



## **Education and Health through the Lens of Menstrual Hygiene; A Study in the Ramnagar Dhobi Ghat Slum Area of Lucknow, UP**

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### **Abstract:**

Menstruation is an important part of a woman's life, which starts from adolescence and ends in later Adulthood. For the smooth Functioning of the Universe, it is Crucial. This is actually a pure and divine Phenomenon of the Universe, but our Society misinterprets its real nature. Today, its social aspect is more prevalent than its biological aspect. In this study, the researcher tries to show the relationship to determine the health and educational aspects of Adolescent girls, on the basis of the data, collected from the Ramnagar Dhobi Ghat Slum Area of Lucknow. This study is also important to achieve the SDG Goals by 2030 and Viksit Bharat by 2047. For this, the researcher has collected data of 50 Adolescent girls from the Ramnagar Dhobi Ghat Slum area of Lucknow. Participants were chosen from Random and Purposive Sampling, and data were collected through an Interview Schedule. The Researcher used Excel for data analysis and presented the results in a Table, Bar graph, and Pie Chart. The study shows that unawareness, stigma, and shame regarding menstruation in the Ramnagar Dhobi Ghat Slum Area of Lucknow. The condition of the washroom at home and School is pathetic. Poor personal hygiene during



menstruation, school absenteeism, unawareness regarding the basic facts, irregular period, lack of awareness regarding 'PCOD' and 'PMS', as seen by the researcher during the Study in a particular area. So, this Research is important in the aspect of women's health and hygiene, women's dignity, empowerment, and achieving SDGs and Viksit Bharat goals.

**Keywords:** Menstruation, Hygiene, Adolescent girls, PCOD and PMS, Lucknow.

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### Introduction:

Women Menstruation is an unusual phenomenon that nature has predetermined. It is not just a simple term but a crucial stage where a woman undergoes certain reproductive changes from onset of menstruation till Menopause. (Tanvi Deshpande, 2018) It's a crucial sign of a women's reproductive and endocrine health. Menstrual Characteristics differ among Age group, socioeconomic statuses, and lifestyles just as other biological phenomenon. In developing and underdeveloped nations, menstrual hygiene management (MHM) intersects with issues of human rights, social justice, and the education and empowerment of adolescent girls. This study takes a holistic approach, examining menstrual hygiene practices, cultural beliefs, taboos, and restrictions, as well as the difficulties that women confront, living in the urban slums of Lucknow during their menstrual periods. It starts with the age of adolescence, age which is crucial to shape overall life. In between formative year and adulthood, adolescence is a transitional segment of growth and development (Sonowal Pranjal, 2021). Adolescence is a stage of physical, psychological and reproductive development that generally occurs during the period from puberty to legal adulthood (Tanvi Deshpande, 2018). According to WHO- Any Individual aged between 10-19 years is described as an Adolescent.

In India, women are almost half of its total population. But their condition is vulnerable. In Indian society menstruation is seen as impure and it is surrounded by taboos and unscientific practices in India. Today in India women face a lot of restrictions and taboo during their menses like- Not going to the Kitchen, touching the Achar, Restriction from doing worship, touch holy



places, books and other things. Some girls are prohibited to serve food to the male member of the Family, along with some religious and other restrictions they also not allow to go outside from the house during menstruation. To vindicate this people says; these are the part of our customs and tradition, they believe women are impure during menstruation, so she should have follow some taboos. This stigma around menstruation feels women shy to discuss their menstrual problem. They are also unaware about the basic facts, health and hygiene condition related to menstruation. Due to lack of improper and unhygienic menstrual practices, women are prone to reproductive health problems like RTI, UTI, PCOS, and cervical cancer. NFHS-5 survey reported a lack of scientific knowledge regarding menstruation in India and 50.2% of women still use clothes to fulfil their menstrual needs. That's why menstruation has become a matter of women dignity, self-respect, and empowerment, and an important issue to study and discuss.

This research emphasizes the pivotal link between inappropriate menstrual hygiene practices and health of women. Several studies reported that, due to inadequate menstrual practices women are in the risk of urinary tract infections (UTIs), reproductive tract infections (RTIs), and cervical cancer. By raising awareness and encouraging good menstrual hygiene, women's reproductive health can greatly improve, helping to lower maternal mortality rates (MMR). It will ultimately encouraged gender equality and women empowerment.

This study also seeks to understand how menstrual hygiene practices among adolescent girls living in the Ramnagar Dhobi Ghat slum influence their physical health, emotional well-being, and everyday comfort. It further explores how menstrual experiences shape their school participation, particularly in terms of attendance, concentration, and confidence within the classroom. By examining the social, cultural, and infrastructural factors that affect menstrual hygiene management, the research aims to uncover the barriers girls face and the support systems they rely on.

The result of this study has a significant contribution for India's public health initiatives, aligning with the country's commitment to achieve the Sustainable Development Goals (SDGs)



by 2030 and the vision of a developed India by 2047. By improving menstrual hygiene, policymakers can enhance school attendance rates, empower women, and drive progress toward gender equality. MHM is directly linked to several SDG's including SDG 3,4,5,6 and 8. Without significant improvements in MHM practices, attaining these goals will be challenging.

