

Original Research Article

MENSTRUAL HYGIENE AND ITS KNOWLEDGE AND PRACTICES: A DESCRIPTIVE OBSERVATIONAL STUDY FROM RURAL MAHARASHTRA

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ABSTRACT

Background: Menstrual Hygiene Management (MHM) is a culmination of various strategies adopted by women to maintain cleanliness, acquire appropriate menstrual absorbents, use them, clean & safe reuse and appropriate disposal during menstruation. Menstrual Hygiene depends upon these strategies adopted during monthly periods. The methods girls and women have developed for management of menstruation varies across as well as within countries. The variations can largely be attributed to an individual's personal preferences, availability, accessibility, affordability, local traditions, cultural beliefs, and most importantly knowledge. Interplay of a multitude of factors channelizes the appropriateness of choices made by women. The objective is to assess the knowledge and the practices of menstrual hygiene among rural school going adolescent girls.

Materials and Methods: It is a community based cross sectional observational study involving girls of standard 8th to 10th from the randomly selected Government school from rural field practice area of Latur district during the study period from June to August 2023.

Results: Majority of the girls attained the menarche at the age of 13-14 years i.e. 73.5%. Majority of them had blood flow of duration 3-5 days i.e. 65.9%. Menstrual hygiene practices revealed that 76.5% girls use sanitary pads. Majority of them were disposing the absorbent material in dust bin i.e. 72%. Not a single participant worshipping the God during the period of menstruation.

Conclusion: Menstrual hygiene practices revealed that 76.5% girls use sanitary pads. Majority of them were disposing the absorbent material in dust bin i.e. 72%.

Keywords: Knowledge, Practices, Menstrual Hygiene, Rural, Adolescent Girls.

INTRODUCTION

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon.^[1] Several studies have reported restrictions and belief in specified taboos at menarche and menstruation.^[2] There is a substantial lacuna in the knowledge about menstruation among adolescent girls. Social prohibitions and the negative attitude of parents in discussing the related issues openly, have blocked the

access of adolescent girls to the right kind of information, especially in the rural and tribal communities.^[3]

Most of the adolescent girls had incomplete and inaccurate information about the menstrual physiology and hygiene. Good hygienic practices such as the use of sanitary pads and adequate washing of the genital area are essential during menstruation. Women and girls of the reproductive age need access to clean and soft, absorbent sanitary products which can in the long run, protect their health. Menstrual hygiene and management will directly contribute to (MDG)-2 on universal education, MDG-3 on gender equality and women empowerment.^[3] However, the attention on this issue is far from sufficient and even

the literature on gender mainstreaming in the sanitary section is silent on the issue of menstrual management.^[4]

A key priority for women and girls is to have the necessary knowledge, facilities and the cultural environment to manage menstruation hygienically and with dignity. The data about their level of knowledge and the practices which are followed by them with respect to menstruation are beneficial for planning a program for improving the awareness level with respect to their life processes and promoting their quality of life.^[5]

Menstrual Hygiene Management (MHM) is a culmination of various strategies adopted by women to maintain cleanliness, acquire appropriate menstrual absorbents, use them, clean & safe reuse and appropriate disposal during menstruation. Menstrual Hygiene depends upon these strategies adopted during monthly periods. The methods girls and women have developed for management of menstruation varies across as well as within countries. The variations can largely be attributed to an individual's personal preferences, availability, accessibility, affordability, local traditions, cultural beliefs, and most importantly knowledge Interplay of a multitude of factors channelizes the appropriateness of choices made by women. Studies in three Low- & Middle-Income Countries (LMICs); Nagpur district of India, Western Ethiopia and rural Nepal have reported low level of hygiene practices despite of existing knowledge⁵ A comparative study in Nagpur district further revealed a statistically significant difference between hygiene practices in rural and urban setting with it being more satisfactory in urban setting.^[6]

Hence, the present cross-sectional study was carried out with the objectives to assess the knowledge and the practices of menstrual hygiene among rural school going adolescent girls.

MATERIALS AND METHODS

Study setting: Community based study

Study population: All girls of standard 8th to 10th from the randomly selected Government school from rural field practice area of Latur district.

Study period: June to August 2023

Study design: Cross sectional observational study

Inclusive criteria

1. Adolescent girls from class 8th, 9th and 10th
2. Those who had attained menarche.
3. Those who were available at the time of data collection.
4. Those who were willing to participate in the study.
5. Those who read and understand Marathi language.

