

Menstruation hygiene and related issues in adolescent girls: A brief commentary

Mohd Altaf Dar¹, Mudasir Maqbool², Imran Gani², Irfat Ara³

¹Department of Pharmacology, CT Institute of Pharmaceutical Sciences, Punjab Technical University, Jalandhar, Punjab-144020

²Research Scholar, Department of Pharmaceutical Sciences, University Of Kashmir, Srinagar, Jammu and Kashmir, India

³Research officer, Regional Research Institute of Unani Medicine, Srinagar, Jammu and Kashmir, India

ABSTRACT

Between childhood and adulthood, adolescence is a phase of physiological, psychological, and social transformation. Menstrual difficulties are a common symptom and one of the primary causes of adolescent doctor visits. Therefore, adolescent girls' knowledge of reproductive health, including menstruation, may be incomplete and impacted by sociocultural obstacles. The majority of teenage females in India know nothing about menstruation, reproduction, and sexuality. As menstruation remains a taboo, the culture adheres to numerous myths and prohibitions. During menstruation, poor personal cleanliness and dangerous sanitary circumstances heighten the risk of reproductive tract infections and gynecological issues. In resource-poor environments, where women lack access to basic facilities such as water, bathrooms, and privacy, it is extremely difficult to maintain a high level of hygiene. There is a need to enhance housing conditions in terms of fundamental amenities. Every girl may only be encouraged to use sanitary pads if they are offered at cheap costs. It is urgent that separate teenage gynecological clinics be established. Sensitization and counseling in schools, together with a complete school education program on menarche and menstruation difficulties, may assist girls in coping better and seeking appropriate medical support.

KEYWORDS: Herbs, memory, neuroprotection, neuronal damage

INTRODUCTION

The word "adolescence" comes from the Latin word "adolescere," which means "to grow up." This is a unique time in a person's life and an important time for building the foundations of good health. Teenagers grow quickly in all ways, including physically, mentally, and socially. WHO says that adolescence is the time between 10 and 19 years old. In India, more than 21.4% of the people are teenagers. Adolescence is when a person goes from being a child to being an adult. The biological causes of adolescence are the same for everyone, but the length and characteristics of this time vary with time, population, culture, and social and economic conditions [1-3]. Over time, the pattern of this phase has changed in many ways, such as when puberty starts, when people move to cities, and how they feel about sexuality, behaviour,

cleanliness, and hygiene. The menstrual cycle is the most crucial part of a woman's reproductive health. Menarche is a significant indicator of puberty and a significant occurrence in the life of adolescent girls. As a society's sanitary, nutritional, and economic conditions improve, menarche tends to occur at a younger age, according to studies. Many adolescent girls may not fully comprehend the varying patterns of menstruation over the few years following menarche. India has the world's largest adolescent population. They make up 47% of the total population. At this age, there are physical, physiological, and psychological developmental changes. Due to societal constraints in their environment, adolescent girls frequently lack an understanding about reproductive health, including menstruation [3, 4].

Various issues arise for adolescent girls as a result of

Correspondence: Mudasir Maqbool, Research Scholar, Department of Pharmaceutical Sciences, University of Kashmir, Srinagar, 190006, Jammu and Kashmir, India. Email: bhatmudasir92@gmail.com



eISSN: 2523-6709
pISSN: 2523-6695

© Authors; 2022. (CC BY-NC-SA 4.0)

This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited.

