

AIM: ADDRESSING MENSTRUATION RELATED CHALLENGES FACED BY SCHOOL-GOING GIRLS

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Introduction:

This project, titled “**Addressing Menstruation related Challenges Faced by School-going Girls,**” focuses on the critical issue of menstrual health management (MHM) among adolescent girls and its impact on their education, well-being, and social participation. Menstruation, a natural biological process, remains surrounded by stigma, myths, and a lack of adequate resources, particularly in low- resource settings. These challenges often lead to significant barriers for school-going girls, including absenteeism, reduced academic performance, and diminished self-esteem.

Objectives:

1. Exploring the level of awareness and understanding of menstruation among school-going girls.
2. To identify challenges faced during menstruation, including physical, social, and logistical difficulties.
3. To assess the impact of menstrual challenges on education and mental well-being.
4. To recommend actionable measures to improve menstrual health management in schools.

Exploring the level of awareness and understanding of menstruation among school-going girls is essential in assessing their knowledge, attitudes, and preparedness regarding this natural biological process. Many girls experience their first period with little or no prior information, leading to confusion, fear, and embarrassment. **Understanding menstruation** involves knowledge of the menstrual cycle, hormonal changes, hygiene practices, and available menstrual products. It also includes **awareness of common menstrual health issues** such as cramps, irregular cycles, and infections. In many cultures, menstruation is still surrounded by taboos and misconceptions, affecting how girls perceive and manage their periods. Social and cultural beliefs often impose restrictions on girls, limiting their participation in daily activities, which can impact their self-esteem and mental well-being. **The role of schools, parents, and peers is crucial in shaping menstrual knowledge**, yet many girls rely on unreliable sources for information, leading to misconceptions and unhealthy practices. Access to menstrual hygiene products and proper sanitation facilities in schools also plays a significant role in ensuring that girls can manage their periods with dignity and confidence. By assessing their level of awareness and understanding, we can identify gaps in menstrual education and develop strategies to improve knowledge, break stigmas, and ensure better access to hygiene facilities. **This will ultimately contribute to the overall well-being and empowerment of school-going girls, helping them navigate menstruation with confidence and dignity.**

Identifying the challenges faced during menstruation is crucial in understanding the difficulties school-going girls encounter, which can be categorized into physical, social, and logistical aspects. Physically, many girls experience menstrual cramps, fatigue, headaches, and other discomforts that can affect their ability to concentrate in class or participate in school activities. Lack of access to pain relief methods and menstrual hygiene products further worsens their experience. Socially, menstruation is often stigmatized, leading to embarrassment, shame, and fear of leaks or visible stains. Many girls avoid discussing their menstrual health due to societal taboos, and some even face discrimination or exclusion from certain activities. Logistical difficulties include inadequate access to sanitary products, lack of proper toilet facilities, and poor disposal systems in schools. In many cases, girls are forced to miss classes or even drop out due to these challenges, affecting their education and personal development.

The impact of menstrual challenges on education and mental well-being is significant, as it can lead to increased absenteeism, reduced participation in class, and lower academic performance. Many girls hesitate to attend school during their periods due to discomfort, lack of privacy, or fear of bullying and stigma from peers. The anxiety and stress associated with menstruation can negatively affect their confidence and self-esteem, leading to long-term psychological consequences. Moreover, the lack of open discussions on menstrual health can leave girls feeling isolated and unprepared to manage their periods effectively.

To address these issues, actionable measures must be implemented to improve menstrual health management in schools. This includes providing comprehensive menstrual education in the curriculum, ensuring easy access to sanitary products, and improving sanitation facilities with clean, private, and well-equipped washrooms. Schools should also encourage open discussions about menstruation to break taboos and foster a supportive environment where girls feel comfortable seeking help. Teachers and school staff should be trained to handle menstrual health concerns sensitively, while policies should be introduced to ensure girls do not miss school due to menstruation-related issues. Collaboration with government agencies and NGOs can further support initiatives such as free sanitary product distribution and awareness campaigns. By taking these steps, schools can create a more inclusive and supportive environment, enabling girls to manage menstruation with confidence, maintain their education, and safeguard their mental well-being.

Methodology

- a. Data Collection: A diverse sample of 200 girls were studied through a Questionnaire and a few girls were selected for a face to face interaction. The duly filled Questionnaires were analyzed and the data was prepared for the various concerns faced by adolescent school going girls. The results were represented in the form of tables and graphs.
- b. Target Population and Sampling Frame: The target population includes school-going girls, typically aged 12–18, who have experienced or are about to experience menstruation.
- c. Sampling Method: A stratified random sampling approach will be used to ensure inclusivity.
- d. Age groups (pre-menstrual, early menstrual years, and experienced menstruators)
From each stratum, a random selection of students will be chosen to participate, ensuring a balanced representation.
- e. Sample Size: 200 girls.
- f. Data Collection Method: Questionnaire - A sample Questionnaire is attached as Annexure A.
- g. Face-to-Face Interaction: Conducted with a subset of participants to gain deeper insights into personal experiences, cultural influences, and coping mechanisms.
- h. Ethical Considerations:

- Assurance of anonymity and confidentiality.
- Sensitivity in questioning to ensure comfort and openness.

By employing a stratified random sampling strategy with a mix of questionnaire surveys and face-to-face interactions, the study will capture both **quantitative** (statistical trends) and **qualitative** (personal experiences) data. This approach will provide a comprehensive understanding of menstruation awareness, challenges, and solutions among school-going girls.

Key Findings:

1. Awareness and Understanding:
 - Many girls lack accurate knowledge about menstruation before menarche, often relying on incomplete or incorrect information from family and peers.
 - Common myths and misconceptions exacerbate feelings of fear and embarrassment.
2. Challenges Faced:
 - Physical: Pain and fatigue during menstruation.
 - Social: Stigma, secrecy, and fear of being ridiculed by peers.
 - Practical: Inadequate access to affordable sanitary products and a lack of menstrual-friendly school infrastructure, including clean toilets and disposal facilities.
3. Impact on Education:
 - Many girls miss school during menstruation due to discomfort, lack of resources, or stigma.
 - This absenteeism affects their academic performance and limits participation in extracurricular activities, creating long-term consequences for their personal and professional development.
4. Existing Interventions:
 - Government schemes and NGO initiatives have made progress in promoting menstrual hygiene, but gaps remain in implementation, accessibility, and awareness.

Recommendations

1. Awareness Programs:
 - Educate girls, boys, and communities about menstruation to dismantle myths and reduce stigma.
- Infrastructure Improvements:
 - Provide schools with clean, private toilets equipped with water and sanitary disposal systems.
2. Access to Products:

- Ensure affordable or free distribution of sanitary products, including eco-friendly options.
3. Teacher Training and Counselling:
- Train teachers to provide guidance and support to menstruating students.
4. Policy Enhancements:
- Integrate menstrual health education into school curricula and monitor the effectiveness of existing programs.

