

## Knowledge, Attitude and Practice on Menstrual Health & Hygiene Management in District Mardan, Khyber Pakhtunkhwa

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**Abstract:** *The current study focuses on knowledge, attitudes and practices on menstrual health and hygiene management (MH&HM) in district Mardan, Khyber Pakhtunkhwa. The prime objective of the study is to explore the KAP of the local people regarding menstrual health & hygiene management and how it leads to different kinds of health issues in the locality. The nature of the study is quantitative, whereas the sampling technique was purposive. A total of 145 sample size were taken purposively and the data was collected through a structured questionnaire. The data were collected by the SABAWON female staff from schools and the community purposively. The collected data were analyzed through statistical packages for social sciences and were presented in the form of charts/graphs. Results of the study revealed that most of the local people are getting sick due to the lack of hygienic practices as they don't have enough resources for buying soap and sanitation upscaling. The primary data shows that due to improper menstrual hygiene management and lack of proper knowledge and awareness, the local females are getting sick most of the time. Similarly, due to economic restraints, they don't have enough resources to buy sanitary pads. The study recommended that proper awareness and knowledge be needed for the local female regarding health & hygiene and menstrual health & hygiene.*

### Introduction

Menstruation is a crucial time of transition from childhood to adolescence, for females. Girls are developing and entering a new stage of life at this life-changing time, and that is the sole concern given. On the other hand, there is very little or no information available regarding managing menstruation (Belayneh & Mekuriaw, 2019). "The health & hygiene associated to the menstrual process" is what menstrual health and hygiene management, or MHM, stands for. The statement reads, "Throughout the course of a menstrual cycle, teenage girls should have access to menstrual hygiene products, soap and water, adequate sanitation facilities, and an adequate diet." It also solidifies women's understanding of their menstrual cycle and how to manage it in a way that promotes self-sufficiency and self-worth (Hennegan et al., 2020).

Talking or discussing the subject is frowned upon and oftentimes causes humiliation, particularly in underdeveloped nations. It is typically regarded as something that should be kept private, is unclean, dirty, and should not be freely addressed. Because of this, many women require education regarding menstrual hygiene (Utaile et al., 2020). This leads to incorrect beliefs about cleanliness practices, which predisposes them to psychological stress as well as medical problems

including urine and reproductive tract infections. Studies conducted in Ghana, Tanzania, Ethiopia, Nepal, and India have brought attention to these menstrual health and hygiene-related issues (Crankshaw et al., 2020). According to an Indian institution-based study, those who use reusable absorbent pads have a higher risk of urogenital infections than people who don't. Studies conducted in Pakistan revealed a significant variation in the prevalence of pelvic inflammatory disease. Of the women who used material that had been washed, 13.3% used nothing at all, and 26.7% used unwashed cloth (UNESCO, 2014).

Research indicates that inadequate knowledge about menstruation and menstrual hygiene among teenage girls can have an adverse impact on their menstrual practices. These girls are typically uneducated and unprepared. Most of the time, the mother is the information source, but because of her experiences and beliefs, she either passes information insufficiently, slowly, or incorrectly (Mahon, Tripathy & Singh, 2015). For girls, receiving self-care and support during menstruation is essential because it allows them to learn how to manage their periods. Women throughout the world have their own unique methods of controlling their periods. Studies have shown that the Middle East, South East Asia, and Africa engage in a number of unhygienic activities, such as the usage of contaminated absorbents and insufficient washing and drying of reusable textiles. Only 18% of Tanzanian women, according to African studies, utilize sanitary pads; the majority instead use cloth or toilet paper (Ali et al., 2020, Das et al., 2014).

For around 52% of women globally who are of reproductive age, the menstrual cycle is a normal aspect of their lives. Menstrual hygiene is therefore a crucial component of fundamental hygienic practices (House et al., 2012). According to UNICEF (2014), 66% of females attend school only occasionally and are not aware of their menstrual cycle. In India, women used fabric to absorb their menstrual blood, 4% used cotton wool, 7% used sanitary pads, and 3% used ash. According to Water Aid (2013), 75% of adolescent secondary school females in Nepal are unaware of the proper material to use to absorb water flow.

In addition to being a physiological process, menstruation also represents a psychological, social, and behavioral transition from youth to femininity (Prajapati et al., 2015). Menstrual hygiene includes the use of clean, soft absorbents or sanitary pads, sufficient washing of the vaginal area, appropriate disposal of used absorbents, and other specific healthcare requirements of women during their monthly menstrual cycle (Deshpande et al., 2018). Maintaining good hygiene during the menstrual cycle is crucial for women as it reduces the risk of adverse health consequences (Bhusal, 2020).

Though social taboos, superstitious beliefs, myths, and malpractices still surround menstruation—a physiologically normal occurrence—it is especially challenging for females in developing nations. Due to social stigma, cultural norms, and religious constraints, menstruation practices are acknowledged as a significant barrier to managing menstrual hygiene. Menstrual hygiene is important, but sadly, it is still a problem that is ignored in many parts of the world (Belayneh & Mekuriaw, 2019).

