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Original Research Article

A comparative study to assess awareness and practices concerning menstrual hygiene among adolescent girls in schools located in rural and urban areas using a standardised menstrual practices questionnaire

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ABSTRACT

Background: Menstrual hygiene is integral to the health and well-being of women and girls. In India, menstruation remains a taboo, leading to poor awareness, unsanitary practices, and an increased risk of reproductive tract infections. Rural women face greater challenges than their urban counterparts due to limited resources, inadequate education, and cultural restrictions.

Methods: It was a cross-sectional comparative study carried out in JSS Hospital Mysuru. This comparative study involved 171 girls aged 13-16 years from schools in rural and urban areas. Data were collected using a standardized questionnaire covering awareness and practices related to menstrual hygiene. Statistical analysis, including chi-square tests and logistic regression, was conducted using SPSS v25. Results were considered statistically significant at $p < 0.05$.

Results: Urban girls demonstrated better menstrual hygiene practices: 58.6% used disposable sanitary pads at home compared to 46.4% in rural areas. Genital washing twice daily was reported by 54% of urban girls versus 33.3% in rural areas. Proper disposal of menstrual waste was higher among urban respondents, while rural girls often resorted to burning (22.6% and 5.7% respectively). Urban girls also exhibited higher adherence to hygienic drying practices for reusable materials.

Conclusions: The study highlights significant rural-urban disparities in menstrual hygiene practices, with urban girls benefiting from better awareness and resources. Addressing these gaps through education, policy interventions, and improved access to menstrual hygiene products is crucial to achieving equity in menstrual health.

Keywords: Menstrual hygiene, Adolescent health, Rural-urban disparity, Sanitary practices, Menstrual waste disposal, Reproductive health

INTRODUCTION

Menstrual hygiene refers to the practices and measures taken by individuals, particularly women and girls, to manage menstruation in a clean, safe, and healthy manner. It encompasses various aspects including proper usage of various sanitary products, maintaining personal hygiene,

providing comprehensive education to women about menstruation, menstrual hygiene management, among others.

In India, where the topic of menstruation is still considered a taboo, many women face discrimination, neglect, and majority of young girls grow up with limited access to

accurate information and adequate resources. Menstruation is shrouded in secrecy, preventing open conversations and discussions. Menstrual hygiene is often not included in school curriculums. High cost of sanitary products and lack of ready availability at times compels them to resort to unsanitary practices like the use of unhygienic rags, homemade cloth pads, or even leaves. Studies show that such women are at a 70% higher risk of developing many Reproductive Tract Infections (RTI).¹

Furthermore, the information the few fortunate manage to receive is usually scant and unreliable, which causes more harm than good. Much of this information is provided by friends, peers, and female family members. A great deal of it is in form of centuries rooted superstitions and restrictions that the informants have been practicing themselves, for instance, the effect of 'polluting touch' of women undergoing menstruation and the potential harmful effects of the menstrual cloth in use.²

While such problems are faced by almost every woman at some point, incidence and prevalence is expected to be seen more among rural population when compared to urban. Better financial means, awareness and education, easier access to products, better availability of infrastructure and fewer cultural restrictions all contribute to an overall healthier outlook on the situation.³ However, bridging the gap between the populations becomes key when the discussion includes women as a whole and addressing these problems holistically becomes important in empowering women, regardless of their location. Imparting reliable knowledge about menstrual hygiene and the use of suitable menstrual products becomes vital to avoid any adverse health outcomes. Hence, this study aims to assess the level of knowledge about hygienic menstrual practices among adolescents and woman in rural areas.

METHODS

Type of study design

Cross sectional Comparative study done at JSS Hospital, Mysuru, from January to June 2025.

