

# ATTITUDE TO MENSTRUAL HYGIENE PRACTICES AMONG FEMALE SECONDARY SCHOOL STUDENTS IN ENUGU EDUCATIONAL ZONE, ENUGU STATE: IMPLICATION FOR WELLNESS PROMOTION

**Ani, N. R.\* & Erumi B. S. U.\*\***

*\*Dept. of Health and Physical Education, Enugu State University of Science and Technology (ESUT), Enugu, 08035909616, Ngozirita2003@Yahoo.Com, Rita.Ani@Esut.Edu.Ng*

*\*\*Dept. of PHE, School of Science, Delta State College of Education, Delta, Nigeria, Sellydoc@Gmail*

## **Abstract**

*Health issues related to poor attitude to menstrual hygiene is prevalent among young girls especial those in secondary school in Enugu Educational Zone, Enugu state and beyond. This study was set to find out the attitude to menstrual hygiene practices among female secondary school students in Enugu Educational Zone, Enugu State. Survey research design was adopted. Two research questions and one hypothesis guided the study. The population was 20,648 while the sample was 387 female secondary school students. Valid and reliable questionnaire was the instrument for data collection. Pearson's Product Moment Statistic was employed to determine the correlation coefficient which yielded index value of 0.86. The results were analysed using mean and t- test statistic. The findings revealed that the students possesses negative attitude towards menstrual hygiene practices ( $x=2.33$ ). Also, the null hypothesis was not rejected ( $p > 0.05$ ); hence, there was no significant difference in the mean response of urban and rural female secondary school students in the study area. Based on the findings, it was recommended among others that there is still need for schools to organise menstrual hygiene education on regular basis to help educate the young girls on the hygienic way to handle themselves during this very important period. Also there is need to provide supportive and enabling environment both in schools and homes for girls for effective management of menstruation.*

**Key words:** *Attitude, Menstrual hygiene practices, Wellness promotion*

## **Introduction**

Menstruation is one of the major secondary sexual characteristics in the female child. It is a normal phenomenon that occurs from puberty throughout the reproductive cycle of every female. It is a periodic vaginal bleeding associated with shedding of uterine mucosa. It occurs from puberty throughout the reproductive life of every female. Menstrual hygiene is a hygienic practice during menstruation. Good menstrual hygiene such as adequate cleaning of the external genitalia, the use of sanitary pad and frequent changing of pad every 3-4 hours

should be observed to prevent odour (Omidvar & Begum, 2010). According to Zegeye, (2009) and Eswi, Helal & Elarousy ( 2012) menstrual hygiene also includes bathing daily for comfort, using clean dry absorbent materials and hygienic disposal of used pads/materials in an environmentally acceptable, safe methods and keeping clean from anterior to posterior so as to help one feel fresh and clean. It is worthy of note that having good menstrual hygienic practices may enhance the confidence of females in many aspects. Provisions for good menstrual hygiene include home-made remedies like pieces of cotton cloth which are either placed on a woman's garment or on a home-made belt that wraps around the waist. These clothes can be washed, dried and used again (Hopkins, 2008). Available commercial products for women's hygiene during menstruation include pads, tampons and cups. Menstrual hygiene is an important issue that affects healthy adolescent girls and pre-menopausal adult women monthly. Globally women and girls have developed their own personal strategies to cope with menstruation which vary from country to country and depend on economic status, the individual's personal preferences, local traditions, cultural beliefs and educational status (Adinma & Adinma, 2008; Adhirika, SAkadel & Dungal, 2007; Aniebue, Aniebue & Nwankwo, 2009).

