



Role Of Education Level Of Rural Women Towards Menstruation Hygiene Management In Goghat I & II Block Of Hooghly District, West Bengal

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The cycle of menstruation is a physiological phenomenon that unfolds monthly in women and adolescent girls. Good menstrual hygiene habits are necessary as they increased the risk of infections in the genital tract. Improper knowledge regarding biology, erroneous views, rumours, and biases—such as the view that having periods women are "polluted," "unclean," and "impure"—adversely influence their mental and physical well-being. The present research intends to assess the relationship between menstrual hygiene practices with their educational level and empowerment of women aged 18 to 45 in a rural setting. We selected a total of 100 participants, specifically 50 women from each division of the particular block, using the purposive sampling method. We used a variety of methodologies, including in-depth interviews, observation, and focus group discussions, as well as previous research, to gain a better understanding of rural women's educational and empowerment behaviours related to menstrual hygiene management. The findings emphasize discrepancies in changing menstruation pads, a lack of privacy during monthly hygiene routines, a reliance on subpar menstrual hygiene products, and improper disposal of discarded sanitary items as a result of poor understanding. In rural villages, the social backdrop and cultural taboos of Indian society prevent open discussions about menstruation. When creating and implementing educational programs, knowing public attitudes is critical for prioritizing health concerns and raising awareness. To improve pad availability and distribution, a menstrual hygiene strategy should be developed in partnership with local government organizations such as panchayats and urban local bodies.

Keywords: rural women; menstruation; menstrual hygiene; mixed method approach.

INTRODUCTION

The management of menstrual hygiene (MHM) has become a recognized issue in public health, the welfare of society, and education. In the context of low access to water, sanitation, and hygiene (WASH) infrastructure, along with proper places that are very difficult to access in a comfortable manner, menstrual products that are reliable and secure. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene define Menstrual Hygiene Management (MHM) as the practice of women and adolescent girls utilizing clean menstrual management materials to absorb or collect menstrual blood, which can be changed in privacy as frequently as necessary throughout the menstrual period, employing soap and water for body cleansing as needed, and having access to safe and convenient disposal facilities for used menstrual management materials (WHO/UNICEF, 2012). Every day adolescents and women aged between 13 and 49 years are supposed to be facing their period. The management and maintenance of proper hygiene during

menstruation should be done in the following way: proper availability of cleaning materials adequate supply of water and soap, and proper places to dispose of used products. In rural area is facing difficulty getting all the mentioned facilities [UNICEF]. Menstruation hygiene management (MHM) refers to how individuals exercise and handle menstrual bleeding [Sommer et al., 2015]. For proper MHM, an actually ingenious method is required, which includes various policy interventions, giving education at the community level, and adequate funding for water, sanitation, and hygiene (WASH) infrastructure. Along with that, take in the first series of actions, like distributing menstrual products at a reasonable price and also including MHM as curricula in school-level education. [Sommer et al., 2016] Menstrual hygiene management is a pressing public health concern in rural areas like the Goghat I and Goghat II blocks of Hooghly District, West Bengal, where little access to sanitation facilities and menstrual product procurement present significant challenges (Dasgupta & Sarkar, 2008). Sociocultural prohibition and a scarcity of knowledge lead them to unhygienic practices, increasing the risk of major health problems like reproductive tract infections among girls and women (Sumpter & Torondel, 2013). Improper MHM also provides an impact on educational institution absenteeism, with studies reporting rates as high as 24% in rural areas due to a lack of basic facilities during their menstruation (Vashisht et al., 2018).

REVIEW OF LITERATURE

Wilbur et.al (2021) conducted qualitative study to exploring kind of barriers in the time menstrual hygiene management which is very kindly have to seen in adolescents and young people with a disability, Kavrepalanchok district, Nepal. For this reason, country look over this matter specially focused person with disabilities that is near about twenty persons aged between 15-24 years. **Sahin et.al** (2015) discussed about the very precious terminology WASH sector—that deal with water, sanitation, and hygiene to show the menstrual hygiene crisis faced by young girls specially underdeveloped nations in their paper titled Menstrual hygiene management: education and empowerment for girls? **Kansal et.al** (2014) reviewed, the educational system, the level of information about menarche, and hygiene practices during menstruation. carried out community-based research on 650 adolescent girls using a mixed-method approach in Chiraigaon block of district Varanasi from January to June 2011. **Geethu et.al** (2016) assessed the behavioural practices of menstrual hygiene among women particularly focused age group 18-45 with special paying attention to rural prospects. A comparative analysis between rural and urban adolescent girls regarding their menstruation management scenario in Mangalore, Karnataka by **Senapathi & Kuma** (2018) for that A community-based cross-sectional survey has been done from 01 September 2016 to 31 October 2016, on 244 adolescent school girls, who are engaged for their services in A.J. Institute of Medical Sciences of Research, Mangalore, Karnataka. **Chinyama et al.** (2019) explored the MHM experiences of girls in rural Zambian schools. From the viewpoints of schoolgirls, schoolboys, and community- and school-based adults, MHM is crucial to schoolgirls. In Southern Haryana, girls confront many issues pertaining to their health and menstrual hygiene habits. A cross-sectional study was performed to assess the impact with the help of focused group discussion on menstruation hygiene among rural school girls by Singh et al (2020).