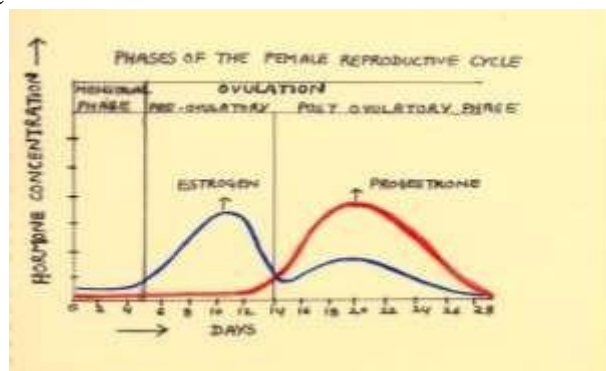
Conclusion

Addressing menstrual challenges for school-going girls is essential to achieving gender equality in education and fostering their holistic development. Through awareness, improved infrastructure, and sustained policy efforts, schools can create an inclusive environment that supports girls during menstruation, ensuring they do not face barriers to education or self-growth. This project highlights the need for collaborative action among stakeholders—schools, families, communities, governments, and NGOs—**To prioritize menstrual health and empower adolescent girls for a better future.**

Theory:

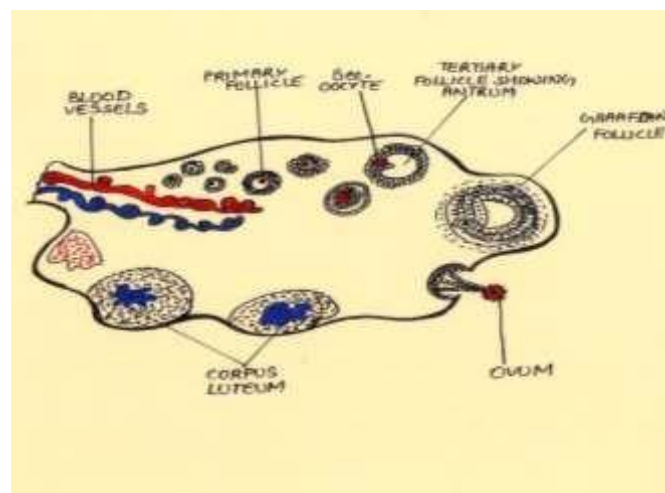
The menstrual cycle is a natural, recurring biological process that prepares the female body for potential pregnancy. It typically lasts between 21–35 days, with an average cycle lasting 28 days. The cycle is regulated by complex hormonal interactions involving the hypothalamus, pituitary gland, ovaries, and uterus. It is divided into four phases, each with distinct physiological changes.

Phase of the Menstrual Cycle



A. Phases Menstrual Phase (Days 1–5)

The cycle begins with menstruation, where the endometrial lining of the uterus (built in the previous cycle) is shed if no pregnancy occurs.



Blood, mucus, and tissue are expelled through the vagina. Hormonal Changes:

- Levels of estrogen and progesterone are at their lowest.
- This drop in hormones triggers the breakdown of the uterine lining.

Symptoms:

Common symptoms include cramps, fatigue, and mood changes, caused by uterine contractions and hormonal fluctuations.

A. Follicular Phase (Days 1–13)

Overlaps with the menstrual phase at the beginning.

The pituitary gland secretes follicle-stimulating hormone (FSH), which stimulates the growth of follicles in the ovaries.

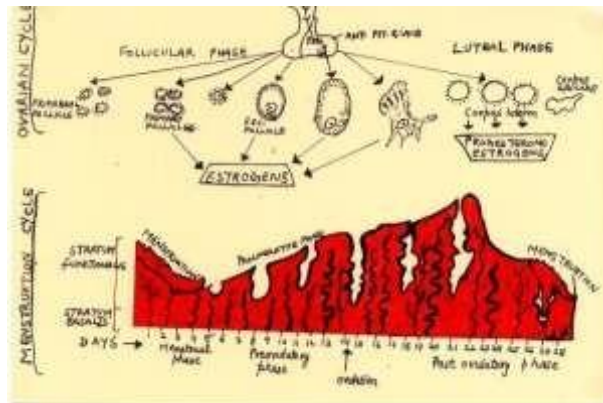
One dominant follicle matures into an egg (oocyte).

The uterus begins to rebuild its lining (endometrium) to prepare for potential implantation. Hormonal Changes:

- Rising estrogen levels from the maturing follicle stimulates the thickening of the uterine lining.

Symptoms:

Energy levels may rise, and individuals often feel more physically and emotionally balanced during this phase.

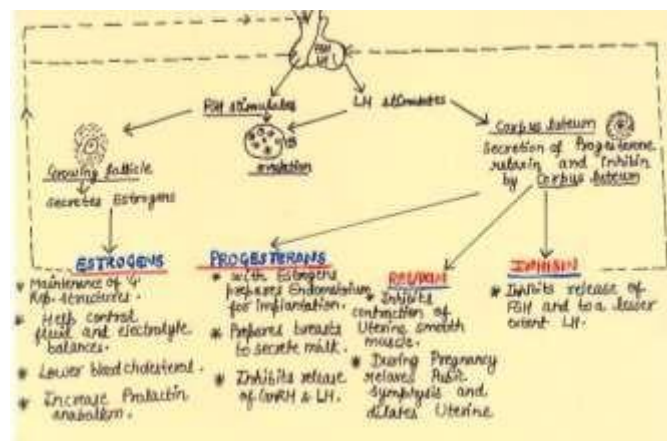


B. Ovulation Phase (Day 14)

Ovulation marks the release of a mature egg from the dominant follicle in the ovary.

The egg travels into the Fallopian tube, where it awaits fertilization.

This is the most fertile phase of the cycle.



Hormonal Changes:

- A surge in luteinizing hormone (LH), triggered by high estrogen levels, induces ovulation.

Symptoms:

Some individuals experience a slight increase in body temperature and cervical mucus becomes clear and stretchy (like egg whites), facilitating sperm movement.

Occasionally, mild pain may occur on one side of the abdomen.

C. Luteal Phase (Days 15–28)

After ovulation, the ruptured follicle transforms into the corpus luteum, which secretes progesterone and some estrogen.

Progesterone stabilizes and thickens the uterine lining to support a fertilized egg.

If fertilization does not occur, the corpus luteum degenerates, hormone levels drop, and the cycle restarts with menstruation.

Hormonal Changes:

- Progesterone dominates, with smaller amounts of estrogen present.
- A drop in these hormones leads to the breakdown of the uterine lining if pregnancy does not occur.

Symptoms:

Premenstrual symptoms (PMS) such as bloating, breast tenderness, mood swings, and fatigue may arise as progesterone declines.

Hormonal Overview of the Cycle

Phase	Key Hormones	Key Events
Menstrual	Low estrogen and progesterone	Shedding of uterine lining
Follicular	Rising estrogen and FSH	Follicle maturation and uterine lining rebuild
Ovulation	LH surge, peak estrogen	Release of the egg
Luteal	High progesterone	Preparation for implantation or degeneration

Cycle Variations

The length of the menstrual cycle and its phases can vary between individuals. Stress, health issues, or lifestyle factors may affect cycle regularity and symptoms. Importance of Understanding the Menstrual Cycle for adolescent girls

- Help individuals monitor reproductive health.
 - Aids in identifying abnormalities (e.g., irregular cycles, severe pain).
 - Supports family planning and awareness about fertile windows.
 - Reduces stigma and promotes open discussions about menstrual health.
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Challenges Faced by School-going Girls During Menstruation

School-going girls often encounter various challenges during menstruation, which can impact their education, physical well-being, and psychological health. These challenges can be broadly categorized into **physical, social, practical, and emotional/psychological** challenges.