Menstrual hygiene refers to the special health care needs and requirements of women during monthly menstruation or menstrual cycle. It includes bathing daily for comfort, using clean dry absorbent material and disposal of used pads/materials in clean environmentally acceptable, safe methods and to feel fresh, keep perineal area clean from anterior to posterior (Zegeye, 2009, & Eswi, Helal & Elarousy, 2012). It is also defined as the condition or practices (as of cleanliness) conducive to menstrual health of females experiencing menstruation. Menstrual hygiene is an issue that every girl and woman has to deal with once she enters adolescence until she reaches menopause (Burgers & Lhalungpa, 2008). Also, Mahon & Fernandes (2010) asserted that in order for women to live healthy productive and dignified lives, it is essential that they are able to manage menstrual bleeding effectively. This requires absorbent material to soak menstrual blood, access to appropriate water sanitation and hygiene services, including clean water for washing their undergarments and piece of cloths for absorbing menstrual blood and having a place to dry them, including washing of hands before and after change of absorbent materials, having somewhere private to change cloths and pads, access to information to understand the menstruation and menstrual hygiene. Girls need to change their sanitary napkins regularly during the period of menstruation especially in the first two to three days. Hygiene related practices of women during menstruation are of considerable importance, as it has a health implication in terms of increased vulnerability to reproductive tract infections (Shanbhag, Shilpa,. D'Souza, Josphine, Singh, Goud, 2012).

Menstrual hygiene also refers to the effective management of menstrual bleeding by girls. It deals with a girl's special health care needs and requirements during her monthly menstruation or menstrual cycles. Furthermore, menstrual hygiene is when a woman and adolescent girls are using a clean menstrual management materials to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. Menstrual hygiene was further explained as the understanding of basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. The menstrual hygiene deals with a female's special health care needs and requirement during monthly menstruation or menstrual cycles. These areas of special attention include choosing best "period protection" or, feminine hygiene product, bathing, care of the vulva and vagina, as well as the supposed benefits of vaginal cleaning at the end of each menstrual period (Koffe & Rierdan, 2007). Also, menstrual hygiene refers to ways women keep themselves clean and healthy during menstruation and how they acquire, use and dispose of blood absorbing materials (Bhardwaj & Patkar, 2006).

Consequently, menstrual hygiene is an important aspect of reproductive health, which if not handled appropriately may cause toxic shock syndrome (TSS), urinary tract infection (UTI), repeated reproductive tract infections (RTIs), infections of the perineum and pelvic inflammatory diseases ( Narayan, 2007, Omidvar & Begum 2010,) as well as bad odour, soiled garments and ultimately shame, leading to infringement on the girls' dignity (Oche, Umar, Gana & Ango, 2012). Good menstrual hygiene is therefore crucial for the health, education and dignity of girls and women.

Furthermore, Sommer (2010), McMahon, Winch & Caruso (2011) asserted that menstrual hygiene practice is a problem for adolescent girls particularly when attending school. Poor water sanitation and hygiene (WASH) facilities in schools, inadequate puberty education and lack of hygienic menstrual absorbents cause girls to experience menstruation as shameful and uncomfortable hence affecting their self confidence, behaviour and attitude. Considering location and menstrual hygiene, Balqis, Arya and Ritonga (2016) noted that the people in urban area may be having a different attitude towards menstrual hygiene with the rural people because they live in an area which often expose to them to media frequently. Whether female secondary school students in the study area possesses negative or positive attitude towards menstrual and whether also location influences the practice of menstrual hygiene is one of the issues this study investigated. It is against this background that the researcher sought to find

out the attitude to menstrual hygiene practices among female secondary school students in Enugu Education Zone.

### **Research Questions**

The following research questions were answered.

1. What is the attitude of female secondary school students towards menstrual hygiene?
2. Will the attitude of female secondary school students towards menstrual hygiene based on location?

### **Hypothesis**

The only hypothesis was:

There is no significant difference in the attitude towards menstrual hygiene practices among female urban and rural secondary school students in Enugu Educational Zone, Enugu State.

### **Methodology**

Survey design was adopted for the study. The chosen design describes situations as they currently exist in their natural environment. The area of the study was Enugu Education Zone, Enugu State. Enugu Education Zone with three local governments namely; Enugu North, Enugu East and Isiuo and thirty-one (31) public secondary schools.

The population for this study consisted of 20,648 secondary school girls. The sample size of 400 secondary school girls was determined using Taro Yamane. To get at this sample size, multi-stage sampling procedure was utilised. Firstly, stratified random sampling technique was utilised to draw urban and rural schools. Secondly; systematic random sampling technique was used to sample 200 female students from urban and rural schools. Finally, in order to get at the respondents, the names as they appear at the register were used until the required number of the students was sampled.