STUDY AREA:

The study was conducted in two block Goghat I and Goghat II, Goghat I located, western part of Arambagh subdivision of Hooghly District. Goghat I Block is bounded by Raina II Block in the North, Arambagh Block in the east, Chandrakona I and Ghatal Blocks in the south, and Goghat II Block in the west. The latitudinal and longitudinal extent of Goghat I Block is as follows 22°43'N to 22°56'N and 87°40'E to 87°45'E, covering an area of 186.32km². On the other hand, Goghat II block is located in Western most Block of Hooghly district, bounded by Goghat-I block in the east, Purba Bardhaman district in the north-east, Bankura district in the west and south. Goghat II situated between 22°47'59''N to 23°01'31''N and 87°30'22''E to 87°44'50''E, covering an area of 190.05km².

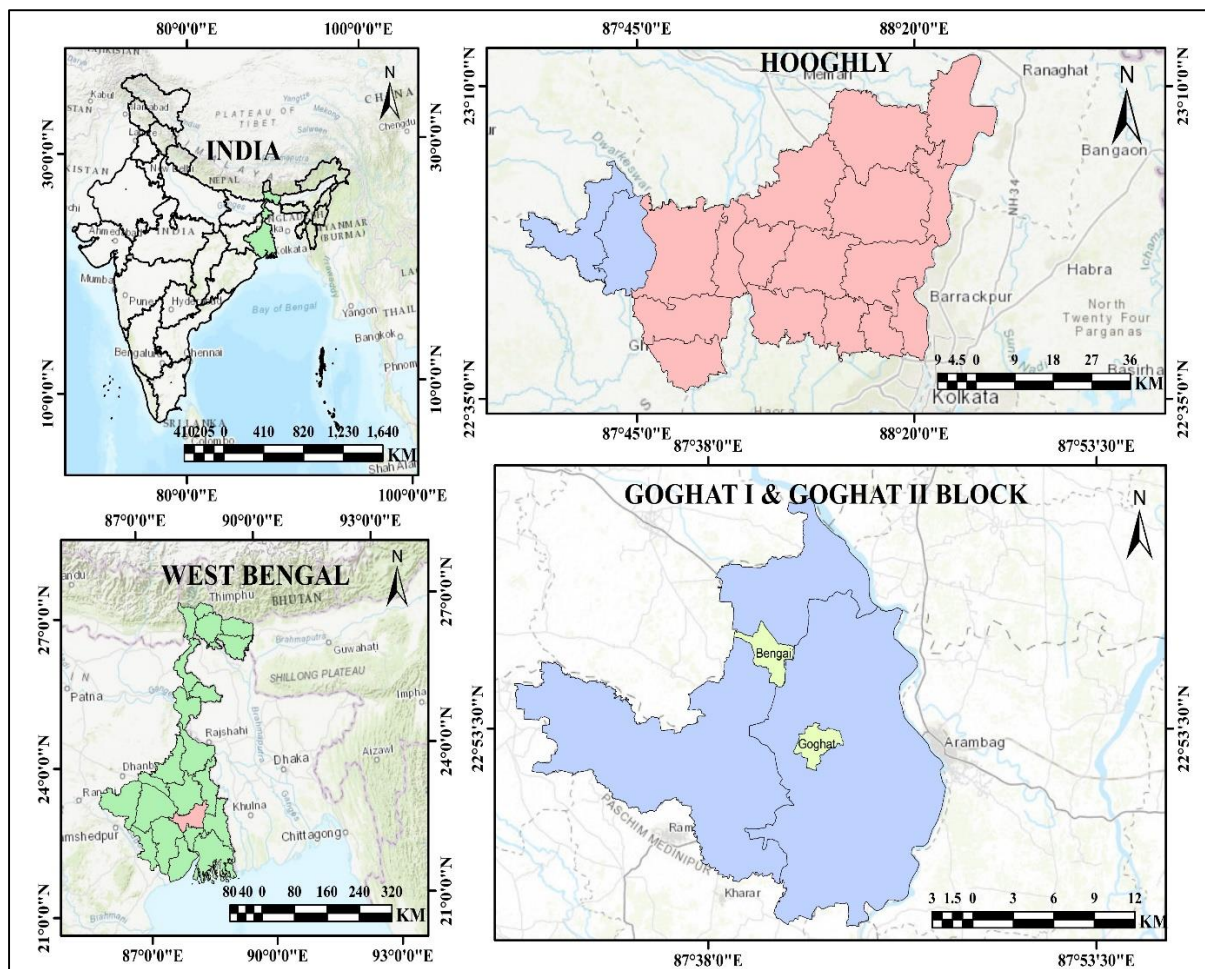


fig.1: location map of study area

OBJECTIVES:

The study aims to explore educational status, basic knowledge of menstruation and facing difficult situation for proper management of hygiene in occurrence of menstruation of rural women in Goghat and Bengai village of Goghat I and Goghat II block.

- i) To access the knowledge and practices about menstruation of rural women.
- ii) To identify maintaining difficulty of menstruation hygiene management for rural women.
- iii) To study relationship between education level and maintaining menstrual hygiene behaviour among rural women.

METHODOLOGY:

This section provides a concise overview of the research design, study's population, sampling procedure, data-acquiring method, and data interpreting techniques used in the current research.

Research Design

This study mainly based upon exploratory mixed method research approach. We identify menstruation as both a physiological and social phenomenon: an individual's experiences of menstruation are influenced by socio-cultural elements relate menstruation. We identify menstrual behaviours and perceptions are affected by personal and external influences. Our data collection approaches prompted participants to articulate their lived experiences, attitudes, and emotions regarding menstruation visually and orally. At the same time, we assessed the behavioural context through accessibility and safety audits of the MHM facilities utilized. Interactions were mutual, with researchers addressing participants' inquiries regarding menstruation, delivering precise information on the menstrual cycle and its sanitary management and also intent to know. After that basic demographic data participant age, marital status, education level, occupation, income also be collected to valued out relationship between menstruation hygiene maintainer capacity with their basic demographic perspectives.

Study Population and Sample size