Even though the menstrual cycle is a natural physiological event for women, maintaining proper hygiene is a challenge that many teenage girls face. Girls who have never been told about menstruation before often feel guilty, embarrassed, and anxious when they bleed vaginally (Bhusal, 2020). Teenage girls still lack adequate knowledge on proper menstrual hygiene, especially in poor nations. Managing menstrual hygiene is not regarded favourably in many regions of Nepal. Adolescent females' self-esteem, health, and education may suffer as a result of traditional and superstitious conceptions about menstruation (Dasgupta & Sarkar, 2008).

Menstrual hygiene management, or MHM, is a severe issue that impacts millions of adolescent girls and women worldwide in terms of their privacy, dignity, and self-esteem. Due to inadequate puberty education, a lack of clean MHM goods (absorbents), and inadequate water, sanitation, and hygiene (WASH) facilities in schools, girls view menstruation as degrading and uncomfortable. Studies show that menstruating girls leave school out of anxiety and humiliation over body odor and blood spills (Senapathi & Kumar, 2018).

**Study objectives**

- To determine personal hygiene knowledge, practices and attitudes in the study area
- To assess the knowledge and practices of females regarding menstrual health and hygiene management in the study area

**Study questions**

- What is the knowledge of the local people regarding menstrual health & hygiene management?
- What are the practices of local people regarding menstrual health and hygiene management?

**Rationale of study**

The current study is extremely important since one of the fundamental problems in third-world nations is the management of menstrual health and cleanliness. The third world countries, particularly rural women, suffer from inadequate knowledge and financial means, which makes it difficult for them to appropriately control their menstrual cycles. In addition, the majority of women in third-world nations lack access to adequate hygiene, particularly during their menstrual cycle, which causes health problems in adulthood and absenteeism in school for teenage females. The current study focuses on the knowledge, attitude and practices (hereafter, KAP) of menstrual health and hygiene management in the targeted UCs of district Mardan.

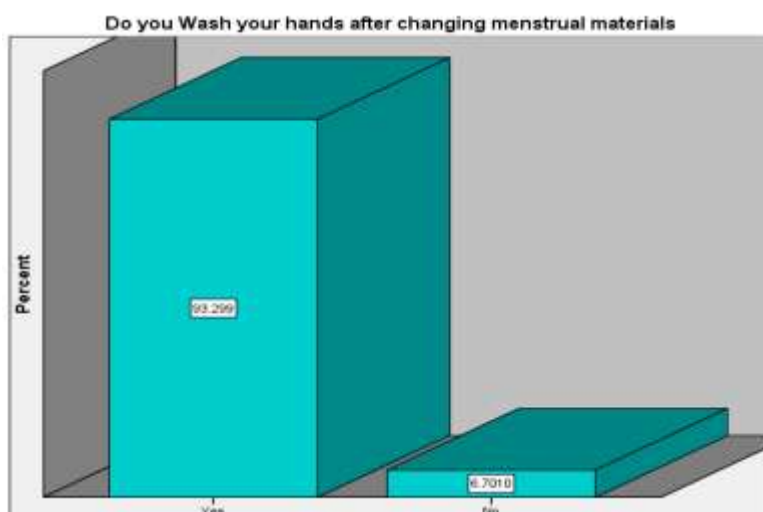
**Methods and methodology**

A researcher can describe their intended study approach by using research methodology (Groves et al., 2009). It's a methodical, logical strategy to address a research issue. A methodology describes how a researcher will conduct their study in order to get accurate, trustworthy data that meets their goals and objectives (Wolf et al., 2016). For the current study, the researcher used quantitative methodology as per the requirements of the study. Further, a total of 145 samples were taken through the Sekran sample size determination table. The data were collected through SABAWON field female staff as the issue is associated with females and is culturally sensitive. Moreover, for the collection of accurate data and precision, the data were collected through female staff. The analyzed data were then entered into Excel and proper data cleaning was entered into Statistical Package for Social Sciences (SPSS) version 20. The analyzed data were then presented in graphs and charts and for the sake of clarity, each charts were explained with description.

