Knowledge, Attitude and Practices (KAP) of Menstruation and Menstrual Hygiene Among Married Women of Rural Population of Sabarkantha District, Gujarat

By

Hemlata Sharma

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Hemlata Sharma , student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at NHM GUJARAT from 4th feb. to 4th may .

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

for Professor Dr PR Sodani.
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

No. DPS/Health/NHM/ Certy/ /2019
Office of the Chief District Health Officer
District Panchayat Sabarkantha, Gujarat.
Date:- 09/05/2019.

To Whomsoever It May Concern

The certificate is awarded to

Dr Hemlata Sharma

In recognition of having successfully completed his

Internship in the department of

Health and family welfare Department

and has successfully completed her Project on

Title of the Project –Knowledge, attitude and practices of menstrual hygiene among married women of rural population of Sabarkantha Gujarat

Duration of Study - 4th February to 04th May 2019

Organization- National Health Mission, Gujarat

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours

9/5/19.

Chief District Health Officer
District Panchayat Sabarkantha
Gujarat

Date:- 09/05/2019.
Place:- Himatnagar

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Assessment of Knowledge , attitude and practices of menstruation and menstrual hygiene among married women of rural population of Sabarkantha district Gujarat , submitted by Hemlata Sharma Enrollment No-IIHMR-U/01/2017-19/0571 under the supervision of Dr.P.R. Sodani for award of MBA in Health and Hospitals administration of the University carried out during the period from 04/02/2019 to 04/04/2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Hemlata Sharma

Signature

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Acknowledgement

The success of any task would be incomplete without the expression the gratitude to the people who made it possible. Hereby I take this opportunity to express my deep sense of gratitude to all this who have been instrumental in successful completion of my dissertation in Health department, District Panchayat Sabarkantha , NHM Gujarat

At the onset of my report, I would like to acknowledge my sincere thanks to my institute, Institute of Health Management and Research Jaipur for providing me a platform to gain enough knowledge and skills in different aspects of health management and NHM Gujarat for believing me on my abilities.

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Dr.Hemlata Sharma

MBA-Hospital and Health Management

IIHMR University, Jaipur

LIST OF ABBREVIATIONS

Acronym	Full Form
NHM	National Health Mission
NUHM	National Urban Health Mission
NRHM	National Rural Health Mission
UHC	Urban Health Centre
ANC	Antenatal Care
PNC	Postnatal Care
GIDC	Gujarat Industrial Development Corporation
PHC	Primary Health Care
ANM	Auxiliary Nurse Midwife
PHN	Public Health Nurse
SAM	Severe Acute Malnutrition
CMTC	Child Malnourished Treatment Centre
OPD	Out Patient Department
LBW	Low Birth Weight
HBNC	Home-based New Born Care
MO	Medical Officer
KAP	Knowledge attitude and practices
MDG	Millennium Development Goals
MCH	Maternal and child health Feeding

Project report on-

Knowledge attitude and practices (KAP) of menstruation and menstrual hygiene among married women (age group 15 to 49 years) of Rural population of Sabarkantha District, Gujarat

NHM GUJARAT

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provides primary, secondary and tertiary health care atthe door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.

Vision

- To provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.
- 18 special focus states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur , Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa , Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- To raise public spending on health from 0.9% GDP to 2-3% of GDP, with improved arrangement for community financing and risk pooling.
- To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country.
- To revitalize local health traditions and mainstream AYUSH into the public health system.
- Effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- Address inter State and inter district disparities.
- Time bound goals and report publicly on progress.
- To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

GOALS

In the 12th Five Year Plan period, efforts will be made to consolidate the gains and build on the successes of the Mission to provide accessible, affordable and quality universal health care, both preventive and curative, which would include all aspects of a clearly defined set of healthcare entitlements including preventive, primary and secondary health services.

- Reduce maternal and child mortality
- Address adverse sex ratio
- Stabilize population

- Effectively implement National Health Programmes and address locally endemic diseases like leptospirosis, sickle cell anemia and thalesemia
- Provide state of the art health and medical education relevant to local needs
- Work with the citizens to make the health system more equitable, accessible, accountable, transparent, and cost-effective to enhance overall satisfaction with health services
- Provide an environment in which the health teams blossom fully to lead a fulfilling life and effectively achieve the above goals
- Develop public health capacities and systems, to effectively address determinants of good health such as potable water, sanitation, nutrition and healthy environment as well as to promote healthy life styles
-

Sabarkantha district
District Profile

Brief characteristics of the district

- Sabarkantha is a district in Northeast of Gujarat state of India spread across an area of 7390 km. The administrative headquarters of the district is Himmatnagar.
- It's bounded by Rajasthan state to the Banaskantha ,Mehsana, Gandhinagar and Arvalli districts. It comprises of 8 talukas out of which 5 are Non tribal taluka, namely Himmatnagar, Prantij, Idar, Vadali, Talod, and 3 are tribal taluka, namely , Vijaynagar, Khedbrahma, Poshina.
- Himmatnagar, Prantij, Talod are the major industrial locations in Sabarkantha mainly for, ceramics, chemicals, agriculture, and milk processing

Table 1.

Units	**Number**
District Hospital	0
Medical College Hospital	1
Sub District Hospital	1
CHC	13
PHC	48
Sub center	281
Health and Wellness centres	69

I. Infrastructure

1. Building
2. Human resource

II. Service provided Indicators

1. OPD services
2. Sample taken (blood sample, sputum, diabetes screening)
3. Maternal death
4. Infant death
5. ANC registration
6. PNC check up
7. HBNC
8. Immunization
9. ANC corticosteroids
10. LBW babies
11. SAM
12. CMTC admission.
13. Sex ratio at birth
14. High risk mother

Infrastructure

According to the guidelines of Indian Public health standards. Following points should be cleared:

1. Every PHC should have its own building
2. Surrounding area should be clean.
3. It should be located at easily accessible area.
4. It should have all the basic facilities like electricity supply, water supply.
5. PHC should have compounding wall and gate.

On the basis of these points following indicators have been chosen for the comparability of infrastructure of the health Centres. 1 is given to the availability of that and 0 given to the unavailability of the service. These indicators are as follows:

1. Location
2. Area
3. Sign-age
4. Entrance with barrier free access
5. Waiting area
6. Wards
7. Labour room
8. Laboratory
9. General store
10. Boundary wall/ fencing
11. Other amenities

a. Water supply

b. electricity supply

c. Water storage facility

Public Health Institutional Status (2019)

Table 2.

Taluka	**Population**	**CHCs**	**PHCs**	**24x7 PHCs**	**SCs**	**Villages**	**Gram SanjivaniSamities**
Himatnagar	366287	2	8	1	43	147	147
Idar	272781	3	9	3	47	144	142
Khedbrahma	188756	1	7	1	46	76	76
Poshina	155850	2	7	1	445	59	59
Prantij	175300	2	5	1	28	64	64
Talod	163361	1	5	1	26	73	73
Vadali	92213	1	2	0	13	54	54
Vijaynagar	104191	1	5	2	33	85	85
Total	1518739	13	48	10	281	702	700

Gaps in Infra-structure

- 11 PHCs functional in other Govt. Building, 1 PHC functional in Trust Building.
- 39 SCs functional in other Govt. Building and 4 SCs functional in Private Building.

