

Assessment knowledge and practices about menstruation among adolescent school girls in Basra city

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Menstruation is an integral and normal part of human life, indeed of human existence. Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls and an important part of the basic hygiene, sanitation and reproductive health services to which every woman and girl has a right. Globally, approximately 52% of the female population (26% of the total population) is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days

The goal of this study was to examine the knowledge and habits of intermedia school girls in Basra regarding menstruation.

Methodology From October 2019 to February 2020, a cross-sectional research was done in the Basra city field practice. Three government intermediate schools were utilized, and respondents were chosen from a population of secondary school females using convenience sampling. A total of (510)secondary school females in grades 10–17 were included in the study. Data was collected via a self-administered questionnaire, which was then analyzed using the Statistical Package for Social Sciences to compute frequencies and percentages (SPSS version 22).

Results: *Most adolescent girls (15 years old) reached menstruation between 13-15 years. 319 girls .The science of menstruation before menstruation. The source of information on menstruation was the mother In most girls (366). 429 girls are used Sanitary pads, 73 only use cloth. (198) Girls use the toilet in school to change the pillow*

conclusion: Menstrual hygiene is a problem that requires attention at all levels. Menstrual habits are influenced by a number of factors, the most significant of which is social standing (urban and rural). It is critical to raise awareness about

the need for knowledge on healthy menstruation habits. Designing a system to address and provide access to good menstruation practices is critical.

Recommendations: Adolescent school girls' understanding and menstrual hygiene behaviors improved as a result of the health education program.
Curriculum

Introduction

The menstrual cycle is a series of natural changes that take place in the uterus and ovary as part of the process of sexual reproduction. Between the ages of menarche, when cycling begins, and menopause, the menstrual cycle repeats periodically in human females. The earliest indications of puberty in females can appear as early as 8 or 9 years old and last until menarche at 15 or 16 years old. In most developing nations, the typical age of menarche is 12–13 years, with polls suggesting that urban, educated, middle-class girls in many countries are now starting their periods at 12.5 years or earlier (World Health Organization) (1). According to the SADHS (South African Department of Health and Social Services),)

Although menstruation is considered a natural physiological function, it is seen differently in different cultures and households. (4) said that regional, socioeconomic, and cultural differences impact adolescent pregnancy and fertility; this might also imply that the meanings that families and societies place on menstruation vary. The involvement of peers and other social elements in neighborhood settings, according to Arai (5) can be essential to the concept of early childbearing communities. Adolescents, particularly those living in poor regions with few possibilities for social mobility, may be subject to peer pressure. Vhanda is a close-knit hamlet with few social opportunities.

All girls and women have been shown to have it. (7) During the adolescent years, menstruation symbolizes significant changes in a girl's life. According to the World Health Organization, adolescence is a key stage in human growth and development that occurs between the ages of ten and nineteen, after childhood but before adulthood. (8) Although menstruation is a normal occurrence, it is associated with a number of myths and habits that have negative health consequences. In this age range, poor menstrual hygiene is a key predictor of morbidity and other problems. Reproductive tract infections, vaginal scabies

infections, and atypical vaginal discharge in teenage females have been documented in studies.

Important of study : Menstruation, a unique event in the life of a developing girl child, is one of the milestones of puberty. It involves the cyclical shedding of the inner lining of the uterus, which is controlled by the hormones produced by the hypothalamus and pituitary glands located in the brain. Menstrual hygiene is an issue that every girl and woman must deal with at some point in her life, but there is a lack of understanding among teenage girls about the process of menstruation and the necessary criteria for managing menstruation. In Iraqi society, menstruation is usually seen as dirty, particularly in rural areas. Menstruation is never publicly mentioned, which puts a strain on young girls by keeping them unaware of this basic fact. Even after menarche, young girls are provided very little knowledge on the physiological processes involved and the sanitary measures that must be followed, which can lead to negative health outcomes such as reproductive tract infections.

Literature Review, One of the most rapid stages of human growth is adolescence. Psychosocial maturity comes after biological maturity. This has ramifications for policymakers' and programmers' reactions to adolescent inquiry and experimentation. The changes that occur throughout adolescence are influenced by both the individual and the environment. When their capacities are still growing and they are beginning to travel outside the limits of their family, younger teenagers may be more vulnerable. Changes in adolescence have health implications not only throughout adolescence but also throughout life. The unique nature and significance of adolescence necessitates elaboration.

