

MENSTRUAL HYGIENE PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE GROUP IN A SELECTED READY-MADE GARMENT (RMG) FACTORY IN CHITTAGONG

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Abstract: *Menstruation is a natural phenomenon. There is a negative inference in many communities of Bangladesh about menstruation and women considered to be shameful. Consequently related health problem is often hidden and ignored. Hygiene management during menstruation has not been effectively addressed in the reproductive health sectors of Bangladesh. A cross sectional study was carried out to determine the menstrual hygiene management among reproductive age women of selected RMG factory in Chittagong. 150 study participants were selected conveniently. Data were collected by face to interview. A semi-structured questionnaire was used to get information on menstrual hygiene practices. Mean age of menarche of the respondents was 13.33 years and 63% knew about menstruation before menarche. The major source of information for the respondents was their mother (88.30%). Only 38% used sanitary pads and 52.67% used old cloths as absorbent material during menstruation. The most frequent cause of not using sanitary pad was high cost (37.84%). Majority (60.81%) respondents dry their absorbent inside the house without sunlight. Restriction of religious practices was faced by 96.66% of the respondents. Bulk of the respondents do not maintain good hygienic practices during menstruation. Socio-cultural factor found responsible for this poor menstrual hygiene practice. Proper Awareness program of good menstrual practices is of utmost importance for this vulnerable group.*

Keywords: *Menstruation, Knowledge, Practices, MHM, Gender equality, SDG*

Introduction

Puberty is a natural physiological process. Sexual hormone of the body changes at this time and the child enters into adolescence stage. The first sign of puberty among female is visible due to the cracking of uterine mucosa and is called menarche¹. Once established, every mature female menstruate on the average 3-5 days (minimum 2 days, maximum 7 days) each month until menopause. Menstrual Hygiene Management (MHM) deals with the specific hygiene and health requirements of women during menstruation.

Roughly 15-49th years of life are considered as reproductive age in women, more precisely the time between menarche and menopause. Menstruation and menstrual hygiene management is related to reproductive health. Reproductive health is a crucial part of general health and a central feature of human development². Reproductive ill-health is considered as cause of high maternal mortality and morbidity in developing countries, especially in Bangladesh. In Bangladesh there is lack of access to reliable sources of information on reproductive health. As a result women of reproductive age may hold misconceptions about the physiology of menstruation and its management. The Readymade Garment Factories (RMG) is the working place of huge number adolescent girls. There is not sufficient water supply and private bath and latrine in RGF. Gender unfriendly workplace and unhealthy situation of RGF causes absenteeism of workers, abstaining from social activities and makes them vulnerable to infectious disease. Unhygienic menstruation practices cause urinary, vaginal as well as perennial infection and sometime it may cause pelvic inflammatory disease and also cervical cancer.

In the past few years' reproductive health have emerged as a perceived social problem of increasing concern in the developed and developing countries. Since independence Bangladesh has achieved remarkable progress in health and family welfare sector. However, the status of reproductive health, still remains unsatisfactory. Menstruation practices is often hidden in mystery as a taboo topic in Bangladesh. In patriarchal society cultural restriction and discriminatory gender roles exacerbate women's difficulties during menstruation. Menstrual hygiene practices directly contributes to improving maternal health. Due to its indirect effect on sickness absenteeism and gender discrepancy, poor menstrual hygiene and management may hamper the achievement of SDG-4 on quality education and SDG-5 on gender equality. MHM is an issue that is inadequately addressed in health service system of Bangladesh⁴.

Methodology

The study was conducted in K Garment factory. It is situated in Didar market, Dewanbazar which is a densely populated area in Chittagong City Corporation. It was a descriptive cross sectional study and was carried out from April 2017 to July 2017. The main objective of studying was to determine menstrual hygiene practices among reproductive age women (age between 18 to 49 years). Participants those fulfil the inclusion criteria, willing and giving consent to participate and belonged to the study area, were included as study population. A written consent was collected from all the respondents. The permission was taken from the Chairman of the Garment factory. The data were collected by face to face interview. The questionnaire was prepared in local language and was pre tested in another community before data collection. The questionnaire was framed to collect information regarding menstrual hygiene practices, knowledge about menstrual cycles and privacy facilities available at working place for girls for maintenance of adequate menstrual hygiene. A Focus Group Discussion (FGD) was also conducted to collect the same information. The team conducting the FGD included a moderator and

two assistants. The assistants noted down all the findings discussed during the FGD. The Ethical clearance was obtained from the Institutional Ethical Committee to conduct the study. The data was entered into Microsoft office excel worksheet and analyzed as frequency and proportions. The data was presented in form of tables and figures.

Results

One fifty women of reproductive age participated in the study. Table-1 shows that among the participants, 61.30% were 18-27 years of age and 71.33% completed primary level of education. It was evident that, 52% respondents experienced menstruation between 13-14 years of age and 78% respondents had regular menstrual cycle. Only 63% were aware about menstruation before menarche and 88.30% of them got knowledge on menstruation from their mother. The study further reveals that above 58.00% of the respondents had correct knowledge about source of menstrual blood, while 24.47% stated that urinary bladder might be the source of bleeding. It was observed that 10.6% were unaware about the cause of the bleeding and 69.15% believed it was a physiological process while 20.21% believed it as a curse from God.

