# **Internship Training**

At

## **Innovative Financial Advisor**

By

Dr. Ankita Priyadarshi
Post Graduation in Health Management
Year 2013 – 2015



International Institute of Health Management Research Delhi

## **Internship Training**

At

**Innovative Financial Advisor** 

Menstrual Hygiene: Knowledge and practice among Adolescent Girls in West District, Delhi

By

Dr. Ankita Priyadarshi (PG/13/004)

Under the guidance of

Mr. Vinay Tripathi
Post Graduation in Health Management
2013-1015



International Institute of Health Management Research
Delhi

# (INNOVATIVE FINANCIAL ADVISOR)

The certificate is awarded to

#### ANKITA PRIYADARSHI

In recognition of having successfully completed her Internship in the department of

#### HEALTH

and has successfully completed her Project on menstrual hygiene: knowledge & practice among Adolescent girls in west District Delhi

Date Feb 2015 to April 2015

Organisation INNOVATIVE FINANCIAL ADVICOR

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors

Training & Development

Zonal Head-Human Resources

Sumeet Singh Sumor Program Manager Health

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This is to certify that Dr.Ankita Priyadarshi student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Innovative Financial Advisor from Feb 2015 to April 2015

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Dr. A.K. Agarwal

Dean, Academics and Student Affairs

VinayTripathi

Assistant Professor

## Certificate of Approval

The following dissertation titled "Menstrual Hygiene: Knowledge and practice among Adolescent Girls in West District, Delhi" at Innovative Financial Advisor" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Prof Ruy how	Phone
De Pranjed	
Dr Preelter El	

# Certificate from Dissertation Advisory Committee

This is to certify that Dr. Ankita Priyadarshi, a graduate student of the Post-Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. She is submitting this dissertation titled "Menstrual Hygiene: Knowledge and practice among Adolescent Girls in West District, Delhi" at "Innovative Financial Advisor" in partial fulfilment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Organization Mentor Name

Designation Service Program Manager Organization Financial Advisor.

Vinay Tripathi,

Assistant Professor,

IIHMR Delhi

#### CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Menstrual Hygiene: Knowledge and practice among Adolescent Girls in West District, Delhi" and submitted by Dr. Ankita Priyadarshi and Enrollment No. PG/13/004 under the supervision of Mr. Vinay Tripathi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from Feb 2015 to April 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Date 10 | 05 | 15

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Dissertation Organisati	on: Innovative Financial Advisors
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Dr.Ankita Priyadarshi

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### **Abstract**

Menstruation is one of the most basic characteristic features of women and so are the society regulated customs, practices and restrictions related to the process of menstruation. The study was done assess the knowledge level of 150 girls of west district of New Delhi regarding menstruation. A pre-designed, pretested and structured questionnaire was used for this purpose. The results also highlight the common practices followed by these young girls and the restrictions placed upon them during the menstrual period. An urgent need to address the issue of Menstrual Hygiene Management while providing appropriate information to young girls regarding the process of menstruation and basic hygiene practices to be adopted to avoid genital problems. Efforts should also be made to eradicate orthodox thinking and the invalid restrictions placed upon them during this period.

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#### **INTRODUCTION**

WHO has defined Adolescence as the period between 10-19 years of life. Adolescent girls constitute about 1/5th total female population in the world. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. This period is marked with onset of menarche. Menstruation is a phenomenon unique to all females. It is still considered as something unclean or dirty in Indian society. This concept is responsible for related taboos. The first menstruation is often horrifying and traumatic to an adolescent girl because it usually occurs without her knowing about it. Although menstruation is a natural process, it is linked with several perceptions and practices, which sometimes result in adverse health outcomes. Women having a better knowledge regarding menstrual hygiene and safe menstrual practices are less vulnerable to reproductive tract infections and its consequence.

