

**PERCEPTION ON MENSTRUATION, MENSTRUAL HYGIENE AND MENSTRUAL
HEALTH AMONG FEMALE COLLEGE STUDENTS IN KOLLAM CITY**

*A Dissertation Submitted to the University of Kerala in the Partial
Fulfillment of the Requirements for the Master of Arts Degree
Examination in Sociology*

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DECLARATION

I, **SARANYA R** do hereby declare that the Dissertation Titled **PERCEPTION ON MENSTRUATION, MENSTRUAL HYGIENE AND MENSTRUAL HEALTH AMONG FEMALE COLLEGE STUDENTS IN KOLLAM CITY** is based on the original work carried out by me and submitted to the University of Kerala during the year 2022-2024 towards partial fulfillment of the requirements for the Master of Arts Degree Examination in Sociology. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before any University or anywhere else.

Place: Thiruvananthapuram

Date: 9/09/2024

Ms. SARANYA R

CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled **PERCEPTION ON MENSTRUATION, MENSTRUAL HYGIENE AND MENSTRUAL HEALTH AMONG FEMALE COLLEGE STUDENTS IN KOLLAM CITY** is a record of genuine work done by **MS. SARANYA R** Fourth semester Master of Sociology student of this college under my supervision and guidance and that it is hereby approved for submission.

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ABSTRACT

This study examines the perceptions and knowledge of female college students regarding menstruation, menstrual hygiene, and menstrual-related disorders. Despite the widespread acknowledgment of menstruation as a natural biological process, students continue to face a variety of societal restrictions and cultural taboos that shape their experiences and attitudes towards it. These restrictions may range from social stigmas associated with discussing menstruation openly to limitations imposed on women's participation in activities during their menstrual cycles, reflecting deeply ingrained cultural beliefs. These taboos often reinforce the idea that menstruation is something to be hidden or treated as shameful, which can hinder open conversations and education around menstrual health.

One of the key findings of the study is the high importance female students place on maintaining proper hygiene during menstruation. They generally demonstrate awareness of the need to use sanitary products such as pads and tampons to manage menstrual flow effectively and hygienically. However, despite this commitment to personal hygiene, some students engage in environmentally harmful practices, such as burning used sanitary napkins.

In terms of health awareness, while many students demonstrate a basic understanding of common menstrual issues like premenstrual syndrome (PMS) and are familiar with the general discomforts associated with menstruation, there are significant gaps in their knowledge about more serious menstrual-related disorders. Conditions such as Amenorrhea (the absence of menstruation), dysmenorrhea (painful periods), and menorrhagia (heavy menstrual bleeding) are less well-understood by the students. This lack of awareness could lead to the under-recognition of symptoms, delayed medical consultations, and the improper management of menstrual health. Furthermore, the study highlights the importance of creating an educational environment that promotes a positive and informed perspective on menstruation.

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CHAPTER – 1

INTRODUCTION

1.1 INTRODUCTION

Every month, women naturally go through a process called menstruation. This is the time when the women body gets ready for a possible pregnancy; if it doesn't happen, the uterus sheds its lining and blood flows out through vagina. The female reproductive system's uterus thickens its lining once a month in preparation for a fertilised egg. The uterus sheds its lining, and blood exits through the vagina if the egg is not fertilised. It often takes three to seven days for this bleeding to stop. This is the time when some women experience mood swings, bloating, or cramping. The menstrual cycle is an inherent and typical aspect of being female. It's an indication that everything in the body is in order and that a pregnancy is possible.

Menstrual hygiene refers to the practices women follow to maintain their health and cleanliness throughout their periods. Using menstrual hygiene products, changing them out frequently, washing your hands with soap and water afterward, keeping your genital area clean and dry, properly disposing of used sanitary products, taking a bath, and wearing clean clothes etc are all important preventative measures against infections and diseases related to menstruation. In Kerala, women and girls frequently struggle to maintain menstrual hygiene. Women's hygiene is impacted by dirty and unclean restrooms and inadequate water facilities. Because public restrooms are often unclean and lack adequate facilities for menstruation hygiene, many women are frightened to use them. They also have trouble getting rid of their sanitary products. These issues result in lost production and school absenteeism.

Menstrual health is important since it affects a women's physical, emotional, and social lives. Individuals who have access to adequate menstruation care can attend school, work, and participate in activities without fear of leakage, pain, or discomfort. Good menstrual health improves self-esteem, confidence, and quality of life. Furthermore, prioritising menstrual health helps to break down stigmas and taboos surrounding menstruation, encouraging an open, inclusive, and equitable culture. By addressing menstrual health, we can enable individuals, particularly girls and women, to fulfil their full potential, free from the constraints of menstruation.

1.2 STATEMENT OF THE PROBLEM

Menstruation is seen by many women in Kerala, particularly those living in rural regions, as a taboo or shameful subject, and many find it awkward to talk about it in public. Many people view the menstrual cycle as a “dirty” or “impure” process. Women are forbidden in kitchens, temples, or cultural events if they are menstruating. It is recommended that they adhere to specific customs or routines, such as bathing on the fourth day, in order to “purify” themselves. Restrictions of this nature have the potential to isolate women. Growing knowledge and education may persuade many Kerala women especially those who live in cities that having a menstrual cycle is a natural aspect of life. The purpose of this study is to determine whether women’s perceptions of their periods have changed.

The WHO and UNICEF Joint Monitoring Programme (JMP) defines Menstrual Hygiene Management (MHM) as: women and adolescent girls absorb or collect menstrual blood throughout their periods using a sterile menstrual management product. This material can be changed in private as often as needed. They also wash their bodies with soap and water as needed and have access to convenient and safe facilities to dispose of used menstrual management materials. They are aware of the fundamental information about the menstrual period and how to handle it dignifiedly, painlessly, and fearlessly. Menstrual hygiene management encompasses the essential practices women adopt during their menstrual cycle to maintain personal cleanliness and health. This includes bathing regularly with soap to keep the body clean, particularly the genital area, and changing menstrual hygiene products like sanitary napkins every 4-5 hours to prevent leakage, odor, and infection. Additionally, proper disposal of used sanitary napkins is crucial, with the ideal method being incineration to prevent environmental pollution. This study aims to explore how female college students in Kollam, Kerala, manage their menstrual hygiene, examining their habits and practices related to bathing, product usage, and waste disposal, to gain insights into their menstrual hygiene practices.

Kerala, a state renowned for its progressive socioeconomic indices and high literacy rate, yet faces problems with menstruation health. According to other studies, Kerala’s women and girls have considerable obstacles while trying to get menstrual health information, goods, and services. The general well-being and quality of life of women can be negatively impacted by poor hygiene and health outcomes resulting from societal stigma, inadequate infrastructure, and a lack of

information regarding menstruation. There is a paucity of study in this field, especially in Kollam, Kerala, despite the significance of comprehending menstrual health beliefs among female college students. Our knowledge of the experiences and perspectives of female college students is lacking because previous research has concentrated on menstrual health awareness and behaviours among schoolgirls or rural women. In order to close the knowledge gap, this study will investigate the perspectives of female college students in Kollam, Kerala, regarding their menstruation, as well as their knowledge of menstrual hygiene and menstrual health. In order to improve understanding of menstrual health and hygiene among young women in this area, the study looks into these areas in an effort to shed light on the students's practices and knowledge.

1.3 SIGNIFICANCE OF THE STUDY

This study “ perceptions on menstruation and menstrual hygiene among female college students in Kollam city, Kerala” is significant because: it will shed light on women's experiences, difficulties, and perspectives on menstruation, thereby advancing our understanding of women's menstrual hygiene and health. The results of this study will provide significant insight into women's needs and concerns regarding menstruation health. The absence of studies on the awareness and perception of menstruation among female college students in Kollam, Kerala, makes it difficult to develop targeted interventions. The study's findings will help to shape evidence-based interventions to improve menstruation health, hygiene, and well-being. By addressing the cultural and social factors that perpetuate menstruation stigma, this study can assist to create a more positive and welcoming environment for menstruating girls. The findings contribute to future studies on menstruation, gender, and health.

CHAPTER – 2

REVIEW OF LITERATURE

2.1. INTRODUCTION

A literature review looks at and compiles previous studies done on a particular topic, giving readers a general idea of what is previously known and how it connects to the question under investigation. It is beneficial to place the current research in a more general setting and demonstrate how it advances or modifies previous knowledge.

2.2 MENSTRUAL PERCEPTIONS

The vast majority of the girls in this survey stated that they knew about menstruation before they had their menarche, or first menstrual cycle (Vinod & Kaimal, 2023). This implies that before the menstrual cycle started, they had received education or information about it. Furthermore, family doctors may help with the girls' comprehension of menstruation by offering them insightful advice on how to take care of their menstrual health. Their mothers, who were active in teaching their daughters about menstruation and related issues, proved to be the main suppliers of this information.

According to Roy et al., (2023), mothers' knowledge and awareness of menstruation significantly impact their daughters' perceptions and management of their menstrual periods, highlighting the crucial role mothers play in shaping their daughters' menstrual experiences. Mothers who have knowledge about menstruation are better able to support and guide their daughters in developing a positive mindset and good hygiene practices related to their periods. This may therefore have an impact on the girls' comfort and confidence levels while discussing menstruation-related fears. They have difficulty to discuss about menstruation to the boys. The distress the girls experienced when others saw others throwing sanitary pads in the trashcan was one of their main complaints. This emphasises the need for better menstrual disposal of waste infrastructure and services, as well as increased public understanding and sensitivity about the importance of safeguarding women's and girls' privacy during menstruation. The girls in this study also mentioned that it was hard to talk to boys about their periods. Girls don't talk honestly and openly about menstruation with boys, which raises the possibility of spreading unfavourable perceptions and prejudices about the

menstruation. Significant consequences may result from this, such as girls being excluded from social as well as educational activities while they are menstruating and isolated.

According to Aswathy and Prabhakumari, (2020) Girls have accurate and comprehensive knowledge about menstruation as well as how to manage it to be able to develop a healthy and positive attitude towards this normal biological process. This study showed numerous girls still see menstruation as an “unclean” phenomenon and have misconceptions and unfavourable opinions about it. The stigma associated with menstruation is maintained by society and cultural conventions, which are at the core of this perspective. The majority of the girls were happy to become women, a significant turning point in their lives, with a sense of pride and success. This implies that females are anxious to own their bodies and embrace their femininity, but are frequently prevented from doing so by social norms and taboos. Girls were prohibited from visiting places of religion while they were menstruating, among other prohibitions. These constraints may further exacerbate unfavourable attitudes around menstruation by creating sentiments of guilt, shame, and exclusion

2.3. MENSTRUAL HYGIENE

As reported by Singh et al., (2022) In several states in India, the proportion of urban women who solely use sanitary products during their menstruation is still startlingly low, despite increased awareness of and access to sanitary goods. For example, just 64.2% of urban women in Kerala reported using feminine hygiene items solely during their periods, meaning that a sizable minority of women were using potentially hazardous and unclean alternatives. This study is especially troubling since it shows that there are still differences in menstrual health even in metropolitan regions, where sanitary product access is typically more effective than in rural areas. The observation that over 33% of urban women in Kerala do not exclusively use sanitary products during their menstrual cycle implies that there are noteworthy obstacles to accessibility, affordability, and awareness that require attention. Wealthier women are more probable to use only sanitary items; nevertheless, women from less fortunate families are more likely to choose less hygienic options. Due to the fact that women from lower socioeconomic origins are more likely to suffer from menstruation-related health issues, this imbalance not only affects access to healthcare but also maintains health disparities.

Jose & K, (2020) emphasized that women's menstrual hygiene practices are extremely important since they directly affect their reproductive health. It's also critical to recognise that the stigma associated with menstruation can negatively damage girls' mental and physical health. In response, the government has introduced multiple menstrual hygiene management initiatives with the goals of dismantling the stigma associated with menstruation, raising public knowledge, and facilitating access to sanitary products. Even so, young girls still experience embarrassment, discomfort, and even humiliation about their periods due to the strongly ingrained taboo around menstruation in Indian society. This is especially true if they lack access to sanitary products or are unaware of proper menstrual hygiene practices. People frequently feel uncomfortable talking about menstruation because of this widespread societal uneasiness, which contributes to the stigma and secrecy surrounding this normal biological occurrence. Intensifying school health programs that prioritise menstrual hygiene, including families in discussions about menstrual health, and instilling information about menstruation and menstrual cleanliness from an early age are all necessary to end this cycle of embarrassment and support healthy practices during menstruation. We may encourage girls to manage their period-related issues with confidence and dignity, normalise conversations about menstruation, and ultimately establish a society that values and respects women's reproductive health and well-being by implementing a multifaceted approach that includes education, awareness, and community engagement.

According to Mallika et al., (2022) the study findings revealed a noteworthy disparity between the knowledge and utilisation of menstruation cups among women in Kerala. Merely 15.1% of participants had attempted to use a menstrual cup, while 94% of them were aware of its existence, the main obstacle being fear of insertion. However, 84% believed the device was safe, and 49.1% expressed willingness to use it if made available. The main concerns among users were discomfort and leakage. Interestingly, knowledge about menstrual cups was linked to younger age and higher education. These findings highlight the need to introduce menstrual cups into the public domain and change the behavior of Keralan women of reproductive age. Public awareness campaigns, education, and accessibility initiatives can help normalize menstrual cup use, address misconceptions, and promote a more sustainable and equitable approach to menstrual hygiene management. By doing so, we can empower women to take control of their menstrual health and break down the barriers hindering the adoption of this innovative solution.

K, et al., (2023) revealed that participants propensity for menstruation-related myths is a worrying finding that emphasises the importance of menstrual health education and awareness campaigns. These myths have the potential to cause people's wellbeing and self-esteem issues by spreading misinformation, stigma, and shame. In order to foster a good and encouraging atmosphere, it is imperative that these beliefs be dispelled and correct information regarding menstruation be provided. Positive results include the fact that most individuals can switch up their menstrual hygiene materials whenever they'd like to at the institution. The participants who still find it uncomfortable to do so, however, emphasise how important it is for institutions to offer improved resources and assistance for managing menstrual hygiene. In order to preserve hygiene and stop the spread of illnesses, this involves offering distinct bins for the disposal of used sanitary products.

In this study, the knowledge, opinions, and experiences of female medical professionals in Kerala were evaluated in relation to menstruation cups as a substitute for traditional methods of menstrual hygiene (M, T, & K, 2024). Menstrual cups should be included in campaigns to educate people about menstrual hygiene because the results indicated that consumers considered them to be acceptable. However, a lot of participants didn't use it because of private issues. In order to encourage sustainable menstrual hygiene practices, the study highlights the significance of peer pressure, usage support, and tailored awareness campaigns, in addition to the freedom of choice when it comes to menstrual products. The report contends that while government initiatives in Kerala are now encouraging the use of menstruation cups, increasing accessibility and support may help boost acceptance and uptake of this environmentally beneficial choice.

Swati et al. (2023) note that there is a significant knowledge gap regarding menstrual hygiene practices among Indian tribal women, despite evidence suggesting that harmful practices are prevalent. In order to address this, community data on the menstrual practices and beliefs of indigenous females must be proactively gathered in order to influence future health interventions. Promoting appropriate disposal and perineal cleanliness practices should be the main goals of awareness efforts. Furthermore, it takes a socio-cultural approach to confront and debunk misconceptions, erroneous beliefs, and rituals related to menstruation. Innovative approaches that acknowledge the cultural context and enable tribal women to embrace safe and healthful menstrual hygiene practices are needed for this. We can advance their reproductive health, well-being, and dignity by doing this.

According to Mudi et al., (2023), the menstrual hygiene practices of Juang women in Odisha, India are suboptimal due to a trifecta of challenges: limited awareness, restricted accessibility, and financial constraints. Consequently, the majority of women are unable to utilize sanitary napkins, leading to a higher incidence of menstrual-related problems and inadequate care. Raising knowledge of hygiene during menstruation and its effects on health is essential in order to address this. Using specialised initiatives involving many stakeholders and grassroots health workers, free or inexpensive sanitary napkins can help build a supportive environment for addressing taboos and myths surrounding menstruation. Despite government initiatives, more must be done to give impoverished tribal women access to sanitary pads and to education about them. These results can be used to develop initiatives to enhance menstrual health and accomplish SDG Goals 3 and 5 by the Juang Development Agency, the Integrated Tribal Development Agency, and regional NGOs. Promoting menstrual health and cleanliness between Juang women and other vulnerable tribal communities requires a concentrated effort.

Hallad, Pundappanavar, and Chokhandre (2023) found that numerous girls experience symptoms of reproductive tract infections (RTI), such as irregular periods. However, the majority of these girls do not seek treatment, which puts them at risk of developing more serious health issues. Interventions are required to teach girls and their parents about the dangers of RTI and to encourage appropriate treatment-seeking behaviour. To safeguard girls' physical and emotional health, harmful cultural behaviours related to menstruation like limiting taking a bath, school attendance, and social interaction—must be addressed through awareness campaigns. Furthermore, it's critical to guarantee that people have access to safe drinking water and enough water for hygiene, especially in places that are vulnerable to drought. Adolescent girls' unique requirements, particularly those related to menstrual hygiene, have to be given priority when they are forced to go to camps or tents in order to avoid creating new vulnerabilities. Promoting healthy menstruation patterns and preventing RTI in adolescent girls requires education and awareness.

