

PERCEPTION OF THE WOMEN REGARDING MENSTRUAL HYGIENE

Dr. Esha Abdul Ghafoor^{*1}, Dr. Rubina Naurin², Dr. Sanya Muqadas³,
Dr. Amnah Zubair⁴, Dr. Sumaira Farid⁵, Dr. Tayyaba Majeed⁶

^{*1,4,5}MBBS, PGR, Central Park Teaching Hospital, Lahore

²MBBS, FCPS, Associate Professor, Central Park Medical College, Lahore

³MBBS, FCPS, Senior Registrar, Central Park Medical College, Lahore

⁶MBBS, FCPS, Head of Department, Central Park Medical College, Lahore

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Corresponding Author: *

Dr. Esha Abdul Ghafoor

Abstract

Objective: To assess the perceptions, practices, and challenges related to MHM among women attending a tertiary care hospital, identifying gaps in awareness and resource accessibility.

Study Design: A cross-sectional study.

Study Setting: The study was conducted at the department of Obstetrics and gynecology, Central Park Medical and Teaching Hospital, Lahore.

Study Duration: Six Months (March to Dec'2024).

Methodology: A cross-sectional study design was employed, with a structured questionnaire used to collect data from 160 female participants aged 13–50 years. Participants were selected using convenience sampling. The questionnaire assessed demographic characteristics, menstrual hygiene knowledge, perceptions, and practices.

Results: Among the participants, 88.8% reported awareness of menstrual hygiene, while 49% lacked prior knowledge before menarche. Economic constraints were identified as a major barrier (32.5%), followed by cultural taboos (24.4%) and lack of education (19.4%). 67.5% used sanitary pads, while 19.4% relied on cloth due to affordability issues. 23.1% of participants reported genital infections, highlighting potential health risks associated with inadequate menstrual hygiene. 44% of Pakistani girls lack access to basic menstrual hygiene facilities, emphasizing the need for policy reforms.

Conclusion: We found a significant gap in menstrual health accessibility, awareness, and cultural awareness. Strengthening MHM requires governmental subsidies for menstrual products, structured school-based education programs and efforts to destigmatize menstruation by engaging the community.

INTRODUCTION

In women's health, menstrual hygiene management (MHM) is a critical component, encompassing the practices, resources, and knowledge necessary for women to manage their menstruation safely and with dignity.^{1,3} In Pakistan,

limited access to sanitary products, cultural taboos, and inadequate education contribute to suboptimal menstrual hygiene practices, leading to adverse health outcomes and social challenges for women and girls.⁴

A local study conducted in Karachi document a significant number of women were unprepared for menarche, while 28.4% of the general population and 29.4% of healthcare workers having prior knowledge relating to menstruation.⁵ It leads to anxiety and fear during the first menstrual experience.⁶ The stigmatization of menstruation discourages women from seeking information and discussing menstrual health issues, further entrenching ignorance and unhealthy practices.⁷

In Pakistan, economic constraints and limited availability of menstrual hygiene products pose significant challenges. According to UNICEF, 44% of girls do not have access to basic menstrual hygiene facilities at workplace, home or school. Around 49% of women and girls had no knowledge of menstruation prior to their first period, whereas more than two-thirds cannot afford sanitary pads, resorting to alternatives like old cloths, which may not be hygienic.⁸ A study in Karachi found that the most common absorbent used by respondents was pads, followed by cloth. However, the same study highlighted that a significant proportion of women abstained from certain foods and activities during menstruation due to prevailing myths, indicating a need for better education and resources.⁹ The absence of structured menstrual education in schools contributes to widespread ignorance and the perpetuation of cultural taboos.¹⁰ A study assessing the perceptions of school leaders and teachers in the Hyderabad district found that menstrual hygiene management facilities were significantly lacking in terms of both policies and resources.⁸ A study in Karachi demonstrated insufficient menstrual knowledge and incorrect practices among the female population, emphasizing the need for destigmatizing menstruation and educating women and young girls to overcome this gap. Furthermore, the lack of access to safe menstrual products and facilities can lead to absenteeism from work or school, impacting women's education and economic opportunities.

