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Intervention Study on Practice of Menstrual Hygiene Among Adolescents in Two Selected Secondary Schools, Lagos State

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Abstract:

Menstrual hygiene is an essential act in which women and adolescent girls use soap and water to clean hands and body, use clean absorbable materials to collect menstrual blood, and change of these materials as often as required in privacy and proper disposal of used materials during menstruation. However, there is need for adolescent girls to be equipped with adequate information on how to practice and maintain such practice in order to enjoy better reproductive health. Hence, this study assessed the effect of intervention on the practice of menstrual hygiene among adolescents in two selected secondary schools, Lagos state. Total enumeration was used for the study. The schools were randomly assigned into experimental and control group with 93 and 101 respondents respectively. A self-developed questionnaire which was validated was used to collect data. A teaching package was used educate the experimental group while placebo on nutrition was given to the control group. Data was analyzed using descriptive and inferential statistics at 0.05 level of significance. Findings showed that an increase from 1.79 prior intervention to 1.91 was observed in the practices of menstrual hygiene after intervention in the control school (mean gain= 0.12) and an increase from 1.76 to 2.76 before and after intervention was recorded in the practices in the experimental school (mean gain=1.00). There was no significant difference (t= -1.044, p= 0.347) in the pre and post intervention self-

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reported practices of menstrual hygiene in the control school and a significant difference (t= -10.368, *p*= 0.000) in that of the experimental group. In conclusion, this study showed that health education is an effective tool in improving practice of menstrual hygiene among adolescents. The study recommended that health education clubs should be established with in schools and managed by public health/school nurses.

Keywords: Intervention, Practice, Menstrual Hygiene, Adolescent Girls,

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Introduction

Menstrual hygiene is an essential act of maintaining good hygiene associated with menstrual process of women and adolescent girls by use of soap and water to clean hands and body, use clean absorbable materials to collect menstrual blood, and change of these materials as often as required in privacy and proper disposal of used materials. However, there is need for adolescent girls to be equipped with adequate facts and information on how to practice and maintain such practice in order to enjoy better reproductive health. In most cultures, mothers take the responsibility of passing the knowledge they have whether correct or incorrect to their girl child. Also, there is need for the adolescent girl to have access to uninterrupted supply of clean water, clean materials, good toilets and sanitary facilities.

Zelalem and Birhanie (2019) discovered that most women are uncomfortable to discuss regarding "menses" as it is a social taboo and adolescent girls could not have access to gain adequate information. Even the little information they receive most commonly from religious institutions, peers, family member is often selective and surrounded by misperceptions. As a result, adolescent girls perceive menstruation as something embarrassing that should be kept hidden. This can increase the vulnerability of adolescent girls to have mental, emotional and physical problems. These conditions further impair the daily activities, academic performance, school attendance, and social relationships of adolescent girls.

World Health Organization and United Nations International Children's Emergency Fund (2016) described the management of menstrual hygiene, as women and girls use clean menstrual hygiene material in order to absorb or collect blood that can be changed in privacy as a form of clean menstrual hygiene. Menstrual hygiene deals with the special health care needs and requirements of women during monthly menstruation or menstrual cycle. Haftu, et al (2016), further explained that these are areas of special concern include choice of the best "period protection" or feminine hygiene products; how often and when to change the feminine hygiene products; bathing care of the vulva and vagina as well as the supposed benefits of vaginal cleansing at the end of each menstrual period. Provisions for good menstrual hygiene include home-made remedies like pieces of cotton cloth which are either placed on a woman's undergarment or on a homemade belt that wraps around the waist. These cloths can be washed, dried and used again. Available commercial products for women's hygiene during menstruation include pads, tampons and cups. Hygiene-related practices of women during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to reproductive tract infections. Improper use of menstrual hygienic materials may associate with the risk of developing toxic shock syndrome (TSS), & pelvic inflammatory disease as well. Hygiene related practices of women during menstruation are of considerable importance especially for young girls who do not have experience especially during the onset, at menarche.

Good menstrual hygiene practices are essential during menstruation; they include regular change of clothing and underwear; change of hygienic pads every three to four hours; daily showering, especially in instances of dysmenorrheal; adequate washing of genitalia after each voiding of urine and/or feces; continuing normal routine and daily activities (for instance, going to school, doing physical exercise), and maintaining a balanced diet with plenty of fruits and vegetables rich in iron and calcium. Despite these recommendations, menstrual hygiene

practices are poor in developing countries. Lack of knowledge and poor personal hygienic practices during menstruation can lead to various gynecological problems in the reproductive life of girls like reproductive tract infections and inflammatory disorders. Using unclean materials, insertion of unclean materials into the vaginal canal, use of highly absorbent tampons, frequent vaginal douching, and lack of hand-washing have been suggested to increase the risk of infection. Yet in many communities, these potentially harmful practices are common amongst the adolescent girl (Bekele, et al, 2018).

