Project Report on "A Study to Assess Knowledge, Attitude, and Practices Towards Menstrual Hygiene Among School Girls Adolescents in a Slum Area of Indirapuram, Nyay Khand, U P"

By

Sakshi Salhotra (PT)

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

The IIHMR University, Jaipur

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

Project Report on "A Study to Assess Knowledge, Attitude, and Practices Towards Menstrual Hygiene Among School Girls Adolescents in a Slum Area of Indirapuram, Nyay Khand, U P"

By

Sakshi Salhotra (PT)

Dissertation submitted in partial fulfillment of award of

MBA Hospital and Health Management

Academic year, 2018-2020

Child Rights and You, New Delhi

The IIHMR University, Jaipur

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

ABSTRACT

A STUDY TO ASSESS KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS MENSTRUAL HYGIENE AMONG SCHOOL GIRLS ADOLESCENTS IN A SLUM AREA OF INDIRAPURAM, NYAY KHAND, U.P"

Background

Menstruation hygiene management is described as "Females and young girls are using clean menstrual management resources to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, by cleanser and water for washing the body as required, and having access to services to dispose of used menstrual management materials". In India menstruation and related events are enclosed by silence, shame and social taboos that are manifested in social practices that limit flexibility, liberty and access to usual activities. For example, drinking milk, cooking food, make contacts with people or refraining from performing religious rituals are limitations found in several cultures. Types of adsorbents used, hygienic practices and cultural restrictions during periods are related with negative thoughts and psychosocial results including reproductive and urinary tract infections, school absenteeism, and social isolation. Young girls are less prepared for MHM and suffer from anxiety, fears, and shame during their menses. Practices associated to menstruation hygiene are of primary concern as it has many health effects; if unnoticed, it leads to, Respiratory tract infection, and other vaginal diseases. Poor genital hygiene harmfully affects adolescents' health. Most girls are unaware and unprepared for menarche as they are not knowledgeable about menstruation.

Methodology

All school going adolescent girls in the age group of 10-19 years living in slum area of Indirapuram. A total of 30 children who were willing to be part of the study were interviewed using Pre-designed and structured questionnaire. Primary data was collected from the children aged (10-19 years) under supervision of their parents in the form of interview schedule. The study was conducted for 3 months. Data was analyzed using excel sheet.

Results

In the current study, menarche awareness was found to be very low, and only few of girls considered menstrual cycle as physiological process. Only 33% of girls know that bleeding takes place from uterus. In this study, it is found that the source of information for most of the girls was mother (55%). In this study, 27% know the importance of menstrual hygiene, 67% stated that School has not provided knowledge regarding menstruation, and 54% girls admitted that napkins were distributed. 78% of girls use sanitary pads, 55% change their pads after 4-6hour. 70% of girls wash their hands with soap after pad change, 88% clean genitalia after every toilet visit. 46%change underwear during changing pads, 77% clean genitalia in front to back motion during menstruation, 82% take bath daily during menstruation.

87% girls strongly agree, a woman cannot enter temple during periods. 55% participants agreed upon restriction of activities like not cooking food. 77.4% participants agreed then woman can take bath during menstruation and 66.6% of adolescents agreed that a woman can wash hair during menstruation. 43% of them strongly agreed that a woman cannot touch pickle during menstruation. 73% adolescents dispose pads in toilet as there is no place to dispose the used pads, and 27% do not change pad at school. 60% says that there is not sufficient water supply or storage in school. 87% suggests that during menstruation there is low concentration.

Conclusion

Regarding knowledge of menstrual hygiene in the community, majority of girls do not have good knowledge because schools or educational institutions are not providing enough and proper knowledge regarding menstruation. In terms of practices, girls are practicing good menstrual hygiene as compared to other studies. Attitude/ restrictions related to menses and are also been followed by the girls during menses, because of lack of knowledge among girls and families, also they have many miss understandings related to it and not proper training given to them by teachers that how to deal in menses. School absenteeism was seen among the girls because of lack of concentration, and remain sick during menses and hence they are not comfortable sitting next to male students in menses. Also, they complaint that there was not proper water facility in the school.

ACKNOWLEDGEMENT

A successful project is the result of teamwork and co-ordination that includes not only the group of developers who put forth the ideas, logic and efforts but also those who guide them. At the completion of my internship at “CRY”, I feel obliged to extent my gratitude towards all those who made valuable contribution throughout my 3 months dissertation.

I would like to thank Ms. Smriti Rastogi (industry mentor) and Dhirendra Kumar (college mentor) for being supportive, patient and helpful throughout the journey.