Menstruation has often been associated with some degree of sufferings and embarrassment by the society. It is also been commonly observed that every woman experiences one or other type of menstrual problems in her lifetime. The prevalence of menstrual disorders has been recorded as high as 87 % (Narayan et al. 2001).

Globally, it has been observed that different forms of beliefs and perception of menstruation exist which eithernegate or promote the adolescent females health. Studies have shown that superstitions, illogical beliefs andmisinterpretation are more common than accurate in understanding of the process of menstruation, menstrual hygieneand self care practices (Uzochukwu et al., 2009). These practices reflect the perception of menstrual blood loss as an impure state and not as a normal human physiological phenomenon (Shukla, S., 2005). Prevalence of sanitary napkinuse remains low in India in both rural and urban communities (Mudey et al., 2010).

A key priority for women and girls is to have the necessary knowledge, facilities and the cultural environment to manage menstruation hygienically and with dignity. Very few studies have included the detailed aspects of the menstrual

<sup>&</sup>lt;sup>1</sup> Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is adolescent girl? Indian J Community Med 2008;33(2):77-80.

practices among adolescent girls. It was therefore considered as relevant to investigate the menstruation related knowledge and practices among the school going adolescent girls.

So, the present study was undertaken to study knowledge and practices regarding menstruation among adolescent girls in an urban slums.

#### **REVIEW OF LITERATURE**

### RajniDhingra, Anil Kumar and ManpreetKour(2009)1

The present study was undertaken to assess the knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. The sample for the study comprised of 200 girls in the age group 13-15 years. Both nomadic and seminomadic Gujjars were included. A combination of snowball and random sampling technique was used for selection of the sample group from various areas of Jammu district of Jammu and Kashmir State. Interview guide was developed and used to study the knowledge and practices related to menstruation among adolescent girls. Along with the Interview guide, the menstrual history of the sample group was recorded by the medical experts in the proforma devised for the purpose. The results revealed that sample girls lacked conceptual clarity about the process of menstruation before they started menstruating due to which they faced several gynaecological problems. The most common source of information about menstruation for the majority (83%) of the sample girls were friends. There were several socio-cultural taboos related to menstruation. The level of personal hygiene and management of menstruation was found to be quite unsatisfactory. 98% of the girls believed that there should be no regular bath during menstrual cycle. All the girls reported following these cultural practices without much questioning. The results hold implications for professionals involved in improvement of adolescent reproductive health in particular

## A.J Singh (2009)2

The present study was undertaken to ascertain the perceptions and experiences of women regarding menstruation. The method used was an integrated qualitative and quantitative study on reproductive health of Indian women was conducted in two primary health centre areas of rural north India. Present article reports on the perceptions of 1205 women regarding various aspects of menstruation. The results revealed that major source of information about menarche/menstruation were friends/relatives (72%). Mean age at menarche was 15 years. Very few women (0.4%) used sanitary napkins. Majority of women had strong beliefs about effect of diet on menstruation. Most of them considered menstruation a dirty act and indulged in various taboo behaviors. Initial reaction was of fear/apprehension at menarche in majority of girls. Conclusion: Women in rural north India still hold traditional beliefs regarding menstruation. Provision of a balanced and healthy family health education package to all girls is recommended.

#### KamathR1, Ghosh D2, Lena A2, Chandrasekaran V2(2013)6

Adolescent girls often lack knowledge regarding reproductive health including menstruation hygiene which can be due to socio-cultural barriers in which they grow up. The objectives are to explore the knowledge, practices and sources of information regarding menstruation and hygiene among adolescent girls in Udupitaluk, India. The methods used were an epidemiologic study was undertaken using cross-sectional study method among 550 school going adolescent girls aged 13-16 years. A total of 270 were from urban and 280 from the rural area. Stratified cluster sampling was adopted to select the schools and simple random sampling technique to select the participants. Data was collected using a pre-tested questionnaire and analyzed using SPSS version 15. The results revealed that around 34% participants were aware about menstruation prior to menarche, and mothers were the main source of information among both groups. Overall, 70.4% of adolescent girls were using sanitary napkins as menstrual absorbent, while 25.6% were using both cloth and sanitary napkins. Almost half of the rural participants dried the absorbent inside their homes. Conclusions: There is a need to equip the adolescent girls with knowledge regarding safe, hygienic practices to enable them to lead a healthy reproductive life.

