

International Journal of Agriculture Extension and Social Development

Volume 8; Issue 7; July 2025; Page No. 885-888

Received: 19-05-2025

Accepted: 23-06-2025

Indexed Journal

Peer Reviewed Journal

Menstrual health practices followed by rural adolescent girls during menstruation

¹Rekha Dangi, ²Dr. Vishakha Bansal, ³Dr. Rajshree Upadhyay, ⁴Dr. Sumitra Meena and ⁵Dr. Suman Audichya

¹M.Sc. Scholar, Department of Extension Education and Communication Management, College of Community and Applied Sciences, MPUAT, Udaipur, Rajasthan, India

²Professor and Head, Department of Extension Education and Communication Management, College of Community and Applied Sciences, MPUAT, Udaipur, Rajasthan, India

³Professor, Department of Extension Education and Communication Management, College of Community and Applied Sciences, MPUAT, Udaipur, Rajasthan, India

⁴Assistant Professor, Department of Food Science and Nutrition, College of Community and Applied Sciences, MPUAT, Udaipur, Rajasthan, India

⁵Professor, Department of Human Development and Family Studies, College of Community and Applied Sciences, MPUAT, Udaipur, Rajasthan, India

DOI: <https://www.doi.org/10.33545/26180723.2025.v8.i7l.2231>

Corresponding Author: Rekha Dangi

Abstract

Menstrual health practices significantly influence the well-being of adolescent girls, particularly in rural settings where taboos, limited access to hygiene products, and lack of awareness pose challenges. This survey, conducted among 100 girls from government schools in Mavli and Vallabh Nagar blocks of Rajasthan, highlights both progress and concerns in menstrual hygiene management. While 64 per cent used sanitary pads and all respondents reported proper care of reusable cloths, 36 per cent still relied on cloths, and 76 per cent changed menstrual products only once a day, raising hygiene concerns. Social stigma remains prevalent, with 84 per cent isolating themselves during menstruation. Encouragingly, 100 per cent acknowledged the importance of early education on menstruation, use of clean storage, and dietary practices like consuming iron-rich food, though gaps in healthcare-seeking behavior and persistent myths endure. The findings call for comprehensive menstrual health education, better access to affordable hygiene products, and initiatives to reduce stigma, improve nutrition, and empower girls to manage menstruation confidently and safely.

Keywords: Menstrual health, adolescent girls, rural girls, knowledge, practices

Introduction

Adolescence is a crucial period in human development, marked by significant physiological, psychological, and social changes (Berenbaum, Beltz and Corley 2015) ^[1]. Among the most defining features of adolescence for girls is the onset of menstruation, which signifies the beginning of reproductive capability. While menstruation is a natural biological process, it is often enveloped in social taboos, cultural restrictions, and misinformation particularly in rural areas (Gottlieb 2020) ^[4]. In India, where a large proportion of the population resides in rural settings, adolescent girls often face unique challenges in managing their menstrual health due to limited access to reliable information, sanitary products, and nutritional resources (Garg, Goyal and Gupta 2012) ^[3]. In rural regions, menstruation is frequently regarded as a matter of shame or secrecy, and girls often receive minimal or inaccurate information about it. In many cases, the first source of information for adolescent girls about menstruation is their mother or an elder female relative, who may themselves lack proper knowledge (Betsu *et al.* 2023) ^[2]. As a result, myths and misconceptions

persist, leading to harmful practices such as food restrictions, unhygienic disposal methods, and absenteeism from school during menstruation (Kaur, Kaur and Kaur 2018; Maniar and Mehta 2017) ^[6, 8]. These practices not only affect a girl's physical health but also impact her mental well-being and educational attainment.

Nutrition plays a vital role in maintaining overall health, especially during menstruation (Thirupataiah *et al.* 2024) ^[13]. The menstrual cycle can influence a girl's nutritional needs, and poor dietary intake can exacerbate menstrual discomfort, fatigue, and anemia (Larinci Utami, Junita and Ahmad 2022) ^[7]. In rural areas, limited availability of iron-rich foods, fruits, and vegetables, combined with socio-cultural food taboos, can lead to nutritional deficiencies. Over the past decade, increasing attention has been paid to menstrual health management (MHM) as a public health and human rights issue. Various studies across India have highlighted the low levels of menstrual health awareness, poor hygiene practices, and their associated health outcomes among adolescent girls (Singh *et al.* 2022) ^[12].

Menstrual health practices are vital for the overall well-

being of adolescent girls, particularly in rural areas where taboos, limited access to products, and lack of awareness persist. This survey, conducted among 100 girls in Mavli and Vallabhnagar blocks, highlights both encouraging practices and critical gaps. The findings emphasize the need for better menstrual hygiene education, accessible sanitary products, and efforts to reduce stigma for healthier, more informed menstrual experiences.