Status of Human Resources

Table 3.

Sr.No	Cadre Name	Sactioned	Filled	Vacant
1	CDHO	1	1	0
2	ADHO	1	1	0
3	RCHO	1	1	0
4	EMO	1	1	0
5	QAMO	1	0	1
6	A.O	3	2	1
7	THO	8	4	4
8	Medical Officer(PHC)	63	55	8
9	Ayush (Vanbandhu)	9	3	6
10	Ayush (NHM)	34	31	3
	Ayush (RBSK)	58	53	5
11	Dieco	1	0	1
12	Tieco	6	6	0
13	DPHNO	1	1	0

Table 4.

Sr.No	Cadre Name	Sactioned	Filled	Vacant
1	Lab.tech	51	45	6
2	Pharmacist	49	43	6
3	FHS	56	18	38
4	Staff Nurse	72	61	11
5	MPHS	62	32	30
6	FHW	329	320	9
7	MPHW	285	238	47

1.Introduction

Menstruation is a major part of life for millions of young girls and women worldwide. On average, a woman will menstruate for 3,000 days during her lifetime. However, the needs and challenges faced by many young women and girls as they struggle to manage their menstrual hygiene are largely ignored, especially in developing countries. This situation persists despite new developments in the hygiene and sanitation sector in recent years.

Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in women in reproductive age group remaining ignorant of the scientific facts and hygienic health practices, which result into adverse health outcomes.

Menstrual hygiene as a ‘Big’ taboo

There are such huge numbers of taboos identified with the period . Most striking is the confined control, which numerous ladies and young ladies have over their own portability and conduct amid monthly cycle due to their 'contamination' amid feminine cycle, including the legends, misinterpretations, superstitions and (social and additionally religious) taboos concerning menstrual blood and menstrual cleanliness. Amazing is additionally that the training by guardians concerning regenerative wellbeing, sexuality and every related issue is considered wherever as a "no– go" region. In the Bible, there is an unequivocal reference to the debasement of ladies amid their feminine cycle. In the Jewish custom, discharging ladies and everything that they contact is viewed as unclean. Among Hindus, monthly cycle is considered 'dirtying'. Amid the feminine cycle time frame, ladies and young ladies are not permitted to visit a sanctuary, ask, or cook. They are not permitted to contact anyone and need to avoid their family, since they are viewed as unclean. Among Muslims, bleeding ladies are restricted from contacting the Koran and asking amid at least three and a limit of seven days; they are likewise not permitted to enter the mosque, to quick, or to have intercourse. These thoughts still assume a job in a few societies, because of which ladies and young ladies get different limitations forced on them amid their feminine cycle period

Menstrual hygiene Management

Ladies bleed around three to seven days every month. ladies who can talk transparently with other lady about feminine cycle oversee superior to anything lady bound by mystery, fantasies and taboos. It is significant that ladies get the opportunity to discover that:

- Menstruation is a typical piece of growing up.

- It is OK to be in school amid feminine cycle.

- Menstruation isn't unclean or filthy – it is the solid procedure of a young lady's body purging itself for a couple of days every month. Like pee and crap, it is not something to be embarrassed about. In any case, it needs to be taken care of in the equivalent sterile manner.

- Sanitary materials or cushions should be changed and washed normally.

- Hand washing with cleanser is essential in the wake of taking care of sterile fabrics or cushions.

- Pain from stomach spasms amid period is normal and typical, and a calm spot for young ladies to rest can help decrease the agony.

- Latrines for young ladies have a place just with young ladies. Each young lady has an option to security, free from humiliation or scorn.

Worldwide AND NATIONAL TARGETS ON MENSTRUAL HYGIENE MANAGEMENT

- MHM is a piece of all national WASH arrangements by 2025.

- WASH studies, arrangements and research incorporate MHM in standard talk.

- By 2050 every open office, schools, foundations, transport center points, markets give lavatories water, cleanser and transfer offices for menstrual materials.

- By 2025 all rustic and urban family unit sanitation programs incorporate MHM in cleanliness advancement, creative lavatory structure and advancement and connected transfer offices.

- By 2025, 80 % of network sanitation programs in urban ghettos incorporate sufficient and fitting MHM offices in open sanitation squares

- By 2025 all schools incorporate MHM in cleanliness instruction for young ladies and young men.

- By 2050 all schools have sufficient and suitable clean offices for washing and change the board and transfer of menstrual waste. These offices must offer protection, wellbeing and poise to discharging young ladies and woman instructors.

General cleanliness and wellbeing measures for period

General cleanliness

- Unhygienic the executives can result in conceptive tract contaminations and urinary tract diseases.

- Wash the genital territory after each utilization of the latrine, likewise after pee.

- Change napkins normally. Make sure to take change of napkins at whatever point going out.

- Ensure that underpants and sweat doused garments are changed normally.

- Cotton underwear are desirable over manufactured ones as engineered ones don't ingest dampness and warmth, making it a reproducing ground for microscopic organisms.

- Keep the region between the legs dry generally soreness and teasing may create.

- Some measure of stench is characteristic however standard washing, washing and changing of napkins will guarantee that it isn't observable.

GLOBAL AND NATIONAL TARGETS ON MENSTRUAL HYGIENE MANAGEMENT

- MHM is a part of all national WASH policies by 2025.
- WASH studies, policies and research include MHM in mainstream discourse.
- By 2050 all public facilities, schools, institutions, transport hubs, markets provide latrines with water, soap and disposal facilities for menstrual materials.
- By 2025 all rural and urban household sanitation programmes include MHM in hygiene promotion, innovative latrine design and promotion and linked disposal facilities.
- By 2025, 80 % of community sanitation programmes in urban slums include adequate and appropriate MHM facilities in public sanitation blocks
- By 2025 all schools include MHM in hygiene education for girls and boys.
- By 2050 all schools have adequate and appropriate sanitary facilities for washing and change management and disposal of menstrual waste. These facilities must offer privacy, safety and dignity to menstruating girls and lady teachers.

General hygiene and health measures for menstruation

General hygiene

- Unhygienic management can result in reproductive tract infections and urinary tract infections.
- Wash the genital area after each use of the toilet, also after urination.
- Change napkins regularly. Remember to take change of napkins whenever going out.
- Ensure that undergarments and sweat drenched clothes are changed regularly.
- Cotton panties are preferable to synthetic ones as synthetic ones do not absorb moisture and heat, making it a breeding ground for bacteria.

- Keep the area between the legs dry otherwise soreness and chaffing may develop.
- Some amount of body odour is natural but regular bathing, washing and changing of napkins will ensure that it is not noticeable.

Health measures

- Bathe at least once daily. Taking a warm water bath would ensure that there is some relief to the aches and pains associated with menstruation.
- A balanced diet with lots of fresh fruits and vegetables.
- Cut down on salt during your period to reduce bloating and fluid retention.Cut down on caffeine to feel less tense and irritable.
- Eat foods that are high in calcium. Calcium has been shown to help alleviate some of the symptoms associated with PMS.
- Keep to a regular sleeping schedule, consistent sleep and wake times can help control excessive fatigue or insomnia.
- A brisk walk and mild exercise are also helpful.

