



MENSTRUAL HYGIENE IN SCHOOL / POOR ADOLESCENTS IN URBAN AREAS OF INDIA

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ABSTRACT

For adolescent girls living in urban poverty in India, menstrual hygiene management (MHM) is an important but often overlooked problem. Poor sanitation facilities, deep-rooted socio-cultural stigma, limited access to hygienic products, and inadequate menstrual knowledge are persistent challenges for adolescents living in economically disadvantaged urban communities, despite the perception that urban regions offer better access to health services and education. Their physical health, psychological health, social wellness, and dignity are all negatively impacted by these obstacles. This research presents a social work-based analysis of the menstrual hygiene behaviors and the structural, cultural, and institutional elements that impact these practices among urban poor school-going adolescent females. In this work, we use a review-based analytical method that is backed by empirical insights from previous research to show how policy attempts fail to meet the reality of people's lives. Advocating for menstruation health as an issue of social justice and adolescent rights, combating period stigma, and creating gender-responsive school environments are all goals of school- and community-based social work treatments, according to the study. To guarantee menstruation dignity for urban poor teenagers in India, the article finishes with suggestions for enhancing social work practice, policy implementation, and school-community engagement.

Keywords: *Menstrual Hygiene Management, Adolescent Girls, Urban Poverty, School Health, Social Work, India*



1. INTRODUCTION

Despite the fact that menstruation is a normal biological occurrence, millions of teenage girls in India still face stigma, silence, and systemic neglect when it occurs. Access to accurate information, inexpensive period products, adequate sanitation facilities, and supportive social contexts are all part of menstrual hygiene management (MHM), which aims to help women and girls manage menstruation in a safe, clean, and dignified manner. Patriarchal norms, gender inequality, and socio-economic deprivation have a profound impact on menstruation in India, especially among urban poor adolescents.

The fast expansion of urbanization in India has resulted in the proliferation of slum regions and informal settlements, many of which lack basic services. Many low-income urban adolescent girls face challenges with menstruation hygiene due to poverty, overcrowding, lack of privacy, and inadequate school sanitary facilities, even when they live in close proximity to schools, health services, and marketplaces. Period guilt and impurity, limited engagement in daily activities, and school absence are common outcomes of these difficulties.

Period hygiene is an important social justice and human rights issue, according to social workers. In order to help people live well, social workers fight for their rights, advocate on their behalf, and eliminate systemic obstacles. The interplay of gender, poverty, education, and institutional support systems is the focal point of this social work-informed study of menstrual hygiene practices among urban poor school-going teenagers in India.

1.1.Objectives of the Study

1. To examine menstrual hygiene knowledge and practices among urban poor school-going adolescent girls in India.
2. To identify socio-economic, cultural, and school-related barriers affecting menstrual hygiene management.
3. To analyze the implications of poor menstrual hygiene on school attendance and psychosocial wellbeing.
4. To explore the role of social work interventions in promoting menstrual hygiene and dignity.



2. REVIEW OF LITERATURE

Majeed et al. (2022) was to examine the factors that influence teenage girls' menstrual hygiene behaviors by combining data from various research conducted in India. Despite rising public awareness, the data showed that many teenagers, especially those from economically and socially disadvantaged backgrounds, still used unsanitary methods to control their periods. Researchers discovered that factors like poverty, lack of access to sanitary goods, poor levels of maternal education, and insufficient water, sanitation, and hygiene (WASH) facilities greatly impact menstrual hygiene behaviors. Findings from the study highlight the importance of integrated treatments going beyond knowledge transmission, as structural and socio-economic factors were more significant than individual awareness.

Chakrabarty et al. (2023) investigated the disparity between rural and urban areas in the usage of hygienic menstruation products among teenage girls in India. Despite the fact that urban teenagers used more hygienic products than their rural counterparts, their decomposition analysis showed that there were still significant discrepancies within urban populations. Adolescents living in informal settlements and experiencing economic distress and unequal access to services experienced similar limits as rural communities, according to the study. The observed rural-urban differentials were shown to be influenced by factors such as socio-economic position, educational achievement, and exposure to mass media. It is crucial to address intra-urban inequities, as the results showed that living in an urban area did not automatically lead to better menstrual hygiene outcomes.

