



Assessment of Menstrual Hygiene Practices Among Women of Reproductive Age in Zaria Local Government Area Kaduna State Nigeria

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Abstract

Menstruation and menstrual practices still face many social, cultural, and religious restrictions which are a big barrier in the path of menstrual hygiene management. In many parts of the country especially in rural areas girls are not prepared and aware about menstruation so they face many difficulties and challenges at home, schools, and work places. While reviewing literature, we found that little, inaccurate, or incomplete knowledge about menstruation is a great hindrance in the path of personal and menstrual hygiene management. Girls and women have very less or no knowledge about reproductive tract infections caused due to ignorance of personal hygiene during menstruation time. In rural areas, women do not have access to sanitary products or they know very little about the types and method of using them or are unable to afford such products due to high cost. So, they mostly rely on reusable cloth pads which they wash and use again. Needs and requirements of the adolescent girls and women are ignored despite the fact that there are major developments in the area of water and sanitation. Women manage menstruation differently when they are at home or outside; at homes, they dispose of menstrual products in domestic wastes and in public toilets and they flush them in the toilets without knowing the consequences of choking. So, there should be a need to educate and make them aware about the environmental pollution and health hazards associated with them. Implementation of modern techniques like incineration can help to reduce the waste. Also, awareness should be created to emphasize the use of reusable sanitary products or the natural sanitary products made from materials like banana fibre, bamboo fibre, sea sponges, water hyacinth, and so on.

Keywords: Menstruation, Infection, Toilet, Reproductive



Introduction

Understanding the management of menstruation is vital for healthy, productive and dignified lives of women and adolescent girls. Access to information to understand menstrual cycle and how to manage menstruation hygienically contributes to better management of the menstrual cycle, as women spend an equivalent of an average of six to seven years of their lives menstruating. Menstruation refers to the recurring peeling of the inner part of the uterus or the shedding of the uterine lining on a regular basis in the reproductive-aged females during the monthly menstrual cycles (Aniebue, & Nwankwo, 2009). According to Ahmed and Yesmin (2008), menstruation can be experienced for about 3000 times in a woman's life time.

Menstruation is a normal biological process and a key sign of reproductive health, yet in many cultures it is treated as something negative, shameful or dirty. The continued silence around menstruation combined with limited access to information at home and in schools results in millions of women and girls having very little knowledge about what is happening to their bodies when they menstruate and how to deal with it. Globally, about 52% of the female population are at reproductive age and commence menstruation between the ages of 10 and 19 (WHO, 2020). The menstrual cycle averages about 28 days, though ranges between 21 and 35 days in some females. The menstrual period lasts from 2 to 7 days, but most females experience menstrual flow for 3–5 days. However, the duration and intensity of menstrual flow varies between individuals and at different times in their lives (House et al. 2012) and ceases temporarily during pregnancy and lactation, and ends at menopause (Ali & Rizvi, 2010). Reproductive age is understood as a stage in the lives of females, which indicates their transition from girlhood to womanhood. This also constitutes an important milestone, which is marked by the onset of menarche (Nagar & Aimol, 2011). From this stage onwards until menopause, reproductive health and menstrual hygiene are important aspects in the lives of females.

The World Health Organization (2020) asserted that reproductive age of women begins from the ages of 10 and 45 years and they constitute about 16% of world's women total population. It is a transition period from childhood to adult life and is an important and sensitive phase of life. Many physical, mental and social developments take place during this phase (Ghongdemath, Sidhmalswamy, Mallapur and Shindholimath, (2016). For an adolescent girl, this phase is a period of rapid transition to womanhood. The onset of menstruation is one of the most important changes that occur for girls during the adolescent years (Haque, Rahman and Itsuko, 2014). Menstruation occurs periodically throughout the child bearing years, except during pregnancy and lactation. It commences with menarche and ends with menopause. Throughout this period, observe changes happen with menstruation. Even though menstruation is a physiological process; it is linked with several misconceptions and malpractices which may result in adverse health outcomes. Menstruation and menstrual hygiene related practices are still clouded by taboos and socio-cultural restrictions (Ghongdemath, Sidhmalswamy, Mallapur and Shindholimath, 2016). Poor hygiene practices and management during menstruation has been associated with serious ill-health, including reproductive tract and urinary tract infections.