Data were collected using a questionnaire developed by the researcher after a thorough literature review titled Students Attitude to Menstrual Hygiene Practices Questionnaire (SAMHPQ). It consisted of two Sections A and B. Section A comprised of 1 item on location of the respondents. Section B comprised nine items on Attitude towards menstrual hygiene practices, the items were on a four- point scale response options of strongly agree, agree, disagree and strongly disagree. It was validated by three experts in Health Education. Test re test method was used to establish the reliability of the instrument. Twenty

copies of the instrument were administered on secondary school girls in Agwu on two occasions at an interval of one week. Pearson's Product Moment Statistic was employed to determine the correlation coefficient value of the two scores which yielded index value of 0.86 and considered as high enough. Data were collected by the researcher with the help of three trained research assistants. Copies of the questionnaire were distributed to the students and were collected back on the spot. All the 400 copies of the questionnaire were collected but 387 copies were properly filled and were used for data analysis giving 96.8% return rate.

Data were analysed using mean on item- by -item basis. The four options response of strongly agree, agree, disagree and strongly disagree were assigned values of 4, 3, 2 and 1 respectively. A criterion mean of 2.50 was established by dividing the sum of the values by 4. The hypothesis was tested using t-test at .05 level of significance. For the purpose of taking decision, mean scores of 2.50 and above were interpreted as positive, while mean score below 2.50 were regarded as negative attitude. For hypothesis, P. values higher than 0.05 were regarded as significant.

## **Results**

**Research Question 1:** What is the attitude of female secondary school students towards menstrual hygiene practices?

**Table 2: Attitude of female secondary students towards menstrual hygiene n=387**

QUESTION	SA	A	D	SD	X	SD	DECISION
I like using sanitary pads during menstruation	200	150	30	7	3.40	0.71	Positive
I do not like using pieces of cloths during menstruation	28	44	100	215	1.70	0.93	Negative
access to clean water does not matter to me during menses	210	118	10	22	2.43	0.82	Negative
I like to wear clean panties always during menses	16	19	105	247	1.50	0.77	Negative
I wash my hands after cleaning genital	200	155	25	7	3.42	0.69	Positive
I feel that drying panties inside the room is enough	224	118	20	25	1.23	0.82	Negative
Panties made of cotton is the best material to absorb sweat during menstruation	200	150	30	7	2.56	0.71	Positive
I like using toilet tissue during menstruation	215	115	25	32	1.33	0.92	Negative
	210	118	10	22	3.43	0.82	Positive
Grande mean					2.33	0.79	Negative

From the result in table 1, the students showed negative attitude towards menstrual hygiene as the grand mean was 2.33 which is less than the criterion mean of 2.50. This implies that the respondents' attitude to menstrual hygiene was negative.

**Table 2: Attitude of female students in urban and rural location towards menstrual hygiene practices**

Items	URBAN n=196			RURAL n= 191		
	X	SD	Dec	X	SD	Dec
I like using sanitary pads during menstruation	2.68	0.71	+ve	2.54	0.74	+ve
I do not like using pieces of cloths during menstruation	1.66	0.92	-ve	1.71	0.94	-ve
access to clean water does not matter to me during menses	1.48	0.77	-ve	1.53	0.81	-ve
I like to wear clean panties always during menses	2.57	0.62	+ve	1.02	0.74	-ve
I wash my hands after cleaning genital	2.62	0.69	+ve	2.54	0.80	+ve
I feel that drying panties inside the room is enough	2.06	0.92	-ve	1.76	0.94	-ve
Panties made of cotton is the best material to absorb sweat during menstruation	3.21	0.71	+ve	3.18	0.74	+ve
I like using toilet tissue during menstruation	1.48	0.77	-ve	1.53	0.81	-ve
I like taking bath regularly during menstruation	3.02	0.69	+ve	2.58	0.73	+ve
GRAND MEAN	2.31	0.76	-ve	2.04	0.81	-ve

The results in table 2 above showed a negative attitude towards menstrual hygiene as the grand mean for female students in both urban and rural areas had mean scores less than 2.50. The students both in urban and rural showed positive attitude towards menstrual hygiene practices in items 1, 5, 7 and 9 and negative attitude in items 2,3, 6 & 8, but difference existed in item 4 where female students in urban area showed positive and rural showed negative attitude. However, on the average, the students had means lower than the cut off mean of 2.50, this implies that the students both in urban and rural schools had negative attitude to menstrual hygiene practices.

