

An Overview of Menstrual Hygiene Management in Female Adolescent

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Submission date: 20 November 2020, Receipt date: 2 Desember 2020, Publication date: 1 April 2021

Abstract

Lack of knowledge about menstrual hygiene management and poor water sanitation are the main problems for female adolescents. This study aims to determine the description of menstrual hygiene management's implementation in boarding school's students in Bantul, Yogyakarta. This research is a descriptive study with a cross-sectional approach. The sampling technique in this study was a total population with 38 students as the samples. The collecting data process was done using questionnaires. The result show that female adolescents' behaviour regarding personal hygiene during menstruation falls into the excellent category (81.6%) and majority students got knowledge about menstrual hygiene management from their parents (47.4%).

Keywords: *menstrual hygiene manajement, adolescents*

INTRODUCTION

Lack of knowledge about menstrual hygiene management and poor water sanitation are the main problems for female adolescents (Kemenkes RI, 2017). In various cultures, UNESCO studies show menstruation is considered taboo because it is perceived as something negative, embarrassing, or even dirty. The results of a UNICEF and WaterAid study (2018) reveal that 1 in 3 women in South Asia do not know about menstruation before getting it, while 48% of girls in Iran and 10% of girls in India believe that menstruation is a disease. In Indonesia, according to research results from UNICEF Indonesia (2015), around 20% of girls in urban and rural areas believe that menstruation is a disease (Hastuti et al., 2019). In addition, there was also a tendency for female students to not go to school when they had menstruation, some of those reasons are including the menstrual pain and unavailability of pain killers at school, inadequate bathroom conditions, the unavailability of clean water to clean themselves and stained blood skirts, the unavailability of spare sanitary napkins when they needed, and the unavailability of trash bins and wrappers to dispose of used sanitary napkins. The behaviour of male students who sometimes mocked also made female students reluctant to go to school. Taboo and stigma were also limited female students' activities during their period, for example, when they are doing sports (Kementrian Pendidikan dan Kebudayaan, 2017). The same thing happened in other countries that the reasons behind the female students' absence during menstruation were related to the lack of privacy, limited water availability, and inadequate sanitation facilities in schools (Kuhlmann et al., 2017).

Personal and genital hygiene is crucial, especially during the woman's period, such as changing sanitary napkins and cleaning around the vagina to prevent urinary tract infections (UTIs), reproductive tract infections (ISR), and skin irritation. Those problems trigger poor habits such as poor handwashing behaviour before and after changing sanitary napkins, rarely changing sanitary napkins and myths and values that prohibit women from washing, bathing, and cutting nails during menstruation (Kementrian Pendidikan dan Kebudayaan, 2017).

A study stated that 46% of adolescent girls have insufficient knowledge in terms of personal hygiene. Among the knowledge that needs to be explored deeper is knowledge about washing with hand soap before washing the genital organ, how to clean the vagina properly, wearing underwear, and using panty-liner. It also found in the study that 54% of adolescent girls experienced abnormal vaginal discharge, as many as 78% of adolescents had vaginal discharge accompanied by itchy feeling, 62% with an unpleasant odour accompanied in the genitalia, and 56% had vaginal discharge with a yellowish-white colour (Ilmiawati & Kuntoro, 2017).

Menstrual Hygiene Management (MHM) is one part of the School Health Unit (SHU) program, which is being a particular concern. It is because MHM's issue is closely related to several targets from the Sustainable Development Goals, including the targets of a healthy and prosperous life, quality of education, gender equality, and problems with clean water and proper sanitation. MHM, indeed, is a way to fulfil women's health rights, but it is often neglected in normal and/or disaster conditions (Permata, 2020)(UNICEF, 2019)(Budhathoki et al., 2018). MHM is the management of hygiene and health when women experience menstruation. Women should be able to use sanitary napkins, change them frequently during the menstrual period, access their disposal, and have access to toilets, soap and water to clean themselves in comfortable conditions with privacy maintained. The Ministry of Education and Culture recommends delivering menstrual hygiene materials in schools' reproductive health lessons, providing friendly bathrooms for students, and providing sanitary napkins and pain relievers in the School Health Unit room. It is also important to convey the information about menstruation to male students to understand female students' condition and be kind to them when they are in their period (Kementrian Pendidikan dan Kebudayaan, 2017). Menstrual health is a problem that affects the daily life and development of women in the future. Therefore, there is a need for holistic cross-sectoral efforts to manage (Geertz et al., 2016). This study aims to determine the description of menstrual hygiene management's implementation in junior and senior high boarding school's students in Bantul, Yogyakarta.