Vanphanom, et al (2020), discovered in their study carried out in Australia that only 44% of girls scored 80% on good Menstrual Hygiene Management practice. Even where females have a good understanding of Menstrual Hygiene Management, they may lack access to the facilities and products needed to maintain menstrual hygiene, such as clean, private toilets, water and clean, reliable materials to absorb menses. Lack of access to feminine hygiene products, female- friendly toilets, safe water and sanitation and soap as well as painkillers, can also act as barriers for females attending school while menstruating. Vanphanom et al. (2020) also stated that, in rural areas of Savannakhet province in southern Lao PDR, where it was found out that many participants were unable to practice effective menstrual hygiene management, as this was due to the social determinants of health including lack of access to the toilets, water and sanitation and sanitary pads.

It was uninterestingly discovered in Abakaliki, Nigeria that the majority of the girls used toilet rolls and rags torn out from old soft cotton manage the menses; changed materials, and cleaned external genitalia, respectively, once in a day (Ilo, et al, 2016). Kumbeni, et al (2020), in their study also found that more than half (64.7%) of the poor Menstrual Hygiene group used reusable materials at one point in time and out of this number, majority (68.9%) of them washed and dried their materials in the rooms instead of under the sunshine for proper drying. This practice may promote the growth of harmful organisms in the materials.

Rasheed and Afolabi (2021) discovered in their study which was carried out in Lagos, Nigeria that majority (51.3% and 27.6% of adolescent girls' mothers had secondary and higher education respectively) who have been given prior information by their mothers were able to practice good menstrual hygiene as this had positive influence on their menstrual hygiene status

Also, Pokhrel, et al (2015), reported a significant improvement in knowledge and practice of menstrual hygiene among adolescents of Belgaum after intervention. Agbede and Ekeanyanwu, (2021) however, discovered in an educational intervention on the menstrual hygiene practices among school girls of Ogun State that, at the end of the intervention, the peer-led group educational session had a statistically significant change in the mean of the adolescent girls' level of menstrual hygiene practices. Ogunleye and Kio (2017) also discovered increase in knowledge in a nurse -led intervention on menstrual hygiene in Ekiti State and stated that replication and implementation of intervention in all secondary schools in Nigeria would systematically enhance adolescents' knowledge on menstrual hygiene. Review of literature shows that there are limited studies carried out in Nigeria on the effect of intervening on their knowledge and practice of menstrual hygiene.

In view of these antecedents, the study assesses effect of nursing intervention on practice of menstrual hygiene among adolescent girls through the use of teaching package. The specific

objective was to assess the pre and post intervention menstrual hygiene practice of adolescent girls in the control and experimental groups.

Research Hypothesis

Ho: There is no significant difference in the pre and post intervention practice of menstrual hygiene in the control and experimental group.

Methodology

The study utilized a two-group pre-test post-test quasi experimental design, using a quantitative approach to assess the outcome of nursing intervention on adolescents on the practice of menstrual hygiene in two selected secondary schools in Eti-Osa local government area, Lagos State. The target population in this research of study included girls (adolescents) between the ages of 12-18 years attending senior secondary school classes of the selected. The total no of female students within JSS 3 &SS1 to SS3 of Maroko Government College was 97 while that of Kuramo Senior College respectively was 113; both schools had a total of 210 girls. Total enumeration was adopted for this study because the researcher is interested in including all the adolescent girls in the JSS 3 and Senior Secondary classes of the two selected secondary schools. A total of 194 out of the girls participated in the study based on the study criteria. Purposive sampling technique was utilized to select adolescents that fall within age of 12 and 18 in the two selected senior secondary schools classes as the participants of the study.

Test items for evaluating the practice of adolescent girls on menstrual hygiene was developed by the researcher for data collection. It had 21 items. Mean score between 1 and 7 was categorized as low, mean score within 8-14 was categorized as average, and mean score between 15 and 21 was categorized as high. Corrections were made by experts in Nursing Science and Tests & Measurement to ensure face and content validity of the instrument. Reliability of the instrument was ensured by administering the developed instrument on 20 adolescent girls outside the sampled area. Responses were scored and analyzed statistically using Cronbach's alpha which had a coefficient of 0.796. This showed that the instrument was reliable and appropriate for the study.

The study was carried out in three phases namely pre-intervention, intervention and post-intervention stages. This study was conducted over a period of 6 weeks.

