# Personel Hygiene of Rural Adolescent Girls Among Meerut District: A Sociological Study

Dr. Alok Kumar

Renu Mathur

Professor
Department of Sociology
C.C.S.U. Campus, Meerut
E-mail: aloksocio@gmail.com

Research Scholar C.C.S.U. Campus, Meerut E-mail: renumathur.ccs@gmail.com

#### Abstract

Adolescent girls from rural and urban areas have lack of focal knowledge about reproductive health, ultra unit devices, sexually transmitted diseases, reproductive tract infections, and HIV/AIDS in India. Gender inequalities and stereotypes affect their capacity to influence when, where and how sexual relations should form, rendering them vulnerable to coerced or unwanted sex and placing them at high risk for adverse reproductive health outcomes. Aims- To identify the awareness and practices about the reproductive health of adolescents girls in Murlipur. Methods- The data for the present study have been collected by using the observation and interview schedule technique from 200 respondents for the fulfillment of the information. Purposive sampling was used to selector the respondents. Result- findings reveal that. One-third (35.5%) of the respondents had abdominal pain during menstrual. Less than one-half (40.5%) of the respondents using both cloth and sanitary napkins. In rural areas, the largest segment (43.5%) of the respondents throw sanitary napkins after use in the outdoor. majority (70.5%) of the respondents change their sanitary napkins during school hours and one fourth (59) of the respondents change their absorbent during school hours., little over half less (40.5%) of the respondents change their sanitary napkins, more than once a time

### Keywords

Sanitary napkins, Mensuration cycle, Adolescents girls

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Renu Mathur

Renu Mathur Dr. Alok Kumar

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#### Introduction

A huge growing section of the population is adolescent girls. Today large parts of the world's population are under the age of 20 and at least four out of five adults live in developed India (WHO/UNEPA/UNICEF 1999). During the growth into adolescence, the teenagers begin to understand their changes as adults and move up to physical and psychological maturity to grow into economically independent individuals. Whereas adolescence generally is a healthy phase of life, many adolescents often are miss informed, less received, and take less comfortable steps into family planning and or reproductive health services before growing up to be fully mature (PATH\Outlook1998). Reproductive health is an essential part of general health, it is of at most consideration during adolescence &adults for the reason that the adolescents currently are the mature girls of tomorrow and the grandma afterward, it is prominent to pay attention to reproductive health required and understand the difficulties of girls (UNDP/UNEPA/WHO/Social Science method for research on reproductive health topics 2010). Not having enough nutrition during adolescence can potentially restrain growth and sexual development. Therefore extra certain attention should be focused on the same health interconnect issues e.g. nutrition therapy and dietary practices and weight-reduction plan etc. (Alkoly T. & Alghamida 2015:22-31).

### **Objectives of the Study**

- 1. To assess the socio-economic profile of the adolescents girls.
- 2. To identify the awareness and practices about reproductive health in adolescents girls.

### **Review of Literature**

Sarita Agarwal and Alfia, Fatmaet et al.. (2007:36-41) have analyzed knowledge and reproductive health-related problems among adolescent girls. The cross-sectional study between the school-going girls of group 15- 19 yrs. 4 schools, 2 of each English and Hindi medium were randomly selected consisting a total of 500 girls. In the present study shows that media was the source of information about sex 86% had STDs awareness & almost all the girls heard about HIV/positive and 74-93% know various media of transmission, use of contaminated needles, and without transfusion. 83%94% girls of English and Hindi medium took proper care cleanliness and mothers were involved in discussion related to reproductive health problems. Most of the girls wanted sex education to be included in the course of study and media is a major source of awareness. Dysmenorrheal is a major problem for girls.

Aarthi Gopal and KC Prema Ranjan... et al. (2014:1-4) have analyzed the knowledge and attitude of adolescent girls of the age range 17-19 yrs on the Family

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formation and reproductive health issues in an urban area of Pondicherry and data collection were through the house to house survey using a designed questionnaire. This study shows that adolescent girls were aware regarding legal age at marriage, small family regulations, and dietary care during pregnancy. However, knowledge size on contraception measures; exclusive breastfeeding, and supplementary feeding is less than sufficient. These gaps in knowledge on reproductive health and family emergence need to be addressed. Innovative ways of providing this knowledge in a non-threatening environment that permit adolescents to raise their own concerns need to be encouraged at the school and community strength.

