

FEMALE STUDENTS' BEHAVIOUR OF MENSTRUAL HYGIENE

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Abstract

Menstrual hygiene is an activity to maintain genital hygiene during menstruation. Reproductive health behaviour among adolescents is one thing that must be considered, including menstrual hygiene. The purpose of this study was to determine the menstrual hygiene behaviour of female students. This study was quantitative descriptive research. The sample was chosen using the total sampling technique. 98 female students in SMK X involved in this study. The univariate analysis applied frequency distribution. The results found that most of the menstrual hygiene behaviours were in the poor category which is 56 students (57.1%) and 42 (42.9%) students were in a good category. It is expected that the school would provide facilitates, health educations, and collaboration with PHC to support female students in dealing with menstrual hygiene behaviour.

Keywords: Behaviour, female students, menstrual hygiene.

INTRODUCTION

Adolescent reproductive health requires intensive health education. Transitions period for women from children to adult is adolescent. The period begins with *thelarche* (breast development), *pubarche* (growth of pubic hair), and *menarche* (first menstrual period) (Mahendra, et al., 2013). Knowledge about menstruation is influenced by the mother as the closest person to young women. Mothers provide information about menstruation, menstrual hygiene behaviour, and healthy living behaviour after experiencing menstrual periods, information is given by the mother before menarche. The lack of knowledge about reproductive health during menstruation would be at risk for women's reproductive health (BKKBN, 2011).

Menstruation is periodic bleeding from the uterus due to the decay of the endometrial wall because of there is no fertilization in the ovum (Proverawati & Misaroh, 2009). Menstruation occurs approximately every four weeks for each cycle (Prawirohardjo, 2016). Menstruation period is about 3-7 days, with the amount of blood lost around 50-60 cc without blood clots and lasts during the reproductive age (Ramaiah, 2006).

Menstrual hygiene behaviour is an important activity to maintain the health of the reproductive organs of young women, especially to avoid reproductive organ infections. The main causes of infectious diseases in the reproductive tract are 20% low immunity, lack of behaviour to maintain the cleanliness of the genital area 30%, unclean environment, and improper use of sanitary pads during menstruation 50% (Trisanti, 2016).

Menstrual hygiene or called menstrual hygiene management (MHM) is the behaviour of women to maintain the cleanliness of the reproductive organs from menarche to menopause. Poor menstrual hygiene causes stigma and poor health. Menstrual hygiene involves changing pads, and women must have access to disposal. Likewise access to the toilet, clean water, and soap to clean menstrual blood. Women need comfort and privacy to maintain the cleanliness of genital organs. Maintaining the cleanliness of the genital area during the menstrual period is very important because it can prevent women from urinary tract infections and reproductive tract infections (UNICEF, 2017).

Latifah (2017) in her study stated that some unhygienic behaviour of adolescents were identified including rarely washing the vagina, changing panties during menstruation, tight underwear, and changing pads for more than four hours. The findings are directly proportional to the research conducted by previous researchers. Suryati (2012) found poor behavior in menstrual hygiene, one of which was lazy to replace the pads and at risk of fungal and bacterial infections. Menstrual hygiene is important in the health of reproductive organs, good menstrual hygiene behaviour protecting young women from microorganisms such as bacteria, fungi, and viruses so that there is a risk of reproductive organ function (Yanti., Et al, 2014). When adolescents apply bad menstrual hygiene, it would also adversely affect their health. The purpose of this research was to find out the menstrual hygiene behaviour of female students.

METHODS

This research method was the quantitative descriptive approach. Samples were selected using a total sampling method of 98 class X and XI students of SMK X participating in this study. Data were collected using Likert scale questionnaire, validity and reliability tests were carried out on 30 respondents. The results of the validity test of 41 out of 50 statements were valid with r count of 0.361 - 0.896, and reliable with Cronbach's alpha 0.96. Data were analyzed using frequency distributions in both good and poor categories, based on the mean.

RESULTS

The results of the study are presented in tables 1-4

1. Cleanliness behavior of the genital area during menstruation

Table 1 Cleanliness behavior of the genital area

Maintaining of the genital cleanliness	Frequency	Percentage (%)
Good	40	40,8
Poor	58	59,2
Total	98	100

Table 1 shows that the majority of respondents' behavior of the genital cleanliness in vaginal areas during menstruation was poor as many as 58 people (59.2%) and a good category 40 (40.8%).

2. The behaviour of wearing pads during menstruation

Table 2 Behaviour of wearing pads

Wearing pads	Frequency	Percentage (%)
Good	39	39,8
Poor	59	60,2
Total	98	100

Table 2 shows the behaviour of the use of menstrual pads mostly poor categories as many as 59 people (60.2%), while in good categories as many as 39 people (39.8%).

3. Handling of used pads

Table 3 Handling of used sanitary pads

Handling of used pads	Frequency	Percentage (%)
Good	40	40,8
Poor	58	59,2
Total	98	100

Table 3 shows the behaviour of handling used sanitary napkins during menstruation mostly included poor categories as many as 58 people (59.2%) and good categories as many as 40 people (40.8%)

Most of the respondents' menstrual hygiene behaviours were in the poor category. It can be seen in the following table:

Table 4 Menstrual hygiene behaviour

Menstrual Hygiene	Frequency	Percentage (%)
Good	42	42,9
Poor	56	57,1
Total	98	100

Table 4 shows menstrual hygiene behaviour of respondents, most of which were in poor category 56 people (57.1%) and good categories was 42 people (42.9%).