Week 1: Pre- intervention session

Week 2: Overview of Menstruation

Week 3-4: Practice of Menstrual hygiene

Week 5: Interval between intervention and evaluation session

Week 6: Post intervention

Instrument was assessed for completeness, coded and calculated using statistical package for the social sciences (SPSS) version 26.0 and data was analyzed using descriptive and inferential statistics.

Results

Table 1: Socio-demographic data of the adolescent girls

		Control school (%)	Experimental school (%)	Total (%)

		N=101	N=93	N=194
Age (in years)	12	7 (6.9)	9 (9.7)	16 (8.2)
	13	16 (15.8)	12 (12.9)	28 (14.4)
	14	15 (14.9)	13 (14.0)	28 (14.4)
	15	15 (14.9)	14 (15.1)	29 (4.9)
	16	22 (21.8)	19 (20.4)	41 (21.1)
	17	14 (13.9)	15 (16.1)	29 (14.9)
	18	12 (11.9)	11 (11.8)	23 (11.9)
Class	JSS 3	29 (28.7)	23 (24.7)	52 (26.8)
	SSS 1	29 (28.7)	21 (22.6)	50 (25.8)
	SSS 2	17 (16.8)	34 (36.6)	51 (26.3)
	SSS 3	26 (25.7)	15 (16.1)	41 (21.1)
Religion	Christianity	56 (55.4)	43 (46.2)	99 (51.0)
	Islam	35 (34.7)	39 (41.9)	74 (38.1)
	Traditionalist	10 (9.9)	11 (11.8)	21 (10.8)
Tribe	Yoruba	43 (42.6)	39 (41.9)	82 (42.3)
	Hausa	11 (10.9)	15 (16.1)	26 (13.4)
	Igbo	38 (37.6)	25 (26.9)	63 (32.5)
	Others	9 (8.9)	14 (15.1)	23 (11.9)
What is your mother's/ guardians' highest level of education?	No education	14 (13.9)	17 (18.3)	31 (16.0)
	Primary education	13 (12.9)	11 (11.8)	24 (12.4)
	Secondary education	17 (16.8)	14 (15.1)	31 (16.0)
	Tertiary education	57	51 (54.8)	108

		(56.4)		(55.7)
Who gave you the first explanation on what menstruation is all about?	My mummy	51 (50.5)	43 (46.2)	94 (48.5)
	My daddy	15 (14.9)	18 (19.4)	33 (17.0)
	One of my relatives	11 (10.9)	10 (10.8)	21 (10.8)
	My friend	5 (5.0)	7 (7.5)	12 (6.2)
	Social Media	8 (7.9)	6 (6.5)	14 (7.2)
	On radio/television/magazine	11 (10.9)	9 (9.7)	20 (10.3)

Source: Researcher's field survey, 2022

The table 1 shows the socio-demographic data of the adolescent girls in the control and experimental schools. Majority of the respondents from the control (21.8%) and experimental (20.4%) schools were 16 years respectively while the lowest age was 12 years for both control (6.9%) and experimental (9.7%) schools. Also, majority of the respondents (28.7%) from the control school were in JSS 3 and SSS1 respectively while on the other hand, majority of the respondents (36.6%) from the experimental school were in SSS 2. A total of 55.4% and 46.2% of the respondents from the control and experimental schools were Christians respectively. The Yoruba was the tribe of majority of the respondents in both the control (42.6%) and experimental (41.9%) schools. Majority of the respondents in the control (56.4%) and experimental (54.8%) schools said their mother's/ guardian's highest level of education is tertiary education. In both control and experimental school, a large number (50.5%) and (46.2%) of the respondents said that their mummy gave them the first explanation on menstruation entails respectively.

Table 2: Summary of the Pre and Post intervention self-reported practice of the Control and Experimental Schools on menstrual hygiene

	Control (N= 101)				Experimental (N= 93)			
	Pre-intervention		Post-intervention		Pre-intervention		Post-intervention	
	Freq	%	Freq	%	Freq	%	Freq	%
Low (1-7)	46	45.5	37	36.6	41	44.1	4	4.3
Average (8-14)	30	29.7	36	35.6	33	35.5	14	15.1
High (15-21)	25	24.8	28	27.7	19	20.4	75	80.6
Total	101	100.0	101	100.0	93	100.0	93	100.0
Mean	1.79		1.91		1.76		2.76	
SD	0.82		0.80		0.77		0.52	
MD	0.12				1.00			

Source: Researcher's field survey, 2022

SD= Standard deviation, MD= Mean difference

The Table 2 shows the summary of the pre and post intervention practices of menstrual hygiene in the control and experimental schools. In the pre-intervention stage of the control school, majority (45.5%) had low practice of menstrual hygiene while 29.7% and 24.8% had average and high practice of menstrual hygiene respectively with a mean score of 1.79 while at the post-intervention, majority (36.6%) had low practice of menstrual hygiene while 35.6% and 27.7% had average and high practice of menstrual hygiene respectively with a mean score of 1.91.