Yaliwal et al. (2020) investigated menstrual morbidities, hygienic practices, cultural constraints, and WASH conditions among North Karnataka adolescent females. Inadequate hygiene habits, lack of access to clean water, and non-functional restrooms were shown to be directly associated with the high prevalence of menstrual-related health problems, such as dysmenorrhea and infections, according to the study. It was also typical to hear about cultural norms that limit movement and social interaction while a person is menstruating. Student absences and distress were associated with insufficient school sanitation facilities and a lack of menstrual instruction, according to the results. According to the research, school climate significantly affects students' menstruation experiences and their overall health.



Ahmed et al. (2024) looked at the ways teen girls in a northern Indian city deal with menstruation and the issues that come with it. Although most respondents used sanitary pads, the cross-sectional survey found that many of them changed their pads too often and disposed of them in a hazardous way. Perimenopausal symptoms, including bloating, cramping, and nausea, were a common complaint, interfering with both everyday life and academic performance. The study found that insufficient school facilities, shame, and the high cost of menstruation products were the main obstacles to managing period hygiene well. In order to tackle the practical and psychological issues that urban adolescent girls encounter, the authors emphasized the importance of health education programs in schools and community-based initiatives.

Meher and Sahoo (2023) looked examined how young Indian women's use of clean and dirty menstrual procedures varied by area. Particularly in economically depressed areas and urban slum-dominated regions, their analysis found a strong geographical clustering of unclean practices. The results showed that regional development levels, educational gaps, and socioeconomic disparity all had a role in how people dealt with menstruation. We found high variation even within metropolitan regions, which means that underprivileged urban groups are still not getting the benefits of menstrual health initiatives. Interventions that are both equity-focused and geographically targeted are crucial, as the study demonstrated.

3. RESEARCH METHODOLOGY

Menstrual hygiene behaviors among urban poor teenagers are impacted by diverse socio-cultural, economic, and institutional factors. To capture these factors, the research technique was carefully devised. Based on a social work and rights-based framework, the study used suitable quantitative and qualitative techniques to produce trustworthy and situationally relevant results.

3.1. Research Design

Based on the theory of social determinants and social work, this study uses a descriptive cross-sectional research approach. This study's approach is well-suited to a one-time examination of urban poor adolescent girls' menstrual hygiene knowledge, behaviors, and related socio-cultural and institutional determinants. To gain a thorough understanding of menstrual hygiene



management in school settings, a mixed-method approach was used to yield quantitative and qualitative insights.

3.2. Study Area

Government schools in close proximity to low-income urban areas in one Indian metropolis were the sites of the study. We intentionally chose these places because they have a large percentage of low-income households, they have insufficient sanitary facilities, and they rely on public schooling. These factors provide important contexts for studying menstrual hygiene difficulties.

3.3. Study Population

Girls from low-income urban households, ranging in age from 12 to 18, who were enrolled in school made up the study group. The research comprised public and low-cost private school students who had reached menarche.

3.4. Sample Size and Sampling Technique

For the quantitative part of the study, a total of 300 teenage girls were chosen as a sample.

➤ Sampling Technique:

Researchers used a multistage sampling procedure for this investigation. First, we used a purposive selection strategy to identify schools in low-income metropolitan regions. Then, we used a simple random sampling method to choose eligible teenage girls from school attendance records. For a more complete picture of the situation, qualitative data was collected alongside the quantitative sample. Each group consisted of three focus groups with eight to ten teenage females, and ten key informant interviews were conducted with educators, guidance counselors, social workers, and non-governmental organization (NGO) staff engaged in health initiatives for adolescents. The study's validity and reliability were improved through the combination of quantitative and qualitative approaches, which allowed for triangulation of findings.

