

# Knowledge on Menstruation Problem in High School Adolescent Girls of Rwanda, Kayonza District

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## ABSTRACT

Menstruation and menstruation practices still face many challenges like social, cultural and religion restrictions which do not make easier menstruation hygiene management. In many parts of the country especially in rural area girls are not well prepared about menstruation which leads to many difficulties and challenges at home, school. The proportion of adolescent girls and boys with comprehensive knowledge of sexual and reproductive health issues generally increases with age, educational attainment and wealth. For instance, the likelihood that a girl in Kigali (Capital City) would claim to know a lot about health and menstruation is on average 52%, compared to 39% in the Northern Province and just 31-33% in the remaining provinces (Walker et al., 2014). Incomplete knowledge about menstruation is a great hindrance in the path of personal and menstrual management. Girls have little knowledge about reproductive tract infection due to ignorance concerning personal hygiene during menstruation time. In rural areas, adolescent do not have access to sanitary product and less knowledge on types and methods used or unable to afford such product due to the high cost. So, they mostly rely, on reusable cloth pads which they wash and reuse again. In this case they are in a need of clean water sanitation and in much quantity to clean themselves and material used during menstruation period. A clean environment, toilet facilities, and domestic dust management. All this information could be powerful when spread at home, community and at school level. School, parents, and health facilities have responsibility to educate adolescent girls concerning menstruation and menstruation problem and take care of menstrual infection which is ignored by adolescent

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## Introduction

Adolescent girls constitute a vulnerable group not only with respect to their social status but also in relation to their health. In this regard, menstruation is regarded unclean or dirty in society. The issue of menstrual hygiene is inadequately acknowledged and has not received proper attention. Good hygienic practices, such as use of sanitary pads and adequate washing of the genital areas, are essential during menstruation period. Women and girls of reproductive age need access to clean and soft absorbent sanitary products which in the long run protect their health from various infections.

To this effect, the practice of good menstrual hygiene reduces the incidence of reproductive tract infection (RTI). Thus, the consequences of RTIs are severe and may result in significant negative impact to a woman's health including chronic pelvic pain, dysmenorrheal (painful periods) and in severe cases infertility. Reproductive tract infections, which have become a silent epidemic that devastates women's lives is closely related to poor menstrual hygiene.

Every year approximately 10 % of women worldwide are exposed to genital infections including urinary tract infections and vaginal bacterial, and 75 % of women have a history of a genital infection. Specifically, the common risk factors for vaginal infections include pregnancy and poor hygiene (both perineal and menstrual hygiene).

Therefore, this study was aimed to assess the knowledge and practice of menstrual hygiene among high school girls in eastern province of Rwanda. The information obtained from this study will be used by stakeholders to identify the awareness and practice of menstrual hygiene and provide information about menstruation problems also a necessity to

search treatment to those problems for high school girls in the study area.

## Methods

### Study design, setting and participants

School based cross-sectional study was employed from September 1 to November 30, 2019 among high school girl students in Kayonza District, Eastern province of Rwanda. The total population of Kayonza District is 344,157 with a density of 460/sq mi. 55% of the population are aged 19 years or younger. About 52% of the populations are female.

### Sample size and sampling procedures

The sample size was determined using a formula for estimation of single population proportion sample size and the final sample size was found to be 682. The sampling procedure started by stratifying the schools into two categories, urban and rural school.

### Sample

The sample size was allocated for the schools using population proportion to the sample for each selected school, 4 schools in urban area and 7 schools in rural area size being the number of students in each high school is 62 students. The proportional number of participants (students) was selected by simple randomly by principal in each school by at least attaining the age at menarche.