1. Physical Challenges

Menstruation often brings physical discomfort that can hinder daily activities, including attending school.

- Menstrual Cramps: Painful abdominal cramps (dysmenorrhea) can make concentrating in class difficult.
- Fatigue and Weakness: Blood loss and hormonal fluctuations can lead to tiredness and reduced energy.
- Other Symptoms: Nausea, headaches, dizziness, or bloating may also interfere with routine activities

2. Social Challenges

Societal stigma and cultural taboos surrounding menstruation often led to isolation and exclusion.

- Stigma and Secrecy:
 - Girls may feel ashamed to discuss their period due to cultural norms that treat menstruation as unclean or taboo.
 - Fear of being teased or ridiculed by classmates prevents many from openly addressing menstrual needs.
- Gender Inequality: In some cultures, menstruating girls face restrictions on movement or participation in religious, cultural, or social activities.
- Peer Pressure: Lack of empathy or understanding among peers can exacerbate feelings of isolation.

3. Practical Challenges

The lack of basic facilities and resources in schools creates significant barriers for menstruating girls.

- Inadequate Access to Sanitary Products:
 - Many girls, especially in low-income areas, cannot afford sanitary pads, tampons, or menstrual cups.
 - In some cases, they resort to unhygienic alternatives like rags, newspaper, or leaves, increasing the risk of infections.
- Poor School Infrastructure:
 - Lack of clean, private toilets with water and proper disposal facilities for menstrual waste is a major issue.
 - Overcrowded or shared toilets further compromise privacy, discouraging girls from attending school during menstruation.
- Long Absences from School:
 - Without adequate support, girls often miss school during their periods, leading to a cumulative loss in academic performance.

4. Emotional and Psychological Challenges

Menstruation often affects mental health due to social pressures and physical discomfort.

- **Anxiety and Stress:**
 - Fear of leakage or staining can make girls anxious and distract them during lessons.
 - The fear of being teased by classmates increases stress levels.
- **Low Self-esteem:**
 - Stigma and lack of support can make girls feel ashamed, leading to a loss of confidence.
- **Body Image Issues:**
 - Hormonal changes during menstruation can heighten concerns about physical appearance.

5. Educational and Long-term Impact

- **Attendance and Participation:**
 - Girls missing school during their periods face gaps in learning, which can lower their academic performance.
 - **Dropout Rates:**
 - Persistent challenges during menstruation contribute to higher dropout rates, particularly in rural areas where resources are limited.
 - **Barrier to Empowerment:**
 - Menstrual challenges reinforce gender disparities, limiting girls' opportunities for personal and professional growth.
- Addressing these challenges requires a multifaceted approach, including improving menstrual education, providing access to affordable sanitary products, and ensuring menstrual-friendly school environments. A supportive and inclusive atmosphere can empower girls to manage menstruation confidently without compromising their education or self-esteem.

Problems Associated with the Menstrual Cycle

1. Dysmenorrhea (Painful Periods)

Dysmenorrhea refers to severe menstrual cramps caused by uterine contractions. It is classified into:

- *Primary Dysmenorrhea*: Pain without any underlying pelvic pathology, typically starting a few years after menarche.
- *Secondary Dysmenorrhea*: Pain due to an underlying condition like endometriosis, fibroids, or pelvic inflammatory disease.
- **Symptoms:**
 - Throbbing or cramping pain in the lower abdomen.
 - Pain radiating to the lower back and thighs.
 - Nausea, vomiting, dizziness, or diarrhoea.
- **Impact:**
 - Decreased productivity and school or school / work absenteeism.
 - Disruption of daily activities.
- **Management:** Pain relievers, hormonal therapies, heat therapy, and lifestyle modifications like yoga and exercise.

2. Premenstrual Syndrome (PMS)

- **Overview:** PMS encompasses a range of physical, emotional, and behavioural symptoms occurring in the luteal phase (7-10 days before menstruation) and resolving shortly after menstruation begins.
- **Symptoms:**
 - Physical: Bloating, breast tenderness, fatigue, headaches.
 - Emotional: Irritability, anxiety, mood swings, depression.
 - Behavioural: Changes in appetite, sleep disturbances, difficulty concentrating.
- **Impact:**
 - Affects interpersonal relationships, productivity, and emotional well-being.
 - Severe forms like *Premenstrual Dysphoric Disorder (PMDD)* can lead to significant mental health challenges.
- **Management:** Antidepressants (SSRIs), hormonal contraceptives, lifestyle changes, and stress management techniques.

3. Menstrual Migraine

- **Overview:** These are migraines triggered by hormonal fluctuations, especially the drop in estrogen levels just before menstruation.
- **Symptoms:**
 - Severe throbbing headaches, often on one side of the head.
 - Nausea, vomiting, sensitivity to light, sound, or smell.
 - Aura (in some cases), including visual disturbances or tingling sensations.
- **Impact:**
 - Can last for days, affecting daily life and productivity.
 - More difficult to manage than non-hormonal migraines.
- **Management:** Preventive medications (triptans, magnesium supplements), hormonal therapies, and maintaining regular sleep and dietary patterns.

4. Menorrhagia (Heavy Menstrual Bleeding)

- **Overview:** Menorrhagia is characterized by abnormally heavy or prolonged menstrual bleeding.
- **Symptoms:**
 - Blood loss exceeding 80 ml per cycle or periods lasting more than 7 days.
 - Passing large clots or needing to change menstrual products frequently.
 - Symptoms of anaemia, such as fatigue and shortness of breath.
- **Causes:**
 - Hormonal imbalances, uterine fibroids, polyps, or bleeding disorders.
 - Conditions like hypothyroidism or anticoagulant use.
- **Impact:**
 - Risk of anaemia, fatigue, and reduced quality of life.
- **Management:** Hormonal treatments (oral contraceptives, IUDs), iron supplements, antifibrinolytics, or surgical interventions like endometrial ablation.

5. Amenorrhea (Absence of Menstrual Periods)

- **Overview:** Amenorrhea refers to the absence of menstruation and is classified as:
 - *Primary Amenorrhea:* Menstruation not starting by age 15.
 - *Secondary Amenorrhea:* Absence of periods for three consecutive months in previously menstruating individuals.
- **Causes:**
 - Hormonal imbalances (PCOS, thyroid disorders).
 - Structural abnormalities (Müllerian anomalies, scarring).
 - Chronic conditions (eating disorders, excessive exercise, stress).
- **Impact:**
 - Infertility, osteoporosis, and potential underlying systemic issues.
- **Management:** Addressing the root cause (hormone therapy, lifestyle changes) and psychological support.