### **RESEARCH QUESTION:-**

What are menstrual hygiene practices among adolescent girls?

### **RESEARCH OBJECTIVES**

## <u>AIMS</u>

To assess the knowledge and practices of menstrual hygiene among adolescents girls living in West district of New Delhi.

### **SPECIFIC OBJECTIVE**

- To assess the prevailing knowledge and sources of information of adolescent girls about menstrual hygiene and management.
- To identify the restrictions faced by adolescent girls during menstruation.

### **RESEARCH METHODOLOGY**

- <u>Study Design</u>: community based cross sectional study
- <u>Study Setting</u>: The study was performed in urban slums area under anganwadi centres of madhu vihar and mahavir enclave part 3 of West District. New Delhi
- <u>Study population-</u> The study population was of 150 girls aging between 12 to 20 y residing in the madhu vihar and mahavir enclave part 3 of West District, New Delhi
- Study Period:
- > Three months
- ➤ During this period activities like ethical committee approval, Data collection, data analysis, interpretation of the results and report was performed.
- Study tools:
- ➤ An interviewer administered questionnaire was used.
- ➤ Questions covers the demographics details, information regarding the knowledge about menstrual hygiene in the adolescent girls and the questions on factors related to restrictions that the adolescent girls face during that phase.
- ➤ A written informed consent was attached to the questionnaire.
- Sampling technique:

Non- random convenience sampling.

- Sample size:
  - 150 adolescent girls
- Data Collection:
- ➤ Data was collected using the study tool. A brief introduction about the study was given to the participants.
- <u>Data Analysis:</u> Data was collected using the checklist also. The quantitative data were analyzed using Microsoft Office Excel 2007 and SPSS.

#### **PROCEDURE**

The purpose of the study and the nature of the information which had to be furnished by the study subjects were explained to them. This questionnaire included topics which were related to the awareness about menstruation, the sources of information regarding menstruation, the hygienic practices during menstruation and the restricted activities practiced during menstruation. The chronological age and the age at men arche were also elucidated. The menstrual hygiene questionnaire included queries about the type of absorbent which was used, its storage place, the use of clean or unclean napkins and the frequencies of changing and cleaning them. The information about personal hygiene included washing and bathing during menses, the practice of wearing stained clothes, etc. The demographic information including family details, parent's education, knowledge regarding menstrual hygiene, source of information and practices followed during the menstruation period and then documented.

### **ETHICAL CONSIDERATION**

Rights, anonymity and confidentiality of the respondents were respected in all phases of the study. Informed verbal consent was obtained from the respondents before data collection. Through verbal consent process, the type and purpose of the survey, discussion or interview; issues of anonymity and confidentiality; voluntary participation and freedom to discontinue the interview/discussion at any stage; and absence of any known risk or benefit for participating in the study was explained beforehand. To preserve anonymity, all findings are presented without ascribing names or identifiable personal description. All participants were informed, that their participation is voluntary and that the collected data would be only used for the purpose of the study as well as for their benefit.

### **LIMITATIONS**

The selection of respondents for the study was small in number thus the findings of this study should not be generalized, however the key issues identified from the community will be an assets for management of menstrual hygiene. The survey questionnaires though made in both Hindi and English contained some technical terms; many respondents had difficulty understanding parts of it. The researcher team acted as translator by explaining the terms to them.