Menstruation, if not well controlled, can cause major disruptions in everyday life. Adolescents, in particular, go through highly difficult phases, which might impact their attendance and academic performance. Girls miss school due to a lack of sufficient facilities and resources, limitations on their mobility during their period, and feelings of humiliation or being 'unclean.' Menstrual taboos,

misconceptions, and shame can lead to mocking, humiliation, and exclusion from daily activities, as well as a detrimental impact on females' feelings of dignity.

The majority of females will get their first period between the ages of 11 and 14, although any age between 9 and 16 is considered typical. If a female has a significant growth spurt,.

Sanitary pads and tampon

Both at home and on the go, a little girl will require a supply of sanitary pads and tampons. It's a good idea to show a girl these things before she gets her first period: What do tampons and pads look like? How to use tampons and pads How to Dispose of Tampons and Pads

You could want to recommend that she carry pads and tampons with her while she's out - for example, in a toiletries handbag with her school bag and sports bag. The average girl will require 3-6 sanitary pads or tampons each day. On light days, she could use less. Longer, thicker pads or pads with side protectors (wings) are frequently beneficial in the first few days and at night.

Every 4-8 hours, the girl will need to replace her pad or tampon. .

Mood changes before and during periods

Many girls (and women) will suffer mood swings in the days leading up to or during their menstruation. Being irritable or more sensitive, furious, nervous, or sad are examples of these changes.

This might be challenging for both the daughter and the rest of the family. Giving the child more privacy and space at this time can make it easier for everyone without raising a lot of issues about him; however, if the child's mood changes interfere with her or her daily life, she may want to see a health professional; previously, the little girl needing to cover up a gynecologist was a

major dilemma for some families; however, if the child's mood changes interfere with her or her daily life, she may want to see a health professional. Menstrual discomfort in adolescent females is a common complaint among doctors. For 70–91 percent of teens, menstrual discomfort is a regular occurrence. In addition, 96 percent of teens describe a variety of physical, psychological, and emotional symptoms that occur before and during menstruation. In 14–51 percent of teens, menstrual discomfort and symptoms lead them to miss school, and in 15–59 percent, they interfere with their daily activities. (10)

Many young girls in our nation may be lacking in understanding about dysmenorrhea and menstrual hygiene, resulting in harmful behavior during their menstrual cycle. As a result, this study was created as a survey to examine the prevalence and pattern of dysmenorrhea, as well as menstrual hygiene routines, with the objective of enhancing girls' menstrual health practices. Menstrual hygiene is concerned with a woman's unique health care demands and requirements throughout her monthly menstrual periods. Choosing the best period protection, or feminine hygiene products, how frequently and when to change her feminine hygiene products, bathing, vulva and vaginal care, and the purported advantages of vaginal douching at the conclusion of each menstrual cycle are all topics of particular importance (11). Gynecological disorders are mostly caused by inadequate personal hygiene and unsanitary living circumstances. During menstruation, infections might occur owing to a lack of cleanliness.

Setting of the study: Adolescent girls read in schools located in the governorate center and the outskirts of Basra. This study was performed in 3 intermedia schools in Basra city. (Noor al-Huda school medium in the city area (200 girls), Jihad intermedia school in the Qibla area(142 girls)and hamada almisfa intermedia school in center Basra(168 girls)

The sample of the study .It was a cross-sectional research conducted in the community. The current study was conducted among teenage girls attending the Government Intermedia School in Basra. For the research, 510 girls from the

school's Medium were chosen. The study relied on a pre-designed, pre-tested, and structured questionnaire. A personnel interview of the research subjects was used to obtain data. After obtaining approval from the school officials, the students were informed of the study's aim, a relationship with female students was established, and their verbal consents were acquired. The research's objective and the type of the information that the study subjects were required to provide were explained.

Sample size

Study Size Determination and Sampling Procedure. The sample size for the study was calculated using Cochran's correction formula for categorical data: $n_1 = n_0 / (1 + n_0 / \text{population})$, where n_1 is the required return sample size without the estimated response rate factor and n_0 is the required sample size based on the assumption that 50% of respondents understand menstruation and practice good menstrual hygiene. Sampling error is 5%, confidence interval is 95%, and the significant level t-value at an alpha level. As a result, the computed return sample size (minus the anticipated response factor) was 384. With a population of 995 people and an expected response rate of 80%, a sample size of 510 people was chosen for this investigation. The respondents were chosen using the replacement sampling approach. The number of people that responded

Study design

A cross-sectional research, which began on October 10th, 2019 and ended on February 20th, 2020.