6. Delayed Menarche

- **Overview:** Menarche is delayed if menstruation has not begun by age 15 or within 5 years of thelarche (breast development).
- **Causes:**
 - Genetic predisposition.
 - Malnutrition, chronic illnesses (e.g., celiac disease), or extreme physical activity.
 - Endocrine issues, such as hypothalamic or pituitary disorders.
- **Impact:**
 - Emotional stress and feelings of isolation.
 - Potential indicators of underlying health problems.
- **Management:** Nutritional support, treatment of underlying medical conditions, and hormonal therapy if required.

Some tips to handle common menstrual problems:

1. Managing Dysmenorrhea (Painful Periods)

Apply Heat: Use a heating pad or hot water bottle on your lower abdomen to relax the muscles and alleviate cramps.

Stay Active: Gentle exercises like yoga or stretching can improve blood flow and reduce pain. **Hydrate:** Drinking water helps prevent bloating and reduces discomfort.

Over-the-Counter Medications: NSAIDs like ibuprofen or naproxen can provide relief from cramps. **Herbal Remedies:** Ginger tea or chamomile tea can help ease discomfort naturally.

2. Relieving Premenstrual Syndrome (PMS)

Maintain a Balanced Diet: Focus on whole grains, fruits, vegetables, and lean proteins. Limit caffeine, salt, and sugar to reduce bloating and irritability.

Exercise Regularly: Physical activity boosts endorphins, which can improve mood and reduce fatigue.

Get Adequate Sleep: Aim for 7–9 hours of restful sleep to manage mood swings and energy levels.

Relaxation Techniques: Practice mindfulness, meditation, or deep-breathing exercises to ease stress.

Supplementation: Consider calcium, magnesium, or vitamin B6 supplements (consult a doctor first).

3. Coping with Menstrual Migraines

Track Your Cycle: Identifying patterns can help anticipate and prepare for migraines.

Preventive Medications: Use prescribed triptans or hormonal therapies to reduce severity and frequency.

Dietary Adjustments: Avoid migraine triggers like chocolate, processed foods, and alcohol.

Stay Hydrated and Rested: Dehydration and fatigue can exacerbate migraines, so prioritize hydration and quality sleep.

4. Dealing with Menorrhagia (Heavy Bleeding)

Iron-Rich Foods: Consume spinach, red meat, lentils, and fortified cereals to prevent anaemia.
Track Bleeding Patterns: Use period-tracking apps to monitor changes and seek medical advice if needed.
Use the Right Products: Choose menstrual products with higher absorbency during heavy flow days.
Consult a doctor: Heavy bleeding may require medical intervention, such as hormonal treatments or antifibrinolytics

5. Handling Amenorrhea (Missed or Absent Periods)

Evaluate Stress Levels: High stress can disrupt hormonal balance. Practice stress-reduction techniques like yoga or journaling.

Maintain a Healthy Weight: Extreme weight fluctuations can cause amenorrhea, so aim for a balanced diet and moderate exercise.

Seek Medical Advice: Persistent absence of periods may indicate underlying health issues like PCOS, thyroid problems, or hypothalamic amenorrhea.

6. Addressing Delayed Menarche

Ensure Proper Nutrition: Include foods rich in calcium, iron, and vitamins to support growth and hormonal health.

Limit Intense Exercise: Excessive physical activity may delay menarche, so moderate workouts are recommended.

Medical Evaluation: If menarche is significantly delayed, consult a healthcare provider to rule out any medical conditions.

General Tips for All Menstrual Issues

- **Track Your Cycle:** Use a period-tracking app or calendar to monitor symptoms, flow, and patterns.
- **Stay Hydrated:** Drinking plenty of water reduces bloating and keeps your body functioning optimally.
- **Practice Good Hygiene:** Change sanitary products every 4–6 hours to prevent infections.
- **Communicate:** Talk to a trusted adult or healthcare provider about menstrual concerns for guidance and support.
- **See a doctor when:**
 1. Severe pain that disrupts daily life.
 2. Heavy bleeding (soaking a pad or tampon in less than 2 hours).
 3. Periods missing for more than three consecutive months.
 4. Symptoms of anaemia like fatigue or shortness of breath.

Policy Suggestions Related to Menstruation

1. Strengthen Menstrual Health Education in School Curricula

- **Policy Action:** Incorporate age-appropriate, factual, and inclusive menstrual health education in school curricula for both girls and boys.
- **Implementation:**
 - Train teachers to deliver menstrual health education sensitively and effectively.
 - Include topics like biological processes, menstrual hygiene management, breaking taboos, and supporting peers.
 - Provide educational materials such as booklets, videos, and posters to create awareness.

2. Improve Access to Menstrual Hygiene Products

- **Policy Action:** Ensure free or subsidized access to sanitary pads, tampons, or reusable products for schoolgirls, particularly in underprivileged areas.
- **Implementation:**
 - Distribute menstrual hygiene kits in schools.
 - Install vending machines for sanitary products in schools and public spaces.
 - Promote sustainable options like menstrual cups or reusable pads.

3. Establish Menstrual-Friendly Infrastructure

- **Policy Action:** Develop girl-friendly sanitation facilities in schools and in public spaces.
- **Implementation:**
 - Provide clean, private, and well-maintained toilets with access to running water and soap.
 - Ensure proper waste disposal systems for menstrual products, such as incinerators or disposal bins.

4. Combat Menstrual Stigma

- **Policy Action:** Launch public awareness campaigns to destigmatize menstruation.
- **Implementation:**
 - Use media platforms to normalize menstruation and promote positive narratives.
 - Engage community leaders, parents, and influencers to challenge taboos and misconceptions.

5. Integrate Menstrual Health in National Health Policies

- **Policy Action:** Include menstrual health as a priority in broader health and education strategies.

- **Implementation:**

- Allocate budgets specifically for menstrual health initiatives.
- Collaborate with NGOs, healthcare providers, and private sectors for resource mobilization.

6. Provide Psychosocial Support

- **Policy Action:** Offer counselling and support to girls experiencing menstrual health issues or stigma.
- **Implementation:**
 - Train school counsellors to address menstrual-related concerns.
 - Establish peer-support groups to foster shared experiences and solutions.

7. Monitor and Evaluate Menstrual Health Programs Regularly

- **Policy Action:** Conduct periodic assessments to measure the impact of menstrual health initiatives.
- **Implementation:**
 - Use feedback from students, teachers, and parents to refine programs.
 - Employ data-driven approaches to identify gaps and scale up successful interventions.

8. Conclusion

Addressing menstrual challenges for school-going girls is essential to ensure equitable education, health, and empowerment. By removing barriers associated with menstruation, girls are more likely to attend school consistently, perform better academically, and gain confidence. Tackling menstrual health issues contributes to broader goals like gender equality, improved health outcomes, and breaking cycles of poverty and stigma. A comprehensive, well-funded, and collaborative approach can significantly impact the lives of girls and their communities.