Addressing these issues is crucial for improving women's health and empowerment in Pakistan.⁹

The perception of women regarding menstrual hygiene is significantly influenced by cultural taboos and misinformation. A study in Pakistan revealed that while 88.3% of women were aware of menstrual hygiene, 78.7% felt ashamed when purchasing sanitary products. Many lacked knowledge about menstrual health, with only 5.4% expressing interest in learning more.⁸

While previous data highlighted the challenges relating to menstrual hygiene in various regions of Pakistan, there is a paucity of data focusing on women's perceptions and practices in tertiary care hospital settings. Understanding these perceptions is essential for developing targeted interventions that can be implemented within healthcare facilities to improve menstrual hygiene management. This study aims to assess the perceptions, practices, and challenges related to menstrual hygiene among women attending a tertiary care hospital in Pakistan. By identifying gaps in knowledge and resources, the research will inform strategies to enhance menstrual health education and access to sanitary products within the healthcare system.

METHODOLOGY:

This study was conducted to assess the level of knowledge and awareness regarding menstrual hygiene among women attending central Park Teaching Hospital, Lahore to examine their menstrual hygiene practices. Ethical approval was obtained from the Ethical Review Committee before the study commenced, ensuring compliance with research ethics and participant confidentiality. Written informed consent was obtained from all participants, who were assured of the anonymity of their responses.

The study population included of females aged 13–50 years attending outpatient departments and gynecological clinics at the tertiary care hospital. To allow the participants to meet the inclusion

criteria, we used a convenience sampling technique for participation. Women were eligible if they were currently menstruating, had experienced at least one menstrual cycle, and were able to comprehend and respond to the questionnaire independently or with the help of interviewer. Women who had reached menopause, experiencing amenorrhea due to medical conditions or pregnancy, cognitive impairments, and those requiring urgent medical care were excluded from the study.

The sample size was calculated using the WHO sample size calculator, considering an expected percentage of 88% of women being aware of menstrual hygiene, an absolute precision of 5%, and a 95% confidence interval, resulting in a required sample of 160 participants. Data collection was carried out using a structured, pre-designed questionnaire divided into four sections: demographic information, knowledge and awareness of menstrual hygiene, perceptions towards menstrual hygiene, and menstrual hygiene practices. The questionnaire was self-administered for literate participants, while for those unable to read or write, trained female data collectors assisted by reading the questions and recording responses accordingly.

Participants were approached in hospital waiting areas, and the study objectives were explained before they filled out the questionnaire. Independent responses were encouraged to minimize response bias, though assistance was provided where necessary. The collected data was computed and analyzed through SPSS-26.

RESULTS:

The study included a total of 160 participants, with the majority (60.0%) aged 18 years or younger, while 40.0% were between 19 and 30 years old. Regarding education level, 41.3% had completed secondary education, followed by 29.4% who had attained tertiary education. A smaller proportion had primary (17.5%) or no formal education (11.9%). Most

participants resided in urban areas (57.5%), while 42.5% were from rural regions. In terms of employment status, students comprised the largest group (30.6%), followed closely by unemployed women (29.4%) and employed individuals (28.8%). A smaller fraction (11.3%) was self-employed. (Table 1)

Most participants (88.8%) reported having heard about menstrual hygiene, while 11.3% had not been exposed to any prior knowledge on the subject. The belief that poor menstrual hygiene poses health risks was affirmed by 79.4% of the participants, whereas 11.9% disagreed, and 8.8% were uncertain. The most commonly used menstrual product was sanitary pads, reported by 67.5% of respondents, while 19.4% relied on cloth, 7.5% used tampons, and 5.6% opted for menstrual cups. Regarding the frequency of changing menstrual products, 52.5% changed them three to four times per day, while 36.9% changed them twice daily, and 10.6% changed only once per day. The most common disposal method was wrapping and trashing the used product (60.0%), followed by open disposal (16.9%), flushing in the toilet (13.1%), and burning or burying the product (10.0%). (Table 2)

