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Awareness of Menstrual Cycle and Menstrual Hygiene among Secondary School Girls: A Survey Study

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Abstract

Menstrual health and hygiene are fundamental components of adolescent health, gender equality, and quality education. Despite increased awareness through school health programmes and public health initiatives, menstruation continues to be associated with misconceptions, social stigma, and cultural restrictions that influence the physical, emotional, and educational well-being of adolescent girls. Adequate knowledge regarding the menstrual cycle and hygienic practices is essential for preventing reproductive health problems, improving self-confidence, reducing school absenteeism, and promoting healthy behavioural practices. The present study aimed to assess the level of menstrual cycle awareness and menstrual hygiene practices among secondary school girls. A descriptive survey method was employed, and data were collected from a sample of 100 secondary school girls using a structured questionnaire. The questionnaire included items related to age at menarche, menstrual cycle characteristics, duration of menstrual flow, menstrual hygiene practices, menstrual health problems, sources of information, and prevailing beliefs and restrictions related to menstruation. The collected data were analysed using descriptive statistical techniques, particularly percentages. The findings revealed that a majority of the respondents possessed basic knowledge regarding menstruation and adopted hygienic practices such as the use of sanitary pads. Most participants reported regular menstrual cycles and appropriate menstrual hygiene behaviours. However, a considerable proportion experienced menstrual discomfort, urinary tract infections, menstrual pain, and continued exposure to cultural taboos and misconceptions surrounding menstruation. Family members remained the primary source of menstrual information, while formal school-based education played a comparatively limited role. The study concludes that although awareness regarding menstrual hygiene has improved, significant gaps remain in scientific understanding and the elimination of menstrual myths. The findings highlight the need for comprehensive menstrual health education, teacher training, parental involvement, and school-based awareness programmes to promote informed attitudes, healthy practices, and supportive environments for adolescent girls.

Keywords: Menstrual Health, Menstrual Hygiene, Menstrual Cycle Awareness, Adolescent Girls, Secondary School Education, School Health Education

Introduction

Menstruation is a natural biological process that signifies the onset of reproductive maturity in adolescent girls. It is one of the most important milestones in female adolescence and represents the normal functioning of the reproductive system. The first menstrual period, known as **menarche**, generally occurs between the ages of 11 and 14 years, although the age may vary depending on genetic, nutritional, environmental, and socio-economic factors. Every month, hormonal changes prepare the uterus for a possible pregnancy. When fertilization does not occur, the uterine lining

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sheds through menstrual bleeding, forming a regular menstrual cycle that continues throughout the reproductive years until menopause.

Although menstruation is a normal physiological process, it has historically been surrounded by myths, misconceptions, silence, and cultural restrictions in many societies. Across different communities, menstruating girls are often discouraged from participating in religious activities, entering kitchens or places of worship, engaging in sports, or interacting freely with family members. Such beliefs are generally rooted in traditional customs rather than scientific evidence. These practices contribute to feelings of shame, embarrassment, anxiety, and low self-esteem among adolescent girls. Consequently, many girls experience menstruation as a source of stress instead of recognising it as a healthy biological process.

Menstrual health extends beyond the management of menstrual bleeding. According to the World Health Organization (WHO), menstrual health encompasses complete physical, mental, and social well-being related to the menstrual cycle. Effective menstrual health management requires access to accurate information, affordable menstrual products, safe sanitation facilities, clean water, privacy, and supportive social environments. Girls who receive appropriate menstrual education are more likely to adopt hygienic practices, seek medical advice when necessary, and develop positive attitudes towards reproductive health.

Menstrual hygiene management (MHM) has emerged as a global public health priority because of its direct relationship with education, health, gender equality, and human rights. The Sustainable Development Goals (SDGs), particularly **SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 6 (Clean Water and Sanitation)**, recognise menstrual health as an essential aspect of adolescent development and women's empowerment. International organisations such as WHO, UNICEF, UNESCO, and the United Nations Population Fund (UNFPA) have consistently advocated for comprehensive menstrual education and improved sanitation facilities in schools to ensure that girls can manage menstruation safely and with dignity.