This study entirely focused on rural women of particularly two block Goghat I and Goghat II of Hooghly District aged between 18-45 years. Researcher intentionally selected rural areas because they are lag behind from basic facilities and applied simple random sampling method to chosen two villages namely Goghat and Bengai from each of two blocks selected. Beside that this study actually very much closed about for that purposeful sampling also used to select particular 10 participants out of total participants who actually shared to their live researched. These representatives identified 15 females with a special criteria residing at rural areas and not well educated so that researcher can analysed in very well.

Data Collection Method

The study was entirely depended on primary data. Data collection was carried out in 15August to 25 August 2024. The study applied qualitative with the help of in-depth interview. IDIs are a powerful technique in bringing out personal experiences and have been used in qualitative exploration on menstruation. Menstruation is a culturally sensitive topic and may not be freely spoken about in a group setting. IDIs were chosen to learn of individual experiences while managing menstruation and to draw out feelings and behavioural and cultural practices. Another side quantitative method like percentage calculation also applied to obtained relationship between educational level and maintain behaviour of menstruation hygiene.

RESULT AND DISCUSSION:

Table1: Basic Characteristics of Respondents

Variables	Frequency (N=90)	% of Respondents
Age		
18-24	46	51.11
25-31	29	32.22
32-38	11	12.22
39-45	4	4.44
Marital status		
Unmarried	31	34.44
Married	59	65.55
Educational Level		
No Formal Education	27	30
Primary Level	49	54.44
Secondary Level	10	11.11
Higher Education	4	4.44
Occupation		
Agricultural Activities	39	43.33
Small Industrial worker	18	20
Government Sector Employed	7	7.77
Unemployed	26	28.88

Source: Field Survey, 2024.

In the study area, total participants were 90. There are four major independent variables used. Most of the participants were aged between 18 and 24. From that data it is very clearly understood that the young age group is near about 51.55 % of the total participants. The second most important variable was marital status, and 65.55% were married rural women. Then we gathered two basic pieces of information: their education and their occupational status. In two important variables, most of the participants only attended their primary education (near about 54.44%), while 30% have no basic education, and only 4.44% attended higher education. In occupational structure, most of the rural women were engaged as agricultural labour, and 28.88% of participants came under the housewife category, called unemployed.

Table: 2 Type of Menstrual Product use with Age Group

Age-Group	Menstrual Product Use		
	Sanitary Pads	Cloths	Menstruation Cup
18-24	15	9	0
25-31	22	5	0
32-38	9	11	0
39-45	5	14	0

Source: Field Survey, 2024.

