

Menstrual Health Hygiene and Management: Knowledge, Stigma, and Lived Experiences among Rural Adolescent Girls in Ibadan, Nigeria.

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Introduction

Adolescents make up a significant proportion of the global population of any nation, with over 30 million in Nigeria. The World Health Organization identifies adolescents as individuals between the ages of 10 and 19. Adolescence indicates the onset of puberty and the emergence of secondary sexual characteristics. In females, menarche is the defining event occurring between puberty and adolescence, beginning at 10 and 16, characterised by the ability to ovulate, menstruate and reproduce in females (Marques et al., 2022).

Menstruation is a natural biological process every female experiences during her reproductive years, a unique secondary sexual characteristic followed by the periodic vaginal discharge of blood resulting from the shedding of the uterine lining. In low to middle-income countries, before the onset of menstruation, there is little to no education regarding menstrual hygiene and its management; because of this, girls are unprepared and poorly informed, resorting to using poor menstrual health and hygiene material, highlighting the need for menstrual health knowledge for adolescents (Baird et al., 2022; Busari, 2012; Ball, 2017).

As a result of this lack of menstrual hygiene education, many girls resort to using unsanitary substitutes like rags or leaves, which can have negative health consequences, such as infections, discomfort, and school absenteeism (Akinwaare et al., 2016; Goel et al., 2018). This indicates that there is a significant gap in menstrual knowledge among adolescent girls, which leads to inadequate menstrual health management and a negative impact on health and education outcomes.

Objectives

The primary objective of this study is to investigate the prevalence of period poverty, specifically focusing on the accessibility of menstrual hygiene materials among adolescent girls in rural communities. This includes examining factors such as affordability, availability, and preferences for different types of menstrual products and the implications of inadequate access on girls' health, well-being, and educational opportunities.

Significance

This study highlights the intersection between pre-menstrual education, period poverty, and social stigma; this study aims to inform the development of comprehensive menstrual health interventions that address the multifaceted challenges faced by adolescent girls in rural areas. Considering the interplay between these factors, interventions can be tailored to effectively promote menstrual health knowledge, improve access to hygiene materials, and challenge harmful social norms.

Methodology

Data was collected through structured questionnaires with 25 in-school girls aged 14-19 years in a rural community in Ibadan, Nigeria. The survey addressed multiple facets of menstrual health: premenstrual educational exposure, comfort in discussing menstruation, encounters with stigma, access to menstrual products, hygiene practices, and evaluating educational and psychosocial impacts. Data analysis was done using Microsoft Excel, utilising descriptive statistical measures to summarise the quantitative responses effectively.

Result and Discussion

This study reveals the experiences of adolescent girls regarding access to menstrual hygiene products and societal stigma, including education and psychological outcomes.

Pre-Menstrual Knowledge and Stigma

While a majority (68%) reported receiving pre-menstrual information, a significant portion (32%) did not. This suggests the need for comprehensive sex education programs that address menstruation openly and accurately. Despite the desire for open discussion (72% believe menstruation should be talked about publicly), 64% reported experiencing stigma, and 67% felt uncomfortable discussing it with family or friends. This indicates a disconnect between individual beliefs and societal norms, highlighting the need to challenge cultural taboos and promote open communication.

Period poverty and Menstrual Health Management

The result shows that accessibility to basic menstrual products was reported by 72%, and the remaining 12% face significant challenges. This suggests the presence of period poverty, which can have detrimental impacts on hygiene, education, and well-being. Addressing affordability and access to menstrual products is crucial.

Although pads were the dominant choice (92%), alternative options like tampons and menstrual cups were rarely used. This could be due to cost, availability, awareness, or personal preference. Further research is needed to understand these factors and promote informed choices.

Education and Emotional Outcomes

While absenteeism due to menstruation was relatively low (28%), it still represents missed educational opportunities. Investigating the reasons behind this absence can guide targeted interventions to support girls during menstruation.

72% reported feeling sad or depressed due to staining in school, suggesting a significant emotional impact. This emphasises the need for educational programs that address not only the physical aspects but also the emotional and social challenges associated with menstruation.

Research Implications:

The findings of this research have several important implications for policy and practice in the context of menstrual health and well-being. Firstly, the high prevalence of stigma surrounding menstruation highlights

the urgent need for targeted interventions aimed at destigmatising menstruation in society. Initiatives such as education programs, community dialogues, and media campaigns could help challenge negative perceptions and foster more open discussions about menstruation.

Additionally, the significant number of respondents who reported feeling uncomfortable discussing menstruation with family or friends underscores the importance of creating safe spaces for open dialogue within social circles, schools, and communities.

Furthermore, the findings regarding access to menstrual products and the impact on social activities suggest a need for policies and programs aimed at improving access to affordable menstrual products and providing support for individuals experiencing menstrual-related challenges, including financial constraints and emotional distress. Overall, the implications of this research call for multi-faceted approaches to address the complex socio-cultural, economic, and emotional aspects of menstruation and promote menstrual health and dignity for all individuals.

Limitations

This study provides valuable insights but has limitations. The sample size and demographics may not represent the broader population. Further research with diverse populations and qualitative studies into lived experiences in larger sample sizes are recommended.

Conclusion:

This research sheds light on the respondents' multifaceted experiences and challenges related to menstruation. While there is a considerable level of awareness and access to menstrual products, stigma, discomfort, and emotional distress associated with menstruation remain prevalent issues.

The findings indicate the urgent need for comprehensive interventions to destigmatise menstruation, improve access to menstrual products, and provide support for individuals facing menstrual-related challenges. By addressing these issues through targeted policies, programs, and awareness campaigns, a more inclusive and supportive environment where menstruation is openly discussed can be encouraged, and individuals can manage their menstrual health with dignity and without barriers.

References

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