In assessing attitudes towards menstrual hygiene, 51.3% of participants were comfortable discussing menstruation, while 48.8% found it uncomfortable. A majority (71.9%) reported feeling comfortable using menstrual products, whereas 28.1% expressed discomfort. When asked about access to menstrual hygiene products, 54.4% reported easy accessibility, while 45.6% faced difficulties in obtaining them. The main barriers to optimal menstrual hygiene included economic constraints (32.5%), cultural taboos (24.4%), lack of education (19.4%), and inadequate sanitation facilities (16.3%), while 7.5% of respondents reported no barriers. Health issues related to menstrual hygiene were also noted, with 23.1% experiencing genital infections and 14.4% reporting skin irritation. However, the majority

(62.5%) reported no health problems associated with menstrual hygiene practices. (Table 3)

TABLE 1: DEMOGRAPHIC CHARACTERISTICS

Variable		Frequency	Percent (%)
Age	(≤18)	96	60.0
	(19-30)	64	40.0
Education Level	No formal education	19	11.9
	Primary	28	17.5
	Secondary	66	41.3
	Tertiary	47	29.4
Residence	Urban	92	57.5
	Rural	68	42.5
Employment Status	Student	49	30.6
	Unemployed	47	29.4
	Employed	46	28.8
	Self-employed	18	11.3

TABLE 2: MENSTRUAL HYGIENE AWARENESS AND PRACTICES

Variable		Frequency	Percent (%)
Heard About MH	Yes	142	88.8
	No	18	11.3
Belief MH Causes Health Risk	Yes	127	79.4
	No	19	11.9
	Not sure	14	8.8
Menstrual Product Used	Pads	108	67.5
	Cloth	31	19.4
	Tampons	12	7.5
	Menstrual Cup	9	5.6
Change Frequency	Once	17	10.6
	Twice	59	36.9
	3-4 times	84	52.5
Disposal Method	Open disposal	27	16.9
	Flush in toilet	21	13.1
	Wrap and trash	96	60.0
	Burn/Bury	16	10.0

TABLE 3: PERCEPTION AND BARRIERS

Variable		Frequency	Percent (%)
Comfortable Discussing	Yes	82	51.3
	No	78	48.8
Comfortable Using Products	Yes	115	71.9
	No	45	28.1
Access to Products	Easy	87	54.4
	Difficult	73	45.6
Barriers to Hygiene	Economic constraints	52	32.5
	Cultural taboos	39	24.4
	Lack of education	31	19.4
	Sanitation issues	26	16.3
	None	12	7.5
Health Issues	Genital infections	37	23.1
	Skin irritation	23	14.4
	No health issues	100	62.5

DISCUSSION:

Menstrual hygiene management (MHM) remains a significant public health challenge in Pakistan, influenced by sociocultural norms, economic constraints, and inadequate awareness. The findings of this study highlight the knowledge, perceptions, and barriers faced by women attending a tertiary care hospital in Pakistan, and align with existing literature examining menstrual hygiene practices in similar settings.

The current study found that 88.8% of participants had heard about menstrual hygiene, yet only 79.4% recognized the health risks associated with poor menstrual hygiene. These findings align with prior study⁹ conducted in Karachi, which revealed that despite awareness, significant gaps persist in menstrual hygiene knowledge and practices. Arshad Ali et al⁹ reported that only 28.4% of women in Karachi’s general population had prior knowledge of menstruation at menarche, leading to fear and anxiety among young girls. Similarly, Sumaira Asim and colleagues¹⁵ found 90.2% of nursing students in Lahore region had strong knowledge of menstruation, emotional distress at menarche was prevalent, indicating that awareness does not necessarily translate into psychological preparedness.