Also, for the experimental school, the pre-intervention knowledge level showed that majority (44.1%) had low practice of menstrual hygiene while 35.5% and 20.4% had average and high practice of menstrual hygiene respectively with a mean score of 1.76 while at the post-intervention stage, majority of the respondents (80.6%) had a high practice of menstrual hygiene while 15.1% and 4.3% had average and low practice of menstrual hygiene respectively with a mean score of 2.76.

Table 3: Frequency of the Pre-intervention Mean Score of different self-reported practice areas on menstrual hygiene of the control school (N= 101)

	Body care		Sanitary Material		Sanitary material Disposal	
	Freq	%	Freq	%	Freq	%
Below average	46	45.5	52	51.5	61	60.4
Average	34	33.7	24	23.8	29	28.7
Above average	21	20.8	25	24.8	11	10.9
Total	101	100.0	101	100.0	101	100.0
Mean	1.75		1.73		1.51	
SD	0.78		0.84		0.69	

Source: Researcher's field survey, 2022

SD= Standard deviation

Table 3 shows that the pre-intervention mean score for the different practices of menstrual hygiene of the control school was 1.75, 1.73 and 1.51 for body care, sanitary material and sanitary material disposal respectively. Also, it was shown that the respondents had a practice level below average for menstrual hygiene practice with 45.5%, 51.5% and 60.4% of them with a practice level below average for body care, sanitary material and sanitary material disposal respectively.

Table 4: Frequency of the Post-intervention Mean Score of different self-reported practice areas on menstrual hygiene of the control school (N= 101)

	Body care		Sanitary Material		Sanitary material Disposal	
	Freq	%	Freq	%	Freq	%
Below average	41	40.6	47	46.5	56	55.4
Average	37	36.6	26	25.7	32	31.7

Above average	23	22.8	28	27.7	13	12.9
Total	101	100.0	101	100.0	101	100.0
Mean	1.82		1.81		1.57	
SD	0.78		0.85		0.71	

Source: Researcher's field survey, 2022

SD= Standard deviation

The post-intervention level of practice of menstrual hygiene scores for the control school shows that the 40.6%, 46.5% and 55.4% of the respondents had below average for the different areas of the practice of menstrual hygiene on body care, sanitary material and sanitary material disposal respectively as shown on Table 4. Also, the mean scores recorded for the post-intervention on the different knowledge areas were 1.82, 1.81 and 1.57 for body care, sanitary material and sanitary material disposal respectively.

Table 5: Frequency of the Pre-intervention Mean Score of different self-reported practice areas on menstrual hygiene of the experimental school (N= 93)

	Body care		Sanitary Material		Sanitary material Disposal	
	Freq	%	Freq	%	Freq	%
Below average	41	44.1	49	52.7	53	57.0
Average	29	31.2	23	24.7	28	30.1
Above average	23	24.7	21	22.6	12	12.9
Total	93	100.0	93	100.0	93	100.0
Mean	1.81		1.70		1.56	
SD	0.81		0.82		0.71	

Source: Researcher's field survey, 2022

SD= Standard deviation

The table 5 shows the pre-intervention mean score of the different practice skill areas on menstrual hygiene of the experimental school. Majority of the respondents were below average knowledge level in areas such as body care (44.1%), sanitary materials (52.7%) and the sanitary material disposal (57.0%). Also, the mean scores recorded for the pre-intervention on the different practice skill areas were 1.81, 1.70 and 1.56 for body care, sanitary materials and the sanitary material disposal respectively.

Table 6: Frequency of the Post-intervention Mean Score of different self-reported practice areas on menstrual hygiene of the experimental school (N= 93)

	Body care		Sanitary Material		Sanitary material Disposal	
	Freq	%	Freq	%	Freq	%
Below average	8	8.6	0	0.0	4	4.3
Average	36	38.7	40	43.0	51	54.8
Above average	49	52.7	53	57.0	38	40.9

Total	93	100.0	93	100.0	93	100.0
Mean	2.44		2.57		2.37	
SD	0.65		0.50		0.57	

Source: Researcher's field survey, 2022

SD= Standard deviation

Table 6 shows that the post-intervention mean score for the different practices of menstrual hygiene of the control school was 2.44, 2.57 and 2.37 for body care, sanitary material and sanitary material disposal respectively. Also, it was shown that the respondents had a practice level above average for menstrual hygiene practice with 52.7% and 57.0% for body care and sanitary material respectively while 54.8% of them had an average practice level for sanitary material disposal.

