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Awareness and management practices of adolescent girls in menstrual hygiene in India: empirical evidence from the state of Odisha

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Abstract: *Menstrual health has been observed to be important for women's healthy living, it is a usual part of the reproductive structure of the human life cycle. As per the National Health Mission, at the ages of 10 to 19 girls start menstruation, between the ages of adult girls, are experiencing both physical and psychological changes due to hormonal changes. During every month the ovum released from the ovary, each ovary, if it has not fertilized then that egg cell has been destroying and coming out from the woman's body as in the menstrual cycle process. Moreover, adolescent girls are predominantly ignorant about their starting of the menstrual cycle and spontaneous, it became their vital time because of various reasons, it has been happening due to lack of awareness campaigning, due to lack of knowledge, due to the silence of the women, due to silence of the men, due to illiteracy, due to the poor public health system. Therefore, this paper attempt to examine the awareness and management practices of Adolescent girls in menstrual hygiene status in India, evidence from the state of Odisha.*

Key Words: *Menstrual health, Adolescent girls, menstrual hygiene, local community, awareness campaigning, menstruation, Management Practices.*

1. INTRODUCTION:

Health is a state of well-being, where every part of the body and mind is in accord, when every organ of the body is operative usually, the state of physical well-being is healthy when all the organs of the body are well performed [1]. Moreover, health is the state of complete physical, mental, spiritual and social well-being and not simply absence of disease. Hence, including physical health, it is free from any physical illness, we must consider the mental health: the complete absence of tension, stress, anxiety or negative thoughts, emotional health: the absence of anger, greed, proud, hatred, spiritual: living harmony with the faith of belief and practice and then social health: keep harmony correlating with a smooth nexus with the social network and live a peaceful harmony life with the community that could develop and help the person for the well-being and healthy life. All components of are interconnected with equal contribution to a healthy life. [2].

Many factors influence our health like environmental, psychological, social, financial and cultural life of a person in our day-to-day life. Health is direct to relate to the human body and mind. For a healthy life, one should be needed the harmony of a healthy body and healthy mind. Therefore one most needed to know about their body, physically as well as mentally [2]. To get a sound body we needed to get a certain nexus of the health body, healthy mind healthy society with health food. But physically the body of man and women are different biologically [3]. A healthy body needs fresh the environment, food, water and air which have been playing a vital role for good health. The body has been playing a major role in the society as well. But a healthy life and well-being of a person, it is impossible without hygienic life [4]. Hygiene can be defined as a scientific way of practice to keep neat and cline the body as well as the environment and surrounding to get a better sound healthy life in the living society. It allows the (wo)men to live a healthy relationship with the environment as well. Also, it deals with the individuals and community as well, both of the community and the individual have interdependent of each other.

1.1 Women Menstrual health:

Menstrual health has been observed to be important for women's healthy living, it is a natural part of the reproductive structure of the human life cycle. As per the National Health Mission at the ages of 10 to 19 girls start menstruation, between the ages of adult girls, are experiencing both physical and psychological changes due to hormonal changes [5]. During every month the ovum released from the ovary, each ovary, if it has not fertilized then that egg cell has been destroying and coming out from the woman's body as in the menstrual cycle process. In Indian culture most rural communities celebrate the start of menstruation with rituals, some of the communities take it as menstruation is impure, dirty and shameful, this type of thought converts into taboos, and therefore women get some restriction from society. Moreover, the adolescent girls start their period ignorant and spontaneous, it became their vital time because of various reasons. It has been happening due to lack of awareness campaigning, due to lack of

knowledge, due to the silence of the women, due to silence of the men, due to illiteracy, due to the poor public health system [6]. Many research papers have been talking from different perspectives of menstrual health hygiene practice but, still we have enough to strengthen the public health/ community health system which could break the psychic of the male, female or the community on the menstrual monthly cycle of women.

