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Research Article

Unveiling Urban Realities: A Holistic Study of Menstrual Health in Young Girls

Sithal Dalai[1], D Shobha Malini[2], Dhaneswari Jena[3]

[1]Senior Resident, Department of Community Medicine, Maharaja Krushna Chandra Medical College and Hospital, Berhampur, India.
[2]Professor and Head, Department of Community Medicine, Jajati Keshari Medical College & Hospital (JKMCH), Jajpur, India.
[3]Professor and Head, Department of Community Medicine, Government Medical College and Hospital, Sundargarh (GMCH), India.

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I N F O

Corresponding Author:
Sithal Dalai, Department of Community Medicine, Maharaja Krushna Chandra Medical College and Hospital, Berhampur, India.
E-mail Id:
sithal22@outlook.com
Orcid Id:
https://orcid.org/0000-0002-2715-0493

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A B S T R A C T

Introduction: This study explores menstrual health among urban women aged 10–25 years, focusing on their health status, practices, and beliefs. It examines the influence of urbanisation and recent government initiatives on menstrual health practices, highlighting the evolving dynamics due to lifestyle changes and increased social media exposure.

Method:The study employed qualitative methods, including interviews and Focus Group Discussions (FGDs), to gain in-depth insights into participants' experiences and perceptions. Grounded theory and inductive coding were used to analyse the data, providing a comprehensive understanding of the subject matter.

Results:The findings revealed positive shifts, such as reduced restrictions on menstruating individuals, better access to affordable hygiene products, and improved disposal services due to municipal garbage collection. Government initiatives, like distributing menstrual products in schools and enhancing Water, Sanitation, and Hygiene (WASH) facilities, have significantly impacted menstrual health practices.

Conclusion:Despite improvements, there are gaps in basic menstrual knowledge, hygienic practices, and effective communication with schoolteachers or healthcare workers. Compliance with government programmes promoting weekly iron-folic acid supplementation and biannual albendazole intake remains low, indicating a need for enhanced educational and support measures.

Keywords: Menstrual Health, Urban Women, Government Initiatives, Qualitative Methods, Menstrual Practices, Menstruation Knowledge, Prevalent Beliefs, Menarche, Psycho-Social Aspects

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Introduction

Understanding young women's perspectives on menstruation is vital for sexual health education. The onset of menstruation marks a transformative journey into womanhood for adolescent girls and can be traumatic for female adolescents. Unfortunately, in India, taboos, false beliefs, and limited access to effective Menstrual Hygiene Management (MHM)[1] hinder this transition. According to NFHS-5 (2020–2021), 81.5% of women aged 15 to 24 now use hygienic protection methods,[2] a notable increase from NFHS-4 (47.4%). Despite government initiatives like the Menstrual Hygiene Scheme, challenges persist, including supply shortages. The government aims for universal access to safe Water, Sanitation, and Hygiene (WASH) by 2030. Additional schemes like FREEDAYS (India), and KHUSI (Odisha)[3] provide sanitary napkins to below-poverty line women. NGOs like UNICEF and WaterAid work on education, awareness, and access to MHM products. Efforts include campaigns and media, like the movie Pad Man. Schools are urged to become menstruation-friendly by offering napkins, education, and private facilities. However, sustained change requires a strong commitment, implementing holistic guidelines, promoting sustainable products, ensuring proper disposal infrastructure, and addressing cultural stigmas.

Our research aims to conduct an in-depth investigation into the menstrual experiences of young girls in an urban area. The primary objective is to explore whether there have been any changes in socio-cultural factors and identify new elements influencing the menstrual health status of urban girls. This study is motivated by the need to understand the impact of various menstrual hygiene initiatives launched by different organisations. By delving into the lived experiences of urban girls, we intend to contribute valuable insights that can inform and enhance existing menstrual health programmes. This research will shed light on the evolving socio-cultural landscape surrounding menstruation and provide a comprehensive understanding of the factors influencing menstrual well-being among young girls in urban settings.

