INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY
Monthly Peer-Reviewed, Refereed, Indexed Journal
Volume - 10, Issue - 3, March - 2026
ISSN(O): 2456-6683
[Impact Factor: 9.241]
IJRCS

DOIs:10.2017/IJRCS/202603003 --:-- Research Paper / Article / Review

A Study to Assess the Knowledge of Menstrual Disorders and Menstrual Hygiene Practices among Young Adult Women in a Selected Community, Gurugram

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Abstract: *Menstrual health forms an essential component of women's reproductive and psychosocial well-being. Despite being a natural physiological phenomenon, menstruation continues to be surrounded by misconceptions, social stigma, and inadequate scientific understanding, particularly in community settings. The present study aimed to assess the level of knowledge regarding menstrual disorders and menstrual hygiene practices among young adult women aged 18–25 years residing in a selected community of Gurugram, Haryana.*
A quantitative descriptive research design was used, and total of 50 participants were selected using purposive sampling technique. Data were collected using a structured knowledge questionnaire on menstrual disorders and a rating scale to assess menstrual hygiene practices. The reliability of the tool was established using the KR-20 formula (r = 0.77). Data were analysed using descriptive and inferential statistics.
The findings revealed that 34% of participants had adequate knowledge, 50% had moderate knowledge, and 16% had inadequate knowledge regarding menstrual disorders. About menstrual hygiene practices, 54% demonstrated good practices, 44% moderate practices, and 2% poor practices. A statistically significant association was observed between knowledge level and selected demographic variables such as educational status, type of family, age at menarche, and source of information.
The study highlights the importance of structured community-based educational interventions and the active involvement of nurses in promoting menstrual health awareness.

Key Words: *Menstrual Disorders, Menstrual Hygiene, Knowledge, Young Adult Women, Community Health Nursing.*

1. INTRODUCTION

Menstruation is a normal physiological process reflecting the functional integrity of the female reproductive system; however, despite its biological significance, it continues to be surrounded by stigma, myths, and deeply rooted cultural taboos, particularly in developing countries. Menstrual health is not merely the absence of disease but encompasses physical comfort, psychological well-being, access to hygienic materials, safe sanitation facilities, and accurate information.

Globally, nearly 1.8 billion women and girls menstruate every month, yet an estimated 500 million lack access to adequate menstrual hygiene management (MHM) facilities, including clean absorbents, private sanitation spaces, water supply, and safe disposal mechanisms, as reported by UNICEF (2023).

Menstrual hygiene management involves the use of clean and safe absorbent materials, changing them at appropriate intervals, maintaining genital hygiene with water and mild cleansing agents, proper hand hygiene, and environmentally safe disposal of menstrual waste. When these components are compromised due to poverty, limited awareness, or infrastructural inadequacies, women are exposed to significant health risks.

Poor menstrual hygiene practices have been associated with reproductive tract infections (RTIs), urinary tract infections (UTIs), pelvic inflammatory disease, dermatological irritation, and adverse psychosocial outcomes. Inadequate

menstrual management may also contribute to chronic anemia due to unrecognized heavy bleeding and delayed healthcare seeking.

In India, menstrual hygiene remains a public health concern due to disparities in education, sanitation infrastructure, and gender norms. According to the National Family Health Survey-5 (2019–2021), only 64% of women aged 15–24 years reported using hygienic methods of menstrual protection, such as sanitary napkins, locally prepared napkins, or tampons. This indicates that a considerable proportion of young women continue to rely on cloth or other unhygienic materials, often reused without proper washing and drying practices.