Before the main/final study, a pilot study is a small-scale trail performed on a small sample from the same population as the final research (14). A pilot research was conducted in Basrah, in which questionnaires were delivered to twenty female teenagers in order to assess the feasibility of the intended study and

to identify questionnaire problems. The pilot research yielded no revisions, and all questions were deemed to be clear.

Validity and reliability

The degree to which an instrument measures what it is meant to measure is referred to as validity (15). A logical examination of items was used to attain content validity, which was backed up by a literature study. The statistician endorsed the questionnaire for validity. Face validity entails analyzing the questionnaire in terms of face and content validity. Internal consistency and the test retest procedure assured reliability. Twenty female adolescent girls served as test subjects for the questionnaire. The results of the pilot study were compared to the findings of the main investigation. There were no inconsistencies found, indicating that the instrument is reliable.

Exclusion criteria:

- Not willing to give consent
- Married, pregnant, lactating adolescent girl

Data analysis: were presented in simple measures of frequency, percentage, mean. The significance of difference of different percentages (qualitative data) were tested using Pearson Chi-square test (χ^2 -test) with application of Yate's correction or Fisher Exact test whenever applicable

Table 1: Demographic profile of adolescent girls in government schools in Basra city.

Age in years	Aljhad N=142		hamada almisfa=168		Noor el Huda=200		total	χ^2 value P valu
	No	F	No	F	No	F		
12	2	2.2	4	2.4	5	2.5	11	1.634 & 0.44
13	13	9.1	15	9	10	5	38	
14	13	9.1	70	40.9	40	20	123	
15	71	50	48	28.7	62	31	180	

≥16	43	30.3	31	19	83	41.5	157	
	142		168		200		510	
Type of family	No	F	No	F	No	F	total	
Nuclear	101	71.1	85	50,6	119	59.5	305	
Joint	41	28.9	83	49.4	81	40.5	205	8.76 0.01
Family size	No	F	No	F	No	F	total	* χ^2
<5	19	13.4	35	20,8	25	12.5	79	=4.319,
6-9	94	66.1	116	69	137	68.5	347	p>0.05
10+	29	22.5	17	10.2	38	19	84	(
Is the student sick with a chronic disease	No	F	No	F	No	F	total	
Yes	15	10.5	18	10.7	14	7	47	
No	127	89.5	150	89.3	187	93	463	
Education status mother	No	F	No	F	No	F	total	
Illiterate	17	12	9	5.4	15	7.5	41	
Primary school	35	24.6	21	12.5	120	60	178	
Secondary school	64	45	56	33.3	50	25	170	9.98
Intermediate	10	7	31	21.4	5	2.5	49	0.04
Graduate	16	11.4	46	27.4	10	5	72	
Postgraduate								
home address								
rural	0	0	158	95	200	100	358	2.43 0.11
urban	142	100	10	6	0	0	152	

*Percentages are indicated by numbers in parentheses. *p-value 0.05, **p-value 0.01, and ***p-value 0.001 are all significant.

Table(.1) reveals that the bulk of research subjects are 15 years old (180), with a total of.

The vast majority of pupils (305) came from nuclear households..(347)student they have(6-9)number family member was statistically significant p>0.05.

(463) students from government school they do not have chronic disease. This difference in three the schools was statistically significant (p=0.01). Mother's educational status of students was More number of (178) primary school education significant difference (P=0.04) was there in the home address 358 of them were in rural

(2:)menstrual pattern in adolescent girls (n=510)