2.4. MENSTRUAL HEALTH

According to Dasgupta and Sarkar (2007), the study finds indicate that many teenage girls are not aware of the scientific facts about menstruation and sanitary hygiene habits, which might have a negative impact on their health. Furthermore, there are still social stigmas and taboos surrounding

menstruation and menstrual practices, which contribute to the spread of false beliefs and bad behaviours. Only 108 of the 160 female respondents in the survey knew anything about menstruation before they reached menarche, which suggests that education and awareness campaigns need to be strengthened. It's interesting to note that moms were a major source of information regarding menstruation; sixty girls identified their mothers as their main information source. The study did discover that numerous girls lacked practical understanding regarding menstrual hygiene, despite a certain level of awareness. Just 78 females were aware of the proper way to use sanitary napkins during menstruation, and an astonishing 18 of them actually did. This implies that a large number of girls might be managing their menstruation in an unsanitary or inefficient way, which can result in health issues. The study's findings regarding hygiene habits revealed that 156 girls washed themselves with soap and water during their periods, suggesting that they were aware of the significance of hygiene. But recognising that 136 females adhered to different rules when they were menstruating implies that misconceptions and social taboos still exist.

Teaching women about their menstrual cycle is an essential first step in fostering their general well-being, self-assurance, and engagement in a variety of life activities (Balla and Nallapu , 2018). We can lessen the anxiety and dread that many girls and women feel throughout their menstrual periods by offering accurate and thorough information on menstruation. As a result, females may experience a reduction in school absenteeism since they will no longer feel guilty or humiliated about going to school during their periods. Additionally, educating people about menstruation can aid in dispelling the stigmas and taboos associated with this normal biological function. With more understanding, girls and women can better manage their menstrual health and are less likely to face restrictions on their ability to engage in social, academic, and religious pursuits. Their sense of self, interpersonal relationships, and general quality of life may all be significantly impacted by this.

It is important for the public's health to practice good menstrual hygiene because poor menstrual management can result in a number of health issues, such as urinary tract infections, reproductive tract infections, and other disorders. But even though good menstrual hygiene is important, there are still taboos and social constraints around menstruation, which lead to false beliefs and bad behaviours (Bkaskar 2024). Teenage girls' health and wellbeing can be significantly impacted by

these taboos and limitations because they are frequently ignorant of the scientific data on menstrual hygiene practices. Many girls are consequently left to manage their menstrual cycles on their own without adequate information or assistance, which can have a number of detrimental effects. For instance, using unsanitary materials might raise the risk of infection if sanitary goods, like pads and tampons, are not readily available. Menstrual-related health issues may also go undiagnosed and untreated because of the stigma associated with menstruation, which discourages girls from receiving medical care or talking to medical professionals about their menstrual health.

Nair, Chacko, Darwin, and Renjit (2012) found that women experiencing menstrual problems such as heavy bleeding, irregular periods, or severe cramps often report a significant impact on their quality of life. These challenges can affect their relationships, daily activities, and overall wellbeing, leading to decreased self-esteem, anxiety, and irritability. Furthermore, the effects of menstruation problems on quality of life can be far-reaching and go beyond the short term. Menstrual problems, especially oligomenorrhea, have been linked to severe consequences for future metabolic and reproductive health, according to research. In addition, irregular menstruation may raise the possibility of osteoporosis, cardiovascular disease, and various other chronic health issues. Recognising teenage menstruation problems as a public health concern is crucial, given the possible long-term effects of these conditions. Menstrual disorders can greatly improve results and lower the chance of long-term health issues when they are identified and treated early. This involves making periodic examinations, screenings, and evaluations available to teenagers in order to detect any possible menstrual abnormalities. Furthermore, medical professionals should collaborate with teenagers to create individualised treatment programs that take into account their particular requirements and situations. Programs for education and awareness should also be put in place to encourage teenage menstruation health and cleanliness. Programs that are centred in schools, community outreach projects, and internet resources that offer precise and thorough information regarding menstrual health might all fall under this category. We can encourage teenagers to take charge regarding their reproductive health and lessen the stigma associated with menstrual illnesses by encouraging menstrual health and hygiene.

CHAPTER – 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter discusses the various methods that were taken in order to collect and analyse data that was pertinent to the study. The research design, data collection methods, sample sizes and sampling methods, study location, data types, and data management constitute only some of the topics addressed by the methodologies.

3.2. TITLE OF THE STUDY

PERCEPTION ON MENSTRUATION, MENSTRUAL HYGIENE AND MENSTRUAL HEALTH AMONG FEMALE COLLEGE STUDENTS IN KOLLAM CITY

3.3. GENERAL OBJECTIVES

To examine the perceptions, knowledge, and practices related to menstruation, menstrual hygiene, and menstrual health among female college students in Kollam City

3.3 SPECIFIC OBJECTIVES

- To assess female college students' knowledge and understanding of menstruation and related health issues.
- To explore the practices and methods they use to manage menstrual hygiene.
- To examine the socio-economic and cultural factors that influence their perceptions and attitudes toward menstruation.

3.4. STUDY AREA

The present study focuses on the perceptions about menstruation and menstrual hygiene among female college students in Kollam City, Kerala, India. Specifically, the study aims to explore the knowledge, attitudes, and practices related to menstrual health among this demographic. Kollam City, a urban hub in Kerala, has a significant population of female college students who are in their reproductive age, making it an ideal location to study menstrual health perceptions. By exploring

the perceptions and experiences of this specific population, the study seeks to contribute to the existing body of knowledge on menstrual health and hygiene in India."

3.5. TYPE OF RESEARCH

A quantitative research approach is employed for this study as it seeks to collect measurable data that can be analyzed statistically to understand the perceptions, knowledge, and practices related to menstruation, menstrual hygiene, and menstrual health among female college students in Kollam City. This approach allows for a systematic examination of a large sample of respondents, ensuring the data collected is generalizable to a broader population.

3.6. RESEARCH DESIGN

A cross-sectional design is a research method that involves studying a group of people at a single point in time. It's like taking a snapshot of the group, where researchers collect data from everyone at the same moment. This design helps researchers understand what's happening in the group at that particular time, such as their characteristics, behaviors, or outcomes. It doesn't involve following the group over time, but rather examines them once to get a clear picture of what's happening in that moment. This design is useful for understanding patterns, relationships, and prevalence of certain things within a population, but it doesn't show how things change or develop over time.

3.7. VARIABLES

Age: Age of the female college students, which may influence their perceptions, awareness of menstrual health, and hygiene practices

.Education Educational level or year of study, which could impact the students' knowledge of menstruation, menstrual hygiene practices, and their awareness of menstrual-related disorders.

Socio-economic Background The economic status of the students' families, including factors such as income, parental occupation, and living conditions, which may affect their access to menstrual products, healthcare, and their overall perceptions of menstruation.

Perception of Menstruation Students' attitudes and beliefs about menstruation, including societal taboos, myths, and the normalization of menstruation as a biological process.

Menstrual Hygiene Practices The methods and products used by students to manage menstrual hygiene, including the type of sanitary products, frequency of product change, and disposal methods.

Menstrual Health Knowledge Awareness and understanding of menstrual health, including knowledge of menstrual-related disorders such as dysmenorrhea, menorrhagia, and premenstrual syndrome (PMS).

Cultural Influences Cultural norms, beliefs, and practices related to menstruation that influence students' behaviors and attitudes, including restrictions and stigmas associated with menstruation.

3.7. SAMPLING

To achieve the objective of gathering in-depth insights on menstruation and menstrual hygiene, this study employed purposive sampling. This sampling technique was chosen to deliberately select female college students from Kollam City, Kerala, who were knowledgeable and willing to provide valuable information on the topic. Purposive sampling allowed the researcher to strategically target participants who were most likely to offer rich and relevant data, ensuring that the responses would contribute meaningfully to the study's aims. This approach was instrumental in obtaining detailed perspectives from individuals who had direct experiences and opinions on menstruation and menstrual hygiene.

3.8. SAMPLE SIZE

A diverse group of 65 female college students from Kollam City, Kerala, constituted the sample for this study. Participants were selected using purposive sampling, which allowed the researcher to deliberately choose individuals who could provide relevant and insightful perspectives on menstruation and menstrual hygiene. Data were collected through a Google Forms questionnaire, offering a broad yet focused dataset for comprehensive analysis and interpretation. This sampling approach ensured that the study captured a wide range of experiences and views, contributing to a deeper understanding of the subject.

3.9. SOURCE OF DATA

Primary data: A Google Forms questionnaire was used to collect primary data from female college students in Kollam City regarding their perspectives on menstruation and menstrual hygiene. First-hand information about the menstrual experiences, attitudes, and practices of the students was provided by the questionnaire.

Secondary data: To get a greater grasp of the subject, secondary data on menstruation and menstrual hygiene was gathered from books, papers, and research studies that had already been done. These secondary sources offered a thorough understanding of menstruation and menstrual hygiene among female college students, validating and adding to the main data.

3.10. TOOLS OF DATA COLLECTION

Google Forms is a free online tool that lets you create and share forms and surveys. You can make forms with different types of questions, like multiple choice or short answer, and share them with others. When people fill out the form, their answers are collected in a Google Sheets document, making it easy to see and analyze the data. Google Forms is easy to use and can be accessed from anywhere with an internet connection, making it a great way to collect information or feedback from others. **A Google Forms questionnaire** was utilized as the primary data collection tool for a research study, which was administered to a group of female college students residing in Kollam City, Kerala (the respondents). The purpose of the questionnaire was to gather and analyze the respondents' beliefs, and experiences related to menstruation and menstrual hygiene, including their knowledge, practices, and challenges associated with managing their menstrual health.

3.11. PILOT STUDY

A pilot study was carried out to see whether the study could be conducted with the respondents. Data was gathered from ten respondents. The necessary modifications and adaptations to the questionnaire were made following an examination of the data collected from the pilot study. Through this procedure, the questionnaire was improved and made more appropriate for the main investigation.

CHAPTER – 4

DATA INTERPRETATION AND ANALYSIS

4.1 INTRODUCTION

This chapter discuss data analysis using SPSS (Statistical Package for Social Sciences) and Microsoft Excel. The data used for analysis was collected from female college students from Kollam City in Kerala. The data was collected using questionnaire through google forms .

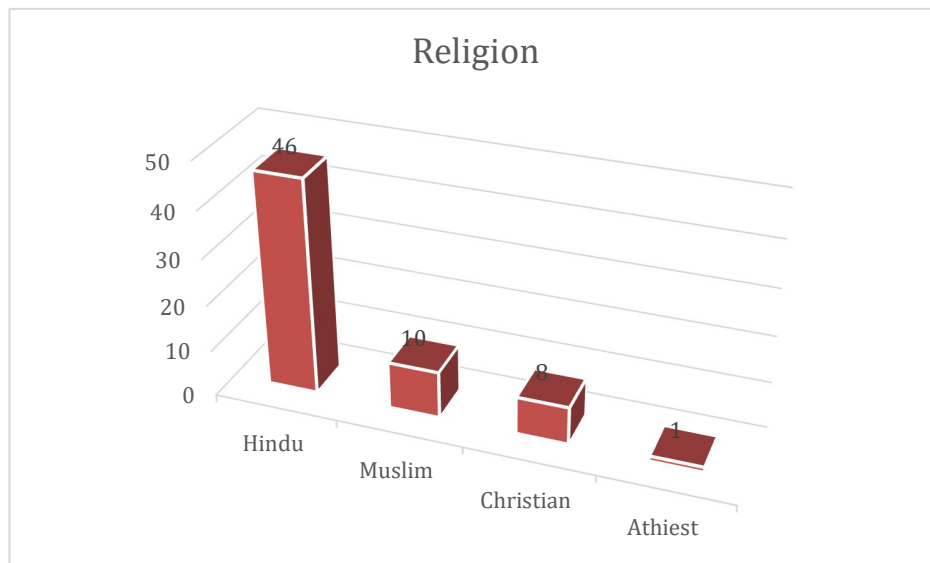
4.2 SOCIO-DEMOGRAPHIC PROFILE

In order to determine how different demographic factors affected girls' menstrual hygiene practices, the study took into account various kinds of factors, including their ages, religion, education, monthly earnings, mother's education level, and mother's occupation.

Age of the respondents

The age distribution of the sample revealed that young adults in the early to mid-twenties made up the largest proportion of the respondents (54%), with 35 respondents falling into this age range. Thirty respondents (46%) were between the ages of 18 and 21.

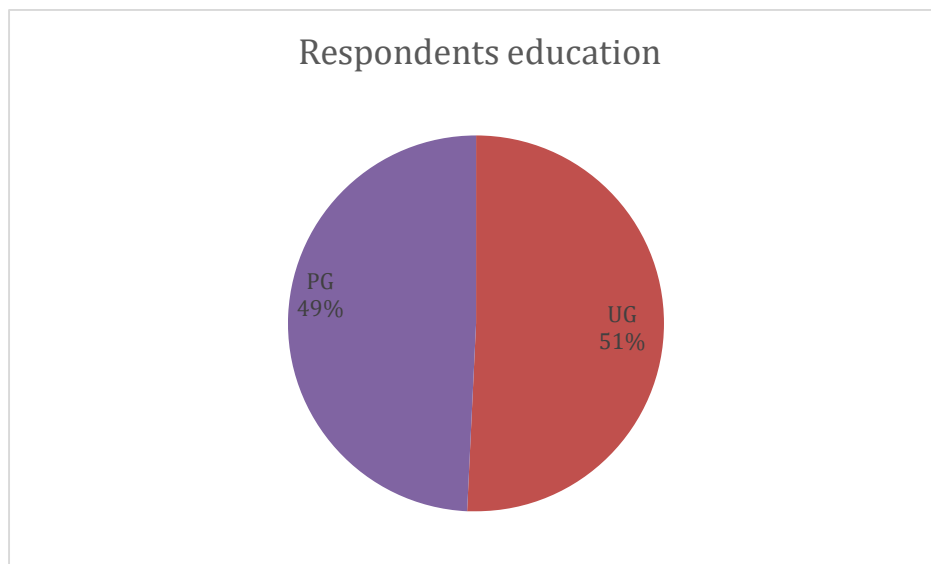
Figure 1. Religion of the Respondents



Source: Primary Data

A wide range of people from different religious backgrounds made up the study sample: 46 respondents identified as Hindus (71%), 10 as Muslims (15%), 8 as Christians (12%), and 1 as an atheist (2%). The range of religious affiliations demonstrates how religious and cultural customs may influence menstrual practices and attitudes. Menstruation is frequently seen through a prism of taboo, stigma, and shame in numerous cultures, including those included in this study. Certain religious traditions further reinforce these negative views. For instance, menstrual women are not allowed to participate in particular sacred ceremonies and activities in certain Hindu communities because they are deemed dirty. Similar to this, menstruation is viewed as a private and shameful issue in several Muslim societies, and women frequently feel embarrassed or humiliated to talk openly about their periods. However, even though certain Christian denominations accept that menstruation is a normal and natural aspect of life, there may still be stigmas or taboos associated with the subject. The inclusion of an atheist respondent in the sample emphasises how crucial it is to take into account nonreligious viewpoints on menstruation, which can be influenced more by social, cultural, and personal reasons than by religious dogma. Overall, the study's wide range of religious connections emphasises how important it is to take into account the intricate and varied ways that religious and cultural values affect how women perceive and experience menstruation.

Figure 2. Education of the Respondents

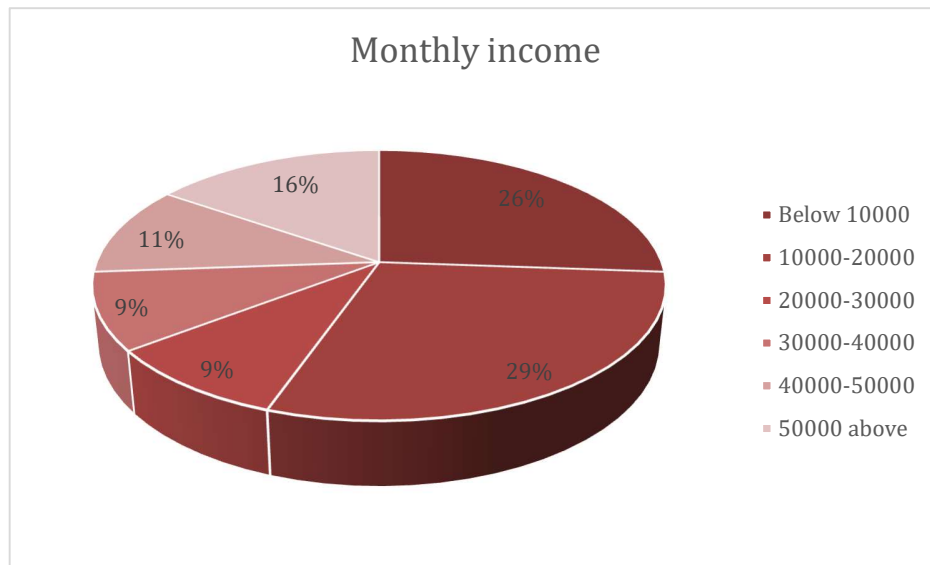


Source: Primary Data

The undergraduate (UG) and postgraduate (PG) students were represented in the study sample in roughly equal proportion, with 33 respondents (51%) pursuing undergraduate courses and 32

respondents (49 %) pursuing postgraduate studies. An investigation into the potential variations in menstruation behaviours and views across various phases of academic pursuit is made possible by the combination of students at varying higher education levels.

