

Menstrual Morbidities And Quality Of Life In College Girls: An Analysis Of Knowledge, Attitude, Belief And Practices In Lucknow.

Maitri Bajpai^{1*}, Dr. Anil Kumar², Dr. Prashant Kumar Bajpai³

^{1*}Research Scholar, Department of Public Health, Faculty of Humanities and social science, Shri Ramswaroop memorial university, Lucknow-deva Road Uttar Pradesh. Email address: targthit0931@gmail.com. Contact no-7275775096

²Assistant professor, Department of Political Science, Shri Ramswaroop Memorial University, Lucknow -Deva Road Uttar Pradesh. Email address: anilkr.hum@srmu.ac.in, Contact no-9889171827

³Assistant professor, Department of Community Medicine and Public Health, King George's Medical University, Lucknow, UP, EMAIL ID :prashantbajpai@rmu.ac.in Contact no-8005055968

***Corresponding author: Maitri Bajpai**

***Research Scholar, Department of Public Health, Faculty of Humanities and social science, Shri Ramswaroop memorial university, Lucknow - deva road Uttar Pradesh. Email address: targthit0931@gmail.com. Contact no-7275775096**

KEYWORDS

Menstrual health, Menstrual morbidities, Dysmenorrhea, Quality of life, College students, Knowledge of menstruation, Irregular periods, Lucknow, Women's health, Reproductive health education.

ABSTRACT

Menstrual health is a crucial aspect of women's well-being, especially for college students who often face challenges related to menstrual morbidities and limited access to accurate information. This study aims to assess the knowledge of menstruation, the prevalence of menstrual morbidities, and their impact on the quality of life among college girls in Lucknow. A cross-sectional survey was conducted among 37 college students from various institutions in Lucknow. The survey explored their understanding of menstrual health, common menstrual disorders (such as dysmenorrhea and irregular periods), and how these conditions affected their academic, social, and emotional lives. Results revealed that while most participants had basic knowledge of menstruation, significant gaps existed in their understanding of menstrual disorders and their management. The prevalence of menstrual morbidities was found to be high, with a considerable number of students reporting severe menstrual pain and irregular cycles, leading to missed classes and diminished academic performance.

Introduction

Menstrual health is a fundamental aspect of a woman's overall well-being, yet it remains a topic that is often overlooked or shrouded in stigma, especially in young women transitioning into adulthood. College girls, in particular, face various challenges related to menstrual health, which can have profound effects on their physical, psychological, and social functioning. Menstrual morbidities, such as dysmenorrhea (painful menstruation), menorrhagia (heavy menstrual bleeding), and irregular menstrual cycles, are prevalent in this demographic, and their impact can be far-reaching, affecting academic performance, emotional well-being, and social interactions. Despite the high prevalence of these issues, there remains a significant gap in the awareness and understanding of menstrual health among college students, particularly in developing regions like Lucknow. In many cases, myths and misconceptions about menstruation are widespread, with cultural taboos preventing open discussion and a lack of comprehensive education on menstrual health.

In Lucknow, where cultural norms often limit conversations around menstruation, college girls may not have access to adequate information regarding menstrual hygiene, the management of menstrual disorders, or when to seek medical attention. This lack of knowledge, coupled with the stigma surrounding menstruation, can exacerbate the discomfort and emotional distress associated with menstrual health problems, making it harder for young women to seek help or support. The impact of menstrual morbidities goes beyond physical discomfort and can disrupt daily activities, leading to absenteeism from classes, decreased academic performance, and impaired social engagement. Furthermore, the quality of life of many college girls is often compromised due to the psychological distress associated with managing these conditions in an environment where discussing menstruation is often considered taboo.

Given the significant consequences of menstrual morbidities on the lives of college students, it is crucial to assess both the knowledge of menstruation and the real-world effects of menstrual health issues on this population. This study aims to explore the knowledge, awareness, and attitudes toward menstruation among college girls in Lucknow, as well as the prevalence of menstrual disorders and their impact on their academic, social, and emotional well-being. By shedding light on these issues, the study seeks to highlight the importance of integrating menstrual health education into academic settings and the need for comprehensive healthcare support systems to ensure that young women can manage their menstrual health with confidence and without

unnecessary distress. Ultimately, improving knowledge and access to care will not only enhance the quality of life for college girls but also contribute to their overall empowerment and success in both their academic and personal lives.

