



Women's Health and Menstrual Hygiene: A Study in Jamgaon (M) Village under Durg District, Chhattisgarh, India

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Women's health and menstrual hygiene are fundamental components of reproductive health and overall well-being. However, inadequate awareness, poor sanitation facilities, and socio-cultural taboos continue to affect menstrual hygiene practices among rural women in India. The present study was conducted to assess the health status and menstrual hygiene awareness among women in Jamgaon (M) village of Durg district, Chhattisgarh. A community-based cross-sectional survey was carried out during March 2026 involving 70 female respondents selected through simple random sampling. Data were collected using a pre-tested semi-structured interview schedule through face-to-face interviews conducted in Hindi and Chhattisgarhi after obtaining informed consent. The collected data were analyzed using descriptive statistics. The findings revealed that 68 (97.14%) respondents used sanitary napkins during menstruation, 65 (92.86%) practiced proper disposal of used sanitary products in dustbins, and 55 (78.57%) were aware of menstrual infections and their preventive measures. Only 15 (21.43%) respondents lacked adequate knowledge regarding menstrual health. Health-related observations indicated that thyroid disorders were reported by 5 (7.14%) respondents, while hypertension and PCOD/PCOS were observed in 2 (2.86%) respondents each. Overall, the respondents demonstrated satisfactory menstrual hygiene practices; however, gaps in awareness and the presence of reproductive and endocrine health problems indicate the need for continuous health education, regular medical screening, and improved access to menstrual hygiene services. Strengthening community-based awareness programmes through health workers, educational institutions, and the National Service Scheme (NSS) can significantly improve women's health and menstrual hygiene practices in rural communities.

Keywords: Women's health, Menstrual hygiene, Sanitary napkins.

Introduction

Women's health is a fundamental component of public health and plays a crucial role in achieving sustainable development and improving the quality of life. Healthy women contribute significantly to the social, economic, and cultural development of their families and communities. Among the various aspects of women's health, menstrual hygiene management (MHM) is recognized as an essential element of reproductive health and human dignity. Menstruation is a natural physiological process experienced by women during their reproductive years; however, it continues to be surrounded by myths, misconceptions, and socio-cultural taboos, particularly in rural areas of developing countries. These misconceptions often restrict women from openly discussing menstrual health issues and adopting hygienic

menstrual practices. According to the World Health Organization (WHO) and UNICEF, menstrual hygiene management involves the use of clean menstrual absorbents, changing them at regular intervals, washing the genital area with clean water and soap, maintaining privacy during menstruation, and ensuring the safe disposal of used menstrual products. Failure to maintain proper menstrual hygiene may increase the risk of reproductive tract infections (RTIs), urinary tract infections (UTIs), skin irritation, infertility, and adverse reproductive health outcomes. Poor menstrual hygiene can also affect women's psychological well-being, self-esteem, educational attainment, and participation in social and economic activities.

Despite considerable progress in improving women's health in India, menstrual hygiene remains a significant public health concern, particularly in rural communities. According to the National Family Health Survey (NFHS-5), although the use of hygienic menstrual protection methods has increased in recent years, disparities persist between urban and rural populations because of limited awareness, poverty, inadequate sanitation facilities, and restricted access to affordable sanitary products. Many rural women continue to use traditional absorbents such as old cloth due to financial constraints and cultural beliefs. Inadequate menstrual hygiene practices have been associated with increased prevalence of reproductive tract infections and other gynecological disorders. Government initiatives such as the Menstrual Hygiene Scheme, Swachh Bharat Mission, Rashtriya Kishor Swasthya Karyakram (RKSK), and awareness programmes conducted by Accredited Social Health Activists (ASHAs), Anganwadi workers, schools, and the National Service Scheme (NSS) have contributed substantially to improving menstrual hygiene awareness in rural India. Nevertheless, sustained educational interventions and community participation remain necessary to overcome persistent social stigma and misconceptions surrounding menstruation. The findings of the present investigation are largely consistent with previous national and regional studies. Similar to the observations of Patil et al. (2022) and the recent systematic review by Sinha et al. (2022), the respondents in Jamgaon (M) village exhibited a high level of sanitary napkin use and satisfactory menstrual hygiene practices. However, like Gupta et al. (2018) and Maulana et al. (2025), the study also identified persistent gaps in menstrual health awareness and the presence of reproductive and endocrine health problems among a small proportion of women. These similarities indicate that while menstrual hygiene awareness has improved considerably in rural India, continued educational interventions, affordable sanitary products, and accessible healthcare services remain essential for achieving optimal women's reproductive health.

