

Level of Awareness among Adolescent Girls regarding Menstrual Hygiene Management (MHM) Scheme: A Sociological Study of Moga District of Punjab

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Abstract:

Menstruation is a natural and normal biological process yet it is not spoken about openly causing unnecessary embarrassment and shame. Many cultures have beliefs, myths and taboos relating to menstruation. Part of a culture of silence, menstruation remains a taboo in many cultures. Menstruation related problems are not openly discussed and there is stigma surrounding personal hygiene and health. Menstrual Hygiene Management (MHM) is a recognized public health, social and educational issue, which must be achieved to allow the realization of human rights. Initiated by WASH United, the first global Menstrual Hygiene Day was celebrated on May 28th, 2014 around the world aimed at breaking the silence around menstruation. The present research paper brings into account the level of awareness among adolescent girls in rural areas of Moga district of Punjab regarding the of Menstrual Hygiene Management (MHM) scheme. This paper highlights whether the adolescent girls were aware about the objectives of the scheme.

Keywords: Menstrual Hygiene Management (MHM), Water, Sanitation and Hygiene (WASH)

Introduction

Menstruation is a natural and normal biological process yet it is not spoken about openly causing unnecessary embarrassment and shame. Many cultures have beliefs, myths and taboos relating to menstruation. For example, in some cultures, women and girls are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die). Cultural norms and religious taboos on menstruation are often compounded by traditional associations with evil spirits, shame and embarrassment surrounding sexual reproduction. For example, in Tanzania, some believe that if a menstrual cloth is seen by others, the owner of the cloth may be cursed (House et al., 2012).

Myths and stigma around menstruation and menstrual hygiene inflict humiliation upon millions of women and girls and discriminates against one gender. Menstruation taboos not only violate women's rights but also the right to bodily integrity, health, equality, integrity, privacy, and the rights to freedom from inhumane treatment (Karki and Espinosa, 2018).

Part of a culture of silence, menstruation remains a taboo in many cultures. Menstruation related problems are not openly discussed and there is stigma surrounding personal hygiene and health ((UNICEF and WHO, 2012). Cultural taboos, myths and superstitious beliefs surrounding menstruation substitute appropriate information for adolescents. The silence around menstruation hygiene management is a major barrier for securing support for positive practices at the community level. There is a need to overcome the secrecy and the embarrassment associated with menstruation - prevalent not only in traditional groups at the local and national level but among development professionals, including too frequently those working towards women rights and empowerment (House, Mahon and Cavill, 2012).

In 2019, a group of United Nations human rights experts acknowledged that *“The stigma and shame generated by stereotypes around menstruation have severe impacts on all aspects of women’s and girls’ human rights, including their human rights to equality, health, housing, water, sanitation, education, freedom of religion or belief, safe and healthy working conditions, and to take part in cultural life and public life without discrimination”* (United Nations 2019).

Definitions of adolescent girls

- The **World Health Organization (WHO)** defines adolescents as individuals aged 10–19 years, representing the transitional stage from childhood to adulthood characterized by rapid physical, psychological, and social development. Therefore, adolescent girls refer to females within the age range of 10–19 years (World Health Organization, 2014).
- The Government of India, through the **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)**, defines adolescent girls as girls aged 11–18 years, particularly focusing on health, nutrition, education, and life-skills development (Ministry of Women and Child Development, 2010).

Menstrual Hygiene Management (MHM)

Menstrual Hygiene Management (MHM) is a recognized public health, social and educational issue, which must be achieved to allow the realization of human rights. Globally, over 50% of females are of reproductive age, and 500 million lack adequate menstrual hygiene facilities. Many girls reach menarche without adequate knowledge or the skills to manage menstruation hygienically. More than half (52%) of adolescent girls in Ethiopia have never received any information about menstrual hygiene, because of religious taboos, socio-cultural misinformation, and inadequate menstrual supplies and facilities, which leads to fear, confusion, and lack of confidence when menarche occurs (UNICEF, 2017).