In a study by Yadav et al., (2017), they found that although 67.4% of female adolescent students were aware of Menstrual Hygiene Management (MHM), about a quarter (26.4%) of them had adequate knowledge of MHM. In Western Ethiopia, Upashe



et al., (2015) found that 60.9% of them had adequate knowledge of MHM. They also discovered that teachers were their primary source of MHM information. However, in Nepal, Gultie et al., (2014) revealed that majority (90.7%) of adolescent female students had high level of knowledge on MHM. Gultie et al., (2014) also found that place of residence and maternal educational status were predictors of knowledge about MHM. A systematic review revealed that less than half of adolescents in India have menstrual information prior to menarche (Van Eijk et al., 2016). Among adolescent students in Katsina state of Nigeria, OkaforTerver & Chuemchit (2017) discovered that although about a third of them had basic knowledge of menstruation, 3-in-5 had no knowledge of the cause of menses, the channel through which menses flow and intervals between menstruations. They also found that knowledge was a predictor of proper menstrual hygiene practice. Age had a significant influence on slum dwellers' knowledge in India, with older girls more knowledgeable about menstruation than their younger counterparts. Similar findings were reported among Nigerian schoolgirls (p-value <0.05). Compared to those not attending school, awareness was greater among schoolgirls in India and Pakistan. Education level had a significant influence on menstrual knowledge in India and Nigeria (p-value <0.05) (UNICEF, 2017).

Chandra-Mouli & Patel (2017) studies show that most educational institutions do not provide adolescents with the necessary information prior to menarche. Mothers and female family members, who may not have the necessary knowledge and skills in MHM, are often the main source of information for most adolescents. Literature shows that most adolescents have inaccurate knowledge, cultural practices and taboos and misconceptions about menstruation. Those that have knowledge tend to practice wrong menstrual hygiene management due to factors such as inadequate menstrual sanitary materials, poverty and lack of emotional or physical support. Due to the cultural and taboos surrounding menstruation the issues of menstrual hygiene management have been ignored or misunderstood. There is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. Despite increased attention from the global institutions in addressing the menstrual hygiene management (MHM) needs of adolescent girls and women in emergency settings, this issue is often overlooked and poorly addressed. It is based on this background; the study seeks to examine menstrual hygiene management practice among women of reproductive age in Zaria Local Government Area of Kaduna State.

Statement of the Problem

Menstrual hygiene is an issue that every woman of reproductive age is faced with the world over. School-age girls in most parts of Nigeria are insufficiently informed about reproductive health in general and in particular about the process of menstruation as well as the physical and psychological changes associated with puberty and coming of age. In culturally and religiously inclined societies like Nigeria, the issue of menstruation is rarely mentioned publicly, due to cultural taboos. Furthermore, there is no mandate in the Nigeria's educational institutions to help girls in managing their menstruation. Neither are their gender-friendly school toilets, nor is there readiness on the part of the teachers to assist menstruating girls through the provision of advice or information.



Attitude towards menstruation, studies show that about half of adolescent girls have a positive attitude towards menstrual hygiene management (Yadav et al., 2017). In India for example, menstruating adolescent girls experience religious restrictions with a quarter (24%) of them missing school during periods (Van Eijk et al., 2016). In Uganda, findings by Miiro et al., (2018) suggest nearly a fifth of adolescent female students missed school due to pains associated with menstruation. Additionally, menstruation is considered a curse, disease or sin by adolescent girls in Uganda (Boosey et al., 2014). Prior to receiving health education at school, 72.4% of girls in India considered menstrual blood impure (Nemade et al., 2009). Adolescent girls also refrained from household work including cooking or performing religious activities during menstruation. In developing countries, absenteeism in schools due to menstruation range from 2% of urban-adolescents in Nigeria to 61.7% of their rural counterparts in Uganda (Chandra-Mouli & Patel, 2017). Early menarche is associated with early sexual initiation, early pregnancy, early marriage and some sexually transmitted infections among adolescent girls in low and middle-income countries (Ibitoye et al., 2017).