their distinctions. It is of the utmost importance to offer girls knowledge, education, and a conducive environment in order to equip them with the skills necessary to manage menstrual difficulties. The immediate home environment, classmates, societal norms, the school environment, and the workplace impact the development of teenagers' personality, talents, and vulnerabilities. Inadequate water, sanitation, and hygiene (WASH) facilities in schools, inadequate puberty education, and a lack of hygienic goods (absorbents) cause girls to feel ashamed and uncomfortable throughout their menstrual cycles. Moreover, poor personal cleanliness and dangerous sanitary circumstances result in gynecological disorders among teenage girls. In addition, the lack of hygiene during menstruation is associated with a high incidence of infections. It has been reported that the recurrent use of filthy napkins or inadequately dried cloth napkins before reuse results in the harbouring of microorganisms and the subsequent development of vaginal infections. In terms of increased susceptibility to reproductive tract infections (RTI), women's menstrual hygiene routines are of utmost importance. There is a discernible relationship between socioeconomic status, menstrual hygiene behaviours, and RTI. Currently, millions of women suffer from RTIs and their complications, and the illness is frequently passed to the fetus of expectant mothers 56. The majority of females reach puberty between the ages of 10 and 16; however, there is a wide range of ages at which this occurs. The average length of an ovulatory cycle ranges from 21 to 35 days. The normal duration of menstrual flow ranges from 2 to 7 days, with most periods lasting between 3 and 5 days. During this process, various phases mark the maturation of the complex endocrinological system consisting of the brain, pituitary gland, and ovary and their interactions. This process should result in a healthy reproductive function 78. Women who are more educated about menstrual hygiene and safe practices are less susceptible to RTI and its repercussions. Therefore, an improved understanding of menstruation beginning in infancy may promote safe habits and reduce the pain of millions of women. Menarche is a significant indicator of puberty and a significant occurrence in the life of adolescent girls. As a society's sanitary, nutritional, and economic conditions improve, menarche tends to occur at a younger age, according to studies. Many adolescent girls may not fully comprehend the varying menstruation patterns over the few years following menarche. The majority of females reach puberty between the ages of 10 and 16; however, there is a wide range of ages at which this occurs. The average length of an ovulatory cycle ranges from 21 to 35 days. Normal duration of menstrual flow ranges from 2 to 7 days, with most periods lasting between 3 and 5 days. During this process, various phases mark the maturation of the complex endocrinological system consisting of the brain, pituitary gland, and ovary and their interactions. This process should result in a healthy reproductive function [9, 10]. During the first few years following menarche, it is usual for cycles to be irregular and prolonged. The most common menstrual disorders include polymenorrhea, oligomenorrhea,

and dysmenorrhea. Menstrual irregularities are more prevalent during the first few years of menstruation but become less frequent in the years after menarche, 3-5 years. Menstrual disorders, such as amenorrhea, menorrhagia, premenstrual syndrome, dysmenorrhea, abnormal vaginal bleeding, ovarian masses, polycystic ovary syndrome, endometriosis, coagulation disorder, and sexually transmitted disease, are the most common reason for adolescent girls to seek medical attention. In the spectrum of gynecological illnesses affecting women of all ages, it occupies a unique position. This is due to the physical nature of the problems, which are so unique, special, and specific to this age group, as well as the associated and psychological factors, which play a significant role in the development and psychological remoulding of a person during the transition from childhood to womanhood 11-12.

Perspective on Menstruation

Menstruation is a physiological process, yet, menstruation is not yet accepted by society. Different societal attitudes exist around menstruation. It is occasionally viewed as an illness or a divine curse. On the one hand, menarche is honoured, yet monthly periods are forbidden and rarely spoken about in public. All of these factors have left an unfavourable and perplexing impression on young girls towards menstruation. This emphasizes the need for sufficient education to effect a change in menstrual attitudes. The attitude about menstruation also relies on the severity of premenstrual, menstrual, and postmenstrual symptoms. The most common symptoms include abdominal discomfort, backache, pain in the legs or breasts, irritability, sleep disruption, heavy bleeding, and persistent bleeding [12-15].

Constraints during Menstruation

There are numerous misunderstandings that are transmitted from generation to generation. Several restrictions are imposed on women and adolescent girls during menstruation, either by the women or by others, because the mother and family members do not understand how to manage menstruation. These limits are observed when participating in religious practices, such as not being permitted to touch someone before taking a bath, being required to sleep in a separate room, not being permitted to touch plants or engage in play, etc. Even the consumption of specific foods, such as papaya, sesame, non-vegetarian foods, and sweets, is restricted [12, 16-18].