I would also like to thank Prashant Tyagi, my co-intern for helping me around the field and working as a team as we faced many challenges in the community while working for a span of 3 months.

The journey of becoming a professional cannot be limited just to a classroom, practical knowledge becomes must for overall growth of human as professional. I was given the opportunity to work with CRY at East-Delhi PAG (Nyay Khand, Indirapuram) for a period of 3 months where I got acquainted with the practical aspects of the course and implementation of classroom knowledge to actual field.

TABLE OF CONTENTS

10	Conclusion
11	Recommendations
12	References
13	Annexure

LIST OF TABLES

LIST OF ABBREVIATIONS

MHM	Menstrual Hygiene Management
WHO	World Health Organisation
SDG'S	Sustainable Development Goals
RTI	Respiratory Tract Infection
IDI	In-depth Interview
BPL	Below Poverty Line

INTRODUCTION:

Menstruation hygiene management is described as "Females and young girls are using clean menstrual management resources to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, by cleanser and water for washing the body as required, and having access to services to dispose of used menstrual management materials". (1)

Worldwide, at least 500 million females and youths lack good access to menstrual hygiene facilities. Various factors influence difficult experiences with menstruation, counting inadequate facilities and resources, menstrual pain, fear of disclosure, and insufficient knowledge about the menstrual cycle (according to World Bank 2018).

In India, only 1 in each 2 girls have familiarity about menstruation before their first period. In India, for 1 out of 2 girls, mothers are the most vital source of information about menstruation, followed by friends. (MH Day 2019). (1)

May 28 (MH Day); a day devoted to bring awareness around the vital role that good (MHM) plays in empowering women and teen-age girls globally to develop all that they can be. The idea behind MH Day is a world in which every single lady and girl is able to manage her menstruation in a hygienic way, in safety, privacy, and with dignity-anywhere they are. (1)

Menstrual hygiene management is a chief health issue disturbing women and girls of reproductive age worldwide. 52% of the lady population is of reproductive age at any given time.

The alteration into reproductive age for some girls is often met with fear and anxiety due to absence of information about period and a lack of resources about the variations that are occurring in their bodies. (2)

School- going girls in marginalised communities face the chief barriers to MHM, as many schools do not have the needed facilities, supplies, knowledge, and understanding to appropriately support girls during menstruation.

This destructively influences their education and capability to stay in school. Furthermore, schools often have lacking water and sanitation availability, making menstrual hygiene nearly impossible to maintain, causing tension and awkwardness for female students. Also, communities often hold local community opinions or restrictions related to menstruation that can threaten a girl's bodily and emotional well-being. (2)

Healthy Menstrual hygiene management involves access to teaching, sanitation (toilets, water, and soap), menstrual products, and proper disposal facility. Moreover, there are further systemic aspects that impact the quality of MHM, such as knowledgeable professionals, positive social norms, guidelines, and health services.

World Vision acknowledges that the SDGs underlined below are all crucial in supporting safe and dignifying MHM.

- MHM is a critical factor of reproductive health and an important access point for teen-age that is sexual and reproductive health programming according to SDG-3.

- According to SDG-4 Accurate information on menstrual hygiene and puberty is part of the institute curriculum and the role of mentors to explain about these issues with comfort.
- According to SDG-5 Women and girls can be able manage to their menstruation with normalcy and dignity. Myths about menstruation should be broken down and positive social norms about menstruation should be built.
- Girls need water and sanitation amenities that are safe, socially and culturally suitable, so that they can safely dispose of menstrual products in order to manage menstruation in privacy and dignity according to SDG-6
- SDG-8 states that periods should not limit women's ability to work. Managers should provide good and appropriate sanitation facilities at workplace, together with water, soap for washing and disposal.
- SDG-12 describes Guidelines and quality standards help safe and affordable choices and dynamic markets for menstrual products. Environmentally-friendly menstrual products and their disposal are promoted. (2)

Periods are naturally happening physiological phenomenon in adolescent girls and pre-menopausal women. Women in low income settings have low awareness on hygienic practices. (3)

In India menstruation and related events are enclosed by silence, shame and social taboos that are manifested in social practices that limit flexibility, liberty and access to usual activities. (3)

For example, drinking milk, cooking food, make contacts with people or refraining from performing religious rituals are limitations found in several cultures. Types of adsorbents used, hygienic practices and cultural restrictions during periods are related with negative thoughts and psychosocial results including reproductive and urinary tract infections, school absenteeism, and social isolation. Young girls are less prepared for MHM and suffer from anxiety, fears, and shame during their menses. (3)

According to world health organisation, a 10–19 years person is as an adolescent. The transformation period between the infant and maturity is named puberty which is manifested with the development of the child. During this period, physical, psychological, and biological development of the teen-ager occurs (4).