Economic constraints were a prominent barrier to adequate MHM, with 32.5% of participants in this study citing financial limitations as a reason for poor menstrual hygiene. This is consistent with findings from Sawina Somroo et al¹² who reported that period poverty affected 59.68% of women in Khyber Pakhtunkhwa, forcing many to use unhygienic materials like rags and diapers. Lack of affordability leads to significant health risks, including urinary tract infections and bacterial vaginosis, which were diagnosed in 16% and 8.9% of participants in their study, respectively. These findings emphasize the urgent need for affordable menstrual hygiene products in our country.

Sociocultural taboos were another major barrier, with 24.4% of participants in this study identifying cultural restrictions as a significant challenge. The stigma surrounding menstruation prevents open discussions, leading to misinformation and unhealthy practices. Alexandria Alisa Proff and colleagues⁵ capitalized that menstruation is rarely discussed openly in Pakistani society, especially in educational institutes, which restricts young girls from obtaining accurate and proper knowledge relating to menstrual health. Similar findings were reported by Sakshi Pradip Nimbhorkar and co-

workers¹⁸ in Central India, where cultural taboos and myths limited access to proper menstrual hygiene practices, especially in rural areas.

Lack of access to proper sanitation facilities is another critical issue. In the present study, 16.3% of participants cited inadequate sanitation as a challenge. This is corroborated by findings from Bhavana Pandey et al¹⁴ who reported that in Chhattisgarh, India, most women lacked access to clean lavatories, forcing them to manage menstruation in unhygienic conditions. Similarly, Dominic Odwa Atari et al¹⁵ found that adolescent girls in South Sudan struggled with poor access to sanitation facilities in schools, leading to absenteeism and educational setbacks. The absence of menstrual hygiene-friendly infrastructure in educational institutions and workplaces remains a pressing issue in South Asian and African contexts.

Perceptions toward menstrual hygiene products were also documented with 67.5% of participants using sanitary pads, while 19.4% relied on cloth and 7.5% were using tampons. This is consistent with the results of Singh Neetu et al¹⁶ who noted that while sanitary pad usage is increasing in urban areas, cloth remains a commonly used alternative in rural regions. The continued reliance on cloth, often without proper sterilization, raises concerns about reproductive tract infections and the need for better menstrual hygiene education.

A multi-faceted approach is required to address this challenge. Educational interventions are crucial to dispelling myths and increasing menstrual health literacy. As observed in literature such as those by Madeeha Malik et al⁸ structured educational programs can significantly improve practices and perceptions regarding menstrual hygiene. Further, government and non-governmental organizations both should implement policies to ensure the widespread availability of affordable menstrual hygiene products, as indicated by Sawina Somroo et al.¹² Investments in improving sanitation infrastructure in workplaces and schools are also

pivotal to support girls and women in managing menstruation with dignity.

CONCLUSION:

The findings of this study reinforce that while awareness about menstrual hygiene is relatively high, significant gaps remain in affordability, accessibility, and sociocultural acceptance. Financial constraints, cultural taboos, and inadequate sanitation facilities continue to hinder optimal menstrual hygiene practices in Pakistan. Future interventions should focus on improving menstrual health education, increasing access to affordable menstrual products, and enhancing sanitation infrastructure to ensure that women and girls can manage menstruation safely and with dignity. By addressing these challenges, menstrual hygiene management can be improved, ultimately contributing to better health outcomes and gender equality in Pakistan.

REFERENCE:

1. Budhathoki SS, Bhattachan M, Castro-Sánchez E, Sagtani RA, Rayamajhi RB, Rai P, et al. Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal. *BMC women's health*. 2018;18(1):33.
2. Tshomo T, Gurung MS, Shah S, Gil-Cuesta J, Maes P, Wangdi R, Tobden J. Menstrual hygiene management—knowledge, attitudes, and practices among female college students in Bhutan. *Frontiers in Reproductive Health*. 2021 Aug 27;3:703978.
3. Worku, Y., Kassa, G.M., Mekonen, B. et al. Menstrual hygiene management practice and associated factors among high school and preparatory school adolescent students in Debre Markos town, Northwest, Ethiopia: a mixed-method study. *BMC Women's Health* 24, 420 (2024). <https://doi.org/10.1186/s12905-024-03265-y>

