

Research Article

Menstrual Hygiene Practice and Factors Associated with It Among Adolescent School Girls in Minjarna Shenkora District, Ethiopia: A School-Based Cross-Sectional Study

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Abstract

Background: In 2017, the World health organization (WHO) indicated that around 2.3 billion girls and women globally fail to manage their menstruation effectively due to a shortage of menstrual hygiene (MH) facilities, high costs, and lack of awareness. As a result, many resort to using inappropriate materials like old rags or unsanitary items, putting them at risk for infections and other health issues. Although proper menstrual hygiene is crucial, many girls in low- and middle-income countries, including Ethiopia, still miss the chance to adopt hygienic menstruation practices. **Objective:** The main focus of this research was to assess how young adolescent school girls manage their menstrual hygiene & examined the factors that influence these practices in Minjar ena Shenkora District, Ethiopia, 2025. **Method:** A cross-sectional survey took place at schools in Minjar ena Shenkora District, Ethiopia, in 2025 focusing on school girls. The study included 575 participants, and a multi-stage sampling method was used to ensure a fair and representative group of girls who had started their periods. To find out what influences menstrual hygiene (MH) among these adolescents, binary logistic regression was applied after adjusting for confounding factors. Finally, it was determined that independent variables hold statistical significance at a 95% confidence level, as indicated by a p value of less than 0.05. **Results:** The study showed that 231 (41.0%) schoolgirls practiced safe menstrual hygiene. Some factors were identified as predictors influencing the practice, including being over 15 years old (AOR = 1.56 (1.02, 2.39)), having prior awareness of menstruation before experiencing their first period (AOR = 0.29 (0.145, 0.56)), experiencing health problems (AOR = 4.67 (2.63, 8.27)), and being aware of a commercially available sanitary pad (AOR = 0.32 (0.17, 0.60)). **Conclusion:** The results showed that half of respondents reported following safe practices for menstrual hygiene. The results of this study indicate that girls older than 15 years, those who received education about menstruation prior to its start, experienced health problems, and were aware of different sanitary pad options, are more inclined to maintain good menstrual hygiene. Therefore, we propose that all involved stakeholders collaborate to improve menstrual hygiene (MH) practices for adolescents in schools during their first menstruation.

Keywords

Adolescent, Factors, Menstrual Hygiene, School Girls

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1. Introduction

Background Information

Menstrual Hygiene (MH) involves women and young girls using clean materials for menstrual care to absorb or collect blood. These materials should be able to be changed in a private space as needed throughout their menstrual flow. Additionally, it includes washing the body with soap and water when necessary and having proper disposal options for used menstrual products [1, 2]. Additionally, the Ethiopian Ministry of Health (MOH) states that practicing Menstrual Hygiene (MH) needs four essential components: complete awareness, access to WaSH facilities, availability of sanitary pads, and proper handling and disposal of sanitary products [3].

UNICEF states that managing menstrual hygiene (MH) plays an important role in tackling unequal access to services. It can help decrease early marriages by enhancing girls' school attendance, their performance, and the overall completion of their education. Without proper MH, girls may miss school, lose interest, or even leave school entirely [4, 5], issues with reproduction, infections in the urinary tract [5-7], avoiding social events, and extra limits on everyday activities [8].

Girls in rural areas of developing regions encounter various challenges related to "Menstrual Hygiene" (MH) [9, 10]. Numerous schools in rural areas do not meet the menstrual needs of girls. Moreover, these schools often lack proper facilities for water, sanitation, and hygiene (WASH) specifically for girls [11, 12].

In Africa, there are strong taboos surrounding menstruation, along with various negative cultural feelings tied to it [13]. In Egypt, cultural and religious beliefs make menstruation a taboo topic. As a result, girls often lack the precise information they need to handle their periods in a hygienic way [14]. In Ghana and Ethiopia, many teenage girls refrain from talking about menstrual issues. This is largely due to feelings of fear and shame, cultural taboos, religious beliefs, and the general social norm that discourages open discussion on the topic [15].

In rural villages of Ethiopia, a "culture of silence" and shame surrounds topics like sexuality and menstruation. Due to menstrual issues, 43-50.7% of students had to stay home from school for 1 to 4 days [16, 17]. Moreover, due to problems related to their periods, such as cramps and fears of sudden bleeding, students weren't using the right sanitary pads, which affected their ability to concentrate in class [18]. Additionally, in the Oromia Region of Ethiopia, the significant number of girls who leave school (65%) can be linked to the absence of separate facilities [19].

2. Method and Materials

2.1. Study Setting and Design

A research project took place in a school setting between June and July 2025, involving 575 female high school stu-

dents. In this district, there are four high schools one situated in the Arerti city administration and three others in nearby rural kebeles. The study was conducted around 131 kilometers from Addis Ababa.