The researchers observed that in among women in Zaria for instance menstruation is generally not considered something to be proud of: it is surrounded by silence, shame and social taboos that are further manifested in social practices that in many cultures restrict mobility, freedom and access to normal activities and services. Menstruating women and girls are often considered impure, unclean and unfit during this period. The situation is further worsened by the lack of washing and bathing facilities, materials and spaces that can help women and girls manage the menstrual discharge with dignity and safety. In addition to persisting taboos, women and girls' capacity to manage their periods is affected by a number of other factors, including limited access to affordable and hygienic sanitary materials and disposal options leaving many to manage their periods in ineffective, uncomfortable and unhygienic ways. In some contexts, natural materials such as mud, leaves, dung or animal skins are used to manage the menstrual flow (UNESCO, 2013). As a result, menstruating girls and women often feel ashamed and embarrassed.

Methodology

The research design adopted for the study was a descriptive research design of the survey type. The population comprises of all women of reproductive age in Zaria LGA totaling Two hundred and twenty-one thousand four hundred and six (221,406) (National Population Council, 2006), one hundred and sixty-three (163) respondents were sampled for the study. Multi-stage sampling technique was used for the study through stratified sampling, random sampling technique and purposive sampling technique. The instrument used for the study was a researcher developed questionnaire titled Assessment of Menstrual Hygiene Practices among Women of Reproductive Age in Zaria Local Government Area which was validated by three experts in related field and tested for reliability. Test re-test method was used to obtain the reliability of the instrument. Pearson Product Moment Correlation was used to obtain a correlation coefficient result of $r= 0.75$. The instrument was administered by the researcher and two trained research assistants. Inferential Statistics of Chi-square was used to test the three research hypotheses set for the study at 0.05 alpha level, using Statistical Package for Social Science (SPSS) version 20.0



Result of the Finding

Table 1: How you felt at the onset of your first period

| S/n | Variable | Frequency (f) | Percentage |
|-----|--------------|---------------|------------|
| 1 | Prepared | 49 | 30.1 |
| 2 | Happy | 13 | 8.0 |
| 3 | Sad | 23 | 14.1 |
| 4 | Surprised | 78 | 47.9 |
| | Total | 163 | 100 |

Table 1 show that 47.9% of the respondent felt very surprised at the first time they notice their menstrual period, 30.1% where prepared for it, 14.1% where sad noticing it, and 8.0% felt very happy when they first observed their first menstrual period, the result therefore indicate that must of the respondent felt very surprised about it and this can be said it was because it was strange for them because they have never notice such in their life.

Table 2: duration of normal monthly period

| S/n | Variable | Frequency (f) | Percentage |
|-----|--------------|---------------|------------|
| 1 | 2-7 days | 113 | 69.3 |
| 2 | 7-14 days | 33 | 20.2 |
| 3 | I don't know | 4 | 2.5 |
| 4 | Others | 13 | 8.0 |
| | Total | 163 | 100 |

Table 2 show that 69.3% of the respondent are of the view that normal monthly period last from 2-7 days, 20.2% said it last from 7-14 days, 8.0% said that it fall outside 2-7 days and 7-14 days and while 2.5% of the respondent said they don't know what actually is the normal monthly menstrual period. The result therefore indicates that more of the respondent observed their monthly menstrual period within 2-7days.

Table 3 awareness of menstruation at home before your first experience

| S/n | Variable | Frequency (f) | Percentage |
|-----|--------------|---------------|------------|
| 1 | Yes | 118 | 72.4 |
| 2 | No | 46 | 28.2 |
| | Total | 163 | 100 |

Table 3 shows that 72.4% of the respondent said they were formally inform about menstruation at home before their first experience of observing their first menstrual period, while 28.2% of the respondent said that know prior awareness was given to them at home about menstruation before their first experience, The result therefore indicate that must people are inform at home by parent about menstruation before their first experience.