Health Risks of Poor Menstrual Hygiene Management

- There are also health issues to consider apart from the above-mentioned social issues. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odor of menstrual blood putting women at risk of being stigmatized .In communities where female genital cutting is practiced, multiple health risks exist. Where the vaginal aperture is inadequate for menstrual flow, a blockage and build-up of blood clots is created behind the infibulated area. This can be a cause for protracted and painful period, increased odour, discomfort and the potential for additional infections .
- It is assumed that the risk of infection (including sexually transmitted infection) is higher than normal during menstruation because the blood coming out of the body creates a pathway for bacteria to travel back into the uterus. Certain practices are more likely to increase the risk of infection . Using unclean rags for example, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could lead to infection.
- As an example, findings from Bangladesh, where 80% of factory workers are women, show that 60% of them were using rags from the factory floor for menstrual cloths. These are highly chemically charged and often freshly dyed. Infections are common, leading to 73% of women missing work for on average six days a month. Women had no safe place either to purchase cloth or pads or to change/dispose of them. When women are paid by piece, those six days away present a huge economic damage to them but also to the business supply chain

2. Review of Literature

1.Community base study of menstrual hygiene practices and willingness to pay for sanitary napkins among women of rural community in northern india, study conducted by Misra p, Upadhyay RP,Anand K, according to this study

Total 995 women were interviewed, majority of them 62% were unaware of reason of menstruation, the role of health sector in providing information regarding menstruation was low as only a new few women (1.5 %) had got information from the auxiliary nurse midwife (ANM)/ health worker(HW).only 28% of women were using sanitary napkin

and of those who did not use napkins, only one fourth (25.3%) were willing to buy them.

2. Assessment of menstrual hygiene among reproductive age women in south west delhi, study conducted by Kumar G, Prasuna JG, Seth G, in this study ,584(81.7%) respondents had good practice of menstrual hygiene , the finding of the study showed a significant positive association between good practices of menstrual hygiene and years of education of the study subject.

3.A Community based study of menstrual belief in Tigray, Ethiopia, study conducted by Wall LL, Belay S, Bayray A, Salih S, Gabrehiwot M, , in this study 428 were interviewed , the belief that menstruating girls should not attend school was voiced by 21.5% male and 10.6% female respondents. satisfactory management of menstrual hygiene was acknowledge to be a problem and many respondents complained about the high cost of commercially produced , disposable menstrual pads.

4.Reproductive health needs assessments of adolescents and young people (15-24 year) : A Qualitative study on 'perceptions of community stakeholders.'study conducted by Nair MK, Leena ML, George B, Thankachi Y,Russell PS. According to this study majority of community stakeholders expressed that adolescents get knowledge regarding personal hygiene from their family itself and that they have poor knowledge

about genital hygiene, pain and associated problems are the most important difficulties faced by adolescent girls during menstrual periods .

3. Study Question

3.Study Question

What is the level of existing Knowledge attitude and practices of menstruation and menstrual hygiene among married women (15 to 49 years of age group) of rural population of Sabarkantha District, Gujarat?

4.Objective

To assess the Knowledge attitude and practices (KAP) of menstruation and menstrual hygiene among married women (15 to 49 years of age group) of rural population of Sabarkantha District, Gujarat.

5.Methodology

5.1 Study design: Cross sectional Observational study design

5.2 Study Location- Rural area of Sabarkantha district of Gujarat

5.3 Duration of study :3 months (4^{th} February to 4^{th} may 2019)

5.4 Sample size :200

5.5 Sampling Technique

- Using purposive sampling married women under the age group of 15 to 49 years among rural area of Sabarkantha District of Gujarat to be selected.

5.6 Data Collection Procedure

- Semi Structured questionnaire.

5.7 Data Analysis Procedure

- Using Microsoft Excel, SPSS

- **5.8 Data collection instrument:**Semi structured Questionnaire to contain sections on

- ✓ Demographic Performa which included variables such as age, educational status and occupation.
- ✓ The knowledge regarding menstruation and menstrual hygiene
- ✓ Attitude regarding menstruation and menstrual hygiene
- ✓ Menstrual hygiene practice**s**

5.9 Study Population

- The study population were married women of age group 15 to 49 years of rural area of Sabarkantha District, Gujarat

5.10 Inclusion criteria

- **Married women under age group (15-49 years)**

5.11 Exclusion criteria

- Married women with menopause
- Married women with hysterectomy
- Pregnant married women in age group of 15-49 yrs
- Married women with chronic illness
- Married women with anyGynaec problem

6.Ethical considerations

Respondent to be thoroughly explained about purpose of this study and implications of it then clearing any doubts of her, the informed consent is obtained ensuring her safety and security of the data obtained **.**The data collectedwould be used for research study only**.**

7.RESULTS

Table 5. Background information of the respondents

characteristics	Numbers (n=200)
Women age in Years	
15-20	30
21-30	74
31-40	81
41-49	15
Cast	
Sc	33
St	93
Obc	24
General	50
Occupation	
Study	14
Farming worker	43
Housewife	128
Job	15
Education Level	

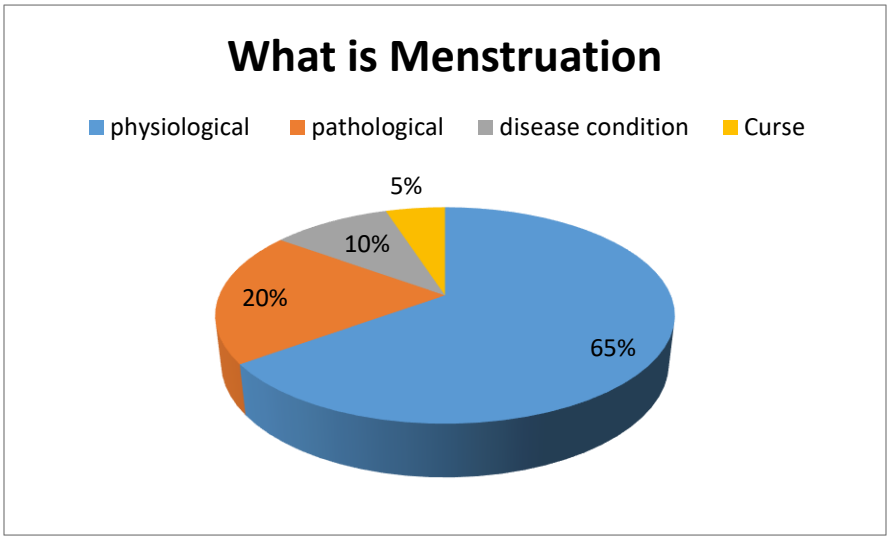
Primary education	13
Intermediate	144
Graduate	43

Table 6.