Initiated by WASH United, the first global **Menstrual Hygiene Day** was celebrated on May 28th, 2014 around the world aimed at breaking the silence around menstruation. Since 2014, May 28 is observed as the Menstrual Hygiene Day worldwide to raise awareness regarding the challenges women and girls face to deal with menstrual cycles and highlight solutions implementable at global, national, and local levels to address these issues. In addition, WASH United has developed a **menstrual hygiene management curriculum** to educate about taboos, hygiene and reproductive health (UNICEF, 2019).

Water, Sanitation and Hygiene (WASH)

Having access to safe water and a private place to wash and defecate are the basic requirements for hygiene. As aforementioned, the term MHM stems from the WASH sector, illustrating the importance of access to adequate water and sanitation facilities for menstruators. However, interventions often focus on programs that aim to increase knowledge or materials use while the WASH needs are often overlooked

and neglected. The ability of women and girls to safely manage their menstruation is dependent on contextual factors, such as the access to water and sanitation facilities, having a private place to wash and change and facilities to dispose of them. Poor MHM, the lack of adequate washing facilities in particular, can negatively impact the health and well-being of women and girls (Sommer et al., 2015).

Recent study conducted by Das et al. in Odisha, India, found that lack of access to private wash and sanitation facilities increased the risk of urogenital disease (P. Das et al., 2015).

Menstrual Health Management Scheme (MHM Scheme) in India

The Menstrual Health Management Scheme (MHM Scheme) in India has evolved over more than a decade of policy experimentation, rooted in broader public health and gender equality frameworks (Garg et al., 2012).

The **first formal step** came in 2011–2012 with the **Menstrual Hygiene Scheme (MHS)** under the **National Rural Health Mission (NRHM)**. This initiative aimed to provide **subsidized sanitary napkins** to rural adolescent girls and to raise awareness about hygiene and menstrual health. (R. Garg et al. 2012) detail how the program was structured through Accredited Social Health Activists (ASHAs) distributing pads and conducting information sessions in rural communities.

The Ministry of Health and Family Welfare has introduced a scheme for promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years primarily in rural areas in 2011. This scheme is a part of **Rashtriya Kishor Swasthya Karyakram (RKSK)** that aims to achieve adolescent participation, leadership, gender equity and inclusion. In 2014, the scheme was merged with the Rashtriya Kishor Swasthya Karyakram (RKSK) which works in the area of adolescent health. The scheme has the following objectives:

- To increase awareness on menstrual hygiene among adolescent girls, build self-esteem, and empower girls for greater socialization.
- To increase access to and use of good quality sanitary napkins among adolescent girls residing primarily in rural areas.
- To ensure safe disposal of sanitary napkins in an environmentally friendly manner.

The scheme was initially implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called “**Freedays**” was provided to rural adolescent girls for Rs. 6. From 2014 onwards, funds are now being provided to States/UTs under National Health Mission for decentralized procurement of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins. The ASHA will continue to be responsible for distribution, receiving an incentive Rs 1 per pack sold and a free pack of napkins every month for her own personal use. She will convene monthly meetings at the Anganwadi Centres or other such platforms for adolescent girls to focus on issue of menstrual hygiene and also serve as a platform to discuss other relevant Sexual and Reproductive Health (SRH) issues.

Between 2014 and 2020, various states introduced localized menstrual health schemes—for example, **Shuchi Scheme in Karnataka**, **Udaan in Chhattisgarh**, and **Asmita Yojana in Maharashtra**—each distributing affordable pads and incorporating menstrual awareness in schools (Sinha and Paul, 2018).

Menstrual Health Management Scheme (MHM Scheme) in Punjab

Modern policy developments began with the **National Rural Health Mission (NRHM)** in 2011, under which the **Menstrual Hygiene Scheme (MHS)** was implemented across northern states including Punjab.

