

Current status of Awareness Level of School going Adolescent girls  
on Menstrual Hygiene in Varanasi District  
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ABSTRACT

The transition period between the childhood and adulthood is called adolescence which is marked with the growth and development of the child. Globally, adolescent girls constitute about 1/5th of total female population. Unfortunately, due to lack of knowledge on menstruation preparedness and management or due to shyness and embarrassment the situation becomes worse for girls. Menstruation is a natural process but it is still a taboo in Indian society as it is considered unclean and dirty. In the existing Indian cultural milieu, there are several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation. The main objective of this study is to assess the awareness level of school going adolescent girls about menstrual hygiene and issues related to reproductive health. This was a school-based cross-sectional study, which was conducted in four schools of Varanasi district of Uttar Pradesh state. The study was conducted in Kashi-Vidyapeeth block of Varanasi district. It was conducted in four schools (Two from urban area and two from rural area) of the district. Durga Inter-College, Bulai, Lahartara and Saraswati Inter-college, Chandpur was selected from rural area and Government Girls Inter College, Sigra and Central Hindu School, Gurubagh was selected from the urban area. Only 34.3% of respondents were aware about reproductive parts and 37.2% of respondents were aware about menarche before attaining it. In the present study it was observed that about one – third (30.8%) of respondents used homemade clothes during menstruation, whereas rest of them used sanitary pads.

**Key words:** Menstrual Hygiene, reproductive health, School going girls

Introduction

The transition period between the childhood and adulthood is called adolescence which is marked with the growth and development of the child. During this period, physical, psychological, and biological development of the child occurs. Adolescence in girls has been recognized as a turbulent period which signifies the transition from girlhood to womanhood and considered as a landmark of female puberty. This transitional period is marked with the onset of menarche which is generally accepted by young girls, as a sign of maturity. However, some girls show negative responses such as shame, fear, anxiety and depression. Onset of menstruation is one of the most important changes occurring among the girls during the adolescence. Menarche is an important biological milestone in a woman’s life as it marks the onset of the reproductive phase of her life.

Globally, adolescent girls constitute about 1/5<sup>th</sup> of total female population.<sup>1</sup> While in India, adolescent girls account for a little more than one-fifth of the population (21.4%). The first menstruation (menarche) occurs between 11 and 15 years with a mean age of 13 years. Menstruation is a natural process but it is still a taboo in Indian society as it is considered unclean and dirty. In the existing Indian cultural milieu, there are several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation. The mere mention of the topic has been a taboo in the past and even to this date the cultural and social influences appear to be a major hurdle for advancement of the knowledge of the subject<sup>2</sup>.

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Menstruation is a normal physiological process that indicates the beginning of reproductive life. It is, but sometimes it is considered as an impure phenomenon in the Indian society owing to cultural taboos and insufficient and incorrect information and causes unnecessary restrictions in the day to day normal activities of the menstruating girls<sup>3</sup>.

Menstrual hygiene is defined as "sympathetic emotional and hygienic care given during menstruation." Menstruation is commonly called a period of menstrual flow. Menstrual hygiene should be taught by the mother or teacher explaining the physiological and other associated changes during a period.

Menstrual hygiene is an issue that every girl and woman have to deal with in her life, but there is lack of awareness on the process of menstruation, the physical and psychological changes associated with puberty and proper requirement for managing menstruation. The taboos surrounding this issue in the Indian society prevent girls and women from articulating their menstrual needs. The problems of poor menstrual hygiene management have been ignored or misunderstood by the society as well the policy makers till now. Good menstrual hygienic practices such as use of sanitary pads and adequate washing of the genital areas are essential during menstruation period. Having a good menstrual hygienic practice will enhance the confidence of females in many aspects. As a cultural practice, the information is passed from mother to daughter who is often not sufficient and sometimes even incorrect. Girls also seek information from their peers who themselves do not know much better. Thus, there is a continuous information gap in this regard<sup>4</sup>. Against this backdrop the present study was conducted to assess the awareness of school going adolescent girls about menstrual hygiene and issues related to reproductive health.