**Ho** There is no significant difference in the attitude to menstrual hygiene practices among female urban and rural secondary school students.

**Table 3: t- test for attitude towards menstrual hygiene practices**

Pair		Paired Differences					t	Df	Sig. (2- tailed)	Decision
		Mean	Std. Deviation	Std. Error Mean	95 % Confidence Interval of the Difference Lower Upper					
Pair 1	Rural School Female Students	2.31	0.76	9.719	-8.92	39.04	0.09	15	.249	
Pair 2	Urban School Female Students	2.04	0.81	2.822	4.63	9.60	0.06	15	.000	Do not reject

From table 3, t values of 0.09 and 0.06 was observed, the difference in the mean score is greater than 0.05. This showed that there is no significant difference in the attitude to menstrual hygiene among secondary school girls in rural and urban schools alike. Therefore, the null hypothesis was not rejected. The implication of this finding is that school location does not exert any influence on the female secondary school students' attitude to menstrual hygiene practice.

### Discussion

The study found a negative attitude towards menstrual hygiene among female secondary school. However, the study found that the students had positive attitude on specific items like the choice of using sanitary pads during menstruation, use of panties made of cotton as best material during menstruation and, specifically, the belief that washing of hands after cleaning genital and changing sanitary towel. This is in total agreement with the assertion of Mahon & Fernandes (2010) who noted that, in order for women to live healthy productive and dignified lives, it is essential that they react positively to their management of menstrual bleeding.

However, the respondents show negative attitude to the statement that access to clean water does not matter to them. This implies that cleaning of genitals and under garments worn during menstruation might not be properly done hence exposing the students to risks of infections and diseases. Consequently, this finding was in contrast with the opinion of Balqis, Arya & Ritonga (2016) who stated that having access to clean water and the use of soap is very important so as to keep genital clean. Findings also revealed that the respondents in this study had negative attitude to drying of panties inside the room which is in agreement with the opinion of Zegeye (2009) and Eswi, Helal and Elarousy (2012) who

observed that air drying of under garments, bathing daily for comfort and using clean dry absorbent material are very necessary for health during and after menstruation.

In comparison between the attitudes of respondents from urban secondary schools and respondents from rural secondary school towards menstrual hygiene, there was no significant difference between urban and rural secondary school students. The null hypothesis was not rejected. This shows that location does not exert any significant difference on the attitude of female secondary school students towards menstrual hygiene practices. This finding was not surprising since the students were exposed to the same curriculum irrespective of the location of their school. Also their teachers were all exposed to the same teacher education so the teachers in both urban and rural areas had the same qualification. However, this finding disagreed with that of Balqis, Arya and Ritonga (2016) who noted that the people in urban area may be having a different attitude towards menstrual hygiene with the rural because they live in an area which often exposes them to media frequently. This finding though surprising may be linked to the opinion of Adinma & Adinma (2008); Adhirika, SAKadel & Dungal (2007) and Aniebue, Aniebue & Nwankwo (2009), who noted that, globally women and girls have developed their own personal strategies to cope with menstruation which vary from country to country and even location depending on their economic status, individual's personal preferences, local traditions, cultural beliefs and educational status. Probably, the female students in the study area have developed their own strategies to cope with their menstruation. Consequently, this study did not observe any discrepancy in the attitude of the urban and rural female secondary school students towards menstrual hygiene practices

### **Conclusion**

From the findings of the study, it can be concluded that the female secondary school students in the study area possess a negative attitude towards menstrual hygiene practices. Also this attitude was not influenced by the location of the schools. Consequently, this negative attitude towards menstrual hygiene practices may influence the level of wellness and productivity of these students. It is worthy of note that health promotion and wellness for girl child could be actualized through proper menstrual hygiene practices. This is because of its perceived contribution to the general health of the girl child in the areas of reduction of diseases, increased positive life style and ensuring complete wellness hence improving school attendance and school health.