The scheme distributed subsidized sanitary napkins through Accredited Social Health Activists (ASHAs), aiming to reach adolescent girls in rural areas (Garg et al., 2012). Punjab's health department integrated this initiative into its **Adolescent Reproductive and Sexual Health (ARSH)** program, complementing education and awareness sessions in schools. By the mid-2010s, Punjab's MHM efforts expanded under the **Rashtriya Kishor Swasthya Karyakram (RKSK)**, focusing on menstrual education, counselling, and improved access to menstrual products. Reports from the **Punjab Health Report** highlight government efforts to incorporate menstrual hygiene within maternal and adolescent health delivery systems (Asfaw, 2014).

After Haryana and Himachal Pradesh, the Punjab unit of **National Rural Health Mission (NRHM)** initiated its project to distribute sanitary napkins among village girls aged 10 to 19 years. As a pilot project, the scheme covered five districts of Punjab wherein supply of sanitary napkins was envisaged. These are Moga, Ferozepur, Muktsar, Bathinda and Faridkot.

Sanitary napkins for girls in school were promised in Punjab budget. The first such budgetary allocation was made in 2016-17 when then finance minister Parminder Singh Dhindsa under SAD-BJP government announced '**Swastha Kanya Yojna**' and allocated Rs 24 crore to provide sanitary kits to girls. However, the scheme never took off due to 'financial constraints and the girls never got any napkins. But Education Department has demanded Rs 12 crore in next budget (2019-2020) to provide sanitary napkins to girls after finding that Rs 10 crore is not enough to provide six napkins to 6.64 lakh girls every month. The Education Department has also tied up with a private company '**Niine**' which will be providing sanitary napkins free of cost to 100 schools in Patiala, Amritsar, Ludhiana, Tarn Taran and Jalandhar, and conducting hygiene awareness workshops in five districts. The company has already covered 11 schools in Patiala. Richa Singh, CEO, Niine stated that "Work has already started in Patiala where more than 77,000 napkins have already been distributed".

Significance of the study

Sanitation and hygiene are key issues for women, consistent with their need for privacy, dignity and self-respect. Good menstrual hygiene triggers health, confidence, and self-esteem of women and is linked to gender equality and basic human rights. India is a country of contrasts, with extreme wealth and poverty and gender-related disparities, resulting in significant variation in health and social indicators among girls and women. Recognizing the relevance of Menstrual Hygiene Management to the health, the Government of India has initiated an array of policies and programmes. In India's rural areas, women lack of resources, education and awareness about personal hygiene and hygiene products and they don't even have any conversation around menstruation. It is necessary for people to understand that menstrual hygiene is of utmost importance and there should be openness about puberty and menstrual hygiene in the country. In Punjab state, 62.51 percent of the population is living in rural areas and only 37.49 percent of population is residing in urban areas. But it is important to emphasize here that 75 percent of health care facilities are concentrated in urban areas. (Census of India, 2011). So, this study evaluated the impact of Menstrual Hygiene Management Scheme on adolescent girls in rural areas of Moga district of Punjab. This study assessed why rural girls are neglected from health point of view.

Objective of the study

- To study the awareness level among the adolescent girls aged between 10-19 years regarding the hygiene practices.

Research Methodology

- **Locale of the study:** The research was conducted in the Moga District of Punjab. As a pilot project the scheme was initially started in Moga, Firozpur, Muktsar, Bathinda and Faridkot. In January, 2018 NITI Aayog announced “**Transformation of Aspirational Districts**” Programme which aims to transform and uplift 117 backward districts in India in terms of basic amenities, infrastructure facilities, health facilities, standard of living etc. Among 117 backward districts of India, Moga and Firozpur districts of Punjab were included in this programme. As per census 2011, Moga in comparison with Firozpur is highest in terms of population, area and density of population. Therefore, Moga as a district was selected for the study. Moga is divided into 3 blocks: **Bagha Purana, Moga and Nihal Singh Wala**. From these three blocks the village having the maximum and minimum population were taken into account. From these selected villages, Nihal Singh Wala and Didarewala from Nihal Singh Wala Block, Samalsar and Panjgrain Khurd from Bagha Purana Block, Buttar and Buttar Khurd from Moga Block adolescent girls between 10-19 years were selected for the study.
- **Selection of the respondents:** For the selection of adolescent girls, ASHA worker’s registers were used. From these registers, 412 adolescent girls between age group 10-19 years under this scheme who were registered with them were incorporated in the study.
- **Tools of Investigation:** The data was collected with the help of interview schedule. Focused Group Discussions method was also incorporated in the study.