### **Literature Review**

Tanvi Deshpande and others examined that participants have limited pre-menarchical knowledge. Some used sanitary napkin while other uses both napkin and cloth, inadequate hand hygiene is also noted. Socio-cultural beliefs also seen as their main source of information is their mother who is also ignorant. Cultural restrictions were common. Some health problems seen is leukorrhea, itching in vagina, which may be due to use of cloth. Both employed interview schedule and focus group discussion for data collection. Common themes include MHM practices, knowledge, challenges, and impacts on education and health. (Tanvi Deshpande, 2018) and (M. Bhattacharya, 2015) (Dasgupta.A, 2008)

A.N Ejik, M. Hasan and others found School Absenteeism during menstruation, due to the pain, Lack of facilities, fear and Restrictions. Additionally the Researcher discovered that, they have limited pre-Menarchial Knowledge. Economic constraints contribute notably to period poverty, one study suggest that 59.68% of participants faced financial barriers to use sanitary pad. Other study reported on Urinary Tract Infections (UTIs), Bacterial Vaginosis (BV), and candidiasis. (Ejik. A.N, 2016), systematic Review and Meta Analysis, (Hasan.M, 2021) (Hennegan Julie, 2016) Cross- Sectional Study, (Radhika, 2025) Qualitive Ethnographic Study, (kashyap Vijay, 2023) Narrative Review used as Method in their Research. (Ejik. A.N, 2016) (Hasan.M, 2021) (Hennegan Julie, 2016) (kashyap Vijay, 2023) (Radhika, 2025)

Netri Das and Shubhanshu Gupta both conducted community-based cross sectional study with Random Sampling in Urban Slums of India. Sample Size is 110 and 400 respectively. Study Area is Urban Slum of Jorhat District Assam India, and Urban Slum of Datia, MP India,



Respectively. Subhanshu Gupta et al, found 82% use Sanitary Pads, 61.5% changed it more than 3 times a day, 47% used soap for maintain genital Hygiene, 56% followed safe Disposal while other use burning or open dumping. 37.5% miss school during menstruation. Moreover they discovered, Maternal education, Pre-Menarchial Awareness, Access to private Toilet are the variable to Maintain Hygiene. Netri Das et al, found 59.09% use Sanitary Napkin, Clean their genital during Menstruation, Additionally Researcher found some kind of religious and Cultural Restriction during Menstruation like not sleeping on beds, avoiding certain foods, and being excluded from social activities. (Netri Das, 2019) (Shubhanshu Gupta, 2025).

### **Objectives**

1. To examine how menstrual hygiene practices among adolescent girls associated with health and well being of the women (SDG 3).
2. To analyse relationship between menstruation and School Participation (SDG 4).

### **Methodology**

The present study based on a Bio-Cultural Approach, although menstruation is a biological phenomenon but it nurtures around a socio-cultural phenomenon. In fact, its socio-cultural phenomenon shapes its overall structure. To study this, the researcher chooses Ramnagar Dhobi Ghat Slum area of Lucknow, as a research area because it reflects the intersection of poverty, limited sanitation, congested habitat, and restricted educational access- conditions that make menstrual hygiene a daily struggle rather than a simple routin. During preliminary Visit, it became evident that adolescent girls here often faced silence, shame and misinformation around menstruation. These lived realities made dhobi ghat not merely a research location, yet a space to listen understand, and give voices to experiences that often remain unheard.

The study followed a qualitative approach, to understand menstrual belief, practices, health related aspects and access to hygiene facilities shape girls' everyday life and educational



opportunities. The primary method of data collection is Interview Schedule. A total of 50 Adolescent girls Aged between 11-19 years were selected as respondent through purposive and Random sampling, to ensure diverse schooling and socio- economic background with in the slum. The interview was conducted in a conversational manner, allowing participants to express their experiences in their own words. The question explored here related to some Demographic data like educational background and availability of washroom, Menstrual hygiene habits, menstruation related symptoms and discomfort, Awareness regarding PCOD and PMS, school attendance during period, Availability of WASH facility, and Challenges faced by Adolescent girls in School. Ethical sensitivity was maintained, girls were informed about the purpose of study, participation was voluntary and confidentiality were assured.

Alongside this secondary data like census report, Non- participant Observation, Journals, Academic Studies were analysed to contextualized the findings with in the broader framework of SDG's (SDG 3,4 and 5). This combination provides a deep understanding how menstruation is a crucial component of achieving SDG Goals. Data was analysed using Excel, and presented through Tables, Pie Chart, and Bar Graph through percentage method.

By weaving together, the voice of girls and documented evidences, the methodology aims to portray menstruation not merely as a health concern but as a window into social justice, gender empowerment, and right to education in a marginalized space.

## Findings

### Demographic data

Table 1: Distribution of Level of Education of the Participants-

Participants level of Education	Illiterate	Primary	8Th	Highschool	Secondary and above	School Dropout	Total Percentage



Adolescent Girls	0	38%	8%	6%	20%	28%	100%
Mother	45%	50%	5%	0	0	0	100%
Father	12%	71%	8%	6%	3%	0	100%

Note – Percentage is calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

This table clearly shows the literacy level of the Adolescent Girls, their father and Mother. The Data presented here is of 50 Participants. The data shows substantial variation in educational attainment among adolescent girls and their parents in the Ramnagar Dhobi Ghat slum. Among adolescent girls, the majority have primary-level education (38%), followed by 20% who studied up to secondary level, while 28% have dropped out of school—highlighting significant barriers to continued education. Mothers show the lowest educational attainment, with 45% being illiterate and 50% educated only up to primary level, reflecting limited educational opportunities in their generation. Fathers demonstrate relatively higher literacy, with 71% having primary education and small proportions reaching higher levels. Overall, the data indicates intergenerational and gender based educational disadvantage, influencing awareness and practices related to menstrual hygiene and school participation.

Table 2: Availability of Washroom in the House-

Washroom		Total percentage
Availability of Washroom		
Yes	95.3%	
No	4.7%	100%
Nature of Washroom		
Temporary	86.7%	



Permanent	13.3%	100%
Washroom Used		
Separate Washroom	13.3%	
Public Toilets	86.7%	100%

Note – Percentage is calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

The findings show that although most households (95.3%) report having a washroom, the majority are temporary structures, reflecting poor sanitation quality. Despite reported availability, 86.7% of participants rely on public toilets, indicating overcrowding, inadequate facilities, or non-functional household washrooms. This limited access significantly affects girls' privacy, menstrual hygiene, and overall well-being.

- Objective 1: In this data the Researcher studied about the relationship between Menstruation and Health and well-being of a woman. In this a Researcher emphasize aspects like- Hygiene, PCOD and PMS, Awareness regarding the Normal and Abnormal menstrual condition. These are related to health aspect of the Adolescent girls. The data present here is a firsthand data collected by the researcher through field work.