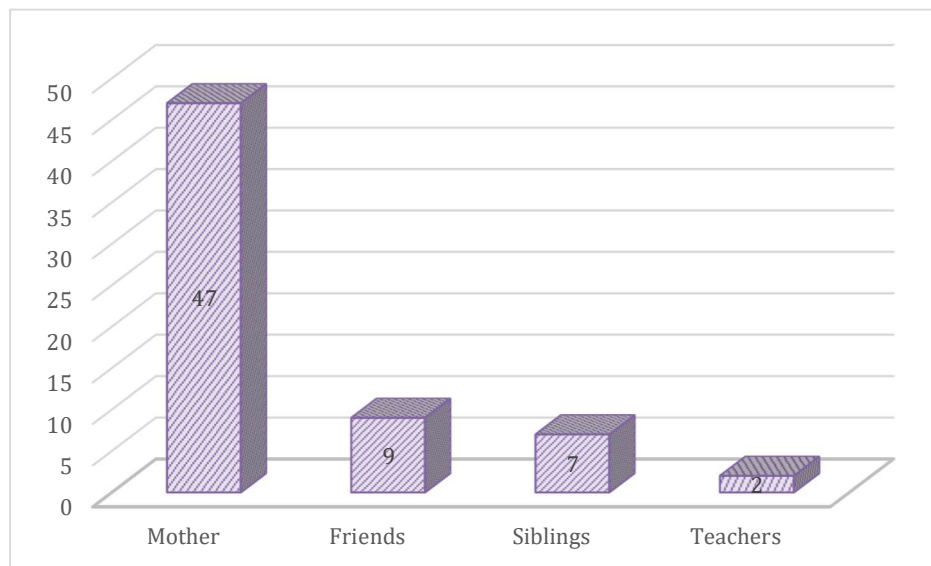
Figure 3. Monthly income of the family



Source: Primary Data

Figure 3 shows there was a significant amount of variation in the respondents' monthly family income distribution. Remarkably, the modal income category, which included 19 respondents and made up the majority of the sample, was ₹10,000 to ₹20,000. On the other hand, 17 respondents stated that their monthly income was less than ₹10,000, highlighting the existence of a sizable minority of people from lower-class homes. These people may face problem to get menstrual hygiene products and cure the menstrual disorders. Ten respondents, on the other hand, were in the upper income group; their monthly income was more than ₹50,000. In addition, 7 respondents earned between ₹40,000 and ₹50,000, while six respondents earned between ₹20,000 and ₹30,000 and ₹30,000 and ₹40,000, respectively. The respondents' varied socioeconomic backgrounds are highlighted by the variation in income levels, underscoring the necessity for comprehensive analyses that take into consideration the intricate interactions between economic determinants and menstrual health consequences.

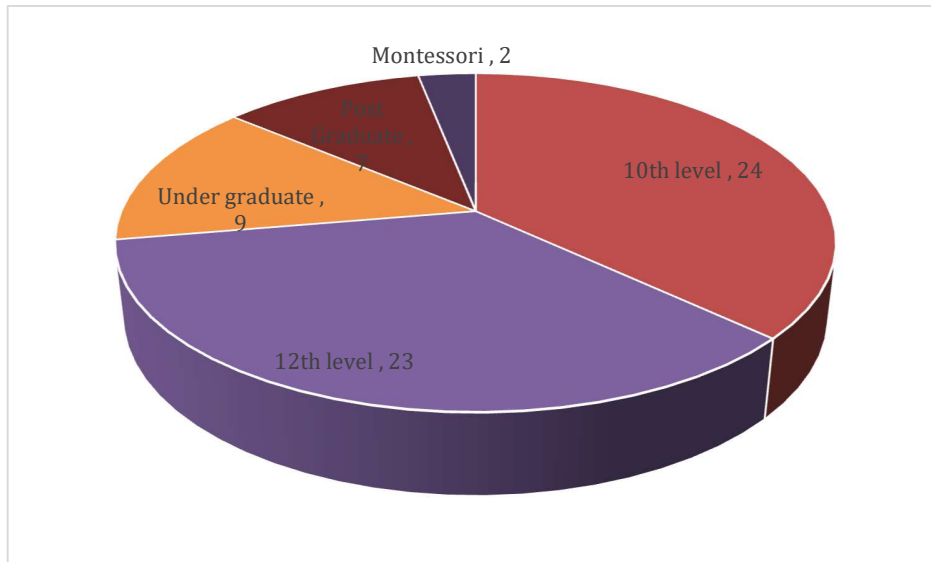
Figure 4. Providers of the information about menstruation



Source: Primary Data

Figure 4 data shows that mothers are an important source of knowledge for daughters regarding menstrual health, as evidenced by the vast majority of respondents (47), who said they learnt about menstruation from their mothers. Nine respondents named their friends as their most important source of knowledge, making them the second most popular source. Notable information sources included siblings, with 7 respondents saying they got their knowledge of menstruation from them. However, only two respondent said they had learnt about menstruation via a teacher. This emphasises how crucial peer-to-peer and mother-to-child mentoring are in forming menstrual knowledge and practices. The discovery that 47 respondents learnt about menstruation from their moms emphasises how important mothers' perceptions and knowledge of menstruation and menstrual hygiene are in influencing their daughters' experiences and understanding of these topics. Menstruation-related stereotypes, taboos, and cultural norms can be reinforced or challenged by mothers' views and attitudes, which can also have an impact regarding their daughters' menstrual hygiene habits, health-seeking behaviours, and general well-being. As a result, it's critical to address mothers' biases, misconceptions, and information gaps regarding menstruation and to encourage positive, empowering views about menstrual health. By doing this, we may enable moms to become good role models and influencers, encouraging self-care, body positivity, and healthy menstruation practices in their daughters. In the end, this will help create a more accepting and supportive atmosphere for menstrual health.

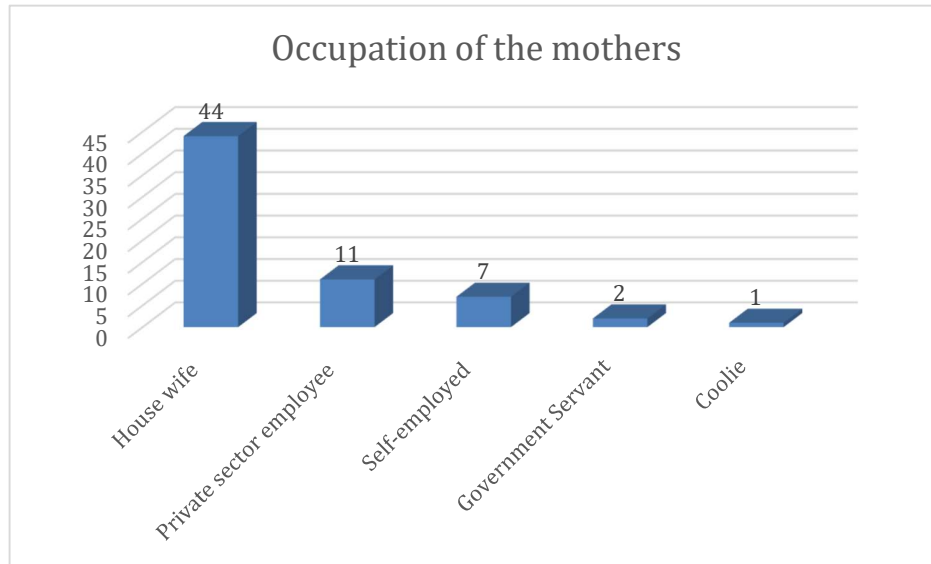
Figure 5. Mother's education level



Source: Primary Data

The study finds a strong relationship between the moms' opinions about menstruation, menstrual health, and hygiene and their educational attainment. Mothers of the majority of respondents had completed their schooling to either the 10th or 12th level (24–23), which is a rather high level of attainment. Interestingly, there was a wide range of educational backgrounds indicated by the fact that 9 mothers had undergraduate degrees, 7 had postgraduate degrees, and 2 had trained in Montessori. The results highlight how crucial mother education is in influencing attitudes towards menstruation and menstrual health. Higher-educated mothers are more likely to be knowledgeable about menstruation, menstrual hygiene, and reproductive health, and they can pass that information on to their daughters. For their daughters, this can thus result in better overall health outcomes, more positive menstruation experiences, and improved menstrual hygiene practices. On the other hand, moms with low levels of knowledge could spread myths, misconceptions, and cultural taboos related to menstruation, which could have a detrimental effect on their daughters' menstrual health and wellbeing. In order to break the cycle of false information and stigma surrounding menstruation and to promote a culture of menstrual empowerment and well-being, it is imperative that investments be made in maternal education and menstrual literacy among moms.

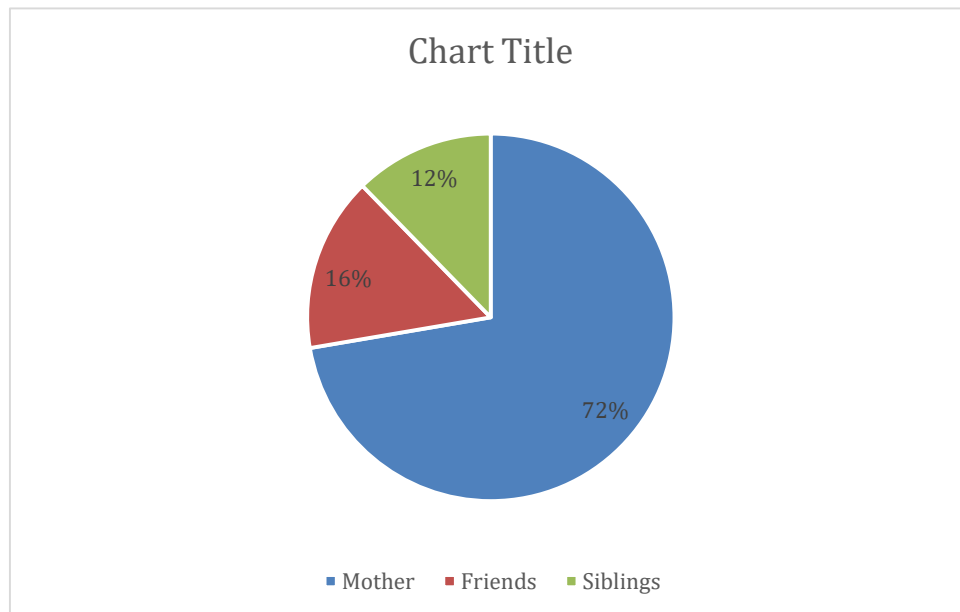
Figure 6. Mother's occupation



Source: Primary Data

The collected data shows the majority of respondents' mothers (44) are housewives, according to the report, meaning that their primary responsibilities are taking care of the home and raising the children. The next group of respondents, consisting of 11 individuals, reveals that a considerable but relatively modest percentage of moms work outside the home in the private sector. Seven respondents also mentioned that their mothers are self-employed, which suggests a degree of independence and an entrepreneurial drive. Mothers work for the government or as public workers in two of the respondents' cases, indicating a small but significant presence of mothers in the official public sector. Last but not least, a respondent's mother works as a coolie, suggesting a less formal and maybe unstable job. Mothers' work status can have a big impact on the overall well-being of their daughters' menstrual cycles. Housewives may rely more heavily on traditional knowledge and community networks, while mothers who work outside the home may have better access to information, resources, and social networks that might support their daughters' menstrual health. On the other hand, moms who work for themselves could encounter particular difficulties juggling work and family obligations, which may affect their capacity to support and counsel their daughters during their periods.

Figure 7. Comfort Level in Discussing Menstruation Issues

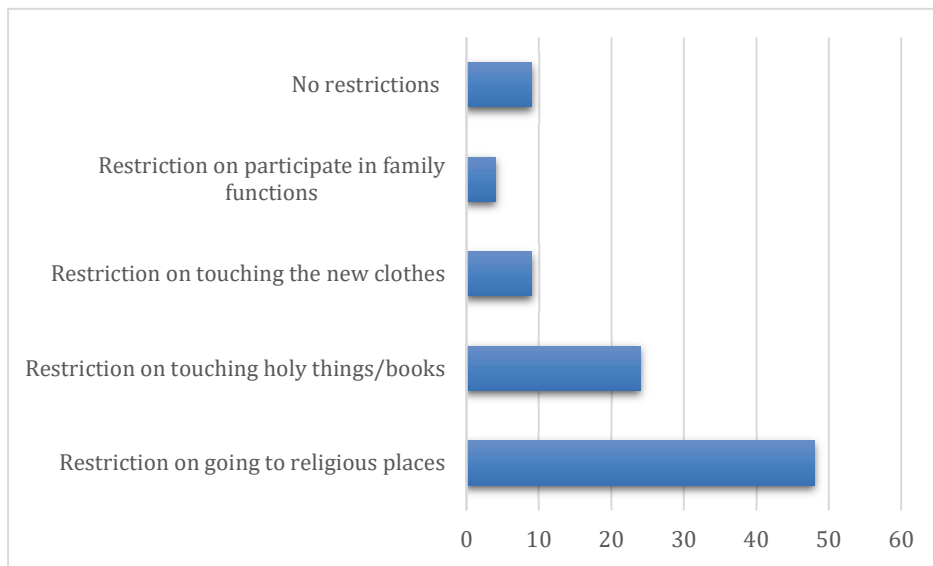


Source: Primary Data

The results of the study show that respondents had an individual preference for the person with whom they feel most at ease while talking about their menstruation. 72% of respondents, or 47 people, said that they feel most at ease discussing menstruation with their mother. This is a huge majority. This research emphasises how important it is for mothers to help their daughters with delicate subjects like menstruation by offering them emotional support, direction, and information. It appears that mothers are viewed as reliable confidantes, comforting sources, and sources of insightful guidance, as evidenced by the fact that over three-quarters of respondents prefer to talk to their mothers about menstruation. This is probably because moms and daughters usually have a strong emotional relationship in addition to the mother's experience and expertise with menstruation health. On the other hand, 10 respondents (16%) said they felt more at ease talking to friends about their periods. This could be the case because friends are frequently viewed as peers who can provide a feeling of companionship and common experience, which facilitates the discussion of delicate subjects. In addition, people tend to view friends as more approachable and less critical than family members. Finally, eight respondents (12%) said that talking to their siblings about their periods makes them feel most at ease. Sibling relationships are generally close and may be the reason for this; also, siblings may have experienced similar things and can provide empathy and understanding. The instruction and guidance surrounding menstruation health will

be significantly impacted by these findings. They recommend that in order for moms to be able to give their daughters knowledgeable advice and support, they ought to be given priority as the primary recipients of menstrual health education and resources. Furthermore, the findings underscore the significance of cultivating transparent and encouraging relationships among mothers, daughters, and siblings in order to establish a secure and accepting environment for talking about menstruation and other delicate subjects.