Whereas the menstrual monthly period of women has been decided the health status of the women, it is a biological process but different society, different religion have been read it differently, for instance in Hindu society it considers as purity and sin, holy and impure. That has been carried by the women that have been imposed by the male in the male dominating society [7]. The menstrual cycle of women and has been playing the major role of the women, which has also decided the health system of the women in society, it has been playing a significant role in the reproductive structure of the human life cycle as well. But is has decided to the understanding of the adolescent girl children and how the knowledge has been transforming from their parent to children. And creating awareness among the girl children regarding this menstrual health care of women among the adolescent girls. The Girls get their menarche between the ages of 12-14.5 Years with wide variations 10–17 years and after onward they get menstruation in every month. And it has continued for 5–6 days [8].

1.2 Menstrual hygiene practice

Hygiene plays a vital role in health, menstrual hygiene practice also plays a vital role in women and adolescent girls life. Adolescence is a crucial period for girls. Also there is a huge gap between the policy and practice of menstrual hygiene practice, not only in Odisha or India but all over the world. Rarely very few studies have been conducted regarding menstrual health hygiene practice among the adolescent girl and women due to various reasons, psychics and the gauge of the male of the same society and others as well [9]. Moreover, menstruation is a biological process that is practised by the adolescent girl in their maturity by the women until their menopause. While, menstruation is one of the physical variations that happen in girls at the start of adolescence. The management of menstrual hygiene is a social condition that is required to be understood by every individual, communities, institutions including schools and government and other civil societies and non-government organizations [10].

However, gender is socially built roles, accountabilities, charismas, freedoms status, the way to control over resources and benefits between women and men in a given society. Gender issues appeared when the inequalities arose from the oppression, discrimination or differently treating the people, men to women, men to men, women to men, women to women their social status and social stratification in their lived society. But here is little different, gander associated with menstrual hygiene practice and the status of women in the society the negative or positive perception in the menstrual hygiene management access to the resource for the best practice of the menstrual hygiene practice. Some traditional and cultural perceptions saw menstruation as dirty, impurity and harmful. That leads to the restriction of girls and women from carrying out various activities [11]. Create a negative attitude towards menstruation and an invisible wall has been created within the family members, with the societies, within the women, within inter-community and intra communities.

The girl child pauses belated the boy child in education due to menstruation problems by missing 4-7 days every four weeks. Moreover, the poor in menstrual hygiene management in developing countries is due to bypassing the issues and insufficiently acknowledged to the issues. Therefore, the knowledge, attitudes, beliefs and practices neighbouring menarche, menstrual hygiene and menstrual health among adolescent girls and the women in the choice the better menstrual hygiene exercise [12]. Whereas, large numbers of girls in many countries have information gaps and mistakes about menstruation. This gives them unprepared when they enter menarche and causes fear and tension, pressure, stress. The girls practise a variability of symptoms during the menstrual period like pain, headaches and weakness, it does not allow them to participate in different activities like household work etc., The girls in poor urban and rural communities are less inclined to obtain and use sanitary pads. But they have been using materials made at home from the old cloth. They have a lack of privacy, access to water and toilets during their menstrual period [13].

1.3 Policy and program for adolescent:

As per the Ministry of Health and Family Welfare in India there are many programmes and policies are framed related to Promote Menstrual Hygiene Management. Since early 1980, several central government policies had themes connecting to adolescent girls' life. Though, policies protection the needs of adolescents were generally absent and adolescent girls have been deliberated as a sub-group of women and children [14]. In the last decade has seen a more absorbed approach to empowering adolescent girls, where gender differences reaching from childhood have become the focus of the policymakers. During RCH- menstrual health management programmes were given importance and it is construction. But there is little mention on menstrual hygiene and health management. In some programmes, there is focus on supporting and enabling environment for menstrual hygiene and health management in the community and school level. There is no convergence between the ministries regarding menstrual hygiene and health management; it also does not have an enabling environmental regarding why MHM is important, policies lack focus on how to have an enabling socio-cultural environment at home, community, and school/college level [15].