Myths surrounding menstruation

There are several myths surrounding menstruation that have persisted across cultures and time. These myths often arise from a lack of awareness and cultural taboos. Here are some common ones:

1. Menstruating women are impure or unclean

- Many cultures consider menstruating women as impure, leading to restrictions like avoiding temples, kitchens, or certain social gatherings.
- *Reality: Menstruation is a natural biological process, and there's nothing unclean about it.*

2. Menstruation attracts predators or causes harm

- A myth in some societies suggests that menstruating women can attract predators (e.g., wild animals) or harm plants by touching them.
- *Reality: There is no scientific basis for this claim.*

3. Avoiding certain foods during menstruation

- It is believed that eating sour foods (e.g., pickles or tamarind) can worsen menstrual cramps or impact menstrual flow.
- *Reality: There is no evidence that specific foods negatively affect menstruation. A balanced diet helps maintain overall health.*

4. Women cannot exercise during menstruation

- Some people believe that physical activity during menstruation is harmful or should be avoided entirely.
- *Reality: Exercise can help alleviate menstrual cramps and boost mood due to endorphin release.*

5. Menstrual blood is toxic

- Some myths suggest that menstrual blood is toxic or dangerous.
- *Reality: Menstrual blood is just normal blood and tissue shed from the uterine lining, with no toxic properties.*

6. You can't get pregnant during menstruation

- Many believe that pregnancy is impossible if intercourse occurs during menstruation.
- *Reality: While the likelihood is lower, sperm can survive in the body for several days, making pregnancy possible if ovulation occurs soon after menstruation.*

7. Menstruation should be hidden or not discussed

- Talking about menstruation is often considered taboo in many cultures.
- *Reality: Open conversations about menstruation are essential for awareness and removing stigma.*

8. Menstruation is always painful

- It's commonly believed that all women experience severe pain during their periods.

- *Reality: While some experience dysmenorrhea (painful periods), many have mild or pain-free menstruation.*
9. Girls shouldn't bathe during menstruation
- Some cultures discourage bathing, particularly with cold water, during menstruation.
 - *Reality: Maintaining hygiene through regular bathing is crucial and beneficial during menstruation.*
10. Using tampons affects virginity
- In some societies, using tampons is thought to break the hymen and compromise virginity.
 - *Reality: Virginity is a social construct, and the hymen can stretch or tear for various reasons unrelated to sexual activity. Tampons, when used correctly, are safe and do not define one's virginity.*

Breaking the Myths

Education and open communication are vital to dispelling these myths. Menstruation is a natural and healthy part of life, and understanding it fosters inclusivity and empathy.

Yoga: An effective way to ease menstrual pain

Yoga can be an effective way to ease menstrual pain by promoting relaxation, reducing cramping, and improving blood circulation. Here are some gentle yoga postures (asanas) to help alleviate discomfort during menstruation:

1. Child's Pose (Balasana)

- How to do it: Sit on your heels, fold forward, and stretch your arms in front of you or rest them beside your body. Allow your forehead to touch the mat.
- Benefits: Relieves lower back and abdominal pain, calms the mind.

2. Cat-Cow Pose (Marjaryasana-Bitilasana)

- How to do it:
 - Start on your hands and knees.
 - Inhale and arch your back (Cow Pose), lifting your head and tailbone.
 - Exhale and round your back (Cat Pose), tucking your chin to your chest.
- Benefits: Eases lower back tension and abdominal cramps.

3. Seated Forward Bend (Paschimottasana)

- How to do it: Sit with your legs extended straight ahead, inhale and lengthen your spine, then exhale as you fold forward, reaching for your feet or shins.
- Benefits: Relieves back and pelvic pain, promotes relaxation.

4. Supine Twist (Supta Matsyendrasana)

- How to do it: Lie on your back, bring one knee to your chest, and gently guide it across your body to the opposite side. Extend your arms in a "T" position and turn your head in the opposite direction.
- Benefits: Relieves tension in the lower back and abdominal area.

5. Butterfly Pose (Baddha Konasana)

- How to do it: Sit on the floor, bring the soles of your feet together, and let your knees drop outward. Hold your feet with your hands and sit up tall.
- Benefits: Opens the hips, improves circulation, and reduces cramping.

6. Reclined Bound Angle Pose (Supta Baddha Konasana)

- How to do it: Lie on your back and bring the soles of your feet together, allowing your knees to drop open to the sides. You can place cushions under your knees for support.
- Benefits: Promotes relaxation and reduces abdominal discomfort.

7. Corpse Pose (Savasana)

- How to do it: Lie flat on your back with your arms relaxed by your sides and palms facing up. Close your eyes and focus on deep breathing.
- Benefits: Reduces stress, calms the nervous system, and promotes overall relaxation.

Tips for Practicing Yoga During Menstruation:

- Listen to Your Body: Avoid poses that feel uncomfortable or require excessive strain.
- Breathe Deeply: Focus on slow, deep breaths to relax the body and mind.
- Avoid Inversions: Poses like headstands or shoulder stands are typically not recommended during menstruation as they

may interfere with natural blood flow.

Practicing these postures regularly, even outside your menstrual period, can help improve your overall cycle health.

References:

1. UNICEF, "Guidance on Menstrual Health and Hygiene," 2021.
2. WHO, "Menstrual Health Factsheet," 2020.
3. Sommer, M., et al. "A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Education Sector Plans," 2017.
4. Journal: *The Lancet* and *Journal of Adolescent Health*.
5. Various Government reports on menstrual health policies and initiatives.
6. Online resources, such as articles from WHO, UNICEF, and NGO websites focused on menstrual health.

Appendices:

- a) Questionnaire form.
- b) Consolidated tabulated result
- c) Datatables & graphs.

Result

A total of 200 school girls were studied.

a) Most common symptoms were found to be:

1. Difficulty in concentration
2. Muscular Cramps
3. Mood Swings
4. Headache
5. Fatigue

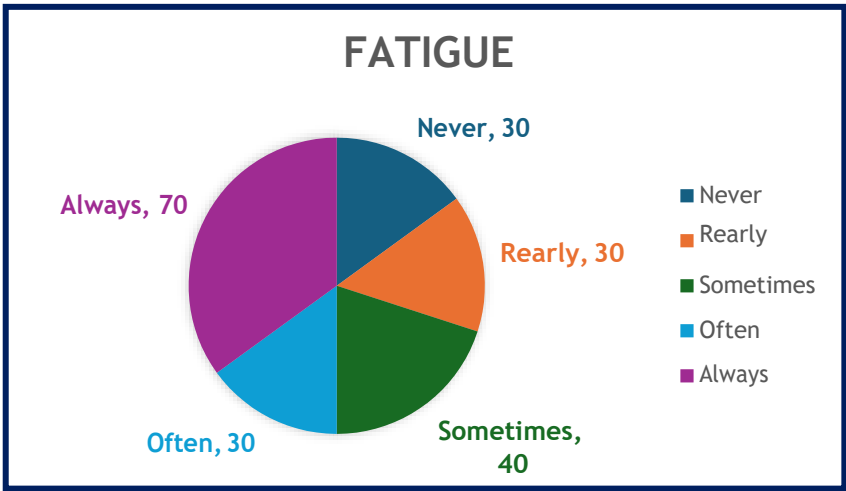
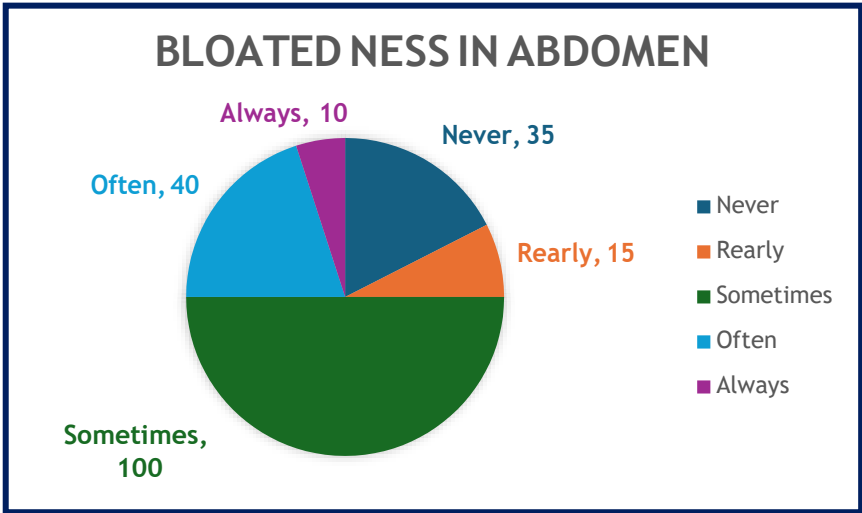
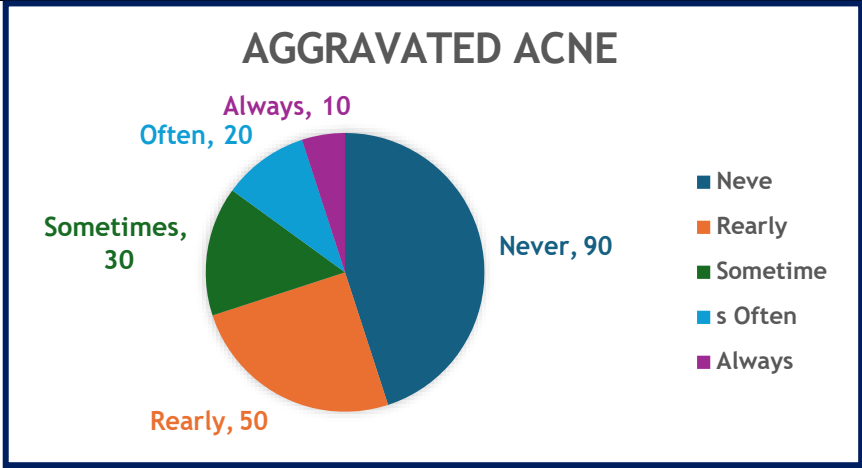
b) Many girls lack accurate knowledge about menstruation before menarche, often relying on incomplete or incorrect information from family and peers.

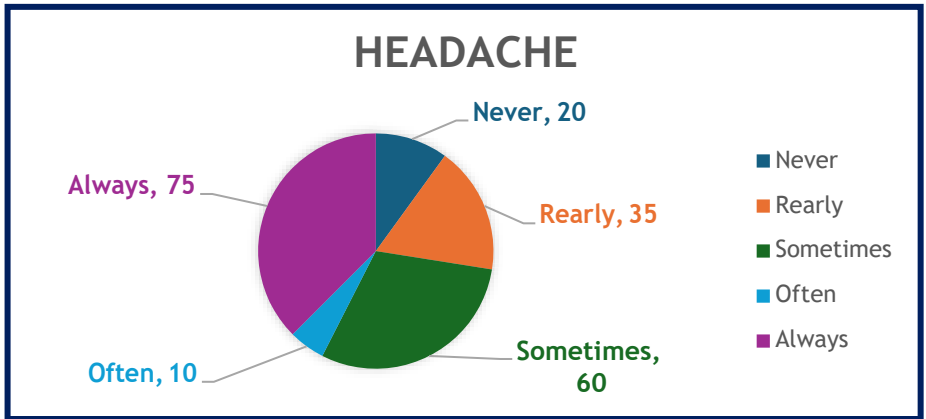
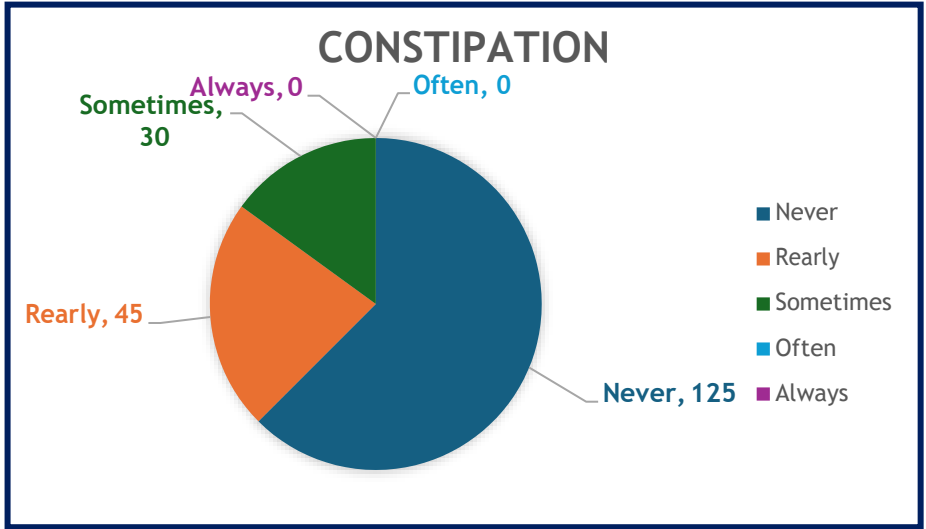
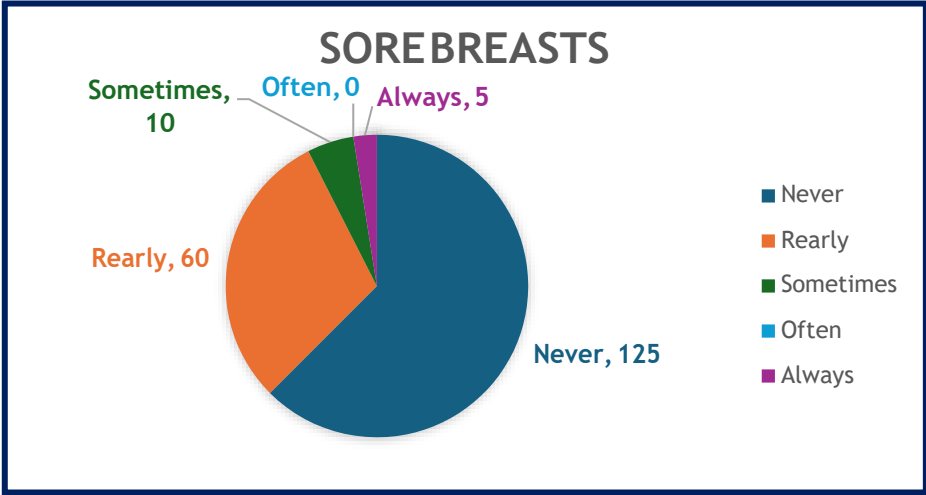
c) Common myths and misconceptions exacerbate feelings of fear and embarrassment.