## **RESULTS**

Table 1. Socio demographic characteristics of the Adolescent Girls

Characteristics	Adolescent Girls	
	Percentage of respondent (N=150)	
Age		
11-13	22	
14-16	58 20	
17-19	20	
<b>Educational Qualification</b>		
8	14	
9	36	
	4	
10	12	
11	6	
12	28	
School Drop out		
Type of Family		
Nuclear	30	
Joint	70	
<b>Mother Education</b>		
Literate	32	
Illiterate	68	

Father Education	
Literate	76
	14
Illiterate	

Table 1 presents the demographic details of the study subject. It was evident that the majority of the study girls (58%) were 14-16 years of age. A majority of the mothers of the study girls were illiterate (68%) and 32% of the mothers were illiterate. Majority of the participants (70%) lived in joint families and around

**Table No 2 Information about Menarche** 

Information about Menarche	No. (%)
Awareness about menstruation before menarche	
Yes	52(34.67)
No	98(65.33)
Source of information before menarche:-	
Mother	72(48)
Sister	34(22.67)
Friend	18(12)
Teachers	10(6.66)
Others	16(10.67)
What is the cause of menstruation?	
Don't Know	78(52)
Physiological process	29(19.33)
Curse of god	43(28.67)
From which organ does the menstrual blood comes?	
Don't Know	83(55.33)
Urethra/Vagina	49(32.67)
Uterus	18(12)
What absorbent should ideally be used during	
menstruation?	89(59.33)
Sanitary pad	61(40.67)
Cloth	Page   20

**Table 3: Practise of Menstrual Hygiene amongst the girls (n=150)** 

<b>Menstrual Hygiene Practises</b>	No. (%)
Use of material during menstruation	
Sanitary pad	42(28)
Old cloth	94(62.67)
New cloth	14(9.33)
Material used for cleaning of External	
genitalia	87(58)
Only water	59(39.33)
Soap and Water	4(2.67)
Water and antiseptic	
Storage of absorbent	
Bathroom	73(48.67)
Don't store	46(30.67)
Store with routine cloth	25(16.66)
Others	6(4)
Method of disposal	
Burn it	84(56)
Throw it in routine waste	24(16)
Others (Don't dispose/Flush/Hide)	42(28)
Places of drying	
Outside house in the sunlight	76(50.66)
Inside house	58(38.67)
outside house without sunlight	16(10.67)
Change of pad in school	
Change of pad in school Yes	24(16)
	24(16)
No	126(84)
Toilet facility at home	
Yes	132(88)
No	18(12

The data in table 2 and table 3 indicates that only 52 (34.67%) of the participants were aware about menstruation before reaching menarche. The most important sources of providing the information related to menarche were mothers, sisters too played an important role here along with friends and teachers. 78(52%) study subjects were not aware of the reason behind occurrence of menstruation. 43 (28.67%) believed menstruation it to be a curse of God. Only 18(12%) of the girls were aware of uterus being the source of blood flowing during the menstrual cycle while a majority of girls i.e. 83(55.33%) were not of the same. 89(59.33) girls reported that sanitary pads should ideally be used during the menstruation. Practise of menstrual hygiene amongst the rural girls in table 2 reveals that while 94(62.67%) girls used old cloths,14(9.33%) used new cloth during menstruation. It was found that only 4(2.67%) girls used water and antiseptic for cleaning the external genitalia, while a majority of girls used only water. A majority of girl 73(48.67%) stored menstrual absorbents in the bathroom, while 25(16.66%) stored it with routine cloth. Method of disposal adopted by girls also differs, 84(56%) girls burnt the menstrual material while 42(28%) don't dispose/ flush /hide the material. Some girls who reused the cloth used during menstruation dried them either inside the hose or outside in the sunlight. Majority of the girls dried the cloth outside in the sunlight 76(50.66%), while 58(38.67) dried it inside the house, still 16(10.67%) were found to be drying the outside but without sunlight. Surprisingly it was found that 126(84%) did not change the pad in the school, interestingly 132(88%) has toilets in their home.