Materials and Methods

The study was part of a quasi-experimental research project consisting of five phases conducted in the urban slums of Berhampur municipality in Odisha between 2021 and August 2023. The first phase involved formative research as a qualitative study, followed by quantitative data collection from school girls in the second phase. The third phase included a menstrual educational intervention at selected schools, and the study concluded with post-intervention and follow-up evaluations of knowledge and practices related to menstrual hygiene. A total of 53 participants from the urban slum took part in 4 Focus Group Discussions (FGDs) and 26 In-Depth Interviews (IDIs). Interviews were conducted until data saturation was reached, followed by an additional FGD and 4 IDIs to confirm saturation. Participants from FGDs with specific findings were further included in IDIs for a deeper exploration of their experiences.

A grounded theory approach with inductive coding was employed for qualitative analysis, combining existing literature on menstrual health with new insights related to changing demography, digital advancements, and the impact of government initiatives in urban India. Open-ended FGDs and IDIs question guides[4,5] covered major themes such as menstrual life, experiences, and socio-cultural factors. Additional sub-themes emerged during the study, including insights from teachers and government initiatives.

Establishing a strong researcher-participant relationship based on trust and rapport was crucial for sampling and data collection. The research team tried to cultivate trust and a level of familiarity through prior visits to obtain assent and consent, setting up discussion and interview details accompanied by the local NGO. Girls between 10–25 years who had attained menarche and could express themselves in a group were included in FGDs. Shy girls, those with significant history (school dropouts, teenage pregnancies, comorbidities), and others (teachers, young mothers, community health workers) were selected for IDIs.

Interviews and discussions were conducted in Odia (vernacular language) and Hindi (for the subset of the Muslim population). Semi-structured interviews were audio recorded and transcribed verbatim, with participants having the option to turn off the recorder. For non-recorded interviews, detailed notes were taken. Transcripts were translated into English for analysis using ATLAS.ti. Thematic analysis was employed following the steps suggested by Braun and Clarke (2006).[6] A codebook and themes were created based on the literature and qualitative guide. Original quotes from participants supported conclusions. A word cloud (Figure 1) was generated from the transcripts,

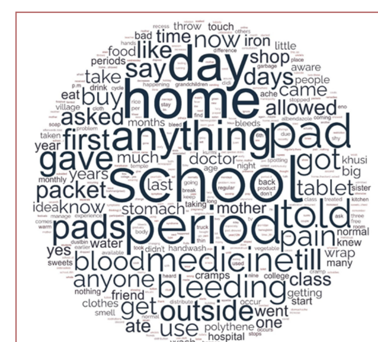

Figure 1.Word Cloud Generated from the Transcripts of Group Discussions and the Interviews

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highlighting major words related to menstruation.

Ethical permission was obtained from the Institutional Ethical Committee. The original study protocol is registered on the Clinical Trial Registry-India (CTRI/2021/11/037916). Consent was obtained from selected schools, parents of girls below 18 years and adult participants, followed by assent from participating girls below 18 years.

Results

To assess participants' knowledge and hygiene habits, data were collected through FGDs and IDIs until data saturation was achieved. The study included a total of 53 participants in 4 FGDs and 26 IDIs. FGD participants were young girls aged 10–25 from urban communities, schools, and slums. IDIs targeted a subset of FGD participants with significant menstrual issues, along with school teachers, mothers of menstruating girls, and community health workers. Participants were purposively selected from schools and slums in urban areas with obtained consent. Transcribed data were analysed to generate codes, and themes were identified. Common codes were merged to form domains, sub-domains and the themes were listed under the domains in Table 1. Analysis of both IDI and FGD was done together.

Table 1. Thematic Framework of the Focus Group Discussions

Theme	Sub-Theme	Codes
Mens-truation and its manage-ment	Knowledge on mens-truation	Why it occurs?
		Age duration
		Normal period
		Pre-menstrual syndrome
	Menstrual ex-periences	Awareness prior to menarche
		First experience
		Menarche ritual at home
		Menstrual life
		Menstrual symptoms
	Menstrual hygiene practice	Menstrual products
		Menstrual waste management
		Hygiene practice
		Home management of symptoms
		Toilet access
	Psycho-social aspect	Cultural taboos and beliefs
		Inter-personal communication
		Health seeking behavior
		Effect on social life
	Gover-nment initiatives	Free product (pad and iron tablet) distribution
		IEC and BCC activities

Knowledge on Menstruation

Initial questions about the students' knowledge of menstruation focused on what they already knew. Most often, participants didn't respond because they were hesitant. Most of them, however, said that they were unaware after being probed further. The physiology of menstruation was largely unknown to them.