Literature Review

Menstrual health is an essential aspect of women's overall well-being, yet it remains under-researched and insufficiently addressed, especially in developing countries. Studies from different parts of the world have highlighted that college-aged women experience a range of menstrual morbidities that can significantly impact their quality of life. These morbidities, which include dysmenorrhea, menorrhagia, and premenstrual syndrome (PMS), are often coupled with a lack of knowledge about menstrual health, leading to challenges in managing these conditions effectively.

Menstrual Health Knowledge

Research has shown that many young women, especially in regions with limited health education infrastructure, lack comprehensive knowledge about menstruation. A study conducted by Hameed et al. (2019) in Pakistan found that nearly 40% of college girls had inadequate knowledge about menstrual health, with misconceptions about menstruation being widely prevalent. This knowledge gap can contribute to anxiety and improper menstrual management, which exacerbates the impact of menstrual disorders on their quality of life. Similarly, a study by Fawole et al. (2019) in Nigeria revealed that young women in secondary and tertiary education had little awareness of the physiological aspects of menstruation, and most were unaware of the treatments available for menstrual disorders. Misunderstandings about menstruation, such as viewing it as a source of shame or a "curse," can prevent young women from seeking proper medical help, leaving them to suffer in silence.

In India, similar findings have been observed. A study by Sahoo et al. (2015) in Odisha found that many adolescent girls lacked knowledge about menstrual hygiene, reproductive health, and associated health risks. Despite the availability of educational programs, traditional beliefs and taboos surrounding menstruation often hinder the effective dissemination of knowledge. This lack of awareness not only impacts personal health but also social interactions, as many young women feel uncomfortable discussing menstruation openly.

Prevalence of Menstrual Morbidities

Menstrual morbidities such as dysmenorrhea and menorrhagia are common among college girls and can severely impact their quality of life. Dysmenorrhea, characterized by painful menstruation, is one of the most frequently reported menstrual disorders. Studies have shown that approximately 60-90% of women experience dysmenorrhea during their reproductive years, with a significant proportion reporting that it affects their ability to attend classes and participate in daily activities. In a study by Udayashankar et al. (2017) conducted in India, 73% of the respondents reported experiencing menstrual pain, with 30% indicating that it was severe enough to interfere with their academic performance. This is echoed by a study by Gupta et al. (2020) in Uttar Pradesh, which found that more than half of the respondents (58%) reported experiencing painful menstruation, with 35% indicating a high impact on their academic activities and daily life.

Menorrhagia, or excessively heavy menstrual bleeding, is another common issue among young women, and it can also negatively affect their health and well-being. According to a study by Jain et al. (2017), 25% of young women reported menorrhagia, which not only caused physical discomfort but also psychological distress. Women suffering from menorrhagia often experience fatigue, anemia, and reduced quality of life, leading to poor academic performance and emotional strain.

Methodology

The study was conducted in colleges in Lucknow, a city in India known for its rich cultural and educational diversity. Colleges were selected based on their accessibility, relevance to the study's focus, and willingness to participate in the research.

The core instrument for data collection in this research was a comprehensive questionnaire, designed to assess the impact of menstrual morbidities on the quality of life of college-going girls in Lucknow. The questionnaire was carefully constructed to include a range of questions that would capture both qualitative and quantitative data on various aspects of menstrual health. This questionnaire aimed to explore multiple dimensions, including knowledge, attitudes, beliefs, and practices related to menstruation.

Key areas explored in this questionnaire included:

- Awareness at the time of menarche: This part assesses when participants first learned about menstruation and who provided the initial information (e.g., family members, school, peers).
- Knowledge of menstrual physiology: Whether participants understood the biological processes involved in menstruation.
- Awareness and use of sanitary products: This part evaluates participants' knowledge of menstrual hygiene products (e.g., pads, tampons) and whether they use them consistently.
- Safe menstrual hygiene practices: Whether respondents follow proper hygiene practices during menstruation, including changing products regularly and maintaining cleanliness.
- Disposal of sanitary products: Awareness and practices regarding the safe and proper disposal of sanitary products.