2. RESEARCH METHODS:

This study was focused on the management and awareness of Adolescent girls in menstrual hygiene status in India, evidence from Odisa state. The present study conducted in three blocks i.e., Nuagan, Daringbadi, Baliguda and Raikia in Kandhamal District of Odisha state. The primary data were collected randomly from 50 sample adolescent girls within the age limit 10-19 in the selected blocks in the Kandhamal District of Odisha state.

2.1 Practice of menstrual hygiene management in Kandhamal District

Odisha is one backward, developing state after Bihar having 42 millions of population. Where 33per cent have been living in poverty. More than 65 per cent of people don't have to access sanitation facilities. There are more huge gaps between male and females having huge gender inequalities. The adolescent girls of age groups 15–24, among them only 47 per cent practice some methods for menstrual hygiene protection. The adolescent girls and women use locally prepared napkins, sanitary napkins and old cloths. Out of those 69 per cent use cloth as menstrual protection, 34 per cent use sanitary napkins, 12 per cent use locally prepared napkins and 2 per cent use tampons. The use of menstrual hygiene practice methods increases with schooling levels. Whereas 41 per cent Christian women, 47 per cent Hindu women and 63per cent of Muslim women use hygienic menstrual protection. In the school half of the girls have been informed about menstruation before they enter menarche. One-fourth of girls missing the schools during their menstrual periods (MacRae, et al. 2019).

Health system Practice of local community: As per 2011 census, Kandhamal has a female population of 3, 49, 186 out of a total population of 6, 84, 437 with the sex ratio of 1042 female per 1000 male against the State average of 979. The Scheduled Tribe has covered 51.09 percent of the total population with 1, 86, 927 males and 1, 98, 504 numbers of females. The Scheduled Caste has 104914 populations with 51715 male and 53199 female sharing 15.32 per cent of the total population. The sex ratio of the district is higher as related to the sex ratio of the state Odisha and also the sex ratio of each block has more than 1000 female per 1000 males [16]. The sex ratio of the block G. Udaygiri has touched 1100. Moreover, female literacy is lowest among the Schedule Tribe women in Baliguda, Daringbadi, K.Nuagaon, Kotagarh and Phiringia blocks and female literacy in Kandhamal for SC and ST groups stands at 30.08 per cent and 26.87 per cent correspondingly. Therefore, the gender gap among schedule tribes is 35.85 per cent is higher than that of schedule caste 34.91per cent.

Kandhamal district has placed 551 out of 599 districts in India in the district development index. there 29per cent of children are stunted, 26per cent children are wasted and 23per cent children are underweight, then we can envisage the health status of the adolescent girls in when they will enter to the menarche. And what would be their health status? Also, 77.1 per cent of children are with anaemia. 28.3 per cent of women are suffering from chronic energy deficiency; there are 6.3per cent of children practice child marriages in this district before they enter to 18 years old. Even there is no data available that ever-married women/mother who has entered or completed the primary schooling, in Kandhamal and its status is very low and 12 per cent in Odisha. There are 38per cent of families have access to drinking water. 8.9 per cent of families of the Kandhamal have access to improved sanitation facilities whereas the state has 18.3 per cent. Whereas 56.6 per cent of families have fallen below the poverty line in the district whereas 32.9 per cent in the state Odisha. Kandhamal has 54.5 per cent adult literacy rate whereas Odisha has 63.7 per cent. Also, 76.6 per cent of the household have access to Anganwadi coverage and ASHA. These are the factors which have been influencing health care especially the adolescent health care that is menstrual hygiene practice. But rarely people research this region, due to the lack of communication facilities and the demography and topography of the region.

2.2 Management and awareness of Adolescent girls in menstrual hygiene status: Results and Discussion

(a) Social Status of Adolescent girls

Age Composition: Table 1.1 indicates 50 people out of which 28 people (56 %) of the children were in between the age group of 10-15 years and the rest 22 people (44 %) were in between 16-19 years. Therefore, the large majority (56 %) of the respondents come from the age group of 10 to 15.