Test of Hypothesis

Ho: There is no significant difference in the pre and post intervention practice of menstrual hygiene practices in the control and experimental school.

Table 7: Independent t-test to show the difference in the self-reported practices of menstrual hygiene among the adolescents in the control and experimental schools

School	Intervention	N	X	SD	SEM	df	T	p-value
Control	Pre-intervention	101	1.79	0.82	0.08	200	-1.044	0.347
	Post-intervention	101	1.91	0.80	0.08			
Experimental	Pre-intervention	93	1.76	0.77	0.08	184	-10.368	0.000
	Post-intervention	93	2.76	0.52	0.05			

Source: Researcher's field survey, 2022

N= Number of respondents, X= Mean, SD= Standard deviation, SEM= Standard Error of Mean

Result in Table 7 above indicates the significant difference in the pre and post intervention self-reported practices of menstrual hygiene of adolescents on menstrual hygiene in the control and experimental schools. A non-significant difference was recorded among the respondents in the pre- and post- intervention practice of menstrual hygiene in the control school with a p-value of 0.347, hence, the null hypothesis will be accepted as the p-value is greater than the alpha (α) p-value of 0.05. Furthermore, a significant relationship was recorded in the pre- and post- intervention practices of menstrual hygiene among the adolescents in the experimental school with a p-value of 0.000 which is less than the alpha (α) p-value of 0.05. Hence, the earlier set hypothesis is rejected and the alternate hypothesis (H_1) is accepted. This shows that there is a significant relationship in the intervention on the self-reported practice of menstrual hygiene among the adolescents at the experimental school.

Discussion of findings

At the pre-intervention stage of this study, it was found that majority (45.5%) had low practice of menstrual hygiene while 29.7% and 24.8% had average and high practice of menstrual hygiene respectively while at the experimental school, the majority (44.1%) had

low practice of menstrual hygiene while 35.5% and 20.4% had average and high practice of menstrual hygiene respectively. These findings support the work of Yadav, et al (2017), where less than half of the participants from Nepal had good practice of menstrual hygiene and this was accrued to poor and inadequate or unavailability of sanitary facilities and also lack of adequate water supply as reported by Hussein (2020) and Gizachew (2021) who reported that availability of gender-based toilets in schools also influence the practice of menstrual hygiene. In addition, the poor practice of menstrual hygiene reported at the pre-intervention stage in the schools might be due to lack of proper knowledge of menstrual hygiene as revealed in a study carried out by Zelalem and Birhanie (2019).

At the post intervention phase, majority (36.6%) of the participants from the control school had low practice of menstrual hygiene while 35.6% and 27.7% had average and high practice of menstrual hygiene respectively while for the experimental school, majority of the respondents (80.6%) had a high practice of menstrual hygiene while 15.1% and 4.3% had average and low practice of menstrual hygiene respectively. The increase in the practice level of menstrual hygiene among the female adolescents in this study is similar to the finding of Jyoythi and Kirthi (2019) where the practice of menstrual hygiene was seen to improve from 40% to 100% after training and intervention. Similarly, a study by Pokhrel, et al (2015), showed the importance of training programmes on the practice of menstrual hygiene as an increase of 39.6% in the pre-test to 99% in the post-test was recorded and this is consistent with the finding of this study where the practice of menstrual hygiene increased after the post-intervention. The significant increase in the practice level was also in support of the work of Jayita, et al (2017). This was also in line with interventional study of Agbede and Ekeanyawu (2021), whereby there was a significant improvement in the level of menstrual hygiene behaviours among the adolescent girls across the experimental groups compared to the control group.

Conclusion

The role of nurses in the advocacy for menstrual hygiene cannot be overlooked. The findings revealed that the post-intervention practices of menstrual hygiene improved compared to the pre-intervention assessment of practices. This shows that training and proper education of the female adolescents will go a long way in the management of poor menstrual hygiene among the female adolescents.

Recommendations

1. Health education clubs should be established in schools to empower female students on how to maintain hygienic lifestyle during menstruation.
2. There should be provision of good sanitation facilities in the schools to cater for the female students during menstruation.
3. Sanitary pads should be made available free of charge or subsidized by the government and nongovernmental organizations to all adolescent females.
4. It is recommended that school toilets be equipped with waste disposal containers and incinerators for sanitary pads.

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