Results

The first table provides data on knowledge and awareness about menstruation among 357 respondents. Majority (58.5%) had their first period between 12-15 years. Significant proportion (28.9) % experienced it before 12 years, while a smaller group (12.6%) had it after 15 years. In understanding menstruation 83.2% correctly identified it as a normal phenomenon. 13.7% believed it was unclean blood. A Small percentage thought it was a curse (1.4%) or disease (0.8%). In awareness about menarche 66.9% were aware before experiencing it, while 33.1% were not. Mostly the first source of information was mother (63.9%). Friends (15.4%) and teachers (9%) played a role. Very few received information from health workers (0.3%). In knowledge about menstrual blood source 50.4% correctly identified the uterus.45.7% thought it came from the vagina.3.1% did not know. In duration of normal menstrual period 68.9% reported the correct range of 4-5 days.17.1% believed it lasted 7 days, while 14% thought it was only 1-3 days. Menstrual cycle length 73.4% correctly identified it as 25-28 days.12.3% thought it was 30 days while 6.7% assumed 15 days.86.6% were aware of safe hygiene practices. While 13.4% are not. In frequency of changing pads 42.9% reported it thrice a day, while 33.9% said it four or more times.21.3% thought frequency of changing pad is twice and 1.4% said only once. In the best method of disposal 71.4% believed in wrapping and throwing in garbage. 13.7% supported burning the pad. A small percentage (4.5%) thought burying was appropriate. The key findings were that the majority have correct knowledge of menstruation and hygiene. Misconception exists about the source of menstrual blood, cycle length and duration. Mothers play the biggest role in education, but health workers have minimal involvement. While most are aware of hygiene, some lack knowledge about pad changing frequency and disposal methods.