Impact of the Menstrual Hygiene Management (MHM) scheme on Adolescent Girls

The MHM scheme has played a crucial role in improving adolescent girls’ physical health. By ensuring access to sanitary pads and promoting hygienic practices, it has reduced the prevalence of reproductive tract infections and other health complications that arise from unsafe menstrual practices. Adolescent girls are now better informed about nutrition, personal hygiene, and safe disposal methods, which contribute to their overall well-being. (Menstrual Hygiene Management Report, 2025)

- **Age at menarche (first menstruation):** Age at menarche (first menstruation) refers to the age at which a girl experiences her first menstrual cycle, marking the beginning of her reproductive life and an important stage of puberty. (Jose, 2025). The collected data reveals that the majority of girls experienced menarche in the age group of 16-18 years, accounting for 251 respondents that is, 60.92 percent, which clearly indicates that late adolescence was the most common age for the onset of menstruation in the study area. The second largest group is 13-15 years, comprising 133 respondents that is 32.28 percent, suggesting that a considerable number of girls attain menarche during mid-adolescence. In contrast, only a small proportion of 28 respondents, that is 6.80 percent, reported experiencing menarche at an earlier age of 10-12 years, indicating that early onset is relatively uncommon. A similar pattern is observed across all the selected villages, although slight variations exist. In areas such as Nihal Singh Wala and Buttar, a higher percentage of girls fall in the age group of 16-18 years, while in Samalsar and Panjgrain Khurd, a noticeable proportion is also seen in the 13-15 years group. Despite these minor differences, the overall trend remains consistent, with most respondents attaining menarche at a later age. The data highlights that the age at menarche among respondents is generally concentrated in the 16-18 years category, followed by 13-15 years, while early menarche 10-12 years is least common across all the study areas.
- **Source of information about menstruation:** From the collected data it was found that out of total 412 respondents, 125 adolescent girls that is 30.34 percent reported the major source of information about menstruation was health workers or ASHA workers, followed by teachers, who were reported as a source

by 118 respondents that is 28.64 percent, highlighting the significant role of schools and formal education in disseminating menstrual knowledge. Family members also play an important role, though to a comparatively lesser extent. Sisters were identified as a source by 53 respondents that is 12.86 percent, while mothers accounted for 40 respondents that is 9.71 percent. This suggests that while family remains a channel for sharing information, it may not be as influential as institutional sources like schools and healthcare providers. Friends contributed to menstrual awareness for 44 respondents, accounting for 10.68 percent, indicating the presence of peer-based communication, though it was not the dominant source. Media appears to have a relatively limited role, with only 21 respondents, which is 5.10 percent, reporting it as a source of information. Similarly, other sources such as relatives and neighbors contributed minimally, with just 11 respondents that is 2.67 percent. Across all the villages, the pattern remains broadly consistent, with health workers and teachers emerging as the leading sources of information. However, slight variations can be observed; for instance, in some villages like Didarewala, health workers have a particularly strong influence, while in others like Samalsar, teachers and health workers contribute almost equally.