3.5. Data Collection Tools

Appropriate statistical software was used to code and evaluate the quantitative data. A variety of descriptive statistics were employed to synthesize the socio-demographic traits, menstrual



hygiene knowledge, and habits of the respondents. These included percentages, means, and frequencies. We used chi-square tests for inferential analysis to look for patterns in how people's menstrual hygiene habits and knowledge were correlated, and we used cross-tabulation to see how school sanitation facilities correlated with students missing school because of their periods. Thematic analysis was used to examine the qualitative data that was retrieved from key informant interviews and focus group discussions through verbatim transcription. Using an inductive coding strategy, we were able to classify recurrent patterns into overarching themes including menstruation stigma, school-based institutional support, availability of hygiene supplies, and the impact of social work treatments.

3.6. Variables of the Study

In order to better understand how urban poor adolescent girls manage their menstrual hygiene, the study looked at a number of different types of characteristics. The knowledge and practices of menstrual hygiene were expected to be impacted by independent variables such as parental education, socio-economic position, and age. Levels of knowledge about menstrual hygiene and the habits that respondents have followed were the dependent variables. Because they may have mediated the connection between personal traits and hygiene results, school sanitary facilities and availability of menstrual products were considered intervening variables. Attendance at school and psychological and social health were outcome variables that reflected the wider emotional and educational effects of menstrual hygiene management.

3.7. Data Collection Procedure

Prior to data collection, we got permission from school officials. The study was approved by both the parents and the adolescents. In order to maintain confidentiality and alleviate any discomfort, the data collection took place in a discreet and cozy environment on school grounds. All interviews were conducted by female investigators or professional social work researchers to ensure cultural sensitivity.

3.8. Data Analysis

Appropriate statistical software was used to code and evaluate the quantitative data. A variety of descriptive statistics were employed to synthesize the socio-demographic traits, menstrual hygiene knowledge, and habits of the respondents. These included percentages, means, and

frequencies. We used chi-square tests for inferential analysis to look for patterns in how people's menstrual hygiene habits and knowledge were correlated, and we used cross-tabulation to see how school sanitation facilities correlated with students missing school because of their periods. Thematic analysis was used to examine the qualitative data that was retrieved from key informant interviews and focus group discussions through verbatim transcription. Menstrual stigma, lack of access to hygiene resources, school-based institutional support, and the impact of social work treatments were some of the overarching themes that emerged from the inductive coding process.

4. RESULTS AND DISCUSSION

This section offers and examines the study's findings, which were derived from quantitative survey data as well as qualitative insights gained from key informant interviews and focus groups. Using a framework based on social factors and social work, the findings are presented and discussed in light of the study's aims.

4.1. Socio-Demographic Profile of Respondent

Participating in the study were 300 urban disadvantaged teenage girls, ranging in age from 12 to 18. Parents working in informal or daily wage occupations made up the majority of respondents' low-income households. An essential backdrop for comprehending menstrual hygiene concerns is the respondents' socio-economic status.

Table 1: Socio-Demographic Characteristics of Respondents (n = 300)

Variable	Category	Frequency	Percentage (%)
Age	12–14 years	120	40.0
	15–18 years	180	60.0
Mother's Education	Illiterate / Primary	162	54.0
	Secondary & above	138	46.0
Household Income	Below poverty line	188	62.7
	Above poverty line	112	37.3

A large number of responders are from low-income and educationally challenged backgrounds, according to the results. Prior research on teenage health in India has shown that low levels of mother education and household poverty are significant factors impacting menstrual hygiene awareness, access to sanitary goods, and health-seeking behavior.

4.2. Knowledge and Practices Related to Menstrual Hygiene

Results showed that respondents' knowledge of menstruation varied. Although the majority of participants were familiar with the concept of menstruation prior to menarche, their knowledge of proper hygiene procedures was limited. People used sanitary pads frequently, but due to financial limitations, they were used for longer periods of time and disposed of in an unhealthy manner.

