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Knowledge, Perceptions and Practices Regarding Menstrual Hygiene among Students

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Abstract

Menstrual hygiene management (MHM) is a critical aspect of public health, especially for adolescent students. This study investigates the knowledge, perceptions, and practices regarding menstrual hygiene among students. Menstrual hygiene is a critical aspect of health and well-being, yet it remains a taboo topic in many cultures, affecting the knowledge, perceptions, and practices of individuals, particularly students. This study aims to explore and analyze the knowledge, perceptions, and practices regarding menstrual hygiene among students. Through a comprehensive literature review and a structured survey, this research investigates the awareness levels, cultural and societal influences, and hygiene practices adopted by students during menstruation. The findings reveal significant gaps in knowledge, influenced by socio-cultural norms and educational disparities, which impact the perceptions and practices of menstrual hygiene. The study highlights the need for improved educational interventions and policy changes to promote better menstrual hygiene management, ensuring a healthier and more supportive environment for students. The implications of this research extend to public health policies, educational curricula, and community programs aimed at enhancing menstrual hygiene awareness and practices among the youth. Findings suggest that while there is a general awareness of menstrual hygiene, significant gaps persist in knowledge and practices, often exacerbated by cultural taboos and inadequate resources. The study highlights the need for comprehensive education programs and improved facilities to support menstrual health, ultimately advocating for policies that address these gaps to enhance the quality of life and educational outcomes for female.

Keywords: Menstruation, knowledge, perception, practice, school students

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Introduction

Menstrual hygiene is a crucial aspect of reproductive health, particularly for adolescent girls and young women [1]. Despite its significance, menstruation remains a culturally sensitive and often stigmatized topic in many parts of the world. This stigma can prevent open discussions and education about menstrual health, leading to widespread misconceptions and inadequate practices [2]. Proper menstrual hygiene management (MHM) is essential not only for maintaining physical health but also for promoting dignity, self-esteem, and social inclusion among menstruating individuals [3].

Globally, millions of students face challenges in managing their menstruation safely and hygienically [4]. These challenges are often exacerbated by inadequate access to menstrual hygiene products, lack of private and clean sanitation facilities, and limited awareness about menstrual health. In many developing countries, cultural taboos and myths further complicate the issue, restricting girls' ability to seek information or assistance. Consequently, poor menstrual hygiene can result in health problems such as urinary tract infections, reproductive tract infections, and psychosocial distress [5][6]. The lack of resources and support systems often perpetuates these challenges, making menstrual hygiene a significant public health concern.

Schools play a pivotal role in shaping students' knowledge, attitudes, and practices regarding menstrual hygiene [7]. Educational institutions have the potential to provide comprehensive menstrual health education, fostering positive perceptions and equipping students with the necessary skills to manage their menstruation effectively. However, in many regions, schools lack the resources, trained personnel, and supportive infrastructure required to address this issue comprehensively [8][9]. Access to clean water, functional toilets, and disposal systems for menstrual waste are fundamental requirements that remain unmet in numerous schools worldwide.

In the context of Nepal, menstrual hygiene management presents unique challenges influenced by cultural practices, economic constraints, and inadequate infrastructure. In many rural and urban communities, menstruation is shrouded in myths and taboos that significantly impact the lives of menstruating individuals [10][11][12]. Practices such as "chhaupadi," a tradition in which women are isolated during their menstrual periods, persist despite being legally prohibited. These customs not only marginalize women but also expose them to safety risks, health issues, and psychological stress. Additionally, many schools in Nepal lack the necessary facilities and educational programs to support menstrual hygiene, particularly in remote areas [13][14][15].

Limited awareness and resources exacerbate the issue for students in Nepal. A significant proportion of girls miss school during their menstrual periods due to fear of stigma, lack of access to sanitary products, and inadequate facilities. This absenteeism affects their academic performance and contributes to gender disparities in education. The absence of targeted interventions and policies addressing these challenges highlights the urgent need for research and action to improve menstrual hygiene management in Nepalese schools.

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Problem Statement

The lack of knowledge, negative perceptions, and poor practices surrounding menstrual hygiene among students represent a significant public health concern. Many students, particularly in low- and middle-income countries, are uninformed about proper menstrual hygiene practices due to cultural taboos and the absence of adequate education. This lack of awareness contributes to poor health outcomes, diminished school attendance, and reduced academic performance for menstruating students.