P3- "... every 28 days if eggs are not fertilised in the form of blood, it comes out in form of blood after 28 days it called as periods." - FGD1

However, most believed that this is the process of removing impurities from our bodies.

P9- "Impure blood from the body goes away once in every month &pure blood comes in replacement of impure blood."- FGD2

Further when asked about the age group in which it occurs, most replied that it starts around 12 years and occurs till about 60 years of age.

P10- "...My mother was saying that because of what people eat now, they get it in 8 or 9 years itself. before it was like 13- 14 -15 years. Because what they used to eat at that time was normally fresh, but people are whatever they are eating right now... like all those tablets and all... that's why the children are getting it earlier."- FGD2

When asked to describe the characteristics of a normal period, almost everyone responded that it is free of cramps, pain, and bleeding for a typical amount of time, such as seven days per month.

P16- "...yes if there is no pain and like this... it bleeds clearly for seven days then that is normal period and if there is pain and all that is..."- FGD3

P7- "1st day to 4th day normal bleeding, decreases by 5th day, 3-4 pads used in one day, Color should be red in normal period. If black colour, then it is abnormal."- FGD1

However, less than half of them knew what the term "pre-menstrual symptom" meant when asked about it. When questioned further, most of them acknowledged having experienced the symptoms.

P21 - "... mood swing, irritation, pain...like this... commonly symptoms occur before periods" - IDI6

P13 - "... Pimples, pain, abdomen, leg ache before periods during or after periods."- FGD3

Participants were questioned about their awareness of menstruation at the time of their menarche. Most people denied having any knowledge of this, however, a few people did know about some sort of bleeding from their

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friend or older sister.

P26 - "…No. My friend had said that something like this was going to happen before but did not know that much would happen, she said that you are not old yet, you will know when it happens. My friend was absent for a few days, then said that there was some marriage at home, health was bad, told like this but did not say anything in detail. Said that your time will come then you will know..." - IDI11

Menstrual Life Experiences

Then, to learn more about their issues, the participants were asked to explain their menstrual life experiences. They were first questioned regarding their first period-related experience. Almost everyone was terrified, kept their secrets, and avoided telling anyone. Only when it was specifically mentioned, or they were unable to handle it on their own did they turn to their parents.

P12 - "...In the morning my family was going out and saw something like this. So, they said that something had happened. They said that they were going to call and tell us the good news. Then I didn't understand. It was like when I came to know that I had it, then I cried a lot. I didn't know anything then. Then I went to Daadi (grandmother) and asked. Told Daadi that something like this was happening. Daadi said that don't touch, stand aside, and call your Ammi. I called Ammi (mother). Ammi gave me some kind of pad. Then I used the pad and then I thought everything was fine. Then Ammi said that it happens to all the girls, it is not a problem...I was 15 years old, maybe in the ninth class back then...". - FGD2

P22 - "... When my elder sister had her first, there was a grand celebration. Then Papa (father) called everyone, then something like this happened. (thinking)... at 4:00 or 5:00 in the morning. Used to take bath in the morning, apply turmeric every night. Then used to feed something …and mix something in Banana and feed it so that the period does not smell.... after feeding her and brought her to the place to do the ritual, they kept something like coconut-banana and other, in her hand...". - IDI7

Further investigation into their current menstrual cycle was done using several probes, including questions about cycle length, flow days, any accompanying symptoms, etc. To this, almost everyone said that their period was generally uneventful. Few people experienced problems including severe bleeding, acne, backaches that required rest, etc.

P20 - ".9day. It stops by the 9th day. Bleeds till day 5 then decreases gradually."- FGD4

P27 - "…first few days I get something like white that comes out. then in the middle of the month also some like watery discharge." - IDI12

Menstrual Hygiene Practice

When asked what kind of menstrual products they used, it became apparent that roughly a little shy of half relied only on the free pads provided by their school, while a significant fraction of them still preferred to purchase higher-quality goods from stores, even if they were receiving the free pads. Everyone in the group agreed that the shops would first wrap the napkin pack in a newspaper before putting it in a piece of black polythene and giving it to the customer. Only a small percentage have used alternative products like tampons or menstruation cups.