Table 3: Shows the Days of Having Menstruation, Menstrual Cycle, and flow during Menstruation-

Menstrual Cycle		Menstrual days		Flow during Menstruation	
Less than 21 days	6%	Less than 3 days	0%	Light	0%
21-35 days	76%	1-3 days	30%	Heavy	50%



More than 35 days	16%	4-6 days	54%	Moderate	28%
2 times in a month	0%	More than 6 Days	16%	Varies	7%
Not regular	6%	Varies	0%	Not sure	15%
Total	100%		100%		100%

Note – Percentage are calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

The data indicates that most adolescent girls (76%) experience a typical menstrual cycle of 21–35 days, while smaller groups report shorter, longer, or irregular cycles, suggesting possible hormonal or health-related concerns. Menstrual duration commonly ranges from 4–6 days (54%), and half of the girls experience heavy flow, which may increase discomfort, absenteeism, or risk of anaemia. A notable 15% are unsure about their flow, reflecting limited knowledge and poor menstrual awareness. Overall, the findings highlight significant variation in menstrual patterns and the need for improved menstrual health education.

Table 4: Shows Type of Menstrual Product Used by Adolescent Girls-

Type of Menstrual Product	Percentage
Only Disposable Sanitary Pads	8%
Only Cloth Pads	14%
Disposable Sanitary Pads and Cloth Pads Both	78%
Reusable Cloth Pads	0%
Menstrual Cups	0%
Tendons	0%
Traditional Method (Rags, old Cloth)	0%



Total	100%
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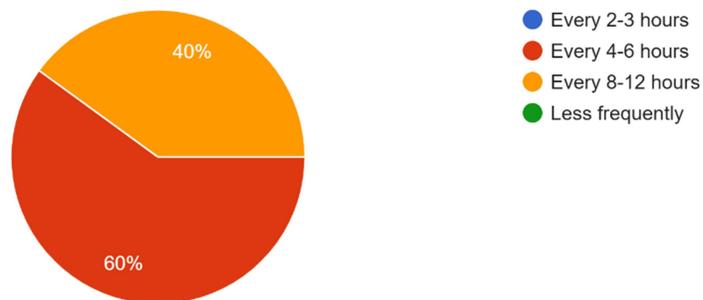
Note – Percentage are calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

The data shows that a large majority of participants (78%) use both disposable sanitary pads and cloth pads, indicating a mixed preference influenced by convenience and affordability. Only a small proportion rely exclusively on disposable pads (8%) or cloth pads (14%). None of the participants use reusable cloth pads, menstrual cups, tampons, or traditional materials, suggesting limited awareness, accessibility, or acceptance of alternative menstrual products.

Figure 1: Shows Frequency of change Menstrual Product-

How often do you change your menstrual products during your period?  
50 responses



Source – Field Work

This chart shows the frequency of changing menstrual product. It shows maximum(60%) change with in 4-6 hours, while other 8-12 hours.

Table 5: Shows the Cleaning of hands and genital during Menstruation-

Cleaning	Yes	No	Only water	With water and	Sanitizer/Antiseptic/wipes	Others	Total Percentage



				soap			
Hands	100%	0	40%	57.8%	2.2%	0%	100%
Genital	44%	46%	76%	17%	3%	4%	100%

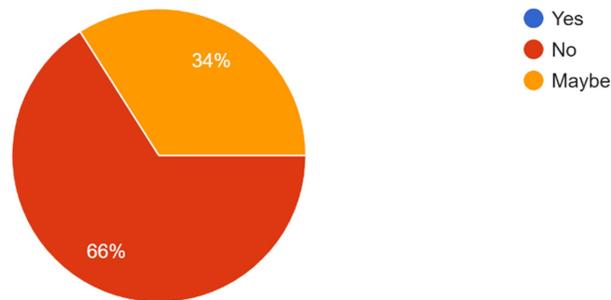
Note – Percentage are calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

The data indicates that all participants clean their hands during menstruation, with most using water and soap (57.8%), while 40% use only water and a small share (2.2%) use sanitizers or wipes. Genital cleaning practices vary more: 44% clean regularly, 46% do not. Among those who clean, the majority (76%) use only water, 17% use water and soap, and a few (3%) rely on sanitizers or wipes. This shows limited use of proper hygiene practices for genital care.

Figure 2: shows the Awareness regarding PCOD and PMS-

Have you ever heard of PCOS and PMS?  
50 responses



Source – Field Work

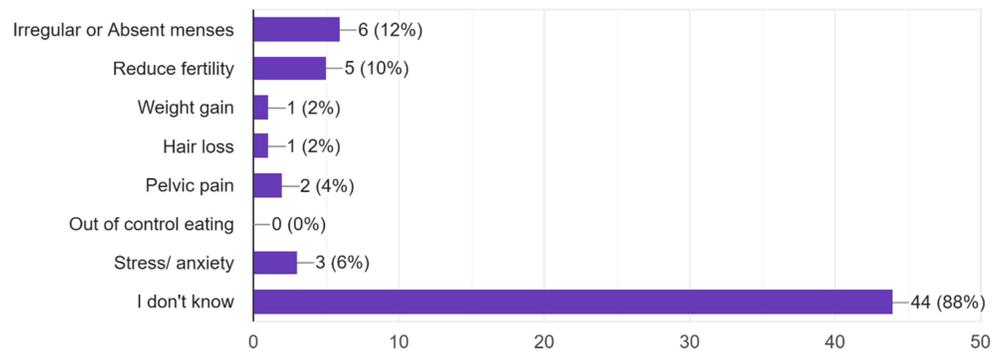
This shows the awareness regarding PCOD and PMS. The chart clearly shows that 66% adolescent girls never heard about PCOD and PMS while other not sure they heard or not.

Figure 3-: Shows the Awareness about Symptoms of PCOS-



Do you know about the signs and symptoms of PCOS?