2.2. Study Participants

The source population includes all female students in grades 9 to 12 who have started their periods, as well as all schools located in the district. A sample of female students was selected for the study; these students had to have menstruated and be present at school when data was collected. Female students in the same grade who had started their periods but were very ill and absent during the data collection were not excluded from the study.

2.3. Sample Size and Sampling Procedure

The sample size was calculated using a formula for a single population proportion, based on the expectation that the proportion (P) of safe menstrual hygiene (MH) in Ethiopia is 52.69% [20], a confidence level of 95% was used together with a precision of 5%. Additionally, taking into account a non-response rate of 10% and a design effect of 1.5, the final sample size calculated was 575.

A multi-stage approach was used to gather a representative group of female students who had started their periods and were enrolled in the chosen high schools. Initially, all high schools were picked: one located in an Arerti city and three in rural areas. Then, within each school, particular classes were identified, and female students who had started menstruating at the time of data collection were selected using random sampling methods.

2.4. Measurement (MH Practice)

UNICEF defines menstrual hygiene management in three key ways: first, it involves using clean materials to absorb or collect menstrual blood, which can be privately changed as often as needed throughout the menstrual period. Second, it includes washing the body with soap and water as necessary. Third, it requires access to safe and convenient places to dispose of used menstrual materials, either by using a latrine or by burying them. Based on these criteria, school girls who meet all three conditions during their menstrual cycle are classified as practicing Safe MH practices. In contrast, those who do not adhere to any of these practices or only meet one or two are classified as having unsafe MH practices [21].

2.5. Data Collection Tool, Procedures, and Quality Control

A questionnaire, which was self-administered and taken from

the United Nations Children's Fund (UNICEF) WASH manual [22], along with a review of other important studies, was utilized to gather quantitative information [23]. Due to the delicate nature of the topic, female data collectors, who are nurses, along with a supervisor, were selected from the district health centers to guarantee that the collected data would be reliable and safe. They participated in an extensive one-day training session organized by the lead investigator and co-investigators, focusing on data collection methods and crucial ethical concerns. A preliminary test took place at Bolo High School in Adama town, situated in Eastern Shoa, Ethiopia.

2.6. Data Processing and Analysis

Following a review for completeness, the gathered data was inputted into Epi Info version 7.0 and then transferred to SPSS version 25 for both descriptive and inferential statistical analysis. A bivariable analysis was performed to identify variables that significantly relate to the outcome variable. Those predictor variables that demonstrated a significant correlation with MHM practice during the bivariable analysis at a p-value of ≤ 0.20 were included in the multivariable

analysis. Ultimately, independent variables were identified as statistically significant at a 95% confidence interval (CI), with $P < 0.05$.

3. Results

3.1. Socio-demographic Characteristics

In the study involving 575 participants, 564 provided their responses, which resulted in an impressive response rate of 98%. Among the female students surveyed, 69% were over the age of 15. The typical age for the onset of menarche was found to be ($+SD = 1.4$) 15 years. More than half of those surveyed, totaling 291 (51.6%), lived in urban areas. Out of the 564 participants, 298 (52.8%) were in grades 9-10, while 266 (47.2%) were in grades 11-12. When examining the educational levels of the mothers, it was noted that 341 (60.5%) had not received any formal education. Conversely, 252 (44.7%) of the fathers had completed some formal education, and 374 (66.3%) of the participants reported having no pocket money (refer to Table 1).

Table 1. Socio-demographic characteristics of school adolescent girls in Minjar ena Shenkora District, Ethiopia 2025.

Variable	Frequency (n = 564)	Percent (%)
Age		
13-15 years	173	30.6
> 15 years	391	69.3
Age at menarche		
13-15 years	193	34.2
> 15 years	371	65.8
Residence		
Urban	291	51.6
Rural	273	48.4
Level of education		
Grade 9-10	298	52.8
Grade 11-12	266	47.2
mother Educational level		
Have no formal education	341	60.5
Have formal education	223	39.5
Husband Educational level		
Have no formal education	312	55.3
Have formal education	252	44.7
Obtain pocket money		
Yes	190	33.7

Variable	Frequency (n = 564)	Percent (%)
No	374	66.3

3.2. Knowledge About Menstrual Hygiene

A significant proportion of participants (90.4%), indicated that they had awareness of menstruation prior to their first period. The main sources of this information were identified as 223 (39.5%) female friends, followed by 165 (29.3%) older

sisters and 24.5% who learned from their mothers. Roughly 300 (53.2%) respondents, stated they had a regular menstrual cycle, with a large majority of schoolgirls (93.1%) reporting that their cycles lasted for five days. In addition, 88.8% of teenage girls acknowledged the availability of sanitary pads in stores (refer to Table 2).