Table 2: Menstrual Hygiene Knowledge and Practices

Indicator	Category	Frequency	Percentage (%)
Awareness before menarche	Yes	210	70.0
	No	90	30.0
Type of absorbent used	Sanitary pads	195	65.0
	Cloth / others	105	35.0
Frequency of changing absorbent	≥ 3 times/day	142	47.3
	< 3 times/day	158	52.7
Safe disposal method	Yes	128	42.7
	No	172	57.3

Even while most people use sanitary napkins, over 50% of people who took the survey changed their absorbents less often than suggested, which puts them at higher risk of infection. Cost and a lack of disposal facilities were identified as important restrictions in the qualitative findings.

This shows that having access is not enough to guarantee cleanliness on its own; supplementary infrastructure and education are also necessary.

4.3. Association Between Menstrual Knowledge and Hygiene Practices

A statistically significant correlation between knowing how to properly menstruate and practicing safe hygiene was shown by chi-square analysis ($p < 0.05$). Use of sanitary pads, frequency of absorbent changes, and adherence to safe disposal practices were all positively correlated with adolescents' levels of knowledge.

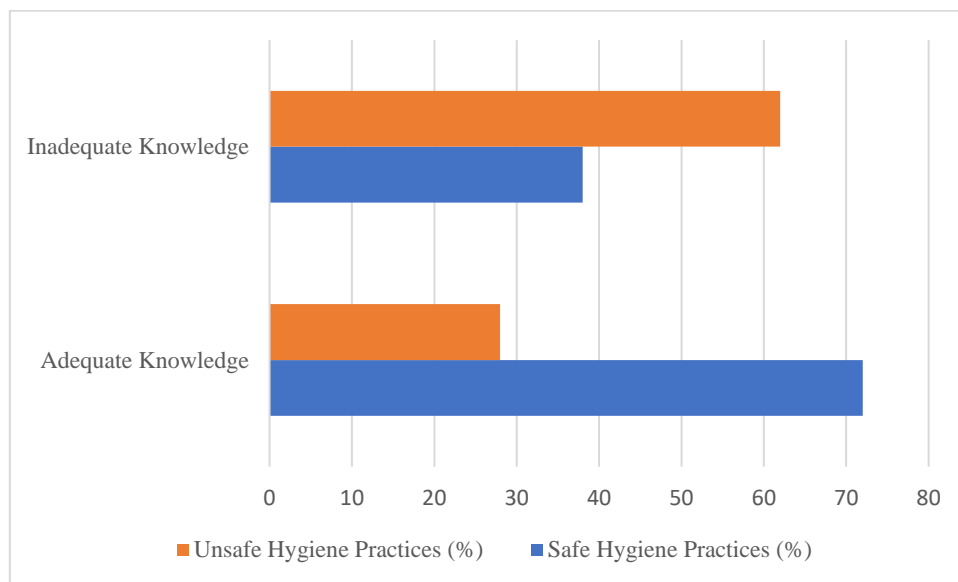


Figure 1: Association Between Menstrual Knowledge Level and Hygiene Practices

Period education is crucial for influencing people to practice good hygiene, according to the results. From a social work standpoint, this highlights the importance of formal educational interventions in schools and communities, as opposed to relying solely on informal or peer-based learning.

4.4. School Facilities and Menstrual-Related Absenteeism

Period-related absences were significantly associated with insufficient school sanitation facilities, according to cross-tabulation analysis. Period absences were more common among girls whose schools lacked adequate restrooms, water, and waste management facilities.