Source of study population

Study was conducted at schools located in rural and urban areas, in and around Mysuru

Sample size and study criteria

Sample size was estimated using the following formula which was based on sample size estimation by difference in proportions technique.

$$N = (z_{\alpha} + z_{\beta})^2 \frac{p_1(1-p_1) + p_2(1-p_2)}{|p_1 - p_2|^2}$$

Where, N=sample size; z_{α} =standard normal variate for alpha error of 5%=1.96; z_{β} =standard normal variate for

beta error of 20%=0.84; P_1 =proportion of good menstrual hygiene in urban India=0.90 3; P_2 =proportion of good menstrual hygiene in rural India=0.73 3. Sample size is estimated to be 77.616 in each group. Rounding it off, minimum sample size is calculated to be 80 in each group, amounting to a total sample size of 160.

The schools were chosen purposively in order to obtain a diverse sample. Female students studying in the schools between the ages 13-16 years were chosen randomly for the study after obtaining study consent.

Conduct of study

The subjects were explained about the purpose of the study; study protocol and their informed consent was obtained. The study was conducted with the help of a standardised pre-formatted questionnaire. All measures were taken to ensure the confidentiality of the subjects. The same questionnaire was used in all the schools located in both urban and rural areas to maintain uniformity in evaluation.

The subjects were evaluated on the basis of their awareness and practices towards menstrual hygiene, based on answers provided by them.

Data collection and plan of analysis

The results were compiled and comparison between the results obtained from the schools located in rural and urban areas were calculated. Statistical analysis based on various parameters using MPQ was compiled.

Data was entered in Microsoft Excel v2016, analysed using a trial version of SPSS v25. Continuous variables were analysed using mean, standard deviation, paired t-test or Wilcoxon signed-rank test. Categorical variables (including nominal variables in the questionnaire) were analysed using frequencies, proportions and Chi-square test. Factors affecting menstrual hygiene may also be estimated using logistic regression. A p value of less than 0.05 was considered statistically significant. Based on results obtained and observations made, feasible improvements were proposed to improve the understanding of general principles of menstrual hygiene among the students and the current status of awareness among the students.

Ethical consideration

Confidentiality of all the participants was maintained. The study does not involve any invasive procedure.

RESULTS

The study revealed that out of 171 girls under study, 58.6% girls in urban areas and 46.4% girls in rural areas used disposable sanitary pads when at home. Similarly, 73.6% and 82.1% of girls in urban and rural area respectively used

disposable sanitary pads when at school or outside home. Since $p < 0.05$, the results are statistically significant. This means there is a strong association between area of residence (urban/rural) and the type of menstrual material used.

Majority of girls living in urban area changed their menstrual material every day of their period when they were attending schools (74.7%) while only a small percentage of girls in rural areas followed this practice (34.5%). 100% of the girls in urban school said they washed their hands after changing their menstrual material where 78.6% girls in rural schools did the same as seen in Table 1. The $p < 0.05$ shows that the distribution of responses is not independent of location.

The frequency of genital washing exceeds in urban areas with results showing 54% following the practice twice a day as compared to rural areas where 33.3% of girls followed the practice once every 2 to 3 days. The $p < 0.0001$ makes the association highly significant.

Disposable sanitary pads were the most commonly used menstrual material at home, both by urban girls and rural girls as seen in Figure 1. Rural girls showed greater use of

reusable sanitary pads (34.5%) compared with urban girls (0%), indicating a significant rural–urban difference in menstrual material use ($p < 0.0001$).

When asked about the process of drying reusable menstrual materials, 35.6% of girls living in urban area said they dried the materials outside whereas only 21.4% of the girls in rural areas did so as seen in Figure 3. However, majority of both the groups kept them hidden. Similarly, while about 6.8% of girls in urban areas dried their materials inside the house, about 36.9% of girls in rural areas did the same. Furthermore, while 59.5% of the girls from rural areas covered their materials while drying, only 40.7% of the girls from the urban areas did the same. With $p < 0.05$, the findings show statistically significant difference in menstrual hygiene practices between rural and urban girls, underscoring the need for targeted interventions to bridge this gap.