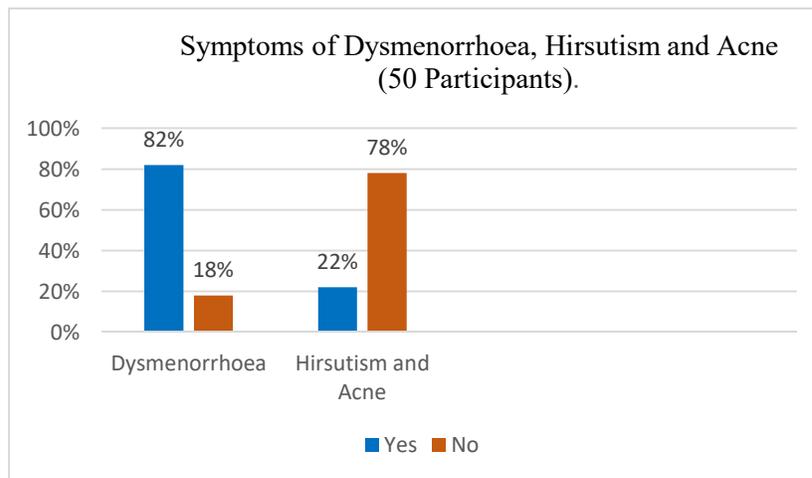
50 responses



Source – Field Work

This bar graph shows the awareness about symptoms of PCOS. This clearly shows that 88% do not know about its symptoms.

Figure 4: shows the Experience of Dysmenorrhoea, Hirsutism and Acne-



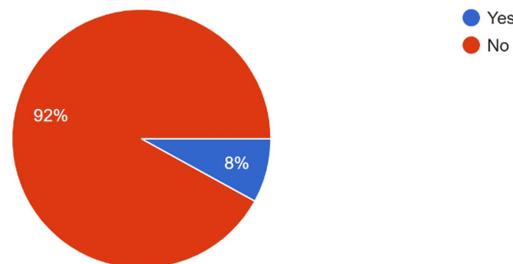
Source – Field Work

This Chart shows the Experience of Symptoms of Dysmenorrhoea and Hirsutism. It shows that Although maximum girls experience the symptoms of Dysmenorrhoea but very less experience Hirsutism.



Figure 5: Adolescent girls Visted Health Care Provider for menstrual Related Issue-

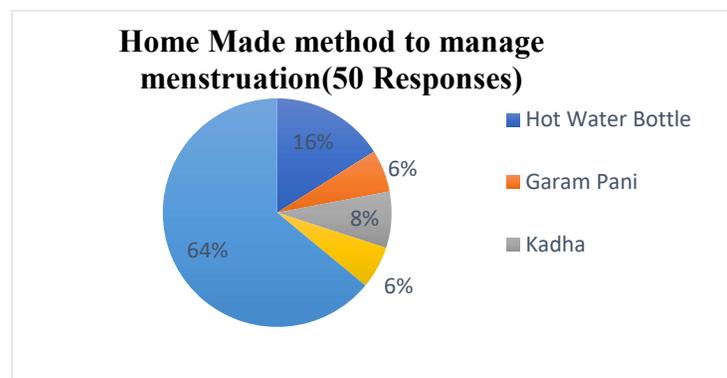
Have you ever visited a healthcare providers for menstrual or reproductive health issues?  
50 responses



Source – Field Work

This chart shows that although girls experience some discomfort regarding menstrual problems but they do not visit health care provider for menstrual related issue, due to negligence, stigma and shame.

Figure 6: Shows Frequency of use Herbal or home made method to manage menstrual pain-

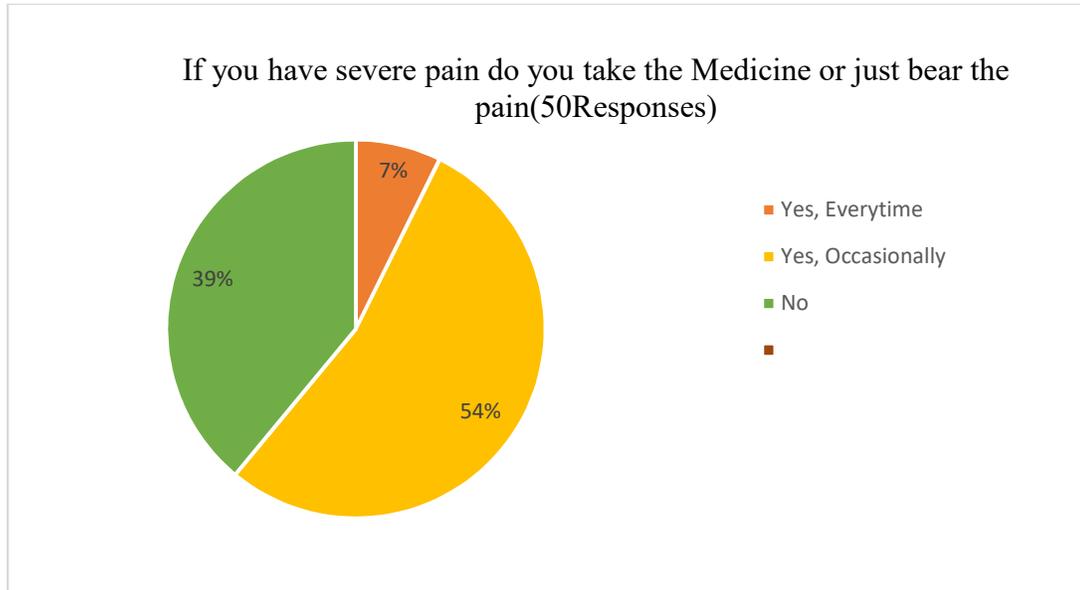


Source – Field Work

This chart shows the home-made remedies to tackle menstrual problems. It shows that the common remedies which are used are hot water bottle, Karha, Ajwain ka Pani, and garam Pani. 64% of Adolescent girls does not use any homemade remedy.