Exclusive criteria:

1. Adolescent girls who were ill at the time of study.
2. Adolescent girls who had received health education training Programme regarding menstrual hygiene

Methods of data collection: Permission from the school authority and Principal was obtained. All girls of class VIII, IX & X of those two schools were interviewed by using predesigned- pretested semi structured-schedule and examined. Students were included in the study after taking informed verbal consent. One day was fixed in each school to maintain uniformity of the questionnaire and to prevent percolation of information. Subsequently many other visits were made for examination of the girls of different classes.

Statistical analysis: Data was collected by using a structure proforma. Data entered in MS excel sheet and analysed by using SPSS 24.0 version IBM USA. Qualitative data was expressed in terms of proportions. Quantitative data was expressed in terms of Mean and Standard deviation. Association between two qualitative variables was seen by using Chi square/ Fischer's exact test. A p value of <0.05 was considered as statistically significant whereas a p value <0.001 was considered as highly significant.

RESULTS

We included total 396 girls from 8th to 10th standard in our study. Majority of the girls were from 15-25 years age group i.e. 39.4% followed by 31.1% from 26-35 years and remaining 29.5% from 36-45 years. 68.2% of the girls belonged from Hindu religion. Half of the study participants were from lower socioeconomic status i.e. 53.1%. 38.6% girls were from 8th standard. 16.7% of the girls were not having facility of toilet.

Table 1: Distribution of women according to sociodemographic variables.

Variables	Frequency	Percentage
Age group (in years) n = 396		
15 to 25	156	39.4
26 to 35	123	31.1
36 to 45	117	29.5
Religion n = 132		
Hindu	270	68.2
Buddha	105	26.5
Muslim	21	5.3
Socioeconomic status* n= 396		
Upper (I)	18	4.5
Upper middle (II)	48	12.1
Middle (III)	120	30.3

Lower middle (IV)	159	40.2
Lower lower(V)	51	12.9
Educational status n = 396		
Class 8th	153	38.6
Class 9th	144	36.4
Class 10th	99	25.0
Facility of toilet at home n= 396		
Yes	264	66.7
No	66	16.7

Table 2: Menstrual Pattern among Respondents

Menstrual Pattern	Frequency	Percentage
Age at menarche (in years) n=396		
<12	12	3.0
13 to 14	291	73.5
>14	93	23.5
Duration of blood flow n=396		
<3 days	66	16.7
3-5 days	261	65.9
>5 days	69	17.4
Length of the cycle n=396		
3 weeks	63	15.9
4-5 weeks	162	40.9
6 weeks	54	13.6
Irregular	69	17.4
Quantity of blood flow n=396		
Normal	222	56.1
Excessive	96	24.2
Scanty	78	19.7

Menstrual pattern among respondents revealed that majority of the girls attained the menarche at the age of 13-14 years i.e. 73.5%. Majority of them had blood

flow of duration 3-5 days i.e. 65.9%. Majority of them had length of cycle 4-5 weeks i.e. 40.9%. Majority of them had normal blood flow i.e. 56.1%.

Table 3: Practices of Menstrual Hygiene

Practices	Frequency	Percentage
Absorbent material used n=132		
Only cloth	30	7.6
Only sanitary pads	303	76.5
Both	63	15.9
Frequency of changing absorbent material in a day n=132		
Once	63	15.9
Twice	75	18.9
Thrice	54	13.6
>Thrice	36	9.1
Not changing	168	42.4
Frequency of cleaning genitalia in a day n=132		
Never	162	40.9
Once	144	36.4
Twice	54	13.6
Thrice or more	36	9.1
Method of disposal of absorbent material n=132		
Burnt	57	14.4
Reused after cleaning	22	5.6
Disposal in dustbin	285	72.0
Thrown indiscriminately	34	8.6

Menstrual hygiene practices revealed that 76.5% girls use sanitary pads. Majority of them i.e. 42.4% were not changing the absorbent material in day. 40.9% of

them were not cleaning the genitalia in a day. Majority of them were disposing the absorbent material in dust bin i.e. 72%.