Table 1.1Age Composition

Age(years)	No of Respondents	Percentage
10-15(years)	28	56.0
16-19(years)	22	44.0
Total	**50**	**100.0**

Source: Computed

Educational composition: Table 1.2 depicts 8 per cent of the respondents are Literate, 30 per cent have primary education, 42 per cent have upper primary education, 20 per cent have higher secondary education Therefore, the largest 42vper cent of the respondents are educated up to upper primary level.

Table 1.2 Educational composition

Educational qualification	No of Respondents	Percentage
Literate	4	8.0
Primary	15	30.00
Upper primary	21	42.00
Higher secondary	10	20.00
Total	**50**	**100.0**

Source: Computed

Marital status composition: Table 1.3 shows the quantitative study a mixed group of married and unmarried respondents had participated. However, the percentage of married people was very low, only 4 per cent of the respondents were married and they were not under age. This also shows the adherence of prevalent traditional mind-set among the tribal people regarding the marriage and her practices and its effect on women.Therefore, the majority (94 %) of the respondents are unmarried.

Table 1.2 Marital Status composition

Marital status	No of Respondents	Percentage
Married	2	4.0
Unmarried	48	96.00
Total	**50**	**100**

Source: Computed

Religious composition: Table 1.4 indicates a total of 18 people identified themselves as Hindus and a majority of the participants from Christian community, wherein 32 people identified themselves as Christians. Therefore, the majority 32 out of 50 respondents are following Christian religion.

Table 1.4 Religious composition

Religion	No of Respondents	Percentage
Hindu	18	36.00
Christian	32	64.00
Muslim	0	00.00
Total	**50**	**100.0**

Source: Computed

Caste composition: Table 1.5 shows 22 per cent respondents are from Scheduled caste, 22 per cent respondents from Scheduled Tribe, 38 per cent respondents from OBC and 18 per cent respondents belong from General caste. Therefore, the largest (38 %) of the respondents come from OBC community.

Table 1.5 Caste composition

Caste status	No of Respondents	Percentage
ST	11	22.00
SC	11	22.00
OBC	19	38.00
General	9	18.00
Total	**50**	**100.0**

Source: Computed

(b) Awareness of Adolescent girls in menstrual hygiene status

Awareness of the menstrual hygiene: Table 1.6 indicates out of 50 respondent's 76 per cent respondents said that they are aware of menstrual health and 24 per cent people said that they were unaware of menstrual health. It is inferred that the majority of adolescent (76 %) are aware of their menstrual health and they take good care about it.

Table 1.6 Awareness of the menstrual hygiene

Awareness of the menstrual hygiene	No of Respondents	Percentage
Yes	38	76.00
No	12	24.00
Total	**50**	**100.0**

Source: Computed

Comfortable to talk about menstruation: Table 1.7 depicts 32 per cent of the women are comfortable to talk about their menstrual hygiene and the other 68 per cent aren't comfortable to talk about that. It is observed that majority (68 %) of the respondents are not comfortable to talk about menstrual hygiene.

Table 1.7 comfortable to talk about their Menstruation hygiene

talk about their Menstruation hygiene	No of Respondents	Percentage
Yes	28	3200
No	34	68.00
Total	**50**	**100.0**

Source: Computed

Awareness of the reason women get menstruate: Table 1.8 indicates 68 per cent of respondents couldn't agree having known about the reason why women menstruate. Only 32 per cent respondents said that they know the answer. It is observed that majority (68 %) of respondents don't have knowledge about mensuration and they needed to be taught about that.

Table 1.8 Awareness of the reason why women menstruate

Awareness of the reason	No of Respondents	Percentage
Yes	38	68.00
No	12	32.00
Total	**50**	**100.0**

Source: Computed

Awareness on health menstrual: Table 1.9 reveals about 64 per cent of the adolescents have awareness about the above aspects and the other 36 per cent are not aware about the above aspects. It is inferred that majority (64 %) of the respondents have awareness on health issues.