India has witnessed considerable improvements in menstrual hygiene awareness through government programmes such as the Menstrual Hygiene Scheme, Rashtriya Kishor Swasthya Karyakram (RKSK), School Health and Wellness Programme under Ayushman Bharat, and various awareness campaigns conducted by governmental and non-governmental organisations. Increased availability of affordable sanitary pads, improved health communication, and school health education have contributed to better menstrual hygiene practices among adolescent girls. Nevertheless, disparities continue to exist between urban and rural populations, different socio-economic groups, and educational backgrounds.

Research conducted in various parts of India indicates that many adolescent girls continue to receive inadequate information about menstruation before menarche. In several cases, girls experience fear and confusion during their first menstrual period because they have not been adequately prepared by parents, teachers, or healthcare professionals. Mothers often serve as the primary source of menstrual information; however, their own understanding may sometimes be influenced by cultural beliefs and misconceptions. Teachers frequently avoid discussing menstruation due to discomfort, insufficient training, or lack of structured curriculum support. As a result, adolescent girls may rely on peers, social media, or unreliable sources, leading to incomplete or inaccurate knowledge.

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Poor menstrual awareness has several adverse consequences. Inadequate menstrual hygiene practices may increase the risk of reproductive tract infections, urinary tract infections, skin irritation, and other health complications. Menstrual pain (dysmenorrhoea), excessive bleeding, irregular cycles, and emotional stress can interfere with academic performance and daily activities. Numerous national and international studies have reported that menstruation contributes to school absenteeism among adolescent girls, particularly where sanitation facilities, clean toilets, disposal systems, and privacy are inadequate. The fear of leakage, teasing, embarrassment, or lack of menstrual products further discourages school attendance during menstruation.

Apart from physical health, menstruation also influences psychological and social well-being. Adolescence is a period of rapid emotional and social development. Negative perceptions regarding menstruation may reduce girls' confidence, participation in classroom discussions, extracurricular activities, sports, and social interactions. Open communication within families, schools, and communities can help reduce stigma and encourage girls to seek appropriate guidance whenever menstrual health concerns arise.

Schools play a crucial role in promoting menstrual health awareness because they provide an organised environment for health education, counselling, and behavioural development. Comprehensive menstrual education should include scientific knowledge about the menstrual cycle, hygienic practices, nutrition during menstruation, emotional well-being, menstrual disorders, myths and misconceptions, and available healthcare services. Teachers, school counsellors, healthcare professionals, and parents should collaborate to create supportive environments where menstruation is discussed openly, respectfully, and scientifically. Such educational interventions not only improve menstrual hygiene practices but also contribute to girls' empowerment, educational participation, and overall quality of life.

The present study was undertaken to assess the level of menstrual cycle awareness among secondary school girls. Understanding girls' knowledge, hygiene practices, menstrual experiences, and prevailing beliefs provides valuable insights for educators, school administrators, healthcare professionals, and policymakers. The findings can assist in designing evidence-based school health programmes, awareness campaigns, teacher training initiatives, and community interventions aimed at promoting menstrual health literacy and eliminating harmful myths surrounding menstruation. Ultimately, enhancing menstrual awareness contributes not only to better reproductive health outcomes but also to achieving inclusive, equitable, and gender-sensitive education for all adolescent girls.

Need and Significance of the Study

Menstruation is a natural physiological process that marks an important stage in the reproductive development of adolescent girls. Despite its biological significance, menstruation continues to be surrounded by myths, misconceptions, and social taboos in many communities. Due to inadequate menstrual education, many girls enter puberty with little or no prior knowledge about menstruation, leading to fear, anxiety, confusion, and unhealthy menstrual practices. Lack of awareness regarding menstrual hygiene management not only affects physical health by increasing the risk of reproductive tract infections but also influences psychological well-being, self-esteem, school attendance, and academic performance.

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Adolescence is a critical period for establishing healthy reproductive health behaviours. Schools play a vital role in equipping students with accurate scientific knowledge and fostering positive attitudes toward menstrual health. However, menstrual education is often insufficient or inconsistently implemented in school curricula. Therefore, structured menstrual awareness programmes are essential to provide adolescents with reliable information about the menstrual cycle, hygienic practices, nutrition, emotional changes during menstruation, and the safe use and disposal of menstrual hygiene products.