Disposal in a household bin within the latrine was the most common method (46.2% overall). Figure 2 demonstrates that burning was substantially more common among rural girls (22.6%) than urban girls (5.7%), demonstrating a significant rural–urban difference in menstrual waste disposal ($p < 0.0001$).

Table 1: Classification of data based on awareness on menstrual hygiene.

	Urban	Rural	Total	P value
Did you wash your hands after changing your menstrual materials during your last menstrual period?				<0.0001
Sometimes	0 (0.0)	18 (10.5)	18 (10.5)	
Every time	87 (50.9)	66 (39.6)	153 (89.5)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
How often did you wash your genitals during your last menstrual period?				<0.0001
At the end of my period only	4 (2.3)	0 (0.0)	4 (2.3)	
Every 2 - 3 days	0 (0.0)	28 (16.4)	28 (16.4)	
Once per day	2 (1.2)	17 (9.9)	19 (11.1)	
Twice per day	47 (27.5)	21 (12.3)	68 (39.8)	
Three or more times per day	34 (19.9)	18 (10.5)	52 (30.4)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
When you washed your genitals, did you use soap?				<0.0001
Never	33 (19.3)	16 (9.4)	49 (28.7)	
Sometimes	42 (24.6)	27 (15.8)	69 (40.4)	
Every time	12 (7.0)	41 (24.0)	53 (31.0)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
Did you use soap or detergent to wash or soak your menstrual materials during your last menstrual period?				0.00016
Never	19 (13.1)	15 (10.3)	34 (23.4)	
Sometimes	7 (4.8)	26 (17.9)	33 (22.8)	
Every time	40 (27.6)	38 (26.2)	78 (53.8)	
Total	66 (45.5)	79 (54.5)	145 (100.0)	
When your menstrual materials were drying during your last menstrual period, were they in the sun?				8.25×10^{-8}
Never	8 (5.5)	2 (1.4)	10 (6.9)	

Continued.

	Urban	Rural	Total	P value
Sometimes	24 (16.6)	38 (26.2)	62 (42.8)	
All the time	29 (20.0)	44 (30.3)	73 (50.3)	
Total	61 (42.1)	84 (57.9)	145 (100.0)	

Table 2: Classification of data based on practice on menstrual hygiene.