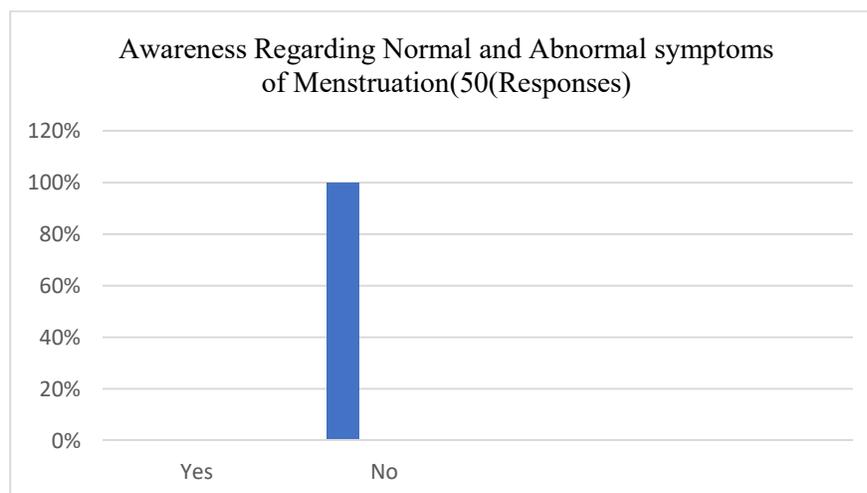
Figure 7: Shows Frequency of taking medicine during Menstruation-



Source – Field Work

This shows the frequency of taking medicine to tackle pain. Data shows that 54% of Girls take medicine occasionally, while 7% take medicine every time when they experience pain.

Figure 8: Shows Awareness Regarding the Normal Period Symptoms or some Health issue-

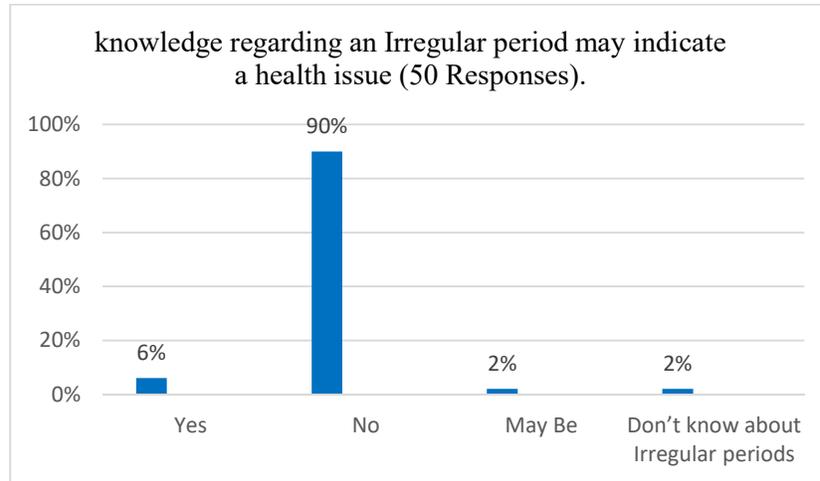


Source – Field Work



This figure shows the no one has aware regarding normal and abnormal symptoms of menstruation.

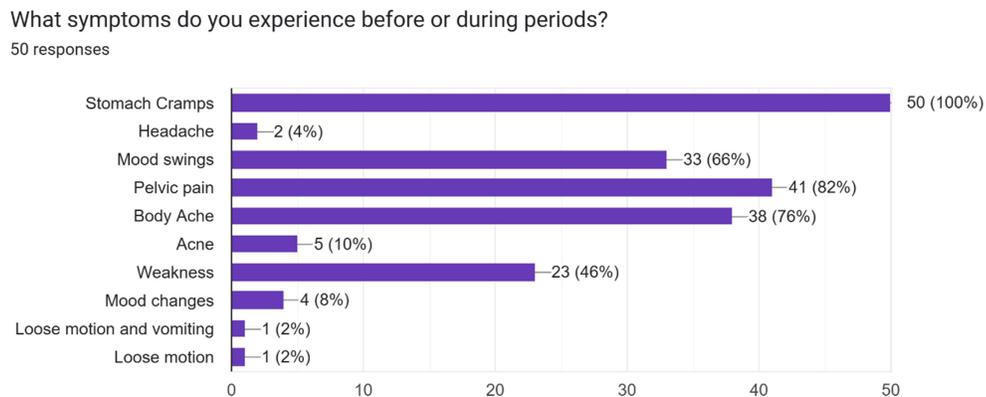
Figure 9: Knowledge regarding whether an irregular period becomes a sign of Health issue -



Source – Field Work

This shows that neither participant know about irregular period nor it may indicate a health issue.

Figure 10: Shows the Symptoms which Adolescent Girls Experience during Menstruation-



Source – Field Work

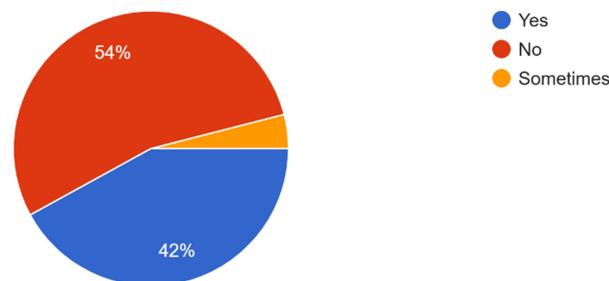


This graph shows the experience of symptoms which adolescent girls feels during periods. Everyone experience symptoms like stomach cramps and pelvic pain, while some others feels body ache, weakness, Mood Swings along with Stomach cramps and pelvic pain.

- Objective 2: In this data the Researcher study about the relationship between Menstruation and Education. In this a Researcher tries to find out that whether menstruation effect the education and studies of Adolescent girls. If yes, then what was the reason behind it. In this a Researcher emphasize aspects like- Availability of Gender friendly and Clean wash room in school, Availability of WASH facility and Rest room, How school staff React, What was the reason for Absent etc. The data present here is a first hand data collected by the researcher through field work.

