

An Overview of Menstrual Hygiene Practices Among Adolescent Girls at Kintamani State Junior High School No. 6

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Abstract

Menstrual Hygiene Management (MHM) is a crucial component of women's health, encompassing the management of hygiene and health during menstruation. This study aims to examine menstrual hygiene practices among adolescent girls at Kintamani State Junior High School No. 6. This descriptive study used a cross-sectional design. The sample consisted of 230 respondents selected using a proportional random sampling technique. The research data were primary data collected using a questionnaire on menstrual hygiene practices. The study was conducted from August to October 2025. Data analysis was performed using univariate analysis. The results showed that 69.6% of respondents had adequate menstrual hygiene practices, 55.2% had adequate practices regarding the selection of sanitary napkins, 73.0% had adequate practices regarding the replacement of sanitary napkins, 46.1% had adequate practices regarding the disposal of sanitary napkins, and 71.3% had adequate practices regarding the cleanliness of the female genital area. The conclusion of this study indicates that the majority of respondents demonstrated adequate menstrual hygiene practices. Teachers are expected to provide health education on reproductive health, particularly regarding menstrual hygiene management.

INTRODUCTION

The World Health Organization (WHO) defines adolescents as individuals in the second decade of life, ranging from 10 to 19 years of age, which is divided into two periods: early adolescence (10–14 years) and late adolescence (15–19 years) (WHO, 2018). The adolescent period is one of the important stages in human development, characterized by significant physical, psychological, and social changes. At this stage, the behaviors and decisions made by adolescents can influence their future health and well-being, particularly those related to sexual, reproductive, and mental health (Hensel et al., 2016; Kahn & Graham, 2020). Therefore, investing in adolescent health not only benefits individuals but also contributes to the creation of a healthier society as a whole. In addition, during this period, adolescents begin to develop broader social relationships, both with peers and family members (Kågesten & van Reeuwijk, 2021). Various changes that occur during adolescence often cause feelings of anxiety and fear among adolescents regarding whether the changes they experience are normal (Afriani, 2023).

Adolescents worldwide face significant challenges related to their sexual and reproductive health and rights. The Global Action for Measurement of Adolescent Health (GAMA), established by WHO, recommends adolescent menstrual health and hygiene as an indicator for obtaining a comprehensive overview of adolescent health. Maintaining good vulvar hygiene is highly important and should be taught from an early age, not only to prevent irritation and infection during adolescence but also to reduce the risk of chronic health problems caused by prolonged irritation (Suminar et al., 2022).

According to WHO, reproductive tract infections (RTIs) occur in approximately 35–42% of adolescents due to low immunity, poor environmental conditions, and inadequate personal hygiene during menstruation, including the use of unhygienic sanitary pads. Data from the Indonesian Demographic and Health Survey (Survei Demografi dan Kesehatan Indonesia [SDKI], 2017) indicate that menstrual hygiene practices among adolescent girls remain inadequate, with 63.9% demonstrating poor hygiene behaviors during menstruation. The consequences of poor menstrual hygiene practices include reproductive tract infections (RTIs), cervical cancer, uterine fibroids, and other health problems (Hastuty et al., 2023). Based on data from the National Population and Family Planning Agency (Badan Kependudukan dan Keluarga Berencana Nasional [BKKBN]), approximately 63 million adolescent girls in Indonesia are at risk of not maintaining optimal genital hygiene during menstruation. Furthermore, 43.4% of adolescent girls aged 10–14 years demonstrate poor genital hygiene behaviors (Sari, 2024).

Several factors influence menstrual hygiene practices among adolescent girls during menstruation, including the availability of supporting facilities such as toilets, clean water, soap, tissues, sanitary pad replacements, and other resources (Tanda et al., 2024). When these facilities are available, female students are more likely to practice proper menstrual hygiene compared with those who lack access to such facilities. This occurs because dirty toilets and the unavailability of clean water and soap may discourage female students from changing sanitary pads every 3–4 hours. Therefore, adequate facilities are essential to support proper menstrual hygiene practices among adolescents. A study conducted by Suryani et al. (2019) stated that the availability of facilities influences menstrual hygiene behavior.

Research conducted by Amanda, D., and Ariyanti, F. (2020) found that 54.5% of female students exhibited poor menstrual hygiene behavior. Improper menstrual hygiene practices, such as changing sanitary pads fewer than 3–4 times per day, may contribute to inadequate menstrual hygiene and increase the risk of reproductive health problems.