Specifically, the data shown in table no. 2 demonstrate how the age group was affected to select a particular type of menstrual product. The proportion of women who use cloth instead of sanitary pads is higher among those who are between the ages of 39 and 45.

Table:3 Type of Menstrual Product use with Marital Status

Marital Status	Menstrual Product Use in Number		
	Sanitary Pads	Cloths	Menstruation Cup
Married	19	28	0
Unmarried	30	9	0

Source: Field Survey, 2024.

It is demonstrated in table no. 3 that women in the study area who were not married favoured the use of sanitary napkins over cloths most of the time.

Table:4 Type of Menstrual Product Use with Level of Education

Education Level	Menstrual Product Use in Number		
	Sanitary Pads	Cloths	Menstruation Cup
No Formal Education	6	75	0
Primary Education	27	63	0
Secondary Education	58	25	0
Higer Education	80	0	5

Source: Field Survey, 2024

Table No. 4 basically shows how the education level of rural women actually creates a direct impact on their choice of menstrual product. Rural women who do not have any formal education tend to use more cloth during their menstruation, and this usage decreases as their level of education increases.

Table: 5 Menstrual Product Use with Occupational Background

Occupation	Menstrual Product Use in Number		
	Sanitary Pads	Cloths	Menstruation Cup
Agricultural Activities	11	13	0
Industrial Worker	9	17	0
Government Employed	12	3	1
Unemployed	12	13	0

Source: Field Survey, 2024

In table no. 5, demonstrate how the changes in the behavioural patterns of menstrual product users relate to their occupational backgrounds. Cloth is preferred by agricultural and industrial women in the study area because they face money constraints. Another side, which has been doing government work, has an actual percentage that is very minimal, uses sanitary napkins, and somehow, they occasionally use menstrual cups where changing facilities are not well. Unemployed rural women, primarily aged between 18 and 20 years, used sanitary napkins and occasionally used menstrual cups equally because of the support from their families.

Block Name	Village Name	No Formal Education (%)	Primary Education (%)	Secondary Education (%)	Higher Education (%)
Goghat I	Goghat	31.11	46.66	15.55	6.66
Goghat II	Bengai	37.77	28.88	17.77	15.55

Table:6 Overall Educational Level of Study Area

Source: Field Survey, 2024

In this table no. 6 and (fig. no. 2) is shown the overall scenario of rural women's education in both Bengai village from Goghat II block and Goghat village from Goghat I block, and the overall result tells that very few percentages of women rarely achieved higher educational levels in both blocks. Most of the women achieved only a primary level of education, and also in that case, Bengai village, Goghat II, 37.77%, and Goghat village, 31.11%. Education in the context of menstrual hygiene management in the Goghat I and Goghat II blocks of the Hooghly district involves key components such as awareness campaigns to dispel cultural taboos, school-based workshops to teach hygienic practices, and training for ASHA workshops to promote community-level adoption of sanitary products.