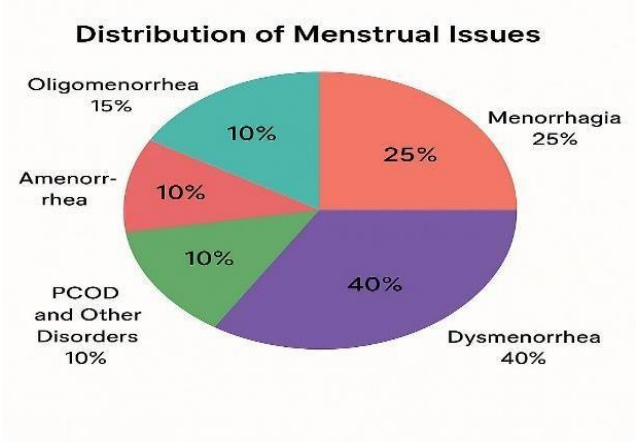
Sociocultural restrictions further intensify the problem. In many communities, menstruating girls are discouraged from participating in religious activities, cooking, social gatherings, or even attending school. Such restrictions not only reinforce stigma but also affect self-esteem and mental well-being. School absenteeism during menstruation remains a documented concern, particularly when adequate menstrual facilities and disposal systems are lacking.

Figure 1: Illustration Of Common Menstrual Disorders

Beyond hygiene practices, menstrual disorders such as dysmenorrhea, menorrhagia, oligomenorrhea, amenorrhea, and polycystic ovarian disorder (PCOD) are common among young women. However, these conditions are often normalized or neglected due to limited awareness and cultural silence surrounding reproductive health.

Recognizing these challenges, the Government of India has introduced several initiatives, including the Menstrual Hygiene Scheme (2011), the Rashtriya Kishor Swasthya Karyakram (RKSK), and the Draft National Menstrual Hygiene Policy (2023), aiming to improve awareness, affordability, accessibility, and safe disposal of menstrual products.

Young adulthood (18–25 years) represents a critical developmental stage characterized by increased autonomy, educational advancement, and reproductive health decision-making. Knowledge acquired during this period significantly influences lifelong menstrual health behaviors.



Therefore, the present study was undertaken to assess the knowledge of young adult women residing in a selected community of Gurugram, Haryana regarding menstrual disorders and menstrual hygiene practices.

2. LITERATURE REVIEW

R. Anuradha et al. (2017) conducted a community-based study in rural areas of Tamil Nadu to assess the level of knowledge and practices related to menstrual problems among adolescent girls. The findings revealed that 68%

experienced dysmenorrhea, yet only 40% had adequate knowledge regarding its management. The study emphasized the need for structured health education programs.

Rachna Singh et al. (2018) conducted a descriptive cross-sectional study among 300 adolescent girls in Delhi to evaluate the prevalence of menstrual disorders. The results showed dysmenorrhea (74%) as the most common complaint, followed by irregular menstrual cycles (21%) and menorrhagia (15%). The authors recommended early screening and reproductive health education programs.

3. OBJECTIVES

1. To assess the knowledge of menstrual disorders among young adult women.
2. To assess menstrual hygiene practices among young adult women.
3. To determine the association between knowledge and hygiene practices with selected demographic variables.

4. RESEARCH METHOD / METHODOLOGY

Research Design

A quantitative descriptive research design was adopted for the study.

Research Setting

The research was conducted in a selected community of Gurugram, Haryana.

Sample and Sampling Technique

The study sample consisted of 50 young adult women aged between 18–25 years. Participants were selected using purposive sampling technique.

Tool for Data Collection

Data was collected using the following tools:

•Structured knowledge questionnaire on menstrual disorders.

• Menstrual hygiene practice rating scale.

The tool was validated by subject experts. Reliability was established using the Kuder-Richardson Formula (KR-20) with a reliability coefficient of 0.77, indicating acceptable internal consistency.

5. FINDINGS / RESULTS

Table 1.1

Distribution of Participants According to Level of Knowledge (N = 50)

Level of Knowledge	Score Range	Frequency (f)	Percentage (%)
Adequate	11–15	17	34%
Moderate	6–10	25	50%
Inadequate	0–5	8	16%

The findings show that 50% of participants had moderate knowledge, while 34% had adequate knowledge and 16% had inadequate knowledge regarding menstrual disorders.

Table 1.2

Distribution of Participants According to Menstrual Hygiene Practices (N = 50)

Level of Knowledge	Score Range	Frequency (f)	Percentage (%)
Adequate	11–15	17	34%
Moderate	6–10	25	50%
Inadequate	0–5	8	16%

The findings indicate that more than half of the participants practiced good menstrual hygiene behaviors.