Methodology

The study was conducted in the Mavli and Vallabhnagar blocks of Udaipur district in Rajasthan, India. These blocks represent predominantly rural regions with socio-cultural characteristics typical of Rajasthan's semi-arid villages. Four government secondary schools, two from each block, were purposively selected to ensure the study environment aligned with the rural education setup and was accessible for data collection. The study population included adolescent girls aged between 15 and 18 years, studying in grades 11 and 12. Using purposive cluster sampling, 100 participants were selected 25 from each school to provide adequate representation while keeping data collection feasible.

The study aimed to capture current behaviors, product usage, hygiene practices, and nutritional habits during menstruation. Data were collected using a structured questionnaire covering various aspects such as menstrual product choice, frequency of change, source of products, hygienic practices, food intake, and awareness regarding

menstruation. Emphasis was placed on understanding both positive behaviors and persisting challenges like product accessibility, cultural taboos, and inadequate health-seeking practices. The analysis involved quantitative tabulation of responses, as shown in Table 1, to identify trends and knowledge gaps. This methodology allowed the researchers to document prevailing practices, highlight the need for intervention in areas like hygiene education, healthcare accessibility, and stigma reduction, and provide a foundation for recommending policy or educational initiatives aimed at improving menstrual health management among rural adolescent girls.

Results and Discussion

Menstrual health practices play a crucial role in maintaining the physical, emotional, and psychological well-being of adolescent girls, especially in rural areas where cultural taboos, limited resources, and lack of information often hinder appropriate menstrual hygiene management. The current survey, conducted among 100 adolescent girls from government schools in Mavli and Vallabhnagar blocks, sheds light on the prevailing practices related to menstrual health and hygiene. The findings provide both encouraging insights and highlight areas where improvements are necessary to ensure safe and healthy menstrual experiences. The study data related to the different practices on menstrual health is shown in Table 1.

Table 1: Distribution of the respondents according to their practice on menstruation health N = 100

S. No.	Practices	f /%
1.	Menstrual products used	
i.	Cloths	36
ii.	Sanitary pads	64
iii.	Tampons	0
iv.	Menstrual cup	0
2.	Frequency of Change	
i.	Once a day	76
ii.	Twice a day	17
iii.	More than twice a day	7
3.	Product Source	
i.	Local shops	38
ii.	Medical stores	62
iii.	Community health centre	0
4.	Unhygienic Practices	
i.	Using clean and dry pads or cloth	0
ii.	Washing genital area from front to back	0
iii.	Sharing used cloth with others	100
iv.	Changing pads frequently	0
5.	Reusable Cloth Care	
i.	Washed with clean water and dried in sunlight	100
ii.	Washed and stored in damp places	0
iii.	Not washed and used again	0
iv.	Buried in soil	0
6.	Advisable food practice	
i.	Skiping meals	29
ii.	Eating balanced and nutritious food	71
iii.	Fasting for long periods	0
iv.	Only eating sweets	0
7.	What to do for itching	
i.	Wait for it to go away	82
ii.	Use deodorant	8
iii.	Wash only with water	8
iv.	Consult a healthcare provider	2

8.	During menstruation, girls should be encouraged to	
i.	Stay isolated from family Stop attending school or work	84
ii.	Continue regular activities with proper care	16
9.	Cloth storage in a clean, dry cloth or pouch	100
10.	Drying reusable menstrual cloths in sunlight	
i.	To bleach the cloth	3
ii.	To prevent color fading	0
iii.	To kill bacteria and keep it hygienic	97
iv.	To hide it from others	0
11.	Bad practices avoided	
i.	Sleeping at night	0
ii.	Skipping meals and not drinking water	100
iii.	Washing hands	0
iv.	Talking about it	0
12.	Practice improving menstrual hygiene	
i.	Using pads for over 12 hours	0
ii.	Not cleaning the vaginal area	0
iii.	Changing pads regularly and using clean undergarments	100
iv.	Using dirty, stored cloth	0
13.	Why should girls be educated about menstruation before menarche?	
i.	To avoid school	0
ii.	To feel scared	0
iii.	To be aware, prepared, and confident	100
iv.	To buy products early	0
14.	Reusable menstrual hygiene product	
i.	Disposable pad	0
ii.	Tampon	0
iii.	Cloth pad or menstrual cup	100
iv.	Tissue paper	0
15.	Not recommended hygiene practice	
i.	Changing pads every 4-6 hours	0
ii.	Washing genital area with clean water	0
iii.	Using unwashed reusable cloth pads	100
iv.	Disposing of sanitary products properly	0
16.	Consume more foods during menstruation	96
17.	Take iron-rich foods regularly	100
18.	Take iron or calcium supplements	85
19.	Feel tired during menstruation	100