Furthermore, inadequate access to menstrual hygiene products and facilities in schools compounds the problem. Students often face embarrassment, fear, and stigma, which can lead to absenteeism or even school dropouts. Addressing these issues requires an understanding of the underlying knowledge gaps, perceptions, and behaviors related to menstrual hygiene among students.

Significance of the Study

This study is significant because it seeks to explore and address the factors influencing menstrual hygiene knowledge, perceptions, and practices among students. By identifying key gaps and challenges, the research aims to provide evidence-based recommendations for improving menstrual hygiene management in educational settings. Enhancing menstrual hygiene practices has the potential to improve students' physical and mental well-being, increase school attendance, and foster gender equity in education. Thus, this study aims to explore the college students' knowledge, perceptions and practices regarding menstrual hygiene management.

Literature review

Knowledge

A study conducted by Adhikari found that only 40% of adolescent girls had prior knowledge about menstruation before their first period. This lack of knowledge often leads to confusion and fear among young girls when they experience menarche [3][20]. Mothers and female relatives are the primary sources of information for most girls, followed by teachers and friends. However, the information provided is often incomplete or inaccurate, leading to misconceptions and improper practices [16][19].

Perception: Menstruation is often associated with impurity in many parts of Nepal. During their menstrual period, girls and women are often restricted from participating in daily activities and are isolated from their families [17]. The perception of menstruation as a negative and secretive experience affects the psychological well-being of girls. They often feel ashamed and embarrassed, which can lead to absenteeism from school during their periods.

Practice: The lack of adequate sanitation facilities in schools and college poses a significant challenge. Many schools and college do not have private and clean toilets, making it difficult for girls to manage their menstruation with dignity [18].

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Methods and Materials

This study employed a quantitative research design with a cross-sectional approach. The research was conducted to gather data at a single point in time, enabling the analysis of specific variables within the target population. The study targeted adolescent girls aged 13–19 years, enrolled in middle and high schools located in the Kathmandu Valley. The population for the study comprised 150 students from both school and college settings. The study utilized a stratified sampling technique. Participants were grouped based on specific stratification criteria, including Grade, Age, Ethnicity, Religion, and Marital Status. This ensured a representative sample of the target population. The primary tool for data collection was an online questionnaire, which included multiple-choice questions. These were distributed to all participants electronically, ensuring ease of access and response. To ensure confidentiality, responses were collected anonymously and securely stored in a data center. To maintain the confidentiality of the participants, no identifying information was recorded. All collected data were securely stored to prevent unauthorized access. The research was conducted in school and college environments, where the students were surveyed.

Results and Analysis

Demographic information

Table 1: Grade of students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	23	15.3	15.3	15.3
	9	18	12.0	12.0	27.3
	10	36	24.0	24.0	51.3
	11	34	22.7	22.7	74.0
	12	39	26.0	26.0	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 1 summarizes the grade distribution of the students involved in this study on knowledge, perceptions and practices on menstrual hygiene. The distribution of participants by grade level also reveals that 23 students, being 15. 3%, are in the eighth grade, 18 students, being 12. 0%, are in the ninth grade; 36 students, 24. 0% are in the tenth grade; 34 students, being 22. 7%, are in the eleventh grade and the rest 39 students, 26. 0%. These percentages reflect correctly the frequency percentages of each grade, meaning there is an accurate representation of the sample. The cumulative percent demonstrates the combination of percentages of various grades with the overall total of 100% in the terminating grade, usually 12th grade. This distribution allows the sampling of students from different levels of education hence providing a broad representation of the students' experiences in the study.

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Table 2: Age of the students

		Frequency	Percent	Valid Percent	Cumulative Percent
	13	15	10.0	10.0	10.0
	14	19	12.7	12.7	22.7
Valid	15	24	16.0	16.0	38.7
	16	45	30.0	30.0	68.7
	17	47	31.3	31.3	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 2 summarizes the demographic characteristics of 150 students included in study on menstrual hygiene. The participants are in their teenage, and this depends on their age, which are between 13 and 17 years. More about the aged students, there 15 students (10.0%) of them is 13 years old,19 students(12.7%0is 14 years old,24 students(16.0%) is 15 years old 45 students (30.0%) is 16 years old and 47 students (31.3%) is 17 years old. Here, the frequency percent and valid percent for each age group are equal, meaning that these age categories are represented in the sample with high accuracy. The cumulative percent increases progressively, this means that the proposed percent increases accumulate progressively until they attain the final total of 100 percent at age of 17. A diverse age range allows one to gain a more carriers picture of menstrual hygiene practices within different stages of adolescents.