Table 3 – Association of knowledge with demographic variables

Variables	Options	Adequate knowledge	Moderate knowledge	Inadequate knowledge	CHI Square
Educational Status	A) Up to secondary school	1	4	6	$\chi2=9.27$ p= 0.158 df=6
	B) Higher secondary	7	3	6	
	C) Graduate	6	1	11	
	D) Post graduate and above	1	0	0	
Marital Status	A) Single	11	6	13	$\chi2=2.25$ p= 0.68 df=4
	B) Married	6	2	11	
	C) Widowed/divorced	0	0	1	
Occupation	A) Student	6	6	11	$\chi2=7.41$ p=0.28 df=6
	B) Home maker	9	1	11	
	C) Employed	2	0	1	
	D) Unemployed	0	1	2	
Family Income	A) Below 25000	8	4	10	$\chi2=0.67$ p=0.95 df=4
	B) 25000-49999	6	3	9	
	C) 50000 and above	3	1	6	
Type of family	A) Nuclear	10	0	17	$\chi2=11.5$ p=0.003 df=2
	B) Joint	7	8	8	
Age at menarche	A) Below 12 yrs	10	0	17	$\chi2=21.3$ p=0.00027 df=4
	B) 12- 14yrs	7	8	8	
	C) Above 14yrs	10	0	17	
Regularity of cycle	A) Regular	12	6	22	$\chi2=2.07$ p=0.35 df=2
	B) Irregular	5	2	3	
Length of cycle	A) 21-25 days	7	4	9	$\chi2=3.20$ p=0.35 df=2
	B) 26-30 days	7	2	14	
	C) Above 30 days	3	2	2	
Duration of flow	A) 1-3 days	5	2	7	$\chi2=2.88$ p=0.57 df=4
	B) 4-5 days	8	3	15	
	C) More than 5 days	4	3	3	
Source of information	A) Family	8	2	11	$\chi2=20.26$ p=0.009 df=8
	B) Friends/ peers	8	2	8	
	C) Teacher/ school	1	3	2	
	D) Media/ internet		1	4	
	E) Health care provider	8	2	11	
Use of menstrual products	A) Sanitary pad	17	4	20	$\chi2=18.7$ p=0.0047 df=6
	B) Cloth	0	4	5	
	C) Menstrual cup/tampon	17	4	20	
	D) Other	0	4	5	

The chi-square analysis showed a significant association between knowledge and type of family ($p = 0.003$), age at menarche ($p = 0.00027$), source of information ($p = 0.009$), and use of menstrual products ($p = 0.0047$).
However, no significant association was observed with marital status, occupation, income, cycle regularity, cycle length, and duration of flow.

6. DISCUSSION

The study findings indicate that although a considerable proportion of young adult women practice appropriate menstrual hygiene, knowledge gaps persist regarding menstrual disorders. Moderate levels of awareness may lead to delayed identification and treatment of reproductive health problems.
The findings are consistent with previous studies that highlight cultural stigma, inadequate health education, and limited access to accurate information as major barriers to menstrual health awareness.
Educational status plays an important role in improving knowledge levels, emphasizing the need for structured reproductive health education programs and nurse-led awareness initiatives.

7. CONCLUSION

The study concludes that young adult women in the selected community possess moderate knowledge regarding menstrual disorders and generally follow acceptable menstrual hygiene practices. However, misconceptions and knowledge deficits still exist.
Therefore, structured educational interventions, community awareness programs, and nurse-led health promotion activities are essential to improve menstrual health literacy and reproductive health outcomes.

8. LIMITATIONS

1. The study was limited to a small sample size ($N = 50$) which restricts generalization.
2. The research was confined to one selected community.

9. RECOMMENDATIONS

1. Conduct large-scale community studies involving diverse populations.
2. Implement school and community-based menstrual health education programs.
3. Promote nurse-led awareness campaigns focusing on menstrual hygiene and reproductive health.

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