**Table 4: Restrictions practised during menstruation (\* Multiple responses)** 

Restrictions	No. (%)
Restrictions not practised	23(15.33)
Restrictions practised for*	127(84.67)
Attend religious functions	122(81.33)
Household work	46(30.67)
Touch stored food	92(61.33)
Sleep on routine bed	43(28.66)
Touch family members	76(50.67)
Play outside	68(45.33)
Not allowed to go to school	89(59.33)

The table 4 gives a clear picture of the different types of restrictions practiced during menstruation by the girls. While 127(84.67%) of the girls practised these restrictions only 23(15.33) did not practise the same. Majority girls 122(81.33) did not attend any religious function, 92(61.33) were not allowed to touch stored food, 89(59.33) were also not allowed to attend school.

#### **DISCUSSION**

As reflected by Table 2, majority of the girls were not even aware of the process of menstruation prior to beginning with menarche while in a study conducted among school going adolescent girls in Saoner, Nagpur reported that 36.9% of their subjects knew about menstruation before attaining menarche (Thakre et al., 2011). A series of articles from India also indicated insufficient knowledge about menstruation among girls, particularly pre-menarche (Gupta &Vatsayan 1996; Dhingra et al., 2007; Nemade et al., 2009). As reported by the girls since menstruation is a 'hush-hush' topic in the families, they normally don't come to know, until beginning with their first period. Mothers have always been identified as an important source of providing information on menstruation for the girls, as also shown by some other studies to a varying degree (Dasgupta&Sarkar, 2008; El-Gilany et al., 2005). The rising literacy levels, increasing awareness amongst women along with decreasing inhibitions in talking to their daughters have been understood as the reason for disseminating information. Other sources of information regarding menarche were sisters, friends and teachers for the girls. These findings were consistent with those of other studies (Khanna et al., 2005; Mudey et al., 2010; Dasgupta&Sarkar 2008). Since, mothers are the closest and safe modes of imparting knowledge about the process, the mothers consider it as their responsibility to impart knowledge about menstruation to their girls. Some of the girls, who have attained menarche before others, become a source of information to others, while sources like television, books, and magazines too have become sources of gaining information. Teachers as reported by the girls were hardly a source of information to them, for they did not feel comfortable talking to the girls, in many cases the syllabus portion comprising of information related to female anatomy were skipped or left for self-study. Majority of the girls did not know about the cause of menstruation while 29(19.33) believed it to be a physiological process, whereas referring to previous done researches in a similar study, 86.25% believed it to be a physiological process (Dasgupta&Sarkar 2008). In a similar study carried out in Rajasthan by Khanna et al. (2005) nearly 70 percent believed that menstruation was not natural process. It is surprising that majority of the girls even did not know the sources of menstrual bleeding. 61(40.67) girls felt that ideally old cloth should be used during menstruation, in the study by Baridalyne&Reddaiah (2004), only one-third of the study subjects used

sanitary pads as absorbents. The easy availability of cloth and the high cost of sanitary napkins becomes a reason for preferring cloth over sanitary pads. The type of absorbent material which is used is of primary concern, since reuse of the material could be a cause for infection if it is improperly cleaned and poorly stored (E.L.Gilany et al., 2005).