	Urban	Rural	Total	P value
What were all the materials you used to catch/absorb your menstruation when you were at home during your last menstrual period?				4.46×10 ⁻¹²
Cloth / Towel	0 (0.0)	2 (1.2)	2 (1.2)	
Disposal sanitary pad	51 (29.8)	39 (22.8)	90 (52.6)	
Reusable sanitary pad	0 (0.0)	29 (17.0)	29 (17.0)	
Underwear alone	5 (2.9)	0 (0.0)	5 (2.9)	
Period underwear	0 (0.0)	4 (2.3)	4 (2.3)	
Cloth / Towel, Reusable sanitary pad	0 (0.0)	1 (0.6)	1 (0.6)	
Disposal sanitary pad, Reusable sanitary pad	0 (0.0)	1 (0.6)	1 (0.6)	
Disposal sanitary pad, Toilet paper	3 (1.8)	0 (0.0)	3 (1.8)	
Disposal sanitary pad, Underwear alone	21 (12.3)	0 (0.0)	21 (12.3)	
Disposal sanitary pad, Period underwear	0 (0.0)	2 (1.2)	2 (1.2)	
Disposal sanitary pad, Menstrual cup	4 (2.3)	0 (0.0)	4 (2.3)	
Disposal sanitary pad, Menstrual cup	0 (0.0)	2 (1.2)	2 (1.2)	
Cloth / Towel, Disposal sanitary pad, Underwear alone	0 (0.0)	4 (2.3)	4 (2.3)	
Disposal sanitary pad, Underwear alone, Tampon	2 (1.2)	0 (0.0)	2 (1.2)	
Disposal sanitary pad, Toilet paper, Menstrual cup, Tampon	1 (0.6)	0 (0.0)	1 (0.6)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
What were all the materials you used to catch/absorb your menstruation when you were away from home [at school/at work] during your last menstrual period?				0.00036
Cloth / Towel	0 (0.0)	1 (0.6)	1 (0.6)	
Disposal sanitary pad	64 (37.4)	69 (40.4)	133 (77.8)	
Reusable sanitary pad	0 (0.0)	2 (1.2)	2 (1.2)	
Menstrual cup	0 (0.0)	3 (1.8)	3 (1.8)	
Tampon	0 (0.0)	4 (2.3)	4 (2.3)	
Cloth / Towel	0 (0.0)	1 (0.6)	1 (0.6)	
Disposal sanitary pad, Toilet paper	3 (1.8)	0 (0.0)	3 (1.8)	
Disposal sanitary pad, Underwear alone	17 (9.9)	0 (0.0)	17 (9.9)	
Disposal sanitary pad, Period underwear	0 (0.0)	2 (1.2)	2 (1.2)	
Disposal sanitary pad, Menstrual cup	0 (0.0)	2 (1.2)	2 (1.2)	
Disposal sanitary pad, Toilet paper, Menstrual cup	1 (0.6)	0 (0.0)	1 (0.6)	
Disposal sanitary pad, Underwear alone, Tampon	2 (1.2)	0 (0.0)	2 (1.2)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
Did you wash and reuse any of your menstrual materials during your last menstrual period?				8.18×10 ⁻⁹
No	69 (40.0)	29 (17.0)	98 (57.3)	
Yes	18 (10.5)	55 (32.2)	73 (42.7)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
Where did you most often change your menstrual materials when you were at home during your menstrual last period?				0.0042
Latrine	12 (7.1)	0 (0.0)	12 (7.1)	
Bedroom	8 (4.7)	13 (7.6)	21 (12.4)	

Continued.

	Urban	Rural	Total	P value
Bathroom / Washing space	66 (38.8)	70 (41.2)	136 (80.0)	
Outside	0 (0.0)	1 (0.6)	1 (0.6)	
Total	86 (50.6)	84 (49.4)	170 (100.0)	
How often did you change your menstrual materials when you were away from your home [at school/at work] during your last menstrual period?				2.70×10^{-7}
Every day of my period	65 (38.0)	29 (17.0)	94 (55.0)	
Some days	14 (8.2)	30 (17.5)	44 (25.7)	
One day	0 (0.0)	13 (7.6)	13 (7.6)	
Never / No days	8 (4.7)	12 (7.0)	20 (11.7)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
Where did you most often dispose of your used menstrual materials when you were at home during your last menstrual period?				<0.0001
Into the latrine / toilet	3 (1.8)	10 (5.8)	13 (7.6)	
Burned	5 (2.9)	19 (11.1)	24 (14.0)	
Household rubbish (bin in latrine)	34 (19.9)	45 (26.3)	79 (46.2)	
Household rubbish (bin not in latrine)	9 (5.3)	3 (1.8)	12 (7.0)	
Taken to community rubbish	5 (2.9)	4 (2.3)	9 (5.3)	
Other	24 (14.0)	3 (1.8)	27 (15.8)	
Household rubbish (bin in latrine), Household rubbish (bin not in latrine)	7 (4.1)	0 (0.0)	7 (4.1)	
Total	87 (50.9)	84 (49.1)	171 (100.0)	
Where did you most often dry your menstrual materials during your last menstrual period?				1.61×10^{-12}
Outside (hanging)	21 (14.7)	18 (12.6)	39 (27.3)	
Outside (hidden)	24 (16.8)	10 (7.0)	34 (23.8)	
Inside (hanging)	10 (7.0)	25 (17.5)	35 (24.5)	
Inside (hidden)	4 (2.8)	31 (21.7)	35 (24.5)	
Total	59 (41.3)	84 (58.7)	143 (100.0)	