**Results of the study**

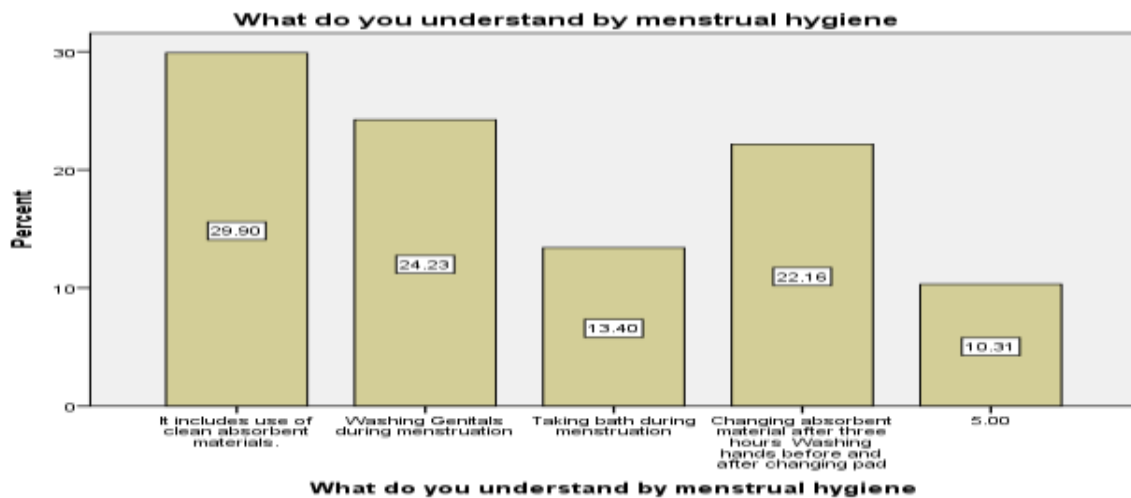
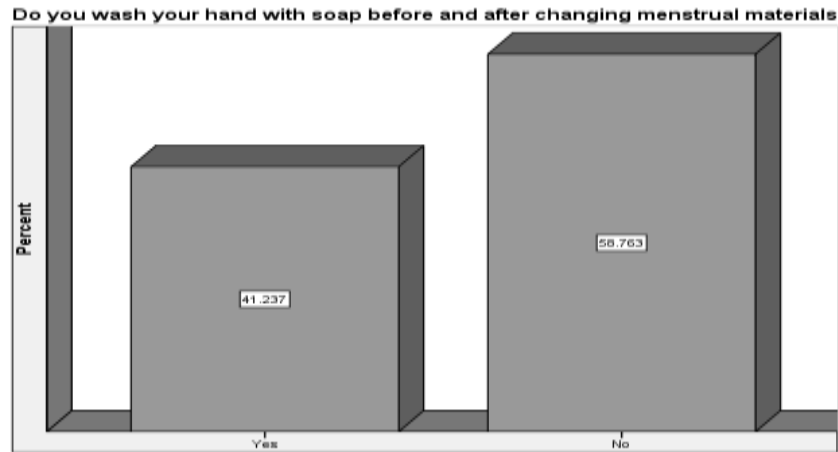
**Menstrual Hygiene Management**

The table shows data regarding MHM hygiene. In this regard, the majority of the respondents i.e. 66.4% shared that they don't wash their hands before changing menstrual materials, whereas 33.5% of the respondents shared that they wash their hand before changing menstrual materials.



The table shows data regarding MHM hygiene. In this regard, the majority of the respondents i.e. 93.2% shared that they wash their hands before changing menstrual materials, whereas 6.7% of the respondents shared that they don't wash their hand before changing menstrual materials,

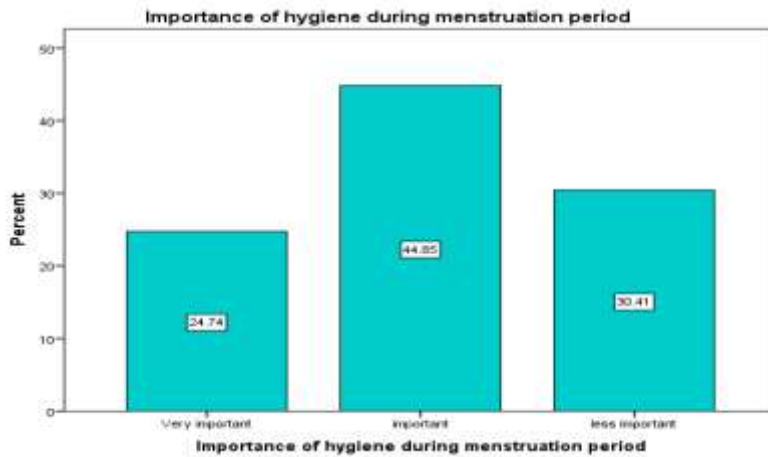
The analyzed data in the table is regarding hand washing with soap before and after changing menstrual materials. The primary data shows that 41.2% of the respondents wash their hands with soap and the remaining 58.7% were reported that they don't wash their hands with soap before and after changing menstrual materials.