Table 4: Distribution of respondents according to social practices

Practices	Yes		No		Total
	No	%	No	%	
Continuing domestic work	351	88.6	45	11.4	396
Worshipping God	0	0.0	396	100.0	396
Attending social functions	186	47.0	210	53.0	396
Untouchability in house	33	8.3	363	91.7	396

Distribution of respondents according to social practices revealed that 88.6% were continuing the domestic work as usual. Not a single participant worshipping the God during the period of menstruation. 47% were attending the social functions. 8.3% were practicing the non-touch technique at house.

DISCUSSION

In the present study, we included total 396 girls from 8th to 10th standard in our study. Majority of the girls were from 15-25 years age group i.e. 39.4% followed by 31.1% from 26-35 years and remaining 29.5% from 36-45 years. 68.2% of the girls belonged from Hindu religion. Half of the study participants were from lower socioeconomic status i.e. 53.1%. 38.6% girls were from 8th standard. 16.7% of the girls were not having facility of toilet. [Table 1]

These findings are comparable with the study done by Adwitiya Das et al,^[7] a cross-sectional community-based study among women in 15-49 years of remote village of Eastern India who mentioned 72% Hindu women & 23.7% illiterate women. 16.7% had no facility of toilet at home, which is not comparable to study by Adwitiya Das et al,^[7] (52.17%) and less than Thakre S B et al,^[8] (86.56%).

Menstrual pattern among respondents revealed that majority of the girls attained the menarche at the age of 13-14 years i.e. 73.5%. Majority of them had blood flow of duration 3-5 days i.e. 65.9%. Majority of them had length of cycle 4-5 weeks i.e. 40.9%. Majority of them had normal blood flow i.e. 56.1%. [Table 2]

These findings are similar to Keerti Jogdand et al,^[9] & Shridevi K et al,^[10] among adolescent girls who mentioned 72.77% & 71.20% respectively who attended the menarche. 65.90% respondents of current study had menstrual blood flow for 3-5 days; the findings are slightly less than Shridevi et al,^[10] & Abhay et al,^[11] who found 85.6% and 70.65% respondents with blood flow for 3-5 days. Length of cycle was found to be 4-5 weeks in 40.90% respondents which findings are towards lower side of findings recorded by Shridevi K et al,^[10] (64.27%) & Keerti Jogdand et al,^[9] (66.54%). In this study normal menstrual flow was found in 56.06% & excessive flow in 24.24% respondents where as in Abhay et al,^[11] study, 56.33% had normal flow & 17.67% had excessive flow.

Menstrual hygiene practices revealed that 76.5% girls use sanitary pads. Majority of them i.e. 42.4% were not changing the absorbent material in day. 40.9% of them were not cleaning the genitalia in a day. Majority of them were disposing the absorbent material in dust bin i.e. 72%. [Table 3]

These findings are quite higher than Shridevi et al,^[10] who reported only 25.6% using cloth out of which 16.27% were using new cloth each time so percentage of reusing the cloth after cleaning was

only 01.60%, but comparable to Dasgupta et al,^[12] study where 11.25% girls use sanitary pads as in our study 07.58% and Adwitiya Das et al,^[7] study mentioning 72.90% using cloth & 09.70% using sanitary pads. Practice of cleaning genitalia was found to be unsatisfactory as only 09.09% respondents used to clean genitalia three or more than three times a day during menstrual period which is quite less as compared to Shridevi K et al,^[10] study who reported 71.20% but comparable to Adwitiya Das et al,^[11] study who reported 06.30%.

Distribution of respondents according to social practices revealed that 88.6% were continuing the domestic work as usual. Not a single participant worshipping the God during the period of menstruation. 47% were attending the social functions. 8.3% were practicing the non-touch technique at house. [Table 4]

Religious restrictions were the main restrictions imposed on the participants, similar finding was reported by Adwitiya Das et al,^[7] i.e. 100%. Daily house hold activities are continued by 88.64%, the finding is higher than 22.96% mentioned by Keerti Jogdand et al.^[9]

CONCLUSION

Majority of the girls attained the menarche at the age of 13-14 years i.e. 73.5%. Majority of them had blood flow of duration 3-5 days i.e. 65.9%. Menstrual hygiene practices revealed that 76.5% girls use sanitary pads. Majority of them were disposing the absorbent material in dust bin i.e. 72%. Not a single participant worshipping the God during the period of menstruation.

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