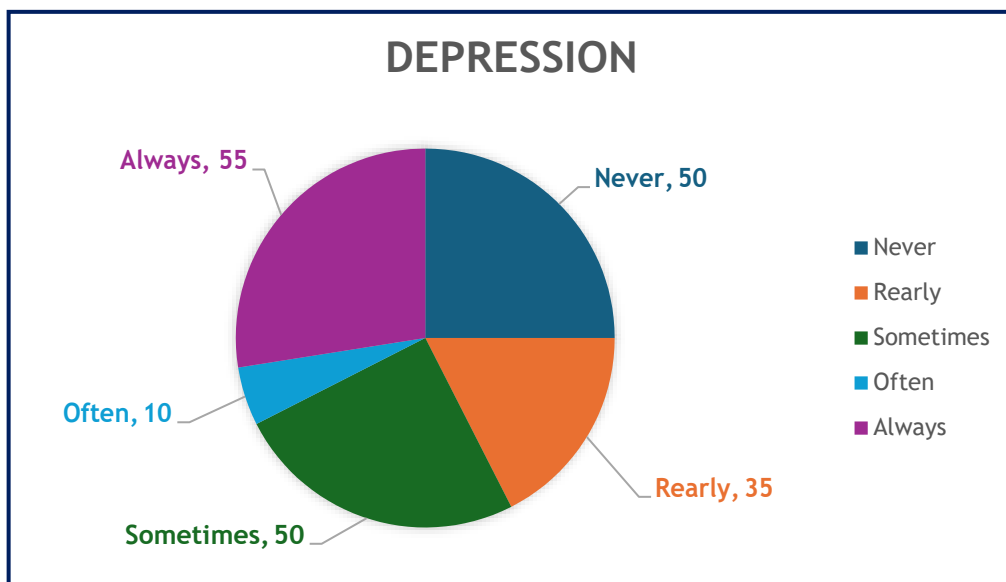
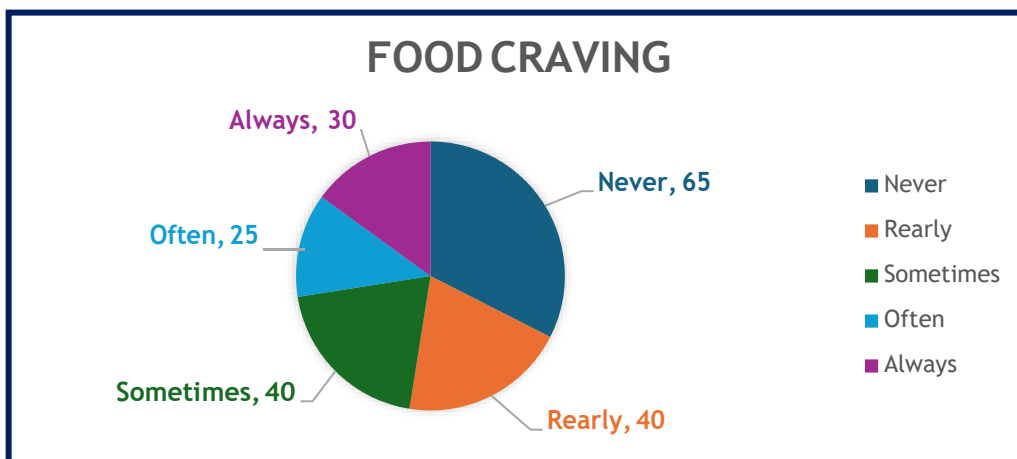
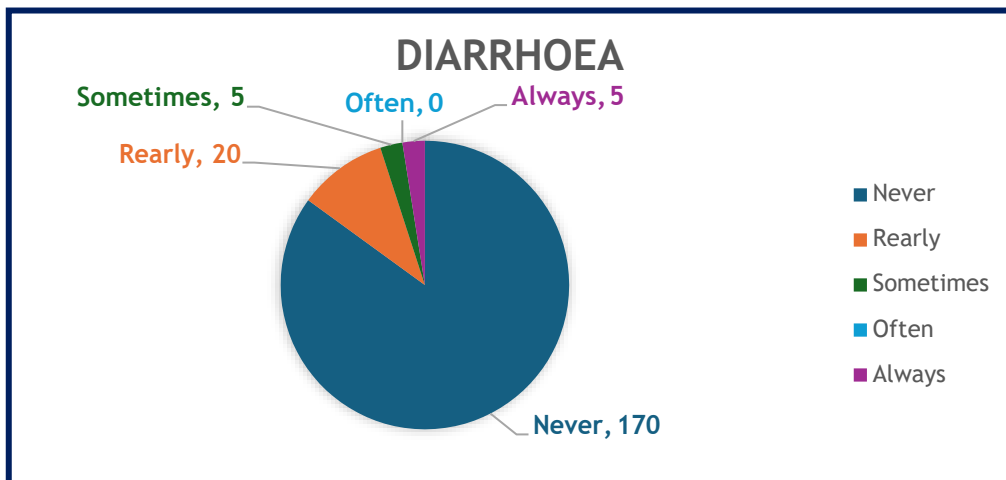
Tabulation of Results

S. NO.	Symptom	(A)	(B)	(C)	(D)	(E)	Total no. of girls who experienced the symptoms (A+B+C+D+E)	Majority
		Never	Rarely	Sometim	Often	Always		
1	Aggravated	90	50	30	20	10	110	Never
2	Bloated ness in abdomen	35	15	100	40	10	165	Sometime s
3	Fatigue	30	30	40	30	70	170	Always
4	Sore breasts	125	60	10	0	5	75	Never
5	Constipation	125	45	30	0	0	75	Never
6	Headache	20	35	60	10	75	180	Always
7	Diarrhoea	170	20	5	0	5	30	Never
8	Food Craving	65	40	40	25	30	135	Never
9	Depression	50	35	50	10	55	150	Always
10	Muscular	25	35	45	40	55	175	Always
11	Emotionally Sensetive	65	35	45	20	35	135	Never
12	Concentration	20	30	40	55	55	180	Always

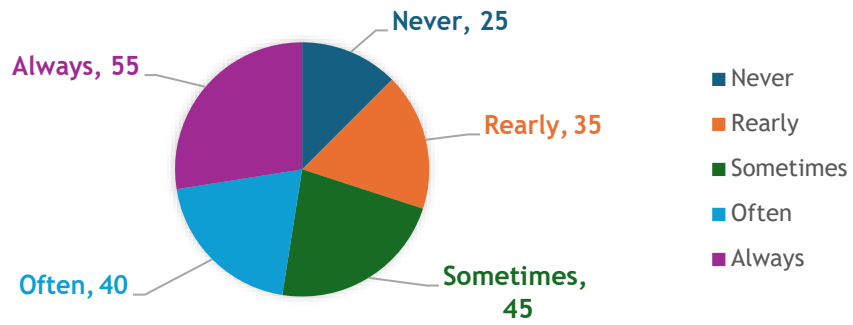
13	Awareness about menstruation	140 were aware	60 were not aware	200
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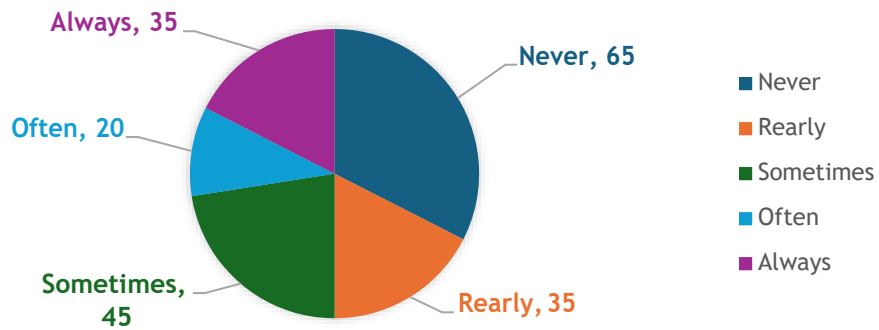