Table 2. Knowledge of menstrual hygiene among of school adolescent girls in Minjar ena Shenkora District, Ethiopia 2025.

Variable	Frequency (n = 564)	Percent (%)
Ever heard menstruation before started		
Yes	510	90.4
No	54	9.8
Source of information?		
Mother	138	24.5
Sister	165	29.3
Father/brother	38	6.7
Friend Female	223	39.5
Menstrual cycle pattern		
Regular	300	53.2
Irregular	264	46.8
Menstrual cycle duration		
up to 5 days	525	93.1
> 5 days	39	6.9
Know commercially available sanitary pad		
Yes	501	88.8
No	63	11.2

3.3. Hygienic Practice During Menarche

Based on the responses collected, 231 (41.0%) school girls reported engaging in safe menstrual hygiene practices. A total of 358 (63.5%) participants opt for disposable sanitary pads, while 33.9% utilize reusable sanitary items, and a mere 2.6% rely on underwear during their menstrual periods. In terms of disposable menstrual options, 328 (58.2%) respondents prefer market-bought sanitary pads, 115 (20.4%) choose cotton, and

68 (12.0%) use toilet paper. For those using reusable pads, 151 (79.1%) participants, about employed pieces of cloth as absorbent materials. Among this group, 182 (95.3%) respondents, store these pads away in secret due to the stigma associated with their use, as 165 (90.7%) find it embarrassing to be seen with them. Additionally, 13.5% of the respondents have faced health issues, like vaginal infections during their periods. Over half of the participants (57.9%) wash their genitals more than three times each day, using soap and water 350 (62.1%). Unfortunately, a significant number of re-

spondents (60.3%) reported lacking a proper way to dispose of used menstrual products (see Table 3).

Table 3. Hygienic practices during menstruation among of school adolescent girls in Minjar ena Shenkora District, Ethiopia 2025.

Variable	Frequency (n = 564)	Percent (%)
MH Practice		
Safe Practice	231	41.0
Unsafe Practice	333	59.0
Type of sanitary pad used		
Disposable	358	63.5
Re-usable	191	33.9
Underwear alone	15	2.6
Disposable materials used		
Sanitary pad from market	208	58.2
Toilet paper	43	12.0
Cotton	73	20.4
Sponge	34	9.4
Reusable materials used		
Piece of cloth	151	79.1
Piece of sponge	36	18.8
Other	4	2.1
Keep reusable materials		
Hidden Place	182	95.3
Outside home	7	3.7
Other	2	1.0
Reason to keep in hidden Place		
Shame/not good to sight	165	90.7
It is not allowed	13	7.1
Other	4	2.2
Experience of Health problems during menstruation		
Yes	76	13.5
No	488	86.5
Frequency of genital wash during the menstrual cycle		
Once per day	46	8.2
Twice per day	191	33.9
More than three times per day	327	57.9
Genital wash during the menstrual period		
Only water	214	37.9
Water and soap	350	62.1
Proper disposal for used materials		

Variable	Frequency (n = 564)	Percent (%)
Yes	224	39.7
No	340	60.3

3.4. Factors Associated with Menstrual Hygiene Practice

According to the findings from this study, respondents over the age of 15 have a higher chance (AOR = 1.56 (1.02, 2.39)) of effectively managing menstrual hygiene practice. Those who were informed about menstruation prior to starting their periods showed a better likelihood of practicing menstrual

hygiene management practice (AOR = 0.29 (0.145, 0.56)) than their counterpart. In contrast, participants who experienced health problems such as vaginal infections during their menstrual cycle (AOR = 4.67 (2.63, 8.27)) were less likely to engage in menstrual hygiene practices. Additionally, awareness of a commercially available sanitary pad (AOR = 0.32 (0.17, 0.60)) was associated with an increased likelihood of practicing menstrual hygiene (Table 4).

Table 4. Factors Associated with Menstrual Hygiene Practice among of school adolescent girls in Minjar ena Shenkora District, Ethiopia 2025.