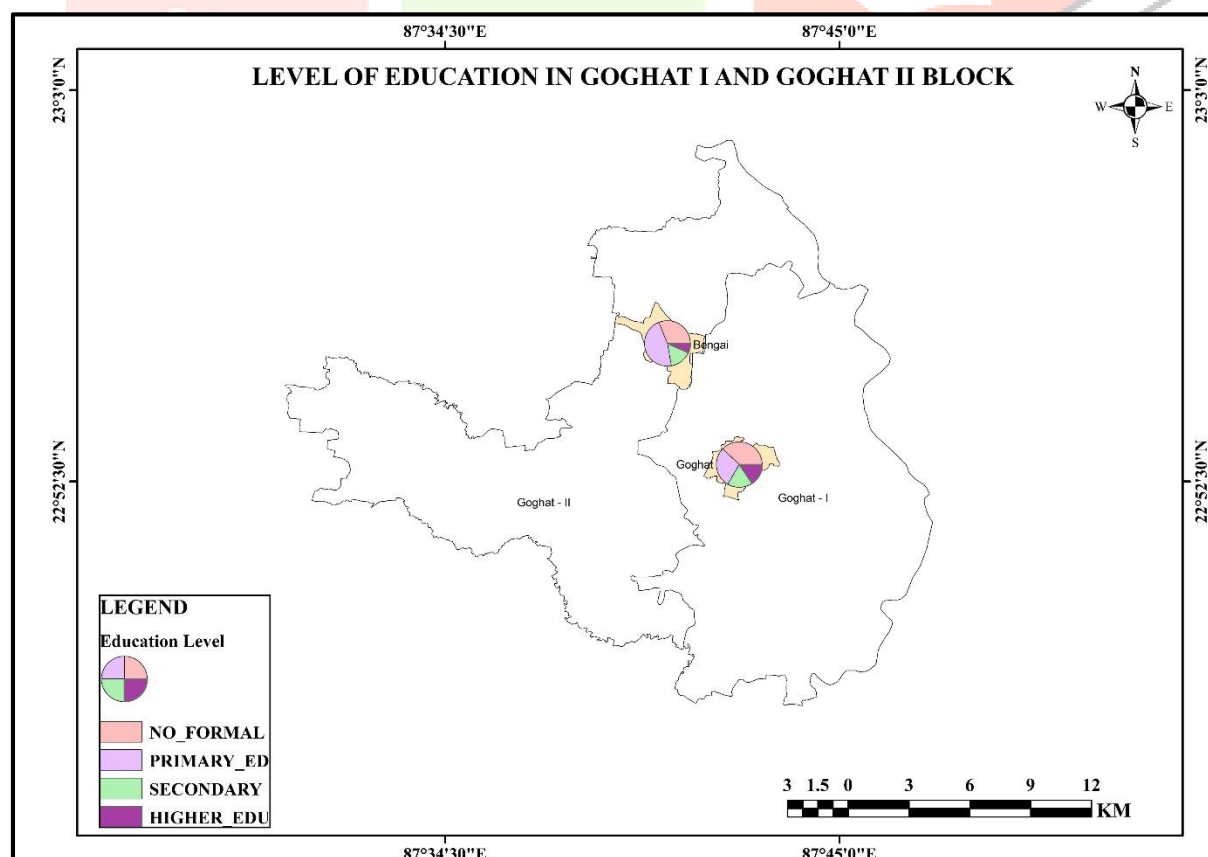


Fig.2: Overall Educational Level of Participants of Study Area.

Table:7 Type of Menstrual Product Use

Block Name	Village Name	Number of Sanitary Napkin User in Number	Number of Cloth User in Number
Goghat I	Goghat	8	37
Goghat II	Bengai	15	30

Source: Field Survey, 2024.