- **Prepared for your first menstruation:** In this research work, the respondents were distributed on the basis of whether they were prepared for their first menstruation, across different blocks and villages. Out of total 412 respondents, a majority of 309 respondents, that is 75 percent, reported that they were prepared for their first menstruation, while 103 respondents, that is 25 percent, indicated that they were not prepared. This suggests that although most respondents had some level of awareness or guidance, a significant proportion still lacked adequate preparation. Looking at the block wise distribution, in Nihal Singh Wala village, 85 adolescent girls, accounting for 73.92 percent were prepared for their first menstruation, whereas 30 girls, that is 26.08 percent were not prepared. In Didarewala, 23 girls, accounting for 53.49 percent, reported being prepared and 20 girls that is 46.51 percent were not, showing a relatively higher proportion of unprepared girls compared to those prepared. In Bagha Purana block, Samalsar village shows a strong trend toward preparedness, with 68 girls, accounting for 87.18 percent were prepared compared to only 10 that is 12.82 percent were unprepared. Similarly, in Panjgrain Khurd, 33 girls that is 73.33 percent were prepared and 12 adolescent girls that is 26.67 percent were not, indicating a more balanced distribution. In Moga block, Buttar village had the highest number of prepared girls, with 90 respondents, that is 84.90 percent reporting preparedness, compared to 16 respondents, that is 15.10 percent, who were not. However, in Buttar Khurd, the pattern reverses somewhat, as only 10 girls, that is 40 percent, were prepared while a relatively higher number, 15 girls, that is 60 percent, were not prepared. The data clearly indicated that most respondents felt prepared for their first menstruation, reflecting a fair level of awareness and prior information.

- **Importance of maintaining hygiene during menstruation:** The distribution of respondents based on their perception of the importance of maintaining hygiene during menstruation across different blocks and villages revealed that out of the total 412 respondents, a large majority of the respondents that is 365 accounting for 88.59 percent, reported that maintaining hygiene during menstruation was important, while only 47 respondents, accounting for 11.42 percent, considered it not important. In the Nihal Singh Wala block, Nihal Singh Wala village recorded 111 respondents that is 96.52 percent agreed on the importance of maintaining hygiene during menstruation, with only 4 respondents, which is 3.48 percent disagreed. In Didarewala, 38 respondents, that is 88.37 percent, reported that hygiene during menstruation was important and 5 respondents that is 11.63 percent denied it. In the Bagha Purana block, Samalsar had 60 respondents, accounting for 76.92 percent, acknowledged the importance and a relatively higher

proportion of 18 respondents that is 23.08 percent considered it not important, whereas in Panjgrain Khurd 36 respondents, that is 80 percent agreed on maintaining hygiene and 9 respondents, that is 20 percent disagreed. In the Moga block, Buttar had 98 respondents, accounting for 92.45 percent supported the importance and 8 respondents that is 7.55 percent opposed, while in Buttar Khurd 22 respondents, accounting for 88 percent agreed on maintaining hygiene and only 3 respondents, which is 12 percent did not agree. Overall, the findings clearly indicated a high level of awareness regarding menstrual hygiene across the study area, although some villages still show a noticeable proportion of respondents who lacked awareness, highlighting the need for targeted education and awareness programs.

- **Materials used during menstruation:** The distribution of respondents based on the materials used during menstruation by girls across different blocks and villages revealed that out of total 412 respondents, the majority of 369 respondents, accounting for 89.56 percent, used sanitary pads, making it the most commonly used menstrual product, followed by menstrual cups used by 26 respondents, that is 6.31 percent, cloth used by 14 respondents, accounting for 3.40 percent and tampons used by only 3 respondents, that is 0.73 percent. This indicated a strong preference for sanitary pads, while the use of traditional cloth and modern alternatives like menstrual cups and tampons remains comparatively low. Looking at the block-wise distribution, in Nihal Singh Wala, 101 respondents, that is 87.83 percent girls used sanitary pads, while a smaller number of respondents that is 12.17 percent used cloth, menstrual cups, and tampons. In Didarewala village, all 37 respondents, accounting for 86.05 percent, used sanitary pads and 6 respondents, that is 13.95 percent, used menstrual cups, with no usage of cloth or tampons, which reflects better adoption of hygienic practices. In Bagha Purana block, Samalsar village had total 78 respondents, sanitary pad used by 71 respondents, that is 91.02 percent, cloth was used by 3 respondents, that is 3.85 percent and menstrual cups was used by 3 respondents, accounting for 3.85 percent and only 1 respondent used tampon, that is 2.22 percent. Panjgrain Khurd showed a slightly different pattern, where 4 girls, accounting for 8.88 percent still use cloth, 40 respondents, that is 88.90 percent used sanitary pads, and only 1 respondent, that is 2.22 percent used menstrual cup, with no tampon usage. In Moga block, Buttar village had total 106 respondents, with 97 respondents, that is 91.50 percent using sanitary pads, indicating a very high level of adoption. A small number of respondents that is 8.5 percent still depend on cloth and menstrual cups and only one respondent used tampons. In Buttar Khurd, out of 25 girls, majority of 23 respondents, that is 92 percent used sanitary pads, while minimal use of cloth and menstrual cups was observed, and no tampon usage was reported. Thus, the data clearly showed that sanitary pads were the most preferred menstrual hygiene product among girls in all blocks and villages, reflecting increased awareness and accessibility.