Figure 11: Access to Clean Washroom at School-

Do you have access to clean and private facilities for changing menstrual product at school or college?  
50 responses



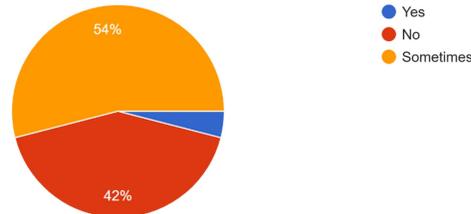
Source – Field Work

This shows the availability of clean washroom in school. Data shows here indicate 54% girls do not have clean washrooms in their school.

Figure 12: shows the availability of WASH facility in Restroom-



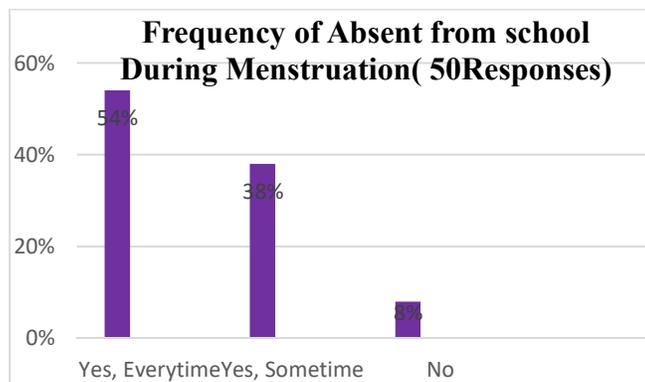
Is there adequate supplies of Soap, water and sanitary disposal options in these restrooms?  
50 responses



Source – Field Work

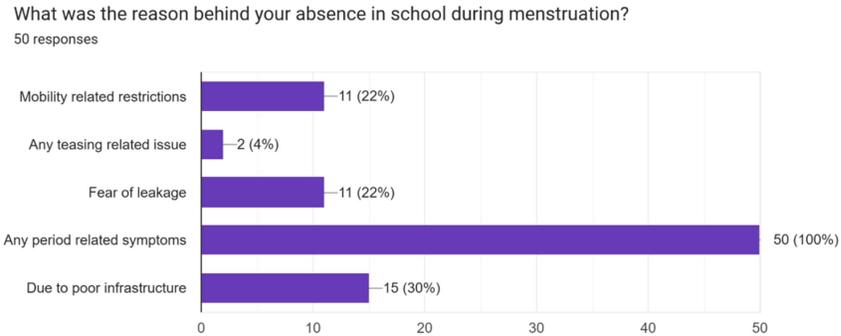
This figure indicates the availability of soap water and sanitary disposal facility in washroom. 42% says that they do not have such facilities, while other says they sometimes get these kinds of facilities in the washroom.

Figure13: Shows the Absenteeism from School During Menstruation-



Source – Field Work

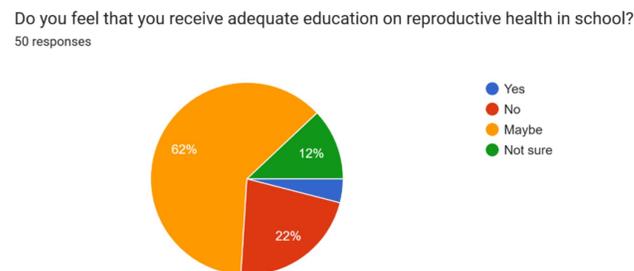
Figure 14: Shows the Reason of Absenteeism from School During Menstruation-



Source – Field Work

Figure 13 and 14 shows the frequency and reason behind absenteeism. The data indicate 54% always take leave from school, 38% sometimes and only 8% never miss the school during menstruation. the reasons behind this are-period related symptoms, poor infrastructure, fear of leakage, teasing and mobility related restrictions.

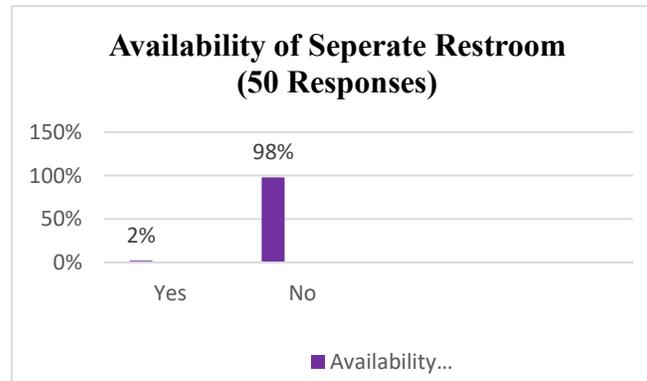
Figure 15: Whether Adolescent girls receive Adequate education on Reproductive Health-



Source – Field Work

This figure shows that 22% adolescent girls did not received adequate education on reproductive health, while 62% not sure, only 4% get it in a right way.

Figure 16: Availability of Separate Restroom in the School to Take rest if feel Discomfort-



Source – Field Work

This figure shows 98% school does not have separate restroom, only 2% of the school have it.

Table 6: Challenges encountered by the Adolescent Girls in School to manage Menstruation-

Challenges	Percentage (100%) and No of participants(50)
Bathrooms Are not Clean	70%
Gender Friendly washroom not Available	70%
Due to Period Related Symptoms	75%
WASH facility not Available	70%
Fear of Leakage	12%
More than one	73%
Teasing	8%

Note – Percentage are calculated based on the total sample size(N=50), which equals 100%

Source – Field Work

The data reveals that most participants face multiple challenges during menstruation. The major issues include unclean bathrooms (70%), lack of gender-friendly washrooms (70%), and absence of proper WASH facilities (70%). Period-related symptoms affect 75% of the girls,



making menstruation more difficult to manage. A significant 73% experience more than one challenge simultaneously. Fear of leakage (12%) and teasing (8%) are less common but still concerning. Overall, the findings highlight inadequate facilities and menstrual discomfort as the primary barriers.