Table 1.9 Awareness on health menstrual

Awareness on health menstrual	No of Respondents	Percentage
Yes	32	64.0.
No	18	36.00
Total	**50**	**100.0**

Source: Computed

Awareness on sources of information on Menstrual Hygiene: Table 1.10 indicates the source of the information on the menstrual health. 18 per cent know from from family member, 26 per cent from school teachers, 10 per cent from peers, 22 per cent from ASHA workers and 24 per cent from the NGOs. It is inferred that largest numbers of respondents (26 %) get information from school followed by NGOs.

Table 1.10 Awareness on sources of information on Menstrual Hygiene

Awareness on sources of information	No of Respondents	Percentage
Family members	9	18.00
School teacher	13	26.00
peers	5	10.00
ASHA worker	11	22.00
NGOs	12	24.00
Total	**50**	**100.0**

Source: Computed

Awareness of diseases related to menstrual health: Table 1.22 found that 76 per cent of them have no idea about disease and rest 24 per cent of them are acknowledged about diseases related to menstrual health and the other.

Table 1.22 Awareness of diseases related to menstrual health

Awareness of diseases related to menstrual health	No of Respondents	Percentage
Yes	12	24.00
No	38	76.00
Total	**50**	**100.0**

Source: Computed

Awareness of Availability/ Access to various government programs: Table 1.25 depicts the distribution of the respondents by their access to various government Facilities in term of Awareness on MHM (through school and ASHA worker, free sanitary pad (Odisha Govt launches khusi scheme) and WIFS (Weekly Iron Folic Acid) It is found that majority of respondents (23 %) do not get facilities from the state government, only 27 per cent of respondents got getting khusi pad/ WIFS from the state government through the through school and ASHA worker.

Table 1.25 awareness of Availability/ Access to various government programs

awareness of Availability/ Access		No of Respondents	Percentage
khusi pad/ WIFS	Yes	27	54.00
	No	23	46.00
Total		**50**	**100.0**

Source: Computed

(c) **Management of Adolescent girls in menstrual hygiene status**

Materials used during menstruation: Table 1.11 depicts the menstrual hygiene practices among the respondents. Out of 50 respondents 12 respondent use cloth during periods, 38 respondent use sanitary napkins and none of the respondent use cups. It is observed that majority (38 out of 50) of the respondents use sanitary pads.

Table 1.11 Materials used during menstruation

Materials used	No of Respondents	Percentage
Cloth	12	24.00
Sanitary pad	38	76.00
cup	0	00.00
Total	**50**	**100.0**

Source: Computed

Source to access to pad: Table 1.12 shows 78 per cent of the women use old household clothes during menstrual period and the other 22 per cent have access to market areas. It is concluded that majority of respondents use old cloths.

Table 1.11 Source to access to pad

Source to access to pad	No of Respondents	Percentage
Old household cloth	11	22.00
Market	39	78.00
Total		**100.0**

Source: Computed

Material use for Menstrual Hygiene: Table 1.12 shows 32 per cent use synthetic materials and 68 per cent use cotton. It is inferred that largest (68 %) of respondents use cotton material during menstruation.

Table 1.12 Material use for Menstrual Hygiene

Material use	No of Respondents	Percentage
Synthetic	16	32.00
Cotton	34	68.00
Total	**50**	**100.0**

Source: Computed

Frequency of Sanitary Cloth Pad Usage: Table 1.13 shows that 6 of them use the cloth once, 19 of them use the clothes twice and almost 25 of them use the same cloth thrice. It is observed that largest (25 %) respondents use same sanitary cloth for menstruation

Table 1.12 Frequency of Sanitary Cloth Pad Usage

Sanitary Cloth Pad Usage	No of Respondents	Percentage
Once	6	12.00
Twice	19	38.00
More than three times	25	50.00
Never	0	00.00
Total	**50**	**100.0**

Source: Computed

Menstrual clothes used during menstruation: Table 1.13 shows 36 per cent of them dry their cloth inside their houses, about 12 per cent of them dry their dry under the shade and almost 52 per cent of them dry their cloth under sunlight. It is inferred that majority of respondents dry their menstrual cloths in day sunlight.