- **Reuse of cloth again during menstruation:** The distribution of respondents based on whether they reuse cloth during menstruation across different blocks and villages indicated that out of the total 412 respondents, majority of 403 respondents, accounting for 97.82 percent, stated that they did not reuse cloth during menstruation and only 9 respondents, that is 2.18 percent, reported that they reuse cloth. In Nihal Singh Wala block, none of the respondents from Nihal Singh Wala village reported reuse of cloth, in Didarewala, only 2 respondents that is 4.65 percent reported reuse of cloth during menstruation, whereas 41 respondents, accounting for 95.35 percent did not. In Bagha Purana block, in Samalsar village only 1 respondent, that is 1.28 percent reported reuse of cloth and 77 respondents, that is 98.72 percent, stated that they did not reuse it, while in Panjgrain Khurd recorded 3 respondents, accounting for 6.67 percent reported the reuse of cloth and 42 respondents, which is 93.33 percent stated that they did not reuse it. In Moga block, Buttar had 2 respondents, accounting for 1.89 percent reused the cloth and 104 respondents,

which is 98.11 percent stated that they did not reuse it, whereas Buttar Khurd had only 1 respondent, that is 4 percent, stated that they reuse the cloth and 24 respondents, that is 96 percent, stated that they did not reuse it. Overall, the findings clearly indicated that the practice of reusing cloth during menstruation was very low among respondents, suggesting improved awareness and adoption of safer menstrual hygiene practices, although a small proportion still continues this practice, highlighting the need for continued education and awareness.

- **Number of times sanitary pads are changed in a day:** The frequency of changing pads/cloth per day during menstruation among respondents across different villages and blocks showed that out of total 412 respondents, majority of 303 adolescent girls, accounting for 73.54 percent, reported changing their pads/cloth thrice per day, making it the most common practice, followed by 88 respondents, that is 21.36 percent, who changed their pads/cloth more than thrice per day, indicated a fairly high level of awareness regarding hygiene. In contrast, only 20 respondents, that is 4.86 percent, stated that they changed their pad/cloth twice per day, and just 1 respondent, which is 0.24 percent, reported changing only once per day, which was extremely low. Looking at village wise distribution, in Nihal Singh Wala, most respondents from both Nihal Singh Wala village and Didarewala reported changing pads/cloth thrice daily, with a considerable number also changing more than thrice. Similarly, in Bagha Purana, villages like Samalsar and Panjgrain Khurd also show a strong preference for changing thrice per day, with fewer respondents change more than thrice. In Moga block, a large number of respondents in Buttar and Buttar Khurd reported changing pads/cloth thrice daily, while a notable proportion reported changing more than thrice per day. The data clearly indicated that changing pads/cloth three times a day was the most common and accepted practice across all villages, suggesting a satisfactory level of menstrual hygiene awareness.