Research conducted by Fauziah Ahmad et al. (2023) showed that 55.1% of respondents exhibited poor personal hygiene behaviors during menstruation. These behaviors included infrequent changing of sanitary pads (less than four times per day), failure to dry the genital area with tissue or a towel before using a new sanitary pad, and improper genital cleaning practices. Furthermore, according to Wihdaturrahmah and Chuemchit (2023), menstrual hygiene remains a frequently overlooked issue, particularly regarding the availability of adequate sanitation facilities, including clean water, sanitation, and hygiene, which are collectively known as the Water, Sanitation, and Hygiene (WASH) concept. Limited access to these facilities may cause menstruating adolescent girls to experience discomfort within the school environment.

Government programs, such as those implemented by the National Population and Family Planning Agency (Badan Kependudukan dan Keluarga Berencana Nasional [BKKBN]), have established adolescent reproductive health programs, including Adolescent Health Care Services (Pelayanan Kesehatan Peduli Remaja [PKPR]), which are designed to address adolescent health issues and are implemented through community health centers (Pusat Kesehatan Masyarakat [Puskesmas]). Schools are also expected to provide additional supporting facilities, such as handwashing stations, tissue dispensers, and sanitary pads in female restrooms, to encourage proper menstrual hygiene practices among students (Simanjuntak and Siagian, 2020).

Bayung Gede Village is located in Kintamani District, Bangli Regency. Kintamani District has 12 junior high schools, one of which is Kintamani State Junior High School No. 6, located in Bayung Gede Village. Kintamani State Junior High School No. 6 has 14 toilets, each equipped with a water tank that is sometimes filled with clean water. The limited availability of clean water occasionally causes female students to hesitate to change or dispose of sanitary pads at school.

A preliminary study was conducted at Kintamani State Junior High School No. 6 through open interviews with 10 female students on August 1, 2025. Based on the interview results, seven out of the ten female students were unable to explain proper menstrual hygiene practices. All ten female students stated that they usually wear sanitary pads for more than four hours and change sanitary pads fewer than four times per day, particularly during the first and second days of menstruation. All ten students stated that they never changed sanitary pads at school, and one student reported bringing used sanitary pads home. Additionally, all ten female students stated that they never changed sanitary pads after defecation unless the sanitary pad was already full.

Based on the background description above, the researcher is interested in conducting research entitled “Description of Menstrual Hygiene Practices Among Adolescent Girls at Kintamani State Junior High School No. 6.” This study aims to examine menstrual hygiene practices among adolescent girls at Kintamani State Junior High School No. 6, specifically focusing on four aspects: the selection of sanitary pads, frequency of changing sanitary pads, methods of disposing of sanitary pads, and cleanliness of the female genital area. The benefits of this research are both practical and theoretical. Practically, the findings may assist schools in evaluating and improving WASH facilities, including access to clean water, soap, and sanitary pad disposal bins; serve as a baseline for reproductive health education programs; increase parental awareness regarding menstrual health support; and provide empirical evidence for policymakers to strengthen school-based menstrual hygiene policies. Theoretically, this study contributes to the limited body of knowledge regarding menstrual hygiene practices among adolescent girls in rural and remote areas of Indonesia, particularly in the highland regions of Bali, and provides a foundation for future research on reproductive health interventions in similar settings.

METHOD

This study used a descriptive research design with a cross-sectional approach to describe menstrual hygiene practices among adolescent girls at State Junior High School No. 6 Kintamani. The study population consisted of all female students in grades VII, VIII, and IX,

totaling 426 students from 27 classes. A total of 230 respondents were selected using a proportional random sampling technique. The research sample included female students who met the inclusion and exclusion criteria. The inclusion criteria were female students who had experienced menstruation and were willing to participate as respondents, while the exclusion criteria were students who were absent or withdrew during the study. Primary data were collected directly from respondents using a questionnaire on menstrual hygiene practices. The study was conducted at State Junior High School No. 6 Kintamani from August to November 2025. The collected data were analyzed using univariate analysis.

RESULTS AND DISCUSSIONS

Analysis

Table 1. Characteristics Respondents

Characteristics	Frequency (f)	Percentage (%)
Age		
12 years old	27	11.7
13 years old	90	39.1
14 years	79	34.3
15 years	34	14.8
Total	230	100
Class		
VII	75	32.6
VIII	74	32.2
IX	81	35.2
Total	230	100
Age at first menstruation		
<1 year		
1-2 years	89	38.7
>2 years	45	19.6
	96	41.7
Total	230	100

Source: Primary data processed, 2025

Analysis results characteristics in table 1, age respondents can categorized as group *early adolescence* (12-15 years) namely the results analysis show that most age respondents at the age of 13 years that is as many as 90 people (39.1%). In class characteristics, the largest number of respondents was in class IX, namely 81 people (35.2%). The next characteristic is the age at first menstruation, in the analysis results, the largest number of respondents experienced menstruation for 2 years, namely 96 people (41.7%).

