



Women's Wellness Across Life Stages: A Comparative Study Of Hygiene Practices During Pregnancy, Lactation, And Menstruation.

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ABSTRACT

Introduction

It became significant for women and girls to Maintain their menstrual, lactation and pregnancy hygiene properly. The culture impacts the performance of hygiene and educates people about good hygiene habits. These can be in form of personal cultural or perhaps influenced by the economy of the society. Ignorance of these practices can be socially disadvantageous for health intervention and promotion. Using the details of the movie 'Children of Heaven,' culture affects the level of hygiene concerning circumstances in different societies. Socioeconomic status also plays a significant role in the hygiene practices; thus, the topic of equity would also come into play. Some of the factors that hinder promotion of optimal hygiene practices by women of reproductive age during pregnancy include poverty and cultural practices. Married men contribute to contributing to the hygienic wellbeing of their wives. In conclusion, it is apparent that advancing breast cancer and maternal mortality rates can only be achieved if culture, poverty level, and gender issues in hygiene are brought into consideration.

Material and Methods.

Ethnicity disparity between female correctional study; A comparison was made with female Wash ends facing other issues such as pregnancy, lactation and menstruation. Regarding the samples, gender, age, and occupation are variables, however 300 women with different age ranges were selected. The study measured demographic information, age at menarche, enforcement of menstruation, sources of information about menstruation, common practices of cleanliness during menstruation, and restrictions during menstruation and the hygiene things during pregnancy and lactation periods.

Conclusion :The above cross-sectional analysis explore on the occurrences of the fabric of women lives during pregnancy, lactation, and menstruation, offering insight on hygiene. This means that the practices under study should be appreciated as diverse and the conditions that underpin them should be known in order to inform properly, comprehensive and inclusive approaches that will enable women to make correct decisions on different phases of reproductive life. Thus, the proposed research should serve as a starting platform for innovative decisions that will uncover women's otherness as something valuable and lead to the shared responsibility for enhancing the quality of women's health all over the world.

Keywords: Female hygiene, pregnancy, menstruation, lactation,

INTRODUCTION

Hygiene significantly prevents diseases and infections, enhancing the confidence and quality of life of females (Sivakumar *et al.*, 2016). Menstruation, a typical aspect of the female reproductive cycle, often accompanies malpractices and misconceptions, leading to adverse health consequences such as stomach pain, headache, and infections (Tegegne *et al.*, 2014). Maintaining menstrual hygiene is vital to prevent serious illnesses like urinary and reproductive tract infections, which affect approximately 10% of women annually (Pokhrel *et al.*, 2014; Sivakumar, 2016). Poor hygiene during menstruation, coupled with pregnancy, poses a risk for vaginal infections, emphasizing the importance of proper sanitary practices (Sivakumar *et al.*, 2016).

Maintaining proper hygiene during menstruation involves changing sanitary napkins every 3–4 hours to prevent diseases and foul odors (Sivakumar *et al.*, 2016). Bathing and washing the external genitalia with water are essential parts of personal hygiene, while the use of harsh cleaners should be avoided to maintain pH balance (Sivakumar *et al.*, 2016). However, challenges such as lack of knowledge and financial constraints lead to fewer women using sanitary napkins, with some resorting to homemade cloth pads (Tegegne *et al.*, 2014). Improper disposal of sanitary napkins in rural and urban areas contributes to environmental pollution and health hazards (Tegegne *et al.*, 2014).

Understanding the pattern and duration of menstrual periods is crucial, with irregularities potentially indicating underlying health issues (Deshpande *et al.*, 2018). Education and awareness are key to promoting proper menstrual hygiene practices, emphasizing the importance of access to affordable sanitary products and proper waste management (Tegegne *et al.*, 2014). Overall, addressing cultural beliefs, economic disparities, and knowledge gaps is essential for improving female hygiene and health outcomes.