Table 1.13 Menstrual clothes used during menstruation

Menstrual clothes used	No of Respondents	Percentage
Hidden	18	36.00
under a shade	6	12.00
In day sunlight	26	52.00
Total	**50**	**100.0**

Source: Computed

Wash cloth before using for menstruation: From the above figure, we see that about 29 per cent of them wash their cloth before mensuration and the other 71 per cent of them don't clean before using. It is observed that majority (71 %) of respondents don't wash the before using.

Table 1.14 wash cloth before using for menstruation

wash cloth before using for menstruation	No of Respondents	Percentage
Yes	14	29.00
No	36	71.00
Total	**50**	**100.0**

Source: Computed

Access to sanitary pad for menstruation: Table 1.14 it is concluded that 72 per cent of them have access to sanitary pad for mensuration and the other 28 per cent don't have access to pads.

Table 1.14 Access to sanitary pad for menstruation

Access to sanitary pad	No of Respondents	Percentage
Yes	36	72.00
No	14	28.00
Total	**50**	**100.0**

Source: Computed

Money Spend for pads: Table 1.15, depicts 26 per cent of them spend only 30 rupees, 24 per cent of them spend only 29 rupees, 36per cent of them spend only 20 rupees and 14 per cent of them spend only 34 rupees. It is inferred that largest (36 %) of them use around 20 rupees on menstrual products.

Money Spend for pads	No of Respondents	Percentage
30 Rupees	13	26.00
29 Rupees	12	24.00
20 Rupees	18	36.00
34 Rupees	7	14.00
Total	**50**	**100.0**

Table 1.15 Money Spend for pads

Source: Computed

Restriction during Menstrual period: Table 1.16 reveals 11 of them have restrictions from cooking, 7 of them have restrictions from head bath, 19 of them have restrictions from going to religious places and 12 of them have restrictions from going to ponds and wells. It is observed that largest (19 %) number of respondents restrict from going religious places during their menstruation.

Table 1.16 Restriction during Menstrual period

Restriction during Menstrual	No of Respondents	Percentage
Cooking	11	22.00
Head bath	8	16.00
Religious place	19	38.00
Ponds and well	12	24.00
Total	**50**	**100.0**

Source: Computed

Psychic of Adolescent towards menstruation: Table 1.17, 8 per cent of them consider them as impure and majority 92 per cent don't consider them as impure.

Table 1.17 Psychic of Adolescent towards menstruation

Psychic of people towards menstruation	No of Respondents	Percentage
Yes	4	8.00
No	46	92.00
Total	**50**	**100.0**

Source: Computed

Issues Faced by adolescents girls: Table 1.18 reveals 16 of them go through white discharge, 21 of them go through cramps (stomach pain), 2 of them go through uterus infection, 2 of them go through itching and burning and 6 of them go through irregular periods. So it is inferred that the largest 21 go from cramps

Table 1.18 Issues Faced by adolescent girls

Issues Faced by adolescents	No of Respondents	Percentage
White discharge	18	36.00
Cramps	21	42.00
Uterus infection	2	4.0
Itching/Burning	2	4.0
Irregular periods	7	14.00
Total	**50**	**100.0**

Source: Computed

Adolescents consult to gynaecologist for the menstrual health issues: Table 1.19 indicates the majority (88 %) don't have access to gynaecologist and only 12 per cent of them consult and gynaecologist and the other

Table 1.19 Adolescents consult to gynecologist

consult to gynaecologist	No of Respondents	Percentage
Yes	8	12.00
No	42	88.00
Total	**50**	**100.0**

Source: Computed

Adolescent's girls approach for treatment: Table 1.20 indicates 28 per cent of them consult local health worker and 28 per cent of them ignore the pain and 32 per cent of them prefer home remedies.