RESEARCH METHODS

This research is a descriptive study with a cross-sectional approach. The research was conducted at an Islamic boarding school in Bantul, Yogyakarta. The variables of this study were menstrual hygiene management, namely how to use underwear, how to clean the genitals, and how to use sanitary napkins during menstruation. This study's population were all junior and senior high school students at one of the Islamic boarding schools in Bantul. The population in this study were 50 junior and senior high school students who already experienced menstruation. The sampling technique in this study was a total population with 38 students as the samples, and due to several conditions, 12 students dropped out. The data were analysed using univariate analysis. This research has obtained ethical clearance from the UNISA Ethics Committee number 1188 / KEP-UNISA / III / 2020. The collecting data process was done using questionnaires with closed questions,

with 28 questions on a Likert scale. The questions have been tested for validity and reliability with a result of 0,95.

RESULTS AND DISCUSSION

1. Respondent Characteristics

Table 1. Sociodemographic characteristics of participants

Characteristics	n	%
Age		
12 years	3	7,9
13 years	4	10,5
14 years	7	18,4
15 years	3	7,9
16 years	7	18,4
17 years	5	13,2
18 years	8	21,1
21 years	1	2,6
Sources of Information		
Parents	18	47,4
Peers	14	36,8
Health Care Workers	9	23,7
Mass Media	6	15,8

The largest percentage of respondents were 18 years old (21.1%) and 47.4% of adolescents received information from their parents

2. Overview of menstrual hygiene management behavior

Table 2. Overview of menstrual hygiene management behavior

Category	N	%
Excellent	31	81,6
Moderate	7	18,4
Jumlah	38	100

Based on table 2 above, it is known that the female adolescents' behaviour regarding personal hygiene during menstruation falls into the excellent category as many as 31 respondents (81.6%), and in the sufficient category amounted to 7 respondents (18.4%). The behaviours described in this study are how to use underwear during menstruation, how to clean the genitals during menstruation, and how to use sanitary napkins during menstruation. Show that most female adolescents have poor personal hygiene behaviour during menstruation (Nurmayani et al., 2020). It is in line with other research that states that most personal hygiene in female adolescents during menstruation is low. Based on this study, more than 50 percent of female students did wrong genital care practices, such as changing sanitary napkins for too long and how to clean the genital organs. If this error occurs continuously, it will endanger yourself, such as an increased incidence of infection in the reproductive tract (Pythagoras, 2017).

One of the internal factors that influence female adolescents' behaviour in menstrual hygiene management is knowledge. Several studies have shown that the majority of female adolescents already have good knowledge of menstrual hygiene behaviour (Nurmayani et al., 2020)(Husni, 2018)(Mustikawati, 2013). Even knowledge related to

cleanliness is also well understood in female adolescents with disabilities (Aras et al., 2019).

Another external factor that can affect maintaining the cleanliness of the genital organs' behaviour during menstruation is the source of information. This study showed that the majority of female students got knowledge about menstrual hygiene management from their parents (47.4%), peers (36.8%), health workers (23, 7%), and mass media (15.8%). Similar research in a high school showed that the majority of female students get information about the cleanliness of their genital organs during menstruation from teachers (17.9%), internet (47%), parents (13.6%), textbooks (12.7%), health workers (12.5%), friends (10.2%, and the media (9.6%)(Setyorini & Lieskusumastuti, 2020). Understanding menstrual hygiene will affect female students' attitudes and behaviour, so information accuracy is important. The availability of information earlier and from various reliable sources can influence adolescents behaviour towards better menstrual hygiene (Maharani & Andryani, 2018). Inadequate reproductive health's information will have an ongoing problem and affect female adolescents' reproductive health status (Octaviani & Rokhanawati, 2020)

Apart from focusing on religious knowledge, the role of boarding school as an educational institution is expected to include reproductive health education for their students. From the interviews' results with female students and boarding school's caregivers, the teacher did not prioritise discussing reproductive health in the boarding school. The content of reproductive health has not been implicit or explicitly delivered in intracurricular and/or extracurricular activities that teachers at the boarding school conveyed. Information related to the reproductive health was obtained by students from health workers from the Community Health Centre in collaboration with their Islamic boarding schools. The same thing was conveyed in previous studies that the discussion of reproductive health was very rarely delivered and sensitive among the female students in an Islamic boarding school. In fact, the boarding school's live pattern requires students to live in the boarding school during the education period, and automatically all activities will be carried out in the boarding school area, including during menstruation. Living in boarding school usually consists of several students at the same age in a certain period in their Islamic boarding school area. That condition sometimes triggers the inadequate facilities to create a particular health behaviour pattern, especially when they experience menstruation (Pemiliana, 2019). Because the students spend more time in the boarding school area, and more time interacting with teachers, teachers must be equipped with adequate knowledge about menstruation and MHM (Kaur et al., 2018).

According to the Ministry of Education and Culture, Menstrual Hygiene Management (MHM) is the hygiene and health management when women experience menstruation. Women must be able to use clean sanitary napkins, change them frequently during the menstrual period, have access to their disposal, and able to access toilets, soap, and water to clean themselves in comfortable conditions with privacy maintained (Kementrian Pendidikan dan Kebudayaan, 2017). This study discusses three things in MHM, namely how to use underwear during menstruation, how to clean the genitals area during menstruation, and how to use sanitary pads during menstruation.