It is a different time in a girl's life which needs special attention. Menarche is a vital biological milestone in a lady's life as it signs the starting of the reproductive phase. The normal age of menarche is, between 12 and 13 years of age.

Periods wastes are the wastes that are produced by a female in her reproductive years. These wastes are produced during menstruation commonly known as monthly bleeding cycle (4).

Menstrual cycle has 3 stages, that is, follicular stage, ovulation stage, and luteal stage. The cycle is controlled by hormones; in this process, endometrium, lining of uterus, gradually thickens and sheds off and causes blood loss that generally last for 3–5 days

and rarely up to 7 days. Menstruation sheds 2/3rd of the endometrial lining. Menstrual fluid comprises mucus and vaginal secretions (4).

The colour of it differs between red, bright red, and dark brown to black. Women have developed their own private strategies to handle this period of time. (4)

Universally, these plans vary highly due to the individual preferences, availability of resources, economic status, cultural traditions and beliefs, education status, and knowledge about menstruation. (4)

Practices associated to menstruation hygiene are of primary concern as it has many health effects; if unnoticed, it leads to, Respiratory tract infection, and other vaginal diseases. Poor genital hygiene harmfully affects adolescents' health. Most girls are unaware and unprepared for menarche as they are not knowledgeable about menstruation (4).

Articles published in papers and reports available on the Net it was found that many cultural and religious beliefs tracked by people about menstruation. These guidelines are barriers in the path of good menstrual hygiene practices. Several women practise restrictions on cooking, work events, sexual intercourse, washing, worshipping, and intake certain foods. These limits were due to perception of the people about menstruation as they consider it dirty and polluting. (4)

Education plays a chief role in menstruation hygiene management. By giving knowledge to both males and females about menstruation, we can overcome these wrong beliefs and myths. Due to cultural prospects and limitations many girls are not up-to-dated about the truths of menstruation.

Studies had specified that reduced sanitation in schools and absence of access to good quality hygienic products can be related with lower registration in schools.

Literature review

Pooja Chauhan et al in 2018 showed that a total of 226 females were included in the study. Overall, the knowledge regarding menstrual cycle was very poor. Therefore, Menstrual awareness was also found low. Information regarding menstrual cycle were mothers for most of the girls, followed by friends. Many of girls were using sanitary pads. Practices related to Menstrual hygienic were found to be suitable but they want enhancement in disposal of menstrual waste. It was noticed that the menstrual knowledge was found very poor with schools showing no part in its advancement. Institutes need to be encouraged in conveying right information and inspiring teen-agers to voice. Lack of schooling and message about reproductive system further increases the problem. Studies have shown that the information regarding menstrual is not adequate. Inadequate management of menstrual hygiene may result in indications including genitourinary tracts.

Ram Naresh Yadav et al in 2017 showed that the study was done among 276 students from grade 7 and 8 of eleven schools. structured questionnaire was used to get data from school girls. Descriptive analysis was done to analyse the KAP of school girls on menstrual hygiene management. Many participants had fair knowledge and some participants had good knowledge on menstrual hygiene management. However, out of 141 girls' participants, only 56 were involved in good menstrual hygiene practices. Therefore, half of the participants had optimistic attitude towards menstrual hygiene management. Hence, it is concluded from the study that knowledge on MHM among girls was fair, attitude and practice need to advance. It was states that there is a need of behavior change communication campaign with help of school. Menstrual hygiene management remains a myth in many places like in Nepal. Cultural beliefs about periods such as food ban and untouchability have undesirable impact on self-respect, health and teaching of adolescent girls.

Varsha Deshmukh et al in 2019 showed that 1000 female high school and junior college and pharmacy college students were studied using a pre- tested structured questionnaire. Bivariate and multivariate logistic regression analysis was done at 95 % confidence interval. In study many participants had good knowledge and practice of menstruation. The findings showed a positive association between good knowledge of menstruation and educational status of mothers, exposed positive association with good practice and attitude of menses process. The findings exhibited that the knowledge and practice of menses is low. Hence awareness programs should be conducted in institutes often. Contribution of mothers can also enhance to the knowledge and good practice of the young girls. this study was done to assess the knowledge regarding menstruation, their attitudes and the practices accepted by girls of India., because Menses has always been bounded by different perceptions all over the world. Nowadays, there is nearly openness toward menstruation, but alterations in attitude still continue between different people depending upon the teaching, socioeconomic status and the environment.

RESEARCH QUESTION: What are existing menstrual hygiene practices among slum school going adolescent girls of 10-19 years of age?