P9 - "ours…Asha Didi brings for us. She will bring it when we ask… then we buy from medicine store in emergency… (). we give her money to buy the pads.". - FGD2

P6 - ". the shopkeeper wraps in a newspaper then puts it in black plastic bag…"- FGD1

P22 - ". now using pads, but initially using cloth. Old clothes..."- IDI7

When asked how used napkins were disposed of, the majority replied that they were thrown outside, some in open drains, and only a small minority would wait for the garbage truck to pick them up. Few people had previously utilised the incinerator at the school or the residential complex.

P11 - ". there is a box in the school. When the pad is full, then you must put it in the box, then close it and switch the green button on. Then it will burn, and smoke will go out…. I have never used it. Just have seen it being used… normally I come home from school to change… Once I had changed at school. There is an open drain behind our school. I threw it there."- FGD2

P18 - "...in drain…garbage van comes…but we don't. We throw it in the drain…as mommy must go to the shop every morning (shop owner). so, she throws it by 6 a.m. The van then comes later…8.30 am around…"- FGD3

P35 - ". bury in the backyard... (). Yes, we have some space...". - IDI17

According to most explanations, everyone bathes every day and only washes their hands after changing a pad when they are menstruating. The frequency of pad changes, nevertheless, wasn't enough. Everyone has access to a bathroom both at home and at school.

P3 - "...we don't wash hands before. Just after... with water. Soap if it's there…"- FGD2

P7 - "... I use the warm water for intimate wash... clean the toilet before use."- FGD1

When asked about their understanding of how to handle mild to moderate menstrual symptoms at home, the majority knew to use hot water, but they all believed that a lack of physical activity would lessen symptoms.

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P10 - "... if grandma is at home, then she gives methi (Fenugreek). If there is too much pain then... () ...eat methi and drink some water... () ...the pain doesn't disappear completely, it just subsides to some extent."- FGD2

P4 - "...while at home, I just sleep with the chunni (a type of cloth) tied around my belly. Don't do any work..."- FGD2

P2 - "... you can use hot water bag, some soothing essential oil like that...no restriction for eating, doing work... Just be in a happy mood..."- FGD1

Psycho-Social Aspect

Every participant had some sort of restriction to follow when it came to the subject of cultural myths and taboos, with the most prevalent being the religious constraint, followed by food, social interaction, and touching people or objects. Most of the beliefs were rooted in the notion that menstruation women were impure.

P11 - "...yes, I don't go to masjid.... when it happened for the first time, mommy said that Chicken should not be eaten, should not eat lentils etc., due to which I am in pain, if it smells, then all those things should not be eaten...on eating those your period will smell bad."- FGD2

P6 - "Whatever clothes I have used those days, those will be kept separate, after 6 days... take an early bath on day 3, wash the 3 days cloth then... shouldn't sleep during daytime... take bath with cow dung and turmeric before sunrise..."- FGD2

P9 - "someone is sitting with legs spread then you should not jump over them...it would worsen the period pain." - FGD2

P9 - "...by chance, if I am wearing any new dress and I got my period then if we give that to the dhobi (washerman), those who take clothes for cleaning, if he cleans it then we can wear them to Temple...no, not even if washed by us. Only washed by dhobi."- FGD1

P2 - "...sweet induces flow and also coconut water and sour food induces early periods"- FGD1

P8 - "...Not to touch male persons, priest, and bath with turmeric water on 4th day of menstruation."- FGD1

P3 - "...we are asked not to go to the garden..."- FGD1

When it comes to discussing menstruation with others, everyone admitted that they avoid doing so due to social shame and shyness. They learn about it from personal experience or social media.

P10 - "...I asked mum my mum earlier when I was having too much pain in my stomach that "till when is it going to happen?". My mum said don't say like that. This is good to happen. You are lucky that you are getting it. So, she explained by saying like this and said that talking a lot will make you old. (laughed). So, by the time it is over, I will become old, so I said that it is happening now, I am not able to enjoy it, when I become old then what will I enjoy. (laughed). And she laughed and said that you are just a child. Don't ask too much...". - FGD2

P9 - "...don't prefer to talk about periods or discuss with other family members". - FGD1

Only a small number of people had sought aid for health problems associated with menstruation, but they did occasionally receive it. After their periods began, only a few of them were still enrolled at school. Due to peer pressure, some of them chose to skip school for the duration of their bleeding.