Pattern	Aljhad N=142		hamada almisfa= 168		Noor el Huda=200		total
	No	F	No	F	No	F	
Age at which menarche attained							
10-12	52	36.6	67	39.9	75	37.5	194
13-15	80	56.3	90	53.6	106	53	276
>15	10	7.1	11	6.5	19	9.5	40
Duration of blood flow in days	N	F	N	F	N	F	Total
<2	77	54.5	78	46.4	72	36	227
2-5	47	33	65	38.7	113	56.5	225
>5	18	12.5	25	14.9	15	7.5	58
Length of cycle in days	N	F	N	F	N	F	Total
<28	52	36.6	60	35.7	113	56.5	225
28-32	76	53.5	83	49.4	64	32	223
>32	14	9.9	25	14.9	23	11.5	62
Quantity of blood flow	N	F	N	F	N	F	Total
Normal	125	88.	140	83	172	86	437
Excessive	13	9	24	14	20	10	57
Scanty	4	3	4	3	8	4	16
Frequency of menstrual	N	F	N	F	N	F	Total
Once a month	136	95.8	160	95	190	95	486
Once 2 months	6	4.2	8	5	10	5	24
Awareness of menopause	N	F	N	F	N	F	Total
Yes	82	57.7	120	71	102	51	304
No	60	42.3	48	29	98	49	206

Percentages are indicated by numbers in parentheses. *p-value 0.05, **p-value 0.01, and ***p-*

value 0.001 are all significant

The majority of the research individuals are shown in Table (.2). (276) had attained menarche between 13-15 years of age. While 227) girls were aware about menstruation less 2 days duration blood flow, (225) girls less 28 days duration of cycle with (437)of them whit in normal quantity ,and (486)of them once a month . (304) for girls they have knowledge about menopause.

Table (.3) Part Three: knowledge information about menstruation about schools adolescent girls

Variable	Aljhad N=142		hamada almisfa= 168		Noor el Huda=200		
	No	F	No	F	No	F	
Know about menstruation before							
Yes	79	55.6	110	65.5	130	65	319
No	63	44,4	58	34.5	70	35	191
Sours of knowledge menstrual cycle before menarche	N	F	N	F	N	F	Total
Mother	95	66.9	115	68.4	156	78	366
Teacher	3	2	9	5.4	2	1	14
Friend	15	10.7	0	0	0	0	15
Relative	9	6.3	18	10.7	6	3	33
Sister	20	14.1	7	4.2	20	10	47
Do not now	0	0	4	2.4	4	2	8
Internet	0	0	15	8.9	12	6	27
Knowledge of organ from where bleeding	N	F	N	F	N	F	Total
uterus	104	73.2	130	77.3	163	82	397
Bladder							
Kidney							
Do not now	38	26.8	38	22.6	36	18	113
Knowledge of causes of menstruation	N	F	N	F	N	F	Total
Physiological	19	13.3	87	51.8	37	18.5	143
God given	107	75.4		35.7	132	66	299
Due to some disease			1	0.3	6	3	7
Do not now	16	11.3	20	11.9	25	12.5	61

	N	F	N	F	N	F	Total
Is menstruation good think							
Yes	107	75.4	132	78.6	176	88	415
No	35	24.6	36	21.4	24	12	95
Is menstruation blood impure							
Yes	15	10.6	30	17.9	25	12.5	70
No	127	89.4	138	82.1	175	87.5	448
Different restriction among adolescent girls during menstruation.	N	F	N	F	N	F	Total
Religious occasion	29	20.4	34	20.2	32	16	95
Prayer	86	60.5	85	50.6	155	77.5	326
Routing household work	4	2.8	5	3	3	1.5	12
Attending school	11	7.8	29	17.3	5	2.5	45
Certain types foods	12	8.5	15	8.9	5	2.5	32

*Numbers in parenthesis indicate percentage. Significant at *p-value < 0.05, **p-value < 0.01, and ***p-value < 0.001. †

Table (.3) Part Three: knowledge information about menstruation about schools adolescent girls

Only 319 of the participants were aware of menstruation before menarche, with mothers (366), sisters, and relatives being the most important sources of information. It was discovered that (397) of the research participants were aware of the bleeding's source organ. (143) girls believed that it was a physiological process and (299) believed it as from God given. A majority of the girls (415) were believes menstrual good think

Only (70) were thinks is menstruation blood impure, and all of them changes Daly life during menses likes (326) effects on Prayer,(95) from them changes religious occasion while (45) stay home not attending school

Table (4) Part four: knowledge, practice and attitude regarding menstrual hygiene for schools girls