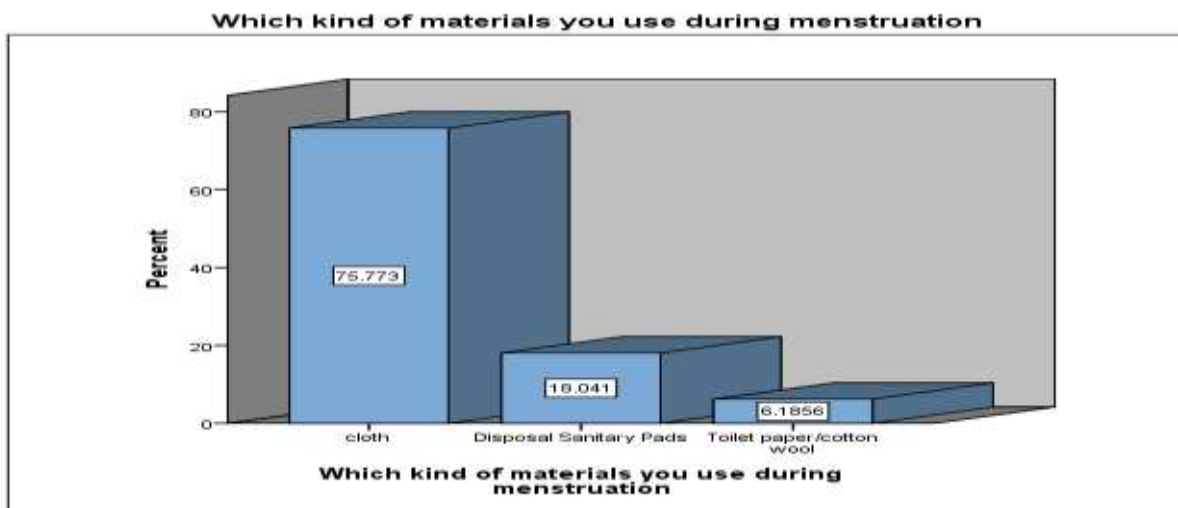
The above table shows data regarding understanding of menstrual hygiene management, that whether the respondents know about MHM or not. In this regard, 29.9% of the respondents shared that MHM mean use of clean absorbent materials, whereas 24.2% were of the view that MHM mean washing genital during menstruation period. Similarly, 13.4% of the respondents opined that it mean taking bath during menstruation. 22.6% of the respondents were of the view that MHM mean changing absorbent material, after three hours and the remaining 10.1% opined that MHM mean washing of hand before and after changing pad.



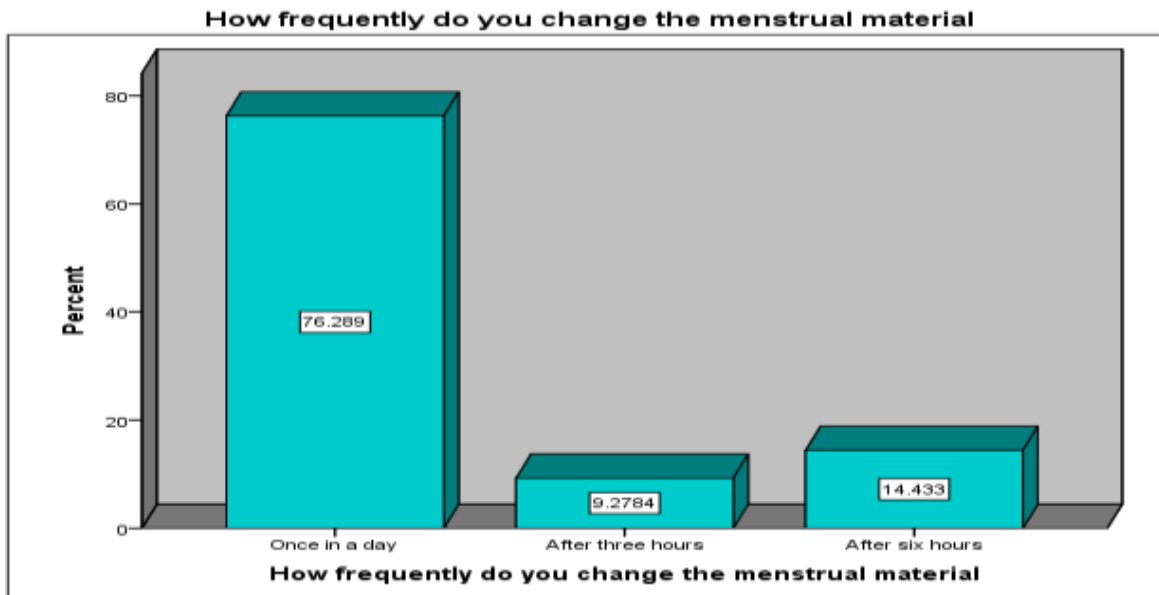
The above table shows data regarding ensuring of good menstrual hygiene. The analyzed data shows that 14.9% of respondents shared that it means regular cleaning and bathing. Similarly, 24.2% of the respondents were of the view that using sanitary pads ensures good hygiene. 24.7% of the respondents were founded agreed that washing hands before and after changing pads ensures good hygiene during menstruation. The majority of the respondents i.e. 34.5% were of the view that washing of genital area ensures good hygiene and the remaining 1.5% expressed their view in favour of any other.



