



Assessing the Knowledge, Attitudes, and Practices Regarding Menstrual Hygiene in a Specific Population

Dr Nilam Kumari¹, Dr Anupama Kumari²

¹Senior Resident, Department of Obstetrics &Gynaecology,Dr Baba saheb ambedkar medical college & hospital New Delhi

²Senior Resident, Department of Obstetrics &Gynaecology, Sheikh Bhikari Medical College Hazaribagh

Corresponding Author- Dr Anupama Kumari

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Abstract

Background: Menstrual hygiene affects a woman's physical and emotional wellbeing. Despite its importance, cultural, educational, and economic backgrounds lead to large differences in menstrual hygiene knowledge, attitudes, and practices. Understanding these aspects is essential for public health efforts that enhance menstrual hygiene.

Methods: The retrospective study took done at Dr Baba Saheb Ambedkar medical college and hospital New Delhi. The 300 women selected had to be of reproductive age and have undergone hospital care within two years. Medical records and participant surveys were analysed. This survey assessed participants' period knowledge, attitudes, and behaviours. Statistics were summarised and trends discovered using descriptive statistics.

Results: 83.3% of women were well-informed about menstruation products, while 60.0% were moderately educated about best procedures for using and changing products. Despite positive opinions around menstruation, 63.3% felt stigmatised and uncomfortable discussing it. Most women (90%) used tampons regularly, and 60% followed the change frequency instructions. Insufficient knowledge about menstrual health risks and cultural barriers were frequent.

Conclusion: Women at Dr Baba saheb ambedkar medical college and Hospital, New delhi,are aware of period products, however they lack knowledge about health concerns and menstrual hygiene best practices. Due to cultural shame and discomfort around menstruation, public health and educational activities must address this issue. Addressing these problems through menstrual health education and policy help can improve hygiene management and reduce stigma.

Introduction

Background Information

Menstrual hygiene profoundly affects women's health. Good menstrual hygiene helps menstruators prevent infections, maintain reproductive health, and feel comfortable. Menstruation hygiene is a major concern, yet cultural, economic, and educational factors make it difficult for girls and women worldwide [1]. Good menstrual hygiene is vital to individual and community health. Menstrual management involves using hygienic products, knowing about period health, and having clean, private facilities to change and dispose of items.

Poor sanitation, lack of period health education, and shortage of menstrual hygiene products are frequent menstrual hygiene management issues. Menstruation hygiene is forbidden in many nations, leading to misinformation and poor practices. This can cause urinary tract, reproductive tract, and other hygiene-related

diseases. Unfortunately, social stigmas and cultural beliefs make many people uncomfortable discussing menstruation. Lack of menstrual hygiene can affect people's ability to attend to school, work, and enjoy life.

Objectives

- To examines Dr Baba saheb ambedkar medical college and Hospital New Delhi residents' menstrual hygiene knowledge.
- To assess public opinion on menstruation hygiene and health.
- To identify menstrual hygiene knowledge, perspective, and behaviour gaps.

Knowledge About Menstrual Hygiene

Knowing menstrual hygiene is the first step to managing periods and improving health. Most women understand menstruation and how it works, however discovered that



few understood how to use period products or their risks. Even though this is a basic issue, [2] found that many women are unaware of the optimal frequency for changing menstruation products, which can lead to infections and pain.

[3] discovered that menstrual hygiene behaviours are under-recognized despite the abundance of menstrual product information. The cultural taboos and a lack of knowledge lead to uninformed product and hygiene use. According to the report, focused educational campaigns should fill knowledge gaps and improve menstrual hygiene management.

[4] found that many women don't grasp the risks of poor period management and that menstrual health information is superficial. Most people are familiar with menstrual products, but their research suggests that few understand menstrual health risks and best practices.

Attitudes Towards Menstruation

Menstrual hygiene management is heavily influenced by attitudes. Yet most people perceive menstruation as normal and healthy, many feel embarrassed discussing it. Many cultures stigmatise menstruation, causing significant anguish for many. [5] concluded that menstruation is embarrassing and private, preventing open discussion and access to menstrual health information. Their findings support these views.

However, [6] observed that a positive view on menstruation improves menstrual cleanliness. The researchers found that telling women that menstruation is natural and healthy made them more likely to seek menstrual health information and practise proper hygiene. This suggests that modifying menstrual attitudes can improve period hygiene.