Table 2 reveals that mainly two types of absorbent material were used by the respondents. Among them 52.67% used old cloths, 23.33% used new cloths and only 24% used sanitary pads as absorbent material. In cases of reused cloth (52.67%), 73.68% faced problem where 54% faced water shortage in working place, 22.62% faced place scarcity for drying and 13.09% faced lack of privacy as the factory was not gender friendly. The FGD findings reveals that, they do not use sanitary pad due to excessive cost (37.84%) of sanitary napkin and 32.43% told it was suggested by family members. Other reasons were ignorance 16.21% and unavailability of napkins 13.51%.

The survey found that, 26.00% respondents change the absorbent once; 62.00% respondents change the absorbent 2-4 times and 52.00% respondents mentioned that they washed hands regularly with soap and water after changing absorbents. The cleaning of the external genitalia among respondents found unsatisfactory. Only 55.33% cleaned genitalia regularly and 44.67% cleaned irregularly. Among 55.33% only 21.69% used soap and water where as 78.31% used only water. Above 91.00% respondents had taken bath regularly although they had a tight working schedule. Above 67% of the respondents reported to throw their absorbent material with other wastes 28% washed and buried and flushed 4.67% it.

The respondents reported to practice different type of restrictions during menstruation like, did not attend any religious functions or visit temple even were not allowed to daily prayer (96.66%), were not allowed to prepare food (19.33%), did not enter into kitchen (6.6%) and had to sleep separately (11.33%).

Table 1: Socio-demographic characteristics of the respondents.

Variables	Frequency	Percentage (%)
<i>Age Group (Years)</i>		
18-27	92	61.3
28-37	40	26.6
38-47	18	12.0
<i>Level of education</i>		
Primary level	107	71.3
Secondary level	31	20.6
Higher Secondary and above	12	8.0
<i>Monthly family income</i>		
≤ 5000	11	7.3
6000	62	41.3
7000	47	31.3
8000	15	10.0
≥9000	15	10.0
<i>Age at Menarche years</i>		
10-11	14	9.3
12-13	58	38.7
14-15	78	52.0
<i>Menstrual cycle</i>		
Regular	117	78.0
Irregular	33	22.0

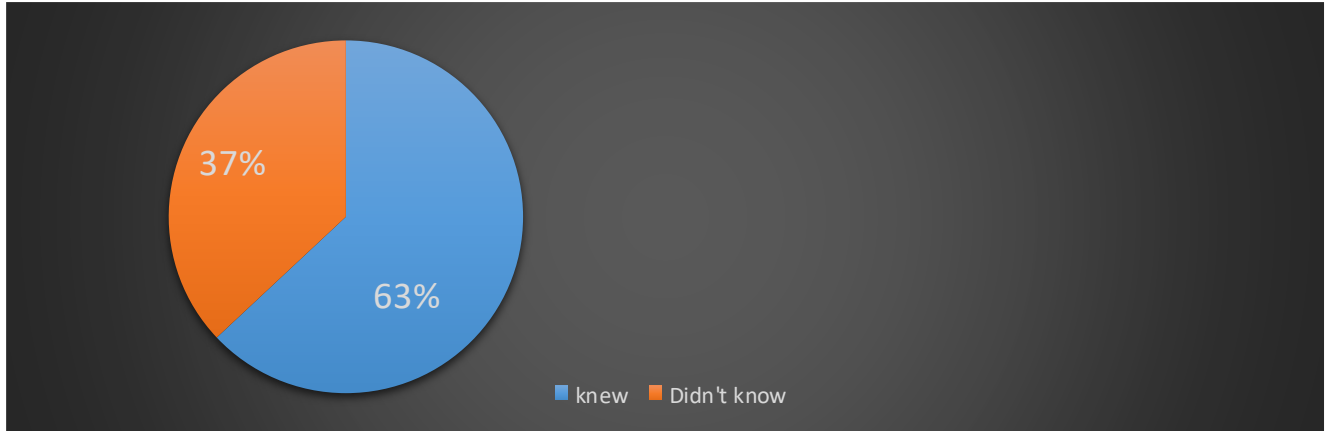


Figure 1: Distribution of respondents according to knowledge on menstruation before menarche (n=150)

Table 2: Knowledge of the respondents regarding menstruation (n =94)

Items	Frequency	Percentage (%)
<i>Source of knowledge about menstrual cycle before menarche</i>		
Mother	83	88.3
Sister	11	11.7
<i>Knowledge about organ from where bleeding occurs</i>		
Uterus	55	58.5
Bladder	23	24.5
Did not know	16	17.0
<i>Knowledge on cause of menstrual bleeding</i>		
Physiological	65	69.2
Curse of God	19	20.2
Did not know	10	10.6

Table 3: Hygiene practice of the respondents during menstruation (n =94)