Questions regarding how to use underwear during menstruation consist of questions related to the underwear material, the underwear's cleanliness, the frequency and condition of changing underwear during menstruation. The results showed that most female students, as many as 89.5%, always wore underwear made from easy to absorb liquid material such as cotton. There is not much literature discussing the types of fabrics,

but most of the literature recommends using cotton-based fabrics such as cotton during menstruation (UNICEF, 2019). A clean cotton cloth is the best choice because the process of absorption, retention, and good airflow keeps the genital organs moist (Mahajan, 2019).

52.6% of female students said they sometimes dry their genitals after urinating/defecating before putting their underwear back. All of the female students always change their underwear at least two times a day (100%); however, as many as 21.1% of them sometimes do not change their underwear if it is not dirty, and only when menstruation is penetrated (7.9%). Drying the genitals after urinating/defecating and keeping underwear clean and dry are efforts to maintain the reproductive organs' health. In addition, keeping the genital area dry will prevent skin irritation and infection (UNICEF, 2019). Poor care of the genital organs, such as not keeping the female organs dry and clean, will allow for the rapid development of bacteria and fungi that will cause infections around the genital area (Arismaya et al., 2016).

The information explored how students cleaned the genital area during menstruation, including some questions about the direction of genital cleaning and cutting pubic hair. The results showed that the majority of female students (73%) always clean the genitals from the front (vagina) to the back (anus) which is in line with other studies that the majority of female adolescents already understand how to clean their perineal area (85.6%) (Sari & Waluyanti, 2014). Washing the female organs in the wrong direction, namely the direction of washing had done from back to front can cause bacteria to enter the reproductive organs. Reproductive organs can be exposed to a type of fungus or fleas that can cause itching or discomfort if it is not maintained clean. The movement for proper cleaning starts from the vaginal area towards the anus to prevent dirt from the anus from entering the vagina. Also make it a habit to wash your vagina in a good and correct way, namely by moving it from front to back, not the other way around. That habit will prevent germs' entry from the anus into the genitals (Yanti, 2017).

Regular cutting of pubic hair is recommended to maintain genital cleanliness, as many as 50% of female students said that sometimes they cut their pubic hair to keep their genitals clean. Research shows that there is a relationship between the behaviour of cutting pubic hair and the incidence of vaginal discharge, that is, the unshaved pubic is a risky place for bacteria to develop and lead to vaginal discharge if it is not cleaned properly. However, if the genital area is cleaned properly, bacteria will not develop (Yanti, 2017). However, it is not recommended to cut all pubic hair, as pubic hair acts as a physical barrier to the vulvovaginal area and overall removal can lead to increased susceptibility to infection (Chen et al., 2017). Cutting pubic hair is also a *Sunnah* in the guidance of Islamic teachings. Shaving pubic hair is one of the *Sunnah Fithrah*, which is highly recommended in Islam because it protects the genitals from various diseases. The area around the genitals secretes a lot of oil and produces sweat which is a fertile ground for the growth of various disease-causing causes caused by fungi, viruses, and bacteria that cause a foul odour that causes unpleasant odours in the genital area (Anshori, 2014).

Questions about how to use sanitary napkins included obtaining information about the conditions for using sanitary napkins, frequency of changing sanitary napkins, timing and conditions for changing sanitary pads. The results showed that in terms of using sanitary napkins, 50% of the female students sometimes did not use sanitary napkins if only a little blood came out. The answers to the questions on the frequency of sanitary used indicated that most female students always changed their sanitary napkins at least two times a day (78.9%). As many as 68.4% of female students sometimes changed their

sanitary napkins after urinating and defecating. A small portion of them (15.8%) never changed their sanitary napkins after urinating and defecating. Too long using the sanitary napkins can lead to an increased risk of infection of the urinary tract, and bacterial vaginosis (UNICEF, 2019). Inappropriate management of menstrual hygiene can also increase the risk of female adolescents 1.3 times to experience vaginal discharge (Anand et al., 2015). Other studies have also shown that changing sanitary napkins for more than 4 hours is also associated with the appearance of vaginal discharge (Yanti, 2017).

This study's findings also showed that the majority of female students (95%) did not pay attention to hand hygiene when changing sanitary napkins. The same thing was expressed by other sources related to handwashing when changing sanitary napkins. Only some students washed their hands before changing sanitary napkins, which they did not use soap most of the time. If the region considers it, female students in DKI wash their hands the most before changing sanitary napkins (7 out of 10 students), followed by NTT (4 out of 10 students), and NTB (1 in 5 students). Meanwhile, after changing sanitary napkins, all students who were being questioned stated that they washed their hands and generally used soap (Hastuti et al., 2019). Washing hands before and after changing sanitary napkins needs to be emphasised in maintaining genital hygiene because neglecting hand hygiene can impact reproductive health (Yanti, 2017).

CONCLUSION

The majority of students have implemented menstrual hygiene management properly. Some of the behaviors that need to be improved include: keeping the genital area dry, and maintaining hand hygiene before and after changing sanitary napkins.

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