The present study is significant because it evaluates the effectiveness of a menstrual awareness programme in improving the knowledge of adolescent girls. The findings will provide empirical evidence regarding the impact of health education interventions on menstrual awareness and hygiene practices. Such evidence can support educators, school administrators, health professionals, and policymakers in designing comprehensive menstrual health education programmes within schools.

Furthermore, the study contributes to the broader objectives of adolescent health promotion, gender equality, and educational inclusion. Improved menstrual awareness can reduce stigma, challenge harmful cultural beliefs, encourage open communication, and empower girls to manage menstruation with confidence and dignity. The outcomes of this research may also serve as a reference for curriculum developers, teacher educators, and public health agencies in strengthening school-based reproductive health education and promoting lifelong healthy behaviours among adolescent girls.

Objective of the Study

To assess the awareness of menstrual health and hygiene among secondary school girls.

Methodology

The study adopted a **descriptive survey research design** to assess the menstrual health awareness of secondary school girls. The survey method was considered appropriate as it enables the collection of data from a relatively large group of participants and facilitates the description of existing knowledge, attitudes, and practices related to menstrual health.

A sample of **100 secondary school girls** was selected using an appropriate sampling technique. Data were collected through a **structured and validated questionnaire** designed to gather information on various aspects of menstrual health and hygiene. The questionnaire included items related to demographic characteristics, age at menarche, menstrual cycle regularity, duration of menstrual flow, menstrual hygiene practices, menstrual-related health problems, sources of menstrual information, awareness of hygienic practices, and socio-cultural beliefs and misconceptions associated with menstruation.

Prior to data collection, informed consent was obtained, and participants were assured of the confidentiality and anonymity of their responses. The collected data were coded, tabulated, and analysed using **descriptive statistical techniques**, primarily frequencies and percentages. The findings were presented through tables and graphs to facilitate interpretation and provide a clear understanding of the menstrual health awareness and hygiene practices among secondary school girls. The results were further interpreted in light of existing literature and their implications for school health education and adolescent reproductive health programmes.

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Review of Related Literature-

A substantial body of national and international research highlights that menstrual awareness and menstrual hygiene management (MHM) remain significant public health and educational concerns among adolescent girls. Studies consistently indicate that inadequate knowledge, cultural taboos, and limited access to menstrual health education adversely affect girls' physical health, psychological well-being, and educational attainment.

Research conducted in India has revealed that many adolescent girls enter menarche without adequate prior knowledge about menstruation. A study published in the *Journal of Family Medicine and Primary Care* reported that a considerable proportion of adolescent girls lacked scientific understanding of menstruation before experiencing their first menstrual cycle. The study further emphasized that mothers were the primary source of information; however, the information provided was often incomplete or influenced by traditional beliefs and misconceptions. Consequently, many girls experienced fear, anxiety, and confusion at menarche, underscoring the need for comprehensive menstrual education before puberty.

Several intervention studies conducted in different Indian states, including Bihar, Maharashtra, Karnataka, and Uttar Pradesh, have demonstrated the positive impact of menstrual awareness programmes. These studies found that structured educational interventions significantly improved girls' knowledge regarding the menstrual cycle, hygienic practices, use of sanitary products, and safe disposal methods. They also contributed to reducing myths, misconceptions, and social stigma associated with menstruation. Furthermore, school-based awareness programmes enhanced girls' confidence in discussing menstrual health issues and seeking appropriate medical advice when required.

International evidence similarly demonstrates the educational consequences of poor menstrual health management. A study conducted in Kenya reported that approximately **95%** of menstruating schoolgirls missed between one and three school days during menstruation. Nearly **70%** of participants believed that menstruation negatively affected their academic performance, while more than half reported falling behind in their studies because of menstruation-related challenges. These findings highlight the strong relationship between menstrual health management and educational participation.

Evidence from Bangladesh also points to substantial gaps in menstrual health education. According to the **World Bank (2017)**, only about **6%** of schools provided education on menstrual health and hygiene, and merely **36%** of girls had prior knowledge of menstruation before experiencing their first menstrual period. The lack of preparedness often resulted in fear, embarrassment, and poor menstrual hygiene practices, emphasizing the importance of integrating menstrual education into school curricula.