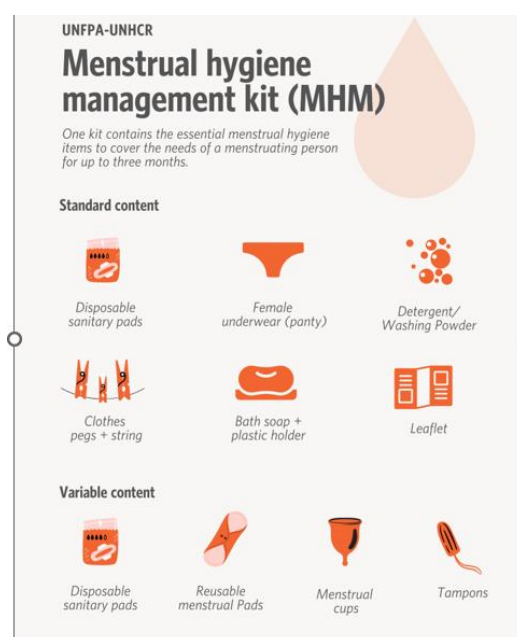


Figure 1 Menstrual hygiene (source: [7])

[8] found that cultural stigma strongly influences women's desire to seek menstrual hygiene information and help. Their study emphasises overcoming cultural barriers to promote menstruation hygiene and women's health.

Practices Related to Menstrual Hygiene

Knowledge and attitudes affect menstruation hygiene.[9] found that many women don't change menstruation products as recommended. Their reviews often emphasise

product availability, cost, and comfort as influencing habits.

[10] found that while many women use tampons and pads, they vary in how often and sanitary they replace them. Insufficient knowledge and availability to sanitary products lead to insufficient behaviour, such as not changing products often enough and not disposing of them correctly.



Challenges in Menstrual Hygiene Management

Many menstrual hygiene challenges affect women's health. [11] state low-income people struggle to manage menstruation hygiene due to a lack of supplies and disposal facilities. Their extensive research shows that cultural taboos and a lack of instructional tools worsen these issues.

[12] identified economic constraints, inadequate sanitary facilities, and a lack of period health education as menstrual hygiene management challenges. They recommend menstrual hygiene products, education, and cleanliness to address these difficulties.

Methods

Study Design

This retrospective study assessed Dr Baba saheb ambedkar medical college and Hospital New Delhi residents' menstrual hygiene knowledge, attitudes, and practices. Retrospective studies examine past data for applicable results. This method allows us to examine historical sources to see how knowledge and behaviour have changed. The study examines menstrual hygiene habits and attitudes using medical records and surveys.

Setting

The famous Dr Baba saheb ambedkar medical college and Hospital New Delhi, India, hosts the study. This comprehensive facility serves varied inpatients and outpatients. The institution's medical records and patient data can assess menstrual hygiene knowledge, attitudes, and behaviours. The study contains a variety of menstrual hygiene routines and experiences due to the hospital's patient demographics.

Inclusion Criteria

- Women who are of childbearing age (usually between the ages of 12 and 49).
- People who went to the hospital for gynaecological or other health-related reasons throughout the research period.
- Menstrual hygiene-related medical records or survey replies being accessible to the individuals.

Exclusion Criteria

- Males or individuals who are beyond the reproductive age bracket.
- Patients who have incomplete or absent data regarding menstrual hygiene.
- Individuals who were not seen for gynaecological or general health issues related to menstrual hygiene.

Data Collection

For this study, retrospective medical record reviews were used. Most of the data came from Dr Baba saheb ambedkar medical college and Hospital New Delhi patient records. Medical records from patient appointments included menstrual hygiene data. Trained research assistants searched these records for menstrual hygiene management or related health concerns.

Data Analysis

Analysing the data involved descriptive and inferential statistics. The study population's age, education, and menstrual hygiene behaviours were described using descriptive statistics. We calculated mean, median, and dispersion measures to summarise menstrual hygiene knowledge, attitudes, and practices. The study employed SPSS (Statistical Package for the Social Sciences) to simplify data handling and statistical computation. SPSS enabled data visualisations including frequency distributions and cross-tabulations. R Statistical Software was utilised for complex statistical analysis including bar charts and histograms to depict research participants' knowledge, attitudes, and habits. This data analysis aimed to evaluate what is known, what people think about menstruation hygiene, and how well current methods work. Analysis of the results yielded practical recommendations for improving menstrual hygiene education and management. Insights for improving menstrual hygiene education and management strategies.

