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MENSTRUAL EDUCATION IN IMPROVING WOMEN'S HEALTH: SCIENTIFIC AND CULTURAL PERSPECTIVES

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ABSTRACT

Abstract This research focuses on the importance of menstrual education in improving women's health from scientific and cultural perspectives. A comprehensive menstrual education program can enhance women's understanding of their menstrual cycles, help them recognize health issues, and reduce social stigma associated with menstruation. The study targeted high school girls, as adolescence is a critical transition period where habits and understandings about health are formed. The educational initiative was conducted through several phases: observation, group interviews, education sessions, and feedback collection. The target group was all tenth-grade female students at SMA Negeri 1 Genteng. The observation phase identified the participants and assessed their initial understanding of menstruation and prevalent myths. Group interviews revealed that most students had limited direct knowledge about menstrual health and relied on information from parents, friends, or social media. Educational sessions addressed these gaps and provided accurate information.
***Keywords**: Menstrual education, Women's health, Scientific perspectives, Cultural perspectives*

A. Introduction

Women's health is a vital aspect of medicine and public health. In recent years, global efforts have been made to improve women's health, particularly in terms of reproductive health and mental well-being (Nair et al., 2011). This is due to the high number of deaths and disease risks experienced by women of reproductive age, often stemming from a lack of understanding about women's health (Peters et al., 2016). One of the key components of women's health is menstruation, a natural biological process experienced by women of reproductive age. Menstruation has both medical and cultural implications, as many specific practices related

to menstruation are still believed and followed within communities, leading to increased self-doubt, stress, and weakened social interactions (Nolen et al., 2001; Pillitteri, 2013; Sommer et al., 2015; Bobel et al., 2020).

Scientifically, menstruation is the result of a complex hormonal cycle involving the brain, ovaries, and uterus (Edelman et al., 2019). This cycle is not only crucial for reproduction but also affects various aspects of women's physical and mental health (Daley, 2009). Culturally, menstruation is often still considered a taboo and embarrassing topic in many societies, which can influence women's understanding and attitudes towards their menstrual health (Chrisler et al., 2016).

A good understanding of menstruation is essential for maintaining women's health. Adequate education about the menstrual cycle and hormonal changes can help women identify health problems early and seek appropriate treatment. Knowledge about menstruation is also important for reducing stigma and myths that can hinder women's access to information and healthcare services (Allen et al., 2011).

A lack of understanding about menstruation can lead to various health problems. For instance, premenstrual syndrome (PMS) and dysmenorrhea (menstrual pain) are often poorly managed due to a lack of knowledge about these conditions (Kural et al., 2015). Additionally, a lack of understanding about menstrual hygiene can lead to reproductive tract infections (Dasgupta & Sarkar, 2008).

Several health issues can arise from a lack of understanding about menstruation, including reproductive tract infections, anemia due to heavy menstrual bleeding, and mental health problems such as depression and anxiety associated with poorly managed menstrual symptoms (Omranipour et al., 2015). Moreover, conditions such as endometriosis and polycystic ovary syndrome (PCOS) are often

undiagnosed and inadequately treated due to a lack of awareness and knowledge (Teede et al., 2018; Rafique & Al-Sheikh, 2018).

This study focuses on the importance of menstrual education in improving women's health from scientific and cultural perspectives. Comprehensive menstrual education can provide women with a better understanding of their menstrual cycles, help them recognize health issues, and reduce social stigma related to menstruation. The educational activities were conducted over one month, involving several stages: observation, interviews, identification, education, and feedback. The education in this study was targeted at high school girls, as high school represents a transition period from childhood to adulthood, where many physical, emotional, and social changes occur. Education about menstruation during this period is crucial because the habits and understandings formed at this time tend to last throughout life. Providing proper menstrual education during high school helps in forming good hygiene habits and a correct understanding of reproductive health (Blum et al., 2014). By providing accurate and scientific education in high schools, adolescents can gain accurate information, enabling them to overcome and reject baseless myths and taboos. This helps in reducing the shame and stigma often associated with menstruation (Garg & Anand, 2015).

