

Menstrual Hygiene Practice among Rural Adolescent Girls in Rajasthan

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Abstract:

Menstrual hygiene management is an essential component of adolescent health and well-being. In rural areas of Rajasthan, adolescent girls often face multiple challenges related to menstruation, including lack of awareness, inadequate sanitation facilities, cultural taboos, poverty, and limited access to hygienic menstrual products. The present research paper examines menstrual hygiene practices among rural adolescent girls in Rajasthan and analyzes the social, educational, and economic factors influencing these practices. The study highlights the level of awareness regarding menstruation, sources of information, usage patterns of sanitary materials, disposal practices, and health-related complications arising from poor menstrual hygiene. The paper also explores the role of schools, families, healthcare workers, and government initiatives in improving menstrual hygiene management. The findings indicate that despite gradual improvements in awareness and accessibility, a significant proportion of rural adolescent girls still rely on unhygienic menstrual practices due to social stigma and financial constraints. The study emphasizes the need for comprehensive menstrual education, affordable sanitary products, and improved sanitation infrastructure to ensure healthy menstrual practices among rural adolescent girls in Rajasthan.

Keywords: Menstrual hygiene, adolescent girls, Rajasthan, rural health, menstruation, sanitary practices, awareness, public health.

INTRODUCTION

Adolescence is a critical phase of physical, psychological, and social development. Among adolescent girls, menstruation marks an important transition toward reproductive maturity. However, in many rural parts of India, especially in Rajasthan, menstruation continues to be surrounded by myths, taboos, and misconceptions. Due to cultural silence and social restrictions, adolescent girls frequently lack proper knowledge about menstruation before menarche, resulting in fear, anxiety, and unhealthy hygiene practices.

Menstrual hygiene management refers to the use of clean menstrual materials, proper washing facilities, safe disposal methods, and adequate knowledge regarding menstruation. Good menstrual hygiene practices are essential for preventing reproductive tract infections, urinary tract infections, skin irritation, and psychological distress. Despite the importance of menstrual health, rural adolescent girls in Rajasthan often experience inadequate access to sanitary products, water supply, privacy, and sanitation facilities. Rajasthan, being one of the socially and economically diverse states of India, presents unique challenges related to female education, gender inequality, and healthcare accessibility. Rural communities in the state are deeply influenced by traditional customs and patriarchal norms, which often restrict open discussions on menstruation. As a result, girls may use old cloths, ash, sand, or other unhygienic materials during menstruation. School absenteeism during menstruation is also common due to inadequate sanitation facilities and embarrassment.

Recent studies conducted in rural India reveal that the use of hygienic menstrual methods among adolescent girls remains relatively low in many northern states. Large regional disparities exist, and socio-

economic status, maternal education, media exposure, and school attendance significantly influence menstrual hygiene practices.

The present study aims to examine menstrual hygiene practices among rural adolescent girls in Rajasthan and identify barriers affecting proper menstrual hygiene management.

OBJECTIVES OF THE STUDY

1. To study the level of awareness regarding menstruation among rural adolescent girls in Rajasthan.
2. To examine menstrual hygiene practices adopted by rural adolescent girls.
3. To analyze the socio-cultural factors affecting menstrual hygiene management.
4. To identify the health problems associated with poor menstrual hygiene practices.
5. To evaluate the role of schools, healthcare workers, and government programs in promoting menstrual hygiene awareness.
6. To provide recommendations for improving menstrual hygiene practices in rural Rajasthan.

RESEARCH METHODOLOGY

The present study is descriptive and analytical in nature. Secondary data sources have been used for the preparation of this research paper. Information has been collected from research journals, government reports, National Family Health Survey (NFHS), books, articles, and published studies related to menstrual hygiene management among adolescent girls in rural India and Rajasthan.

The study focuses specifically on rural adolescent girls aged 10–19 years residing in Rajasthan. The collected data were analyzed qualitatively to understand patterns, challenges, and factors associated with menstrual hygiene practices.