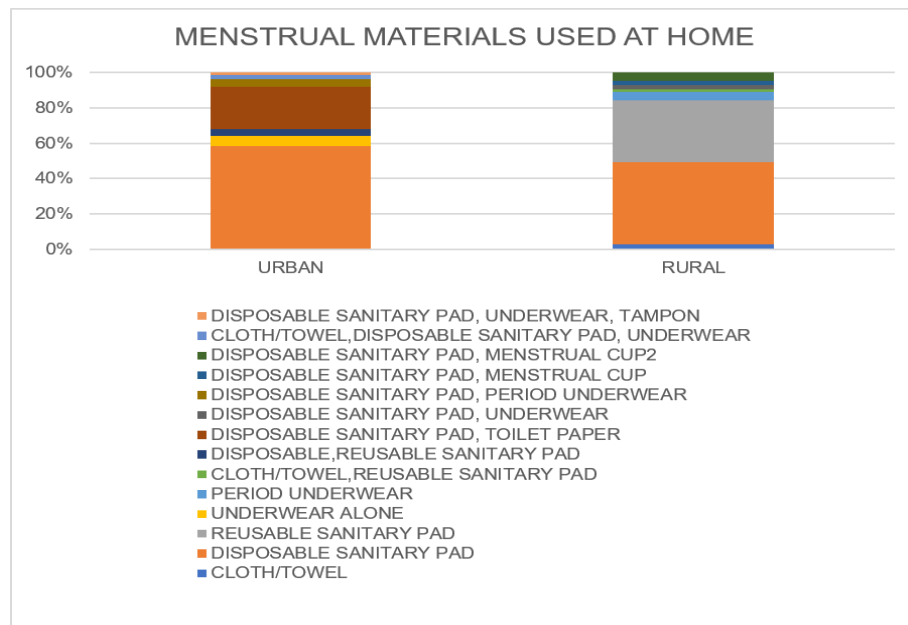


Figure 1: Bar Diagram showing menstrual materials used at home.

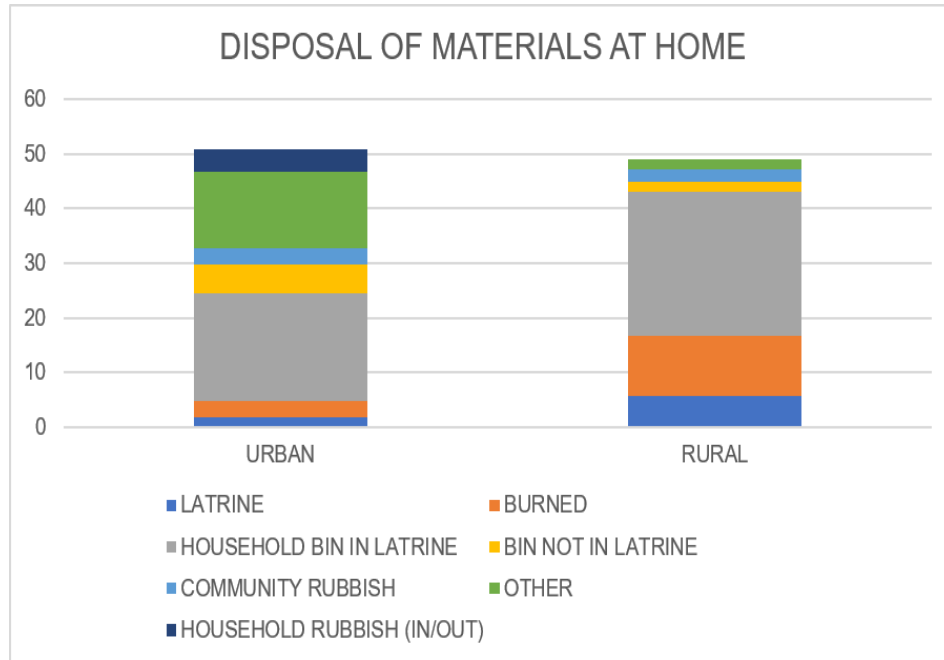


Figure 2: Disposal of Menstrual material at home.