### Material and Methods

This was a school-based cross-sectional study, which was conducted in four schools of Varanasi district of Uttar Pradesh state. The study was conducted in Kashi-Vidyapeeth block of Varanasi district. It was conducted in four schools (Two from urban area and two from rural area) of the district. Durga Inter-college, Bulai, Lahartara and Saraswati Inter-college, Chandpur was selected from rural area and Government Girls Inter college, Sigra and Central Hindu School, Guru Bagh was selected from the urban area.

Adolescent girls who had attended their menarche were included in the study. Girls from 6<sup>th</sup> to 10<sup>th</sup> standards were selected depending on availability at school on the day of the survey. The classes were divided in two section i.e. lower and upper. The lower section includes 6<sup>th</sup> to 8<sup>th</sup> standard students whereas in upper section, students of 9<sup>th</sup> and 10<sup>th</sup> standards were included. The school authorities were informed about the purpose of the study and study dates was fixed accordingly.

Prior written permission was obtained from school authority and due clearance was taken from the institutional ethics committee. A Pre-designed, Pre-tested semi-structured interview schedule was used. The interview schedule includes questions regarding background characteristics of respondents, knowledge, awareness about menstruation, source of information and practices followed to maintain menstrual hygiene and awareness related to other reproductive and sexual health issues. The interview schedule was distributed to adolescent girls in classes, and the objective of the study was explained. A total of 60 min were given for each group of girls to fill the interview schedule. One by one question was read by the researcher and girls were instructed to fill it carefully. Data were analysed using SPSS v. 16. Appropriate tables and graphs were prepared, and inferences were drawn using Chi-square test.

### Results and Discussion

It is observed from the **Table 1** that due to purposive sampling equal no. Of respondents were selected from both rural and urban area. In the present study girls were distributed among two sections lower (students of class 6 to 8) and upper section (students of class 9 & 10). Here the representations of girls in both sections are almost equal (49% and 51%). Majority of the respondents were Hindus (85%) whereas 15% were from other community. This is consistent with the findings of the study done by Ade et al & Dasgupta and Sarkar<sup>5,6</sup>.

The family structure of the respondents shows that 28.3% of the respondents were living in nuclear families whereas 38.5% of them were from joint family and 32% were living in third generation. This figure also shows that our country is a country of joint family where people were tightly bound by their love and relationships. Old aged persons are still the backbone of the family.

Almost half (48.9%) of the respondent’s father were service man whereas rest half (51.2%) of them were engaged in business and other purpose. Almost two-third (62.5%) of the respondent’s mother were non-working and more than one third (37.5) were working. The occupation of mother reveals that as this study has been conducted in both urban and rural area more than two-third of the girl’s mother were working because in urban areas due to lesser income and increasing market inflation forced women to do work far from their household chores in various fields such as teaching, working in fields, parlour, and various other types of small business etc.

Table-1: Demographic characteristics of adolescents

Demographic Characteristics		No.	%
Place of residence	Rural	20	50.0
	Urban	20	50.0
Socio economic status	Lower (class 6 to 8)	196	49.0
	Upper (class 9 to 10)	204	51.0
Religion	Hindu	340	85.0
	Others	60	15.0
Type of Family	Nuclear	113	28.3
	Joint	159	39.8
	Third Generation	128	32.0
Occupation of Father	Service	195	48.8
	Business and others	205	51.3
Occupation of Mother	Working	150	37.5
	Non- working	250	62.5
Total		400	100.0