Table 1: Knowledge&Awareness

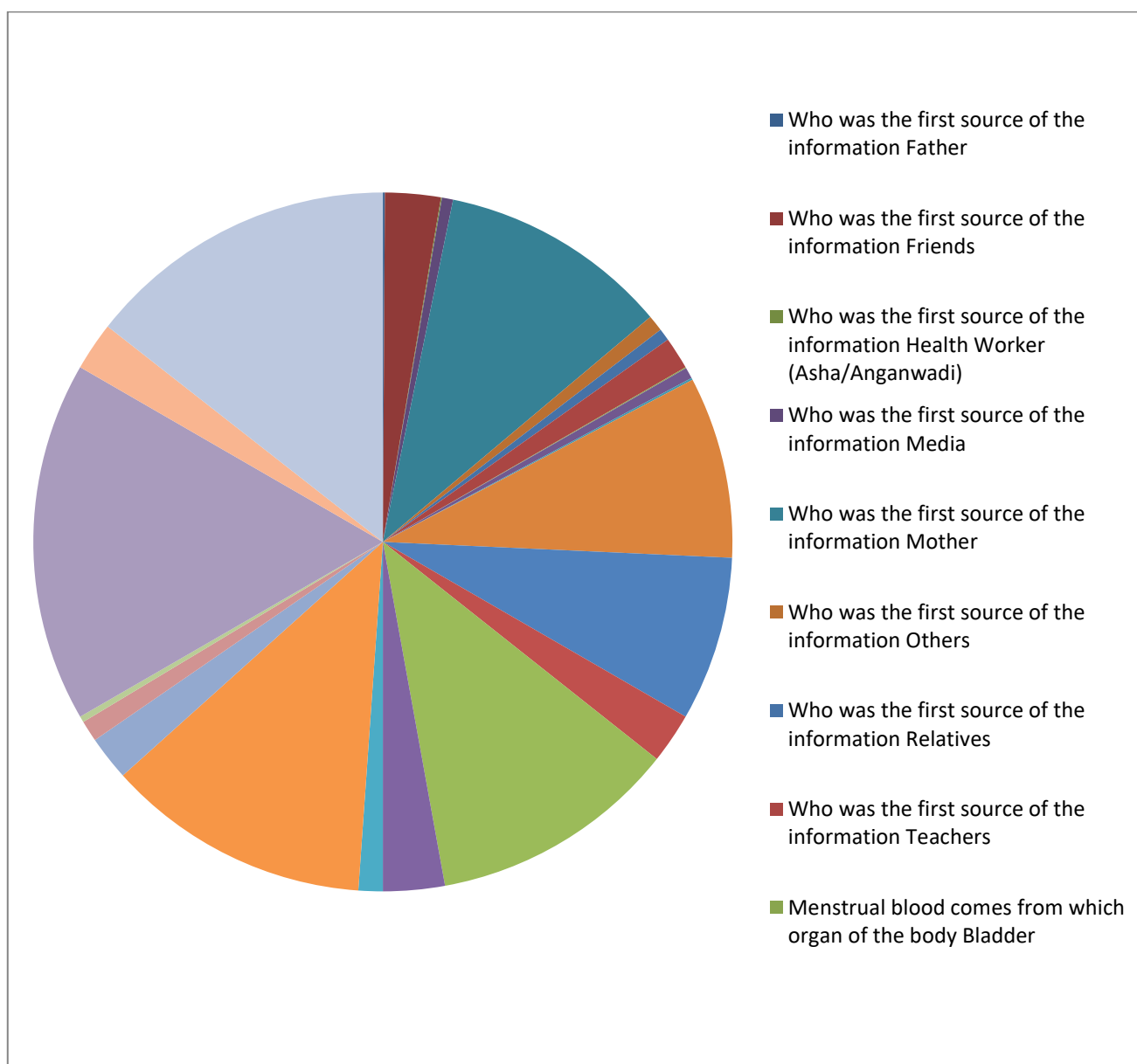
		n	%
Who was the first source of the information	Father	2	0.6
	Friends	55	15.4
	Health Worker (Asha/Anganwadi)	1	0.3
	Media	11	3.1
	Mother	228	63.9
	Others	16	4.5
	Relatives	12	3.4
	Teachers	32	9
Menstrual blood comes from which organ of the body	Bladder	1	0.3
	Don't Know	11	3.1
	Stomach	2	0.6
	Uterus	180	50.4
	Vagina	163	45.7
What is the span of normal menstrual period	1-3 Days	50	14
	4-5 Days	246	68.9
	7 Days	61	17.1

Normal Menstrual Cycle is of how many days	15 Days	24	6.7
	25-28 Days	262	73.4
	30 Days	44	12.3
	Don't Know	21	5.9
	More Than 30 Days	6	1.7
Aware of safe hygiene practice related to menstruation	No	48	13.4
	YES	309	86.6
How many times a day one should change a pad	Don't Know	2	0.6
	Four Or More	121	33.9
	Once	5	1.4
	Thrice	153	42.9
	Twice	76	21.3
Which of the following is the best way of the disposal	Bury The Pad	16	4.5
	Don't Know	12	3.4
	Put In Toilet Garbage	25	7
	Wrap In Paper and Burn It	49	13.7
	Wrap It and Throw in Garbage	255	71.4
Total		357	100

Discussion

The data from this study offers important insights into the menstrual health knowledge of college girls in Lucknow and highlights both strengths and areas needing improvement. The majority of participants (63.9%) reported that their mother was the first source of information about menstruation, which aligns with findings from studies in other regions. Hameed et al. (2019) found that mothers were similarly the primary source of information in Pakistan, underscoring the central role that mothers play in educating their daughters about menstruation. However, the significant influence of friends (15.4%) as a source of information is noteworthy, reflecting the peer-based transmission of menstrual knowledge, which may sometimes be based on misconceptions or incomplete information. This highlights the importance of formal education and support systems that can provide accurate menstrual health information to counteract any misinformation spread through informal channels.