A Comparative Exploration of Women's Hygiene Practices: This research explores the intricacies of hygiene practices during three pivotal phases in a woman's life: pregnancy, lactation, and menstruation. Recognizing the diversity and complexity of cultural, socioeconomic, and individual factors that shape these practices, our comparative study seeks to contribute nuanced insights into the continuum of women's health. The study utilizes a mixed-methods approach, integrating surveys and interviews to ensure a comprehensive understanding of hygiene behaviors among women across diverse geographical and cultural contexts. A thorough literature review establishes the foundation, highlighting existing gaps and the need for a holistic understanding of hygiene practices specific to each reproductive phase. Key objectives include identifying and documenting prevalent hygiene practices, exploring variations influenced by cultural beliefs, assessing compliance with recommended guidelines, and examining the potential impact on maternal and infant health. The research also investigates barriers and challenges hindering optimal hygiene practices, with a particular focus on socio-economic factors and cultural influences. Preliminary findings indicate a rich tapestry of practices, ranging from traditional customs deeply embedded in cultural norms to contemporary habits shaped by health guidelines. The influence of cultural beliefs and taboos, especially during menstruation, underscores the importance of culturally sensitive interventions. The study sheds light on the interconnectedness of hygiene practices with maternal and infant health outcomes. Proper hygiene during pregnancy and lactation emerges as a crucial factor, urging for targeted interventions to enhance positive health outcomes. Furthermore, the research uncovers barriers such as limited access to resources, financial constraints, and gaps in hygiene education, emphasizing the need for comprehensive and inclusive health promotion strategies. Suggestions for improvement, offered by participants, emphasize the importance of empowering women through targeted educational programs, fostering open dialogues around menstruation, and ensuring widespread access to affordable hygiene resources. Cultural sensitivity emerges as a recurring theme, advocating for interventions that respect diverse cultural norms and values. In conclusion, this study contributes to the understanding of women's hygiene practices during critical reproductive phases. By acknowledging and respecting the diversity of practices and recognizing the influence of cultural and socio-economic factors, our findings aim to inform transformative and inclusive interventions. As we strive for improved women's health globally, this research provides a steppingstone towards a more nuanced, culturally sensitive approach to hygiene education and promotion. rephrase it

This survey delves into the intricacies of women's hygiene routines during three significant stages of their lives: pregnancy, lactation, and menstruation. Acknowledging the diverse influences of culture, economics, and individual preferences, our study aims to offer nuanced insights into women's health practices. Employing a mixed-methods approach, combining surveys and interviews, we aim to comprehensively understand hygiene behaviors across various cultural and geographical contexts. A thorough review of existing literature underscores the need for a holistic understanding of hygiene practices specific to each reproductive phase. Our objectives include documenting prevalent hygiene practices, exploring cultural variations, assessing compliance with recommended guidelines, and understanding their potential impact on maternal and infant health. We also examine barriers to optimal hygiene, particularly focusing on socio-economic and cultural factors. Initial findings reveal a spectrum of practices, from deeply ingrained cultural customs to contemporary habits shaped by health recommendations. Cultural beliefs, especially regarding menstruation, highlight the importance of culturally sensitive interventions. Our study illuminates the connection between hygiene practices and maternal and infant health outcomes. Hygiene during pregnancy and lactation emerges as critical,

necessitating targeted interventions for positive health outcomes. Additionally, we identify barriers such as limited resources and hygiene education gaps, emphasizing the need for inclusive health promotion strategies. Participants suggest empowering women through targeted education, fostering open discussions about menstruation, and ensuring access to affordable hygiene resources. Cultural sensitivity is paramount, advocating for interventions that honor diverse cultural norms.

In summary, this survey enhances understanding of women's hygiene practices during key reproductive phases. By respecting diversity and recognizing cultural and socio-economic influences, our findings aim to inform inclusive interventions for improved women's health worldwide. It refers to practices and behaviors that promote cleanliness and health, both on a personal and environmental level. It encompasses various habits and routines aimed at preventing the spread of diseases and maintaining overall well-being. Hygiene practices can include personal cleanliness such as bathing, handwashing, dental care, and grooming, as well as environmental hygiene such as cleaning and disinfecting surfaces, proper waste disposal, and ensuring safe food handling. Good hygiene is essential for preventing the transmission of pathogens, reducing the risk of illness, and promoting a healthy lifestyle. Hygiene practices can vary between individuals based on factors such as gender, cultural norms, and personal preferences. While many hygiene practices are universal, there are some differences between men and women in terms of specific hygiene needs and routines as follows; Menstrual hygiene: Women have unique hygiene needs related to menstruation, including the use of sanitary products such as pads or tampons, maintaining cleanliness during menstruation, and proper disposal of menstrual waste. Men do not have menstrual hygiene needs. Genital hygiene: Both men and women need to maintain genital hygiene, but the methods may differ. Women may need to pay extra attention to cleaning the external genital area, especially during menstruation, to prevent infections. Men may need to ensure proper cleaning of the penis and surrounding area to prevent bacterial growth and odour. Breast hygiene: Women who are breastfeeding may have specific hygiene needs related to nipple care and preventing infections. Men do not have specific hygiene needs related to breastfeeding. Facial hair grooming: Men may need to maintain facial hair hygiene by regularly shaving or trimming facial hair to prevent irritation and promote cleanliness. Women may have different grooming practices related to genital hair removal based on personal preference.. Hygiene practices during pregnancy, lactation, and menstruation are integral components of women's reproductive health, playing a crucial role in ensuring the well-being of both mothers and infants. The significance of maintaining proper hygiene during these distinct phases is paramount, as it directly influences maternal health, fetal development, and the overall health of the newborn. This study aims to shed light on the variations in hygiene practices across these critical periods, addressing the unique challenges and implications associated with each. Let's get to know each one of them.