This table-2, shows that only 34. 3% of respondents were aware about reproductive parts. It’s really a matter of concern that more than two third of girls were not knowing about their reproductive parts which is the most vulnerable and important parts of a girl. Whereas in other studies higher level of awareness was reported<sup>7,8</sup>, this could be due to the fact that half of the girls were from rural areas. “Adolescent girls need to have adequate knowledge about puberty and its effects, marriage, reproductive system and conception which would equip them for their multiple roles as housewives, mothers of the new society” <sup>9</sup>. When respondents were specifically asked about the awareness of menarche, it was found that only 37.2% of respondents were aware about menarche before attaining it which is coherent with the findings of studies {ICMR report-2009); Jogdand and Yerpude; Thakre et al, <sup>10, 1, 11</sup>. However, the finding was not coherent with the study of Dasgupta and Sarkar<sup>6</sup> where percentage of awareness about menarche among girls was more i.e. 67.5%. Our findings really forced us to think that although all the girls were school-going awareness level about menarche was very low. This shows the drawback of our education system where we demanding to include family life education as a subject in the curriculum with the main subjects like moral science.

As per the study findings, the various reactions of respondents at the time of first menstruation as given in Table-2, reveals that 24.8% of the respondents shocked, 22.8% were scared and more than one – fourth (29%) thought it was a wound and rest 23.5% had given others reaction like weeping, crying etc. Our findings were not coherent with the study conducted by Dubey and Sharma.<sup>12</sup> Though we both have done our studies in school-going girls.

Table-2: Awareness adolescents about menstrual hygiene

		No.	%
Awareness about Female reproductive system	Yes	137	34.3
	No	267	65.7
Awareness about Menarche	Yes	149	37.2
	No	251	62.8
First Reaction to the menstrual bleeding	Shocked	99	24.8
	Scared	91	22.8
	Thought it was a wound	116	29.0
	Others	94	23.5
Types of pads used by girls	Home made clothes	123	30.8
	Sanitary pads	277	69.2
Total		400	100.0

In the present study it was observed that about one to third (30.8%) of respondents used homemade clothes during menstruation, whereas rest of them used sanitary pads. This could be partly due to their low socioeconomic status and in particularly due to inadequate knowledge about hygienic practices during menstruation & lesser availability of the pads in rural areas. This is similar to the findings of study done by Ade et al<sup>5</sup> which shows higher use (65%) of sanitary pads. It’s also a matter of concern that till now one third school-going girls were practicing unhygienic practices during menstruation. This finding demands more awareness about menstrual health among girls because it is related with their reproductive health.

Table -3: Area wise distribution of adolescent school girls according to their awareness about information related to menstruation.

Variables		Area				Chi-square value and (df)
		Rural (N=200)		Urban (N=200)		
		No.	%	No.	%	
Awareness about reproductive parts	Yes (137)	11	8.0	126	92.0	$\chi^2=149.23^{***}$ df=3
	No (263)	189	71.8	74	28.1	
Awareness about Menarche	Yes (149)	26	17.4	123	82.6	$\chi^2=107.75^{***}$ df=3
	No (251)	174	69.3	77	30.7	
*p< 0.05; **p<0.01; ***p<0.001, NS=Not significant,						

Almost 62% of the adolescent girls accepted the existence of toilet facility at school, and out of them, one-third of the girls perceived these facilities as satisfactory (Table-3). This finding shows the negative trend of Prime Minister Dream project of “Swachh Bharat Mission” to have toilet facility in each home in every village. Only one-third of the girls were satisfied with condition of toilets in school.

Table-4: Distribution of adolescent school girls about the toilet facility at school

Toilet facility		No.	%
Availability of toilet facility at school	Yes	245	61.2
	No	155	38.8
Condition of Toilet at school	Satisfactory	131	32.8
	Unsatisfactory	269	67.2
Total		400	100.0

**Table - 4** depicts the area wise awareness regarding reproductive parts, where majorities (92%) of the urban girls were aware in comparison to rural girls (8%). Whereas awareness regarding menarche was found more (82%) in urban school-going girls in comparison to rural girls. This could be due to the fact that the environments of schools in urban area were more liberal having friendly teachers in discussing these matters than those of rural areas.

## Conclusions

This study reveals that ignorance, false perceptions, and unhygienic practices during menstruation were prevailing among adolescent school going girls. This indicated an urgent need of reinforcement of health promotion interventions in the form of regular awareness sessions and counselling for menstrual hygiene. At schools Girls should be educated about significance of menstrual hygiene.

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