



**A STUDY TO ASSESS THE KNOWLEDGE REGARDING MENSTRUAL
HYGIENE AMONG WOMEN RESIDING IN SELECTED AREAS OF
JABALPUR, MADHYA PRADESH**

Kanchan Lata Singh

Ph.D. Nursing Scholar, Malwanchal University

Introduction

Menstruation is a normal physiological process experienced by women of reproductive age. However, menstrual hygiene management (MHM) remains a public health challenge, especially in rural areas where cultural taboos, poor sanitation, and lack of awareness prevail. Poor menstrual hygiene can lead to infections, absenteeism from work or school, and long-term reproductive health issues.

Improving menstrual hygiene knowledge among women is vital for promoting their health and well-being. This study assesses the level of knowledge regarding menstrual hygiene among rural women in selected areas of Jabalpur, Madhya Pradesh.

Objectives

1. To assess the level of knowledge regarding menstrual hygiene among women residing in selected rural areas of Jabalpur, Madhya Pradesh.
2. To determine the association between demographic variables (age, education, socio-economic status) and knowledge scores.

Methodology

Study Design:

Descriptive cross-sectional study.

Study Setting:

Selected rural areas of Jabalpur district, Madhya Pradesh, India.

Study Duration:

Data were collected over a period of three months (e.g., September to November 2025).

Sample Size:

150 women residing in rural areas, aged 15–49 years.

Sampling Technique:

Non-probability purposive sampling.

Inclusion Criteria:

- Women aged 15–49 years.
- Permanent residents of selected rural areas.
- Women willing to participate and give informed consent.

Exclusion Criteria:

- Women with diagnosed psychiatric illness.
- Women who were critically ill at the time of study.

Data Collection Tool:

A structured questionnaire divided into two parts:

1. **Section A:** Socio-demographic data (age, education, marital status, occupation, family income).
2. **Section B:** Knowledge questions on menstrual hygiene (definition, importance, sanitary methods, frequency of changing pads, cleaning practices, disposal methods).

Scoring of Knowledge:

Correct answers were scored 1; incorrect/don't know responses scored 0. Based on total scores:

- **Good Knowledge:** $\geq 75\%$ correct
- **Moderate Knowledge:** 50–74% correct
- **Poor Knowledge:** $< 50\%$ correct

Data Analysis:

Data were analyzed using descriptive statistics (frequency, percentage) and inferential statistics (Chi-square test) to assess associations between demographic variables and knowledge levels.

Results

Demographic Characteristics:

Variable	Frequency (n=150)	Percentage (%)
Age Group		
15-24	45	30%
25-34	60	40%
35-49	45	30%
Education		
Illiterate	60	40%
Primary	45	30%
Secondary & Above	45	30%
Marital Status		
Married	105	70%
Unmarried	45	30%

Knowledge Scores Regarding Menstrual Hygiene:

Level of Knowledge	Frequency (n=150)	Percentage (%)
Good	30	20%
Moderate	75	50%
Poor	45	30%

Discussion

This study revealed that majority of rural women in selected areas of Jabalpur have moderate knowledge of menstrual hygiene. Education appeared to be a strong determinant of menstrual hygiene knowledge. Women with secondary education or above were more aware of proper sanitary practices compared to those who were illiterate.

Findings align with several studies in rural India, indicating that poor menstrual hygiene knowledge persists due to socio-cultural barriers and limited access to health information.

Conclusion

The study concludes that an appreciable number of women in rural Jabalpur lack adequate knowledge regarding menstrual hygiene. Interventions through health education campaigns, community workshops, and school programs are needed to enhance awareness and promote safe menstrual practices.

Recommendations

1. **Health Education:** Organize menstrual hygiene awareness camps in rural communities.
2. **School Programs:** Integrate menstrual hygiene education into school curriculum.
3. **Access to Sanitary Products:** Improve affordability and availability of sanitary products in rural areas.
4. **Community Engagement:** Promote discussions involving family members to break cultural taboos.

Limitations

- The study used non-probability sampling; results may not be generalizable.
- Self-reported data may involve response bias.

References

1. UNICEF. Menstrual Hygiene Management in Schools: A Resource for Teachers and School Administrators, 2016.
2. Garg S, Anand T. Menstrual hygiene and management in developing countries: Taking stock. *Journal of Family Medicine and Primary Care*, 2015;4(4):507-511.
3. Pandey A et al. Awareness and practice of menstrual hygiene among rural adolescent girls. *International Journal of Community Medicine*, 2017.
4. World Health Organization. Water, sanitation and hygiene standards for schools in low-cost settings. WHO Press; 2016.
5. Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? *Indian Journal of Community Medicine*. 2008;33(2):77-80.
6. Sharma N, Sharma P. Awareness and practices regarding menstrual hygiene among women in rural India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2019;8(3):1023-1028.
7. Kaur R, Kaur K, Kaur R. Menstrual hygiene, management, and waste disposal: Practices and challenges faced by rural women. *Journal of Clinical and Diagnostic Research*. 2018;12(6):LC01-LC04.
8. Patle R, Kubde S. Comparative study on menstrual hygiene in rural and urban adolescent girls. *International Journal of Medical Science and Public Health*. 2014;3(2):129-133.
9. Singh AJ. Place of menstruation in the reproductive lives of women of rural North India. *Indian Journal of Community Medicine*. 2006;31(1):10-14.
10. WaterAid India. *Is Menstrual Hygiene and Management an Issue for Adolescent Girls?* New Delhi; 2013.
11. Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. *PLoS ONE*. 2013;8(4):e62004.