Variable	Aljhad N=142		hamada almisfa= 168		Noor el Huda=200			
Use of material during menstruation	No	F	No	F	No	F	Total	
Sanitary pad	141	99.2	160	95.2	128	64	429	
cloth	1	0.8			72	36	73	p = 0.001
Tissue			8	4.8			8	
Medical gauze								
How do you change sanitary pad in day	N	F	N	F	N	F	Total	
2 times	50	35.5	20	11.9	70	35	140	p = 0.001
3-4 times	48	33.8	100	59.5	35	17.5	183	
One need	44	31	48	28.6	95	47.5	187	
Change pad in school								
Yes	25	17.6	70	41.7	55	27.5	150	0.82
No	117	82.4	98	58.3	145	72.5	360	
Cleaning of external genitalia	N	F	N	F	N	F	Total	
satisfactory	127	89.4	130	77.4	160	80	417	p = 0.001
unsatisfactory	15	10.6	38	22.6	40	20	93	
do you wash your genitalia with soap and water during menses	N	F	N	F	N	F	Total	
Yes	92	64.8	120	71.4	105	52.5	317	0.554
No	50	35.2	48	28.6	95	47.5	194	
do you bath daily during menses	N	F	N	F	N	F	Total	
Yes	109	76.8	143	85	151	75.5	403	0.540
No	33	23.2	25	15	49	24.5	97	
during menses you use	N	F	N	F	N	F	Total	
old underwear	30	21.1	45	26.8	46	23	121	p = 0.001).
New underwear	39	27.5	59	35.1	53	26.5	151	
Daily underwear	73	51.4	64	38.1	101	50.5	238	
do you dry external genitalia	N	F	N	F	N	F	Total	
Yes	84	59.2	114	67.9	138	69	366	0.916
No	58	40.8	54	32.1	62	31	174	
washing hand with soap after changing pad	N	F	N	F	N	F	Total	
Yes	140	98.8	154	91.7	190	95	484	p = 0.002
No	2	1.2	14	8.3	10	5	26	
toilet facility at school	N	F	N	F	N	F	Total	
No	67	47.2	60	35.7	185	92.5	312	0.001
Yes	75	52.8	108	64.3	15	7.5	198	

*Numbers in parenthesis indicate percentage. Significant at *p-value < 0.05, **p-value < 0.01, and ***p-value < 0.001. †

Table(4) shows that 429 girls used sanitary pads during menstruation, whereas 73% (girls used cloth pieces). This difference was statistically significant ($p = 0.001$) in the research on menstruation habits. Change pad in school the major answer no (360) girls not changing pad in school .There was no statistically significant difference (0.82),and number changes sanitary pad the major girls

(187) alterations that are required This distinction was shown to be statistically significant ($p = 0.001$). The cleanliness of the external genitalia was good in 417 of the females and poor in 93. This distinction was also shown to be statistically significant ($p = 0.001$). (317) of the females used soap and water to clean, whereas (97) simply used water. There was no statistically significant variation in the usage of products for cleaning the external genitalia during menstruation by females in different schools.

The majority of the girls (403) take a bath during their period. There was no statistically significant difference between the two groups of schoolgirls (121) who wore old cloth underwear and 151) who wore new underwear. While (238) females wear everyday underwear, the difference was statistically significant ($p = 0.001$).

Dry external genitalia (366) of females say yes, whereas (174) say no, according to the practice technique. There was no statistically significant difference between the practice technique of washing hands with soap after changing pad preset (484) and the practice method of washing hands with soap after changing pad setting (484) There was a statistically significant difference ($p = 0.002$) between the two groups. There was a bathroom facility at their school for 198 of students, but 312 of them did not use it. This distinction was shown to be statistically significant as well (0.001).

Discussion:

Menstruation is a natural physiologic occurrence, and girls and women should not limit their normal daily activities such as employment, social activities, or sports activities during their period. Prior to menstruation, some girls' conduct will be influenced. Their parents' local customs and beliefs are generally passed down to them. Some ancient behaviors are beneficial, while others are detrimental or innocuous. Every girl should be prepared for her first menstruation, which comes after a period of general growth and change. (16).