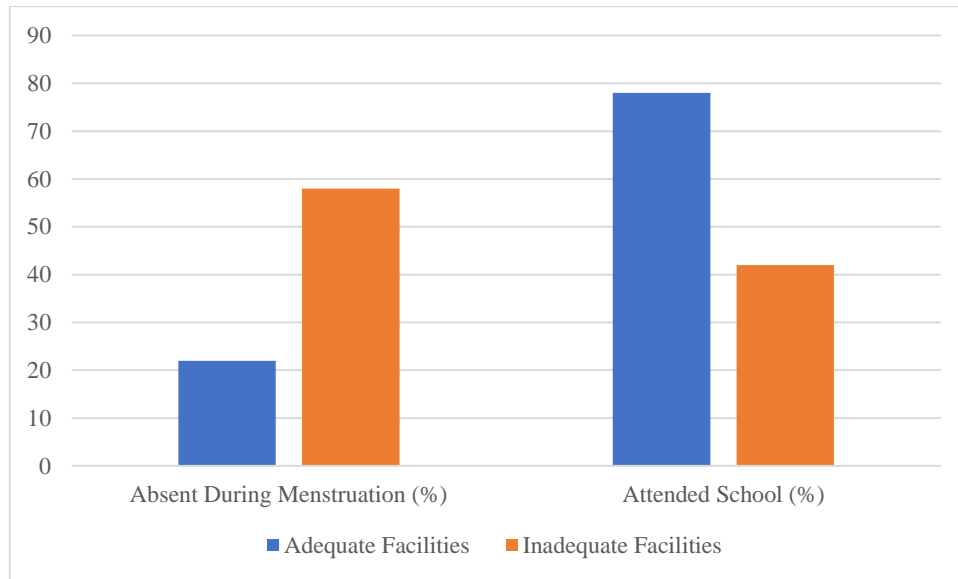


Figure 2: Menstrual-Related School Absenteeism by Availability of School Sanitation Facilities

Respondents' reports of awkwardness, anxiety about getting dirty, and general lack of privacy in the classroom corroborated these quantitative results. Girls' education is hindered in urban poor settings due to menstruation-related absenteeism, which has been recognized by teachers and social workers. Rather from being the result of free will, this is the result of systemic negligence.

4.5. Insights from Qualitative Analysis

Four overarching themes emerged from the thematic analysis of data collected from key informant interviews and focus groups. A big issue that surfaced was the stigma and silence surrounding menstruation. Many people felt ashamed to talk about menstruation, thus it was taboo in homes and classrooms. Teens from low-income families had additional challenges due to the high expense of sanitary items, which made it difficult for them to use them regularly and consistently. Many schools may not have menstruation-friendly infrastructure, sufficient sanitary facilities, or educated staff to address period health issues, which further adds to these obstacles. It is worth noting that there was a lack of continuity and institutional integration in many NGO-led programs and school-based social work interventions, which hindered their ability to effectively raise awareness and decrease stigma. It is clear from these results that



menstrual hygiene management is part of larger social structures; therefore, social workers play an essential role in closing the gap between policy and practice by consistently advocating for change, educating the public, and engaging with communities.

The results show that the problems with menstruation hygiene among low-income teenagers in metropolitan areas are structural rather than just behavioral. There has been some progress in raising awareness, but menstrual dignity is still being undermined by a lack of proper school facilities, economic restraints, and persisting stigma. By tackling systemic and individual obstacles, social work treatments integrated into school health programs can greatly enhance results.

5. ROLE OF SOCIAL WORK IN MENSTRUAL HYGIENE MANAGEMENT

Through their work in schools, communities, and advocacy for policies, social workers are in a prime position to help with menstrual hygiene. Help break down the stigma by incorporating menstrual health education into school curricula, providing teachers with the skills they need to talk about menstruation sensitively, and involving parents and community leaders. As part of their work to promote gender equality and adolescent rights, social workers should push for more inclusive sanitation policy and raise awareness about the importance of menstruation hygiene.

6. CONCLUSION

Inadequate information, economic hardship, a lack of school sanitary facilities, and persisting socio-cultural stigma continue to limit menstrual hygiene management among urban poor adolescent girls in India, according to the study's conclusions. Institutional and structural hurdles have prevented menstrual hygiene education from reliably leading to safe and sustainable behaviors, despite rising menstrual awareness. The results show that there is a strong correlation between period-related absences, school infrastructure, and students' ability to participate in their education. The study highlights the importance of menstruation health education, gender-responsive school environments, community participation, and rights-based interventions from a social work standpoint. To close the policy-practice gap and guarantee that disadvantaged urban teenage girls have access to menstrual hygiene products, good health

care, and uninterrupted schooling, social workers must play an increasingly important role in schools and communities.