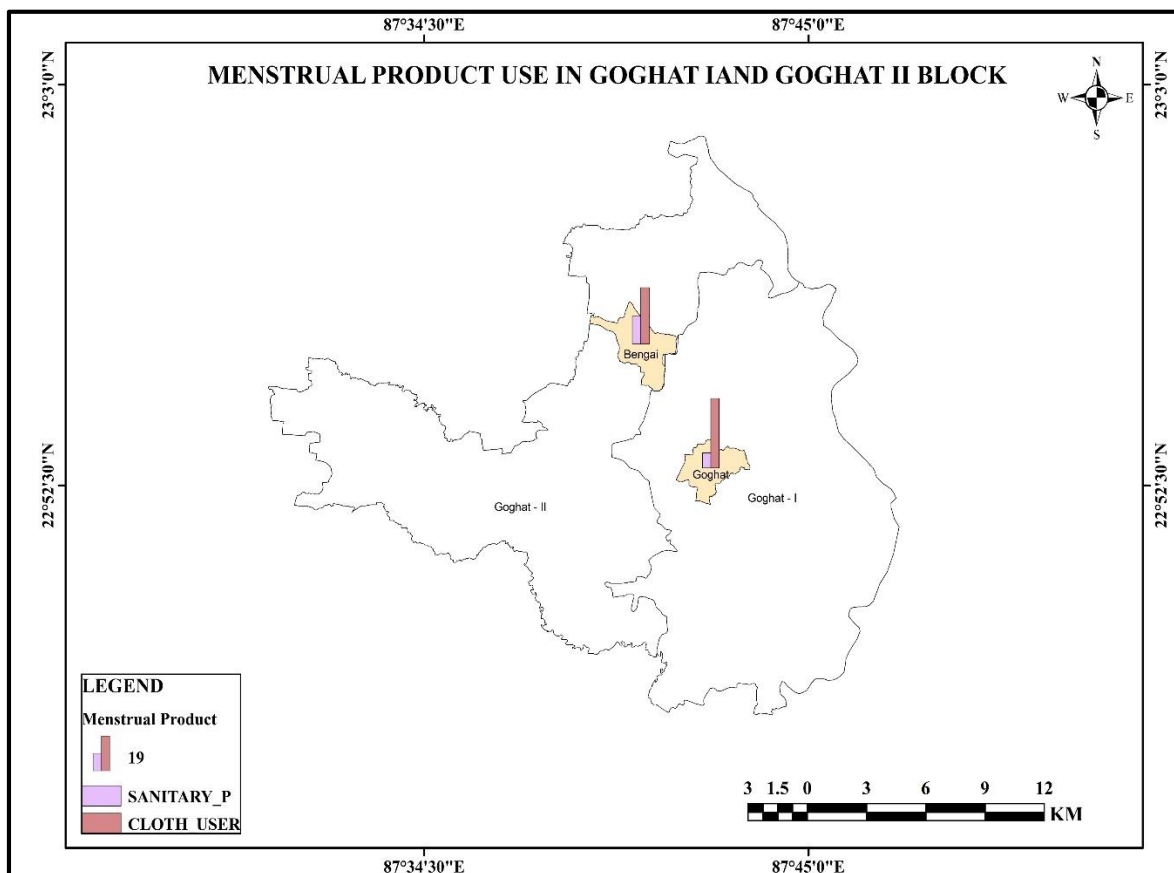


fig.3: overall menstrual product use scenario of participants in study area

In table 7 and (fig. 3) both villages from Goghat I and Goghat II block sanitary napkin users significantly low. Cloth use during menstruation is very high, notably in Goghat village higher number of cloth users than Bengai village. From that scenario it is clearly understood that education level has a certain direct impact on maintaining their hygiene products. The preceding diagram demonstrates that Bengai village's educational system surpasses that of Goghat village.

Table 8: Hygiene practices During Menstruation

Block Name	Village Name	Access to Hygiene (%)	No Access of Hygiene (%)
Goghat I	Goghat	42.66	57.34
Goghat II	Bengai	51.55	48.45

Source: Field Survey, 2024.

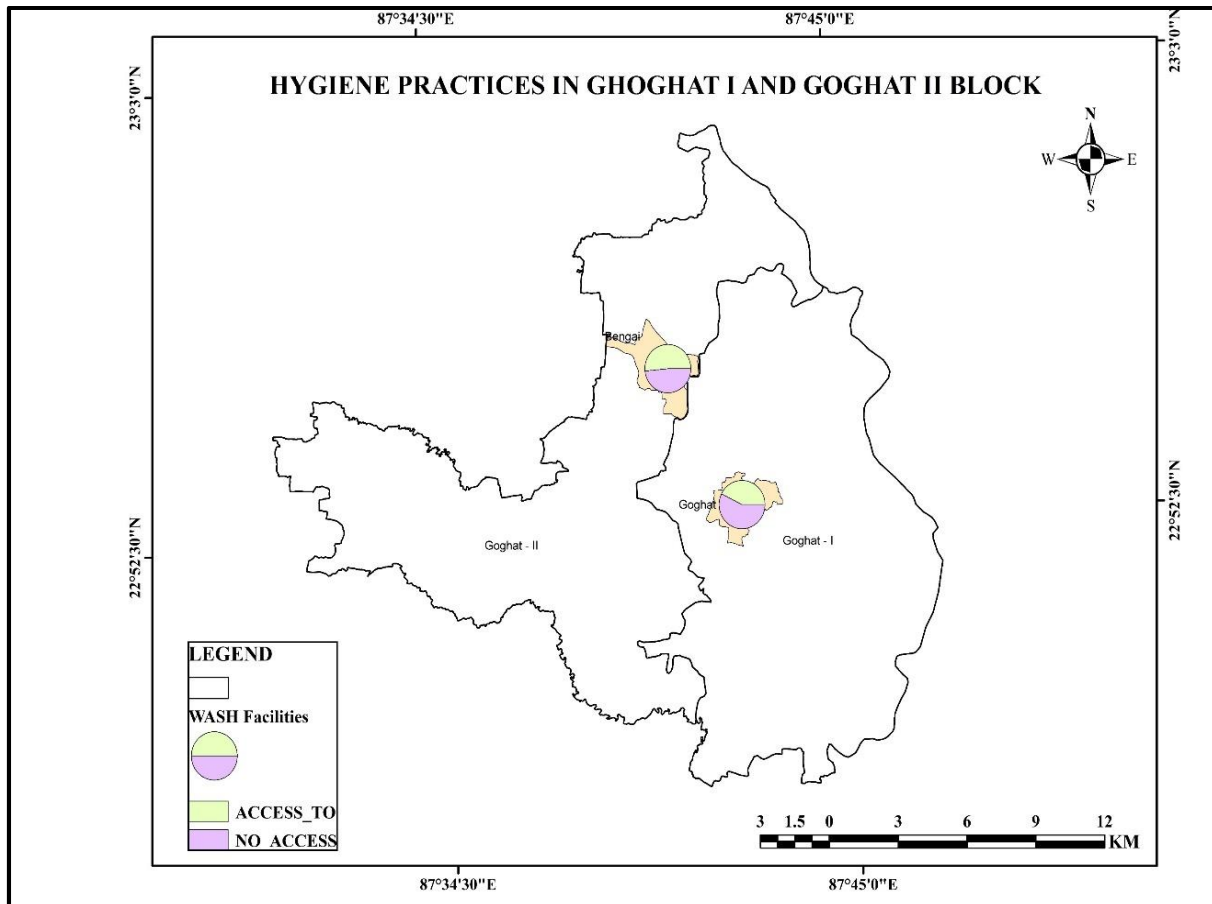


fig.4 hygiene accessibility for participants in the study area.