Shatha A. Mohammed Ali (2013:9-15) examined determined the level of awareness about the reproductive health among adolescent girls in Baghdad city. 180 adolescent school girls in the aged 12-18 yrs from five secondary schools in the Alsender sector, in the data, was collected by direct interview using a structured questionnaire to obtain socio-demography characteristics. The present study showed that about half of the respondents had sufficient awareness about menstruation (first menses, duration interval, sit of blood, hygiene during the period, etc). One of thereof girls had good awareness puberty changes, awareness of half of the adolescent girls about gynecological issues were poor adolescent girls of Baghdad city are still ignorant about many aspects many aspects of reproductive health especially regarding (AIDs or RTIs).

Shalini K. Kanotra and Vidhyadhar B. Bengal et al...(2013:551-554) have investigated the menstruation pattern and issues among adolescent school-going girls. The study was conducted in secondary schools established in rural Maharashtra. The data were collected through pretested and demonstration questionnaires. The study revealed that the majority of adolescent girls had attained menarche at appropriate age. The duration of bleeding and the cycle intermission was normal in majority of girls. Dysmenorrheal was a common problem among the adolescents. Mothers were the commonest source of awareness for adolescents regarding knowledge about menses and hygiene. The use of hygiene sanitary napkins as absorbents was prevalent in majority of adolescent girls. The rural areas, self-consciousness still exists that forbids adolescents from discussing their queries related to menstrual and other issues with their parents, teachers, or peers There is a strong need for education to adolescent population regarding reproductive health The will help in their growth as healthy.

Saumya Chand (2011:51-64) emphasized the practice of gender biases in health care facilities such as prenatal and maternal care. The present research is based on secondary data in Bihar. The study revealed that Bihar ranks the lowest of

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antenatal care, maternal care indicators which be visible that in India; only 48% of births are delivered in a medical hospital.

R. Vijayalakshmi and S. Bhagavathy (2014) assessed the knowledge on anticipation of anemia and knowledge score of adolescent girls on prevention of anemia with choose demographic variables in higher secondary school at Chennai. The study is based on primary data. She constructs in her study that adolescent girls had inadequate knowledge related to prevention of lack of blood and demographic variables educational status had exposed statistically significant similar at p<0.05 level of education look on prevention of anemia among adolescent girls.

Nisha Jomson (2014:48-51) examined awareness and practices in relation to a selected aspect of reproductive health amongst adolescent schools girls in Navi Mumbai. Semi-structured questionnaire has been used for data collection. She found out that among girls knowledge towards reproductive health is not adequate, and practices are not optimal for cleanliness and prevention of reproductive health problems. The majority of the adolescents girls were prepared to receive sex education.

Santosh Kumar and Amit Kumar Singh (2014:157-162) have studied the status of menstrual hygiene, awareness, and sources of knowledge on menstrual health. A cross-sectional study was carried out amongst the A. girls' area of the urban health center of Srinagar. Total four hundred consecutive households were comprised and one a respondent from each household was interviewed using a pre-designed questionnaire. The present study was revealed unhealthy menstrual practices, a low level of knowledge, and various misconceptions among adolescent girls in the community of rocky area of Garhwal regarding menstruation. Taking into account the health implications and talk someone into socio-cultural and economic factors there is an urgent need for intensifying effective planned to persuade the adolescent girls to adopt healthy monthly practices and their mother also need to be aware to help her daughter in M. H. and don't let her feel shy to talk at this key issues.

Sheetal Kumari (2017: 7451-7459) has examined social, cultural, and religious practices during period in the present era of progress used to the slowness thinking of our society which makes girls feel shy and ashamed for menstruating. The data collected through secondary data has been made for the same. The study shows that an attempt has been made to bring out concerns that survive due to menstruation being viewed as a social, religious, and cultural system.

### **Need of the Study**

Adolescent's reproductive health is almost like lost wealth, so let us all make concerted efforts to improve their poor health status. The alarming increase in

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HIV-positive and sexually transmitted diseases, reproductive tract infections prevalence in India underlines the need to be conscious of the sexual and reproductive health needs and concern for the reason that a healthy little girl child grows into a healthy adolescent girl which basically grows into a healthy women. Reproductive health is an integrated part of general health and it needs an extra care and precautions during specific times and situations. Girls must have a healthy reproductive health is a pre-eminent part of general health and a foremost feature of human growth to protect their sexual reproductive health issues. Thus, girls fail to lead healthy responsible lives and are not able to cope up with reproductive poor health.