Husband Occupation	
Worker	31
Farming worker	73
Shop worker	3
Business	15
Job	78
Annual Income	
50,000-90,000	53
91,000-2,50,000	112
> 2,60,000	35
House	
Kachha	38
Pakka	142
Semikachha	20
Television	
Yes	147
No	53
In House	
Bathroom	172
Chokadi	16
Navdiyu	12

Knowledge

Fig.1



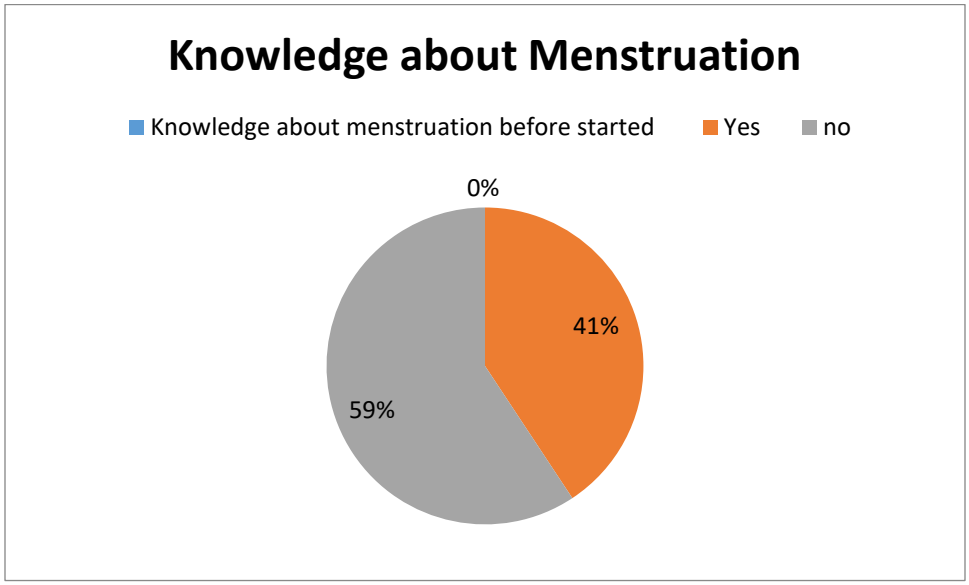
This graph shows that 65% women said that menstruation is a physiological process, 20% told that it is a pathological and 10% said that menstruation is a disease condition and 5% think that menstruation is a curse by god .

Table 7.

knowledge about physiological changes at puberty time	
Due to age	45.5%
Don't know	45%
Hair Washing	10%

As per above table shows when asked Knowledge about physiological changes at puberty time 45% don't know about the physiological changes and 45.5% said that these changes occur due to age and 10% said that these occur due to hair washing

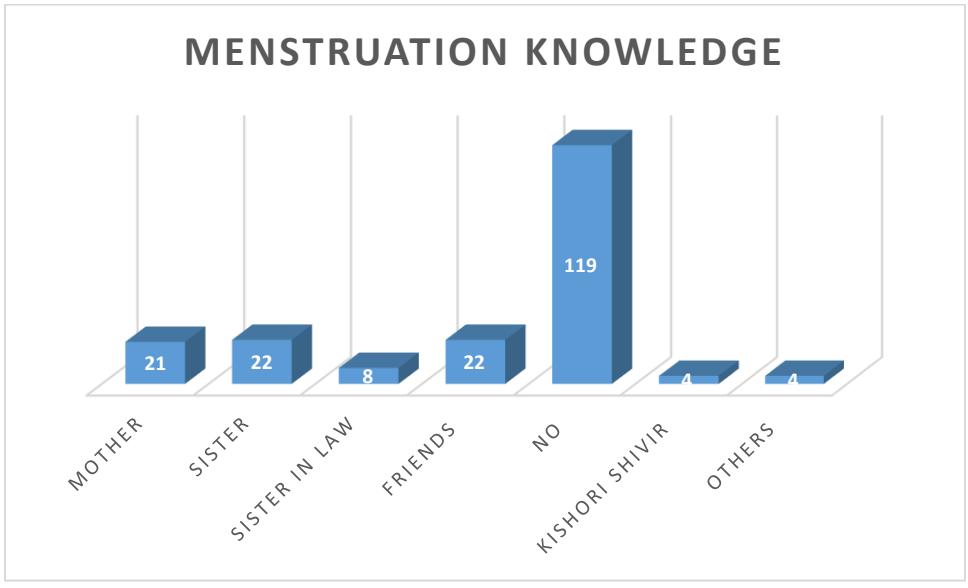
Fig.1.A



The Above graph shows that only 41% women had knowledge about menstruation before it started and 59% did not know about menstruation at their puberty age .

Knowledge given by :

Fig.1.B.



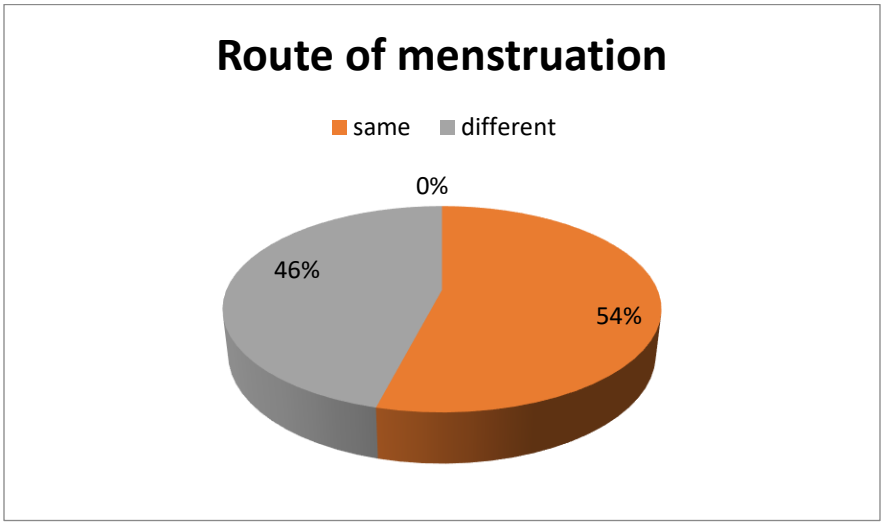
As above graph shows that mostly knowledge about menstruation given by sister, friends and mother (22) and only 4 respondents got knowledge by kishori shivir and 119 respondents did not get knowledge about menstruation .

- **How menstruation blood come**

Table7.1

Through urine tube	52%
Through Uterus	32%
Through Lower abdomen	3%
Through Vagina	3%
Don't know	11%

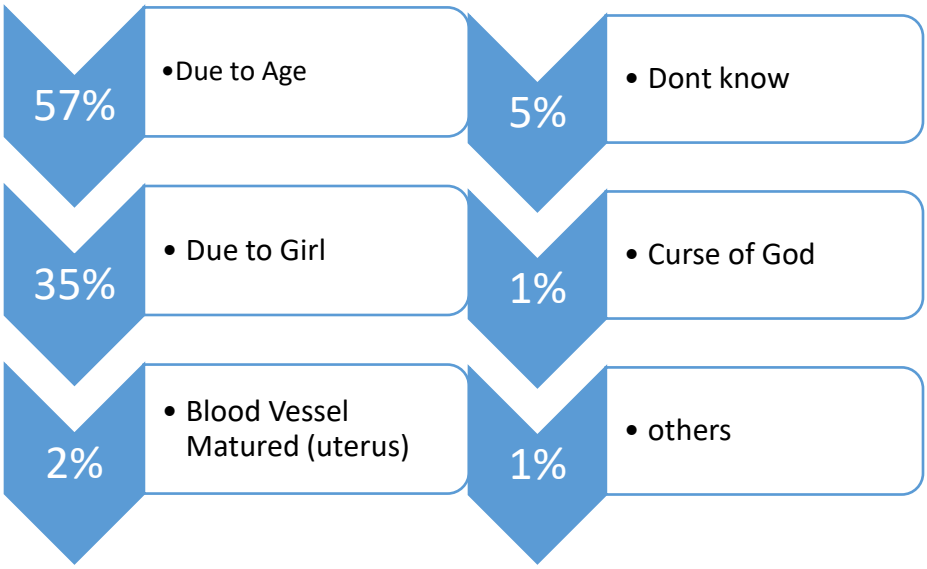
Fig 1.C



As per above table shows that 52% respondents told that menstruation come through urine tube , 32% told that it comes through uterus while 3% told that it comes through vagina and lower abdomen and 11% don't know about how menstruation comes,when asked about them route of menstruation 54% respondents said that urine route and menstruation routes are same 46% said that both are different routes .