Objective of Study

1. To assess the health status and menstrual hygiene practices among women in Jamgaon (M) village, Durg district, Chhattisgarh.
2. To evaluate the level of awareness regarding menstrual hygiene and menstrual health among the respondents.
3. To suggest appropriate measures for improving women's health and menstrual hygiene management through awareness programmes and community participation.

Methodology

1. Study Area

The present investigation was conducted in Jamgaon (M) village, situated in Patan Block of Durg district, Chhattisgarh, India. The village is located approximately 16 km from Raipur and is administratively governed by the Gram Panchayat Jamgaon (M). According to village records, the total geographical area of the village is 784.43 ha, of which 548.57 ha is cultivated land and 83.12 ha is non-cultivated land. The present population of the village is approximately 3,850, with a nearly equal distribution of male and female residents.

2. Study Design

A community-based cross-sectional descriptive study was conducted during April 2026 to assess women's health status and menstrual hygiene practices among female residents of Jamgaon (M) village.

3. Sample Size and Sampling Technique

A total of 70 female respondents were selected for the study using simple random sampling. One eligible female member from each selected household was included in the survey. Women who voluntarily agreed to participate and provided informed consent were interviewed, while those unwilling to participate were excluded from the study.

4. Data Collection

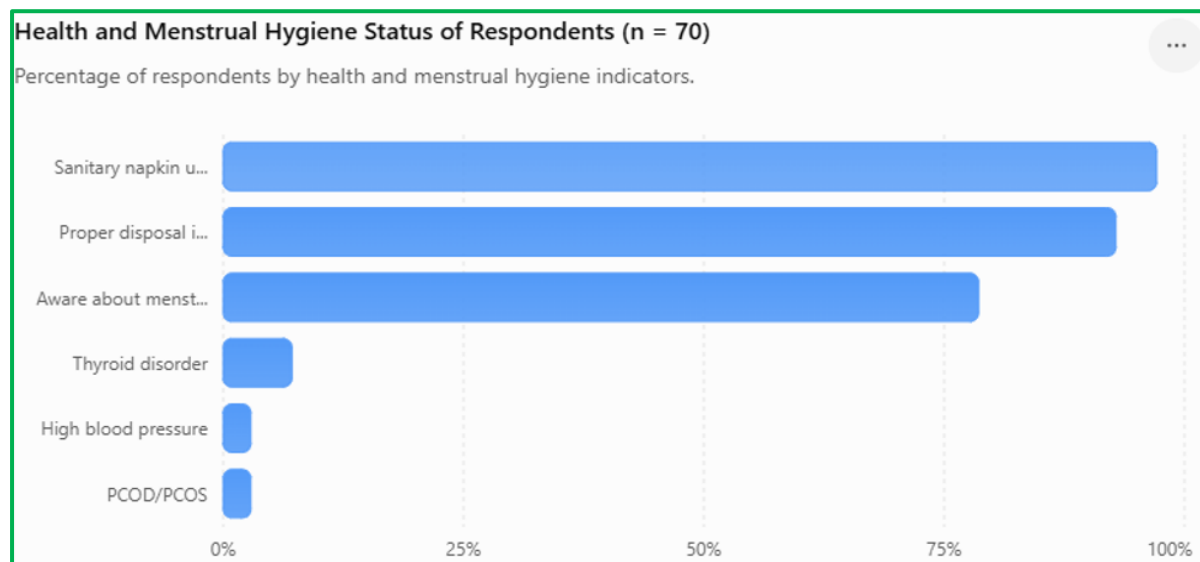
Primary data were collected through personal interviews using a pre-tested semi-structured interview schedule prepared specifically for the study. Interviews were conducted in Hindi and Chhattisgarhi to ensure better understanding of the questions. Before data collection, respondents were informed about the purpose of the study, confidentiality of the information, and their voluntary participation. Informed verbal consent was obtained from every participant. The questionnaire consisted of questions related to:

- Socio-demographic characteristics (name, age)
- Women's general health status
- Use of menstrual absorbents
- Menstrual hygiene practices
- Disposal methods of used sanitary products
- Awareness regarding menstrual infections
- Presence of selected health problems such as thyroid disorders, hypertension, and PCOD/PCOS

Result & Discussion

Table 1. Health and Menstrual Hygiene Status of Respondents (n = 70)

Particular	Number of respondents	Percentage (%)
Sanitary napkin users	68	97.14
Proper disposal in dustbin	65	92.86
Aware about menstrual infections	55	78.57
Thyroid disorder	5	7.14
High blood pressure	2	2.86
PCOD/PCOS	2	2.86



Among the respondents, 68 women (97.14%) reported using sanitary napkins during menstruation, indicating a high level of acceptance of hygienic menstrual products. Only two respondents continued to use alternatives such as cloth, suggesting that awareness programmes and improved availability of sanitary products have positively influenced menstrual hygiene practices in the study area. Proper disposal of menstrual absorbents is an essential component of menstrual hygiene management. The survey showed that 65 respondents (92.86%) disposed

of used sanitary napkins in dustbins, whereas five respondents still followed inappropriate disposal methods. Safe disposal practices reduce environmental contamination and minimize the risk of disease transmission. Regarding awareness, 55 respondents (78.57%) possessed knowledge about menstrual infections and preventive hygiene practices, while 15 respondents (21.43%) lacked adequate awareness. Although the majority demonstrated satisfactory knowledge, the existing information gap indicates the need for continuous awareness programmes focusing on reproductive health, menstrual hygiene management, and early recognition of menstrual disorders. The health profile of respondents revealed that five women (7.14%) reported thyroid disorders, whereas two respondents (2.86%) each suffered from hypertension and PCOD/PCOS. Although the prevalence of these conditions was relatively low, they represent important public health concerns requiring periodic medical screening and timely healthcare interventions.

The findings are consistent with previous studies by Dasgupta and Sarkar (2008), Thakre et al. (2011), Gupta et al. (2018), and Patil et al. (2022), which reported that increasing awareness and improved accessibility to sanitary products significantly enhance menstrual hygiene practices among rural women. The comparatively higher utilization of sanitary napkins observed in the present study may be attributed to government health programmes, ASHA and Anganwadi workers, NSS awareness campaigns, and improved availability of sanitary products in rural areas.

Conclusion

The present study concludes that women in Jamgaon (M) village have adopted satisfactory menstrual hygiene practices and possess a reasonably good level of awareness regarding menstrual health. Most respondents reported using sanitary napkins and practicing appropriate disposal methods, reflecting the positive impact of government initiatives, health education programmes, and community awareness activities. However, a considerable proportion of respondents still lacked adequate knowledge regarding menstrual infections, and a few women reported health conditions such as thyroid disorders, hypertension, and PCOD/PCOS. The study emphasizes that improving women's health requires continuous awareness campaigns, regular health screening, enhanced reproductive health services, and increased accessibility to affordable menstrual hygiene products. Active participation of ASHA workers, Anganwadi workers, educational institutions, self-help groups, and National Service Scheme (NSS) volunteers can substantially strengthen community awareness and eliminate misconceptions associated with menstruation. Promoting menstrual hygiene management will not only improve women's reproductive health but also contribute toward gender equality, women's empowerment, and sustainable rural development.

Limitations of The Study

The present study was conducted only in Jamgaon (M) village of Durg district, Chhattisgarh, and therefore the findings may not be representative of the entire rural population of the district or state. The study was based on a relatively small sample of 70 female respondents, which may limit the generalizability of the results. Information was collected through personal interviews using a structured questionnaire, and the responses were based on the participants' self-reporting; therefore, the possibility of recall bias or socially desirable responses cannot be ruled out. Furthermore, the study followed a cross-sectional design, which reflects the respondents' health status and menstrual hygiene practices at a single point in time and does not assess changes over time. In addition, no clinical examination or laboratory investigation was carried out to verify the reported health conditions. Despite these limitations, the study provides useful baseline information on women's health and menstrual hygiene practices in the study area and can serve as a reference for future research and community-based health interventions.

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