Menstrual Product Usage and Hygiene Practices

The choice of menstrual products among the surveyed girls shows that 64 per cent use sanitary pads, which is a positive indicator of growing acceptance of modern menstrual products. However, a considerable 36 per cent of girls still rely on cloths, reflecting either financial limitations, lack of availability, or prevailing traditional practices. The use of tampons or menstrual cups was non-existent across all surveyed groups, indicating either a lack of awareness or cultural resistance toward these alternatives. In terms of changing menstrual products, the majority of girls (76 per cent) reported changing their products only once a day, while only 17 per cent changed twice a day, and a mere 7 per cent reported changing more than twice a day. This infrequent change of menstrual products can lead to discomfort, increased risk of infections, and poor hygiene. The source of menstrual products is predominantly medical stores (62 per cent), followed by local shops (38 per cent), which highlights the importance of ensuring accessibility of sanitary products in these regions. Community health centers were not mentioned as a source, indicating missed opportunities for public health interventions. Encouragingly, all the girls (100 per cent) correctly identified that sharing used cloth is not a recommended hygiene practice, showing strong awareness about infection risks. Additionally, 100 per cent of the girls reported that reusable cloths should be

washed and dried in sunlight, which is the correct method for maintaining hygiene and preventing bacterial growth.

Food and Dietary Practices During Menstruation

When it comes to dietary habits, a positive 71 per cent of the girls recognized the importance of consuming balanced and nutritious food during menstruation, while 29 per cent still reported skipping meals a concerning figure that can contribute to weakness and other menstrual-related symptoms. This highlights the need for continuous education about the role of diet in managing menstrual discomfort. The survey further revealed that when girls experienced symptoms like itching or foul smell during menstruation, a significant majority (82 per cent) preferred to wait for it to go away rather than seeking medical advice. Only 2 per cent reported that they would consult a healthcare provider. This reflects a deep-rooted hesitation or lack of access to healthcare services, which could have serious implications for reproductive health. Another concerning finding is that 84 per cent of the girls reported that they would stay isolated from family or stop attending school or work during menstruation, with only 16 per cent continuing their normal activities with proper care. This indicates that social taboos and menstrual stigma continue to limit girls' participation in daily life, affecting their education and social integration.

Safe Storage and Disposal of Menstrual Materials

On a positive note, 100 per cent of the respondents knew that cloth pads should be stored in clean, dry places after washing and drying, and 97 per cent correctly identified the reason for drying reusable cloths in sunlight to kill bacteria and keep them hygienic. Such knowledge reflects good menstrual hygiene management practices among the majority of girls. Additionally, all participants (100 per cent) correctly understood that skipping meals and not drinking water should be avoided during periods, demonstrating awareness about maintaining energy and hydration. Similarly, 100 per cent of the girls practiced changing pads regularly and using clean undergarments, which are key components of menstrual hygiene. All girls (100 per cent) also agreed that educating girls about menstruation before menarche is essential to help them feel prepared and confident, emphasizing the importance of early education in building menstrual literacy. Moreover, awareness about reusable products like cloth pads was universal, with all respondents identifying cloth pads or menstrual cups as reusable options.

Nutritional and Supplement Practices

The survey explored dietary behaviors during menstruation, revealing that 96 per cent of girls consumed specific foods like iron-rich items, ginger, or turmeric, while 100 per cent regularly included iron-rich foods in their diet. Additionally, 85 per cent reported taking supplements such as iron, calcium, or folic acid. However, all respondents experienced fatigue during menstruation, indicating the need for improved nutrition and anemia prevention. While the use of sanitary pads, proper cloth care, and awareness of iron-rich diets are positive signs, challenges remain. Many girls still use cloths, change products infrequently, rely on self-care for symptoms, and face social isolation. These findings highlight the urgent need for menstrual health education, affordable product access, healthcare involvement in schools, and efforts to overcome taboos. Promoting healthcare-seeking behavior, balanced diets, and full participation in school and community life during menstruation are crucial steps toward achieving menstrual equity and enhancing adolescent girls' health and well-being in rural areas.

Conclusion

The survey highlights both encouraging practices and significant challenges in menstrual health management among rural adolescent girls. While the majority use sanitary pads and follow hygienic methods for reusable cloth care, issues like infrequent product changes, lack of medical consultation for discomfort, and social isolation during menstruation remain prevalent. Encouragingly, awareness about balanced diets and the importance of early menstrual education is high, with most girls consuming iron-rich foods and understanding good hygiene practices. However, reliance on traditional practices, limited healthcare engagement, and persistent taboos suggest a strong need for targeted interventions. Enhancing access to affordable menstrual products, strengthening school-based health education, and promoting open dialogue around menstruation can help bridge existing gaps. Empowering girls to manage their periods confidently and without stigma

is vital for improving their physical, emotional, and educational outcomes.

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