

1B.1. Menstrual Practices, Misconceptions and Management amongst Adolescent in Urban Population, Karachi, Pakistan

Tazeen Saeed Ali, Aga Khan University; **Sayada Naghma Rizvi**, Aga Khan University
E-mail: tazeen.ali@aku.edu

Background/Significance: Menstruation is defined as “the periodic discharge of blood from uterus occurring more or less at regular monthly intervals throughout the active reproductive life of female”. It is a physiological process, perceived and interpreted differently in different social and cultural norms, which lead to number of mal practices, and misconceptions been reported by different studies. In Pakistan there is a dearth of knowledge on unhygienic practices, and misconceptions exist for altered nutrition, bathing practices, and restrictions imposed by society and cultural during menstruation, make it complex.

Main Question/Hypothesis: What are the unhygienic practices, misconceptions among adolescent about menstruation? What proportions of adolescent female altered bathing, nutrition, social, cultural and religious practices with its rationales? Is there any difference in the practices and misconceptions among those going and not going to school?

Methodology: The data was collected from both school and non-school going adolescents in the age of 13 to 19 years and with their mother's from four squatter settlements of Karachi, Pakistan during the period of April 2006 to October 2006. This study has two phases qualitative and quantitative. In qualitative: exploratory design was used to collect data by having three Focus Group Discussions and ten In-depth interviews. This was conducted by researchers themselves followed by categorical and thematic analyses. Verbal and written permission was taken from school principles and teachers before the school going adolescents were approached.

In quantitative: cross-sectional study design was used. The data was collected from 1275 girls by using questionnaire through trained data collectors followed by written consent. This data collection was supervised by a Masters prepared field supervisor. Later the data was double entered and analyzed on Epi Info version 6 & SPSS version 10 for descriptive and comparative analysis.

Findings: In Qualitative analysis: lack of knowledge regarding menstruation; misconceptions such as; menstruating girl should not touch newborn, a pickle in process, water, etc ; and harmful practices like use of unhygienic practices material, restriction of bathing, avoiding of dairy products and protein rich, social restrictions; not attending religious ceremonies; alteration in nutritional intake, etc were merged as themes.

In Quantitative result shows that about 50% of the girls had no clear concept of where the blood is coming from. Half had some prior knowledge of menarche through mothers, friends, elder sisters, grandmothers, cousins, sisters-in-law and nurses. On their first menstruation, majority reported fear, while others reported anxiety and pain. About half reported not taking bath during menstruation due to the misconception that they would acquire backaches, headaches, and this would alter the bleeding as well. A majority reported that they use pieces of both the new cloths and rags to absorb the menstrual bleeding. Amongst those who reuse the cloth, they often dry them in hiding. About 22% alter their diet, believing that it decreases the flow. More than half of the participants reported that they isolate themselves socially. In Logistic regression model those girls who are not going to school are more likely to use unhygienic material for the absorption of menstrual bleeding (OR= 1.9 CI:1.4, 2.5), wash & dry the cloth in unhygienic places, (OR: 1.8, CI: 1.3, 2.3), Alter food intake during menstruation (OR: 1.6 CI: 1.1, 2.5), Decrease fluid intake (OR: 1.8, CI 1.2, 2.7), Restrict socialization (OR: 1.3, CI 1.2, 1.7), have misconceptions about menstruation (OR: 1.7, CI: 1.3, 2.2).

Knowledge Contribution: There are number of unhygienic practices and misconceptions regarding menstruation, which have short term and long term effects such as; psychological trauma, presence of infection, ectopic pregnancies and infertility. Moreover, these practices are more common among girls who are not going to schools. This requires the attention of health professionals to conduct health education for the prevention of these practices, as well as the policy makers to include the female reproductive health of the adolescent in the school curriculum.