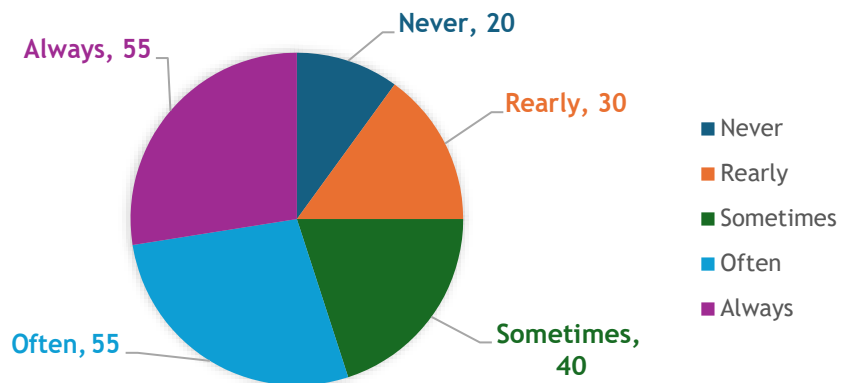
MUSCULAR CRAMPS



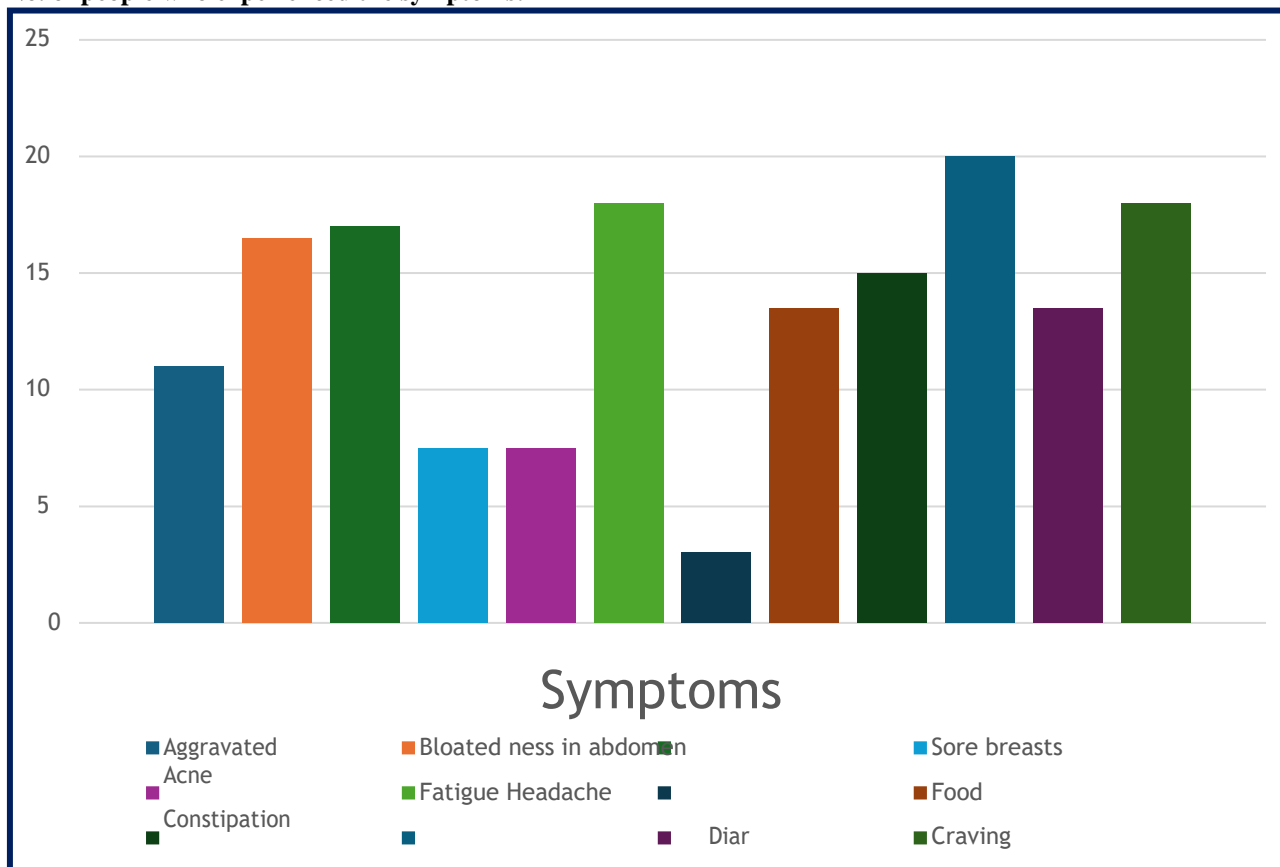
EMOTIONALLY SENSITIVE



CONCENTRATION



No. of people who experienced the symptoms:



Annexure A

Aim: Addressing Menstrual related challenges by school-going girls Questionnaire - Case Study

Name:	
Age:	
Class:	
School:	

Q.1 When did you have your first menstruation cycle?

Q.2 Were you familiar with the process of menstruation before you experienced it?

Q.3 Some girls have mood swings during their periods which could mean that they feel tired, tensed, weepy, etc. Do you have any symptoms during your periods? Tick each statement.

S.No.	SYMPTOM	NEVER	RAREL	SOMETIME	OFTEN	ALWAY
1	Acne is aggravated					
2	Feeling bloated in the abdomen					
3	Fatigue					
4	Feeling of tenderness in breasts					
5	Constipation					
6	Headache					
7	Diarrhoea					
8	Food craving					
9	Depression, dullness, anxiety					
10	Difficult in concentration					
11	Muscular, cramps bother me					
12	Difficulty in handling stress					
13	Tendency to emotionally sensitive					

Q.4 How often do periods come? Do you always get a period every 28/30 days or irregular or absent?

Q.5 How long do periods last?

Q.6 Do you know at what age women stop having their periods (awareness of menopause)?

Q.7 How do you rate the pain of periods?

a) Painful (Dysmenorrhea)

b) Normal

c) Don't know

Q.8 Do you take pain killers (name the painkiller) to mitigate the pain during the cycle.

Q.9 Any home remedy you take?

Q.10 Mention if you have any other problem (not mentioned above)

NOTE: The information asked is only for concluding the survey on problems faced during menstruation.

Thanks.