4. Wasan Y, Baxter JB, Rizvi A, Shaheen F, Junejo Q, Abro MA, Hussain A, Ahmed I, Soofi SB, Bhutta ZA. Practices and predictors of menstrual hygiene management material use among adolescent and young women in rural Pakistan: A cross-sectional assessment. *J Glob Health*. 2022 Aug 10;12:04059. doi: 10.7189/jogh.12.04059. PMID: 35908217; PMCID: PMC9339234.
5. Proff AA, Fatima S, Limón MLS. Becoming women: period. Perceptions of barriers and facilitators to menstrual hygiene management programs for Pakistani girls. *Front Public Health*. 2023;11:1083688.
6. Afiaz A, Biswas RK. Awareness on menstrual hygiene management in Bangladesh and the possibilities of media interventions: using a nationwide cross-sectional survey. *BMJ open*. 2021 Apr 1;11(4):e042134.
7. Sommer, M., Caruso, B.A., Torondel, B. et al. Menstrual hygiene management in schools: midway progress update on the “MHM in Ten” 2014–2024 global agenda. *Health Res Policy Sys* 19, 1 (2021). <https://doi.org/10.1186/s12961-020-00669-8>
8. Malik M, Hashmi A, Hussain A, Khan W, Jahangir N, Malik A, et al. Experiences, awareness, perceptions and attitudes of women and girls towards menstrual hygiene management and safe menstrual products in Pakistan. *Front Public Health*. 2023;11:1242169.
9. Ali SA, Baloch M, Riaz L, Iqbal A, Riaz R, Perveen B, Siddiqui M, Ali AA. Perceptions, practices, and challenges regarding menstrual hygiene among women in Karachi, Pakistan: a comparison between general population and healthcare workers. *Cureus* 2020;12(8).
10. Sobudula V, Naidoo D. Exploring barriers to menstrual education between maternal figures and young girls: A pilot study in South Africa. *Sexuality, Gender & Policy*. 2024;7(3):305-21.
11. Asim S, Rafiq I, Sultana R, Rani S, Aftab S, Awaiz AD. Girls’ Attitude towards Menstrual Hygiene among Nursing Students at College of Nursing, AIMC, J/H, Lahore, Pakistan: Girls’ Attitude towards Menstrual Hygiene. *Pakistan Journal of Health Sciences*. 2023 Jul 31:39-45.
12. Somroo S, Sarwar S, Balouch I. Unmet menstrual hygiene needs among the impoverished women, their perceptions and health hazards. *Pakistan Journal of Medical & Health Sciences*. 2023 Mar 31;17(02):549-
13. Nimbhorkar SP, Jumade PP, Rahate NP. Knowledge, perceptions, taboos, and practices of menstrual hygiene among adolescent girls in urban and rural areas of central India. *Journal of South Asian Federation of Obstetrics and Gynaecology*. 2023 Dec 4;15(6):696-702.
14. Pandey B, Shukla D. Perceptions and practices about menstrual hygiene among women of reproductive age group (15-49 years) attending out-patient department of CIMS, Bilaspur, Chhattisgarh. *Int J Community Med Public Health*. 2018 Jul;5(7):3074-8.
15. Atari DO, Tariquzzaman SK, Nancy A. Knowledge and perceptions on menstrual hygiene management among school-going adolescent girls in South Sudan. *Journal of Adolescent Research*. 2024 Mar;39(2):361-86.
16. Singh Neetu, Kumari Rashmi, Agarwal Dipti, Jauhari Sugandha. Comparison of awareness and perception of menstrual hygiene between pre and postmenarchal adolescents of North India: A cross-sectional study. *Journal of Family Medicine and Primary Care* 10(11):p 4168-4175, November 2021. | DOI: 10.4103/jfmpc.jfmpc_672_21