

Menstrual Hygiene Management Among Adolescent Girls in Tamil Nadu

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Abstract

Adolescence marks a critical transition from childhood to adulthood, particularly for girls, involving significant physical, psychological, and behavioural changes. **Menarche**, a key milestone in this development, is often surrounded by cultural taboos, with menstruation perceived as unclean in many societies. Lack of open communication and credible education perpetuates ignorance, negatively impacting reproductive health and well-being. Socio-cultural restrictions, including seclusion and familial taboos, reinforce misconceptions, limiting girls' knowledge about menstruation. Effective Menstrual Hygiene Management (MHM) is essential for adolescent girls' health, yet many face challenges due to inadequate awareness, social stigma, and poor Water, Sanitation, and Hygiene (WASH) facilities. Poor MHM contributes to health risks (e.g., infections), psychosocial distress, school absenteeism, and environmental waste issues. Addressing MHM aligns with Millennium Development Goals (MDGs), particularly MDG-2 (Education), MDG-3 (Gender Equality), and MDG-5 (Maternal Health).

Keywords: Menstrual Hygiene Management, health, taboos, socio-cultural

Introduction

Adolescence is a transitional period between childhood and adulthood. This period is particularly critical in the life of a girl as it encompasses important physical, psychological, and behavioral changes. The onset of menarche marks this phase of development. In certain societies, menstruation is still considered unclean or dirty. The responses to menstruation vary according to the level of awareness and consciousness of the topic. The education of a girl about menstruation and the accompanying changes might influence the girl's attitude toward the onset of menarche. Even

today, the social status of menstruation as a taboo topic inhibits open communication, and ignorance and misconceptions on the topic proliferate. Accurate information about menarche and menstruation and the scientific principles involved in them is a necessity for the formation of healthy reproductive health. Menstruation being a natural biological process, it is rooted with various cultural and social misconceptions and practices, which at times result in unfavorable health outcomes. The isolation of menstruating girls and the enforcement of family taboos are some of the factors sustaining negative perceptions about the phenomenon. Taboos and socio-cultural constraints on menarche and menstrual practices further obscure adult girls' knowledge of the topic.

Menstrual hygiene management (MHM) is an integral component of adolescent girls' health and wellbeing. Though being very important, many girls undergo difficulties due to a lack of knowledge, taboos related to culture, and inadequate facilities. This mini project will find out the situation of menstrual hygiene management among adolescent school girls of Tamil Nadu focusing particularly on their knowledge, practice, and the difficulties they experience.

Focusing on menstrual hygiene management directly addresses Millennium Development Goal 5 (MDG-5), which is to improve maternal health. Menstrual hygiene and management can negatively affect school attendance and worsen gender inequity, and hence greatly hinder MDG-2 for universal education and MDG-3 for gender empowerment and women's equality.

Poor or inadequate knowledge about menstrual hygiene management (MHM) leads to (i). Health related risk-- Unsafe and unhygienic materials to absorb menstrual blood can lead to vaginal infections, with possible long-term effects on reproductive health, (ii). Psycho-social effects: Socio-cultural restrictions on menstruation are often associated with shame and disgust, resulting in negative attitudes. (iii). Educational thrashing: Poor or inadequate water, sanitation and hygiene (WASH) facilities in schools makes the girls for not attend school for the duration of their menstrual periods. (iv). Environment: With lack of or limited waste management, non-reusable and commercial items are often disposed into the environment.

Objectives

To determine the extent of knowledge of menstruation and menstrual hygiene among adolescent school girls.

To determine the sources of menstrual information and hygiene habits.

To establish whether the availability and utilization of the Water, Sanitation, and Hygiene (WASH) facilities in schools.

To determine the socio-economic and cultural determinants of menstrual hygiene management.

For presenting suggestions for enhancing menstrual hygiene management in schools.

Methodology

Study Design: A cross-sectional descriptive study was conducted in Perambalur and Thiruchirapalli districts of Tamil Nadu.

