	Low	-	-	0.83	24.06*
2	Medium	27 (45.00)	22 (36.67)		
3	High	33 (55.00)	38 (63.33)		
	Mean (±SD)	55.71 ± 3.48	56.18 ± 2.54		

Figures in the parenthesis indicates percentage \* Significant at 0.05 level

**Table 3:** Knowledge on menstrual hygiene of school age girls from rural and urban areas

S. No.	Knowledge on Menstrual Hygiene	Rural			Urban			t-value	χ <sup>2</sup>
		Residential (n=30)	Non – residential n=30	Total n=60	Residential n=30	Non – residential n=30	Total (n=60)		
1	Low	-	-	-	-	-	-	3.03**	29 **
2	Medium	9 (30.00)	10 (33.33)	19 (31.67)	18 (60.00)	12 (40.00)	30 (50.00)		
3	High	21 (70.00)	20 (66.67)	41 (68.33)	12 (40.00)	18 (60.00)	30 (50.00)		
	Mean (±SD)	57.10 ± 3.38	56.43 ± 2.45	56.76±2.95	54.33 ± 3.05	55.93 ±2.65	55.13± 2.94		
	t-value	0.87 <sup>NS</sup>			2.16 *				
	χ <sup>2</sup>	21.00*			23.70*				

Figures in the parenthesis indicates percentage NS – Non-Significant \* - Significant at 0.05 level \*\* Significant at 0.01 level

**Table 4:** Qualitative analysis regarding myths and taboos observed during menstruation among residential and non- residential school girls

S. No.	Particulars of myths and taboos during menstruation	Residential (n=60)		Non- Residential (n=60)		
		No	%	No	%	
1.	Bathing after attainment of menses	Yes	58	96.67	58	96.67
		No	02	3.33	02	3.33
2.	Resting in separate room during menses	Yes	16	26.67	11	18.33
		No	44	73.33	49	81.33
3.	Entering temple or holy places	Yes	-	-	-	-
		No	60	100	60	100
4.	Touching pickle container	Yes	58	96.67	19	31.66
		No	02	3.33	41	68.33
5.	Considering menstruation as natural phenomenon	Yes	39	65.00	31	51.67
		No	21	35.00	29	48.99

### Reference

1. Agarwal. A new instrument (scale) for measuring socio-economic status of a family: Preliminary study. Indian. J. Comm. Med. 2005; 34(4):111-114.
2. Anonymous World Health Organization. Geneva, 2007.
3. Chanda K, Itagi S. Knowledge on menstrual hygiene and health status of residential and non-residential school girls: socio-economic status (SES). Research and Analysis J. of applied research. 2015; 2(05):458-467.
4. Nemade D, Anjenaya S, Gujar R. Impact of health education on knowledge and practices about menstruation among adolescent school girls of Navi-Mumbai. J. Health and Population Perspect. Issues. 2009; 32(4):167-175.
5. Raina D Balodi. Menstrual hygiene: knowledge practice and restrictions among girls of Dehradun. Uttarakhanad, India. Global. J. Inter discipline. Soc. Sci. 2014; 3(4):156-162.
6. Shanbhag D, Shilpa R, D'Souza N, Josephine P, Singh J, Goud BR, *et al.* Perceptions regarding menstruation and practices during menstrual cycles among high school going adolescent girls in resource limited settings around Bangalore city, Karnataka (India). Intl. J. Collaborat. Res. Internal Med. Publ. Health. 2012; 4(7):1353-1362.
7. Verma P, Ahmad S, Srivastava RK. Knowledge and practices about menstrual hygiene among higher secondary school girls. Indian J. Comm. Health. 2009; 25(3):265-271.