Table 4 the first person to talk to you about menstruation

| S/n | Variable | Frequency (f) | Percentage |
|-----|--------------|---------------|------------|
| 1 | Mother | 98 | 60.1 |
| 2 | Sister | 17 | 10.5 |
| 3 | Father | 2 | 1.2 |
| 4 | Brother | 2 | 1.2 |
| 5 | Friend | 7 | 4.3 |
| 6 | Teacher | 34 | 20.9 |
| 7 | Others | 3 | 1.8 |
| | Total | 163 | 100 |

Table 4 shows that 60.1% of the respondent said the first person to talk to them about menstruation is their mother, 20.9% said it was their teacher, 10.5% said it was their sister, 4.3% said it was their friends and while 1.2% said it was either their father or their brother who brought such awareness to them. The result therefore indicates that mothers with 60.1% and teachers with 20.9% are once who happen to first talk to tangers about menstrual period.

Table 5 awareness of health/hygiene practice in school in any of your subjects

| S/n | Variable | Frequency | Percentage |
|-----|--------------|------------|------------|
| 1 | Yes | 154 | 94.5 |
| 2 | No | 9 | 5.5 |
| | Total | 163 | 100 |

Table 5 shows that 94.5% of the respondent are of the opinion that they have being taught health/hygiene practice in school in some subjects, while 5.5% of the respondent said that have not being taught health/hygiene practice in school in any of the subject. The result therefore shows that must of the respondent have taught practically taught about health and hygiene.

Practice of Menstrual Hygiene Management among Women of Reproductive Age

Table 6 should girls take their bath frequently

| S/n | Variable | Frequency (f) | Percentage |
|-----|--------------|---------------|------------|
| 1 | Yes | 158 | 96.9 |
| 2 | No | 1 | 0.6 |
| 7 | Don't know | 4 | 2.5 |
| | Total | 163 | 100 |

Table 6 shows that 96.6% of the respondent said yes, that girls who are their menstrual period should take their bath frequently, 2.5% said they don't actually know if girls at their menstrual period should bath frequently, and only 0.6% of the respondent said no, girls should not take their bath frequently when menstruating. The result therefore means that it is of importance that girls who are at their menstrual period should always take their bath frequently, to help them keep a better hygiene practice among their peers.

Table 7 things use to wash genitals during menstruation

| S/ | Variable | Frequency (f) | Percentage |
|----|----------------|---------------|------------|
| 1 | Water only | 122 | 74.8 |
| 2 | Soap and water | 40 | 24.5 |
| 3 | Nothing | 1 | 0.6 |
| | Total | 163 | 100 |



Table 7 shows that 74.8% of the respondent said that they use water only to wash their genitals during menstruating, 24.5% of the respondent said they use soap and water to wash their genitals and while 0.6% of the respondent said the use nothing to wash their genitals while menstruating, the result therefore indicates that must girls use water only to wash themselves during their menstrual period.

Table 8 amount of time sanitary pads are change when menstruating

| S/n | Variable | Frequency (f) | Percentage |
|-----|----------------|---------------|------------|
| 1 | Once | 2 | 1.2 |
| 2 | Twice | 81 | 49.7 |
| 3 | Three times or | 80 | 49.1 |
| | Total | 163 | 100 |

Table 8 shows that 49.7% of the respondent said that they change their sanitary pads twice, 49.1% of the respondent said they change their sanitary pads three times or more and while only 1.2% of the respondent said they change their sanitary pads once. The result therefore indicates that more of the respondent do change their sanitary pads twice while others do change it three time or more depending on their menstrual circle and this because individual menstrual circle defers.

Table 9 where do you dispose the used pads

| S/n | Variable | Frequency (f) | Percentage |
|-----|-------------------|---------------|------------|
| 1 | Bury | 8 | 4.9 |
| 2 | Burn | 28 | 17.2 |
| 3 | Wash | 10 | 6.1 |
| 4 | Wrap and put in a | 103 | 62.6 |
| 5 | Flush | 11 | 6.7 |
| 6 | Others | 3 | 1.8 |
| | Total | 163 | 100 |

Table 9 shows that 62.6% of the respondent wrap and put their sanitary pads into dustbin, 17.2% of the respondent said they burn their sanitary pads, 6.7% of the respondent said they flush their sanitary pads, 6.1% of the respondent said they wash their sanitary pads and only 4.9% of the respondent said they actually bury their sanitary pads. The result therefore indicates that more of the respondent practice the act of wrapping and putting it in a dustbin.