CONCEPT OF MENSTRUAL HYGIENE MANAGEMENT

Menstrual Hygiene Management (MHM) refers to the practices and facilities required by women and girls to manage menstruation safely and with dignity. According to international public health standards, menstrual hygiene management includes:

- Access to clean absorbent materials.
- Availability of water and sanitation facilities.
- Privacy for changing menstrual products.
- Safe disposal mechanisms.
- Adequate knowledge regarding menstruation and reproductive health.

Menstrual hygiene is not merely a health issue but also a matter of dignity, education, gender equality, and human rights. Poor menstrual hygiene can negatively affect girls' confidence, educational participation, and overall quality of life.

AWARENESS REGARDING MENSTRUATION

Awareness about menstruation among rural adolescent girls in Rajasthan remains inadequate in many regions. Many girls experience menarche without prior knowledge about the biological process. Mothers, sisters, and friends are generally the primary sources of information. Teachers and healthcare workers play a comparatively limited role.

Studies indicate that many rural girls perceive menstruation as something impure or shameful due to cultural beliefs and social conditioning. Lack of scientific knowledge leads to misconceptions regarding dietary restrictions, physical activities, and social participation during menstruation.

Educational attainment significantly influences awareness levels. Girls attending schools generally possess better knowledge regarding menstrual hygiene compared to school dropouts. Maternal literacy also positively affects awareness and hygienic practices.

MENSTRUAL HYGIENE PRACTICES AMONG RURAL ADOLESCENT GIRLS

Menstrual hygiene practices among rural adolescent girls in Rajasthan vary according to socio-economic conditions, education, accessibility, and cultural norms.

Use of Menstrual Absorbents

Traditionally, rural girls often used old cloth pieces during menstruation. Although the use of sanitary pads has increased in recent years, a considerable proportion of rural adolescent girls still rely on reusable cloths due to financial limitations and lack of availability.

Many girls reuse cloth without proper washing and drying, which increases the risk of infections. In conservative households, cloths are dried indoors away from sunlight because of embarrassment, resulting in bacterial growth.

Research conducted in rural India found substantial disparities in the use of hygienic methods across states and districts, with northern rural regions showing comparatively lower use of sanitary products.

Frequency of Changing Absorbents

Many adolescent girls in rural areas do not change sanitary materials frequently because of limited availability, school-related challenges, or lack of awareness. Prolonged use of a single absorbent can lead to irritation, foul odor, and infections.

Personal Hygiene Practices

Personal hygiene practices during menstruation differ widely among rural girls. Some girls maintain regular bathing and genital cleaning, while others avoid bathing due to traditional beliefs and misconceptions. Limited water availability in rural regions further complicates hygienic maintenance.

Disposal Practices

Safe disposal of menstrual waste remains a major challenge in rural Rajasthan. Girls commonly dispose of used sanitary materials in open fields, drains, or household waste. Lack of disposal facilities and incinerators contributes to environmental and sanitation problems.

SOCIO-CULTURAL FACTORS AFFECTING MENSTRUAL HYGIENE

Menstruation in rural Rajasthan is strongly influenced by social and cultural beliefs. Several restrictions are imposed on menstruating girls, including:

- Prohibition from entering temples.
- Restriction from cooking food.
- Avoidance of social gatherings.
- Isolation during menstruation.
- Restrictions on touching religious items.

These taboos create feelings of shame and embarrassment among adolescent girls. Due to social stigma, open communication regarding menstruation remains limited within families and communities.

Patriarchal attitudes also affect menstrual hygiene management. In economically weaker families, menstrual products are often considered unnecessary expenses. Consequently, girls compromise on hygiene and comfort.

IMPACT ON EDUCATION

Poor menstrual hygiene management significantly affects girls' education in rural Rajasthan. Many girls remain absent from school during menstruation due to:

- Lack of separate toilets.
- Absence of water facilities.
- Fear of leakage and staining.
- Menstrual pain and discomfort.
- Social embarrassment.