## **Discussion**

The research was carried out in order to understand the relationship between menstruation, health, hygiene practices, and education among adolescent girls. The results indicate a complex interaction between awareness levels, menstrual hygiene management, and the challenges encountered by Adolescent girls both at home and in educational institutions.

The educational background of participants and their parents contribute significantly to spreading menstrual awareness and hygiene practices. Among adolescent girls, 38% had primary-level education, while only 20% had attained secondary or higher education. Interestingly, 28% were school dropouts. The majority of mothers were either illiterate (45%) or had only completed primary schooling (50%), indicating limited parental guidance on menstrual health. Fathers, on the other hand, show a better educational profile than mothers, 12% are illiterate, 71% educated at the primary level, and 8% up to 8TH grade. Only 6% have a high school, and 3% Secondary level education. This low level of education of both parents is one of the major reasons for poor awareness and persistence of traditional beliefs regarding Menstruation.

Basic amenities, such as washroom facilities in their house, were found to be available; however, the nature and usability of these facilities remain questionable. Here, 95.3% reported having a Washroom at their home, but the researcher found 86.7% of these washrooms were temporary in nature, which were made by the residents themselves. Only 13.3% had Access to permanent toilets, and the maximum number of individuals still depend on public toilets,



pointing out a lack of privacy and hygiene. These conditions can affect MHM practices, leading to possible infections and discomfort.

The researcher found Variation in the Menstrual cycle among the adolescent girls. The maximum numbers of girls (76%) have regular menstrual cycles lasting between 21 and 35 days, 6% less than 21 days, 6% experience irregular cycles, and 16% experience longer menstrual cycles. Around 54% reported bleeding for 4–6 days, 30% 1-3 days, and 16% more than 6 days. Around 50% described their flow as heavy, 28% moderate, and 15% not able to describe their flow. Irregular cycles (6%) and heavy bleeding point out possible underlying health issues such as hormonal imbalance, anaemia, or some other health issue; these were also supported by the symptoms that adolescent girls experienced, reported in the study.

The type of menstrual absorbent used shows that while awareness of sanitary products has increased, traditional methods still exist to some extent. Most girls (78%) used both disposable sanitary pads and cloth pads, indicating a transitional phase between traditional and modern practices. Only 8% relied solely on disposable sanitary pads, whereas none reported using menstrual cups or reusable pads. This suggests that while accessibility has improved, cost, comfort, and awareness remain limiting factors.

Regarding hygiene practices, all participants reported cleaning their hands during menstruation. However, only 57.8% used both water and soap, while 40% used water alone. When it came to genital hygiene, 76% used only water, and a small percentage (17%) used water with soap. The limited use of antiseptics or hygienic wipes (3%) shows the necessity for enhanced awareness regarding menstrual hygiene practices. Inadequate Hygiene Practices during Menstruation can lead to major health issues like RTI, UTI, Cervical Cancer, and infertility in the future.

Most of the Adolescent girls are not aware of Menstrual disorders like PCOD and PMS. They also lack knowledge of the Symptoms, complications, and treatment methods, and often fail to differentiate between normal and abnormal Menstrual conditions. The finding also revealed that



experiences of Dysmenorrhea (painful periods) are common, but Hirsutism is seen only in 22% Adolescent girls. Although they had a menstrual problem, only a few visited health care providers for it. This was due to ignorance, stigma, Shame, hesitation, and lack of Support for open discussion.

It was observed that Adolescent girls used many home remedies to manage their menstrual discomfort, like a hot water bottle, Karha, Ajwain ka Pani, etc. Some of them also take pain relief Medicine, in which some take occasionally, while some take it every time. But this is taken without a doctor's Prescription. Very few girls only visited a healthcare provider for menstrual-related issues, indicating a lack of trust or awareness regarding professional medical support.

Now, if we discuss menstruation in terms of education, study indicates that menstruation affects the academic performance of Adolescent girls. In this Study, the Researcher found that most of the schools fail to provide Clean and Gender friendly Wash rooms. Around 70% Adolescent girls mentioned that School washrooms are Unclean, and they also lacked proper WASH (Water, Sanitation, and Hygiene) facilities. The unavailability of Clean and separate washrooms for Girls and Boys, a WASH facility, and a separate Restroom to take rest, contributes to the poor academic performance and increased rate of Absenteeism of Adolescent girls.

The other reasons for absenteeism included period-related pain, lack of adequate facilities, and fear of staining or leakage. Around 75% reported missing school due to period-related symptoms, while 70% cited poor washroom conditions. Moreover, teasing and social embarrassment were also mentioned as contributing factors, though to a lesser extent (8%). These findings indicate that menstruation is not only a health issue but also an important aspect of education.

Another finding presented by the Researcher is that schools do not provide adequate education on Menstrual and Reproductive health. This Research Area is a Slum Area where most of the mothers are either Illiterate or have studied only at the Primary level. Thus, Adolescent



girls can only get a scientific and accurate menstrual education in school. So, lack of formal menstrual education in school contributes to misinformation, unhygienic practices, misconceptions, and anxiety during menarche. Schools that provided reproductive health education and better facilities were seen to have fewer instances of absenteeism, suggesting that institutional support plays a key role in menstrual health management.

Overall, this study discloses that menstrual health and hygiene among adolescent girls are closely linked to socio-economic background, parental education, formal education in school, and the availability of basic sanitation infrastructure. As of today, due to many awareness and health camps, the contribution of social media, girls are aware, so that hygiene practices have improved. But it does not reach a satisfactory level. These finding underscores the urgent need for improved menstrual health education, better sanitation facilities, and an open discussion, so that the stigma related to menstruation becomes normalized, and menstruation is seen as a natural biological process rather than a social stigma or Taboo. This will contribute to improving the health condition and educational status of Adolescent girls, furthermore, reduce gender inequality, and help to achieve the SDG goals by 2030.