Menstrual Hygiene Practice

Menstrual hygiene is dependent on the type of material used, the frequency with which it is changed, daily bathing, cleansing of the vaginal region, and correct disposal of spent materials. Using clean cloths or pads, changing pads more than or equal to three times a day, taking a daily bath, and washing the genital area with soap and water are all appropriate practices. Periodically, menstrual products have progressed. These items include sanitary napkins, tampons, and menstruation cups. The sanitary napkin is the most frequent menstrual product. Currently, some napkins are reusable and eco-friendly 18-19. Regarding the

disposal of menstrual absorbent materials, the most common unsafe to safe practices are as follows:

1. Littering them unwrapped into fields, rooftops, etc.,
2. Wrapping in paper/ plastic bag and throwing outside,
3. Drying, wrapping in paper/ plastic bag, and throwing in dustbins (mostly non-rural),
4. Burying for decomposition,
5. Throwing in latrines/toilets,
6. Burning (rural /urban).

Safe disposal entails ensuring that used absorbents are destroyed without human intervention and with minimal environmental impact. As napkin polymers can clog sewage pipes, improper disposal of pads, such as flushing them down the toilet, can cause problems. In instances where sanitary napkins are not utilized, the reasons include high cost, inaccessibility, and disposal problems. The government also provides sanitary napkins to adolescents who do not attend school via the ICDS and through schools [19-21]. The disposal of used menstruation products is a big topic since it impacts both individual and environmental health. Menstrual hygiene management also includes disposal methods that are harmless to the individual and the environment as a whole. Frequently, disposable sanitary pads are constructed from non-biodegradable materials, which do not decompose and are consequently detrimental to the environment. Reusable menstruation pads, on the other hand, pose no threat to the environment or an individual's health if properly managed; the saturated cloths may be rinsed out with soap and water, allowing for disposal in private without posing an environmental risk 22.

Absence from School

In society, menstrual absences from school are also noticed. In addition to menstrual symptoms, common explanations include a shortage of water for cleaning, humiliation, lack of privacy for changing and cleaning, sociocultural attitudes, and the fear of staining clothing. During menstruation, a girl's confidence grows when she is no longer afraid of leaking. Due to the difficulty of predicting a girl's menstrual cycle, schools should always stock sanitary napkins [22-24].

Management of Menstrual Hygiene Effectively

Despite the fact that only women and adolescent girls menstruate, it is vital that all members of society have a fundamental grasp of this. Menstrual Hygiene is a very important topic that has only recently begun to receive the necessary attention and be viewed from perspectives such as gender equality, Water, Sanitation, and Hygiene (WASH), Reproductive health, Education, and Public health due to its impact on the environment, the economy, the global workforce, and the development of nations; education, family, health, and the safety of the girl child. Menarche, a girl's first menstrual bleeding, which is frequently

regarded as the key event of puberty in adolescent females, frequently causes psychological, social, and behavioural changes in adolescent girls transitioning from girlhood to womanhood 2526. Menstruation is a natural and typical procedure that occurs once a month in every woman and adolescent girl as a result of the removal of the uterine lining. The stress of having to deal with blood coming out of her vagina, the cramps that accompany menstruation as a result of the contractions of the uterine muscle, and the general discomfort that teenage girls feel during their period is frequently a novel and sometimes distressing experience for adolescent girls. Menstrual hygiene management is important because girls and women should not be excluded from regular daily activities; consequently, there is a need for effective methods to manage menstruation so that they can feel clean and free to interact and compete with their male counterparts in all spheres 26.

At national, state, and local levels

Officials at the national and state levels are in charge of making relevant policies, allocating budgets, and keeping an eye on things from a strategic perspective. Officers at the district level, like magistrates, collectors, public health engineers, district education officers, ICDS officers, health staff, and frontline workers in the community, must make sure that the plan is put into action and that it is being monitored 26.