In this survey paper, our primary aim is to provide insights for targeted interventions by condensing the findings to offer valuable insights for crafting targeted interventions and educational initiatives aimed at enhancing hygiene practices. Additionally, we aim to suggest recommendations suitable for inclusion in public health campaigns to raise awareness and foster behavioural changes. Furthermore, our objective is to contribute to public health knowledge by enhancing the existing body of public health knowledge. We endeavour to achieve this by offering a comprehensive understanding of hygiene practices during crucial phases in women's lives and providing insights that can guide healthcare professionals, policymakers, and researchers in formulating strategies to improve women's health outcomes. Moreover, we seek to foster cultural sensitivity by promoting cultural sensitivity, acknowledging and respecting the diverse range of hygiene practices, and understanding the cultural context influencing these behaviours. We advocate for healthcare approaches that align with cultural norms and values, thereby enhancing the acceptance and effectiveness of hygiene interventions. Lastly, our specific objectives include identifying and documenting prevailing hygiene practices, exploring variations in hygiene practices across different demographics, assessing compliance levels with recommended hygiene guidelines, examining the impact of hygiene practices on maternal and infant health outcomes, and identifying barriers hindering the adoption of optimal hygiene practices. These objectives serve as guiding principles for our survey, aiming to illuminate the intricate dynamics of hygiene practices and their implications for women's health and well-being.

Chapter (3) METHODOLOGY

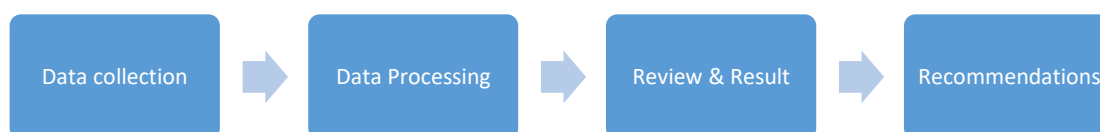


Fig. no. 1(The methodology).

Research Objectives

The objectives of the study were to:

Describe traditional hygiene practices across different countries and cultures during pregnancy, lactation, and menstruation.

Compare hygiene practices among women from diverse cultural backgrounds.

Identify barriers and challenges to optimal hygiene practices.

Offer recommendations for improving hygiene education and interventions.

Study Design

The study utilized a descriptive and comparative field research design. It aimed to describe traditional practices in various countries and cultures and compare them to identify similarities and differences.

Participant Selection

The study included 300 participants recruited from different countries and regions worldwide. Strategies for participant recruitment were developed to ensure diversity in cultural backgrounds, socio-economic status, and geographical locations, thus ensuring a representative sample.

Data Collection

Data collection involved gathering information about women's hygiene practices during pregnancy, lactation, and menstruation across diverse geographical and cultural contexts. This was achieved through the distribution of online surveys and interviews.

Ethical Consideration

Ethical considerations were prioritized throughout the study, ensuring informed consent from participants, confidentiality of responses, and adherence to ethical guidelines for research involving human subjects.

Data Collection Methods

Data were collected through online surveys administered via Google Forms, supplemented by interviews or focus group discussions where necessary.

Data Analysis

Data analysis involved organizing, cleaning, and structuring the collected information to draw meaningful insights and conclusions. Statistical analysis techniques were applied to analyze quantitative data, while thematic analysis was employed for qualitative data.

Result and Discussion



Fig no. 2.1. The participant's Region percentage
2.2. The participant's age percentage.

In figures 2.1 and 2.2, it was noted that 60% of individuals fell within the 15-20 age bracket, with 29% falling between 26-30 years old. The remaining 11% represented various other age groups. Furthermore, 55% of the population hailed

from Africa, 22.7% from Asia, and 10.3% from South Antarctica, while the remaining percentage came from other countries.



Fig. no. 3.1. The participant's educational status, Fig. no. 3.2. The participant's Religion.