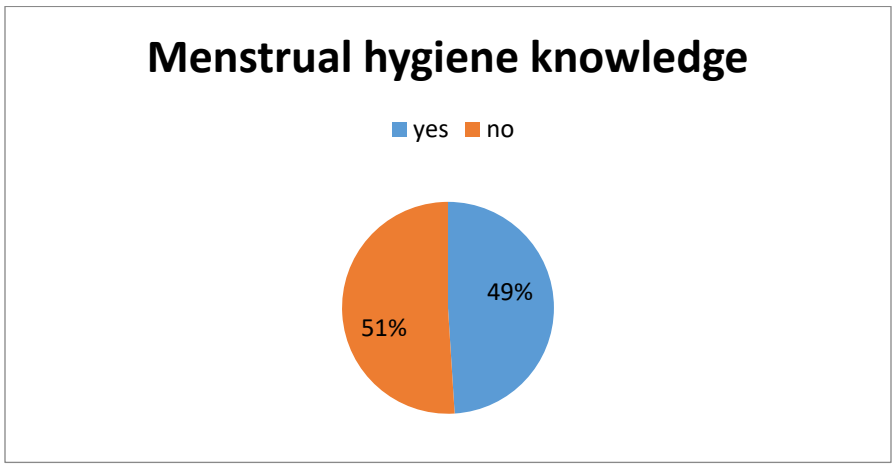
Why Menstruation Comes

Fig 1. D



When asked about why menstruation come 57% respondent said because of age mensturaion come, 35% said because due to gender (girl) menstruation comes , 5% don't know why menstruation comes , 2% told that menstruation comes due to blood vessels matures and only 1% said that god creates this process .

FIG.2.



According to this graph only 49% women had menstrual hygiene knowledge and 51% don't know about the menstrual hygiene

Table .7.2

- **Problems during Menstruation**

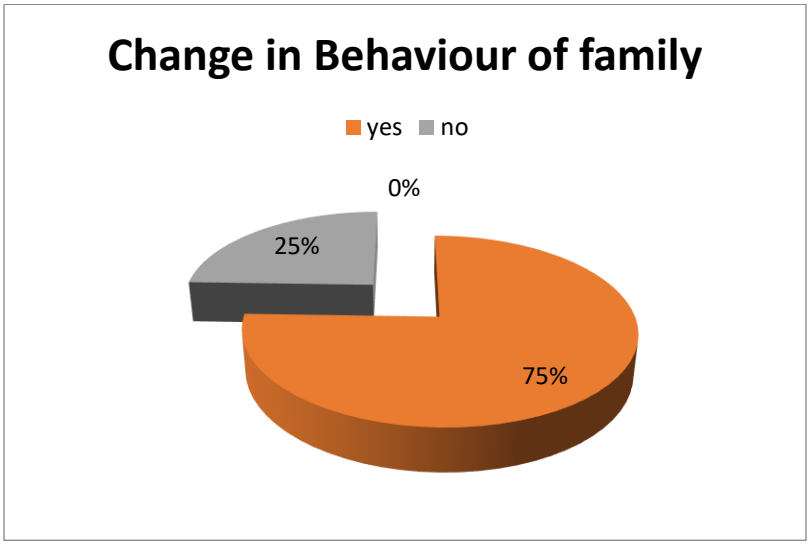
Irregularity	**1%**
Pain in Lower abdomen	**27%**
Backach	**9%**
Bodyach	**8%**
sickness	**1%**
Pain in lower abdomen and backach	**14%**
No problem	**39%**

This table shows that 27% women have pain in lower abdomen problem due to menstruation and 9% have back ach problem although 39% do not have any problem during menstruation .

Attitude

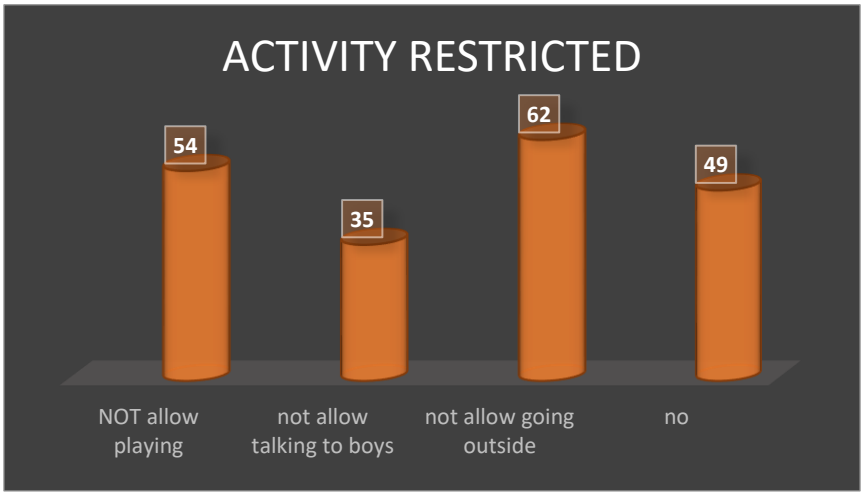
1. **Change in Behaviour**

Fig.3.A



2. Restriction on activities

Fig 3.B.



The above graph shows that 75% women agree that there was change in behaviour of family members when menstruation came 25% said there was no change , during menstruation various activities were also affected of a women when they had menstruation like not allow going outside (62), playing (54) and talking to boys (35) while 49 women said that no activity restricted out of total 200 women .