Management at the school level

Based on the Annual Status of Education Report, just 68.7% of government schools in India had functional toilets, implying that one in four toilets are inoperable. The reason for this is that the availability of toilets is prioritized over their functionality. Consequently, study areas should have access, well-maintained separate bathrooms for ladies and boys, water, soap for hand washing, and space for washing or laundering menstruation absorbents. Creation of a module that focuses on understanding the changes that occur during puberty, the biology surrounding menstruation, the choice of menstrual absorbent, hygienic practices, the handling of menstrual absorbents, normalizing menstruation, dispelling myths surrounding menstruation, coping with menstrual pain, and ensuring adequate nutrition during menstruation. In this sense, community and family norms and beliefs must be altered 26. Teachers, community leaders, self-help groups, and families, including men and boys, should assist positively the women in their communities. Families may be the origin of numerous harmful taboos, prohibitions, and cultural beliefs. Dasgupta and Sarkar (2008) found that 16.18% of girls did not attend school and that 70.59% of girls did not attend any religious event. Tarhane and Kasulkar (2015) reported that 84% of girls were prohibited from attending religious sites; Kumar et al. (2011) reported that 76.15% of girls were prohibited from visiting religious sites [27-29].

CONCLUSION

To continue working and maintaining sanitary habits, adolescent females' health education must include

instruction on menstrual health and hygiene. Better awareness and safe menstrual practices can prevent reproductive system infections and their consequences. Ideal menstrual health education would teach students to consider the relationships between knowledge, behaviour, and enhanced human health. Additionally, it would help improve the mother's health. In the early phases of young girls' lives, there is a need to manage menstrual morbidities. Therefore, workshops and the addition of a chapter to course materials focusing on improving the lifestyle and associated modifiable factors with raising girls' general knowledge about the following: menstrual physiology, the relationship between hormonal changes, symptoms, and menstrual disorders and their associated factors. Menstrual irregularity in adolescents must be diagnosed with the highest care and treated without delay. The subspecialty of adolescent gynecology is a vital subspecialty of gynecology. Lack of privacy is a significant issue. In resource-poor environments, where women lack access to basic facilities such as water, bathrooms, and privacy, it is extremely difficult to maintain a high level of hygiene. There is a need to enhance housing conditions in terms of fundamental amenities. Every girl may only be encouraged to use sanitary pads if they are offered at cheap costs. Adolescent gynecology should be addressed by establishing dedicated "adolescent gynecological clinics" because it is currently a neglected subject by researchers, clinicians, and society. The time has come to establish distinct "adolescent gynecological clinics." Sensitization and counselling in schools, together with a complete school education program on menarche and menstruation difficulties, may assist girls in coping better and seeking appropriate medical support. The simplest approach to draw attention to the significance of the adolescent girl in society is through the use of print and social media.