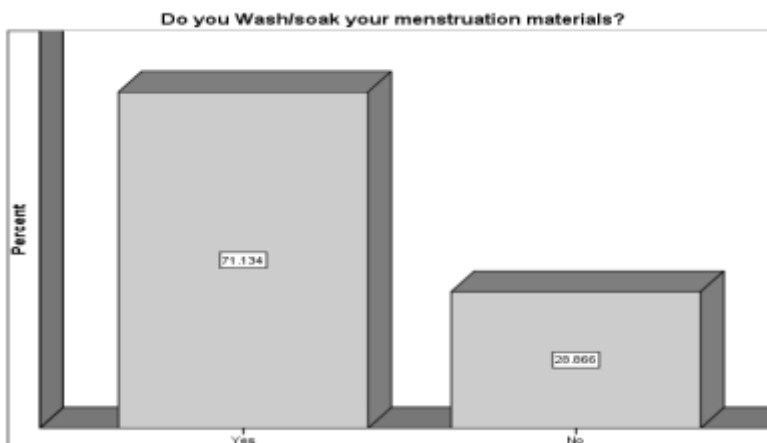
The table shows data regarding importance of good hygiene during menstruation period. The analyzed data shows that 24.7% of the respondents opined that hygiene is very important during menstruation. Similarly, 44.8% of the respondents were reported that hygiene during menstruation is important and the remaining 30.4% opined that hygiene during menstruation is less important.



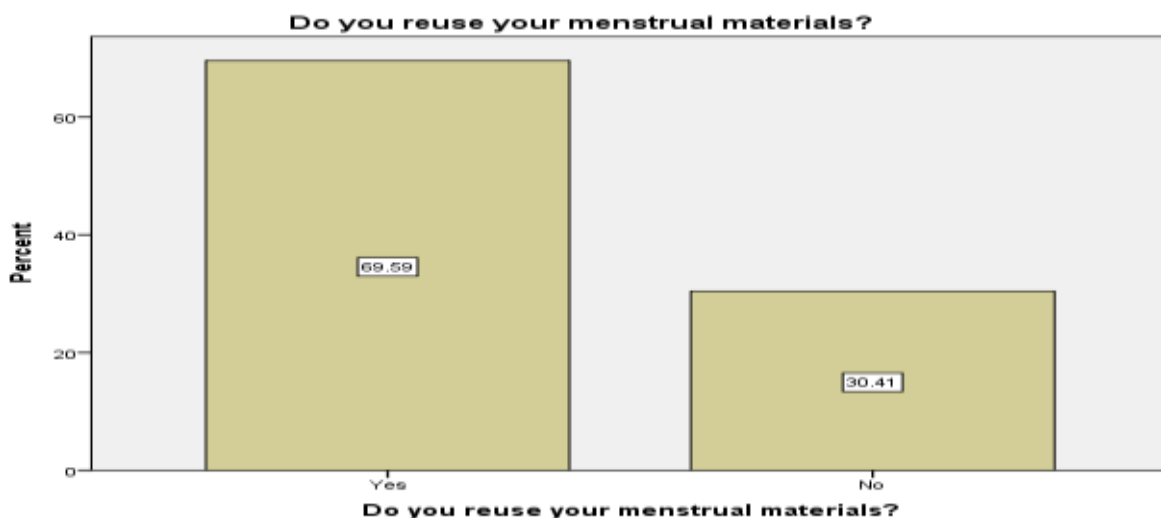
The analyzed data in the above table shows kind of materials during mensuration period. The primary data shows that majority of the respondents i.e. 75.7% were of the view that they are using cloth during mensuration period, whereas 18% opined that they are using disposal sanitary pads during menstruation. A less number of the respondent's i.e. 6.1% were of the view that they are using toilet paper of cotton wool during menstruation period.



The above table shows data regarding changing of menstrual materials. In this regard a high number of the respondent's i.e. 76.2% opined that they change menstrual materials once in a day. Similarly, 9.2% of the respondents shared that they change the menstrual materials after three hours and the remaining 14.4% of the respondents opined that they change the menstrual materials after six hours.

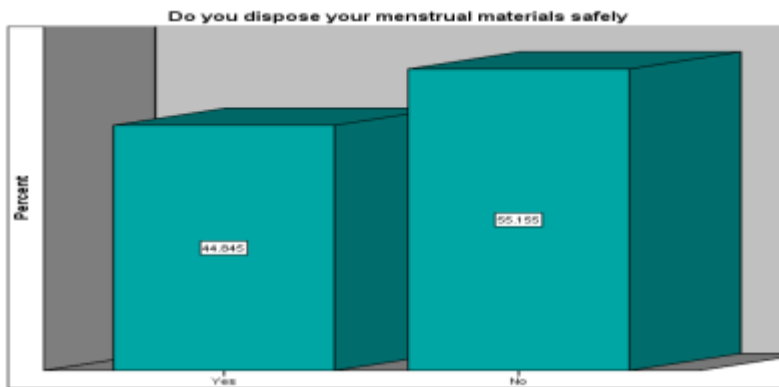


The table shows data regarding washing of menstrual materials. In this regard, majority of the respondents i.e. 71.1% were of the view that they wash/soak their menstruation period; whereas 28.8% of the respondents were of the view that they don't wash/soak their menstruation materials during menstrual period.