3. Change in Sleeping ,Sitting place and work

Fig.3.C

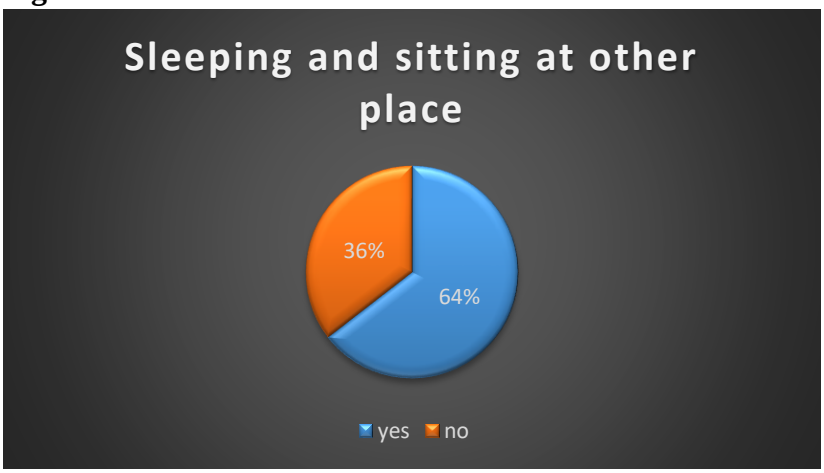
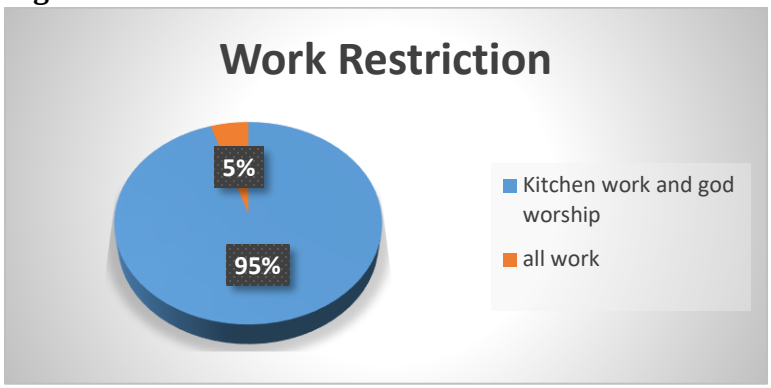
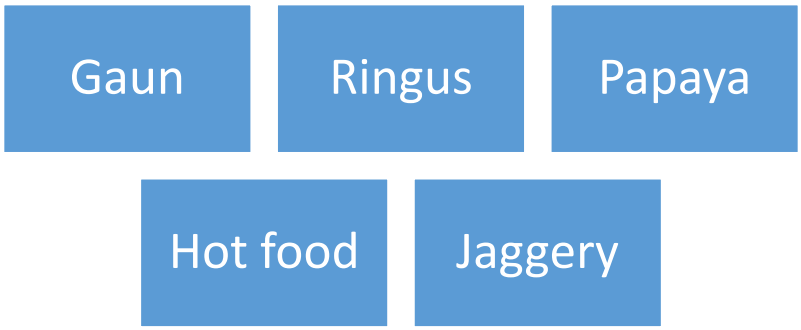


Fig.3.D



4. Change in Food

Fig.4



The above graph shows that during menstruation out of 200 women 64% women changed their sleeping and sitting place , they did not sleep with their family members ,they had different bed for their sleeping and did not sit with family .95% women did not do kitchen work and god worship during menstruation only 5 % do all work , there is change in food also during menstruation most of the women don't take gaun, ringus, papaya ,hot food and jaggery during menstruation **.**

Practices

Fig5.A

According to the graph 48% women use ready made cloth also known as phalalin cloth during their menstruation ,33 % use sanitary pad , 7% use both ready made cloth and sanitary pad and only 12% use old cloth.

A. Old cloth user (12%) and Ready made cloth user (48%)

Fig.5.B

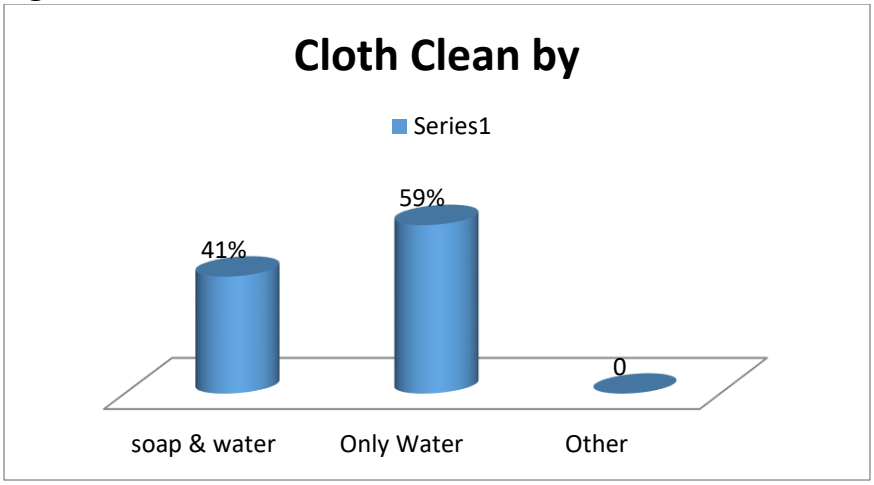


Fig.5.C

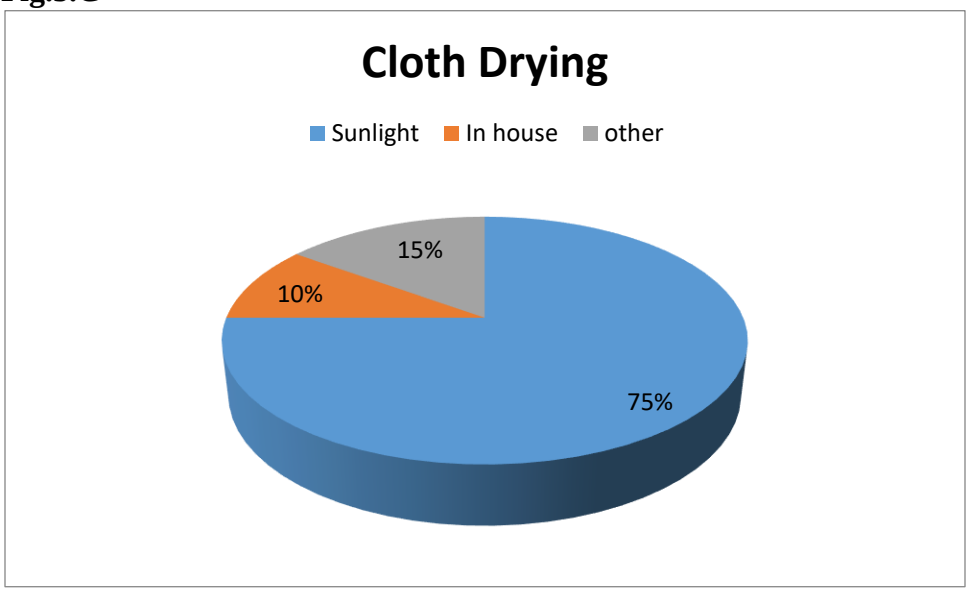
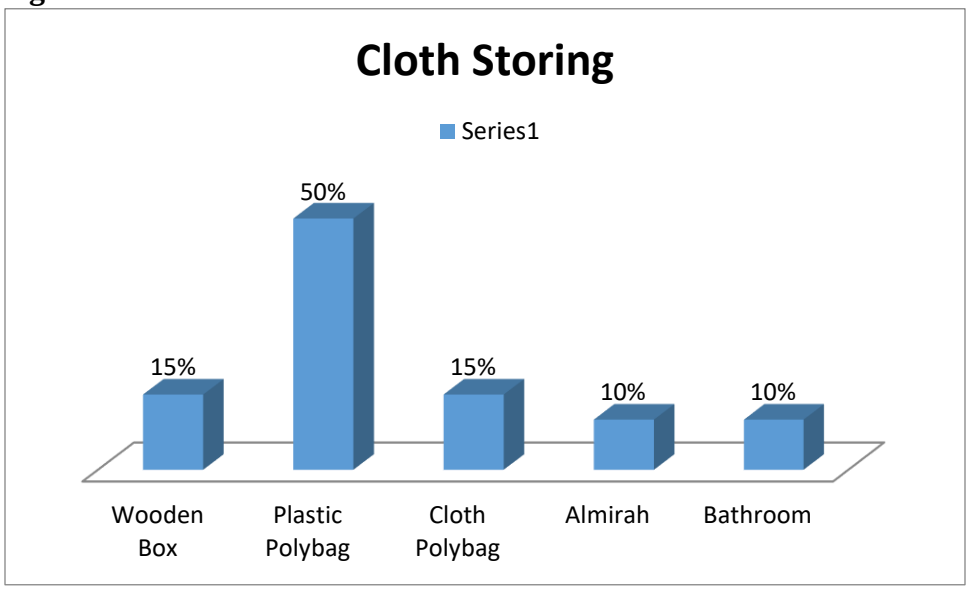