References

- Zehravi M, Maqbool M, Ara I. Polycystic ovary syndrome and reproductive health of women: a curious association. *International journal of adolescent medicine and health* 2021;33:333-7.
- Maqbool M, Khan M, Mohammad M, Adesina MA, Fekadu G. Awareness about reproductive health in adolescents and youth: a review. *Journal of Applied Pharmaceutical Sciences and Research* 2019;1-5.
- Maqbool M, Ara I, Gani I. Reproductive Health of Women: Implications and attributes. *International Journal of Current Research in Physiology and Pharmacology* 2022;8-18.
- McLaren MA, Padhee M. A sexual and reproductive health rights approach to menstruation. *Gender & Development* 2021;29:131-50.
- Singh MM, Devi R, Gupta S. Awareness and health seeking behaviour of rural adolescent school girls on menstrual and reproductive health problems. *Indian Journal of Medical Sciences* 1999;53:439-43.
- Dixon-Mueller R. Innovations in reproductive health care: menstrual regulation policies and programs in Bangladesh. *Studies in Family Planning* 1988;19:129-40.
- Garg S, Anand T. Menstruation related myths in India: strategies for combating it. *Journal of family medicine and primary care* 2015;4:184.
- Adinma ED, Adinma J. Perceptions and practices on menstruation amongst Nigerian secondary school girls. *African journal of reproductive health* 2008;12:74-83.
- Wilson LC, Rademacher KH, Rosenbaum J, Callahan RL, Nanda G, Fry S, et al. Seeking synergies: understanding the evidence that links menstrual health and sexual and reproductive health and rights. *Sexual and Reproductive Health Matters* 2021;29:44-56.
- Bobhate PS, Shrivastava SR. A cross sectional study of knowledge and practices about reproductive health among female adolescents in an urban slum of Mumbai. 2011.
- Zehravi M, Maqbool M, Ara I. Polycystic ovary syndrome and infertility: an update. *International Journal of Adolescent Medicine and Health* 2022;34:1-9.
- Zehravi M, Maqbool M, Ara I. Depression and anxiety in women with polycystic ovarian syndrome: a literature survey. *International Journal of Adolescent Medicine and Health* 2021;33:367-73.
- Mohd M, Maqbool M, Dar MA, Mushtaq I. Polycystic Ovary Syndrome, a modern epidemic: An overview. *Journal of Drug Delivery and Therapeutics* 2019;9:641-4.
- Zehravi M, Maqbool M, Ara I. Healthy Lifestyle and Dietary Approaches to Treating Polycystic Ovary Syndrome: A Review. *Open Health* 2022;3:60-5.
- Ara I, Maqbool M, Zehravi M. Psychic consequences of infertility on couples: A short commentary. *Open Health* 2022;3:114-9.
- Sommer M, Sahin M. Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. *American journal of public health* 2013;103:1556-9.
- Das M. Menstruation as Pollution: Taboos in Simalitola, Assam. *Indian Anthropologist* 2008;29-42.
- Amatya P, Ghimire S, Callahan KE, Baral BK, Poudel KC. Practice and lived experience of menstrual exiles (Chhaupadi) among adolescent girls in far-western Nepal. *PloS one* 2018;13:e0208260.
- Nair M, Chacko D, Ranjith Darwin M, Padma K, George B, Ps R. Menstrual disorders and menstrual hygiene practices in higher secondary school girls. *The Indian Journal of Pediatrics* 2012;79:74-8.
- Arumugam B, Nagalingam S, Varman PM, Ravi P, Ganesan R. Menstrual hygiene practices: Is it practically impractical? *International Journal of*

- Medicine and Public Health 2014;4.
21. Hema Priya S, Nandi P, Seetharaman N, Ramya M, Nishanthini N, Lokeshmaran A. A study of menstrual hygiene and related personal hygiene practices among adolescent girls in rural Puducherry. *Int J Community Med Public Health* 2017;4:2348-55.
 22. Shah SP, Nair R, Shah PP, Modi DK, Desai SA, Desai L. Improving quality of life with new menstrual hygiene practices among adolescent tribal girls in rural Gujarat, India. *Reproductive Health Matters* 2013;21:205-13.
 23. Maqbool R, Maqbool M, Zehravi M, Ara I. Menstrual distress in females of reproductive age: a literature review. *International Journal of Adolescent Medicine and Health* 2022;34:11-7.
 24. Zehravi M, Maqbool M, Ara I. Teenage menstrual dysfunction: an overview. *International Journal of Adolescent Medicine and Health* 2022.
 25. Boosey R, Prestwich G, Deave T. Menstrual hygiene management amongst schoolgirls in the Rukungiri district of Uganda and the impact on their education: a cross-sectional study. *The Pan African Medical Journal* 2014;19.
 26. VanLeeuwen C, Torondel B. Improving menstrual hygiene management in emergency contexts: literature review of current perspectives. *International journal of women's health* 2018;10:169.
 27. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the adolescent girl? *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine* 2008;33:77.
 28. Tarhane S, Kasulkar A. Awareness of adolescent girls regarding menstruation and practices during menstrual cycle. *Panacea Journal of Medical Science* 2015;5:29-32.
 29. Kansal S, Singh S, Kumar A. Menstrual hygiene practices in context of schooling: A community study among rural adolescent girls in Varanasi. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine* 2016;41:39.