P1 - "...I used to have back pain, stomachache...I went to City medical... The doctor gave me some medicine. I took them... then felt better... () ...it happened only once."- FGD2

P2 - "I don't go to school those days. If happens at school, then I return home." - FGD2

Some of the participants were also found to have dropped out of school during the FGDs. Thus those subset of participants were further invited for the IDI to gain an in-depth idea about their current situation and the driving force for school dropout.

P14 -" I used to receive during my 6th class. Now we buy ourselves...(asked why by the interviewer)...I don't go to school anymore. (Again asked why)...I just don't feel good. I am not interested in school anymore."

Insights from Interviews with Female School Teachers and Community Health Workers on Menstrual Management

IDIs with female school teachers and community health workers shed light on their roles in the lives of young girls during menstrual management. The findings revealed that a majority of participants recognised the challenges related to menstruation in adolescent girls. They were well aware of prevalent sociocultural, religious, and hygiene-related menstrual restrictions in their communities. Interestingly, all participants expressed strong support for the pad distribution scheme, considering it highly beneficial.

P37 -"We receive the pads in bulk at the beginning of a year. We divide that among the students and give it out. For the tablets, as we receive the iron tablets every week, we distribute them every Monday, either at the beginning of class or after the mid-day meal."-IDI3 (One of the teachers responsible for pad and drug distribution in school)

P33 -"We can't force feed the tablets to the students. If anything at all happens, like vomiting or else, the media will come to us for an explanation. There will be a long administrative struggle, so much paperwork etc. No one questions the government who gives the tablet, everyone will come to us. We don't want extra trouble." - IDI9 (One

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of the school headmasters)

P47 -"I just provide the pads at government price, whoever asks of me or comes to the Anganwadi... No one comes for the iron tablets... the deworming tablets we give from house to house during the programme...not everyone eats them...they say I have diabetes and I am eating other ayurvedic medicine for some other causes..." - IDI15 (One of the Community Health Workers)

Government Initiatives

The question of government initiatives and any material or educational assistance they received at school or elsewhere was finally investigated. Most of them consented to receive pads, iron-folic acid tablets every week, and albendazole for deworming every year. However, just a small number of them were taking the tablets since they were unaware, while only half of them used those pads.

P11 - "...... first they brought a bottle of tablets and gave each one to eat in school. I ate that time. Then they gave 30–40 tablets to take home and eat. I didn't... then they gave 2 types of tablets to take home. The single bigger one (albendazole) everyone ate that, threw the smaller ones (DEC tablet)." - FGD2

P5 - "......What was given in school was very thin. it was soaked just in an hour... so I did not use it, gave it to my mother. Then I buy for myself...." - FGD2

The distribution system of hygiene products and tablets faced a significant impact due to COVID-19, especially amidst the frequent closures of government educational institutions. P19 -"We used to get it before COVID started. Now we buy ourselves." - FGD4

The inadequate compliance with the distribution of weekly iron-folic acid tablets and biannual albendazole tablets was attributed to the absence of pre-distribution educational sessions for both students and teachers. These sessions are essential to provide comprehensive information on the necessity of drug consumption, potential side effects, a comparison of risks and benefits, and guidance on accessing local government centres in case of side effects. The lack of such educational initiatives contributed to the suboptimal adherence to the tablet distribution programme. Moreover, the participants seemed to be unaware of the importance of the iron-folic acid tablets, albendazole to their menstrual health.

P18 - ".... I am afraid to take those. No problem so far. I am just afraid what kind of medication are these and what sort of side effect may occur..." - FGD1

Some schools have witnessed school health promotion endeavours led by local NGOs, showcasing a commendable community-driven initiative. However, feedback from group discussions suggests that these sessions often lean towards product-oriented approaches, lacking in-depth discussions on the physiological aspects of health events.

P13 - "...The teachers in the school were saying that it is not a matter of hiding it, some people had come from outside also and explained if there is any problem, then tell the family members. There are many such people who came to school..." - FGD1

P10 - "... Some people came to school with a box, and they took out the thing from the box and they told us how to use. They put so much water on it, and it soaked all of it. He said that this one is available in some hospital, in Berhampur and it was also so thin, then he said that you can wear it for 2 days even..." - FGD2

The lack of trust in the government medical system was one of the reasons cited by a young mother from the slums for the lower compliance with government initiatives.