Figure 8. Restrictions experienced during menstruation



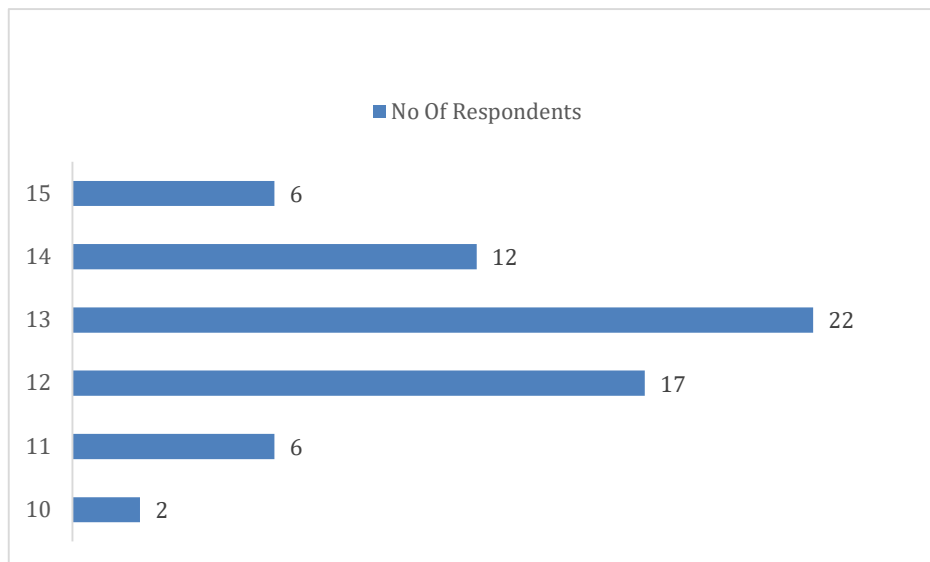
Source: Primary Data

Menstruation is a natural biological occurrence, but there are many social taboos and stigmas associated with it, as the survey’s respondents reported facing a number of restrictions during this time. Recognising the pervasive belief that women who are menstruating are “impure” or “unclean” and so cannot engage in religious activities, a substantial majority of respondents (48, or 74%) were forbidden from visiting places of worship. The perception of menstruation’s “polluting” influence on holy goods was further highlighted by the fact that 24 respondents, or 36.9%, said they were forbidden from touching religious texts or possessions. Menstruation may be linked to ideas of “impurity” and “pollution” that can spread to commonplace objects, as evidenced by the noteworthy but modest number of respondents (9, or 14%) who were forbidden from handling new clothing. Menstruation can result in social exclusion and isolation, as evidenced

by the four respondents (6%) who were forbidden from attending family events. Conversely, just 10% of the participants indicated that they did not encounter any limitations when going through their menstrual cycle, suggesting that certain individuals and families have more progressive and understanding views towards this natural process. These results highlight the necessity of questioning and changing cultural norms and societal practices that support discrimination and stigma around menstruation. We may attempt to create a more equal and supportive atmosphere where people can confidently and with dignity manage their menstruation by promoting knowledge, awareness, and inclusivity.

KNOWLEDGE AND PERCEPTION ABOUT MENSTRUATION

Figure 9. Age at first menstrual period

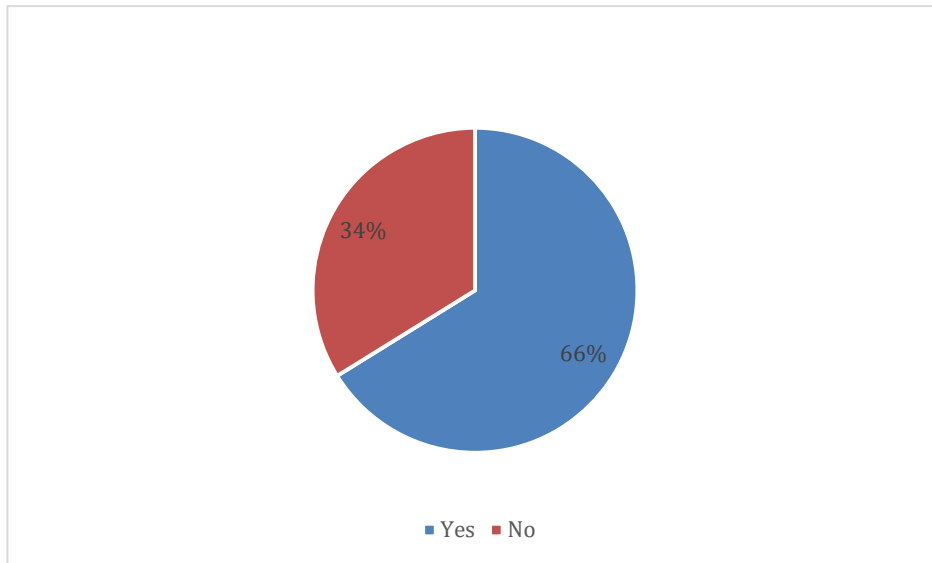


Source: Primary Data

According to the data gathered, most of the respondents had their first menstrual cycle while they were very young. Twelve is the most common age for menarche among the respondents, with 17 girls (or 26% of the sample as a whole) reporting that this was the age at which they had their first menses. 22 girls (34%) who had their first period at the age of 13 come in close second. A lesser but statistically significant proportion of participants stated that they first had menstruation at the ages of 14 (11 females, 17%) and 11 (7 females, 11%). Just a small percentage of respondents said that they got their period when they were 10 (two girls, 3%) or 15 (6 girls, 9%). Based on these results, the respondents' average menarche age appears to be between 12 and 13 years old, which

is in line with the usual age range for menarche in many populations. It's important to note, though, that respondents' menarche ages varied somewhat; some girls got their period at age 10, while others didn't get their period until age 15.

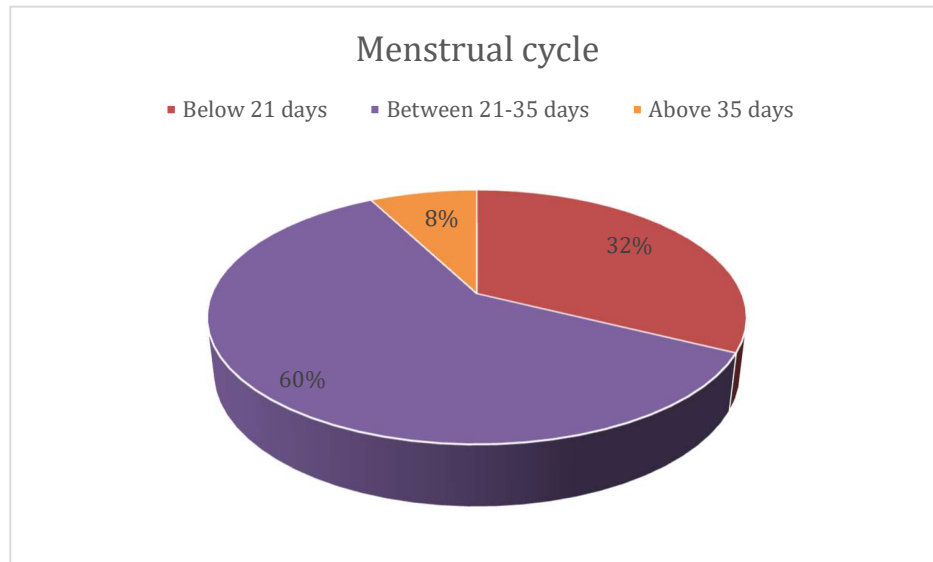
Figure 10. Knowledge about menstruation before first menarche



Source: Primary Data

The data shows that 43 respondents, or roughly 66%, knew about menstruation before they had their first period (menarche). This is a huge majority of respondents. This shows that the majority of respondents were aware of and ready for menstruation. However, 22 respondents, or roughly 34 percentage, stated that they were unaware of menstruation before they had their first period. This suggests that a sizable portion of respondents were unaware or unprepared for menarche, which may have caused uncertainty, fear, or other unpleasant experiences. Overall, the data points to a considerable knowledge and preparedness gap among certain individuals, even if the majority of respondents knew something about menstruation prior to menarche.

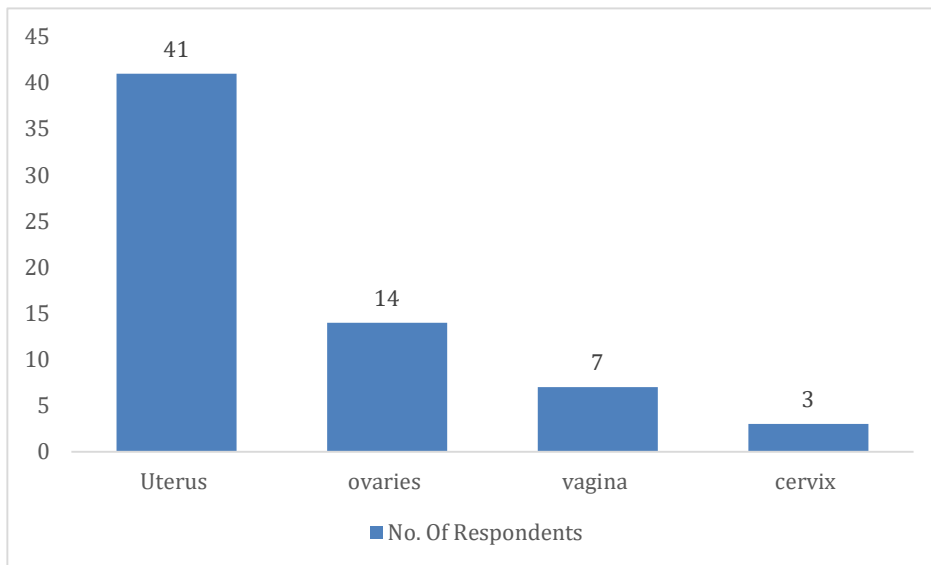
Figure 11. Menstrual cycle length



Source: Primary Data

The data gathered indicates a range of menstrual cycle durations among the participants. 39 respondents, or 60% of the sample, have menstrual cycles that typically last between 21 and 35 days. This shows that the menstrual cycle is regular and predictable for the majority of respondents. 21 respondents (32%), a sizable minority, had menstrual cycles that are shorter than 21 days, which is regarded as below average. This could mean that these people get their periods more frequently or that their menstrual cycles are generally shorter. However, five respondents (8%) reported having a menstrual cycle longer than 35 days, which is deemed to be above normal. This could mean that some people have longer menstrual cycles overall or fewer periods per month. Overall, the data indicates that there is some diversity in menstrual cycle duration among the respondents, even if the majority of them experience a regular cycle length. Numerous factors, such as hormonal shifts, lifestyle choices, or underlying medical issues, may have an impact on this difference.

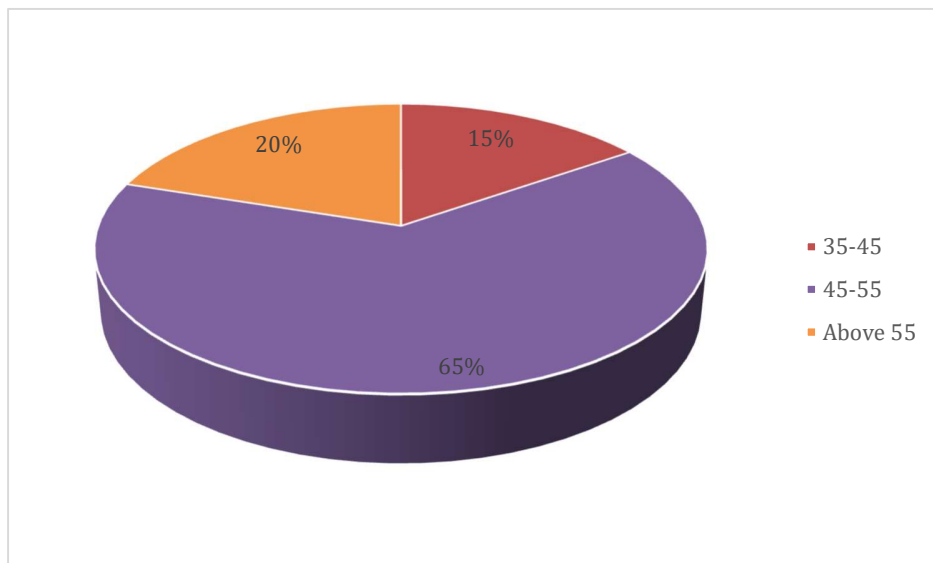
Figure 12. Source of menstrual blood



Source: Primary Data

The data show that 41 respondents (63%) had a solid comprehension of the female reproductive system when they correctly recognised the uterus as the source of monthly blood. Though 7 respondents (11%) felt it came from the vagina and 3 respondents (5%) thought it came from the cervix, a significant minority of 14 respondents (22%) believed wrongly that menstrual blood originated from the ovaries. According to these findings, 37% of the respondents were unaware of the origin of menstrual blood. This could be because of a variety of things, including a lack of education, societal or cultural influences, or personal experiences. This emphasises how important it is to raise people's knowledge of the female reproductive system and menstruation health.

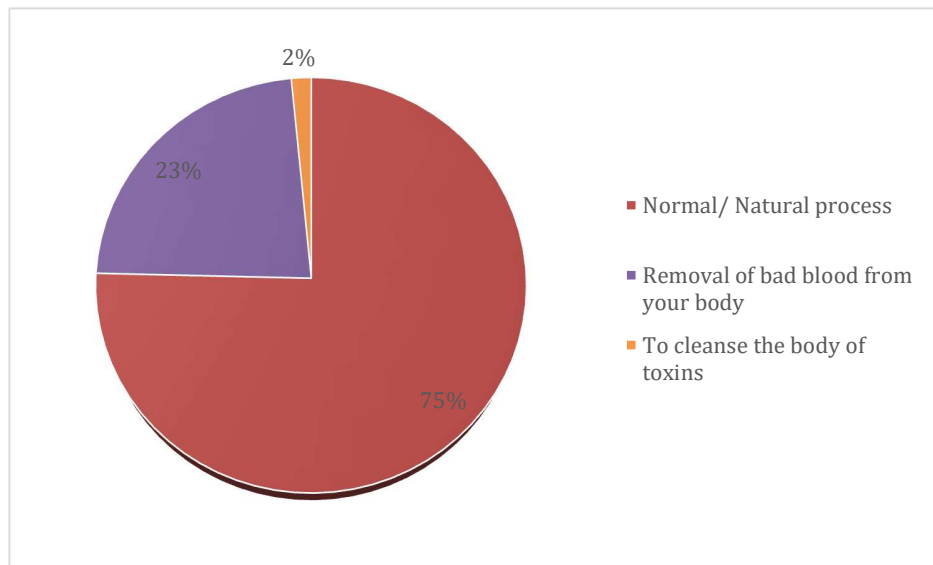
Figure 13. Knowledge about age of menopause



Source: Primary Data

According to the study results, 42 (65%) of the participants think that menopause usually happens between the ages of 45 and 55. This age range corresponds with the medical definition of menopause, which is the period of time between 45 and 55 years of age when a woman has not had a menstrual cycle for 12 consecutive months. Thirteen (20%) of the respondents, a lower percentage, think that menopause happens beyond age 55. This could be because different people experience menopause at different times, or it could be because people don't know what the normal age range for menopause is. Furthermore, 10 respondents (15%) think that the menopause happens between the ages of 35 and 45. This is known as the perimenopause, or early menopause, and it can extend for several years. Many variables, including heredity, health issues, or lifestyle choices, might contribute to early menopause. Overall, the survey's findings indicate that most participants are aware that menopause normally happens between the ages of 45 and 55, notwithstanding considerable heterogeneity in the estimated age range for the condition.

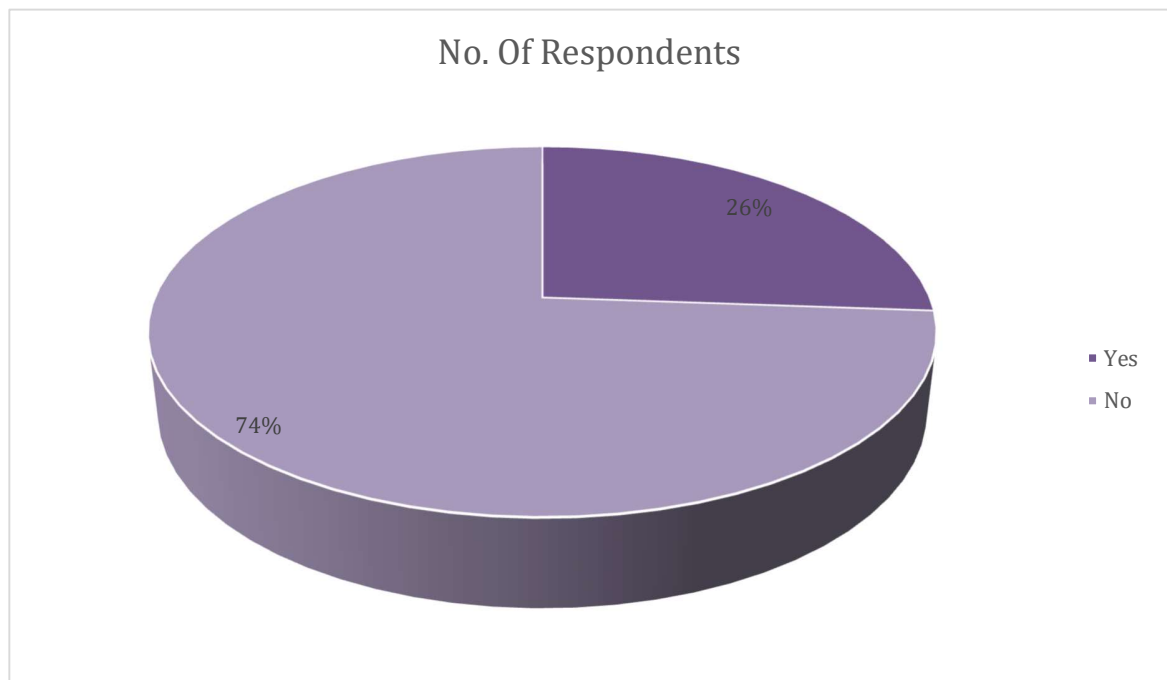
Figure 14. Knowledge about the Causes of Menstruation



Source: Primary Data

The results of this study show that participants' opinions regarding what causes menstruation vary. Understanding that menstruation is a physiological process that happens as part of the female reproductive cycle, the majority of respondents 49 believe that it is a normal or natural procedure. That being said, there appears to be a misperception about the function of menstruation, since 15 respondents (23%) think that the menstrual cycle is a means of removing "bad blood" from the body. The misconceptions and stigmas associated with menstruation may have their origins in cultural or societal contexts. Furthermore, a single respondent (2%) has the incorrect belief that the menstrual cycle is a means of eliminating toxins from the body. When pregnancy does not occur, menstruation is a natural process of the uterine lining being shed, not a cleansing procedure. These results emphasise the need for menstruation education and awareness campaigns to debunk myths and advance a better knowledge of this normal phenomenon.