## **Conclusion**

On the Basis of the data collected through the Ramnagar Dhobi Ghat Slum Area of Lucknow, from 50 Adolescent girls aged between 11 and 19 years, the study highlights that menstruation is not merely a biological process but a matter deeply connected with health, hygiene, education, and social phenomena. The findings show that limited awareness, inadequate sanitation, and persistent taboos continue to affect the health and academic participation of adolescent girls living in the Ramnagar Dhobi Ghat Slum Area of Lucknow. Most of the Adolescent girls still manage menstruation under unhygienic conditions and face discomfort, stigma or shame, and school Absenteeism, due to a lack of clean and Gender friendly washrooms in their Schools. Circumstances force them to use Public Washrooms, which are in a pathetic situation (already mentioned in the table that although 95.3% report having a washroom in the house, the majority



are temporary structures, reflecting poor sanitation quality. So, 86.7% participants have to rely on public washrooms.

To address these challenges, the school should ensure proper WASH facilities, Clean and Gender friendly washrooms, Basic Menstrual and Reproductive education, and distribution of menstrual products. Menstrual education should be a part of the curriculum, and teachers should be trained to discuss it confidently. The government and NGO should work to spread awareness regarding menstruation, as it will help reduce misconceptions and break the silence around menstruation. Health workers and policymakers should prioritize it as a human right and development issue. Thus, strengthening Awareness, improving infrastructure, and open discussion not only improve menstrual well-being in the Ramnagar Dhobi Ghat Slum Area of Lucknow but also help to achieve women's empowerment, gender equality, and sustainable and inclusive development in a true sense, not only in a particular region but across the country.

Making women educated, healthy, and empowered is also important to achieve the SDGs and Viksit Bharat Goals. Although Sustainable Development Goals nowhere directly address menstruation, indirectly improving menstrual hygiene is Important for India to achieve SDG goals till 2030. Especially SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 6 (Clean Water and Sanitation). This study primarily focuses on SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education), examining the interrelationship between menstrual hygiene, health, and educational outcomes. It underscores the critical role of women's well-being in national development and emphasizes that the vision of a Viksit Bharat and the SDG goals cannot be realized while neglecting nearly half of the population, that is, women.

## References

- Dasgupta.A, S. M. (2008). Mensrual Hygiene: How Hygienic is the Adolescent Girl? Indian Journal of Community Medicine .



- Ejik. A.N, S. M. (2016). Menstrual Hygiene management Among Adolescent girls in India: A Systematic Review And Meta Analysis. *BMJ Open*.
- Hasan.M, h. N. (2021). Menstrual Hygiene Practices and School Absenteeism Among adolescent Girls in Bangladesh: A Cross Sectional Study.
- Hennegan Julie, D. C. (2016). Measuring the Prevalence and impact of poor Menstrual Hygiene Management: A Qualitative Survey of School Girls in Uganda . *BMJ Open*.
- kashyap Vijay, C. S. (2023). Menstrual Hygiene Problems and challenges faced by Adolescent Females In Rural Areas: A Narrative Review. *Cureus*.
- M. Bhattacharya, P. S. (2015). A Study of Menstrual Hygiene Among Adolescent girls in A Slum Area of Kolkata. *National journal of Community Medicine*.
- Marni Sommer, B. T.-H. (2021). How Addressing Menstrual Health and Hygiene may enable progress across the Sustainable development Goals. *Global Health Action*, 14.
- Muskan Verma, N. s. (2024). Slum Rehabilitation and Sustainable Feminine Health Practices: A Case Study from an urban slum in india. *Journal of Urban REgeneration and Renewal*, 18(2), 180-193.
- Netri Das, A. T. (2019). Menstrual Hygiene: knowledge and practices during Menstruation Among Adolescent Girls in the Urban Slums of Jorhat District, Assam, India. *International Journal of Community medicine and Public Health*.
- Nor Faiza Mohd. Tohit, M. H. (2024). Breaking the Cycle: Addressing Period Poverty as a Critical Public Health Challenge and its Relation to Sustainable Development Goals (Vol. 16(6)). *Cureus*. doi:10.7759/cureus.62499
- Radhika, P. (2025). Menstrual Knowledge and Hygiene Practices among Students . *Journal of National Development*.
- Rajsinh V. Mohite, V. R. (2016). Menstrual Hygiene Practices Among Slum Adolescent Girls. *International Journal of Community Medicine and Public Health*, 3(7). doi:10.18203/2394-6040
- Sanyal S, R. S. (2008). Variation in the menstrual characteristics in the adolescent of West Bengal. *Singapore Med Journal* , 49(7). doi:542-550
- Sarah Goddard, M. S. (2020). Menstrual Health and Hygiene Management and Water, Sanitation and Hygiene(WASH) in Urban Slums: Gaps in Evidence and Recommendations. *WASH: The Journal of Gender and Water*.
- Shailendra Kumar Mishra, D. D. (2017). A study of the relationship of Socio-Cultural Characteristics, menstrual Hygiene Practices and Gynaecological problems among Adolescent girls in Eastern India. *International Journal of Adolescent medicine and health*, 29(5).
- Shubhanshu Gupta, A. A. (2025). Assessment of Menstrual Hygiene practices and their Determinants Among Adolescent girls in Urban Slums of India: A Community-Based- cross Sectional Study. *Cureus*.
- Sonowal Pranjal, K. T. (2021). Sociodemographic Factors and their Association with Menstrual Hygiene Practices Among Adolescent Girls In Urban Slums of Dibrugarh town, Assam. *Journal of Family Medicine and primary Care* .
- Subha Ray, S. K. (2010). Menstrual Characteristics: A study of the Adolescents of rural and urban West Bengal, India. *Annals of Human Biology*, 37(5), 668-681.
- syeda Farah Batool, S. O. (2022). Understanding Women's Perception and Practices Regarding Menstrual Hygiene: A Qualitative Study. *International Journal on women Empowerment* .
- Tanvi Deshpande, S. S. (2018). Menstrual Hygiene Among Adolescent girls- A study From Urban Slum Area . *Journal of Family Medicine And Primary Care* .



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- Tiwary, A. R. (2018). Role of Menstrual Hygiene in Sustainable Development Goals. International Journal of Health Science and Research, 8 Issue 5.