Table 3 Ethnicity of the students

		Frequency	Percent	Valid Percent	Cumulative Percent
	Dalit	11	7.3	7.3	7.3
	Janajati	51	34.0	34.0	41.3
Valid	Brahmin	40	26.7	26.7	68.0
	Chhetri	33	22.0	22.0	90.0
	others	15	10.0	10.0	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 3 shows the ethnic background of the students in terms of menstrual hygiene. Of total participants,11 students (7.3%)are dalit,51(34.0%) students are janajati,40(26.7%)students are Brahmin ,33(22.0%)students are chhetri , and 15(10.0%) students belongs to other categories of ethnicities. Likewise, the valid percent is somewhat equivalent to the cage frequency percent for each category showing the proportionate represented in the sample. The cumulative percent accumulates step by step to give 100% which is included with the other category. This is because there is diversity in ethnic background, and where some students endorse certain

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practices, others from a different background may oppose such practices.

Table 4: Religion of the students

		Frequency	Percent	Valid Percent	Cumulative Percent
	Hindu	123	82.0	82.0	82.0
	Buddhist	15	10.0	10.0	92.0
	Muslim	3	2.0	2.0	94.0
Valid	Christian	8	5.3	5.3	99.3
	others	1	.7	.7	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 4 presents the distribution of students by religion based on a survey conducted in 2024. Among the 150 respondents, the majority, 123 students (82.0%), identified as Hindu. Buddhists accounted for 15 students (10.0%), while Christians represented 8 students (5.3%). Muslims comprised 3 students (2.0%), and 1 student (0.7%) identified with other religions. The cumulative percent highlights that 92.0% of the respondents are Hindu or Buddhist, with the inclusion of Muslims and Christians bringing the total to 99.3%. The "others" category completes the dataset, reaching 100.0%. This distribution reflects a predominantly Hindu population among the surveyed students, with smaller proportions adhering to other religions.

Table 5: Current Marital Status of the students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	single	150	100.0	100.0	100.0

Source: Survey 2024

Table 5 provides information on the marital status of the respondents, showing that all 150 individuals surveyed are categorized as "single."

Table 6: Cause of mensuration

		Frequency	Percent	Valid Percent	umulative Percent
	body process	91	60.7	60.7	60.7
	curse of god	36	24.0	24.0	84.7
Valid	injury of uterus	23	15.3	15.3	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 6 shows perception on cause of mensuration in a study conducted in the area on menstrual hygiene. Among the 150 participants, only 91 students or 60.7% of them recognize mensuration as a natural biological phenomenon occurring on females. Nonetheless, the misunderstanding

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by the students is vastly prevailed, 36 students (24.0%) consider it as curse of god while 23 students (15.3%) thinks that it is due to an injury to the uterus. The valid % presents an exact match with the frequency % for each belief that has been identified in the cumulative percent, it is evident that 84% is reached after fifth position and this percentage is obtained from the percentage points of differing percentages from other lists. Injury to the uterus is mentioned in the 7% of student's responses and in order to visually explain the response of each student, the results include the body process or curse of god misconception. This distribution calls for shaping up of awareness to slow down the ignorance among students about the biological aspects of mensuration.

Table 7: Age of Start of mensuration

		Frequency	Percent	Valid Percent	umulative Percent
	8-10years	24	16.0	16.0	16.0
	10-12 years	47	31.3	31.3	47.3
Valid	12-14 years	53	35.3	35.3	82.7
	Above 14	26	17.3	17.3	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 7 indicates the number of students who claim to have experienced menarche in a study conducted on 150 students, it shows the age at which these girls started menstruating. In the present study, 24 students 16.0% reported that they began menstruation between 8-10 years,47 students 31.3% that they began menstruation between 10-12 years, the largest percentage of 53,35.3%students claimed to have begun menstruating between 12-14 years. Furthermore,26 students (17.3%) mentioned that it starts above 14 years of age among females.