AIM: A study to assess knowledge, attitude, and practices towards menstrual hygiene among school girls adolescents in a slum area of Indirapuram, Nyay Khand, U.P

OBJECTIVE:

1. To assess the knowledge, practice and attitude related to menstrual hygiene of slum adolescents' girls.
2. To know social stigma related to menstrual hygiene.
3. To increase menstrual hygiene awareness among adolescent girls.
4. To increase awareness about using of high quality of sanitary napkins to adolescent girls in slum area.

OPERATION DEFINITION:

KAP survey means. To properly carry out this sort of survey, it is significant to create a basic premise and provide definitions for each word.

Knowledge is a set of understandings, knowledge, and "science." It is also one's capacity for picturing, one's way of perceiving. Knowledge of a well-being behaviour measured to be helpful, however, does not automatically mean that this behaviour will be followed. The grade of information measured by the study helps find areas where information and teaching efforts remain to be applied.

Attitude: It helps describe that among the likely practices for a subject submitted to a stimulus, that respondent adopts one practice and not another. we cannot measure attitude directly, observable as are practices. It is interesting to note that many studies have often shown a low and sometimes no connection between attitude and practices.

Practices or behaviours are the observable actions of a person in response to a stimulus. This is something that deals with the real, with activities.

Menstrual hygiene: It includes hygienic napkins, toilets in schools, accessibility of water, confidentiality, and safe removal.

METHODOLOGY:

Type of study: Community based cross-sectional study.

Place of study: Slum area of Nyay- Khand situated in Indirapuram.

Sample size: All school going adolescent girls in the age group of 10-19 years living in slum area of Indirapuram. A total of 30 children who were willing to be part of the study were interviewed.

Study tool: Pre-designed and structured questionnaire.

Inclusion criteria:

- Those who have attained menarche.
- Those who gave consent for the study (informed consent from the parents of school girls).
- Those who were going to school.

Exclusion criteria:

- Those who have not yet attained menarche.
- Those who are refusing to participate in the study

DATA COLLECTION:

- Primary data was collected from the children aged (10-19 years) under supervision of their parents in the form of interview schedule.

- IDI with school going adolescent girls about their current practices was done.
- a pre- designed, pre-tested questionnaire was used for the collection of data by personal interviews method.

DATA ANALYSIS:

Data were entered on to a computerized excel (Microsoft-excel) spread sheet presented in the form of tables and bar diagram.

ETHICAL CONSIDERATION:

The purpose of the study was explained to the school going adolescent girls and written informed consent was obtained from each participant. For those students who were under the age of consent, informed verbal consent was obtained from their parents and assent from the students. Confidentiality of information was maintained by omitting any personal identifier from the questionnaire. Students were informed of their full right to skip or ignore any question or withdraw from their participation at any stage.

FINDINGS:

Table 1.1: shows that age of menstruation in girls started at the age of 13-15 years (57%), in the community (40%) were Hindu and remaining are Muslims. Only (7%) of the people living there had BPL card. (85%) Mothers of the girls did not ever attended school in their lifetime. The reaction of the girls when they first time menstruated was (20%) girls cried, (37%) girls were scared and remaining (43%) told their mom regarding the menstruation.

Table 1.1: Demographic data of study group

Age of menarche	**%**
10-12	24%
13-15	57%
16-19	19%
Religion	
Hindu	40%
Muslims	60%
BPL card holder	7%
Mother ever attended school	
Yes	15%
No	85%
Reaction when first type menstruation occurred	
cried	20%
scared	37%
Told mom	43%

From Table 1.2, it can be seen that very few girls are aware of the physiological basis of menstrual cycle (56%) says it's a natural process (27%) says it's a impure blood flow out and rest 17% do not know about it, (70%) had an incorrect information about normal age of menarche, and only (22%) know correctly duration of cycle.

Only 33% of the girls know that bleeding takes place from uterus, 20% of girls are aware of normal age of menarche rest 70% have incorrect information. They have incorrect information (65% of girls) about normal duration of menstrual cycle. (78%) have heard earlier about menstruation before attaining menarche and (73%) were unaware about the menstrual hygiene. Only (33%) of girls said that they received information regarding menstrual hygiene management in school before the onset of menstruation, and (54%) agreed that there is napkin distribution programme at school. Overall, the knowledge about menstrual cycle is very poor. Source of knowledge for most of the girls was mothers (55%), followed by friends (35%) and sisters and rest 10% TV/radio.