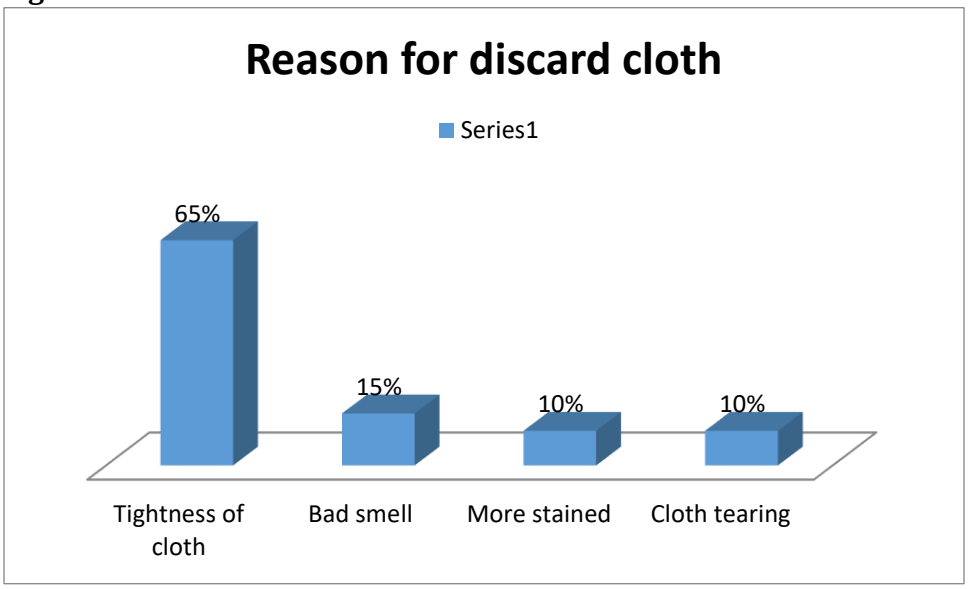
Fig.5.D



According to the above graphs shows that only 41% women clean cloth by soap and water and 59% women clean only with water, this cloth drying in direct sunlight by 75% women 10% women dry cloth in house

After menstruation cloth store mostly in plastic polybag (50%) with their regular clothes and 15% women store that cloth in wooden box and cloth polybag only 10% store in a corner in bathroom and almirah .

Fig.5.E



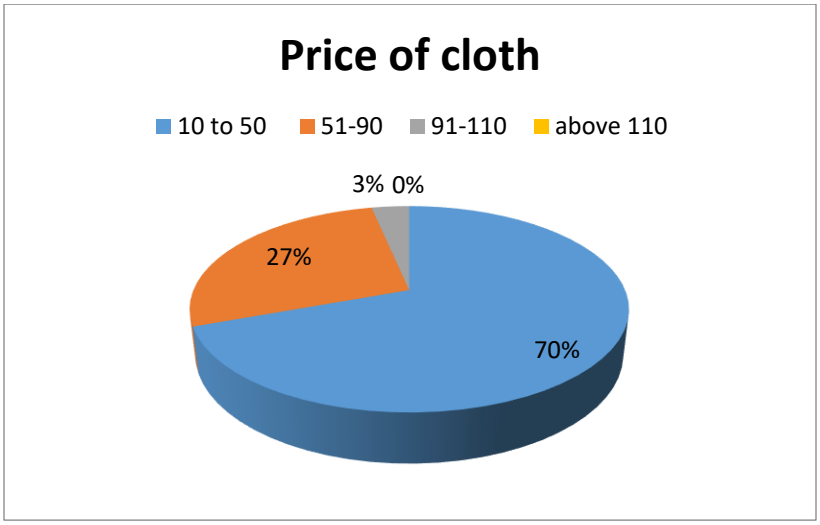
Tbale.8

Discard method	
By Burning	80%
By Throwing	10%
By Digging	10%

According to the study mostly women discard this cloth after 4 months ,the main reason of discarding cloth is tightness of cloth according to 65% respondents ,15% cloth discard due to bad smell ,10% said that more blood stained and cloth tearing was the reason behind this .

This cloth discard method by 80% women is by burning at empty space and only 10% by digging and throwing in dustbin.

Fig.6.A



C. Sanitary pad user (33%)

Fig.6.B

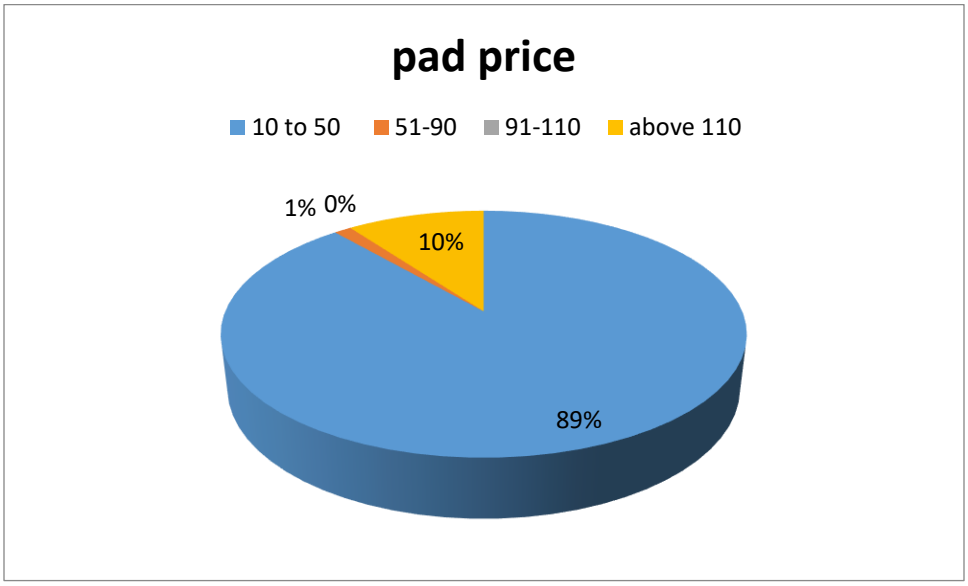


Table.8.1

Pad disposal	
By burning	**90%**
By Throwing	**5%**
By digging	**5%**

Table.8.2

How many times change pad/cloth in a day	
Once	**65%**
Twice	**30%**
Three or more	**5%**