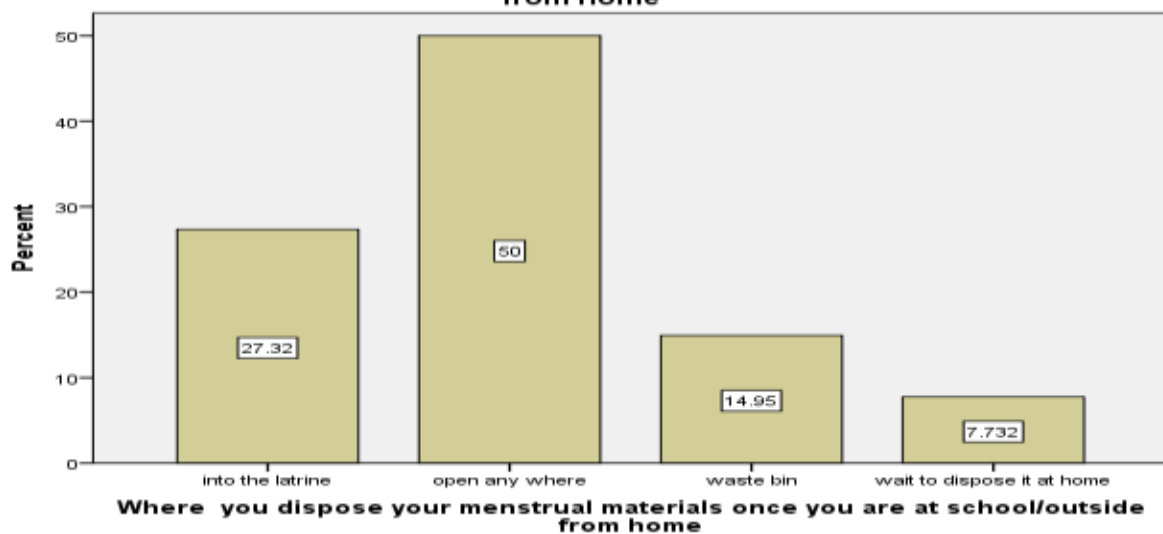
The analyzed data in the above table shows data regarding reuses of menstrual materials. The analyzed data shows that 69.5% of the respondents reuse menstrual materials during menstrual

periods. Whereas, 30.4% of the respondents were of the view that they don't reuse the menstrual materials.

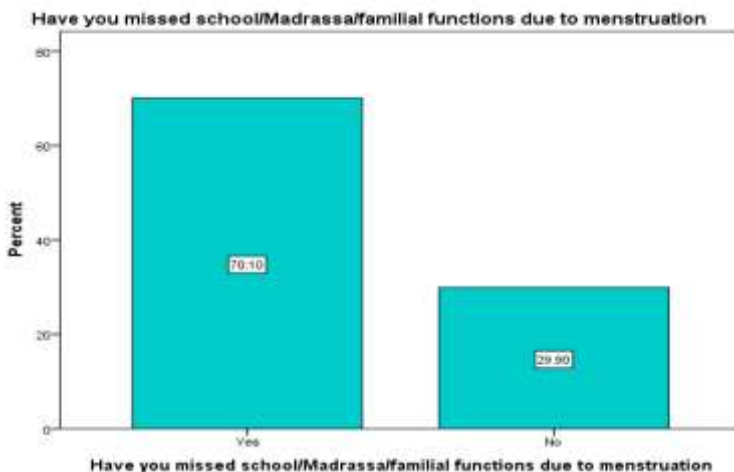


The table shows data regarding dispose of menstrual materials. The analysed data shared that 44.8% of the respondents were of the view that they dispose menstrual materials safely, whereas the 55.1% of the respondents were not dispose menstrual safely.

Where you dispose your menstrual materials once you are at school/outside from home