REFERENCES

1. Singh, A., Chakrabarty, M., Singh, S., Chandra, R., Chowdhury, S., & Singh, A. (2022). *Menstrual hygiene practices among adolescent women in rural India: a cross-sectional study*. *BMC Public Health*, 22(1), 2126.
2. Garg, S., Bhatnagar, N., Singh, M. M., Basu, S., Borle, A., Marimuthu, Y., ... & Bala, I. (2022). *Menstrual hygiene management and its determinants among adolescent girls in low-income urban areas of Delhi, India: a community-based study*. *Osong Public Health and Research Perspectives*, 13(4), 273.
3. Deshpande, T. N., Patil, S. S., Gharai, S. B., Patil, S. R., & Durgawale, P. M. (2018). *Menstrual hygiene among adolescent girls—A study from urban slum area*. *Journal of family medicine and primary care*, 7(6), 1439-1445.
4. Bali, S., Sembiah, S., Yadav, K., & Burman, J. (2020). *Poor management of menstrual hygiene: a leading cause of school absenteeism among adolescent girls in the urban slum of Madhya Pradesh*. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 9(10), 4103.
5. Majeed, J., Sharma, P., Ajmera, P., & Dalal, K. (2022). *Menstrual hygiene practices and associated factors among Indian adolescent girls: a meta-analysis*. *Reproductive health*, 19(1), 148.
6. Chakrabarty, M., Singh, A., Let, S., & Singh, S. (2023). *Decomposing the rural–urban gap in hygienic material use during menstruation among adolescent women in India*. *Scientific Reports*, 13(1), 22427.
7. Yaliwal, R. G., Biradar, A. M., Kori, S. S., Mudanur, S. R., Pujeri, S. U., & Shannawaz, M. (2020). *Menstrual morbidities, menstrual hygiene, cultural practices during menstruation, and wash practices at schools in adolescent girls of north Karnataka, India: A cross-sectional prospective study*. *Obstetrics and gynecology international*, 2020(1), 6238193.
8. Ahmed, S., Nimonkar, R., Kalra, S. K., Singh, P. M. P., & Singh, S. (2024). *Menstrual hygiene management and menstrual problems among adolescent girls in an urban area*

- in north India: A cross-sectional study. Journal of Family Medicine and Primary Care, 13(3), 1012-1019.*
9. Meher, T., & Sahoo, H. (2023). *Dynamics of usage of menstrual hygiene and unhygienic methods among young women in India: a spatial analysis. BMC Women's Health, 23(1), 573.*
 10. Senapathi, P., & Kumar, H. (2018). *A comparative study of menstrual hygiene management among rural and urban adolescent girls in Mangaluru, Karnataka. Int J Community Med Public Health, 5(6), 2548-2556.*
 11. Chakrabarty, M., Singh, A., Singh, S., & Tripathi, P. (2023). *Spatiotemporal change in socioeconomic inequality in hygienic menstrual product use among adolescent girls in India during 2015–2019. International Journal for Equity in Health, 22(1), 202.*
 12. Chandra-Mouli, V., & Patel, S. V. (2020). *Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. The Palgrave handbook of critical menstruation studies, 609-636.*
 13. Sonowal, P., Talukdar, K., & Saikia, H. (2021). *Sociodemographic factors and their association with menstrual hygiene practices among adolescent girls in Urban slums of Dibrugarh town, Assam. Journal of Family Medicine and Primary Care, 10(12), 4446-4451.*
 14. Sivakami, M., van Eijk, A. M., Thakur, H., Kakade, N., Patil, C., Shinde, S., ... & Phillips-Howard, P. A. (2018). *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. Journal of global health, 9(1), 010408.*
 15. Singh, A., Chakrabarty, M., Chowdhury, S., & Singh, S. (2022). *Exclusive use of hygienic menstrual absorbents among rural adolescent women in India: a geospatial analysis. Clinical Epidemiology and Global Health, 17, 101116.*



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