Observation result to subject study based on variables study

a. Practice *menstrual hygiene*

Table 2. Practice *Menstrual Hygiene*

Practice <i>Menstrual Hygiene</i>	Frequency	Percentage (%)
Good	40	17.4
Enough	160	69.6

Not enough	30	13.0
Total	230	100

Source: Primary data processed, 2025

Based on table 2 is known that part big respondents own practice adequate menstrual hygiene that is as many as 160 people (69.6%), respondents with practice good menstrual hygiene only as many as 40 people (17.4%), while there are less as many as 30 people (13.0%).

b. Practice respondents 'menstrual hygiene about method election bandage

Table 3. Practice Menstrual Hygiene Respondents about the Election Method Bandage

Practice Election Bandage	Frequency	Percentage (%)
Good	68	29.6
Enough	127	55.2
Not enough	35	15.2
Total	230	100

Source: Primary data processed, 2025

Based on table 3 is known that part big respondents own enough practice about method election bandage that is as many as 127 people (55.2%), practice not enough that is as many as 35 people (15.2%), while respondents who have practice Good about election bandage only as many as 68 people (29.6%).

c. menstrual hygiene practices regarding changing sanitary napkins

Table 4. ' Menstrual Hygiene Practices Regarding Changing Sanitary Pads

Practice Replace Bandage	Frequency	Percentage (%)
Good	44	19.1
Enough	168	73.0
Not enough	18	7.9
Total	230	100

Source: Primary data processed, 2025

Based on table 4 is known that part big respondents own enough practice about method replace bandage that is as many as 168 people (73.0%) , less practice as many as 18 people (7.9%), while respondents who have practice Good about replace bandage only as many as 44 people (19.1%).

d. Practice menstrual hygiene respondents about method throw away bandage

Table 5. Practice Menstrual Hygiene Respondents about Throw away Bandage

Practice Throw away Bandage	Frequency	Percentage (%)
Good	83	36.1
Enough	106	46.1
Not enough	41	17.8
Total	230	100

Source: Primary data processed, 2025

Based on table 5 is known that part big respondents own enough practice about throw away bandage that is as many as 106 people (46.1%) , poor practice as many as 41 people (17.8%), while respondents who have practice Good about replace bandage only as many as 83 people (36.1%).

e. Practice menstrual hygiene respondents about cleanliness area womanhood

Table 6. Practice *Menstrual Hygiene* Respondents about Feminine Hygiene

Practice Feminine Hygiene	Frequency	Percentage (%)
Good	40	17.4
Enough	164	71.3
Not enough	26	11.3
Total	230	100

Source: Primary data processed, 2025

Based on table 6 is known that part big respondents own enough practice about cleanliness area womanhood that is as many as 164 people (71.3%) , sufficient practice as many as 26 people (11.3%), while respondents who have practice Good about cleanliness area womanhood only as many as 40 people (17.4%)

Practice *Menstrual Hygiene* in Adolescent Girls at SMP Negeri 6 Kintamani

Based on results research conducted researchers, regarding practice *menstrual hygiene* in adolescents daughter at SMP Negeri 6 Kintamani obtained category Enough as much as 69.6%, while practice Good only 17.4%. In matter This respondents in the study This seldom replace sanitary napkins at school due to lack of WASH (*water, sanitation, and hygiene*) facilities in school toilets. According to Sinaga (2017), sanitary napkins that are used for too long and many times hoard blood risk of causing infection of the urinary tract Reproductive health. During menstruation, the area around a woman's genitals becomes moist due to mucus and menstrual blood. If sanitary napkins are not changed regularly, the area around the genitals will become even more moist, making it easier for viral, bacterial, and fungal infections to occur. For normal menstrual flow, it is recommended to change sanitary napkins every 3-4 hours (Sinaga, 2017).

Parents play a significant role in adolescent girls experiencing menstruation, particularly in providing an understanding of the reproductive system and how to properly care for their genitals. Providing health education to adolescent girls is a crucial step in improving their reproductive health (Nurhayati & Qothimah, 2023). This ensures that adolescents do not feel embarrassed or ashamed to discuss their reproductive health with their parents. One factor influencing *personal hygiene* during menstruation in adolescent girls is parental involvement. Communication patterns between parents and children play a crucial role in developing good personal hygiene habits. When communication within the family is poor, the risk of adolescents engaging in inappropriate *personal hygiene behaviors* increases. Parents' role is to provide information, support, and guidance to children to avoid making wrong decisions that could lead to negative consequences (Irvani et al., 2023).