Table 1.2: Knowledge regarding menstruation:

knowledge	Response	Percentage (%)
1. What is menstrual cycle?	Impure blood flows out.	27%
	Some disease.	
	Physiological and natural process.	56%
	Don't know.	17%
2. Normal age of menarche	Know correctly.	20%
	Incorrect Information.	70%
	Don't know.	10%
3. Normal duration of menstrual cycle	Know correctly.	22%
	Incorrect information.	65%
	Don't know.	13%
4. Organ of menstruation	Uterus.	33%
	Some other organ(stomach, bladder etc.)	15%
	Don't know.	52%
5. Heard about menstruation before attaining menarche	Yes	78%
	No	22%

6. Knew about menstrual hygiene	Yes No	27% 73%
7. Did you receive information regarding menstrual hygiene management in school before the onset of menstruation?	Yes No	33% 67%
8. Is there any kind of napkin distribution programme at your school.	Yes No Dk	54% 23% 23%
9. Where did you get the information about menstruation? (Multiple answers allowed here)	Mother Father Grandmother Friend Aunty Teachers Sister/ friends Doctor/Nurse TV/Radio Reading Other (Specify)	55% 35% 10%

Table 1.3: Recommends that the practices connected to menses, out of 30 girls respondents, several had good menstrual cleanliness practices.

78% of the girls used factory made sanitary pads followed by 5% of them using homemade and reusable pads.

However, only 55% of girls changed pads in every 4-6hour period. 70% of the girls washed hands after changing a sanitary pad and 71% used soap and water for washing hands. Hence 88% clean genitalia after every toilet visit during menstruation, 56% clean genitalia after pad change, 46%change underwear during changing pads, 77% clean genitalia in front to back motion during menstruation, 66% had poor practice to properly manage used pads during menstruation, 82% take bath daily during menstruation and only 7% had good practice to use school toilet during menstruation.

Table 1.3: Practice related to menstruation:

Parameter of practice	Good practice	fair practice	Poor practice
1. Use commercially made sanitary pad as absorbent during menstruation	78%	20%	2%
2. Uses home made reusable pad	5%	10%	85%
3. Changes pad every four- six hrs during menstruation	55%	26%	19%
4. Washes hand after changing pad	70%	19%	11%
5. Use soap and water to wash hands after pad change	71%	22%	7%
6. Clean genitalia after every toilet visit during menstruation	88%	10%	2%
7. Clean genitalia after pad change	56%	34%	10%
8. Change underwear during changing pads	46%	12%	42%
9. Do you Clean	77%	12%	11%

genitalia in front to back motion during menstruation			
10. Do you able to Properly manage used pad during menstruation	9%	25%	66%
11. Take bath daily during menstruation	82%	9%	9%
12. Use school toilet during menstruation	7%	20%	73%

Table 1.4 shows that the attitude of the participants regarding menstruation is determined by the various factors around. The present study discovered that the myths associated to menstruation still exist. In present study it is detected that 87% girls strongly agree that during menstrual cycle, a woman cannot enter temple. Similarly, restriction of activities like not cooking food was agreed upon by 55% participants. Factors like a woman can take bath and washing hair which account for the basic hygiene were practiced by all of the participants. 77.4% participants agreed then woman can take bath during menstruation and 66.6% of adolescents agreed that a woman can wash hair during menstruation. The attitude depends upon the information provided to her by her environment. Factors like touching pickle had a negative response as 43% of them strongly agreed that a woman cannot touch pickle during menstruation, and sharing beds received a very positive response, as majority of them agreed strongly or agreed. Opinion about having sexual intercourse during menstruation was confusing to them as it was a forbidden area to talk with family.

Table 1.4: Attitude related to menstruation:

Attitude	Strongly disagree	disagree	neutral	agree	Strongly agree
1. A woman can enter temple/ pray during menstruation	87%	12%	1%		
2. A woman can enter kitchen/ cook food during menstruation	55%	33%	12%		
3. A woman can take bath during menstruation				77.4%	22.6%
4. A woman can wash hair during menstruation			2.2%	66.6%	31.2%
5. A woman can sleep on same beds as others during menstruation			4.2%	67%	28.8%
6. A woman can touch pickle during menstruation	43%	34.2%	22.8%		

7. A woman need not avoid any foods during menstruation			13.7%	86.3%	
8. A woman can have sexual intercourse during menstruation	12%	32%	44%	9%	3%

Table 1.5: demonstrate that school facilities related to menstrual hygiene 67% of the respondent says that there are sanitary pad disposal bins in the girl's latrine/ changing room, 77% says that there is soap in the girls' latrine/ changing room, 70% says that there is hygiene kit (Dettol, rag/cotton, soap) in school for using during menstruation, 60% says that there is not sufficient water supply or storage in school,

However, 73% adolescents dispose pads in toilet as there is no place to dispose the used pads, and 27% do not change pad at school.