School absenteeism may eventually contribute to increased dropout rates among adolescent girls. Studies suggest that menstrual stigma and inadequate school sanitation facilities adversely influence girls' educational participation.

HEALTH PROBLEMS ASSOCIATED WITH POOR MENSTRUAL HYGIENE

Poor menstrual hygiene practices can lead to several physical and psychological health problems, including:

Reproductive Tract Infections

Improper cleaning and prolonged use of unhygienic materials may increase the risk of reproductive tract infections and urinary tract infections.

Skin Irritation and Allergies

Using dirty cloths or infrequently changing pads may cause rashes, itching, and skin irritation.

Psychological Stress

Social stigma, fear, and lack of awareness create emotional stress, anxiety, and low self-esteem among adolescent girls.

Nutritional and Physical Weakness

Menstrual discomfort combined with poor nutrition may contribute to fatigue and weakness among rural adolescent girls.

GOVERNMENT INITIATIVES AND PROGRAMS

The Government of India and the Rajasthan government have introduced several initiatives to improve menstrual hygiene among adolescent girls.

Menstrual Hygiene Scheme (MHS)

The Menstrual Hygiene Scheme aims to provide affordable sanitary napkins to adolescent girls in rural areas through Accredited Social Health Activists (ASHAs).

Rashtriya Kishor Swasthya Karyakram (RKSK)

This program focuses on adolescent health, including menstrual hygiene education and reproductive health awareness.

School Health and Sanitation Programs

Schools are increasingly being encouraged to provide separate toilets for girls, sanitary pad vending machines, and awareness sessions.

Role of ASHA and Anganwadi Workers

Healthcare workers play an important role in spreading awareness regarding menstrual hygiene and distributing sanitary products in rural communities.

Recent awareness campaigns across India have focused on breaking menstrual taboos and promoting hygienic practices among adolescent girls.

CHALLENGES IN MENSTRUAL HYGIENE MANAGEMENT

Despite various initiatives, multiple challenges persist in rural Rajasthan:

1. Poverty and inability to purchase sanitary products.
2. Lack of awareness and menstrual education.
3. Social stigma and cultural restrictions.
4. Inadequate sanitation infrastructure.
5. Limited access to clean water.
6. Poor waste disposal systems.
7. Gender discrimination and neglect of adolescent health issues.

These challenges collectively hinder effective menstrual hygiene management.

SUGGESTIONS AND RECOMMENDATIONS

To improve menstrual hygiene practices among rural adolescent girls in Rajasthan, the following measures are recommended:

1. Comprehensive menstrual education should be introduced in schools.
2. Awareness campaigns should target both girls and boys to reduce stigma.
3. Affordable sanitary products should be made accessible in rural areas.
4. Schools must provide separate toilets, water facilities, and disposal systems.
5. Mothers and community leaders should be educated regarding menstrual health.
6. Government schemes should be strengthened and monitored effectively.
7. Local self-help groups may be encouraged to manufacture low-cost sanitary pads.
8. Media and digital platforms should be utilized to spread awareness about menstrual hygiene.

CONCLUSION

Menstrual hygiene management is a critical public health issue affecting the health, dignity, education, and empowerment of adolescent girls in rural Rajasthan. Although awareness regarding menstrual hygiene has gradually improved over the years, many rural girls continue to face significant challenges related to access, affordability, and social stigma. Traditional beliefs and gender-based discrimination often prevent open discussions about menstruation, leading to poor hygiene practices and adverse health outcomes.

The study highlights that socio-economic status, educational background, maternal literacy, and availability of sanitation facilities significantly influence menstrual hygiene practices among rural adolescent girls. Government programs and awareness campaigns have contributed positively, yet considerable gaps remain in implementation and accessibility.

Improving menstrual hygiene management requires a multi-dimensional approach involving schools, healthcare systems, families, community organizations, and policymakers. Creating a supportive social environment and ensuring access to hygienic menstrual products and sanitation facilities are essential for promoting the health and well-being of adolescent girls in Rajasthan.

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