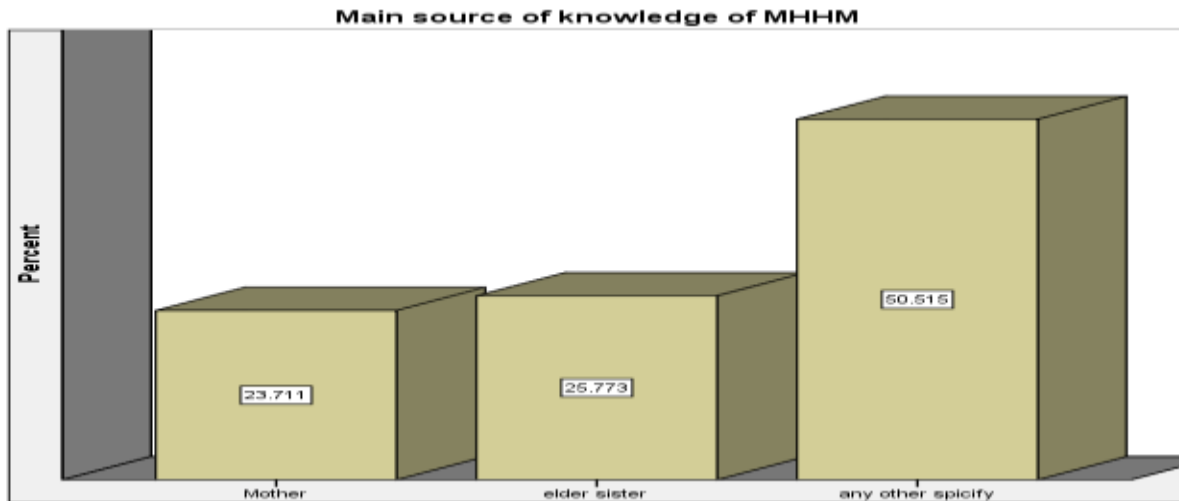


The above data in the table shows regarding dispose of menstrual materials at school/outside from home. The analyzed data shows that 27.3% of the respondents shared their view that they dispose the menstrual materials into the latrine, once they are at school or outside from the school. Similarly, 50% of the respondents dispose the menstrual materials open anywhere in the locality/ surrounding of school. A less number of the respondents i.e. 7.7% dispose it at home and the remaining 14.9% dispose it at waste bin.



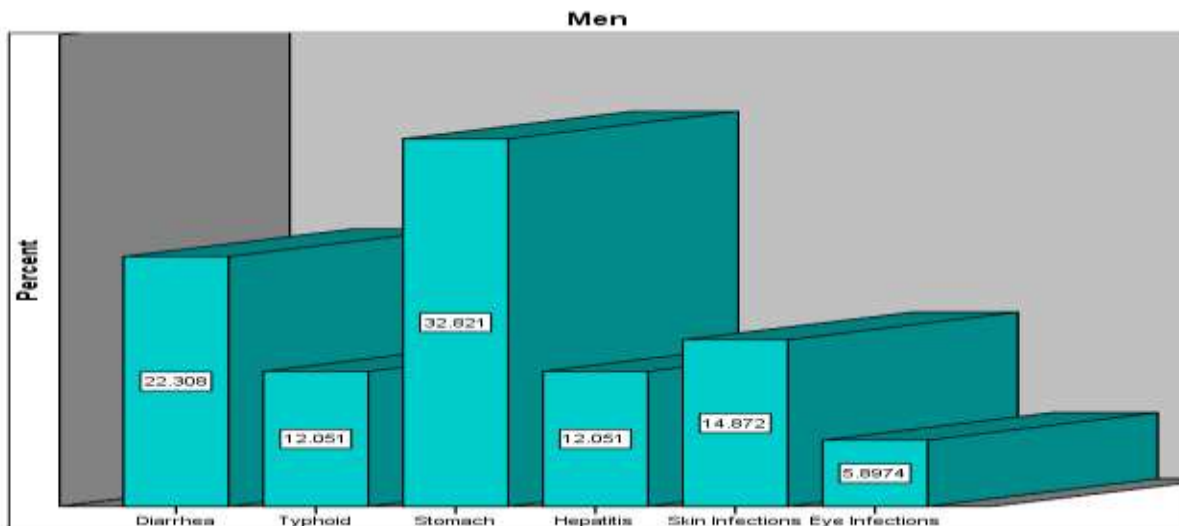
The analyzed data in the above table shows data regarding absenteeism of school/ madrassa due to menstruation. In this regard, a high number of the respondent's i.e. 70.1% opined that they missed schools/Madrassa/familial functions due to menstruation and the 29.9% responded that they don't missed school/familial functions due to menstruation.



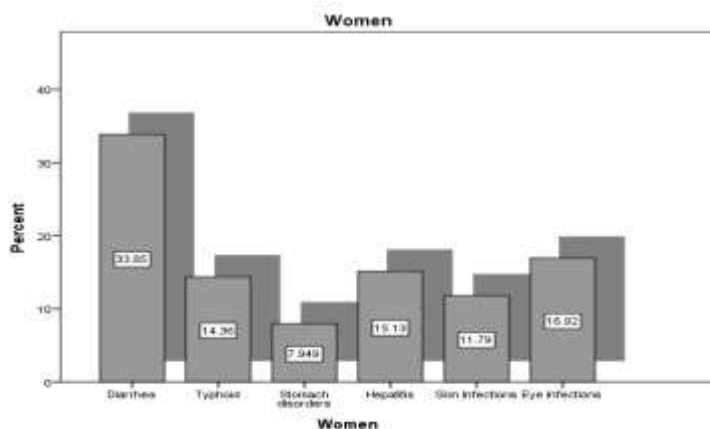


The above table shows data regarding the main source of knowledge of MHHM. In this regard, the majority of the respondent i.e 50.5% opined that they learn from their aunt, school friend and neighbors, whereas 25.7% expressed their views that they learn from their elder sister. The remaining 23.7% opined that they learned/heard from their mother regarding MHHM.