As per table 3, the results clearly show that majority of the girls used old cloth during menstruation while only 42(28%) used sanitary pads. Despite of the uneasiness being felt due to use of cloth, it still remains the preferred means for them, due to its easy availability and low cost, while feeling ashamed in purchasing sanitary napkins, their high cost and low availability in the area leads to less use of sanitary napkins. The current study found that 59(39.33) girls cleaned their external genitalia with soap and water during menstruation, a figure that is higher than the 45% reported by Drakshayani&Venkata (1994), from a study among rural adolescent girls of Andhra Pradesh. As indicated by the results, the majority of them used only water to wash their genital area, not knowing the importance of maintaining cleanliness in the genital area, which would further help them avoid various genital related problems. Very few used water and antiseptic to wash the genital areas, thus making them safe against various problems related to female genitals, since antiseptic helps in killing germs and bacteria while also preventing their growth. It is also important that the place where the absorbent material is stored is clean and hygienic. Majority of the girls stored the absorbents in the bathroom which is similar to another study where the proportion of the participants who used the bathroom as a storage place was as high as 49.8% (Narayan et al., 2001). In another study done by Omidwar& Begum (2010), revealed that 56.6% of the girls stored the clean (unused) pads in the cupboards or drawers 15% and 21.1% used dress cabinet and bathroom respectively for storage. For cleanliness, place of storage of pads/ napkins are equally important, especially the practice of storing sanitary pads in bath rooms appears disturbing since it could also harbour dust and insects. In the present study it was also found that the girls disposed the used absorbents by carefully wrapping them in sheets of papers and polythene and then mostly burning it with other household waste, similar findings were reported in the study done by Omidwar& Begum, 2010; Mudey et al., 2010; and Dasgupta&Sarkar 2008. In contrast to high-income urban areas where modern disposable menstrual hygiene products are proliferating and increasingly disposed of through centralized solid waste management systems (Ashley et al., 2005), in low-income areas there were found to be a range of options used for disposing of menstrual materials in the home. These included burning, burying, throwing in the

waste bin, pit latrine or flushing. Inadequate disposal systems and relevant menstrual disposal knowledge resulted in clogged toilets and pollution of streams with used materials. In a study it was also found that 43% of girls bury their used materials, 35% throw the used materials with other waste, and 19% burn the materials (WaterAid,2009), which at times causes problems like clogging of toilet and polluting the local environment like streams in villages. Though majority of girls were found to be drying their absorbent material, cloth in this case, outside in the sun, it was also found that the rest of them did not dry the cloth in the sunlight, thus giving birth to various germs leading to problems experienced by them in the genital area, like itching, rashes, abrasions, urinary tract infections, as reported by the girls. In a study by Subhash et al. (2011), it was found that in cases of reused cloth, the places of its drying which were observed, was outside the house in sunlight in 78 (51.32%) subjects, 72 (47.37%) dried them inside the house, and, 8(4.94%) subjects dried them outside without sunlight. In the present study, a very small proportion of the girls changed the pads at school hours; other researchers too reported that 20.6% of the girls changed the pads at school hours (Omidwar& Begum, 2010). The probable reason for the girls not changing the pads could be ignorance and lack of facilities. The girls also reported that in many of the schools they did not have separate toilet facilities for girls and the washrooms meant for teachers were not open to the girls for they would make them 'dirty'.

Table 4 shows a detailed representation of the various kinds of restrictions placed on the girls during menstruation. These are followed in the same way as have been practised by their mothers or other elderly female in the family, due to their ignorance and false perceptions about menstruation. The girls reported being unable to understand the reason for such discrimination and restrictions, practiced and followed without any valid reasons, yet not having the courage to disobey their elders. Garg et al. (2001), reported that the vast majority of girls in a Delhi slum continue to experience restrictions on cooking, work activities, sexual intercourse, bathing and religious practice during menstruation. The overall perception is that menstrual fluid is dirty and polluting, which occasions much secrecy around its management. In contrast, Dhingra et al. (2009), describe menstrual taboos among the Gujjar tribe of the Kashmir and Sammu regions of India, who lead a seminomadic existence. Their research with adolescent girls found there were restrictions on bodily washing and a taboo against burying a bloodied menstrual cloth. Cloths could only be washed and then buried or reused. Most girls reported washing the cloths secretly and drying them in a hidden corner, not in the sun, lest they be seen by others. Restrictions symbolize a woman's ritually dangerous status (Narayan et al, 2001) that, as fuelled by myths, misconceptions, superstitions and taboos, is believed to have the potential to spoil food, plant, biological and social processes.