In Table No. 8 (Fig. 4) presents data on the access to hygiene practices in two specific villages. In Goghat village of Goghat I block, 42.66% have access to WASH, which means water, sanitation, and hygiene facilities, while 57.34% lack access to WASH facilities. That indicates that half of the participants from this particular block lack basic hygiene access. In the case of Bengai village, 51.55% of the population has access to hygiene, while 48.45% does not. From that data and mapping clearly visible that Goghat II shows a slightly better position in terms of basic hygiene practices.

Table: 9 Disposal Method of Sanitary Napkins

Block Name	Village Name	Throw in Pond and Field (%)	Use of Dustbin (%)
Goghat I	Goghat	72.66	27.34
Goghat II	Bengai	55.55	44.45

Source: Field Survey, 2024.

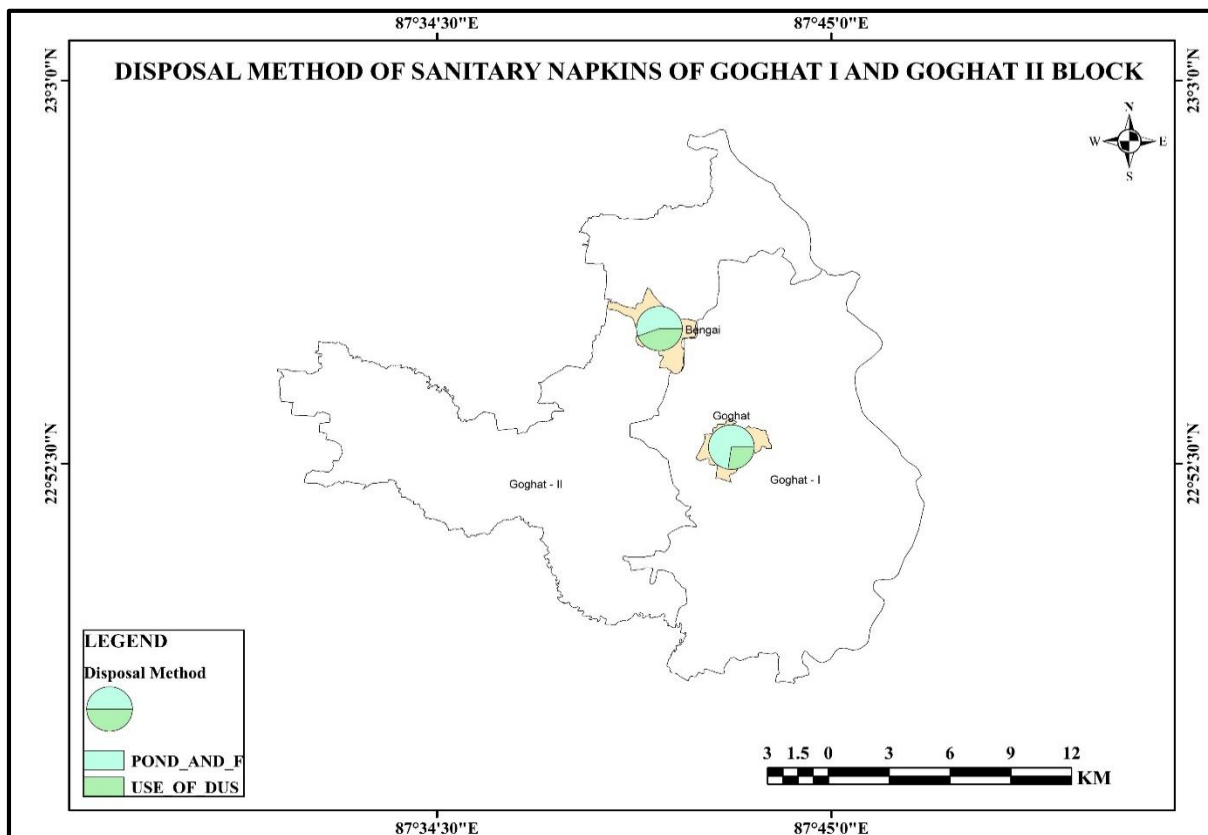


fig.5:disposal method of sanitary napkins in study area.