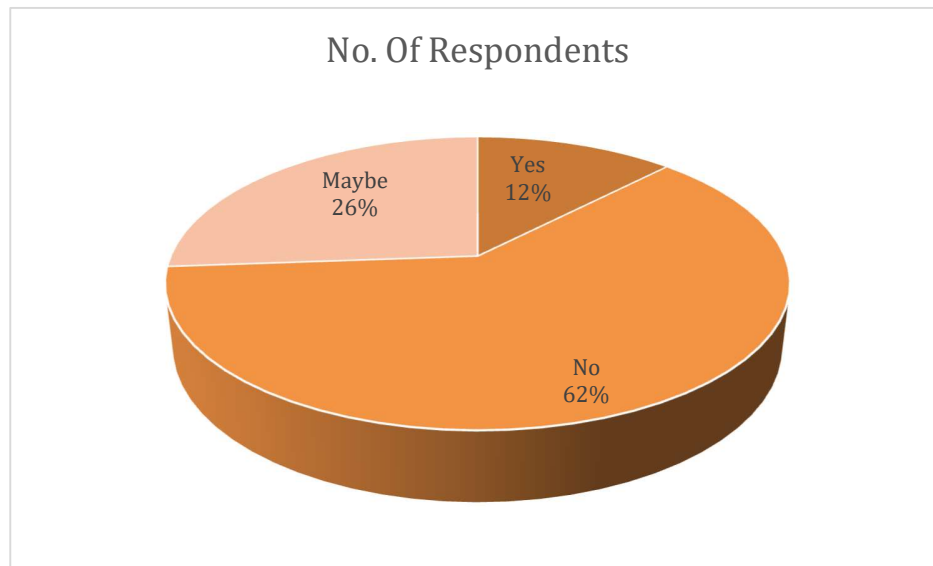
Figure 15. Impurities beliefs during menstruation



Source: Primary Data

Based on the study, there is a worrying trend among respondents who feel their menstruation makes them dirty. A sizable majority of the 17 respondents (26%) who believe this experience encounter limitations when going through their menstrual period. Limitations on daily activities, social connections, or religious practices are a few examples of these limits. The 48 respondents (74%) who disagree that being menstruating makes them impure, on the other hand, are less likely to experience these limitations. This shows that the detrimental limitations and stigma associated with menstruation may have been sustained in part because of the idea that women are impure during menstrual cycles. In response to the previous question, it was discovered that several participants thought that getting their period would rid their bodies of “bad blood” or toxins. This showed a lack of knowledge of the normal course of menstruation. This misleading impression could be connected to the notion of impurity and the consequent limitations that these people experienced.

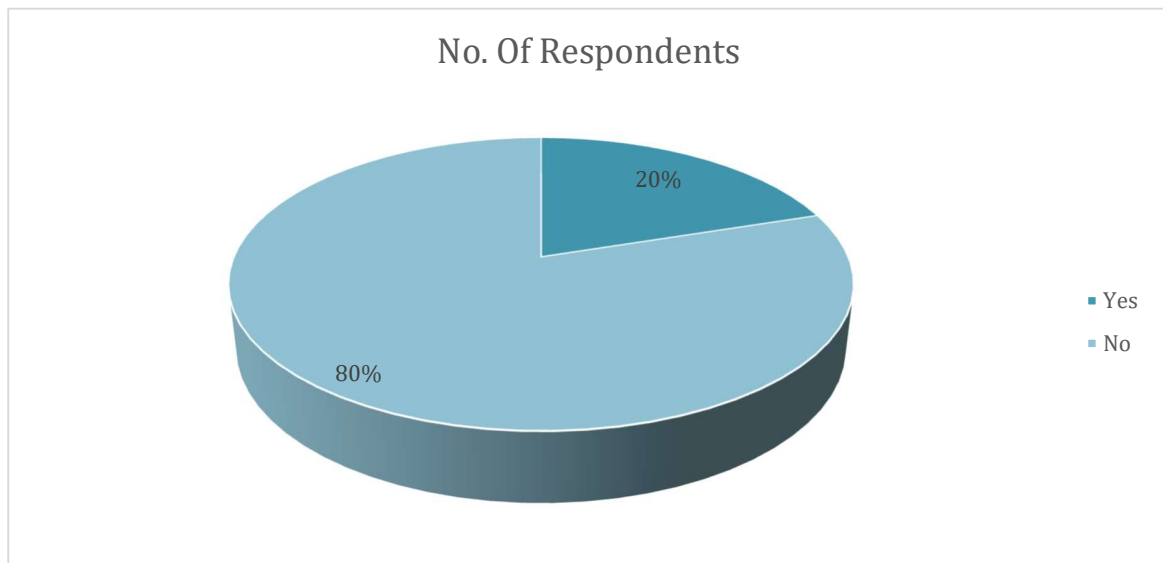
Figure 16. Beliefs on the Impact of Daily Activities During Menstruation on Health



Source: Primary Data

This data shows that, forty people (62%) think that going about their daily physical activities while menstruating doesn't have a negative impact on their health. This indicates that 62% of the participants consider menstruation to be a normal occurrence that can be controlled in conjunction with consistent physical exercise. However, 8 respondents (12%) disagree, saying that carrying on with everyday physical activities while menstruating will be detrimental to their health. Personal experiences, societal or cultural views, or worries about menstrual symptoms can all have an impact on this way of thinking. Additionally, 17 respondents (26%) gave the "maybe" response, showing confusion or conflicting opinions regarding the influence of everyday activities on menstrual health. This ambivalence could result from unclear information, contradictory signals, or personal differences in menstruation experiences. The results emphasise the diversity of perspectives on menstruation and physical activity, underscoring the need for awareness-raising and education to foster a more knowledgeable and encouraging environment for those going through their menstrual cycle.

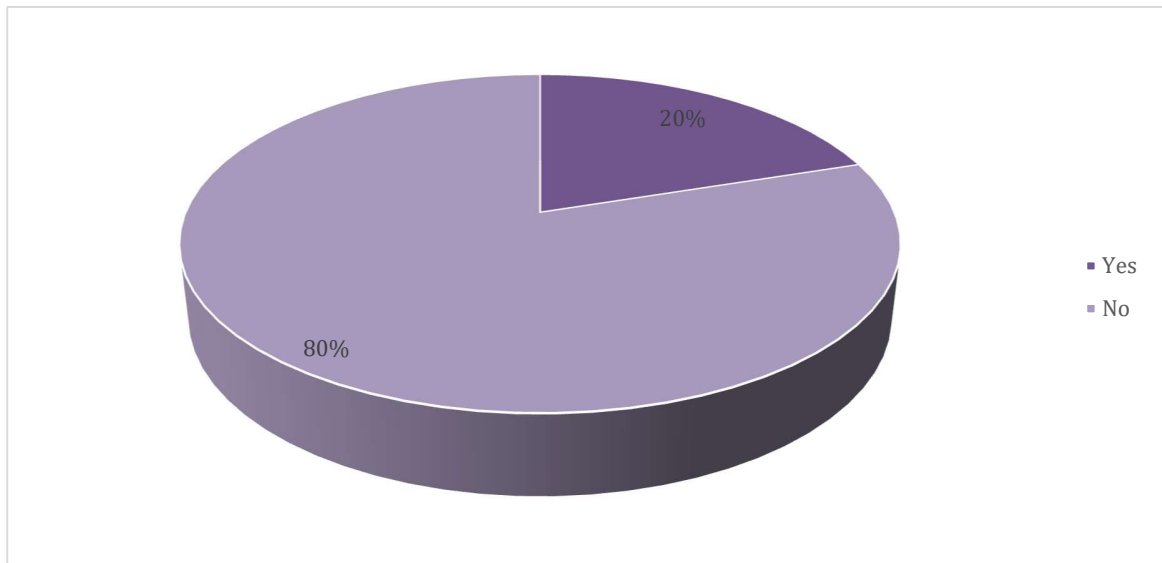
Figure 17. Comfort Level Buying Sanitary Products



Source: Primary Data

According to the data results, 52 out of 65 respondents, or 80%, do not find it uncomfortable to purchase sanitary napkins or other sanitary items. This implies that the majority of people see buying sanitary items as a routine and essential action that is not stigmatised or ashamed of. However, 13 respondents (20%) said they felt uneasy about purchasing sanitary items. This minority may be affected by societal or cultural beliefs that support the stigma associated with menstruation, which could make them feel embarrassed or self-conscious when buying sanitary items. The difference between the two groups emphasises how important it is to keep fighting menstruation stigma and encouraging more transparency and support for people to take charge of their menstrual health. We can endeavour to lessen discomfort and foster increased comfort and confidence in people by promoting candid discussions and normalising the buying of sanitary items.

Figure 18. Embarrassment Discussing Menstruation with Males and other Family Members

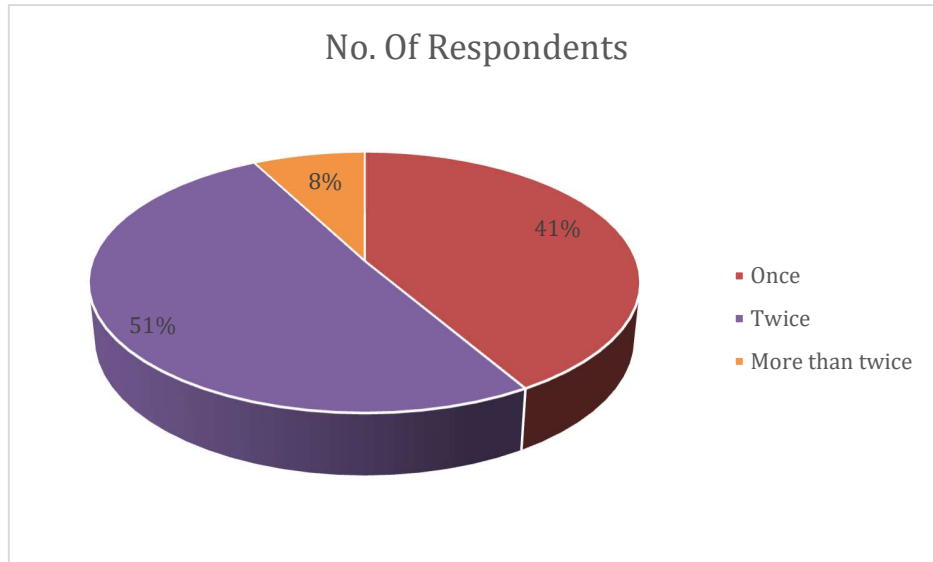


Source: Primary Data

Figure shows that 52 (80%) of the respondents to the study do not feel embarrassed to talk about their menstruation with their male friends and family members, according to the research data. This shows that most people see talking about menstruation as natural and normal, with no stigma or pain attached. However, 13 respondents (20%) said they felt awkward talking to their male friends and family members about their periods. This minority may be affected by societal or cultural beliefs that support the stigma associated with menstruation, which could make them feel self-conscious or uneasy talking to men about their periods. We can attempt to lessen embarrassment and foster better comfort and understanding among people by fostering helpful and nonjudgmental communication.

MENSTRUAL HYGIENE

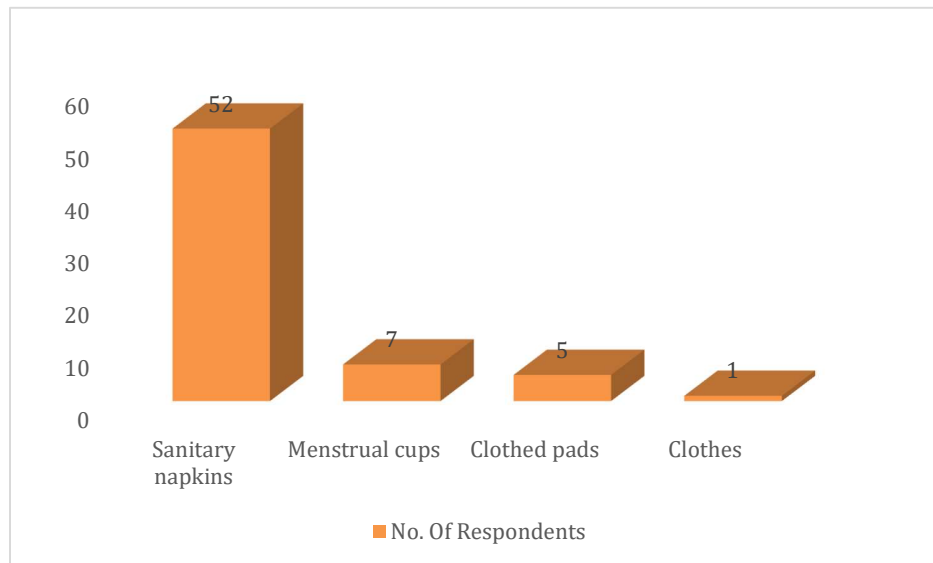
Figure 19. Frequency of the bathing during menstrual days



Source: Primary Data

The study participants disclosed fluctuations in their frequency of bathing during their menstrual periods. A significant percentage of participants (33) or 51% of the sample reported showering twice a day. This indicates that by continuing to bathe more frequently during their menstrual cycles, half of the respondents place a high priority on comfort and personal hygiene. On the other hand, 27 participants (41%) reported that they bathed once a day, meaning that over half of the participants stuck to their regular bathing schedule during their menstrual periods. Five out of the respondents, or 8% of the sample, said they took a bath more than twice a day. Individual variances in comfort tolerances, physical activity levels, and personal cleanliness practices may be to influence for this. The results demonstrate the variability in the frequency of bathing among participants during their menstrual cycles, highlighting the significance of recognising and addressing a range of requirements and preferences. Researchers can learn more about the intricate connections between menstrual experiences, personal hygiene habits, and general wellbeing by looking at these variances.

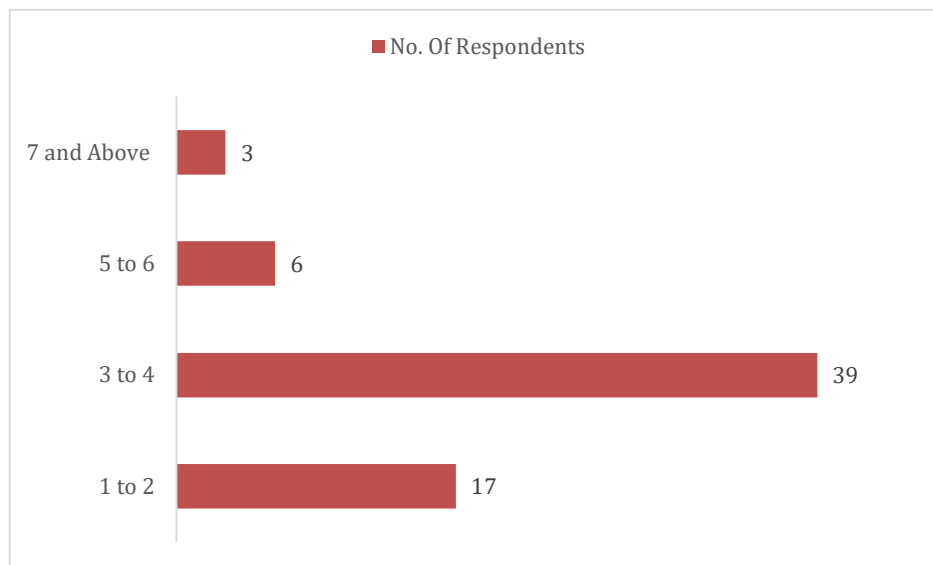
Figure 20 Distribution of Menstrual Hygiene Products Used by Respondents



Source: Primary Data

Based on an analysis of the data, it can be seen that 52 respondents, or 80% of the sample, use sanitary napkins as their main menstrual hygiene product. This indicates that the participants had a high preference for disposable absorbent products. On the other hand, just 7 respondents chose menstruation cups. This suggests that reusable and environmentally friendly menstrual management options are becoming more popular. Moreover, five respondents reported using clothed pads. This is a small fraction of respondents. Furthermore, one respondent mentioned using cloth as a menstrual hygiene product. These results demonstrate the respondents' varying preferences for period hygiene products. Sanitary napkins were the most popular product, with menstrual cups and clothed pads following closely behind but with a smaller but noticeable presence. The significance of taking individual variability in menstruation management strategies into account is emphasised by this distribution.