Practices of Young Women Regarding the Selection of Sanitary Napkins at SMP Negeri 6 Kintamani

The menstrual hygiene practice variable regarding the selection of sanitary napkins showed that only 29.6% of respondents had good practices, while the most were in the adequate category at 55.2%. The use of poor quality sanitary napkins, because the use of sanitary napkins that are not clean and sterile (quality) will directly affect the reproductive organs during use. So it is at risk of allergies and triggering abnormal vaginal discharge as well as inflammation, irritation, infection, and the risk of cervical cancer. In research by Wijayanti, et al., (2017) it was stated that factors influencing someone to choose to use a type of sanitary napkin during

menstruation are due to the availability of information media and most importantly economic factors, so that most women prefer types of sanitary napkins that are affordable.

3. Practices of Young Women Regarding Changing Sanitary Napkins at Kintamani 6 Public Middle School

Based on the results of research conducted by researchers, the practice of adolescent girls regarding adequate sanitary napkin changes was 73.0% while good practice was only 19.1%. The use of sanitary napkins during menstruation will come into direct contact with the surface of the female organs which are very sensitive so it must be *hygienic*. Menstrual Hygiene Management Guidelines by the Nahdlatul Ulama Council and UNICEF Indonesia recommend that female students change sanitary napkins every 4 hours or at least 6 times a day, even if the blood has not been too heavy. Often female students change sanitary napkins after waiting for full blood, 6 hours or more. This can cause reproductive tract infections, urinary tract infections, and irritation of the skin in the genital area. Within 1-2 hours, bacteria accumulate on sanitary napkins so it is necessary to change sanitary napkins after 4 hours of use (NU and UNICEF Indonesia, 2020).

Practices of Young Women on How to Dispose of Sanitary Napkins at Kintamani 6 Public Middle School

Based on the results of research conducted by researchers, the practice of adolescent girls regarding the disposal of sanitary napkins is mostly in the adequate category at 46.1%, while good practice is only 36.1%. According to the Burnet Institute (2015) *WASH* is an important facility to pay attention to for menstrual hygiene practices in school children. *WASH* includes clean water facilities, sanitary napkin disposal places, soap, and toilet tissue. Inadequate *WASH facilities* will cause female students to be lazy to change sanitary napkins at school and also female students will be lazy to clean their genitals due to the lack of sufficient clean water (Burnet Institute, 2015).

The results of this study are in line with Purwanti's (2017) research, which found that most respondents did not change their sanitary napkins every four hours (79.5%), and 22.5% only changed their sanitary napkins when they were full. There were several reasons, including 43% of respondents citing discomfort in the toilet they were using. That in the form of smelly, dirty, and clean water No there is (Purwanti, 2017). Use of means *WASH (Water, Sanitation, and Hygiene)* in practice cleanliness menstruation related with knowledge respondents about practice cleanliness menstruation That Alone.

Practice Teenage Girls About Hygiene of Feminine Areas at SMP Negeri 6 Kintamani

Variable results practice *menstrual hygiene* about cleanliness area womanhood known respondents own good practice only 17.4%, whereas category Enough more Lots namely 71.3% of respondents. Research results This in line with research conducted Lumban Batu (2021) on indicators cleanliness body and genitalia that show that part big respondents have behavior Enough namely 57% (34 people). In guard cleanliness tool gender, use fluid cleaner or product special Actually No always is require. This is Because a number of product cleaner can bother balance naturally in the genital area and has the potential cause irritation and infection. The recommended way to clean tool sex is with wash use clean water. In women, washing should done from direction front to back to prevent displacement bacteria from the anal area to the genital organs. After finished cleaned, the area need dried use towel clean or tissue with method patted in a way slowly, no rubbed, so that it doesn't cause skin irritation.

CONCLUSION

Based on the research findings and discussion presented above, it can be concluded that menstrual hygiene practices among adolescent girls at State Junior High School No. 6 Kintamani were categorized as adequate, with 69.6% of respondents demonstrating adequate practices. Supporting facilities and infrastructure at the school were generally available and functioned well; however, several facilities still required improvement and further development. These findings indicate that menstrual hygiene education needs to be continuously strengthened to improve female students' understanding and awareness. In addition, the provision of more complete and sustainable menstrual hygiene facilities should receive greater attention within the school environment.

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