DISCUSSION

1. Behaviour in maintaining the cleanliness of the genital area

The results showed that respondents' behaviour about maintaining the cleanliness of the genital area during menstruation was poor 58 people (59.2%) and good as many as 40 people (40.8%). This is seen from the results of data obtained during menstruation, respondents do not wash their vagina when it feels damp and sweaty, wash their vagina using bath soap or special soap for the female area,

did not wash their hands with soap before or after touching the vagina, washing the vagina in the wrong direction (back to front) and don't dry the vagina with a clean towel or tissue after washing it. This happens because the habits, feeling lazy and also the facilities available in the bathroom at home or at school are still lacking. Besides washing behaviour using water that is accommodated because of the habit of people who usually take a shower, wash their hands or other using a dipper. While the behaviour of not washing the vagina when it is humid or dry due to insufficient water availability, poor toilet conditions and the least amount of bathrooms available at school. UNICEF (2017) stated that women who are menstruating need access to a comfortable toilet and maintained privacy, clean water, and soap to clean bloodstains. As a result, the lack of clean areas of the genitalia will be easily infected.

Genitalia is very easily infected during menstruation because germs easily enter blood vessels in the open uterus (Prawirohardjo, 2016). Fungi, bacteria, viruses, and parasites would multiply if the reproductive organs are not treated, and cause infection in the area of the vagina (Hawati, 2011). Good behaviour related to maintaining the cleanliness of the genital includes cleaning the wet vaginal area regularly with clean water. Washing the vagina from front to back and not vice versa, this is to prevent germs from the anus being carried into the vagina and at risk of causing infection. Then after cleaning the vagina should be dried with a clean towel or tissue.

2. Behaviour in using menstrual pads

The results showed that more than half of respondents behaved unfavorably on the use of pads during menstruation including respondents wearing one pad for more than 4 hours, wearing pads that were over 28cm long, using pads that contained fragrances, did not change pads after urinal, did not replace pads when there are blood clots and save lots of pads for supplies. The inappropriate behaviour might because students are a delay to change pads when at school because the bathroom is in a dirty condition and the availability of water sources is inadequate. The condition of untreated toilets raises its inconveniences for respondents, especially when changing pads.

Phytagoras (2015) in his research stated that Reproductive Tract Infection (ISR) can be caused by poor hygiene, some of which are due to changing pads less than four times a day, not replacing pads every 1-2 hours on the first day of menstruation and not replacing pads after bathing or urinal. Though one of the causes of the cause of infection is a bacterium that breeds in sanitary pads (Andira, 2014).

Good behaviour in the use of pads is to replace pads for no more than four hours because they also store bacteria if they are not replaced for a long time. Use pads that are not too long so that the absorption area is not too broad and the time to use is not too long. During menstruation, the pads should be changed regularly every 4 hours or after bathing and BAB / BAK also when there are blood

clots on the surface of the pads because blood clots on the surface of the pads are an excellent place for the development of bacteria and fungi (Yuni, 2015).

3. Behaviour in handling pads

The results of this study indicate that the majority of respondents have poor behaviour in handling sanitary pads. The lack of hygiene behaviours include respondents who did not wash the used pads before throwing them away, did not wrap the used pads in plastic or paper, threw the pads in an open rubbish bin and did not separate the sanitary waste. This is because the rubbish bin provided in the toilet, open trash, there is no special trash for sanitary napkins. The unavailability of washing soap so that it does not wash hands after disposing of used pads.

Handling of used sanitary pads is important because if not handled properly, the pads become a place for bacteria to develop and become a source of the odor. Good behaviour in handling used sanitary napkins is to be cleaned first and then wrapped in paper or plastic and then disposed of in a special rubbish bin, or closed garbage bin (Yuni, 2015).

The overall menstrual hygiene behaviour of the respondents indicated in the poor level. The behaviour of respondents who lack hygiene is because they clean their genital inappropriately, incorrect use of pads, and handling of sanitary pads during menstruation. This factor is due to the lack of available facilities at school such as open toilet doors, open rubbish bins, no water and washing soap to clean hands or even to replace pads just difficult because there is no water. The other factor is the lack of information or receipt of incorrect information obtained by respondents from their environment. Although the impact is not yet real, if this continues it will affect the reproductive health of the students themselves, for example, there will be a reproductive tract infection. If hygiene during menstruation is not considered well, of course, it also causes discomfort, it can also cause problems such as Reproductive Tract Infection (ISR) and vaginal discharge which if left unchecked can cause infertility (Abrori, 2017).

The behaviour exhibited by respondents is based on knowledge gained whether through parents, the internet or friends. According to Notoatmodjo (2012) states that behaviour is influenced by several factors, one of which is knowledge. Notoatmodjo said that knowledge or cognitive is a very important domain for the formation of behaviour. Behaviour that is based on knowledge will be more lasting than behaviour that is not based on knowledge. According to Bandura (2014) that knowledge alone is not enough to cause behaviour change. Someone will have good health behaviours if they have knowledge and beliefs as well as self-regulation skills and abilities.

CONCLUSION

The conclusion of the research shows that most respondents behave poorly in maintaining hygiene during menstruation. Periodic education about menstrual periods from school and PHC is needed to enhance females' student ability in menstrual hygiene behaviour.

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