- **Bathe daily during menstruation:** The distribution of respondents based on their practice of bathing daily during menstruation across different villages revealed that out of the total 412 respondents, 372 adolescent girls, accounting for 90.29 percent, stated that they bathe daily during menstruation, whereas only 40 respondents, that is 9.71 percent, reported that they do not follow this practice. It revealed that a large majority of respondents reported maintaining the practice of daily bath during menstruation. In Nihal Singh Wala village, 109 respondents, that is 94.78 percent, reported daily bath during menstruation, while 6 respondents, that is 5.22 percent were not following the practice. Similarly, in Didarewala village, 40 respondents, accounting for 93.02 percent bathe daily, while 6.98 percent respondents did not. In Samalsar village, 91.02 percent of girls bathe daily, while 8.98 percent did not. However, in Panjgrain Khurd, the proportion of girl's bath daily dropped to 80 percent, and a relatively higher 20 percent did not bathe daily during menstruation. This indicated some variation within the block and possibly reflects differences in awareness, cultural beliefs, or access to facilities. In Moga block, the trend again showed a high percentage of daily bathe during menstruation. In Buttar village, 89.62 percent of respondents followed the practice, while 10.38 percent did not. In Buttar Khurd, 84 percent of girls bathe daily and 16 percent did not. Although the majority still practice good hygiene, the percentage of non-compliance was somewhat higher than in Nihal Singh Wala block.

- **Disposal of used materials:** The distribution of respondents based on the disposal of used menstrual materials across different blocks and villages revealed that out of the total 412 respondents, 376 girls, accounting for 91.27 percent, reported using dustbins, making it the most common and preferred method. A much smaller proportion of 26 respondents, that is 6.31 percent, reported the dispose of materials by burning, while only 10 respondents, that is 2.42 percent, reported disposing of them in toilets. It indicated that the majority of respondents followed the practice of disposing materials in dustbins. At

the village level, in Nihal Singh Wala village, 92.17 percent of respondents used dustbins, while 6.09 percent burned the materials and 1.74 percent disposed of them in toilets. In Didarewala, 90.70 percent used dustbins, 6.98 percent practiced burning the materials, and 2.32 percent used toilets. In Samalsar village, 89.74 percent of respondents relied on dustbins, 6.41 percent burned the materials, and 3.85 percent used toilets. In Panjgrain Khurd, 91.11 percent used dustbins, 6.67 percent burned the materials and 2.22 percent disposed of materials in toilets. In the Moga block villages, Buttar showed 90.57 percent of respondents using dustbins, while a comparatively higher 23.08 percent reported burning materials and 1.89 percent used toilets. In Buttar Khurd, 88 percent of respondents used dustbins, 8 percent burned the materials, and 4 percent dispose of them in toilets. Overall, while dustbin usage was consistently high across all villages, some variation exists in the use of burning and toilet disposal methods, indicating differences in awareness, practices, or availability of disposal facilities.

- **Level of absenteeism in school:** The distribution of adolescent girls on the basis of absenteeism in school revealed that out of total 412 respondents, large majority of 369 respondents, that is 89.57 percent, reported that they did not remain absent during menstruation, while 43 respondents that is 10.43 percent stated that they remained absent from school. This suggests that most adolescent girls continued attending school regularly despite menstrual-related challenges. A village-wise analysis revealed some variations in the level of absenteeism across the selected villages. In Nihal Singh Wala village, 15 respondents, that is 13.04 percent, reported absenteeism, while 100 respondents accounting for 86.96 percent, stated that they did not remain absent from school. In Didarewala village, 8 respondents, that is 18.60 percent reported absenteeism, whereas 35 respondents that is 86.96 percent reported regular attendance. Compared to other villages, Didarewala recorded a relatively higher percentage of absenteeism. In Bagha Purana block, 8 respondents that is 10.26 percent from Samalsar village reported absenteeism, while a majority of 70 respondents, accounting for 89.74 percent stated that they attended school regularly. Similarly, in Panjgrain Khurd village, 5 respondents, that is 11.11 reported absenteeism, whereas 40 respondents, that is 88.89 did not remain absent from school. In Moga block, absenteeism levels were comparatively lower. In Buttar village, only 5 respondents, which is 4.72 percent reported absenteeism, while a large majority of 101 respondents, accounting for 95.28 percent reported regular school attendance. Likewise, in Buttar Khurd village, 2 respondents, that is 8 percent stated that they remained absent, whereas 23 respondents, accounting for 92 percent reported that they continued attending school regularly. Thus, the findings indicated that absenteeism among adolescent girls was relatively low across the study area. The majority of respondents continued their school attendance during menstruation, which may reflect improving awareness, better menstrual hygiene practices, and greater acceptance of menstrual health issues. However, the presence of absenteeism among a section of respondents suggests that menstrual-related discomfort, inadequate facilities, or social stigma may still affect the educational participation of some adolescent girls.