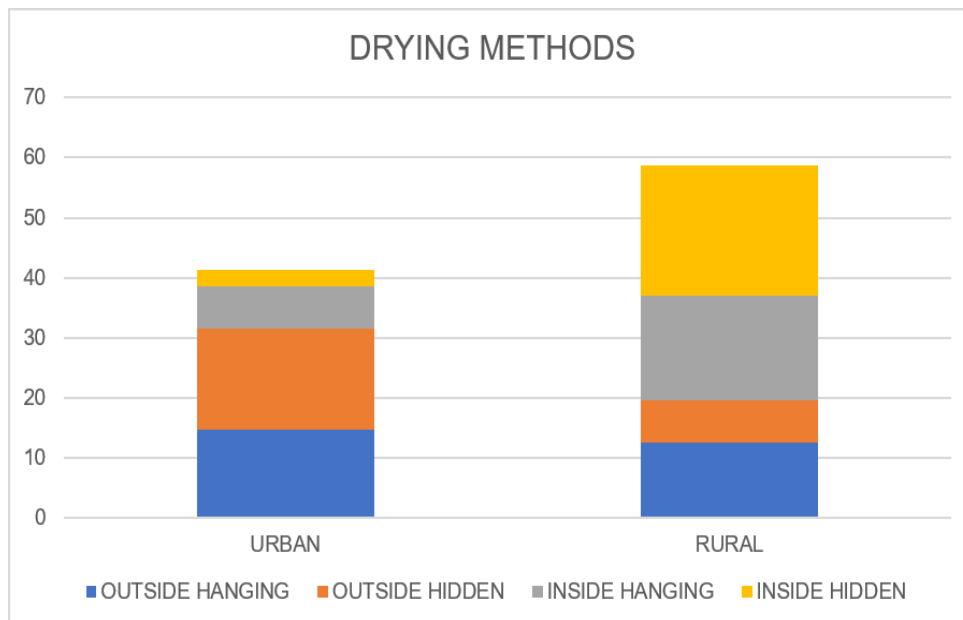


Figure 3: Methods of Drying Materials used at home.

DISCUSSION

The current study examined the knowledge, attitude and practice regarding the menstrual hygiene practices among girls in rural and urban areas using a standardised questionnaire.

Present study group found that out 87 girls in urban area and 84 girls in rural area under discussion, 58.6% and 46.4% of girls respectively used disposable sanitary pads when at home. This was consistent with Rupali Patle et al which showed that 62.03% girls in urban area and 43.40%

in rural area used sanitary pads, along with Suneela Garg et al which showed 84.4% participants used sanitary pads.^{4,5} One reason of such high usage of disposable sanitary products could be promotion and campaigning by the government regarding usage of sanitary pads. Over the last few years Government of India has organised many campaigns like Pradhan Mantri Bhartiya Janaushadi Pariyojna under which quality biodegradable sanitary pads are provided at subsidised rates to adolescent girls.⁶

More percentage of girls in rural area reported to reuse their menstrual materials than girls in urban areas. While

this practice is environmentally beneficial, reducing the amount of single-use plastic produced by a single person, it is more likely that it is borne out of necessity and lack of resources forcing reusability.

Reusing menstrual materials, such as cloth, pads etc. can pose several health and hygiene challenges, especially if proper care and maintenance practices are not followed. Nearly half of the girls in urban areas changed their menstrual materials at least three times a day compared to a small percentage of girls in rural areas (17.9%). This is in accordance with a study done in Nepal, where nearly 60% of the girls changed their materials at least three times a day.⁷ Another study in Pakistan found that majority girls followed the practice twice a day.⁸ While there are no guidelines relating this practice, the choice being subjective, The American College of Obstetricians and Gynaecologists (ACOG) recommends changing a disposable pad at least every 4 to 8 hours.⁹

Present study found out that majority of girls, be it from rural or urban areas, had a positive attitude towards washing hands after changing their menstrual products. Washing hands with soap and water after changing sanitary materials is crucial for preventing the spread of infections. Bodily fluids can harbour various germs, which when transferred to hands, can spread to other parts of body or can come in contact with others.