#### **Conclusion and Recommendations**

The result of the study revealed that mothers of adolescent girls were ignorant about informing daughters about menstruation prior to menarche. All mothers irrespective of their educational status should be taught to break their inhibitions about discussing with their daughters regarding menstruation before age of menarche. Education regarding reproductive health and hygiene should be included as a part of school curriculum. Better hygienic practices can be adopted by making sanitary pads available at affordable prices (social marketing). There is a strong need to address issues like the restrictions which are imposed on or practiced by the girls which have been followed through generations in ignorance. Appropriate information regarding use of sanitary napkins, cloth and their disposal should be provided to girls in pre menstrual stage and later. To maintain the MHM (Menstrual Hygiene Management) is an essential part of health education.

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	ANNEXURE		
1	Age group	a) 11-13	
		b) 14-16	
		c) 17-19	
2		a) 7	
	Education	b) 8	
		c) 9	
		d) 10	
		e) 11	
		f) 12	
		g) School drop out	
		8, 30,100, 0,100	
3	Type of family	a) Nuclear family	
		b) Joint family	
4	Mother education	a) Literate	
		b) Illiterate	
5	Father education	a) Literate	
		b) Illiterate	
	Symptoms of mensi	trual hygiene	
6	Associated Symptoms	a) Pain in abdomen	
		b) Headache Nausea/Vomiting Weakness	
		c) Excessive bleeding	
		d) Breast pain	
		e) Itching around genitalia	
	Awareness and hygiene regarding m	nenstruation among adolescent girls	
7	Awareness about menstruation before	a) Yes	
	menarche?	b) No	
8	Source of information regarding menstruation?	a) Mother	
		b) Teacher	
		c) Friend	
		d) Sister	
		e) Others	
9	From which organ does the menstrual blood	a) Don't Know	
	comes?	b) Urethra	
		c) Vagina	
		d) Uterus	
10	What is the cause of menstruation?	a) Natural	
		b) Curse from God	

	c) A disease d) Due to weight gain
	e) Don't know
What absorbent ideally to be use during	a) Sanitary pad
menstruation?	b) Cloth
Duo stino divisio	
Absorbent during menstruation?	a) Sanitary pad
	b) Old cloth
	c) New cloth
Reuse of absorbent?	a) Yes
	b) No
Reasons for not using sanitary pads?	a) No reason
	b) Difficult to dispose
	c) High cost
	d) No knowledge about it
How often you change use?	a) Only 1 time
	b) Change daily
	c) Depending on situation
When will you bath during period?	a) First day
	b) Third day
	c) Daily
Material used for cleaning of External genitalia?	a) Only water
	b) Soap and Water
	c) Water and antiseptic
Storage of absorbent?	a) Don't store
	b) Store with routine cloth
	c) Others
Method of disposal?	a) Burn it
	b) Throw it in routine waste
	c) Others (Don't dispose/Flush/Hide)
Places of drying if using a cloth?	a) Outside house in the sunlight
	b) Inside house
	c) outside house without sunlight
Who taught you about the menstrual hygiene?	a) Parents
	b) Friends
	c) Course books
	d) None
	Practice during Absorbent during menstruation?  Reuse of absorbent?  Reasons for not using sanitary pads?  How often you change use?  When will you bath during period?  Material used for cleaning of External genitalia?  Storage of absorbent?  Method of disposal?  Places of drying if using a cloth?

23	Toilet facility at home?	a) Yes
		b) No
	Restrictions practiced of	during menstruation
24	Restriction practiced	a) Religious occasions
		b) Routine household work
		c) Playing
		d) Attending school
		e) Certain types of foods
25	Did you sleep in your house during first period?	a) Yes
		b) No
26	Where do you sleep during period?	a) Same place
		b) Separate room
		c) Next house
27	Do you take rest during period?	a) Yes
		b) No