Table No. 9 and (Fig. 5) show that a significant 72.66% of waste is disposed of in ponds or fields, practices by Goghat I participants. Only 27.34% of participants use dustbins, indicating poor management of hygiene, which leads to further environmental pollution, water contamination, and health issues. Besides that, Bengai village participants are serious about their waste management of disposal products. Almost half of participants used proper sanitation disposal methods.

After quantifying the data and analysing it well, some qualitative assessment is done in this personalized way with the help of in-depth interviews. For that particular theme, it is incorporated. Next, we selected various domains and subdomains, especially those who expressed interest in participating in the in-depth interview session.

Table 10: Domains and sub-domains identified for menstruation hygiene

Sub - Domains	Theme	Example	Participant statement
Hygiene Practice	Knowledge of menstrual hygiene	Goghat, I Block [1,2]	No Knowledge of using pad.
		Goghat, I Block [3,4]	Little bit knowledge about using sanitary napkins
		Goghat, I Block [5]	Using of cloth
		Goghat II Block [6,7]	Using Cloth
		Goghat II Block [8,9]	Little bit knowledge of side effects of using cloth
	Menstrual Hygiene practice	Goghat, I Block [10,11]	whole day use of one to two cloth
		Goghat, I Block [12]	Use of only 1 pad per day.
		Goghat II Block [13,14]	Using cloth 1 to 2 and again cleaning and reusing of same cloth
	Disposal Practice	Goghat II Block	2 Sanitary Napkins used per day.
		Goghat, I Block Goghat II Block	After used sanitary napkins (who used) they have thrown it in open place like such of open field, water body.

Source: Field Survey, 2024.

Major findings

Sub -Domain	Theme	Example	Participants statement
Terms used for menstruation	Local terminology in the time of menstruation	1 [Goghat I]	I generally called it ‘Sarir Kharap’
Knowledge about MHM and related scheme		2 [Goghat I]	It is known by the term “Menses”
		3, 4 Goghat II	We feel to shame to name of these term in front others some time we called it as menses or sarir kharap.
	Knowledge about Menstruation and its physiology	5, 6 [Goghat I]	No body have no knowledge what is menstruation
	Knowledge of schemes	8, 9 [Goghat II]	No body have no knowledge about menstruation
		10, 11 [Goghat I]	They were not aware about any scheme regarding Menstruation
		12, 13 [Goghat II]	They also didn’t know about such scheme regarding menstruation
	Knowledge and perception about poor hygiene.	14 [Goghat I]	No knowledge what is the effect to use of cloth during periods.
		15 [Goghat II]	I know it was bad for my body by using cloth during period.

The study was conducted at very specific places: Goghat village from Goghat I block and Bengai village from Goghat II, with the use of both quantitative and qualitative methods for understanding the relationship between participants' basic demographic characteristics and experiences with menstruation hygiene, basic knowledge, and hygiene maintenance. We menstruation hygiene practice behaviour, as well as gathering personal behavioural actually try to figure out education as considerable for their pattern of managing menstruation hygiene. Educational qualification: most of the participants are limited to only the primary level, so they do not actually have proper knowledge of how to manage menstruation hygiene management in a better way. Low levels of education directly impact their limited awareness and inadequate facilities, with many rural women unaware of menstruation before menarche. Studies actually addressed three major things: menstruation hygiene practice, use of menstrual products, and level of access to basic hygiene practices that particularly focused on WASH (water, sanitation, and hygiene) initiatives. Most of the participants preferred to use reusable cloth, and a very small percentage used sanitary napkins at the time of menstruation, which indicates poor hygiene practices in the study area. In the matter of the WASH approach, which is actually targeting hygiene management for rural women of this specific study

area face significant challenges due to insufficient access to sanitation facilities. A major portion has been facing religious practices that further hinder their hygienic enactment. The last matter is that disposal facilities for sanitary napkins are severely poor. Studies revealed that 72.66% of women from Goghat village disposed of used absorbents in open fields, while 55.55% threw them into ponds.

CONCLUSION:

The study on the role of education in menstruation hygiene management among rural women in Goghat I and Goghat II blocks of Hooghly District emphasize that higher educational level positively correlated with better awareness and acquisition of proper hygienic practices, such as sanitary napkins use. In the study area women with secondary and or higher education are more easily reduce cultural taboos taking advantage of wash facilities remains of them deprived from this. So, to enhance MHM nourished educational outreach and possession in disposal facilities and water access are essential. Different targeted policies to empower rural women reaching proper education menstrual health outcomes.

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