The following recommendations were made based on the findings of the study:

1. Schools should organise menstrual hygiene education in schools at regular basis to help educate the young girls on how to develop good attitude towards menstrual hygiene practices.
2. Supportive environment and enabling environment should be provided both in schools and homes for girls for effective management of menstruation which will help.
3. Teachers should give accurate and comprehensive education on menstruation to female students so as to help improve their attitude towards menstrual hygiene.

## References

- Adinma, E. D. & Adinma, J. I. B. (2008). Perceptions and practices on menstruations amongst Nigeria secondary school girls. *Africa Journal of Reproductive Health* 12(1):74- 83.
- Adhirika, P, SAKadel, B, & Dungal, S.L. (2007). Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal, *Kathmandu University Medical Journal*. 5 (3) 19:382 – 386
- Aniebue, A. A., Aniebue, P. N. & Nwankwo, T.O (2009). The impact of premenarcheal training on menstrual practices and hygiene of Nigerian school girls. *Pan African Medical Journal* 2(9).
- Balqis, M., Arya, I.F.D. & Ritonga, M.N.A. (2016). Knowledge, attitude and practice of menstrual hygiene among high schools students in Jatinangor. *Althea Medical Journal* 3(2)
- Bhardwaj, S. & Patkar, A. (2004): Menstrual hygiene management in developing countries taking Stock. *Junction Social [Online]* [www.mum.org/menhydev.htm](http://www.mum.org/menhydev.htm)
- Burgers, L. & Lhalungpa, S. (2008). Menstrual hygiene management. New Delhi: *Child Development Section, UNICEF*.
- Eswi, A., Helal, H. & Elarousy, W. (2012). Menstrual attitude and knowledge among Egyptian female adolescents. *Journal of American Science*.8 :( 6)555-565.
- Hopkins, J.B. (2008). The INFO Project. Key facts about the menstrual cycle. School of Public Health, Centre for Community Programs. <http://www.infoforhealth.org/inforeports/menstruation.pdf>*Community Medicine* 33:77-80 (Regular Issued: 14(3): 201-208).
- Koffe, E. and Rierdan, J. (2007). Preparing for menstruation: Recommendations from adolescent girls, *Adolescent Winter – 30 (120): 795 – 811*.
- Mahon, T. & Fernandes, M. (2010). Menstrual hygiene in South Asia: A neglected issue for WASH. (*Water, Sanitation and Hygiene Programmes*).

- McMahon, S.A., Winch, P.J., Caruso, B.A., Obure, A.F., Ogutu, E.A. & Ochari, I.A. (2011). The girl with her period is the one to hang her head reflections on menstrual management among school girls in rural Kenya. *BMC International Health Human Right* 11(7):1-10.
- Narayan, K.A. (2007). Puberty rituals, reproductive knowledge and health of adolescent school girls in South Asia, *Asia Pacific Population Journal*. 16 (2).225 – 238
- Oche M. O., Umar A. S. Gana G. J. & Ango J. T. (2012). Menstrual health: The unmet needs of adolescent girls' in Sokoto, Nigeria. *Scientific Research and Essays*. 7 (3): 410- 418.
- Omidvar, S. & Begum, K. (2010). Factors influencing hygienic practices during menses among girls South India. A cross-sectional study. *International Journal of Collaborative Research on Internal Medicine and Public Health* 411-423
- Shanbhag, RD. Shilpa, R. D'Souza, N. Josphine, P. Singh, J. Goud, B. R. (2012). Perceptions regarding menstruation and practices during menstrual cycle among high school adolescent girls in resource limited setting around Bangalore City Karnataka, India. *International Journal of Collaborative Research on Internal Medicine & Public Health*.
- Sommer, M. (2010). Where the education system and women's bodies collide. The social and health impact of girls experiences of menstruation and school in Tanzania, *Journal Adolescent* 33:521-9.
- Zegeye, D. (2009). Age at menarche and the menstrual pattern of secondary school adolescent in Northwest Ethiopia. *BMC Women 's Health* 9(29)