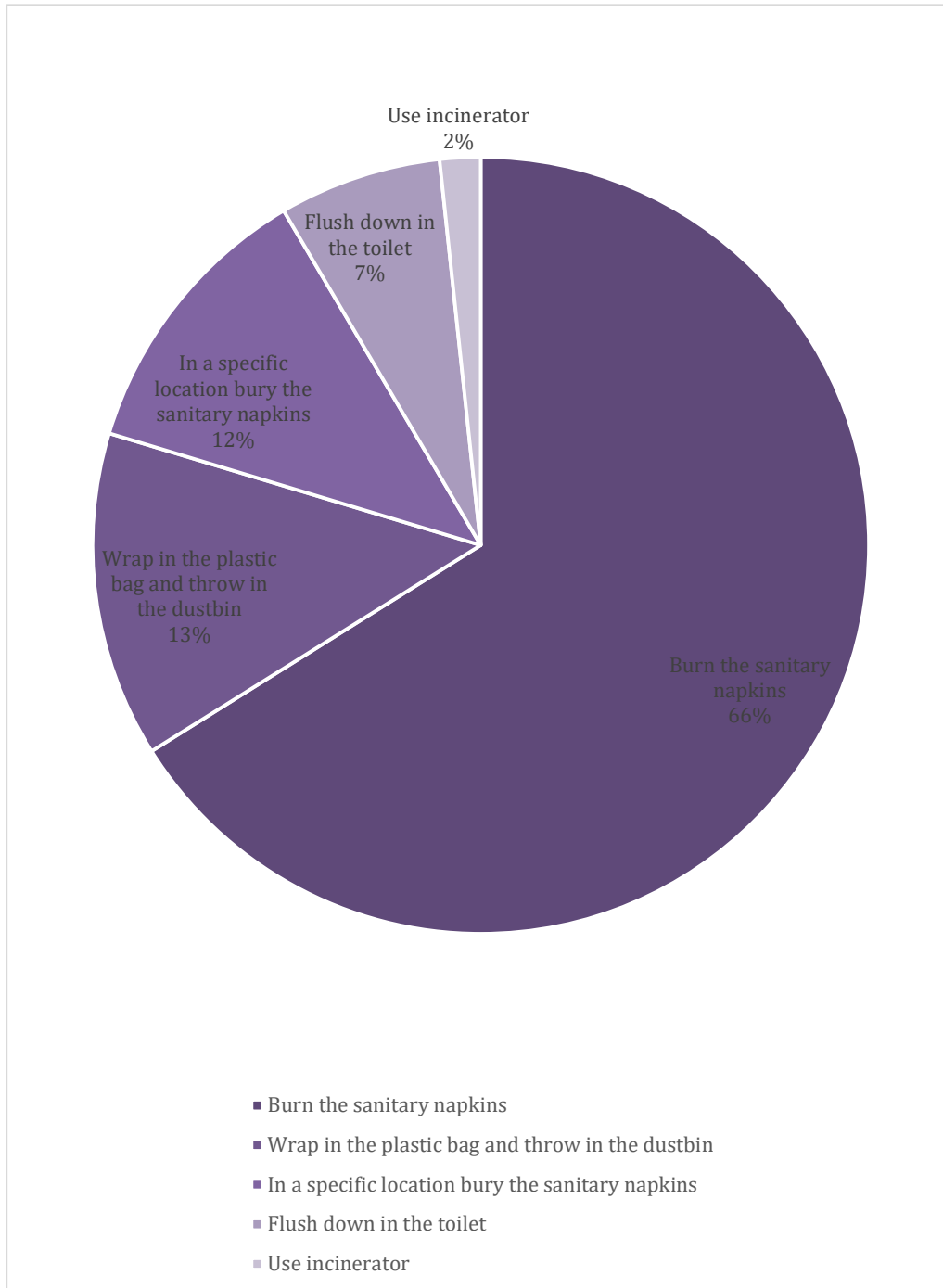
Figure 21. Frequency of sanitary products changes during menstruation



Source: Primary Data

When it comes to changing menstrual hygiene products, respondents' survey results showed a wide variety of frequencies. Of the 39 respondents, or 60% of the sample, the majority said they changed their goods three to four times a day. This moderate frequency indicates that regular fluctuations in menstrual flow occur throughout the day, indicating a balanced approach to managing menstrual flow. On the other hand, 17 respondents (26%) reported a less regular pattern of product changes, changing their items only once or twice a day. A lighter menstrual flow, more absorbent products, or a preference for fewer frequent changes could be the cause of this. Conversely, six participants indicated that they changed their products five to six times a day, which could be a sign of a thicker menstrual flow or a higher requirement for frequent changes to ensure comfort and hygiene. Three respondents, a small but substantial proportion, changed their products seven or more times a day, indicating either an exceptionally strong flow or extraordinary caution when it came to regulating their menstrual hygiene. These results highlight how crucial it is to acknowledge and take into account individual variations in menstrual flow and frequency of product changes. We can better help the development of feminine hygiene products by comprehending these variances.

Figure 22. Domestic Disposal Practices for Used Sanitary Napkins

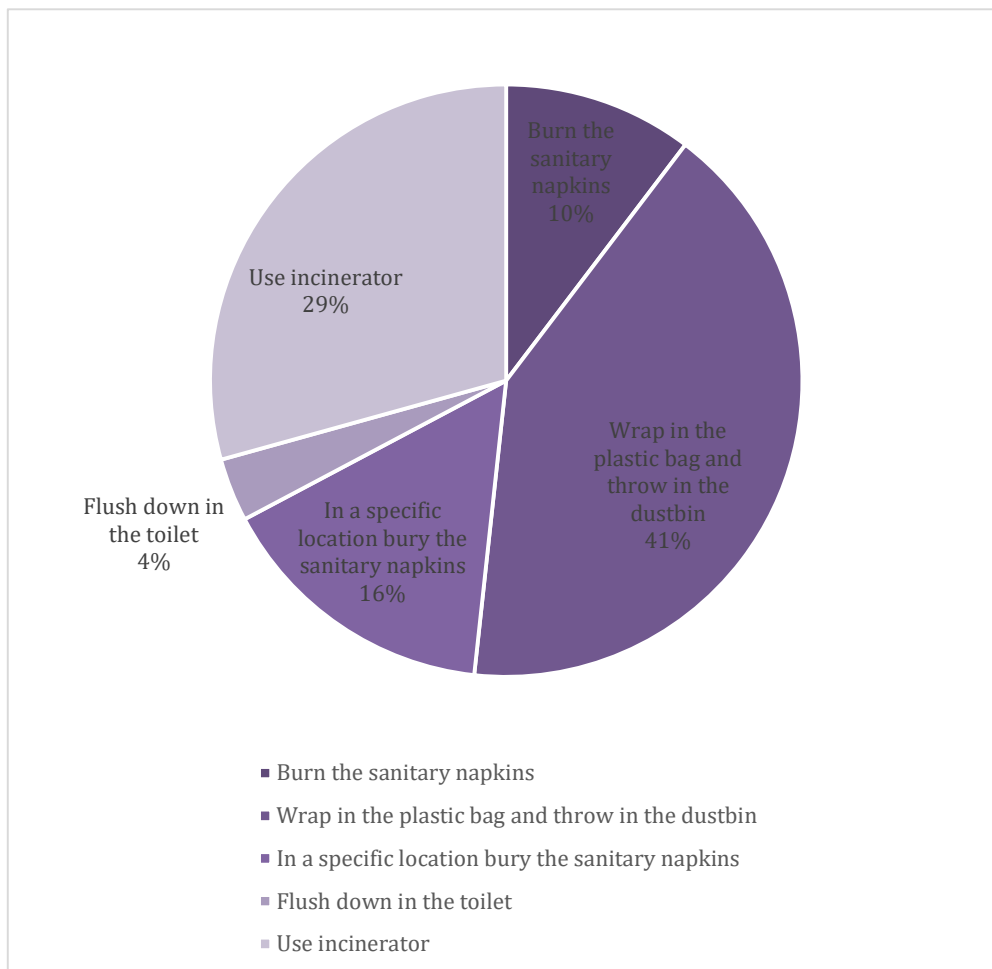


Source: Primary Data

The respondents' data showed that people's approaches to getting rid of discarded sanitary napkins at home varied. As reported by 39 respondents, burning the used pads was the most common approach. This strategy guards against possible health risks and guarantees efficient destruction.

Eight responders took the more traditional route and placed the spent pads in a garbage bag before throwing them in the trash. This procedure keeps everything clean and avoids bad smells. Perhaps as a result of cultural or personal preferences, seven respondents decided to bury the used sanitary napkins in a specific location. If this approach is not used correctly, there could be concerns for the environment and human health. A smaller group of four respondents engaged in the less desirable habit of flushing sanitary napkins down the toilet, which can cause plumbing problems and environmental concerns. Interestingly, one respondent used an incinerator to dispose of the used pads, offering a sanitary and environmentally friendly solution. These findings show the diversity of residential disposal practices, emphasising the importance of education and knowledge about proper and sustainable techniques for maintaining personal and environmental cleanliness.

Figure 23. Methods of Disposing Sanitary Napkins in College

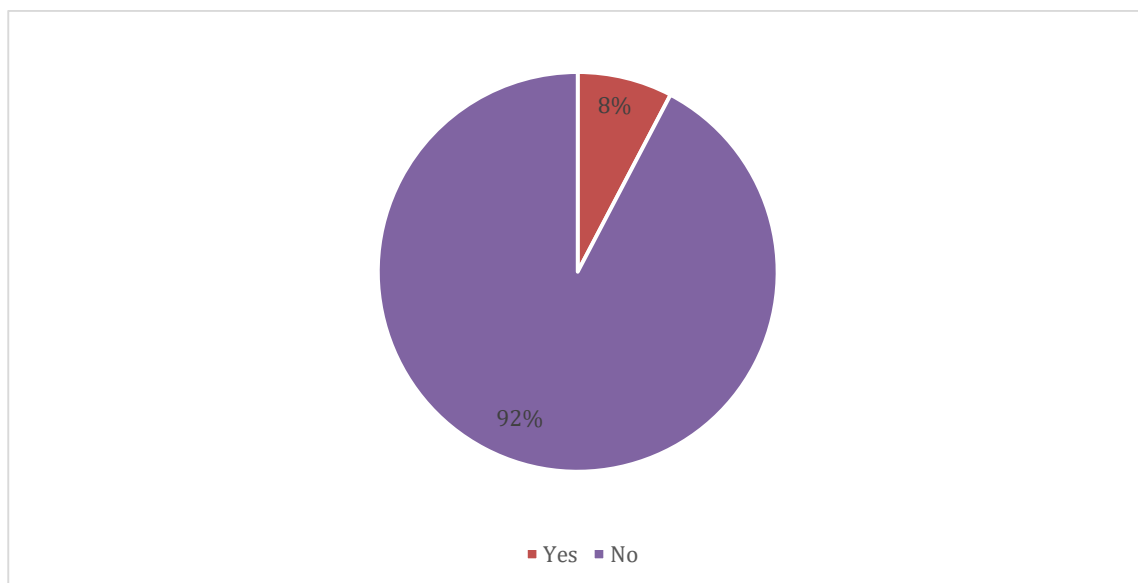


Source: Primary Data

Respondent results showed several kinds of methods for disposing of sanitary napkins at their college. The most popular technique, chosen by 24 respondents, was to wrap used sanitary napkins in a plastic bag and dump them in the trash. This strategy assures containment and eliminates unwanted odours. Seventeen respondents used incinerators to dispose of their sanitary napkins, which is both hygienic and environmentally friendly. This approach provides efficient destruction while minimising waste. Nine respondents used to bury their sanitary napkins in a specified spot. However, if not done correctly, this procedure may endanger the environment and health. Six respondents said that they burn their sanitary napkins in a specific place, which can be effective if done properly and in a well-ventilated environment. However, two respondents engaged in the less desirable practice of flushing sanitary napkins down the toilet, which can cause plumbing problems and environmental concerns. These findings illustrate the range of disposal behaviours among college students, emphasising the importance of teaching and raising knowledge about proper and sustainable methods of maintaining personal and environmental hygiene.

MENSTRUAL HEALTH

Figure 24. Comfort Level Discussing Menstruation with Doctors

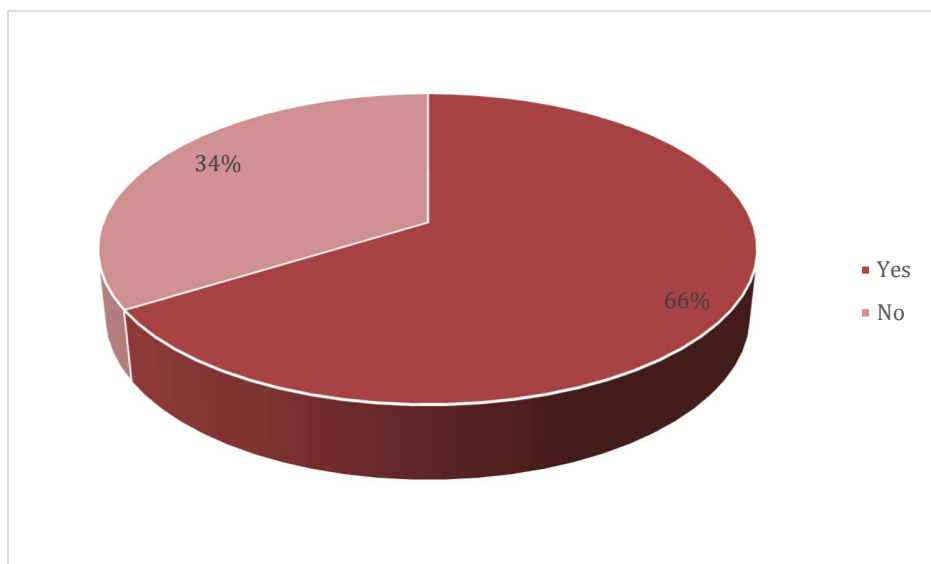


Source: Primary Data

The data show a good trend in respondents' comfort levels when discussing menstruation with doctors. A large majority of the, out of 65 sixty respondents reported experiencing neither

discomfort nor hesitation while discussing their menstruation health with medical providers or doctors. This implies a rising acceptance of menstruation as a natural and necessary part of women's health. However, a tiny but significant minority of 5 respondents reported feelings of embarrassment and hesitation while discussing menstruation with doctors. This could be due to a variety of circumstances, including cultural or societal taboos, personal discomfort, or past unfavourable experiences. The disparity between these two groups emphasises the need for fostering a friendly and nonjudgmental environment in healthcare facilities, where people may discuss their menstrual health without fear of being stigmatised or embarrassed. Healthcare practitioners can better address their patients' specific wants and concerns by encouraging open communication, resulting in more effective care and greater overall well-being.

Figure 25. Prevalance of Premenstrual Syndrome

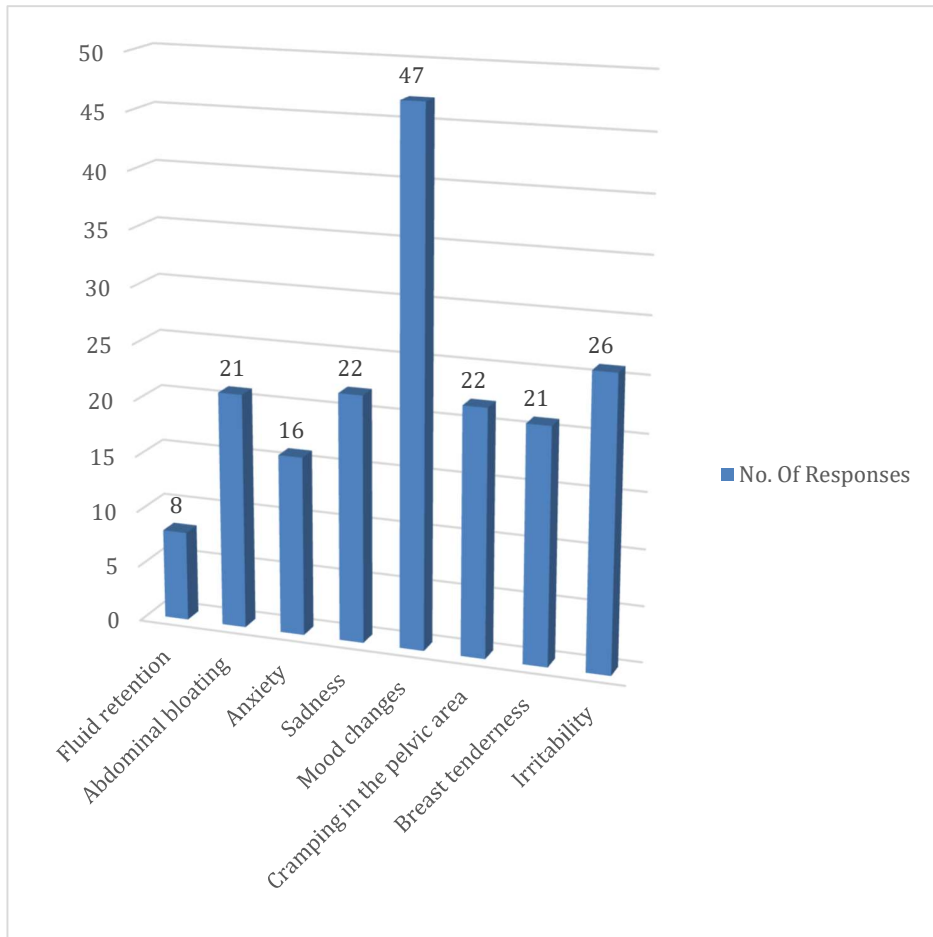


Source: Primary Data

Tata's data collection found that the vast majority of people, 57 in total, suffer from premenstrual syndrome. This suggests that Premenstrual Syndrome (PMS) is a common occurrence among respondents, impacting roughly 88% of the cohort. In comparison, only eight people reported not having Premenstrual Syndrome (PMS). This shows that just 12% of the population is spared the physical and mental difficulties connected with PMS. The huge gap between these two groups emphasises the significance of promoting Premenstrual Syndrome (PMS) awareness, education, and support. Recognising the significant incidence of Premenstrual Syndrome (PMS) allows

healthcare providers and support networks to better allocate resources and create focused interventions to reduce symptoms and improve the quality of life for people affected.