Table 8: Distribution of menstrual flow

		Frequency	Percent	Valid Percent	umulative Percent
	2-3 days	18	12.0	12.2	12.2
	3-5days	75	50.0	51.0	63.3
Valid	5-7 days	42	28.0	28.6	91.8
	More than 7 days	12	8.0	8.2	100.0
	Total	147	98.0	100.0	
Missing	System	3	2.0		
Total		150	100.0		

Source: Survey 2024

Table 8 depicts information on the normal period of menstrual blood indicated by the surveys conducted on the issue of menstrual cleanliness. Among the participants 147 gave valid responded while 3 did not respond, resulting in a total of 150 participants. Out of all

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respondents 18(sixteen) participants has menstrual flow for 2-3 days, while 75(two) have flow period of 3-6 days. In terms of duration of mensuration, 42 of them said that theirs are 5-7 days, while 12 of them said that their periods lasts for more than 7 days. That brings out the correct frequency percent of each of the duration categories while the accumulate percent shows the gradual addition of the responses. This distribution gives us a view of how much the menstrual cycle among the subjects in this study deviate in terms of duration thus enriching our understanding on menstrual pattern.

Table 9: Got information from about mensuration

		Frequency	Percent	Valid Percent
Valid	mother	51	34.0	34.0
	older sister	41	27.3	27.3
	female cousin or other female relatives	14	9.3	9.3
	friend	11	7.3	7.3
	teacher	14	9.3	9.3
	book/magazine/health magazine	8	5.3	5.3
	internet	11	7.3	7.3
	Total	150	100.0	100.0

Source: Survey 2024

It translates to extract in information on the sources through which 150 participants get information on mensuration in a study focusing on menstrual hygiene. Part combustion participants were given an option of choosing multiple answers. This accounts, again, for mothers, which were nominated by 51 of the participants (34.0%). Older sisters are the next in rank and described by 41 participants (27.3%), while female cousins or other related females by 14 participants (9.3%0.(7.3%) of participants report their friends as source of information about mensuration, whereas (7.3%) cited their teachers, Books /magazines/health magazines were cited by 5,3% of the participants. The internet was also the source for 11(7.3%) participants.

Table 10: Got classes on sexual reproductive health and menstruation

		Frequency	Percent	Valid Percent	Cumulative Percent
	yes	96	64.0	64.0	64.0
	no	40	26.7	26.7	90.7
Valid	dont know	14	9.3	9.3	100.0
	Total	150	100.0	100.0	

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It is a table that illustrates results of a research conducted amongst 150 participants where we asked them if they have ever been taught about sexual reproductive health and menstruation? Based on the respondents 96 persons (64.0%) across all the classes positively responded that they have ever been taught such classes. On the other hand, 40 participants (26.7%) replied that they do not receive their classes; 14 (9.3%) found the question difficult to answer. This figure shows the responses add up to one another and there is a 100 percent response when all options are taken into consideration. This distribution shows differently dependent participants educational exposure with concern to sexual reproductive health and mensuration.

Table 11: Cause of mensuration

		Frequency	Percent	Valid Percent	Cumulative Percent
	normal healthy process	66	44.0	44.0	44.0
	any type of illness	29	19.3	19.3	63.3
Valid	internal bleeding	19	12.7	12.7	76.0
	bad blood being shed	26	17.3	17.3	93.3
	supernatural reason	10	6.7	6.7	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 11 summarizes the respondents' beliefs about the causes of menstruation based on a survey conducted in 2024. Out of 150 respondents, 66 (44.0%) correctly identified menstruation as a "normal healthy process," reflecting the most common understanding. However, 29 respondents (19.3%) associated it with "any type of illness," while 19 (12.7%) believed it was due to "internal bleeding." Additionally, 26 respondents (17.3%) perceived menstruation as "bad blood being shed," and 10 (6.7%) attributed it to "supernatural reasons." The cumulative percent indicates that 93.3% of respondents fall into the first four categories, with all responses accounted for at 100.0%. These findings highlight a mix of accurate understanding and misconceptions about menstruation among the respondents.