Table 10 absorbents use during menstruation

| S/n | Variable | Frequency (f) | Percentage (%) |
|-----|---------------------|---------------|----------------|
| 1 | Sanitary | 149 | 91.4 |
| 2 | New cloth | 3 | 1.8 |
| 3 | Old cloth/rags | 2 | 1.2 |
| 4 | Toilet tissue paper | 3 | 1.8 |
| 5 | Menstrual cup | 2 | 1.2 |
| 6 | Reusable sanitary | 4 | 2.5 |
| | Total | 163 | 100 |

Table 10 shows that 91.4% use sanitary pads during menstruation, 1.8% use new cloth during and toilet tissue paper their menstrual period, 2.5% use reusable sanitary



material, and while 1.2% use old cloth/rags and menstrual cup during their menstrual period. The result therefore indicates that more of sanitary pads are mostly used by people who are observing their menstrual period.

Factors Hindering Effective Menstrual Hygiene Management Practice among Women of Reproductive Age

Table 11 lack of money to buy sanitary pads

| S/n | Variable | Frequency (f) | Percentage (%) |
|-----|-------------------|---------------|----------------|
| 1 | Agree | 61 | 37.4 |
| 2 | Strongly agree | 23 | 14.1 |
| 3 | Undecided | 9 | 5.5 |
| 4 | Disagree | 42 | 25.8 |
| 5 | Strongly disagree | 28 | 17.2 |
| | Total | 163 | 100 |

Table 11 shows that 47.4% of the respondent agrees that lack of money to buy sanitary pads is one of the factors hindering effective menstrual hygiene management practice among women of reproductive age, 14.1% strongly disagree, while 25.8% disagree, 17.2% strongly disagree and only 5.5% of the respondent are undecided. The result therefore indicates that respondent agrees that one of the factors that hinder effective menstrual hygiene management practice among women of reproductive age within the geographical areas of this study is lack of money to buy sanitary pads which is a challenge to them.

Table 12 inadequate knowledge of menstrual hygiene

| S/n | Variable | Frequency (f) | Percentage (%) |
|-----|-------------------|---------------|----------------|
| 1 | Agree | 29 | 17.8 |
| 2 | Strongly agree | 29 | 17.8 |
| 3 | Undecided | 11 | 6.7 |
| 4 | Disagree | 51 | 31.3 |
| 5 | Strongly disagree | 43 | 26.4 |
| | Total | 163 | 100 |

Table 12 shows that 31.3% of the respondent disagree that inadequate knowledge of menstrual hygiene is one of the factors hindering effective menstrual hygiene management practice among women of reproductive age, 26.4% strongly disagree, while 17.8% agree, 17.8% strongly agree and only 6.7% undecided. The result therefore indicates that respondent within the location of study strongly disagree that inadequate knowledge of menstrual hygiene is a factor hindering effective menstrual hygiene management practice among women of reproductive age

Table 13 Shows that Sanitary Pads are Expensive

| S/n | Variable | Frequency | Percentage (%) |
|-----|-------------------|------------|----------------|
| 1 | Agree | 54 | 33.1 |
| 2 | Strongly agree | 55 | 33.7 |
| 3 | Undecided | 11 | 6.7 |
| 4 | Disagree | 22 | 13.5 |
| 5 | Strongly disagree | 21 | 12.9 |
| | Total | 163 | 100 |



Table 13 shows that 33.7% of the respondent agree that sanitary pads are expensive, which is a factor hindering effective menstrual hygiene management practice among women of reproductive age within the location of study, 33.1% strongly agree, while 13.5% disagree, 12.9% strongly disagree and only 6.7% of the respondent are undecided. The result therefore indicates that respondent within the study location strongly agree that sanitary are expensive which can be one of the factors hindering effective menstrual hygiene management practice among women of reproductive age.