**Disease Morbidity/Mortality & Management**



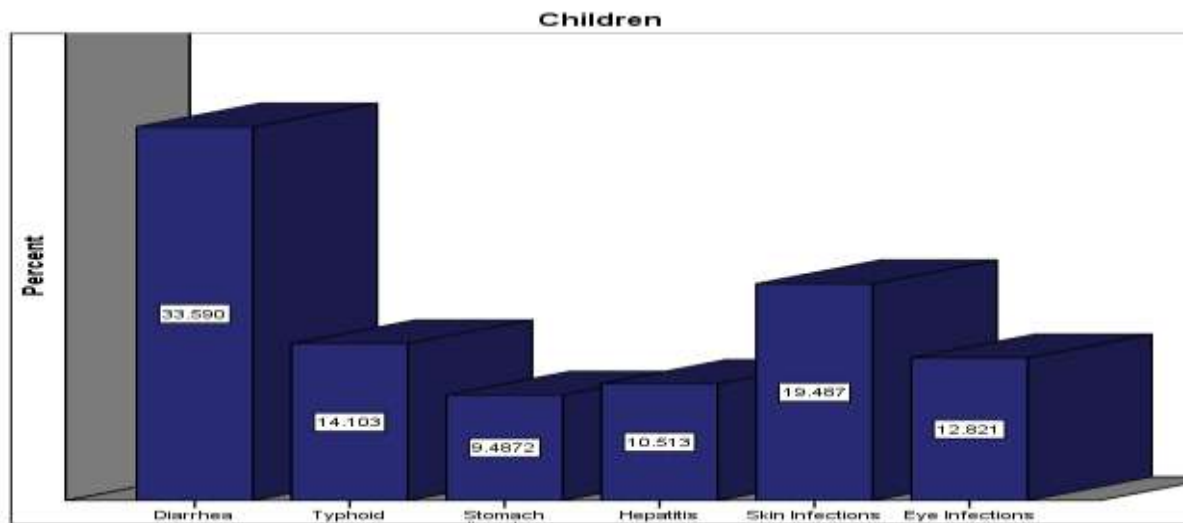
The above table shows data of Men diseases. In this regard, 22.3% of the men respondents shared that they are affected from diarrhea. Similarly, 12% of the men respondents were reported effected from typhoid. Majority of the respondent’s i.e. 32.8% expressed their views that they are facing stomach disorder issue. 12% of the respondents were of the opinion that they are affected from hepatitis, 14.8% of the respondents were reported that they are facing skin issues and the remaining 5.8% of the male respondents are affected from eyes infection.



The table shows ratio of women diseases in the locality. In this regard, majority of the respondents i.e. 33.8% were founded affected from diarrhea whereas 14.3% were founded effected from typhoid. Similarly, the women of the locality are also facing stomach disorder issues, which ratio were 7.9% and 15.1% of the women respondents were founded affected from hepatitis. Similarly, 11.7% of the respondents



having skin infections and the remaining 16.9% of the respondents are affected from eyes infection in the targeted area of district Mardan.



The analyzed data in the above table shows the disease ratio of the children. The majority of the children are mostly affected by diarrhea all over the world. Similarly, in the targeted area of district Mardan, the majority of the respondents i.e. 33.5% were affected by diarrhea. 14.1% of the respondents were found affected by typhoid, and 9.4% were found to have stomach issues and vomiting again and again. A less number of the respondents i.e. 10.5% reported that they are affected by hepatitis, 19.4% were found to they affected by skin infections, and the remaining 12.8% were found to they affected by eye infections.

**Conclusion**

It is concluded from the analyzed data the local people don't have enough knowledge regarding menstrual health & hygiene management. Such lack of knowledge leads to improper practices as well as leads to different kinds of health issues. The study also focuses on the effects of teenage girls' personal hygiene practices on their health during the menstrual cycle. The study also focuses on the effects of menstruation on girls and whether or not it causes them to miss school. Further, it is revealed that due to extreme poverty, the local people are not able to buy sanitary pads, and nor do they have proper knowledge of proper disposal of sanitary materials, which is an issue of concern.

**Recommendations**

- The study recommended that awareness sessions regarding menstrual health and hygiene management should be needed with community females at HH and communal level
- It is recommended that awareness workshops and seminars be held for the community male members regarding menstrual health & hygiene management, for the purpose of realizing the importance of the issue and providing resources to females for sanitary pads and other mandatory needs
- Proper training should be needed with females regarding the hygiene in menstrual cycle and hand washing with soap before and after changing menstrual materials

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