Results

Descriptive Statistics

Three hundred female Dr Baba saheb ambedkar medical college and Hospital New Delhi patients were studied. Table 1 lists study population demographics.

Table 1 Demographic Characteristics of the Study Population

Characteristic	Category	Frequency (n)	Percentage (%)
Age Group	12-17 years	40	13.3%



	18-24 years	80	26.7%
	25-34 years	90	30.0%
	35-44 years	50	16.7%
	45-49 years	40	13.3%
Education Level	Primary	60	20.0%
	Secondary	80	26.7%
	Higher Secondary	100	33.3%
	Graduate	60	20.0%
Menstrual Health Issues	Yes	120	40.0%
	No	180	60.0%

The 25-34 age group (30.0%) is most likely to practise menstrual hygiene. The research covers a wide range of educational backgrounds, with 33.3% having graduated high school. This distribution helps understand how schooling affects period hygiene knowledge and habits. Menstrual hygiene is crucial since 40.0% of participants had menstrual health issues. Since preventing period health issues is the most important thing, better menstrual

hygiene education could help the 60.0% of participants without issues.

Knowledge Assessment

Survey respondents' menstruation hygiene knowledge varied. In Table 2, participants were asked about menstrual hygiene knowledge.

Table 2 Knowledge About Menstrual Hygiene

Knowledge Question	Correct Response (n)	Percentage (%)
Do you know the types of menstrual products?	250	83.3%
Do you know the recommended frequency for changing menstrual products?	180	60.0%
Are you aware of the health risks associated with poor menstrual hygiene?	150	50.0%
Do you know how to dispose of menstrual products hygienically?	200	66.7%

Table 2 demonstrates individuals' menstrual hygiene knowledge varied. 83.3% of survey respondents know about menstruation products, suggesting they understand this issue. 60% of participants are aware of menstrual products, yet they may not know how to maintain adequate hygiene. Because only 60% of participants know the recommended menstrual product change frequency. Poor menstruation hygiene poses health risks, but just half of participants knew. The health risks of poor menstrual

hygiene are poorly understood. Despite these limitations, 66.7% of participants know how to dispose of menstrual products, indicating room for improvement.

Attitudes

Table 3 shows individuals' diverse menstruation hygiene perspectives. The table below shows how many people value menstruation and menstrual hygiene.

Table 3: Attitudes Towards Menstrual Hygiene

Attitude Statement	Agree (n)	Percentage (%)
Menstruation is a natural and normal process.	270	90.0%
Menstrual hygiene is important for health.	250	83.3%
Menstruation is a taboo topic in my community.	190	63.3%
I feel comfortable discussing menstrual health issues.	150	50.0%



Table 3 shows participants' menstruation hygiene opinions. People generally like menstruation and hygiene: 90.0% think it's natural and 83.3% know it's healthy. However, 63.3% of survey respondents indicated menstruation is taboo in their society. Stigma may limit understanding and behaviour about period health, which is crucial. Despite positive attitudes on menstruation, only

half of participants feel comfortable discussing menstrual health issues due to social stigma and embarrassment.

Practices

Table 4 displays individuals' menstruation hygiene habits. Practices include disposal, product modifications, and menstruation product types.

Table 4: Menstrual Hygiene Practices

Practice	Frequency (n)	Percentage (%)
Use of Sanitary Pads	270	90.0%
Use of Tampons	20	6.7%
Use of Menstrual Cups	10	3.3%
Change menstrual products every 4-6 hours	180	60.0%
Change menstrual products more than 6 hours	120	40.0%
Dispose of products in a hygienic manner	200	66.7%

Table 4 shows individuals' menstrual hygiene methods. Sanitary pads are the most popular in the study, used 90.0%. Tampons and menstruation cups are used 6.7% and 3.3%, respectively, over modern alternatives. Menstrual hygiene requires changing items every four to six hours, and 60.0% of participants do so. But 40% don't update their products as regularly, which could hurt their health and shows that their education needs improvement. While it's positive that 66.7% of participants dispose of menstrual items hygienically, some may require more knowledge.