Variables	Frequency	Percentage
<i>Type of absorbent (n=150)</i>		
Old washed cloth	79	52.7
New cloth	35	23.3
Sanitary pad	36	24.0
<i>Absorbents Changed per day (n=150)</i>		
1	39	26.0
2 -3	93	62.0
4-5	18	12.0
<i>Problems faced to wash, dry and storage of used cloth (n=114)</i>		
Yes	84	73.7
No	30	26.3
<i>Type of problem (n=84)</i>		
Water shortage	54	64.3
Place scarcity	19	22.6
Lack of privacy	11	13.1
<i>Disposal of absorbents(n=150)</i>		
Throw it in routine waste	101	67.3
Bury it	42	28.0
Burn it	09	4.7
<i>Restrictions during menstrual Period (n=150)</i>		
Religious Places	145	96.66
Cant prepare Food	29	19.33
Isolation from kitchen	10	6.6
Sleep separately	17	11.33

Table 4: Hygienic practice of the respondents during menstruation:

Variables	Frequency	Percentage
<i>Daily bath (n=150)</i>		
Yes	137	91.3
No	13	8.7
<i>Hand washing with soap (n=150)</i>		
Regular	78	52.0
Irregular	72	48.0
<i>Cleaning of external genital (n=150)</i>		
Regular	83	55.3
Irregular	67	44.7
<i>Cleaning of external genitalia regularly with (n=83)</i>		
Water	65	78.3
Soap and water	18	21.7

Discussion

The study reveals that the age of the menstruating girls ranged from 10-15 years, with the maximum number of girls being between 14-15 years of age. In another study researcher reported that the age of the menstruating girls ranged from 12-17 years, with the maximum number of girls being between 13-15 years of age⁴. In this study the mean age at menarche was found to be 13.33 years, whereas the mean age for menarche was calculated to be 12.8 years, as reported by other researcher. Menarche is an important event in girls at the threshold of adolescence and ideally, mother should be the main informants at the tender age of the girls. In this study, 63% were aware about menstruation before menarche and 88.30% reported that they got knowledge on menstruation from their mother. This study is similar to another study conducted by Deo et al⁶. This study reveals that 58.51% women had the correct knowledge that uterus was the source of menstrual blood, while 24.47% marked urinary bladder to be the source. This finding were not similar with other study. It was observed that, 69.15% were aware about the cause of the bleeding. 20.21% believed it as a curse from God. This is not similar with other study in Nagpur district where 18.35% believed menstruation is a physiological process⁷.

Mainly two types of absorbent material were used by them. Regarding practice of the study population during menstruation, 52.67% used old cloths, 23.33% used new cloths only 24% respondents used

sanitary pads as absorbent material. The reasons for not using sanitary pad was its excessive cost, ignorance family suggestion and unavailability.

It was alarming that this reuse of material could be a cause for infection if it is improperly cleaned and poorly sorted. Another research conducted in Rajasthan by Khanna et al, three-fourths of the girls used old cloth during their period⁸. In cases of re-used cloth 84% faced problem of water shortage, place scarcity and lack of privacy as the factory was not gender friendly. In focus group discussion they said that, they not use sanitary pad due to its excessive cost (37.84%) of sanitary napkin and 32.43% told it was suggested by family members. Other reasons were ignorance 16.21% and unavailability 13.51%.

Majority of the respondents (62%) change the absorbent 2-4 times. 52.00% respondents mentioned that they washed hands regularly with soap and water after changing absorbents. This observation was similar to that by Belgum et al⁹. Cleanliness of the external genitalia was satisfactory. 55.33% cleaned genitalia regularly and among them 21.69% used soap and water where as 78.31% used only water. It was very difficult for them to bath regularly as they had a tight working schedule although 91.33% of them had taken bath regularly. In the present study, the commonly practiced methods of disposal of the used absorbent were throwing in routine waste. Nearly 67% threw their absorbent material with other wastes.

In the present study, different type of restrictions was practiced during menstruation, possibly due to different rituals in their communities, false conceptions and ignorance¹⁰. The practice of religious restriction (99.66%) was most common. Rest of them (19.33%) were not allowed to prepare food and (6.6%) did not enter into kitchen.11.33% respondents had to sleep separately. These findings were consistent with those of other studies¹².

Conclusion

The study found that due to lack of education, ignorance and shame the menstruation hygiene management is not being prioritized by the communities. Lots of misconception and wrong beliefs were responsible for this poor and improper menstrual hygiene management. Religious beliefs, socio – economic condition, unavailability of absorbent materials, water shortage, lack of privacy, difficulty during disposal were revealed from this study.

Recommendations

To address the prevailing situation, the following initiative could be taken as priority to improve the situation. Mother can play a significant role in the knowledge phase by providing adequate knowledge and share her experience with girls before their menarche. Before that mother should be educated about MHM. Mass media, posters, leaflets, folk play can use to disseminate knowledge. Garment factories should be gender friendly. Adequate water supply, proper sanitation and site of disposal should be provided by the office authority. Low cost napkin technology and availability of sanitary napkin as like as daily commodities should introduced.

This is a small study and findings were not satisfactory. Large scale study including all variables related to practices during menstruation is required to obtain further information to find out the real situation.

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