Table 12: Feel when you first started Menstruating

		Frequency	Percent	Valid Percent
	scared	45	30.0	30.0
	worried that something was wrong	43	28.7	28.7
Valid	worried about how to manage it	30	20.0	20.0

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	ok as i knew it was normal process	31	20.7	20.7
	others	1	.7	.7
	Total	150	100.0	100.0

Source: Survey 2024

Table 12 shows the experiences of 150 respondents when they were using their first menstruation bare essentials. Regarding their emotional state when worrying, 30% said they felt scared, while 28% responded that they felt anxious. As for acute conditions, 7% stated they were worried that something was wrong. Another 20% were apprehensive about the manner in which they were to manage their menstruation. In contrast, 20. 7% of them said they were okay since they perceived it as a normal procedure. This was an extremely small fraction, a 0. 7% had any other feelings not in any of the above mentioned categories. From the data obtained, the study shows that more of the respondents were either scared or worried while starting their menstruation period, with only a fifth being confident that it is normal.

Table 13: What would you still avoid Doing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	visiting to temple	38	25.3	25.3	25.3
	attending religious occasion	37	24.7	24.7	50.0
	touching male family members	7	4.7	4.7	54.7
	entering kitchen/cooking food	19	12.7	12.7	67.3
	going outside as during normal time	22	14.7	14.7	82.0
	eating any food/drink	10	6.7	6.7	88.7
	sleeping the same bed as others	4	2.7	2.7	91.3
	lifting heavy loads	10	6.7	6.7	98.0
	touch plants	3	2.0	2.0	100.0
	Total	150	100.0	100.0	

Source: Survey 2024

Table 13 outlines the activities respondents would avoid during menstruation, based on a survey conducted in 2024. Among the 150 respondents, 38 (25.3%) reported avoiding visiting temples, while 37 (24.7%) would refrain from attending religious occasions. Additionally, 19 (12.7%) avoided entering the kitchen or cooking food, and 22 (14.7%) would not go outside as they would during normal times. Smaller proportions of respondents avoided eating or drinking

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certain foods (10 respondents, 6.7%), touching male family members (7 respondents, 4.7%), sleeping in the same bed as others (4 respondents, 2.7%), lifting heavy loads (10 respondents, 6.7%), and touching plants (3 respondents, 2.0%). The cumulative percent shows that the majority avoid specific religious and household activities, reflecting both cultural and social influences on behavior during menstruation.

Table 14: Do you feel you can focus on study

		Frequency	Percent	Valid Percent	Cumulative Percent
	yes	80	53.3	53.3	53.3
Valid	no	70	46.7	46.7	100.0
	Total	150	100.0	100.0	

The provided table shows respondents' data concerning their aptitude to concentrate on their learning process during menstruation, 150 participants in total. A slight majority, 53. Only 3% said that they are able to manage study- related tasks when on their periods. In contrast, 46. 7% of respondents said this that they are unable to focus on their school or college work at this time. This means that concentration and performance among respondents is momentarily impacted by menstruation to a measure of about 46%.

Table 15: Which material did you use to manage your menstrual Blood

		Frequency	Percent	Valid Percent	Cumulative Percent
	disposal sanitary pad	105	70.0	70.0	70.0
	reusable sanitary pad	16	10.7	10.7	80.7
Valid	clothes	12	8.0	8.0	88.7
	menstrual cup	14	9.3	9.3	98.0
	underwear only	3	2.0	2.0	100.0
	Total	150	100.0	100.0	

The table represents 150 respondents' answers concerning materials that they used for absorbing menstrual blood during the last menstruation. A total of 270 respondents, 70% of the respondents, used disposable sanitary pads. Reusable sanitary pads' usage report was as follows: 10. 7% said they got information through journals while 8% said it was through clothes. As road mapped earlier, and remembering that we're comparing groups, 9. This indicates that 11% of respondents used no form of contraception at all while making love, 3% used condoms, and 2% employed the use of underwear. From the findings shown below it becomes clear that respondents prefer using disposable sanitary pads in even smaller proportion using reusable ones and other materials.