Among those surveyed, 38.7% were pursuing graduation, while 36.7% were attending college, 17.3% were in senior secondary education, and 7.3% held master's degrees. The majority, constituting 50.7%, identified as Muslim, followed by 23.3% who identified as Christian, 19.3% as Hindu, with the remainder belonging to other religious affiliations.

Fig.4.1

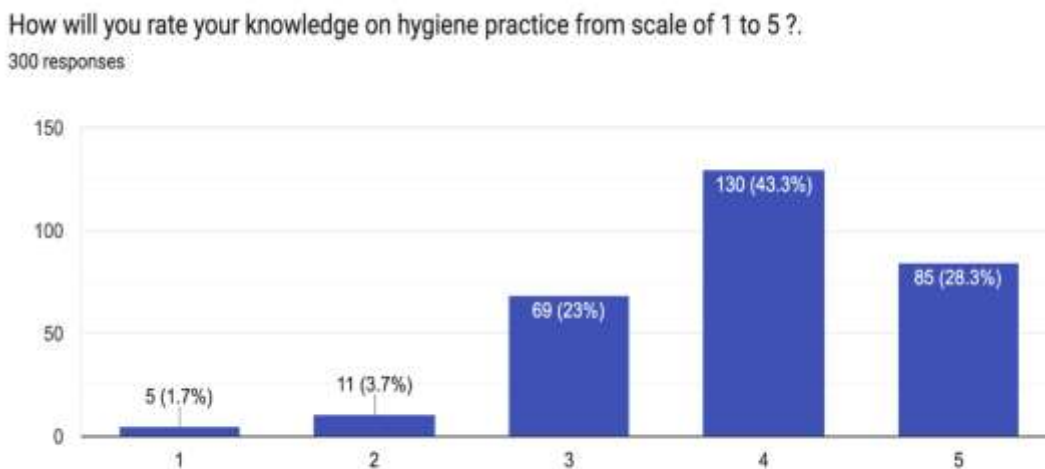


Fig. 4.2

According to the graphical data, 70.1% of individuals prioritize personal cleanliness by engaging in practices such as taking daily baths, cleaning their genitals, washing after urinating, and cleaning and wiping after defecating.

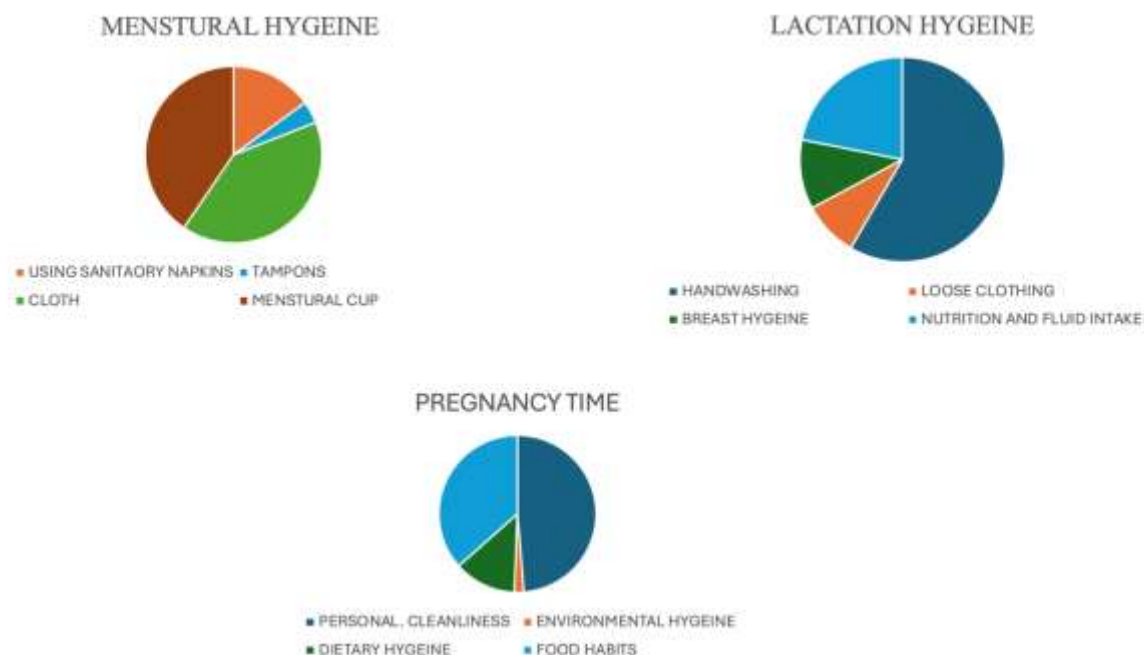


Fig 5.1 Practices during menstruation, Pregnancy and lactation time.