In comparison to between them, students from government schools belonged to three places in Basra city households; this difference in both schools was statistically significant ($p=0.01$). The age of the menstrual girls varied from 12 to 17, with the highest number of females being 15 years old, according to this study. Another researcher stated that the age of the menstruation girls ranged from 12 to 17, with the highest number of girls being between 13 and 15 years old (17). The vast majority of pupils (305) came from nuclear households. School and the difference is statistically significant. In this survey, it was shown that the majority of pupils (57.57%) were from nuclear households. (Sasmita Pradhan,etal 2019). At this young age, mothers should be the primary informants for the daughters (Table-1). Mothers, on the other hand, were the initial informants for many of the girls. The smaller disparities might be attributable to the moms' strong literacy levels and their lack of inhibitions in discussing the relevance with their daughters. The mother had had just an elementary school education. the same outcome as (sasmita 2019), Sisters, friends, and instructors were other sources of knowledge for the study girls, as was the mother's information, but they had a high school diploma. Other research had similar outcomes (18). The majority of the respondents (358) lived on the outskirts of town and (152) in rural regions, while the opposite (19) was true. In this study, the majority of the participants (62.27 percent) were from urban regions, while (37.73 percent) were from rural areas.

(276) girls reached menarche between the ages of 13 and 15, whereas (194) girls reached menarche before the age of 12. Blood flow has been recorded for more than two days by (227) girls. The average menstrual period was 2 weeks long in 225 females. The average menstrual period was 28 days in 225 girls. The blood flow in (437) girls is normal. (304) girls awareness of menopause (486) girls menstruation frequency once a month (Table 2). (20) stated that 50% of girls reach menarche between the ages of 12 and 14, while 19.3% reach menarche at a younger age, and (24) claimed that 71% of women are unaware of menopause.

In most cultures, females are aware of menarche and menstruation before they reach puberty. Only 319 of the participants had any knowledge of menstruation before to menarche. Menstrual blood was said to come from the uterus by 397 of the research females, whereas the source of the menstrual bleeding was unknown by 113. These findings were in line with those of previous studies (21). (Table3). Only 143 of the girls in this research felt menstruation was a physiological process, but in a comparable study, 86.25 percent believed it was (4). It was quite disappointing to find out in this survey that the majority of the females (61) had never heard of the term.

Table(4) shows that (403) had a daily bath as one of their hygiene habits during menstruation. Hand washing was seen in 366 of the participants, with soap and water being utilized by 484 of them. Regular washing of the external genitalia was only found in (417) subjects, with bathroom facilities only found in (198) subjects' schools and (312) subjects' schools still lacking. The materials used during menstruation by tossing that in routine 73.using other techniques were employed by (429) of the participants.

In their survey(8 by evels), they discovered that 93.18 percent of women took a daily bath during menstruation. (90.91) percent of respondents washed their hands regularly, with 86.36 percent using soap and water for hand washing, (10.61) percent using water and antiseptics, and (3.03) percent using simply

water. Simply (65.91) percent of participants cleaned their external genitalia regularly, with(66.67)percent using soap and water and (33.33) percent using only water. Toilet facilities were available in (76.52) percent of the respondents' houses, whereas (23.48)percent of the subjects' homes lacked toilet facilities. (70.45%)of the participants disposed of menstrual materials by discarding them in the trash, (7.58)percent by burning them, and (21.97) percent by recycling them.

CONCLUSION

It may be claimed that teenage school girls in both urban and rural regions have a decent understanding of menstruation, but their behaviors are often inadequate for basic cleanliness. Menstrual hygiene is a problem that requires attention at all levels. Menstrual behavior is influenced by a number of factors, the most important of which are economic position and residence (urban and rural). It is critical to raise awareness about the need for knowledge on healthy menstruation habits. Designing a system to address and provide access to good menstruation practices is critical.

Recommendation

The importance of teenage females having correct and enough knowledge about menstruation and how to manage it has been underlined in this study. For the conveyance of such information, official and informal routes of contact, such as mothers, sisters, and friends, must be stressed. Given the critical role of mothers, it is critical that they be equipped with accurate and appropriate reproductive health information, which they may pass on to their growing female child. It is also crucial for teachers who may lack the required abilities to teach their pupils about reproductive health, especially menstrual hygiene. They must be given requisite skills – usually through training or workshops.

There is a need to motivate teenage females to use sanitary pads, given the clean usage of sanitary pads by both urban and rural adolescent girls. For teenage schoolgirls, the reproductive health consequences of menstruation and its management, as well as its impact on quality of life, which pervades school and other social activities, are numerous. Adolescent school girls improved their understanding and menstrual hygiene habits as a consequence of the health education program. As a result, including menstruation hygiene in the curriculum may help to break the silence.