Global organizations such as **UNICEF** and the **World Health Organization (WHO)** have consistently emphasized that menstrual hygiene management is fundamental to achieving the Sustainable Development Goals (SDGs), particularly those related to health (SDG 3), quality education (SDG 4), gender equality (SDG 5), and clean water and sanitation (SDG 6). Their reports advocate ensuring access to accurate menstrual health information, affordable menstrual hygiene

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products, clean sanitation facilities, and supportive school environments to enable adolescent girls to manage menstruation safely, confidently, and with dignity.

Overall, the reviewed literature indicates that although awareness regarding menstrual health has improved in recent years, significant gaps remain in knowledge, hygienic practices, and access to menstrual education. Most previous studies have focused on describing menstrual practices or evaluating isolated interventions. There is still a need for context-specific research that assesses menstrual awareness among secondary school girls and provides empirical evidence for strengthening school-based menstrual health education programmes. The present study seeks to address this gap by examining the level of menstrual health awareness among secondary school girls and generating evidence that can inform educational planning and health promotion initiatives.

Findings and Interpretation

The analysis of the data collected from 100 secondary school girls provides valuable insights into their awareness, experiences, and practices related to menstrual health and hygiene.

1. Age at Menarche

The findings revealed that **56.8%** of the respondents attained menarche between **11 and 13 years** of age, while **34%** reported attaining menarche between **14 and 16 years**. This indicates that the majority of girls experienced menarche during the early adolescent period, which is consistent with the normal biological age range reported in previous studies. These findings highlight the importance of providing menstrual education before the onset of puberty so that girls are adequately prepared for this developmental milestone.

2. Menstrual Cycle Pattern

The study found that **83%** of the respondents reported having a **regular menstrual cycle**, whereas **11%** experienced irregular cycles. Regular menstrual cycles among most participants suggest a generally healthy reproductive pattern. However, the presence of irregular cycles among a notable proportion of girls indicates the need for greater awareness regarding menstrual health and timely medical consultation when irregularities persist.

3. Duration of Menstrual Flow

Approximately **75%** of the respondents reported a menstrual flow lasting **3–5 days**, while **17%** experienced a shorter duration of **1–2 days**. These findings correspond with the medically accepted duration of normal menstrual flow, suggesting that the majority of girls experience typical menstrual patterns. Nevertheless, awareness regarding variations in menstrual duration and the circumstances requiring medical attention remains essential.

4. Menstrual Hygiene Practices

An encouraging finding of the study was that **96.2%** of the respondents reported using **sanitary pads** during menstruation, while only a very small percentage continued to use cloth. This reflects a high level of awareness regarding hygienic menstrual management and may be attributed to increased accessibility of sanitary products, school awareness programmes, government initiatives, and improved public health campaigns. However, proper usage, timely changing of pads, and environmentally safe disposal practices should continue to be emphasized.

5. Menstrual Problems

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Despite relatively good hygiene practices, **47.2%** of the respondents reported experiencing menstrual-related problems such as **unpleasant odour, skin rashes, or urinary tract infections**. In addition, approximately **24.5%** reported experiencing menstrual pain (dysmenorrhoea) regularly, while many others experienced occasional discomfort. These findings indicate that menstrual health challenges continue to affect a considerable proportion of adolescent girls and may influence their physical comfort, emotional well-being, school attendance, and academic participation. The results emphasize the need for greater awareness regarding personal hygiene, nutrition, pain management, and access to healthcare services.

6. Sources of Information

The study revealed that **83%** of the respondents received information regarding menstruation primarily from **family members and friends**. While families play a significant role in preparing girls for menstruation, the quality and scientific accuracy of information may vary. This finding suggests the need for schools and healthcare professionals to provide structured, evidence-based menstrual education to complement family guidance and eliminate misconceptions.

7. Menstrual Superstitions and Restrictions

More than **58%** of the respondents reported that menstrual-related **restrictions and superstitions** were practiced in their homes. These restrictions included limitations on religious activities, food preparation, social interactions, and household participation. The persistence of such socio-cultural beliefs indicates that menstruation continues to be viewed through traditional perspectives rather than scientific understanding. Such misconceptions may negatively affect girls' self-esteem, confidence, and psychological well-being.