#### Methods

### **Participants**

The data for the present study have been collected by using the observation and interview schedule technique from 200 respondents for the fulfillment of the information. Purposive sampling was used to selector the respondents. The information was collected from all adolescents girls belonging to the age group of 12-18 yrs. SPSS methods have been used for the data classification and analysis.

#### Area of the Study

This is the study of rural school-going adolescent girls. Intermediate college of Murlipur village which is situated in Garh road Meerut district has been selected to represent the rural respondents.

## **Result and Discussion**

Table-1 shows that more than one-fourth (35%) of the respondents belong to the 16-17 age groups. The largest (85%) of the respondents were Hindu but it is also notable that only 1 was Sikh respondents in rural areas the largest segment (45.5%) of the respondents are from backward category, (35.5%) little more than one-third of the respondents are in 11th class. the largest segment (46.5%) of the respondent's fathers have up to 10,000 per month family income. Table-2 reflects that more than one-fourth (27%) of the respondents believed that menstruation is a God-given process. One-third (35.5%) of the respondents had abdominal pain during menstrual. Less than one-half (40.5%) of the respondents using both cloth and sanitary napkins. In rural areas, the largest segment (43.5%) of the respondents throw sanitary napkins after use in the outdoor. majority (70.5%) of the respondents change their sanitary napkins during school hours and one-fourth (59) of the respondents change their absorbent during school hours., little over half less (40.5%) of the respondents change their sanitary napkins, more than once a time.

Variables	No. of Respondents	Percentage
Age	respondents	
12-13	34	17
14-15	39	19.5
16-17	70	35
18-above	57	28.5
Religion		
Hindu	170	85
Muslim	29	14.5
Christian	-	-
Sikh	1	0.5
Cates		
General	38	19
O.B.C	91	45.5
SC	71	35.5
Adolescent's Education		
9	34	17
10	38	19
11	71	35.5
12	57	28.5
Family Income (Monthl	y)	
0-10,000	93	46.5
10,001-20,000	82	41.0
20,001-30,000	02	1.0
30,001-40,000	11	5.5
40,001-50,000	7	3.5
50,000-above	5	2.5

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Table-2: Awareness and practices about reproductive health.

Variables	No. of	Percentage	
Knowledge and perceptions regarding menstrual cycle among			
adolescent girls.	5.4	27	
God-given process	54	27	
It is a disease	41	20.5	
Symbolizes of adulthood	51	25.5	
It is a physiological process	36	18	
Don't know	18	09	
Problems faced during the menstrual cycle			
Abdominal pain	71	35.5	
Back and leg pain	42	21	
Muscular cramps	45	22.5	
Fever and vomiting	23	11.5	
Mood swings	19	9.5	
Protection used during menstrual cycle			
Sanitary Napkins	54	27	
Cloth	65	32.5	
Both	81	40.5	
Method of disposal after use			
Burn it	35	17.5	
Dustbin	78	39	
Throwing in outdoor	87	43.5	
Change absorbent during school hours			
Yes	59	29.5	
No	141	17.5	
Frequency of changing napkins during school hours			
Once a day	56	28	
More than once	81	40.5	
Depending on requirement	63	31.5	

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#### **Conclusion and Recommendation**

Based on study findings and personal experiences of the investigator during the study, the following recommendations are made:

- ❖ Health awareness in a small group of girls to increase health con sciousness and health-giving practices should be given routinely.
- ❖ Parents should motivate to talk about reproductive health interconnected issues with their adolescent girls.
- ❖ Department of school education and higher education should spread and design a course of study to raise the level of awareness on HIV/ AIDs and reproductive health which should be illuminated.
- The practice of missing the breakfast should be abandoned consciously so as to ensure that the breakfast is the most wholesome meal of the day for undernourished girls. The growth process gets slowed down due to which menarche get delayed. During this phase, processed and street food should be avoided and children should be given more calories, proteins, and micronutrients like calcium, iron, iodine and zinc, minerals, cheese, cashews, and spinach.

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