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Table 16: Changed their menstruation blood materials used (cloth or pad) during their last period

		Frequencey	Percent	Valid Percent
	never	24	16.0	16.0
	once	37	24.7	24.7
Valid	twice	60	40.0	40.0
	3 times or more	29	19.3	19.3
	Total	150	100.0	100.0

The table shows the number of 150 respondents that changed their menstruation blood materials used (cloth or pad) during their last period. That goes for the 40% of consumers who said they alter their materials two times per day. Additionally, 24. 7% of them adjusted their products once daily and 19% adjusted their products every other day. A third transformed them three or more times, while only 3% changed them three time or more. What is rather remarkable, 16% of the surveyed did not replace any of the materials during the day. The information presented in the work shows that the respondents had different levels of menstrual hygiene management, where a significant portion of them was already changing materials with slightly more frequent intervals, while the rest of the respondents might be at risk of poor menstruation management.

Table 17: Were you able to change your menstrual materials

		uenc y	Percent	Valid Percent	Cumulative Percent
	yes	96	64.0	65.3	65.3
Valid	no	51	34.0	34.7	100.0
	Total	147	98.0	100.0	
Missing	System	3	2.0		
Total		150	100.0		

Based on the above table on the basis of students, that whether they are able to change their menstrual products as frequently as they would want in school or college 96 out of 150 respondents replied affirmatively. This figure represents 65. This distribution implies that 3 out of every 100 valid responses came from the specified participants. On the other hand, thirty-four percent of the respondents (fifty-one participants) reported limited abilities to alter their menstrual materials as desired, which accounted for 34. They are equal as 7% of the total valid responses. Three respondents failed to answer this question out of the total participants which Total data = 150.This therefore represents Two percent 2% of the total participants. The results of this data indicate that as much as a large number of these students can effectively cope with their menstrual hygiene in their school or college, a number still experience difficulty.

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Table 18: reasons that you missed a whole day

		Frequency	Percent	Valid Percent	Cumulative Percent
	pain	47	31.3	31.3	31.3
	tiredness	28	18.7	18.7	50.0
	family advice not to go to school or college	11	7.3	7.3	57.3
	family prevent from going to school or college	11	7.3	7.3	64.7
Valid	heavy bleeding leading to fear of leakage	19	12.7	12.7	77.3
	toilet facilities inadequate for management	13	8.7	8.7	86.0
	nowhere to dispose of pads /clothes/napkins	15	10.0	10.0	96.0
	had to go and get sanitary materials	6	4.0	4.0	100.0
	Total	150	100.0	100.0	

According to the table exploring the causes of the absenting from the school or college for a whole day (not during holidays or strikes) pain was the most frequently mentioned non-academic cause with the score of 31%. Specific answers were provided by 47 participants, which is 3% from the total. The next reason which was reported by 18 students was tiredness followed by depression Most of the students who completed the questionnaire could be categorized into absentees despite the research being conducted anonymously several of the students interviewed were also desk workers 7% (28 individuals). Parents' intervention to seek advice or prevent from going to school was at 7. African American (L3): This subpopulation comprises 3% of the total population and 11 individuals. Fifty nine percent stated that sanitary towel heaviness and the possibility of leakage was a reason. Again, of the respondents, 7% (19 individuals) reported poor cleanliness in general with inadequate toilet facilities reported by 8% of the respondents. 7% (13 individuals). Furthermore, 10 participants (15) said they desired proper disposal of items used during menstruation, 6 participants (4%) stated that they have skipped school in order to get sanitary items. Some of the issues revealed in this data revolve around several issues that may hinder attendance including health complications as well as infrastructural challenges.

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Table 19: how often did you Change

		ɹuenc y	Percent	Valid Percent	ɯmulative Percent
	Never, it's not necessary	58	38.7	38.7	38.7
Valid	number of times	92	61.3	61.3	100.0
	Total	150	100.0	100.0	

While comparing the receptiveness of the students about the frequency of changing the menstrual materials (pads/cloths) during the last period at School/College, 38% respond negatively. On being asked whether they ever changed their materials' selection as they did not deem it necessary, 7% of the total respondents (58 people) answered in negative. In contrast, 61. 3% of the respondents, 92 of them said that they did change the menstrual materials once or more in a day. This data conveyed a disparity in terms of menstrual hygiene among students where actually, many of them know the importance of change frequently, but still, a large number of them do not feel the need to change it very often.

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