Sampling: Multistage random sampling was employed to sample 16 schools (8 rural and 8 urban). 416 adolescent girls who had reached menarche were interviewed.

Data Collection: A checklist and a structured interview schedule were used to collect data and evaluate WASH facilities in schools.

Results and discussions

Table-1 Socio-cultural characteristics of the selected adolescent female Students

Socio-Cultural Characteristics	Percentage of Respondents
Religion	
Hindu	89.2
Muslim	6.0
Christian	4.8
Caste	
Scheduled caste	34.9
Most backward caste	25.0
Backward caste	34.6
Others	5.5
Family Structure	
Nuclear	70.2
Joint	29.2
Place of Residence	
Rural	85.1
Urban	14.9

Table-3 Demographic Characteristics of the selected adolescent female students

Demographic Characteristics	Percentage of students
Age of the student(in completed years)	
10-11 years	13.9
12-13 years	34.7
14-15 years	35.6
16-17 years	15.9
Mean age	13.55
Age at puberty	
<=10 years	8.4
11	18.3

12	33.9
13	29.8
>=14	9.6
Mean age at puberty	12.14

Table- 4Menstrual Hygiene Management education at schools

MHM Education	Yes	No
Type of School		
Government school	56.9%	43.1%
Private school	51.9%	48.1%
Nature of school		
Girls school	60.9%	39.1%
Co-education school	51.5%	48.5%
Location of the school		
Village	53.8%	46.2%
Town	51.9%	48.1%
City	68.6%	31.4%

Menstrual Knowledge: Before menarche, only 24 percent of the girls had knowledge about menstruation. The major sources of information were mothers, representing 86 percent, and sisters, representing 32Percent.

Menstrual Hygiene Practices: 98.8Percent of girls at home and 99.8Percent of girls at school used disposable sanitary napkins. 50Percent of girls changed their napkins thrice a day.

WASH Facilities: Girls had individual toilets in all schools, but 10Percent lacked adequate water. 75Percent of them disposed of used napkins in special tanks, and 21.7 percent used incineration. **Challenges:** The major challenges faced by female students in schools were long waiting times, lack of privacy, and poor access to water facilities. **Health Problems:** 38% of the girls experienced health problems during menstruation, with the most common being stomach pain (92 percent).

Knowledge Gap: The study detects a large gap in knowledge about menstruation before menarche, and only 24 percent of the girls are provided with information. This indicates the necessity of early and comprehensive menstrual education. **Hygiene Habits:** Though most of the girls employ the use of sanitary napkins, the way they change and dispose of them is poor.

School Infrastructure: While there are WASH facilities, concerns such as bad water quality, inadequate privacy, and long lines discourage good menstrual hygiene management.

Cultural Barriers: Taboos and cultural shyness discourage free conversations regarding menstruation, and thus there is ignorance and unsanitary practices.

Recommendations

Education and Awareness: Start comprehensive educational programs on menstrual hygiene in schools, including topics like menstrual health, hygiene habits, and the need for proper disposal procedures.

Enhance WASH Facilities: Provide sufficient water supply, privacy, and sufficient toilets in schools to enable effective menstrual hygiene management.

Community Involvement: Get parents and the community involved to conduct awareness camps to shatter cultural taboos and instill open dialogues about menstruation.

Sanitary Product Access: Apply the provision of free or subsidized sanitary napkins to make sanitary menstrual products universally available to all girls.

Health Services: Offer health services within schools to respond to issues of menstrual health and to give advice on appropriate hygiene.

Conclusion

Menstrual hygiene management is a key issue that affects the health, education, and well-being of adolescent girls. This study emphasizes the need for improved education programs, facilities, and community participation to address the issues of girls in managing menstruation. With the implementation of the interventions proposed, it is possible to create an enabling environment that allows girls to manage their menstrual health effectively and with dignity.

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