Fig.6.C

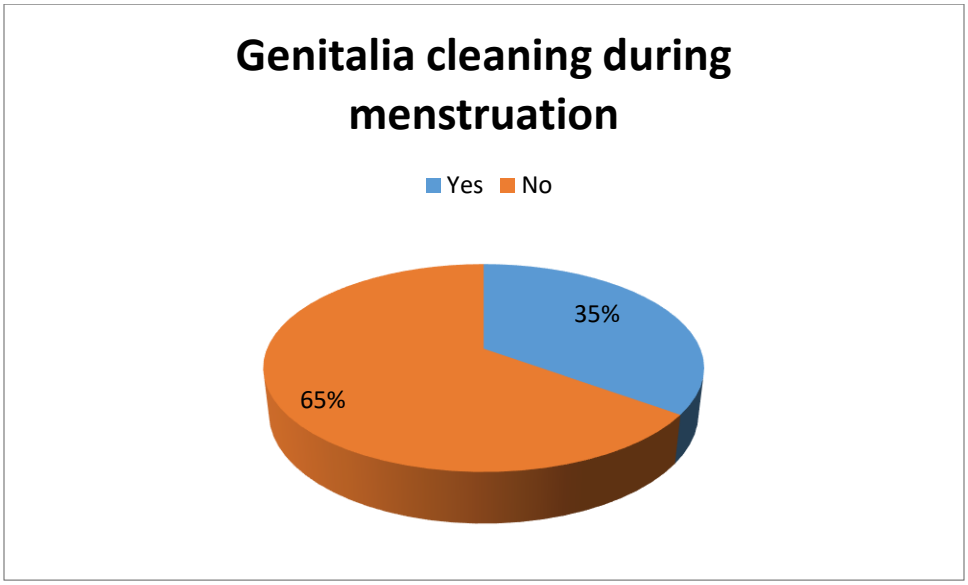
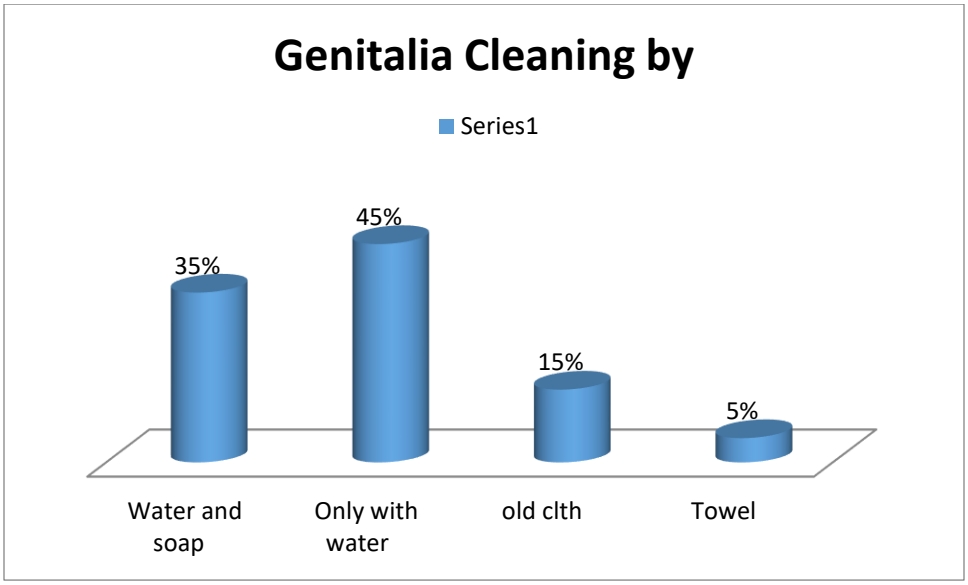


Fig.6.D



4. Limitation

- Language barrier
- Time constraint in the study
- Because of small sample size it might not represent the whole universe of the study

Discussion

The objective of the study was to assess theKnowledge attitude and practices (KAP) of menstruation and menstrual hygiene among married women under the age group of 15 to 49 years of rural population.

Menstruation is a major part of life for millions of young girls and women worldwide,However, the needs and challenges faced by many young women and girls as they struggle to manage their menstrual hygiene are largely ignored, especially in developing countries. This situation persists despite new developments in the hygiene and sanitation sector in recent years.Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in women in reproductive age group remaining ignorant of the scientific facts and hygienic health practices, which result into adverse health outcomes .There are so many taboos related to the menstruation . Most striking is the restricted control, which many women and girls have over their own mobility and behaviour during menstruation due to their 'impurity' during menstruation.

There are also health issues to consider apart from the social issues. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odour of menstrual blood putting women at risk of being stigmatised,Menstrual hygiene is very important for the better health of a women .

In this study 65 married women consider menstruation is a physiological process and only 41 percent had knowledge about menstruation before menstruating. They had poor knowledge about from which organ menstruation blood come 52% said that it comes through urine tube, only 32% said uterus and 11% did not know about it. They had moderate knowledge about menstrual hygiene 49% had knowledge about menstrual hygiene 51% did not have knowledge about it. 27% women had pain in lower abdomen during menstruation ,also there is change in their sleeping place and work , 95% women did not do kitchen work and god worship during menstruation .

Out of 200 48% women use readymade phalalin cloth , 33% use sanitary pad , 12% use old home cloth and 7% use both sanitary pad and readymade cloth during menstruation.they had wrong practices in cleaning cloth only 41% women wash cloth with soap and water, 59% wash only with water although 75% women dry cloth in direct sunlight but 65% women use only 1 pad/cloth for a day and only 30% use 2 pad /cloth during a day, 65% do not clean genitalia during menstruation . so there was poor knowledge about menstrual hygiene among married women of rural community , they did not use sanitary pad because price of the pad

Regarding attitude of mothers towards cost of nutritional food the 90 percent of the respondent strongly (agree) that the nutritional foods are expensive.

5. Conclusion

The study has shown that there are some gaps in terms of knowledge & Practice about menstruation and menstrual hygiene knowledge like only 32% women has knowledge about the organ from menstruation blood come and 52% think that it comes by urine tube , they had wrong practices in cleaning cloth only 41% women wash cloth with soap and water, 59% wash only with water although 75% women dry cloth in direct sunlight but 65% women use only 1 pad/cloth for a day and only 30% use 2 pad /cloth during a day , 65% do not clean genitalia during menstruation . so there was poor knowledge about menstrual hygiene among married women of rural population and to cost of sanitary pad they are not able to use sanitary pad. Therefore there is a need to increase knowledge of rural population regarding menstrual hygiene

6. References-

1. National Family Health Survey - 4; 2015 -16; India Fact Sheet

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3. Misra |p, Upadhyay RP, Sharma Community based study of menstrual hygiene practices and willingness to pay for sanitary napkins among women of a rural community in northern india,Indian Journal 2013 Nov-Dec;26(6):335-7

4. **Wall LL[1], Belay S[2], Bayray A[3], Salih S[4], Gabrehiwot M[5].** A community-based study of menstrual beliefs in Tigray, Ethiopia. international journal Obstetric **2016 Dec;135(3):310-313**