During menstruation, 74% of women chose sanitary napkins, 20% preferred tampons, 2% opted for cloth, and another 2% selected menstrual cups for menstrual hygiene. Additionally during lactation, 70% of women emphasized nutrition and fluid intake, 5% preferred loose clothing, 10% focused on handwashing, and 15% prioritized breast hygiene. During pregnancy, 60% of women prioritized personal cleanliness, 5% emphasized environmental hygiene, and 30% focused on dietary hygiene.

Discussion

The findings from this study may seem significant; however, the design and sample do not provide an adequate basis from which to generalize to a larger population of women living in rural and urban areas in Africa and other countries. The study is also limited because data were collected by means of retrospective self-report in a questionnaire. This inevitably relies on participants' memory of traditional practices. Women may have exaggerated the traditional practices.

The review paper offers a comprehensive exploration of women's hygiene practices during pregnancy, lactation, and menstruation, shedding light on the intricate interplay of cultural, socio-economic, and personal factors that influence these behaviors. By synthesizing insights from various studies, the paper provides a holistic understanding of the complexities surrounding women's health practices.

Variations in hygiene practices are elucidated, showcasing the diverse range of behaviors adopted by women across different cultural contexts. From traditional customs deeply ingrained in cultural beliefs to modern practices informed by health guidelines, the study underscores the importance of tailored approaches to women's health education and support.

Cultural influences and taboos surrounding menstrual health emerge as significant determinants of hygiene practices. The paper emphasizes the necessity of culturally sensitive interventions that acknowledge and respect diverse cultural norms to effectively promote women's health.

Furthermore, the review highlights the profound impact of hygiene practices on maternal and infant health outcomes. It emphasizes the critical role of proper hygiene during pregnancy and lactation in achieving positive health outcomes, highlighting the potential for targeted interventions to improve maternal and child well-being.

Despite the importance of hygiene practices, the paper identifies barriers and challenges that hinder optimal practices, such as limited access to resources and inadequate education. Recognizing and addressing these barriers is essential for the success of public health initiatives aimed at promoting women's hygiene.

The review concludes with a series of recommendations aimed at improving hygiene awareness and practices during pregnancy, lactation, and menstruation. These recommendations encompass targeted educational campaigns, community engagement initiatives, empowerment strategies, and monitoring and evaluation measures to ensure long-term behavior change.

Overall, the paper advocates for comprehensive, culturally sensitive interventions grounded in evidence-based research to empower women to adopt optimal hygiene practices. By addressing the complex interplay of cultural, socio-economic, and personal factors, these interventions have the potential to improve maternal and child health outcomes and contribute to the overall well-being of women globally.

The data presented in figures 2.1 and 2.2 provides valuable insights into the demographics of the surveyed population. Firstly, the significant proportion of individuals falling within the 15-20 age bracket (60%) suggests that this age group is prominently represented in the study. This demographic trend could have implications for various aspects of the survey, such as preferences, behaviors, and concerns, which may be particularly relevant for youth-related issues.

Furthermore, the distribution across different age groups, with 29% falling between 26-30 years old and the remaining 11% spread across other age categories, highlights the diversity within the surveyed population. Understanding these age demographics can help tailor interventions, policies, or marketing strategies to cater to the specific needs and preferences of different age cohorts.

Moreover, the geographic distribution reveals interesting patterns. The majority of the population (55%) hails from Africa, indicating a significant representation from this continent. This finding may have implications for cultural considerations, health disparities, or regional challenges addressed in the survey.

Additionally, the substantial representation from Asia (22.7%) and South Antarctica (10.3%) underscores the global scope of the survey. Exploring variations in responses or perspectives across different continents can enrich our understanding of cultural differences, socioeconomic factors, or environmental influences on the subject matter under investigation.

Overall, this data prompts a deeper discussion about the intersectionality of age, geography, and other demographic factors in shaping attitudes, behaviours, and experiences within the surveyed population. By considering these nuances, researchers, policymakers, or organizations can better tailor their approaches to address the diverse needs and realities of the population under study.

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Conclusion

In conclusion, our comparative study delves into the fabric of women's lives during pregnancy, lactation, and menstruation, unravelling the intricacies of hygiene practices. By embracing the diversity of these practices and understanding the factors influencing them, we pave the way for informed, inclusive interventions that empower women to prioritize their health across the continuum of reproductive phases. As we move forward, let our findings be a catalyst for transformative approaches that celebrate the uniqueness of women's experiences while fostering a collective commitment to advancing women's health on a global scale.

Chapter (6)

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