Table 1.20 Adolescents girls approach for treatment

approach for treatment	No of Respondents	Percentage
any home remedies	16	32.00
local health worker	14	28.00
ignore the pain	20	40.00
Total	**50**	**100.0**

Source: Computed

Discussion with on menstruation: Table 1.21 indicates 19 of them discuss their problem with their mother 8 of them discuss their problems with their friends, 1 of them discusses her problem with her husband, 12 of them discuss their problems with ASHA representative and 10 of them discuss their problems with NGOs. It is inferred that largest number of respondents discusses their menstrual issues with their mother.

Table 1.21 Discussion with on menstruation

Discussion with on menstruation	No of Respondents	Percentage
Mother	19	38.00
Friends	8	16.00
Husband	1	2.0
NGOs	10	20.00
ASHA worker	12	24.00
Total	**50**	**100.0**

Source: Computed

Beneficiary of government and non-governmental organization: Table 1.24 reveals 20 per cent beneficiary from the Govt, 26 per cent beneficiary from NGOs and 32 per cent getting benefits from both and 22 per cent of adolescent are not beneficiary of both government and non-government organization.

Table 1.24 Beneficiary of government and non-governmental organization

Beneficiary	No of Respondents	Percentage
Government	10	20.00
NGOs	13	26.00
Both	16	32.00
None Of The Above	11	22.00
Total	**50**	**100.0**

Source: Computed.

3. CONCLUSION:

It could be concluded from above discussion that women's health, menstrual health care practice has been playing vital over it. Also menstrual health hygiene leads to better reproductive health. It has been deciding the healthy life and wellbeing of women and preparing to become a good mother. Many of the rural areas still do not have access to hygienic menstrual health practice. There is a lack of education on women health (Adolescent girl) on menstrual hygiene practice. There are gaps between the knowledge and practice of menstrual health hygiene in the rural context. It has been showing a negative impact on women menstrual health hygiene practice over time. Even the women never /rarely talk to their husband regarding this menstrual health care with whom she has to end her entire life. So not only we need to break this silo but also we need to create awareness among the communities and mobilise them. Mobilise the people about the truth and reality of menstrual health hygiene. And motivate them to come forward and take part in improving menstrual health hygiene practice.

The government, civil society, non-government organisations and volunteers have been engaged and working to overcome the gaps for the better menstrual hygiene practice. But still, we don't have 100 per cent coverage. Therefore we need to conduct more research not only at the university level but also with the reflective practitioners like NGOs, Civil societies and others volunteers and bridge the gaps and work with the frontline work at the grassroots level for better practice. It could one alternative approach and development model. Then we could improve the better health and menstrual hygiene practice of women in society. The government and the civil society organisation have been working with holding a hand to overcome this menstrual hygiene management for the better health system practice of the adolescent girl, for instance, the Integrated Child Development service has been working with the women and child development department converging the family welfare department and other organisation with such mentioned different schemes with different themes for strengthening the life of the women.

The MGNREGA a rural development scheme which has been working for strengthening the life with convergence mode, for instance, this scheme provides funds to the schools and the Anganwadi centre for the construction of the classrooms and toilets with proper sanitation facilities with converged the drinking water and sanitation department. The POSHAN Abhiyan is one scheme of the central government that has been consulted by the TINI Tata Trust, which collaborated with the women and child development department. For instance, in Odisha, it has collaborated with the Women and child development department and Mission Shakti department and has been working for the upliftment and empowering the women to eradicate malnutrition and better strengthening the life of the women, where they have been focus on the adolescent girl and work with the ASHA and Anganwadi worker and create awareness, provide them Iron folic acid tablet, provide take-home ration for better their nutrition intakes. Swachh Bharat Mission was a project has worked on the construction of toilets for open defecation free village both in the Garmin and cities region but it has not successfully implemented due to they have been focused on the target-oriented just only for the construction of the toilet, rather constructing a toilet, providing them access to water facilities and mobilizing the communities for uses and the benefits of using the toilet. But even the government of civil societies or it may be the non-government organisation, they have been always bypassing the people in interior regions like Kandhas in Kandhamal district, and they have been outside of this development paradigm. Therefore the researchers have selected Kandhamal district as Research field, in Odisha.

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