Regarding the source of menstrual blood, the majority of respondents (50.4%) correctly identified the uterus as the origin of menstrual blood, while 45.7% mistakenly believed it came from the vagina. This misunderstanding is consistent with findings from Sahoo et al. (2015), who also noted confusion among young women in India regarding basic anatomical knowledge of menstruation. The misconception about the vagina being the source of menstrual blood suggests a significant gap in understanding the basic physiology of menstruation, which could be addressed through improved education.



Graph 1: Knowledge

When asked about the span of a normal menstrual period, most participants (68.9%) correctly identified the typical duration as 4-5 days, with 17.1% believing it could last 7 days. This aligns with the research of Kumar et al. (2015), who found that many young women have a general understanding of the menstrual period length, though some still perceive it to be longer than usual. The small percentage who identified a 7-day period indicates a need for clarification in educational programs to help young women understand the typical range of menstrual period durations.

Similarly, when asked about the length of a normal menstrual cycle, 73.4% of participants correctly identified the cycle as 25-28 days, which is in line with findings from Jain et al. (2017), where most women correctly identified the normal cycle length. However, there was still some confusion, with 12.3% of respondents selecting 30 days and 6.7% choosing 15 days. This suggests that while most respondents have a basic understanding, there is room for further clarification, particularly on the variability in cycle lengths.

The majority of participants (86.6%) reported being aware of safe menstrual hygiene practices, which is a positive finding. Similar studies, such as Kaur et al. (2016), have shown improvements in menstrual hygiene awareness among young women in India, though a small proportion (13.4%) still lacked awareness. This gap highlights the ongoing need for comprehensive menstrual hygiene education to ensure that all young women are equipped with the knowledge to manage menstruation in a healthy and hygienic manner.

Regarding the frequency of pad changes, most respondents (42.9%) correctly indicated that they change their pads three times a day, and 33.9% stated they change them four or more times a day reflecting a good

understanding of menstrual hygiene. However, a small proportion (1.4%) only changed their pad once, which is a concerning practice. These findings are consistent with those of Patel et al. (2019), who noted that while awareness of the need for frequent pad changes is generally high, there are still some individuals who practice inadequate hygiene, potentially putting their health at risk.

When it comes to the disposal of menstrual products, the majority of respondents (71.4%) correctly identified the proper method, which is to wrap the pad and throw it in the garbage. A smaller percentage (13.7%) suggested burning the pad, and 7% believed they should dispose of it in toilet garbage. These findings are consistent with those of Verma et al. (2020), who highlighted the need for proper disposal methods to prevent both environmental pollution and health risks. While most respondents demonstrated an understanding of appropriate disposal practices, there remains a need for continued education on environmentally sustainable disposal methods.

Overall, the findings of this study reflect a generally positive level of awareness about menstruation among college girls in Lucknow. However, there are notable gaps in knowledge about basic anatomical facts, cycle length variations, and safe menstrual hygiene practices, suggesting the need for targeted interventions. By integrating comprehensive menstrual health education into schools and communities, these gaps can be addressed, leading to improved menstrual health management and better quality of life for young women.

Conclusion

In conclusion, this study offers important insights into the menstrual health knowledge and practices of college girls in Lucknow, revealing both strengths and areas for improvement. While the majority of participants demonstrated a solid understanding of key aspects of menstruation, such as the typical menstrual period length, cycle duration, and hygiene practices, several knowledge gaps were identified. These included misconceptions about the anatomical origin of menstrual blood and inadequate awareness of proper menstrual product disposal. Additionally, although most participants reported being aware of safe hygiene practices, there were still a few who exhibited incorrect practices regarding pad changing frequency and disposal methods. These findings highlight the need for more comprehensive menstrual health education that addresses not only basic hygiene but also accurate anatomical knowledge and proper management practices. Given that mothers remain the primary source of information for most young women, there is a clear opportunity to strengthen the role of peer education, health workers, and formal educational settings in disseminating reliable menstrual health information. Moreover, tackling cultural taboos and creating open environments for discussion are crucial in empowering young women to confidently manage their menstrual health. Ultimately, the study emphasizes the importance of integrating menstrual health education into school curricula and community programs, ensuring that all young women have access to the knowledge and resources necessary for maintaining good menstrual health and improving their overall quality of life.

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