**Data collection**

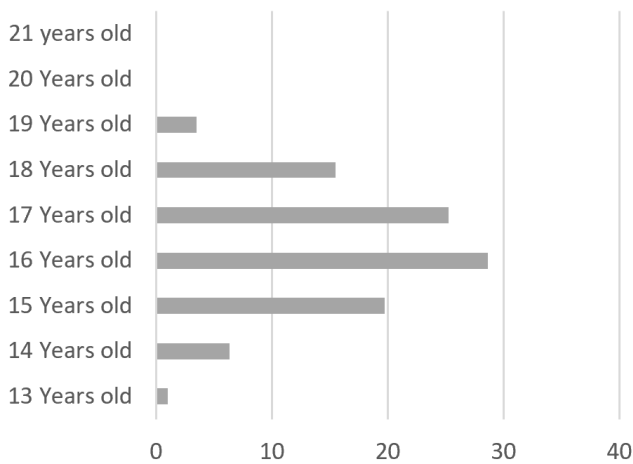
Knowledge and attitude questions were asked by face-to-face interview by researcher using the pretested structured questionnaires.

**Data Management and Analysis**

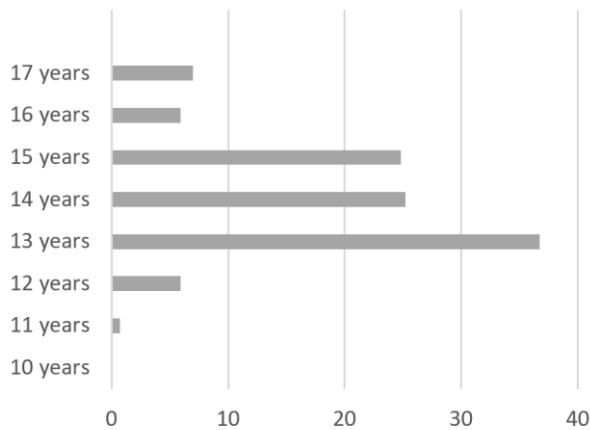
Completed copies of the questionnaires were coded and entered into the computer. A descriptive analysis was carried out for each of the variable.

**Demographic information of participants**

**Age of respondent - Chart (1.1)**



**Age at menarche - Chart (1.2)**



**Source of information about menstruation - Table (1.3)**

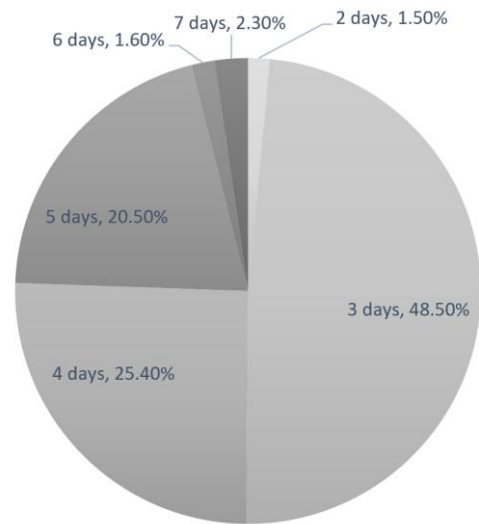
Variables	Frequency	Percent
Mother	305	44.7
Friends	262	38.5
Magazines	115	16.8

Charts 1.1 & 1.2 and Table 1.3 show the correspondent age of adolescent girls at time of data collection, age at menarche of the students Chart (1.2) at the same time birth order, according to the Chart. 28.6% of respondent are 16 years old which is the dominant age in this group of study

and the less is 0.1% (20 years old) group (Chart 1.1). 36.7% get their first period at the age 13, and 0.1% get their first period at 10 years old (Chart 1.2). 44.7% of respondent get information about menstruation through their mother, 38.5% through their friends (Table 1.3).

**Duration of period, problem related to menstruation, if they take medicines or treatment, where they take treatment**

**Duration of period - Chart (2.1)**



**Problem related to menstruation - Table (2.2)**

Variables	Frequency	%
Blood clots/Excessive Bleeding	1	1
Prolonged bleeding	14	2
Inter-menstrual bleeding	4	6
No period	42	6.1
Scanty bleeding	6	9
Frequent or short period	122	17.7
Irregular period	133	19.7
Painful period	167	24.2
Null	197	28.6