P48 - " They just give that paracetamol tablet for whatever problem in the govt hospital (Urban Primary Health Centre-UPHC near the slum). So we don't go there anymore. We just buy from the medicine store. The last time I went there (UPHC) for my irregular menstruation, they gave me a tablet for not getting pregnant (MALA-N). I was not even married at that time. I didn't know that. I showed the tablets to my neighbours. They told me not to eat it. Those people from govt. medical give anything. I was so ashamed in front of them." - IDI52

Discussion

The initial assessment of their knowledge revealed a lack of understanding of the physiology of menstruation, with a prevalent belief that it is a process for removing impurities from the body just like previous studies all across the world.[5,7] While participants generally identified the onset of menstruation around the age of 12, the awareness of pre-menstrual symptoms was limited. Despite experiencing premenstrual symptoms, they struggled to differentiate between normal physiological (mild pain, mid-cycle watery discharge, mood change) and pathological symptoms (severe pain, heavy bleeding, foul-smelling discharge, itching, malaise due to decreased iron reserve) which are not discussed much in previous studies.

In terms of menstrual hygiene practices, a significant number of people relied on freely provided pads distributed by the government in schools and at low cost through Anganwadi centres, facilitated by community health workers. The observed disposal methods were diverse, while the utilisation of alternative products remained limited. This stands in contrast to studies in different parts of India, where challenges such as insufficient access to menstrual products and inadequate disposal facilities were reported.[8] Disposal habits revealed that numerous participants disposed of used sanitary napkins, encompassing both disposable and

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reusable pads, outdoors. Some chose to discard them in open drains, while a minor percentage awaited collection by garbage trucks. Notably, prior studies have often mentioned traditional disposal methods like open spaces and burial[9] but there is a lack of discussion on enhanced area-specific disposal practices in the existing literature.

Period poverty stands as a crucial yet often overlooked concern in the realm of reproductive health and rights for women of reproductive age.[10] The influence of COVID-19 has exacerbated challenges, particularly in the supply chain of menstrual products within schools, leading to a notable rise in out-of-pocket expenses for menstrual hygiene management. Additionally, some individuals have resorted to using traditional cloth methods for menstrual management, as indicated in a prior study.[11] Privacy did not emerge as a significant concern for participants in both slums and schools, thanks to the government-provided toilets as opposed to previous studies.[12,13] However, despite the well-maintained infrastructure of these built toilets, there remains ample room for improvement in ensuring hygienic conditions at these locations.

The psycho-social aspect revealed cultural myths and taboos, with restrictions on activities such as eating, social interactions, touching people or objects, and adherence to specific rules etc. like other studies,[13,14] rooted in the perception of menstruating women as impure. Participants expressed social shame and shyness in discussing menstruation with others, relying on personal experience or social media for information. The investigation into menstrual experiences revealed the initial fear and secrecy surrounding participants' first periods, sometimes prompting them to seek guidance from their parents. In a few cases, this secrecy and discomfort led to school dropouts. The reasons for these dropouts varied; while some were attributed to the uneasiness associated with menarche, others were simply due to a lack of motivation to pursue further education. As opposed to the literature,[10,14] bullying was not a concern for this study's participants. Rather their own fear of staining and physical discomfort during menstruation contributed more to the school absenteeism.

Despite the integration of menstrual health promotion into the school curriculum, a noteworthy observation was made: teachers and community health workers often lacked self-efficacy in addressing the challenges and health concerns related to Menstrual Hygiene Management (MHM) during discussions with their students and beneficiaries in the community.[15]

While the government's efforts to provide menstrual health support have been recognised, several challenges contribute to suboptimal compliance. The lack of pre-distribution educational sessions, coupled with issues such as subpar product quality, interrupted supply chains, and limited accessibility to affordable, higher-quality menstrual products from commercial centres, have been identified as key factors. These challenges, as indicated by a previous study in India, underline the need for a more comprehensive approach to ensure the success and effectiveness of government initiatives in addressing menstrual health issues.[15] Some school-going girls were introduced to the topic through awareness campaigns by local NGOs, but these campaigns primarily centred on pad usage. The study revealed a necessity for more extensive discussions covering physiological aspects, practicalities such as hygiene, and addressing taboos surrounding menstruation, empowering the teachers in such sessions.