Discussion of Findings

This section presents a summary of key findings from results of statistical analyses of data obtained from the questionnaires distributed. This work is carried out in five ward within Zaria Local Government Area of Kaduna state, the main thrust of this project is to assess menstrual hygiene management practice among women of reproductive age in Zaria Local Government Area of Kaduna State, the findings will be discussed in line with the objectives of study, the first objective is to find out the knowledge of menstrual hygiene management practice among women of reproductive age, information gotten from the respondent shows that 90.8% of the population within the area of study said they are aware of menstrual hygiene management practice, this therefore shows that the population within the location of study are fully aware about menstrual hygiene, it was also noted that 47.9% of the respondent said they were surprised at the first experience of noticing their menstrual period, some others said 30.1% said they were actually prepared and so it was not much of a surprised to them, it was also observed that duration of menstrual period varies from person to person, it was observed that 69.3% of the respondent notice their menstrual from 2-7 days, some others 7-14 days with 20.2%, it was also observed that 72.4% said yes they are aware of menstrual period at home before their first experience, it was also observed that about 60.1% of the respondent said it was their mother who first talk to them about menstruation, while 20.9% said it was their teacher who first told them about it, in line with level of awareness of health/hygiene practice in school about 94.5% said they have being taught about it in school by their teacher at one point or the other.

In line with the second objective, which is to find out the practice of menstrual hygiene management among women of reproductive age, it was observed that about 96.9% of the respondent said girls should take their bath frequently as a way of good menstrual hygiene management, furthermore 74.8% of the respondent said water are mostly used to wash genital during menstruation while some said they use (24.5%) soap and water to wash genitals during their menstrual period, it was also observed that respondent about 49.7% said that at lease sanitary pads should be wash twice while a good number 49.1% also said it should be washed three time or more, the findings also discovered that 62.6% of the respondent do disposed their pads by wrapping it and throwing it in a dustbin while just 17.2% said they burn it, in finding out what kind of absorbents they use about 91.4% of the respondent said they use sanitary pads.

In line with the third objective, which is to find out the factors hindering effective menstrual hygiene management practice among women of productive age, the findings shows that 37.4% respondent said that one of the major factors hindering effective menstrual hygiene management practice is lack of money to buy sanitary pads it was



therefore observed that money was a major problem in trying to maintain a good menstrual hygiene, the findings also noted that 31.3% disagree that lack of knowledge of menstrual hygiene was a factors to consider that should be noted and work on, rather the finding show that respondent 33.7% of them said the high cost of sanitary pads is a factors that hinders the effective menstrual hygiene management.

Conclusion

Menstrual hygiene management practice among women in Zaria Local Government is a very important hygiene to be made known to women to help protect them against all form of ill health (sickness) that may occur as a result of poor hygiene management and practice within women, the research would be of great relevant to the rural peasant who have little or no understanding of the importance of observing good menstrual hygiene practice, this would help promote healthy living conditions among them and from the challenges it was noted that sanitary pads are expensive, it therefore means that due to the rate of poverty within the location/locality of study women finds it difficult to afford, money to purchase pads, in conclusion the people may have the knowledge of the importance of good menstrual hygiene but funds may be a challenge to keep to such good hygiene practice.

Recommendation

Result gotten from the finding about the possible suggestion that would help improve proper menstrual hygiene management practice among women of reproductive age, a good number of the respondent said one of the possible ways such can be achievable within their environment are as follows;

- The government and other stakeholders should ensure that proper public health awareness should be done to the residents of that locality.
- A special curriculum on menstrual education should be scope out at all level of education as a form to improve proper menstrual hygiene management practice.
- Importance of good sanitary to women at their menstrual period should be taught and talk about. At where and who is responsible?
- Sanitary pads should be sold at a very cheap rate and more NGO more especially society for family planning should take it as a challenge to train persons who will help to organize seminar and sponsor free sanitary pads for women
- Parents more especially mothers should inform their daughters at early stage of menstrual cycle on the danger of poor menstrual practice and its associated risk factors to health

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