The findings indicate that secondary school girls possess a moderate to high level of awareness regarding basic menstrual hygiene practices, particularly the use of sanitary pads. However, awareness regarding menstrual health is not uniformly comprehensive. Persistent menstrual discomfort, reproductive health concerns, and widespread cultural myths demonstrate important gaps in scientific knowledge and health education. Therefore, menstrual awareness should extend beyond hygiene practices to include reproductive health, nutrition, emotional well-being, menstrual disorders, and myth dispelling. The findings underscore the need for comprehensive, school-based menstrual health education programmes that address both knowledge and behavioural aspects of menstrual health management.

Discussion

The findings of the present study are largely consistent with previous national and international research on menstrual health among adolescent girls. The high prevalence of sanitary pad usage reflects the positive impact of government initiatives, increased availability of menstrual hygiene products, and awareness campaigns conducted through schools and health agencies. This suggests that considerable progress has been made in promoting hygienic menstrual practices among adolescent girls.

However, the study also demonstrates that good menstrual hygiene practices do not necessarily translate into complete menstrual health awareness. A substantial proportion of respondents reported menstrual pain, urinary tract infections, skin irritation, and other menstrual-related

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problems, indicating that many girls require better knowledge regarding personal hygiene, nutrition, reproductive health, and appropriate healthcare-seeking behaviour.

The finding that family members and friends constitute the primary source of menstrual information is consistent with earlier studies conducted in India. While family support is valuable, dependence solely on informal sources may perpetuate myths, misconceptions, and culturally rooted restrictions. The persistence of menstrual superstitions among more than half of the respondents highlights the continuing influence of traditional beliefs on adolescent girls' experiences of menstruation.

These findings reinforce the critical role of schools as centres for adolescent health education. Schools should integrate scientifically accurate and age-appropriate menstrual health education into the curriculum, beginning before the average age of menarche. Teachers should receive adequate training to deliver menstrual health education sensitively and effectively, while school counsellors and healthcare professionals should provide guidance on menstrual hygiene management, nutrition, menstrual disorders, and emotional well-being.

The study also highlights the importance of collaboration among **schools, parents, healthcare providers, and community organizations** in creating a supportive environment where menstruation is discussed openly, accurately, and without stigma. Such collaborative efforts can improve menstrual literacy, reduce harmful cultural misconceptions, promote healthy practices, and contribute to the overall physical, psychological, and educational well-being of adolescent girls.

Educational Implications

1. The findings of the present study have important implications for educational policy, school health programmes, teacher education, and adolescent health promotion. Menstrual health education should not be viewed merely as a component of biology instruction but as an essential aspect of comprehensive health education, life skills education, and adolescent well-being. Scientific knowledge about menstruation equips adolescent girls with the confidence to manage menstruation safely, make informed health decisions, and overcome fear, embarrassment, and misconceptions associated with the menstrual cycle.
2. Schools should integrate comprehensive menstrual health education into the curriculum from the upper primary level, ensuring that students receive accurate information before the onset of menarche. The curriculum should include topics such as the physiology of menstruation, menstrual hygiene management, nutrition during menstruation, emotional and psychological changes, common menstrual disorders, hygienic use and disposal of menstrual products, and myths and misconceptions related to menstruation. Such education should be age-appropriate, culturally sensitive, scientifically accurate, and aligned with national adolescent health programmes.
3. Teachers play a pivotal role in promoting menstrual health awareness. Therefore, pre-service and in-service teacher education programmes should include modules on adolescent reproductive health, menstrual hygiene management, gender sensitivity, and effective communication strategies. Teachers should be trained to discuss menstruation confidently, sensitively, and without reinforcing cultural stereotypes. Female and male teachers alike should be encouraged to create an inclusive classroom environment where menstruation is treated as a normal biological process rather than a taboo subject.