B. Results and Discussion

This educational activity was carried out through several stages: First, the observation stage was conducted to determine the target participants for the education. The target participants in this study were all tenth-grade female students at SMA Negeri 1 Genteng. This determination was based on the initial stage of a child's transition zone,

which is the early period of entering high school. SMA Negeri 1 Gambiran was chosen as the research location due to the established relationship through collaboration between the two institutions. This decision was also supported by the basic assumption of limited knowledge and religious content, particularly regarding menstruation at SMA Negeri 1 Gambiran.

Second, group interviews were conducted to identify the extent of understanding among tenth-grade students at SMA Negeri 1 Gambiran regarding menstruation, as well as the myths about menstrual practices that are prevalent in society and still recognized and practiced by them during menstruation. Through this stage, it was found that only a small portion of the tenth-grade students at SMA Negeri 1 Gambiran had directly learned and fully understood all the rules related to menstruation. Most of the others had only heard about it from parents, friends, or social media. Additionally, the societal myths related to menstruation were still strongly believed and practiced by all the educational participants.

Regarding the myths that are often practiced in society, such as prohibitions against cutting nails and washing (Kumari & Srivastava, 2011), also the prohibition of visiting places of worship (Johnston-Robledo & Chrisler, 2013), these myths are still widespread and strongly believed by all the educational participants without knowing the basis for their practice. Consequently, most of the educational participants adhere to these myths and practice them during menstruation. This condition can have unfavorable consequences if practiced during menstruation, especially for those whose menstruation lasts up to the maximum period of 15 days. The impacts can be both social and health-related.

Essentially, brushing hair, washing hair, and cutting nails are part of maintaining personal hygiene. Maintaining personal hygiene is very

important to prevent infections and maintain overall health. However, inadequate hygiene practices, such as not washing hair and not cutting nails during menstruation, are still widely practiced among women, including the educational participants. These practices can have negative impacts on women's physical and mental health. Some of the physical impacts that can occur include:

1. Risk of Infection

Failing to maintain good personal hygiene during menstruation can increase the risk of infections, including reproductive tract infections and skin infections. Inadequate hygiene can lead to the accumulation of bacteria and fungi in the genital area, causing infections such as bacterial vaginosis and yeast infections (Dasgupta & Sarkar, 2008).

2. Hair and Scalp Hygiene

Not washing hair during menstruation can lead to the buildup of oil, dirt, and dead skin cells on the scalp, causing irritation, dandruff, and scalp infections. Good hair hygiene is important to prevent these scalp problems (Kumari & Srivastava, 2011).

3. Nail Health

Not cutting nails during menstruation can lead to the accumulation of dirt and bacteria under the nails, which can cause infections if unclean hands are used to change pads or tampons. Long and dirty nails can also cause wounds or irritation when cleaning the genital area (Singh et al., 2013).

If personal hygiene is not maintained during menstruation, it can also have psychological impacts such as discomfort and anxiety. Inadequate hygiene practices during menstruation can make women feel

uncomfortable and anxious about body odor or their appearance. These feelings can reduce self-confidence and cause additional stress during the menstrual period (Sommer et al., 2015). Moreover, myths that prohibit women from washing their hair or cutting their nails during menstruation often stem from stigma and taboos that view menstruation as something dirty or shameful. Adhering to these myths can reinforce negative views about menstruation and contribute to feelings of shame and low self-esteem (Garg & Anand, 2015).

There are no authentic and clear Islamic rulings that prohibit menstruating women from washing their hair. The prohibition against washing hair during menstruation is more of a cultural myth than a religious rule. In Islam, cleanliness is an important part of faith, and there is nothing preventing women from maintaining personal hygiene, including washing their hair during menstruation (Garg & Anand, 2015).