Hence mostly everyone does not go to school during menstruation because 7% states that there is not enough water available, 63% do not feel comfortable, 23% remain sick and rest 7% had complaint of over bleeding. Mostly everyone had a complaint to sit next to male student during menses, and think menstrual problem interfere school performance, also had miss class during menses in last 3months. as 87% suggests that during menstruation there is low concentration.

Table 1.5: SCHOOL ABSENTISM:

SCHOOL ABSENTISM	Responses	Coding	percentage
1. Are there sanitary pad disposal bins in the girl's latrine/ changing room?	No Yes	0 1	33% 67%

2. Is there soap in the girls' latrine/ changing room?	No Yes	0 1	23% 77%
3. Do you have any hygiene kit (Detol, rag/cotton, soap) in your school for using during menstruation?	No Yes	0 1	30% 70%
4. Do you have enough water supply or storage in your school for using during menstruation?	No Yes	0 1	60% 40%
5. What do you do if there is no place to dispose the used pad for menstrual hygiene?	Openly disposed Disposed inside toilet pan. Hiding inside classroom Do not change staying at school Other: specify	1 2 3 4 5	 73% 27%
6. Do you go to school during menstruation?***(If answer of 6 is 1 skip to 8)***	No Yes	0 1	100%
7. If not, why? (Multiple answers allowed here)	No place to change the rag/clothes No water available	1 2	 7%

	No soap/liquid soap I do not feel comfortable I remain sick Over bleeding Other (specify)	3 4 5 6 7	63% 23% 7%
8. Do you feel uncomfortable sitting next to male students during menses?	No Yes NA	0 1 2	100%
9. Do male students tease you during menses	No Yes NA	0 1 2	37% 13% 50%
10. You think menstrual problems interfere school performance? (***If answer of 10 is 0 skip to 12)***	No Yes	0 1	100%
11. If yes, how?	Low concentration Missing lessons Other specify	0 1 2	87% 10% 3%
12. Do you know of any girl who dropped out of schools because of menstruation?	No Yes	0 1	100%

13. Did you miss any class during menstruation in the last three months?	No Yes	0 1	 100%

CONCLUSION :

In the current study, menarche awareness was found to be very low, and only few of girls considered menstrual cycle as physiological process. Only 33% of girls know that bleeding takes place from uterus. In this study, it is found that the source of information for most of the girls was mother (55%).

In this study, 27% know the importance of menstrual hygiene, 67% stated that School has not provided knowledge regarding menstruation, and 54% girls admitted that napkins were distributed.

78% of girls use sanitary pads, 55% change their pads after 4-6hour. In this study, 70% of girls wash their hands with soap after pad change, 88% clean genitalia after every toilet visit. 56% clean genitalia after pad change

- Regarding knowledge of menstrual hygiene in the community, majority of girls do not have good knowledge because schools or educational institutions are not providing enough and proper knowledge regarding menstruation.
- In terms of practices, girls are practicing good menstrual hygiene as compared to other studies.
- Attitude/ restrictions related to menses and are also been followed by the girls during menses, because of lack of knowledge among girls and families, also they have many miss understandings related to it and not proper training given to them by teachers that how to deal in menses.
- School absenteeism was seen among the girls because of lack of concentration, and remain sick during menses and hence they are not comfortable sitting next to male students in menses. Also, the complaint that there was not proper water facility in the school.

RECOMMENDATION:

The results indicate that majority of the adolescent girls do not have knowledge of Menstrual hygiene but it hasn't changed right practice, hence, in the community various behaviour change programs should be conducted. Advocacy campaigns should be conducted so that they are aware of it and also it helps to fight religious and cultural malpractices, restrictions, and myths related to menstruation. Institute WASH facilities are insufficient for the girls to securely be able to manage their menses; enough water is not available, gender friendly toilets, hand washing facilities are also absent. Hence, Menstrual hygiene management friendly WASH infrastructures and services must be shaped at schools.