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4. Schools should organize regular awareness campaigns, workshops, seminars, health talks, counselling sessions, and interactive activities in collaboration with healthcare professionals, school nurses, psychologists, and community health workers. These programmes can provide scientifically accurate information, address students' concerns, dispel myths, and encourage healthy menstrual practices. Peer education programmes can also be introduced, enabling trained student leaders to promote menstrual health awareness among their classmates.
5. The study further highlights the importance of strengthening School Health and Wellness Programmes by ensuring access to adequate menstrual hygiene facilities. Schools should provide clean and private toilets with an uninterrupted water supply, soap, disposal bins, and emergency sanitary products. The availability of these facilities creates a supportive environment that enables girls to manage menstruation safely and with dignity, thereby reducing absenteeism and improving participation in academic and co-curricular activities.
6. Parents, particularly mothers, continue to be the primary source of menstrual information for many adolescent girls. Consequently, schools should involve parents and community members through orientation programmes, awareness campaigns, and parent–teacher meetings to promote scientifically accurate knowledge and reduce menstrual stigma within families. Community participation is essential for challenging harmful socio-cultural beliefs and creating supportive environments for adolescent girls.
7. The findings also emphasize the need for policy-level interventions. Educational authorities should formulate guidelines for implementing comprehensive menstrual health education across schools and regularly monitor their effectiveness. Collaboration between the Departments of Education, Health, Women and Child Development, and local self-government bodies can strengthen adolescent reproductive health initiatives. The findings may also assist curriculum developers, teacher educators, educational planners, and policymakers in designing evidence-based programmes that promote menstrual literacy, gender equality, and adolescent health.

Finally, the study underscores the need for continued research and innovation in menstrual health education. Future studies may investigate the effectiveness of digital learning resources, peer-led interventions, parent education programmes, and school-based counselling services in improving menstrual awareness and hygiene practices. Such research will contribute to strengthening evidence-based educational interventions and improving the overall quality of adolescent health education.

Conclusion

The present study assessed the level of menstrual health and hygiene awareness among secondary school girls and provides valuable insights into their knowledge, experiences, and practices related to menstruation. The findings reveal that the majority of participants possessed a satisfactory level of awareness regarding basic menstrual hygiene practices, particularly the use of sanitary pads and recognition of normal menstrual patterns. These findings indicate that increased public awareness campaigns, improved access to menstrual hygiene products, and school health initiatives have positively influenced menstrual hygiene management among adolescent girls.

Despite these encouraging findings, the study also identifies several important concerns. A considerable proportion of respondents reported experiencing menstrual discomfort,

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dysmenorrhoea, urinary tract infections, skin irritation, and other menstrual-related health problems. Furthermore, menstrual restrictions and traditional socio-cultural beliefs continue to influence the experiences of many adolescent girls, indicating that scientific awareness has not completely replaced deeply rooted misconceptions and stigma surrounding menstruation.

The study demonstrates that awareness regarding menstrual hygiene products alone is insufficient to ensure holistic menstrual health. Adolescent girls require comprehensive knowledge encompassing menstrual physiology, reproductive health, nutrition, emotional well-being, personal hygiene, early identification of menstrual disorders, and appropriate healthcare-seeking behaviour. The findings therefore emphasize the need to shift from a narrow focus on menstrual hygiene to a broader framework of Menstrual Health and Menstrual Hygiene Management (MHM).

Schools have a unique responsibility to create supportive learning environments where menstruation is discussed openly, respectfully, and scientifically. Integrating menstrual health education into school curricula, strengthening teacher preparation, improving school sanitation facilities, and organizing regular awareness programmes can significantly enhance girls' confidence and health outcomes. Equally important is the active participation of parents, healthcare professionals, community organizations, and policymakers in creating an environment that promotes menstrual dignity and eliminates stigma.

The study contributes to the growing body of literature on adolescent menstrual health by providing empirical evidence on the current status of menstrual awareness among secondary school girls. Its findings support the implementation of structured, evidence-based school health programmes and reinforce the importance of menstrual health education as a component of quality education, gender equality, and adolescent well-being.

In conclusion, menstrual health education should be recognized as a fundamental educational and public health priority. Continuous awareness programmes, teacher training, improved school health infrastructure, family and community engagement, and supportive educational policies are essential for empowering adolescent girls with accurate knowledge, positive attitudes, and healthy menstrual practices. Such efforts will not only improve the physical and psychological well-being of adolescent girls but also contribute to enhance school participation, academic achievement, gender equity, and the overall realization of the Sustainable Development Goals.

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