Figure 26. Premenstrual syndrome experienced by respondents

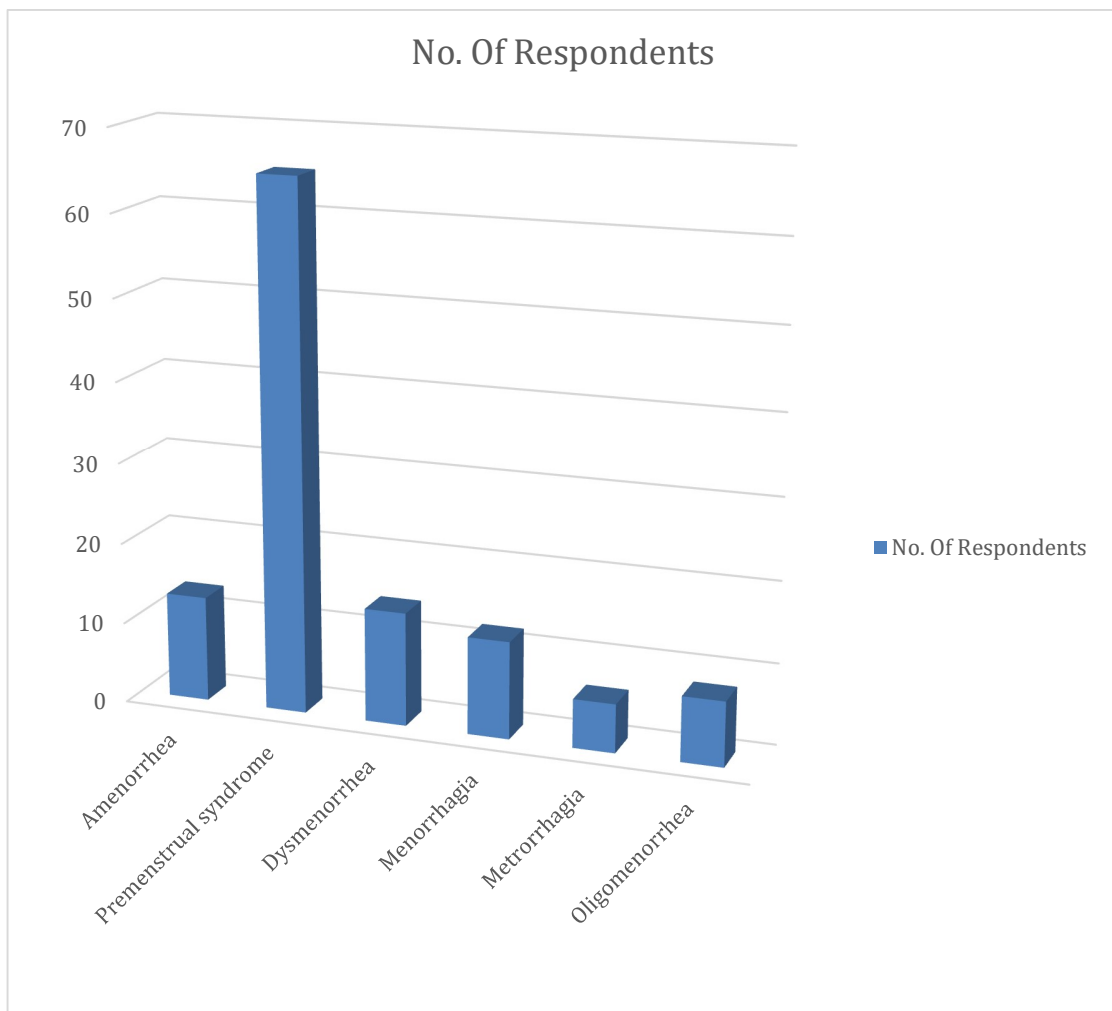


Source: Primary Data

The data results provide a full understanding of the prevalence and variety of premenstrual symptoms reported by respondents. Out of a total of 65 individuals, 57 (88%) reported having premenstrual symptoms, demonstrating the pervasive influence of these symptoms on women's lives. A considerable proportion (57 respondents) reported having one or more premenstrual syndrome. Mood changes were among the most commonly reported symptoms, with 47 respondents (72%), and they can have a substantial impact on daily life and relationships. Irritability is another common symptom noted by 26 respondents (40%), which can increase emotional distress. Physical discomfort is also a prominent issue, with 22 respondents (34%) expressing pelvic cramping, 21 (32%), breast tenderness, and 21 respondents facing abdominal

bloating. Emotional distress is as widespread, with 22 individuals (34%) expressing sadness and 16 respondents or (25%) indicating anxiety. In addition, 8 respondents (12%) reported fluid retention, a more serious condition. These findings highlight the complex and multidimensional character of premenstrual symptoms, emphasising the importance of comprehensive support and treatment tailored to each individual's unique physical and mental experiences. Recognising the prevalence and diversity of these symptoms allows healthcare providers and support networks to better allocate resources and create focused interventions to reduce suffering and improve quality of life.

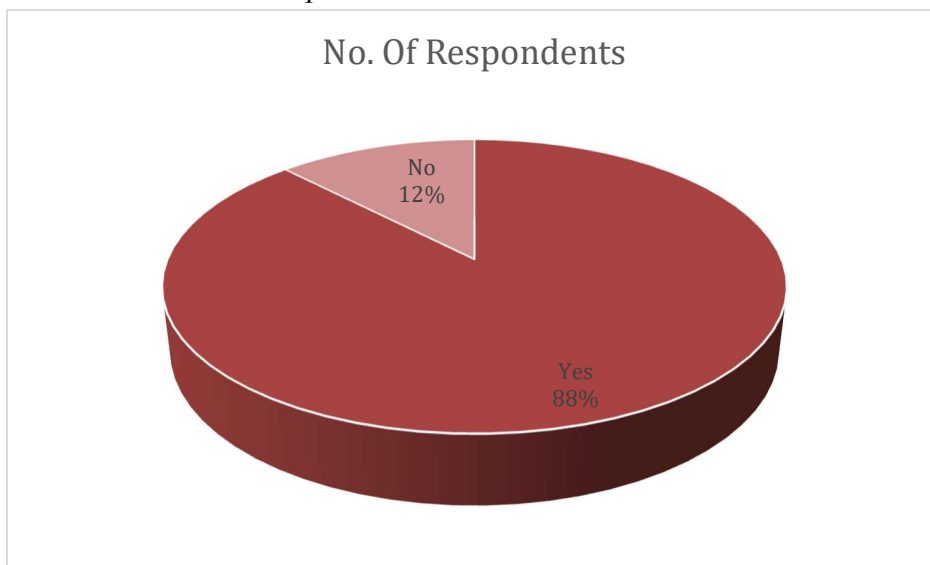
Figure 27. Awareness of menstruation related disorders



Source: Primary Data

Explore into the details of menstruation-related disorder awareness among the 65 respondents examined, which revealed a significant level of comprehension. Every respondents, expressed awareness of menstruation-related diseases, demonstrating a solid basis of knowledge. Deeper investigation reveals that premenstrual syndrome (PMS) is the most frequently recognised condition, with 65 or total rspndents familiar with its symptoms and effects. This high degree of awareness of Premenstrual Syndrome (PMS) shows that respondents are knowledgeable about the emotional and physical changes that occur prior to menstruation. Beyond PMS, other menstruation-related disorders received significant recognition, including Dysmenorrhea (22%), Amenorrhoea (20%), Menorrhagia (18%), Oligomenorrhea (12%), and Metrorrhagia (9%). However, a tiny minority of four respondents (6%) said they were unaware of any menstruation-related diseases, indicating the necessity for specific education and awareness campaigns to reach this demographic. Overall, the findings show a remarkable degree of knowledge, with potential for more education and support to create a more thorough understanding of menstruation-related diseases.

Figure 28. Menstrual disorder prevalence

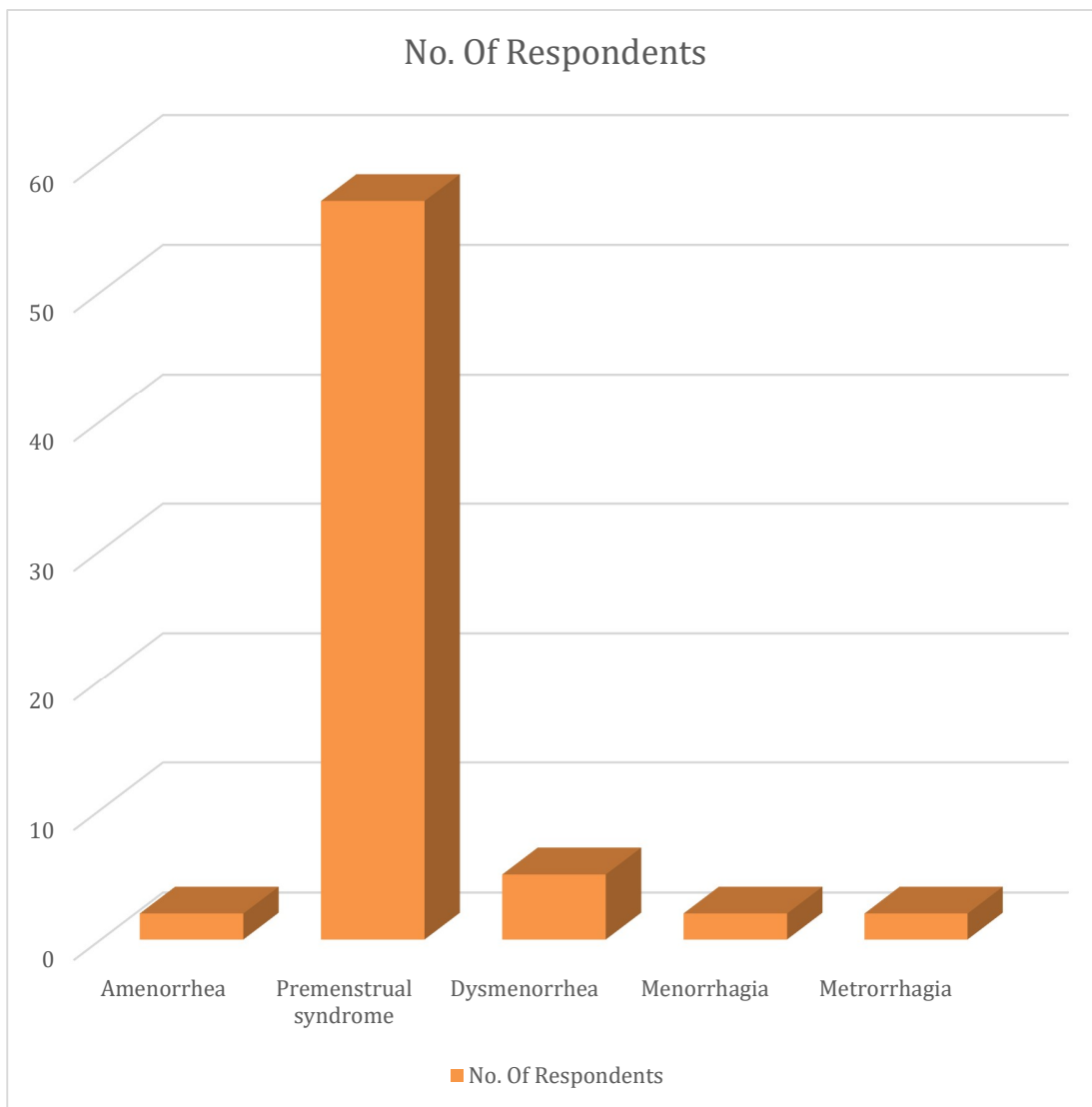


Source: Primary Data

The findings revealed a substantial discrepancy in respondents' experiences with menstrual-related diseases. The overwhelming majority of 57 respondents, or around 88% of the total study group, reported struggling with various menstruation disorders. This high proportion indicates that menstrual health difficulties are a major worry for most respondents, potentially affecting their

everyday life, well-being, and productivity. In sharp contrast, only 8 respondents, or 12% of the total, reported not having any menstrual issues. This considerable discrepancy emphasises the importance of providing targeted care and resources to address the majority of respondents' menstrual health requirements.

Figure 29. Menstrual related disorders the respondents have

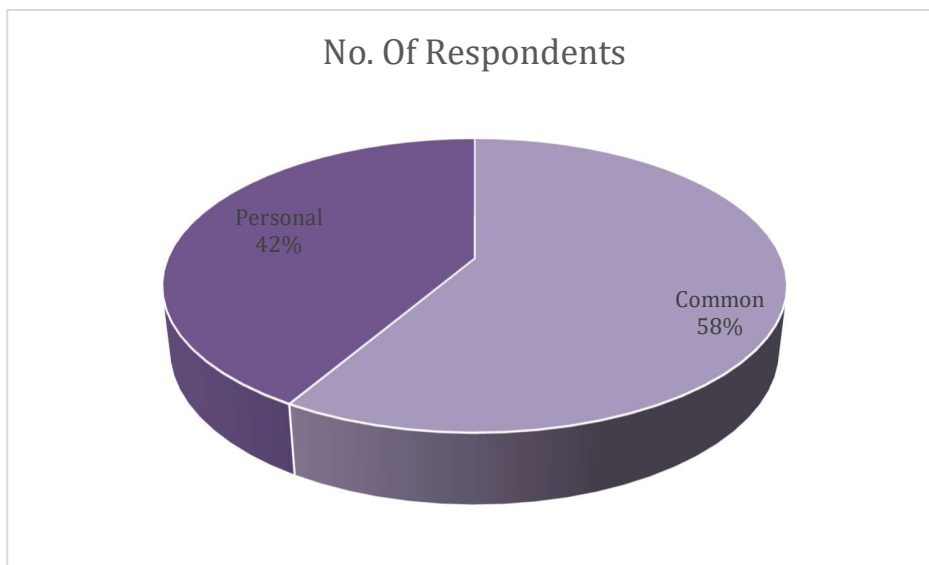


Source: Primary Data

The study's findings revealed a high prevalence of menstruation diseases among respondents, with the vast majority experiencing Premenstrual Syndrome (PMS). Out of the 65 respondents, 57 (88%) reported suffering from PMS, demonstrating that this ailment is a common problem for the

majority of participants. Furthermore, the study discovered a number of different menstrual abnormalities among the respondents. Specifically, 5 respondents (8%) reported dysmenorrhea, which is defined by unpleasant menstrual cramps. In addition, two respondents (3%) experienced amenorrhoea, or the absence of menstruation, and two more (3%) reported menorrhagia, or abnormally copious monthly bleeding. Finally, two (3%) responders had metrorrhagia, or irregular menstrual bleeding. These findings emphasise the wide range of menstrual health challenges that respondents face, emphasising the importance of comprehensive support and resources to address these issues. The prevalence of PMS was very high, indicating that this illness requires special attention and education to assist respondents in managing their symptoms and improving their overall quality of life.”

Figure 30. Home Toilet Facilities: A Analysis of Privacy and Access



Source: Primary Data

The figure shows that 65 respondents reported different types of toilet facilities in their homes, indicating a considerable gap in menstrual privacy. According to the findings, 38 respondents (58%) share a toilet in their home. 27 respondents (42%) have their own individual toilet at home. According to the research, 27 females (42%) prefer privacy during their menstrual periods and have access to a personal toilet. In comparison, 38 girls (58%) are forced to use a shared toilet, thereby jeopardising their privacy and comfort at this sensitive time. This gap highlights the necessity of having access to private bathroom facilities, especially for girls and women, in order

to maintain dignity and hygiene during menstruation. The absence of privacy can cause emotions of discomfort, anxiety, and humiliation, emphasising the importance of improved bathroom facilities that prioritise user privacy and health.

