Urban-Rural Differences in Menstrual Hygiene Among Adolescent Girls and Its Implications on Health in India

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ABSTRACT

INTRODUCTION: Although menstruation is a natural process, it is linked with several misconceptions, taboos, and socio-cultural restrictions, resulting in adolescent girls remaining ignorant of the awareness of hygienic health practices, which result in adverse health outcomes and vulnerability. METHODS: The present paper examines the knowledge and practice of a hygienic method of menstrual protection and to assess its adverse effects on adolescent’s health using binary logistic regression. NFHS-4 data collected from all the 640 districts of India in 2015-16 is used. The sample size of the present paper is 121,533 adolescent girls age 15-19. Information on the woman’s characteristics, marriage, fertility, contraception, reproductive health, sexual behaviour, and other health issues was also collected in NFHS-4.

RESULTS: The result shows that 42 per cent of adolescent girls use sanitary napkins, 62 per cent use cloth, and 16 per cent use locally prepared napkins. Overall, 58 per cent of adolescent girls age 15-19 years use a hygienic method of menstrual protection in India, more (79 per cent) in urban areas as compared with just 49 per cent in rural areas. DISCUSSION: More than half of adolescent girls in rural areas and one-fifth adolescent girls in urban areas are not able to use a hygienic method of menstrual protection which leads to a lot more complications to their reproductive health and subsequently, it affects the overall health status of adolescents in India.

KEYWORDS: Adolescent, Menstruation, Health, India

Vaccine Hesitancy Among Parents in Kuala Lumpur: A Single Centre Review

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ABSTRACT

BACKGROUND: Vaccine hesitancy (VH) is defined as the delay in acceptance or refusal of vaccination despite availability of vaccination services. The objective of this study is to improve the understanding on VH among parents by determining the prevalence of VH and to identify the predictors associated with a vaccine hesitant attitude. METHODOLOGY: This cross-sectional study was conducted in KL where a questionnaire was devised to collect information from parents namely sociodemographic, WHO determinants of VH and the Parents Attitude towards Childhood Vaccine (PACV) scale. RESULTS: With a sample size of 226, we noted 60.2% (189) of the participants were females which were predominantly Malays 80.3% (252). Our study shows the prevalence of VH of 15.5% (35/226: 15.5%, 95%CI: 11.2, 20.4) among parents based on the 15-item PACV scale. In univariate analysis, our study did not see any link between sociodemographic factors to VH in parents. Only five of these determinants were in the final model as statistically significant (p < 0.05) predictors of VH among parents in KL. The five factors were introduction to new vaccine, past bad experiences on vaccinations, no trust in pharmaceutical industries, no trust in health system and provider as well as male gender. CONCLUSION: Factors contributing toward 15.5% of VH in KL, Malaysia must be studied further for any temporal relationship to the under-immunization in children in order to reach the WHO goal of 100% immunization coverage in children.

KEYWORDS: vaccine hesitancy, parental attitudes to childhood vaccine (PACV), prevalence, determinants