This information was verified with the help of attendance registers of the teachers of the schools.

- **Opinion about considering Menstruation as a taboo in society:** The distribution of respondents according to their opinion about considering menstruation as a taboo in society indicated that a large majority of adolescent girls still perceive menstruation as a social taboo. Out of the total 412 respondents, 327 respondents, accounting for 79.36 percent agreed that menstruation was considered as a taboo in society, whereas only 85 respondents, that is 20.64 percent disagreed with this opinion. These findings suggested that traditional beliefs, social stigma, and cultural restrictions associated with menstruation continued to persist in the study area. A village-wise analysis also reflected similar patterns across the

selected villages. In Nihal Singh Wala village, 88 respondents, which is 76.52 percent perceived menstruation as a taboo, while 27 respondents, that is 23.48 disagreed with this view. Likewise, in Didarewala village, 32 respondents, accounting for 74.42 percent reported that menstruation was considered as a taboo in society, whereas 11 respondents, that is 25.58 did not share the same opinion. In Samalsar village, 67 respondents, accounting for 85.90 percent stated that menstruation was considered as a taboo in society, while only 11 respondents, that is 14.10 percent disagreed. Similarly, in Panjgrain Khurd village, 33 respondents, accounting for 73.33 percent agreed with the statement, whereas 12 respondents, that is 26.67 percent did not consider menstruation as a taboo. In Moga block, a high proportion of respondents also viewed menstruation as a taboo. In Buttar village, 88 respondents, accounting for 83.02 percent agreed that menstruation was considered taboo as a in society, while 18 respondents, that is 16.98 disagreed. Similarly, in Buttar Khurd village, 19 respondents, accounting for 76 percent considered menstruation as a taboo, whereas 6 respondents, that is 24 percent did not agree with this perception. Overall, the findings revealed that the belief of menstruation being a social taboo remains deeply rooted among adolescent girls across the study area. The high percentage of respondents supporting this view highlights the continued influence of cultural norms, myths, and social restrictions related to menstruation.

Conclusion:

The study clearly indicated that menstrual hygiene practices among adolescent girls have improved significantly across the study area. The majority of girls attain menarche during late adolescence and demonstrate a considerable level of awareness and preparedness regarding menstruation. Adolescent girls recognized the importance of maintaining hygiene and understand the health implications associated with poor practices, including its effects on overall well-being. The widespread use of sanitary pads, minimal reuse of cloth, regular changing habits, and daily bathing practices reflect a positive shift toward safer and healthier menstrual behaviours. The findings further highlighted that access to sanitation facilities in schools, including separate toilets and proper disposal systems, had played a crucial role in promoting hygienic practices and improving school attendance. Awareness about the Menstrual Hygiene Management (MHM) Scheme was high, largely driven by schools and health workers, which had contributed to increased confidence, improved comfort, and better hygiene management among adolescent girls. The consistent distribution of subsidized sanitary pads and universal participation in awareness programs demonstrate the effective reach of the scheme at the grassroots level. However, despite these advancements, certain challenges persist. Issues such as menstrual pain, social restrictions, lack of privacy, and the continued perception of menstruation as a taboo indicate that socio-cultural barriers remain deeply rooted. In conclusion, the MHM Scheme had played highly effective role in improving menstrual hygiene practices, confidence, comfort, and school attendance among adolescent girls. However, to achieve its full potential, there is a need to address product quality issues, ensure regular supply, and focus on breaking social taboos and restrictions through continuous awareness and community-level interventions.

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