Conclusion

The dynamics of women's menstrual experiences are significantly influenced by urbanisation, increased exposure to social media, evolving lifestyles, and government initiatives such as the distribution of menstrual products in schools and the enhancement of WASH facilities in government institutions. While there have been positive shifts, including reduced restrictions on menstruating individuals, improved access to affordable hygiene products, and proper disposal facilitated by municipal garbage collection services, there remain notable gaps. Basic knowledge about menstruation, hygienic practices, effective interpersonal communication with school teachers or community health care workers, and compliance with government programmes promoting weekly iron-folic acid supplementation and biannual albendazole intake still require substantial improvement.

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Conflict of Interest: None

References

1. United Nations Children's Fund [Internet]. Guidance on menstrual health and hygiene; [cited 2023 Aug 11].

Available from: https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf
2. Ministry of Health and Family Welfare, Government of India [Internet]. Release of NFHS-5 (2019-21) - compendium of factsheets; [cited 2023 Aug 11]. Available from: https://main.mohfw.gov.in/basicpage-14
3. Khusi [Internet]. Home page; [cited 2023 Aug 11]. Available from: https://www.khushi.nic.in/
4. Sommer M, Caruso BA, Sahin M, Calderon T, Cavill S, Mahon T, Phillips-Howard PA. A time for global action: addressing girls' menstrual hygiene management needs in schools. PLoS Med. 2016;13(2):e1001962. [PubMed] [Google Scholar]
5. Chang YT, Hayter M, Wu SC. A systematic review and meta-ethnography of the qualitative literature: experiences of the menarche. J Clin Nurs. 2010;19(3-4):447-60. [PubMed] [Google Scholar]
6. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101. [Google Scholar]
7. Gundi M, Subramanyam MA. Menstrual health communication among Indian adolescents: a mixed-methods study. PLoS One. 2019;14(10):e0223923. [PubMed] [Google Scholar]
8. Parija PP, Sharma N, Salve HR, Kumar R, Yadav K, Mandal S. A qualitative study regarding menstrual hygiene in a rural community of Haryana, India. J Trop Pediatr. 2022;68(6):fmac083. [PubMed] [Google Scholar]
9. Chandar D, Vaishnavi Y, Priyan S, Kumar GS. Awareness and practices of menstrual hygiene among females of reproductive age in rural Puducherry–a mixed method study. Int J Adolesc Med Health. 2018;33(1):20170221. [PubMed] [Google Scholar]
10. Patel K, Panda N, Sahoo KC, Saxena S, Chouhan NS, Singh P, Ghosh U, Panda B. A systematic review of menstrual hygiene management (MHM) during humanitarian crises and/or emergencies in low-and middle-income countries. Front Public Health. 2022;10:1018092. [PubMed] [Google Scholar]
11. Babbar K, Swathysree SS, Nanduri K. Navigating through menstrual health experiences of educated urban individuals who menstruate during the COVID-19 lockdown: a study from India. Cult Health Sex. 2023:1-2. [PubMed] [Google Scholar]
12. MacRae ER, Clasen T, Dasmohapatra M, Caruso BA. "It's like a burden on the head": redefining adequate menstrual hygiene management throughout women's varied life stages in Odisha, India. PLoS One. 2019;14(8):e0220114. [PubMed] [Google Scholar]
13. Gold-Watts A, Hovdenak M, Daniel M, Gandhimathi S, Sudha R, Bastien S. A qualitative study of adolescent girls' experiences of menarche and menstruation in rural Tamil Nadu, India. Int J Qual Stud Health Well-being. 2020;15(1):1845924. [PubMed] [Google Scholar]
14. Laws S. Issues of blood: the politics of menstruation [Internet]. Palgrave Macmillan UK; 1991 [cited 2023 Aug 11]. Available from: https://books.google.co.in/books?hl=en&lr=&id=2LquCwAAQBAJ&oi=fnd&pg=PR9&ots=VelVi3pGZ3&sig=KKWltZdGyzA-Zwr-xy-u8f8lrf8&redir_esc=y#v=onepage&q&f=false [Google Scholar]
15. Surendran G, Gehlawat M, Priyan S, Sarkar S. Menstrual hygiene practices and constraints in availing government sanitary pad provision among adolescents in rural Puducherry: a mixed method study. Indian J Community Med. 2021;46(2):288. [PubMed] [Google Scholar]

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