REFERENCES:

1. https://www.wvi.org/clean-water-sanitation-and-hygiene-wash/menstrual-hygiene.
2. https://www.wvi.org/sites/default/files/Menstrual%20Hygiene%20Management_FINAL.pdf.
3. Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal.
4. Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries.
5. A Study on the Knowledge, Attitude and Practices Regarding Menstrual Hygiene among Adolescent Girls in Schools in a Rural Area of Goa.
6. A study to assess knowledge, attitude, and practices related to menstrual cycle and management of menstrual hygiene among school-going adolescent girls in a rural area of South India.
7. A study of knowledge, attitude, and practices of menstrual health among adolescent school girls in urban field practice area of medical college, Tumkur.
8. Association of sociodemographic characteristics with KAP regarding menstrual hygiene among women in an urban area in Delhi.
9. Knowledge, Attitude, and Practice on Menstrual Hygiene Management among School Adolescents.
10. A descriptive cross-sectional study on menstrual hygiene and perceived reproductive morbidity among adolescent girls in a union territory, India**.**
11. Knowledge, Attitude and Practice of Menstrual Hygiene among High Schools Students in Jatinangor.
12. Association of sociodemographic characteristics with KAP regarding menstrual hygiene among women in an urban area in Delhi.

13. A KAP study on menstrual hygiene among Adolescent girls living in Urban slums of Guwahati City.
14. http://www.gynaecologyjournal.com/archives/2018/vol2issue2/B/2-1-31
15. Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in India, 2015.
16. https://timesofindia.indiatimes.com/city/lucknow/poor-menstrual-hygiene-led-to-5-12-lakh-adolescent-girl-dropouts-survey/articleshow/69066770.cms.
17. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6360-2.
18. https://www.unfpa.org/news/period-shame-misinformation-linked-serious-human-rights-concerns.
19. https://plan-international.org/press-releases/stigmas-surrounding-menstruation-detrimental-girls%E2%80%99-futures.
20. Menstruation related myths in India: strategies for combating it

ANNEXURES :

QUESTIONNAIRE **CONSENT FORM:**

Namaste! My name is sakshi salhotra, I am from IIHMR University and working here in Indrapuram, Ghaziabad, Uttar Pradesh as an intern under CRY (Child Rights for You) Foundation and I want to conduct a survey about menstruation hygiene in makkanpur area. Your participation is voluntary in the study. If you accept to participate, you will be asked to share information about your age, education, and various other basic information. if you agree to participate, it will take around, half an hour please cooperate for the same. You can withdraw from the interview at any time or you can also inform me later if you decide that your responses shall not be included in this study. The choice that you make will have no bearing on any of your relationships to public and private healthcare organisations. You may change your mind later and stop participating even if you agreed earlier.

I assure that the information shared by you will not be disclosed not even your identity. All the information provided by you will be kept confidential. I will not be sharing information about you or your responses with anyone. It will be ensured that nothing recorded will allow the tracing of your identity. The analysis will be done after compilation of data and the results will be presented as a group in the report so that no one trace who said what.

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me

Address

May I start interaction with you? YES NO If Yes,

S. No.	Questions:	Response	Coding	Skip
OO1	SERIAL NUMBER			
002	Name of community:	New community	1	
		Old community	2	
005	How old are you:			
006	Type of family:	Joint	1	
		Nuclear	2	
		Extended	3	
007	Type of house:	Pucca House	1	
		Semi Pucca House	2	
		Kuccha house	3	
008 (a)	Have you ever attended school?	Yes	1	If 2, donot continue with interview
		No	2	
(b)	What is the highest grade has completed?	Primary school	1	
		Secondary School	2	
		Higher secondary	3	
		School		
		College	4	
		Post-graduation	5	
		Others	6	
		None	7	
009 (a)	Has the father (husband) ever attended school?	Yes	1	If 2, skip to Q 010
		No	2	
(b)	What is the highest grade he has completed?	Primary school	1	
		Secondary School	2	
		Higher secondary	3	
		School		
		College	4	
		Post-graduation	5	
		Others	6	
		None	7	
010 (a)	Has the mother (wife) ever attended school?	Yes	1	
		No	2	
10 (b)	What is the highest grade has she completed?	Primary school	1	
		Secondary School	2	
		Higher secondary	3	
		School		
		College	4	
		Post-graduation	5	
		Others	6	
		None	7	

Q11	What is your caste?			
012	Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these	Schedule caste	1	
		Schedule tribe	2	
		Other backward class	3	
		None of these	4	
		Don't Know	5	
013	What is your main occupation?	Agricultural labourer/cultivator	1	
		Daily wage labourer	2	
		Domestic servant	3	
		Skilled/Semi-skilled worker	4	
		Petty business/ Small shop	5	
		Large business/ self employed	6	
		Service (private/government)	7	
		Transport worker	8	
		Scrap/Garbage collection/ Rag picking	9	
		Unemployed	10	
		Housewife	11	
		Student	12	
		Do nothing	13	
		Others (specify)	14	
Q14	How old were you when you started menstruating?			
Q15	Where were you when your first menstruation occurred?	At home At schools Others: Specify	1 2 3	
Q16	What was your first reaction when you experienced your first menstruation?	Cried Scared Embarrassed Happy Told mum, sister, grandmother, friend, teacher) Did not tell anyone Annoyed	1 2 3 4 5 6 7 8	