**If they take medicine - Table (2.3)**

Variables	Frequency	%
No Answer	9	1.3
Yes	27	3.9
No	640	94.8

**Place where they go for treatment - Table (2.4)**

Variables	Frequency	%
Sub center	301	43.7
Community health center	183	26.6

Primary health center	163	23.7
Hospital	5	7
Universal health coverage	29	4.
Dispensary/clinic	8	1.2

Chart 2.1 shows that 48.5% of respondent pass three days in menstruation every month, and 1.5% two days in month. Table (2.2) shows problems related to menstruation where 24.2% suffer from painful period every month, 2% suffer from prolonged bleeding. Table (2.3) shows that 94.8% don't take any medicine and 3.9% take medicine. When it comes to where they go for treatment, 43.7% goes to health centers, and 7% goes to the hospital (Table 2.4).

### Sexual related problems in adolescent girls

#### Abnormal vaginal discharge - Table (3.1)

Variables	Frequency	%
Yes	361	52.4
No	321	47.6

#### Color of discharge - Table (3.2)

Variables	Frequency	%
No Answer	324	47.5
White	277	40.6
Green	12	1.8
Yellowish	29	4.3
Blood stained	40	5.9

#### Texture of discharge - Table (3.3)

Variables	Frequency	%
No Answer	195	28.3
Stinky	384	55.7
Frothy	72	10.4
Kurdish	32	4.6
Push like (purulent)	6	9

#### Necessity of sex education in school level -Table (3.4)

Variables	Frequency	%
Yes	681	99.9
No	1	0.1

Table (3.1) shows sexual related problems among adolescent girls, 52.4% have abnormal vaginal discharge, the color of discharge 40.6% has white discharge, 1.8% has green discharge (Table 3.2), the texture of discharge 55.7% was stinky and 4.6 was Kurdish (Table 3.3). Table (3.4) shows the opinion of adolescent concerning sex education in school level 99.9% show the interest of sex education in school level

### Discussion

The correspondent age of adolescent girls at time of data collection, weight of the students at the same time and birth order, according to data collected 28.6% of respondents are 16 years old which is the most dominant age in this group of study and the lower is 0.1% of 20 years group. 36.7% get their first period at the age 13, 0.1% get their first period at 10 years old. 44.7% of respondent get information about menstruation through their mother, and 38.5% through their friends. This shows the insufficient information about menstruation among adolescent, lack of information can lead to unwanted pregnancy.

Among respondent, duration of period, 48.5% pass three days in menstruation every month and 1.5% two days in month. 24.2% suffers from painful period every month, 2% suffer from prolonged bleeding. Concerning menstruation problems 94.8% do not take any medicine and 3.9% takes medicine. Here also the place where they go for treatment 43.7% goes to health centers, and 7% goes to the hospital. Less information regarding menstruation problems is high among adolescent girls in high schools of Kayonza District where they even do not know the existence of menstrual problems.

Sexual health related problems: 52.4% has abnormal vaginal discharge, 40.6% has white discharge problem, and 1.8% has green discharge, the texture of discharge: 55.7% was stinky and 4.6% was Kurdish. Opinion of adolescent concerning sex education in school level 99.9% show the interest of sex education in school level.

"Many girls are led to think that menstruation is embarrassing, that they should try to keep it hidden and never talk about it. For this, it is no wonder that so many women are in the dark about what is going on in their bodies," Iradukunda said. (Miss Rwanda 2020).

According to World Bank statistics, at least 20 percent of schoolgirls in the country, particularly in rural areas, miss school, up to 50 days per year, because they cannot afford buying sanitary pads or due to menstruation related issues.

It is important to practice good hygiene by using clean sanitary pads and change them often and clean the genital area regularly with water but without soap after changing your pads

### Conclusion

The findings of the present study indicated that different factors influence girls' menstrual health. Thus, identification of each of these factors helps planners to apply the most appropriate methods for menstrual health improvement. Therefore, it is suggested to hold educational classes by expert people for teachers, mothers and students about girl's issues and proper care, to prepare self-directed education materials, focus more on supervision to the health of the school environment and restrooms. Finally, it is suggested that other qualitative research explore menstruation beliefs in the cultural context.

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