Variables	MH Practice		COR with 95% CI	AOR with 95% CI
	Safe (%)	Unsafe (%)		
Age				
13-15 years	85 (26.1)	88 (36.9)	Ref.	
> 15 years	241 (73.9)	150 (63.1)	1.68 (1.38, 2.32)	1.56 (1.02, 2.39)
Residence				
Urban	219 (66.6)	72 (30.6)	Ref.	
Rural	110 (33.4)	163 (69.4)	4.22 (0.36, 2.32)	4.23 (0.16, 1.36)
Level of education				
Grade 9-10	116 (57.7)	182 (50.1)	Ref.	
Grade 11-12	85 (42.3)	181 (49.9)	1.86 (1.04, 2.01)	1.72 (0.97, 1.99)
Ever heard menstruation before started				
Yes	310 (94.5)	200 (84.7)	Ref.	
No	18 (5.5)	36 (15.3)	0.29 (0.145, 0.56)	0.29 (0.145, 0.56)
Health problems during menstruation				
Yes	25 (7.5)	51 (22.0)	Ref.	
No	307 (92.5)	181 (78.0)	3.36 (2.01, 5.61)	4.67 (2.63, 8.27)
Know commercial sanitary pad				
Yes	311 (94.2)	190 (81.2)	Ref.	
No	19 (5.8)	44 (18.8)	0.26 (0.15, 0.46)	0.32 (0.17, 0.60)

4. Discussion

This study examined the menstrual hygiene behaviors of young girls in school and what affects these behaviors. The results showed that only 41.0% of the girls practiced safe menstrual hygiene. This finding is consistent with previous research done in areas like Ambo, Holeta, Nekemte, and Indonesia [24-27]. Conversely, the findings are not as high as those in a report from Bahirdar and Uganda [28, 29]. The differences might arise from variations in socio-demographic factors, the duration of the study, and the environment in which the research took place.

The study indicated that respondents aged 15 and older are more likely (AOR = 1.56 (1.02, 2.39)) to properly practice their menstrual hygiene. These findings are comparable with the studies carried out in Ghana and India [30, 31]. This difference may come from changes in the region studied and the quality of life.

The findings of this study showed that those who knowledgeable about menstruation before their first period were more effective at managing their menstrual hygiene (AOR = 0.29 (0.145, 0.56)) compared to respondents who were not educated. Furthermore, being aware of the sanitary pads available in markets (AOR = 0.32 (0.17, 0.60)) was associated with a greater likelihood of maintaining good menstrual hygiene practice. This finding aligns with previous study conducted in Nekemte town, which found a strong link between prior menarche knowledge and MHM practices [26]. Moreover, a study in Mehalmeda, Amhara, supports this finding by showing that girls who got information before their first period were more likely to manage their menstrual hygiene safely. Similarly, research from Nigeria indicated that teens who received training before their first menstruation often practiced safe menstrual hygiene management [32].

Nearly 13.5% of young females, (n = 76), reported experiencing vaginal infections while on their periods. Girls who dealt with health problems, such as vaginal infections during menstruation, tended to have poorer menstrual hygiene practices (AOR = 4.67 (2.63, 8.27)). This finding is consistent with the study conducted in Uganda [28].

5. Conclusion

Less than half of school girls reported using safe practices for managing their periods. This study's findings show that girls over 15 years old who were educated about menstruation before their periods began, faced health issues, and knew about available sanitary pads are more likely to practice good menstrual hygiene. Therefore, we suggest that all relevant parties should work together to enhance menstrual hygiene practices for adolescents in school during their first menstruation.

6. Limitations of the Study

In this study, we faced some limitations that need to be taken into account when looking at the results. We did not gather information about family income, which could have affected the outcomes if we had included them. Moreover, since the study is cross-sectional, we cannot determine any cause-and-effect relationships.

Abbreviations

AOR	Adjusted Odd Ratio
CI	Confidence Interval
COR	Crude Odd Ratio
MH	Menstrual Hygiene
MOH	Ethiopian Ministry of Health
WHO	World Health Organization
UNICEF	United Nations Children's Fund
Y12HMC	Yekatit 12 Hospital Medical College

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Author Contributions

Digafe Tsegaye Nigatu played a key role in developing the idea as well as gathering, analyzing, and interpreting data. Roman Negawo Desta and Alemu Kibret were involved in writing the manuscript, making revisions, and providing final approval for publication. Furthermore, all authors agreed on the journal where the article would be submitted and accepted responsibility for every part of the work.

Availability of Data and Materials

Upon request, the data can be provided by contacting the corresponding author.

Ethics Approval and Consent to Participate

This study adhered to the guidelines set forth in the Helsinki Declaration for studies involving human participants. Approval from the Institutional Review Board at Yekatit 12 Hospital Medical College was secured (Ref. No: Y12HMC/421/05/2025). Participants received a thorough explanation of the study's aims prior to their involvement, and each individual provided informed consent. Those responsible for gathering data were trained to protect the confidentiality of

the participants' information. Additionally, participants were made aware of their rights to refuse participation or withdraw from the study whenever they chose.

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Conflicts of Interests

The authors declare no conflicts of interest.

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Biography

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