CHAPTER 5

FINDINGS AND CONCLUSION

5.1 INTRODUCTION

This section presents the findings of the study, which aimed to explore the perceptions and knowledge of female college students regarding menstruation, menstrual hygiene, and menstrual health. The analysis of the collected data reveals a comprehensive understanding of the participants' perceptions, practices, and level of awareness about menstrual hygiene and menstrual health.

5.2 MAJOR FINDINGS

MOTHER'S ROLE

Mothers have an important role in developing their daughters' perception of menstruation and menstrual health by acting as a key source of information and assistance. Daughters are typically more open to discussing their menstrual experiences and worries with their mothers, who can provide emotional support, reassurance, and vital insights. However, it is critical that mothers have a correct and up-to-date understanding of menstruation and menstrual-related difficulties in order to successfully address their daughters' questions and concerns. This includes understanding the physical and emotional changes that come with menstruation, recognising the signs and symptoms of menstrual disorders, and being aware of proper hygiene practices and management methods. Mothers who have appropriate knowledge can empower their daughters with the confidence and abilities to deal with their menstrual journey, building a happy and healthy relationship with their bodies.

RESTRICTIONS DURING MENSTRUATION

The study's findings show that a significant majority of respondents continue to face many restrictions during menstruation, reinforcing the concept of menstrual impurity. The majority of participants reported being prohibited from entering religious places, handling sacred objects,

including religious texts, and attending familial events while menstruating. Furthermore, respondents were restricted from touching new clothes, highlighting the widespread prevalence of these discriminatory practices. These findings indicate that the duality of purity and impurity is still profoundly embedded in our attitudes regarding menstruation, resulting in the marginalisation and exclusion of menstrual people from numerous elements of social, religious, and cultural life. The continuance of these restrictions perpetuates detrimental gender stereotypes and stigma associated with menstruation, emphasising the importance of critically examining and removing repressive practices in order to achieve menstrual equality and inclusivity.

MENARCHE

The median age of menarche among respondents was 13 years, indicating that menstruation typically begins in early adolescence.” Notably, the majority of women reported being aware of menstruation before having their first menstrual cycle, indicating a level of prior knowledge and understanding. The study shows that girls receive information about menstruation prior to its commencement, possibly from their mothers, families, or schools. Prior knowledge demonstrates a level of preparedness and awareness, which can lead to a more happy and empowered menarche experience.

MENSTRUAL CYCLE

The study’s findings show that the majority of participants have a menstrual cycle lasting 20–35 days, which is within the normal range. However, a significant proportion of people have menstrual periods that fall outside of this range, with some reporting menstrual cycles shorter than 21 days and others lasting more than 35 days. This variability shows that a sizable proportion of women have irregular menstruation, defined by menstrual cycle lengths that fall outside the normal range. Irregular menstruation can be caused by a variety of factors, including hormonal variations, stress, underlying health issues. These findings highlight the need for recognising and responding to the different experiences of women’s menstrual cycles rather than taking a one-size-fits-all approach.

MENSTRUAL BLOOD ORIGIN

The study's findings show that the vast majority of participants are aware of the origin of menstrual blood, exhibiting a grasp of their own internal processes. However, a significant percentage of women believed that menstrual blood came from the vagina or cervix rather than the uterus. This data implies that, while many women have a basic understanding of their reproductive anatomy and physiology, there is a knowledge gap among others. The fact that the majority of participants were aware of their own physiological functions emphasises the need for menstrual education and awareness campaigns, which can help clarify myths and foster a more thorough understanding of reproductive health.

MENOPAUSE

The study's findings show that most of the women are aware of menopause, which occurs between the ages of 45 and 55. However, a significant minority of women expressed ambiguity or misunderstanding about the time of menopause, with some assuming it happens before 45 years or beyond 55 years. This study implies that while many women have a general awareness of menopause.

MENSTRUATION RELATED BELIEVES

According to the study's findings, women view their menstruation as a normal and healthy biological process that is unrelated to feelings of shame or impurity. The majority of women believe that continuing their daily physical activity does not put their health in danger, which is another positive attitude that is mirrored in their views about physical exercise during menstruation. A sizeable percentage of women, on the other hand, indicated ambivalence or doubt, raising worries that engaging in physical activity while menstruating would be detrimental to their health.

MENSTRUAL COMFORT AND CONFIDENCE

The findings of the study show that most women, while buying menstrual hygiene products in public, are very comfortable and confident about their purchases and are not constrained by discomfort or self-consciousness. In addition, these women exhibit a remarkable lack of shyness

or awkwardness while talking about their periods with male friends and family members. This shows that a sizable percentage of women have adopted a more empowered and liberated mindset regarding their reproductive health, overcoming long-standing social taboos and stigmas related to menstruation. The results point to a change in favour of greater menstrual fairness, where women are more at ease navigating public settings and having candid conversations about their periods without interference from gendered norms or restrictions.

MENSTRUAL HYGIENE PRACTICES

This study reveals that the majority of women prioritize bathing as an essential aspect of their hygiene routine during menstruation, with most participants bathing twice daily. This practice serves multiple purposes, including the prevention of odors and the promotion of physical comfort. A warm bath, in particular, offers therapeutic benefits, such as relaxing abdominal muscles and alleviating cramps. Furthermore, maintaining good hygiene during menstruation is crucial for preventing various health issues, including skin irritation, vulvovaginal yeast infections, bacterial vaginosis (BV), and urinary tract infections (UTIs). The relaxing properties of warm water also have a positive impact on mental well-being, contributing to improved mood and reduced stress levels.

According to the study's findings, most women select sanitary napkins as their main menstrual hygiene product. Interestingly, the majority of participants said they changed their sanitary items three to four times a day, which is consistent with the suggested changing frequency of every three to five hours to maintain good hygiene and avoid bacterial growth. A sizable minority of women, however, stated that they changed their products just once or twice a day, which may have increased their risk of infection, discomfort, and odour. On the other hand, a few individuals mentioned switching products seven or more times a day, which could be a sign of severe menstrual bleeding. It is essential to regularly replace menstrual hygiene items in order to avoid the buildup of bacteria and the ensuing odour. In addition, women who flow more may need to change more frequently in order to keep themselves hygienic and avoid leaks. Menstrual hygiene products that insert into the body, including tampons and menstrual cups, carry certain hazards that should be acknowledged. These risks include Toxic Shock Syndrome (TSS) and other infections; thus, it's crucial to use and maintain these products properly.

The study reveals that people who use sanitary napkins In the home often dispose of them improperly, burning or burying them, which can harm the environment. On the other hand, a more responsible approach is seen in college settings, where used sanitary napkins are thrown to the incinerator, which is thought to be an environmentally good practice, or disposed of in special waste receptacles. Sanitary serviette disposal needs to be done correctly in order to preserve environmental purity and maintain cleanliness. The results emphasise how crucial it is to support eco-friendly disposal methods, such as burning waste or using designated waste receptacles, in order to lessen the environmental impact of menstrual hygiene products.

COMFORT LEVEL OF DISCUSSING ABOUT MENSTRUATION

According to the study, women said they had no particular trouble or discomfort talking to doctors or other medical professionals about their menstruation. This points to a constructive change in the dynamics of communication between patients and providers, enabling women to freely discuss any issues they may have about their menstrual health without shame or hesitancy.

PREMENSTRUAL SYNDROME

The study's findings indicate that an overwhelming majority of women experience Premenstrual Syndrome (PMS), with mood changes being the most commonly reported symptom. Additional symptoms include irritability, breast tenderness, cramping in the pelvic area, sadness, and abdominal bloating. Despite its prevalence, the exact causes of PMS remain unclear, with fluctuations in female reproductive hormones (progesterone and estrogen) and brain chemicals potentially playing a role. However, research suggests that hormonal levels are consistent in women regardless of whether they experience PMS or not. This implies that women with PMS may be more sensitive to the natural fluctuations in hormone levels, leading to the development of symptoms. Further research is needed to fully understand the underlying mechanisms of PMS and to develop effective treatment strategies. The findings highlight the importance of acknowledging PMS as a legitimate health concern, and providing support and care for women who experience its symptoms.

MENSTRUAL RELATED DISORDERS

Premenstrual Syndrome (PMS) is the most widely recognised menstrual-related disorder among women, with a significant majority having experienced its symptoms at some point in their lives. While some women are also familiar with other menstrual-related disorders such as dysmenorrhea (painful menstruation), amenorrhea (absence of menstruation), and menorrhagia (heavy bleeding), PMS remains the most prevalent condition. In fact, research suggests that up to most women experience at least one menstrual-related disorder, with PMS being the primary condition affecting most women. However, a smaller percentage of women also experience other conditions like dysmenorrhea, menorrhagia, metrorrhagia (irregular bleeding), and amenorrhea, which can have a significant impact on their quality of life. Understanding the prevalence and characteristics of these menstrual-related disorders is crucial for developing effective prevention, diagnosis, and treatment strategies to improve women's reproductive health and overall well-being.

PRIVACY

The study finds that in many households, women share a common toilet with other family members, resulting in reduced privacy and increased discomfort during menstruation. This lack of privacy can lead to feelings of anxiety, stress, and embarrassment, exacerbating the already challenging experience of menstruation. Without a private and clean space to manage their menstrual hygiene, women may face difficulties in changing sanitary products, washing themselves, and disposing of used sanitary napkins properly, leading to potential health risks and infections.

5.3 CONCLUSION

Menstruation is when the body prepares for a possible pregnancy every month. If there's no pregnancy, the body sheds the lining of the uterus. For every woman's general well-being, it is imperative to prioritise menstrual health and hygiene and to have an upbeat perspective regarding their period. Understanding that getting your menstruation is a normal process and not anything to be ashamed of or taboo. Recognising the significance of good hygienic habits, such as using menstrual hygiene products. Knowledge about the hazards of improper menstrual hygiene,

including infections and problems with reproduction. Accepting that having a menstruation is a sign of fertility and femininity rather than something to be embarrassed of or hidden.

Mothers are the primary source of information and guidance for young girls about menstruation, providing them with essential knowledge and support. Women are well aware of the significant milestones in their reproductive journey, including menarche (the first menstrual period) and menopause (the cessation of menstruation). They understand that menstruation is a natural process that occurs every month, and that menstrual blood originates from the uterus, where the uterine lining sheds if pregnancy does not occur. Many female college students view menstruation as a natural and normal process, not something impure or shameful. Despite this positive attitude, they still face many restrictions and taboos surrounding menstruation in their homes and society. In short, they see menstruation as a natural part of life, but society doesn't always agree. Positive menstrual perspectives make women feel good about themselves. They don't have to feel embarrassed or ashamed about purchasing menstrual hygiene products. They also talk freely and without reluctance about their menstruation with their male friends and family members. In addition, they don't feel embarrassed to discuss menstruation-related concerns with medical professionals or to seek care and advice when necessary.

During their menstrual days, women prioritise hygiene by taking frequent baths ideally twice a day—and changing their menstrual products often. Nonetheless, some women burn their used sanitary napkins at home, which is bad for the environment. On the other hand, they embrace more environmentally responsible habits when they are in college, such as using incinerators or dustbins to dispose of soiled napkins, which helps to create a more sustainable and clean environment.

Premenstrual syndrome, or PMS, is a disorder that many women experience. Mood swings, bloating, cramps, and other physical and mental symptoms that precede menstruation are together referred to as PMS. The majority of women have PMS in one form or another, and being aware of it enables them to better prepare for and control their symptoms, improving the comfort and manageability of their monthly experience.

Women are informed about menstrual-related disorders, with most being familiar with premenstrual syndrome (PMS). However, their knowledge extends beyond PMS, with some women also aware of other conditions like Amenorrhea (absence of periods), dysmenorrhea

(painful periods), menorrhagia (heavy bleeding), metrorrhagia (irregular bleeding), and oligomenorrhea (infrequent periods). While not all women know about these disorders, having some knowledge helps them better understand their own bodies and seek medical attention when needed. Premenstrual syndrome (PMS) is a frequent menstrual-related problem that affects a lot of people. In addition, some women experience other difficulties such as metrorrhagia (irregular bleeding), menorrhagia (heavy bleeding), dysmenorrhea (painful menstruation), and amenorrhoea (lack of menstruation). Although PMS is the most common, many women are also impacted by these additional illnesses, which have an adverse effect on their physical and mental health throughout their menstruation.

In conclusion, female college students generally possess good knowledge and a positive perception of menstruation and menstrual hygiene. However, there is a gap in their awareness about menstrual-related disorders, such as Amenorrhea, dysmenorrhea, and menorrhagia. This lack of understanding may lead to difficulties in recognizing and addressing their own menstrual health issues, potentially causing problems if left unidentified or mismanaged.

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APPENDIX

QUESTIONNAIRE

Socio demographic profile

1. Name:
2. Age :
3. Religion:
 - a. Hindu
 - b. Muslim
 - c. Christian
 - d. Athiest
4. Education:
 - a. UG
 - b. PG
5. Income of family (monthly):
 - a. Below 10000
 - b. 10000-20000
 - c. 20000-40000
 - d. 50000 above
6. Who provide information about menstruation to you?
 - a. Mother
 - b. Father
 - c. Siblings
 - d. Teachers
 - e. Friends
7. Mother's education level:
 - a. 10th level

- b. 12th level
- c. Under graduate
- d. Post graduate
- e. Montessori

8. Mother's occupation:

- a. House wife
- b. Government / public servant
- c. Self employed
- d. Private job
- e. Coolie

9. With whom do you feel comfortable discussing issues related to menstruation?

- a. Mother
- b. Father
- c. Siblings
- d. Friends
- e. Teachers

10. What are the restrictions do you experience during menstruation?

- a. Restriction on going to religious places
- b. Restriction on participate in family functions
- c. Restriction on touching holy things/books
- d. Restriction on touching the new clothes
- e. No restrictions

Knowledge and perception about menstruation

11. What was your age when you had your first menstrual period?

12. Do you have any knowledge about menstruation before getting menarche?

- a. Yes

b. No

13. What is the length of your menstrual cycle?

a. Below 21 days

b. Between 21 to 35 days

c. Above 35 days

14. Do you know the source of menstrual blood?

a. Uterus

b. Ovaries

c. Cervix

d. Vagina

15. What age does a woman start experiencing menopause?

a. 35-45

b. 45-55

c. 55 and above

16. What do you believe to be the cause of menstruation?

a. Natural/Normal process

b. Removal of the bad blood from your body

c. To cleanse the body of toxins

17. Do you believe that you are impure during menstruation?

a. Yes

b. No

18. Do you believe that continuing daily activities during menstruation may be harmful to health?

a. Yes

b. No

19. Do you feel uncomfortable buying sanitary napkins in public?

- a. Yes
- b. No

20. Have you ever felt embarrassed discussing about menstruation with male friends or family members?

- a. Yes
- b. No

Menstrual hygiene

21. How many times do you usually take bath during your menstrual days?

- a. Once
- b. Twice
- c. More than twice

22. What is the menstrual hygiene products/materials do you use?

- a. Clothes
- b. Clothed pads
- c. Sanitary napkins
- d. Menstrual cups

23. How many sanitary napkins do you change in a day during your menstruation?

- a. 1-2
- b. 3-4
- c. 5-6
- d. 7 and above

24. If you use sanitary napkins, how do you dispose the used sanitary napkins at home?

- a. Wrap in a plastic bag and throw in the dustbin.
- b. Burn the sanitary napkins.
- c. Flush down the toilet
- d. Use incinerator
- e. In a specific location bury the sanitary napkins.

25. If you use sanitary napkins, how do you dispose the used sanitary napkins in the college?

- a. Wrap in a plastic bag and throw in the dustbin.
- b. Burn the sanitary napkins.
- c. Flush down the toilet
- d. Use incinerator
- e. In a specific location bury the sanitary napkins.

26. Do you feel awkward or hesitant about discussing menstrual problems with a doctor?

- a. Yes
- b. No

27. Do you have any premenstrual syndromes?

- a. Yes
- b. No

28. If yes specify

- a. Cramping in the pelvic area
- b. Breast tenderness
- c. Abdominal bloating
- d. Fluid retention
- e. Irritability
- f. Anxiety
- g. Mood changes
- h. Sadness

29. What are the menstruation related diseases do you know?

- a. Amenorrhea
- b. Dysmenorrhea
- c. Premenstrual syndrome
- d. Menorrhagia

- e. Metrorrhagia
- f. Oligomenorrhea
- g. Other

30. Do you have any menstruation related disorder?

- a. Yes
- b. No

31. If Yes, what are they?

- a. Amenorrhea
- b. Dysmenorrhea
- c. Premenstrual syndrome
- d. Menorrhagia
- e. Metrorrhagia
- f. Oligomenorrhea
- g. Other

32. What kind of toilet facilities are there in your home?

- a. Personal
- b. Common