Similarly, there are no authentic Islamic rulings that prohibit women from cutting their nails during menstruation. Cutting nails is part of maintaining hygiene and is recommended in various conditions. Therefore, this prohibition is also more likely a cultural myth than a legitimate religious rule.

If the myths about washing hair and cutting nails continue to be binding cultural practices among women, it could potentially lead to chronic diseases affecting the reproductive system and women's health. One of the diseases that can arise from inadequate hygiene during menstruation is endometriosis (Ballard etal., 2006; Nnoaham et al., 2011) and polycystic ovary syndrome (PCOS), which often go undiagnosed (Misso et al., 2012; Azziz et al., 2019).

The myth prohibiting women from visiting places of worship can significantly disrupt social relationships and interactions within the community. This myth has various negative impacts on women, both

socially, psychologically, and spiritually. Adhering to this belief can restrict opportunities for women to gather in religious knowledge sessions held in places of worship due to feelings of low self-esteem, feeling dirty, and feeling isolated during menstruation (Culpepper, 2009; Sanchez et al., 2020).

The prohibition against visiting mosques for menstruating women is based on some hadiths that indicate menstruating women should not enter the mosque. One frequently quoted hadith is from Aisha (may Allah be pleased with her), who said that the Prophet Muhammad (peace be upon him) said:

"I do not make the mosque lawful for menstruating women and those in a state of major ritual impurity." (HR. Abu Dawud, no. 232)

However, it is important to note that some scholars have different views on this matter, allowing menstruating women to enter the mosque for educational purposes or to listen to lectures, provided they do not contaminate the place of worship (Al-Nawawi, 2002). Thus, based on the opinions of these scholars, it can be concluded that visiting the mosque for educational purposes is not entirely prohibited for menstruating women, as long as they can ensure that their menstrual blood will not contaminate the place of worship.

After the presentation of the material, which was based on the results of group interviews with all educational participants, a feedback stage followed. The feedback activity aimed to determine how well the material presented was absorbed by all the educational participants and to assess whether the material provided was beneficial to the participants, thereby measuring the success rate of the educational activity.

Based on this feedback stage, all educational participants felt that

they had gained entirely new knowledge related to the laws and myths that had not been fully understood and were still widely practiced in menstrual practices. The educational participants expressed the need for more in-depth understanding through ongoing education in the field of menstrual education.

The lack of understanding is due to a lack of education and information. Since menstruation is often considered an inappropriate topic for open discussion, many girls and young women do not receive adequate education about menstruation before experiencing it. This lack of information can lead to unnecessary misunderstanding and fear. Research by Sommer et al. (2015) shows that comprehensive education about menstruation can help reduce stigma and improve menstrual health.

C. Conclusion

Inadequate menstrual education can lead to chronic health issues like endometriosis and PCOS, which often remain undiagnosed. Misinformation about menstruation can also have social and psychological impacts, reinforcing stigma and reducing self-esteem. Comprehensive menstrual education during adolescence is essential for establishing lifelong healthy habits and understanding reproductive health. This study underscores the need for ongoing educational initiatives to provide accurate information and counteract cultural myths and taboos surrounding menstruation.

D. Daftar Pustaka

Allen, K. R., Kaestle, C. E., & Goldberg, A. E. (2011). More than just a "misunderstood malady": Stigma, information, and knowledge about premenstrual syndrome (PMS). Women & Health, 51(8), 705-721.

Al-Nawawi, Yahya ibn Sharaf. (2002). "Al-Majmu' Syarh al-Muhadzdzab."

Azziz, R., et al. (2019). The prevalence and features of the polycystic ovary syndrome in an unselected population. Journal of Clinical Endocrinology & Metabolism, 89(6), 2745-2749.

Ballard, K., Lowton, K., & Wright, J. (2006). What's the delay? A qualitative study of women's experiences of reaching a diagnosis of endometriosis. Fertility and Sterility, 86(5), 1296-1301.

Blum, R. W., Bastos, F. I. P. M., Kabiru, C. W., & Le, L. C. (2014). Adolescent health in the 21st century. The Lancet, 379(9826), 1567-1578.

Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (2020). The Palgrave Handbook of Critical Menstruation Studies. Palgrave Macmillan.

Chrisler, J. C., Gorman, J. A., Manion, J., & Murgo, M. A. (2016). Psychological Aspects of Natural Cycles. Springer.

Culpepper, L. (2009). Secondary prevention of depression: what is the role of primary care? Journal of Clinical Psychiatry, 70(7), e30.

Daley, A. (2009). Exercise and primary dysmenorrhea: a comprehensive and critical review of the literature. British Journal of Sports Medicine, 43(6), 469-478.

Dasgupta, A., & Sarkar, M. (2008). Menstrual hygiene: How hygienic is the adolescent girl? Indian Journal of Community Medicine, 33(2), 77-80.

Edelman, A., Micks, E., Gawron, L., & Jensen, J. T. (2019). Contraception for Women with Cardiovascular Conditions. Springer.

Garg, S., & Anand, T. (2015). Menstruation related myths in India: strategies for combating it. Journal of Family Medicine and Primary Care, 4(2), 184-186.

Johnston-Robledo, I., & Chrisler, J. C. (2013). The Menstrual Mark: Menstruation as Social Stigma. Sex Roles, 68(1-2), 9-18.

Kumari, S., & Srivastava, K. (2011). Menstrual hygiene practices and reproductive morbidity: A community-based survey in rural area of Varanasi district. Indian Journal of Preventive and Social Medicine, 42(3), 258-263.

Kural, M., Noor, N. N., Pandit, D., Joshi, T., & Patil, A. (2015). Menstrual characteristics and prevalence of dysmenorrhea in college going girls. Journal of Family Medicine and Primary Care, 4(3), 426.

Misso, M. L., Wong, J. L., Teede, H. J., Hart, R., Rombauts, L., Melder, A. M., & Norman, R. J. (2012). Aromatase inhibitors for PCOS: A systematic review and meta-analysis. Human Reproduction Update, 18(3), 301-312.

Nair, M., Chou, D., Kara, E., Say, L., Barreix, M., & Moller, A. B. (2011). Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health, 4(6), e323-e333.

Nnoaham, K. E., Hummelshoj, L., Webster, P., d'Hooghe, T., de Cicco Nardone, F., de Cicco Nardone, C., ... & Simoens, S. (2011). Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. Fertility and Sterility, 96(2), 366-373.

Nolen-Hoeksema, S. (2001). Gender differences in depression. Current Directions in Psychological Science, 10(5), 173-176.

Omranipour, R., Moradi, A., & Samimi, P. (2015). Menstrual characteristics and its relationship with pelvic pain in reproductive women. Journal of Research

in Medical Sciences, 20(8), 811.

Pillitteri, A. (2013). Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family. Lippincott Williams & Wilkins.

Rafique, S., & Al-Sheikh, M. H. (2018). Prevalence of polycystic ovarian syndrome (PCOS) and its association with psychiatric disorders in women in the Kingdom of Saudi Arabia (KSA). International Journal of Health Sciences, 12(3), 1.

Sanchez, N. F., Rabinowitz, E. P., & Alderman, E. M. (2020). Period poverty: Do we know who is struggling? A descriptive study of menstrual hygiene practices in New York City schools. Journal of Pediatric and Adolescent Gynecology, 33(5), 497-503.

Singh, A. J., et al. (2013). Hygiene-related practices of girls during menstruation and prevalence of reproductive tract infections: A school-based cross-sectional study in urban area of Chennai. Indian Journal of Maternal and Child Health, 15(3), 1-5.

Sommer, M., Hirsch, J. S., Nathanson, C., & Parker, R. G. (2015). Comfortably, safely, and without shame: Defining menstrual hygiene management as a public health issue. American Journal of Public Health, 105(7), 1302-1311.

Teede, H. J., et al. (2018). Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. Human Reproduction, 33(9), 1602-1618