		Others: Specify		

Socio-economic status: (to be filled by the parent)

S. No.	Questions:	Response	Coding	Skip
101	What is the average monthly income of Household?			
102	What is the average yearly income of Household?			
103	What is the average monthly expenditure Of household?			
104	Do you have BPL (below poverty line) card?	Yes	1	
		No	2	

Knowledge:

1. What is menstrual cycle?	Impure blood flows out. Some disease. Physiological and natural process. Don't know.	1 2 3 4
2. Normal age of menarche	Know correctly. Incorrect Information. Don't know.	1 2 3
3. Normal duration of menstrual cycle	Know correctly. Incorrect information. Don't know.	1 2 3
4. Organ of menstruation	Uterus. Some other organ(stomach, bladder etc.) Don't know.	1 2 3
5. Heard about menstruation before attaining menarche	Yes No	1 2
6. Knew about	Yes	1

menstrual hygiene	No	2
7. Did you receive information regarding menstrual hygiene management in school before the onset of menstruation?	Yes No	1 2
8. Is there any kind of napkin distribution programme at your school.	Yes No Dk	1 2 3

Parameter of practice:

Parameter of practice	Good practice	fair practice	Poor practice
13. Uses commerciall y made sanitary pad as absorbent during menstruatio n			
14. Uses home made reusable pad			
15. Changing pad every 4-6 hours during menstruatio n			
16. Washes hand after changing pad			
17. Uses soap water to wash hands after pad change			
18. Clean genitalia after every toilet visit during menstruatio n			
19. Clean genitalia after pad			

change			
20. Change underwear during changing pads			
21. Clean genitalia in front to back motion during menstruation			
22. Properly manages used pads during menstruation			
23. Take bath daily during menstruation			
24. Use school toilet during menstruation			

Attitude:

	Strongly disagree	disagree	neutral	agree	Strongly agree
9. A woman can enter temple/ pray during menstruation					
10. A woman can enter kitchen/ cook food during menstruation					
11. A woman can take					

bath during menstruation					
12. A woman can wash hair during menstruation					
13. A woman can sleep on same beds as others during menstruation					
14. A woman can touch pickle during menstruation					
15. A woman need not avoid any foods during menstruation					
16. A woman can have sexual intercourse during menstruation					

SCHOOL ABSENTISM

14. Do you have separate room/place in your school to change their disposable pad/cloth during menstruation? ***(If answer of 1 is 0 skip to 3)***	No Yes	0 1		
15. Is it safe to use	No Yes	0 1		
16. Are there sanitary pad disposal bins in the girl's latrine/ changing room?	No Yes	0 1		
17. Is there soap in the girls' latrine/ changing room?	No Yes	0 1		
18. Do you have any hygiene kit (Detol, rag/cotton, soap) in your school for using during menstruation?	No Yes	0 1		
19. Do you have enough water supply or storage in your school for using during menstruation?	No Yes	0 1		
20. Are there place to dispose the used cloth/pad for menstrual hygiene?	No Yes DK NA	0 1 2 3		

21. What do you do if there is no place to dispose the used cloth/pad for menstrual hygiene?	Openly disposed Disposed inside toilet pan. Hiding inside classroom Do not change staying at school Other: specify	1 2 3 4 5		
22. Do you come to school during menstruation?***(If answer of 9 is 1 skip to 11)***	No Yes	0 1		
23. If not, why? (Multiple answers allowed here)	No place to change the rag/clothes No water available No soap/liquid soap I do not feel comfortable I remain sick Over bleeding Other (specify)	1 2 3 4 5 6 7		
24. Do you feel comfortable at school during menstruation?	No Yes NA	0 1 2		
25. Do you feel uncomfortable sitting next to male students during menses?	No Yes	0 1		

	NA	2		
26. Do male students tease you during menses	No Yes NA	0 1 2		
27. Do you think menstrual problems interfere with school performance? (***If answer of 14 is 0 skip to 16)***	No Yes	0 1		
28. If yes, how?	Low concentration Missing lessons Other specify	0 1 2		
29. Do you know of any girl who dropped out of schools because of menstruation?	No Yes	0 1		
30. Did you miss any class during menstruation in the last three months?	No Yes	0 1		
31. If yes, how often (average of last three months in school days	One day every cycle Two days every cycle Three days every cycle Four days every cycle Five days every cycle Six days every	0 1 2 3 4		

	cycle Seven days every cycle	5 6		