Changing menstrual materials, washing hands and genitalia are associated with fewer infections. Maintaining genital hygiene ensures long lasting comfort and becomes important in keeping the perineum along with adjacent areas clean. One study found that washing external genitalia with only water were 2.4 times likely to be asymptomatic for some urogenital diseases compared to those who used both soap and water.¹⁰ While one would assume that using soap would be more useful, using plain, warm water is generally recommended. Soaps can contain scents and other ingredients which can be disruptive for the natural pH of the vaginal area, causing irritation or making one more susceptible to infections.

Hence, it is recommended that if one wishes to use soap, either mild unscented soaps should be used or products specifically designed for intimate hygiene are used. This is usually recommended to maintain the natural, slightly acidic pH of a healthy vagina which itself helps to protect from diseases like yeast infections and vaginosis. In this study, while majority of girls from urban areas washed their genitals about twice a day, the same was not practiced by girls in rural areas. Furthermore, more percentage of girls in the later group reported using soap almost every time. This was found in other studies where many respondents reported of washing their genitalia for thrice or four times a day.¹⁰

Proper disposal of sanitary waste is crucial for both personal and environmental health. Sanitary waste contains harmful pathogens. Direct contact with it can

cause infections, while improperly discarded pads can attract disease vectors that can cause spread of diseases. Waste discarded in open areas without treatment can contaminate the soil and water table. Furthermore, majority of disposable pads contain non-biodegradable materials, and it can persist in the environment for many years, causing continuous leeching of toxins throughout the years. In the present study, it was found that some percentage of population (22.6%), mainly in rural areas, resorted to burning as means of disposal. This was however inconsistent (9.5%) with a study conducted in Rajasthan along with another study conducted in Chennai (3.6%).^{11,12}

This practice is likely to be borne out of lack of knowledge, proper infrastructure for disposal, or social norms dictating that menstruation is something to be hidden and hence girls feel the need to hide their waste. While according to Central Pollution Control Board guidelines, sanitary pads' disposal can be done by deep burial, pit disposal, and thermal treatment (incineration). However, it presents with a challenge of its own. Locally produced incinerator plants reach a relatively lower temperature, not in accordance to the present guidelines (850 C). The lower temperature does not allow full breakdown of toxic substances like dioxin and furans which are bio- accumulative in nature. Many studies classify tetra-chlorinated dioxin as human carcinogen and it is known to cause endocrinal and reproductive pathologies. Moreover, incinerators rely on electricity, limiting when and where they can be used and poor ventilation in washrooms deters the usage of this practice.¹³

Through the study we see that many girls either dry their products inside the house or if dried outside it is usually covered by some other cloth. This practice is seen more in rural areas. This result is however contradicted by another study where more girls in rural areas dried their materials outside in sun.⁴ In some studies majority of girls from all groups reported of drying their usable materials outside in sun.⁷ Again it most likely boils down to the fact that girls are made to feel that menstruation is something to be ashamed of, hence forcing girls to keep their products hidden, even while drying, inside their rooms or covering up the products if drying outside.

CONCLUSION

The study revealed significant disparity in menstrual hygiene knowledge, attitude, and practices between rural and urban adolescent girls. Though both groups showed lack of understanding in some criteria or the other, rural girls demonstrated lower awareness and limited access to proper sanitary materials, likely due to cultural taboos, inadequate education, and lack of facilities. Conversely, urban adolescents generally showed better awareness and practice, attributed to greater access to information and resources. Bridging this gap should be our top priority in the current scenario which requires a collaborative approach involving schools, healthcare providers,

policymakers, and NGOs to ensure menstrual hygiene equity across all regions.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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