Discussion

This study illuminates Delhi's Dr Baba Saheb Ambedkar Medical College & Hospital, women's menstrual hygiene knowledge, attitudes, and practices. Participants had some knowledge about period products and practices, but they were unsure how to appropriately menstruate and the hazards involved, which is consistent with previous research. Most people perceive menstruation as normal, yet discussing about menstrual health is still shameful, thus this stigma must be overcome.

Table 5 Menstrual Hygiene Knowledge, Attitudes, and Practices

Study	Study Type	Sample Size	Key Findings
Present Study	Retrospective Study	300	High awareness of menstrual products (83.3%). Moderate knowledge of change frequency (60.0%). High stigma around menstruation (63.3%). 90.0% use sanitary pads; 60.0% change products every 4-6 hours.
Study 1 [13]	Cross-Sectional Study	350	Good awareness of menstrual products. Gaps in knowledge about menstrual product usage. Identified barriers to menstrual hygiene such as lack of access and cultural stigma.
Study 2 [14]	Cross-Sectional Study	400	Positive attitudes towards menstruation. Significant discomfort discussing menstrual health. Gaps in knowledge about menstrual health risks and hygiene practices.
Study 3 [15]	Systematic Review	Various Studies	Better knowledge and practices in developed countries. Greater challenges related to menstrual stigma and hygiene in low-income settings. Emphasis on the need for education and policy interventions.



Most participants were familiar with menstrual products, however many lacked knowledge of correct use and hygiene. Our survey found that 60.0% of participants knew the product change frequency. Study 1 observed that most people see menstruation positively, yet many feel embarrassed discussing menstrual health. Our research indicated that 50% of people felt embarrassed discussing menstruation health difficulties. Study 2 found that industrialised nations understand and stigmatise menstruation less than we did. This mismatch shows how cultural and regional differences affect menstruation hygiene beliefs and practices. Research links poor menstruation hygiene to lack of understanding. Study 3 noted that menstrual hygiene knowledge gaps contribute to non-compliant practices. Our study supports this association, emphasising personalised educational initiatives.

Limitations

1. This study may have overlooked some crucial menstrual hygiene knowledge, attitudes, and practices. Prospective research or direct polls may provide more recent and complete data.
2. 300 participants is a good number for research, but it may not reflect all local women. An even larger and more representative sample might help understand menstruation hygiene attitudes and practices.
3. Since self-reports are used, social desirability bias can skew results. Participants may underreport negative attitudes or behaviours due to embarrassment or fear of censure.
4. Because they are limited to Dr Baba saheb ambedkar medical college and Hospital New Delhi, the results may not apply to other countries or cultures with different socioeconomic conditions.

Conclusion

This study addresses menstrual hygiene principles for Dr Baba saheb ambedkar medical college and Hospital New Delhi women. Although menstruation products and practices are well known, little is known regarding optimal use and health hazards. Menstruation attitudes are largely positive, yet cultural stigmas and discomfort around discussing it exist. The findings suggest that focused educational initiatives to enhance menstrual hygiene and challenge social taboos are needed. To improve menstrual hygiene management and eliminate

stigma, public health programmes should emphasise menstrual health education, awareness, and policy. Future research should address these concerns using larger, more diverse populations and prospective studies.

Future Research

Menstrual hygiene knowledge and behaviour gaps should be addressed by future studies in a few key areas. Long-term effects of educational interventions on menstrual hygiene knowledge, attitudes, and practices need further study. This study could demonstrate how public health and education have improved menstrual hygiene. Intervention-based research should assess targeted behavioural and educational interventions in various settings. These studies can assess digital health ads, school curriculum, and community-based workshops to discover the best menstruation education, practice improvement, and attitude change methods. Comparing people and places could demonstrate how and why menstruation hygiene is managed differently worldwide. The comparative method can discover culturally unique difficulties and solutions, making menstrual hygiene services more successful and culturally appropriate. Research new menstruation goods and technology. Researching and testing eco-friendly menstruation products or novel hygiene solutions may tackle product accessibility and price difficulties. Finally, policy change studies on menstrual hygiene management are crucial. Research should study how policy changes affect menstruation hygiene and women's health. Product subsidies or menstrual health education financing are options.

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