

Menstrual Health and Hygiene Awareness in Rural Communities: Findings from Focus Group Discussions in Sardar Pada, Binodpur, and Bottala

Abstract

This article presents findings from Focus Group Discussions conducted with adolescent girls, mothers, and elderly women in Sardar Pada, Binodpur, and Bottala to explore menstrual hygiene practices, health awareness, social norms, and access to services. The discussions revealed a mixed picture of progress and persistence: while younger participants demonstrated greater awareness and increased use of sanitary pads, many women and girls still faced stigma, inadequate sanitation, financial barriers, and limited knowledge of menstrual health. Traditional restrictions, embarrassment, and poor disposal systems continued to shape menstrual management practices. The findings suggest the need for sustained menstrual health education, improved WASH infrastructure, affordable sanitary products, and inclusive community interventions involving both women and men.

Introduction

Menstruation is a normal biological process, yet in many rural communities it remains shaped by silence, stigma, and restrictive cultural norms. The focus group discussions conducted in Sardar Pada, Binodpur, and Bottala were intended to understand how women and adolescent girls manage menstruation, what they know about menstrual health, and what difficulties they face in daily life. The discussions also aimed to identify community needs that could inform future health promotion and social work interventions.

Across all three locations, participants described both continuity and change. Older women recalled restrictive practices and limited access to menstrual products, while younger girls reported improved awareness through schools, media, and health workers. However, social embarrassment, poor sanitation, and financial hardship still affected safe menstrual management and the wellbeing of girls and women.



Discussion at Binodpur



Discussion at Sardarpara

Methods

The study used a qualitative FGD approach with adolescent girls, mothers, and elderly women from the three communities. Guided discussion questions were used to explore menstrual knowledge, beliefs, practices, stigma, hygiene behaviours, sanitation access, school experiences, healthcare-seeking, and support systems. The sessions were conducted in an informal and participatory manner so that participants could speak freely about sensitive experiences.

The data were based on shared narratives and observed interaction patterns during the discussions. This design is appropriate for understanding community perceptions, lived experiences, and social meanings surrounding menstruation.

Findings

Traditional beliefs

Participants consistently reported that menstruation had long been viewed as impure and subject to restrictions. Older women recalled the use of old cloth pieces before sanitary pads became available, as well as practices such as washing cloths secretly and drying them indoors to avoid shame. Common restrictions included avoiding temples, religious activities, ponds, certain foods, plants, and household tasks. In some households, girls were still expected to sleep separately during menstruation.

Knowledge and first menstruation

Most participants first learned about menstruation from mothers, grandmothers, elder sisters, or friends rather than from schools or health services. Many adolescent girls said they felt frightened and unprepared during menarche, with some believing they were injured or seriously ill. Several girls hid the first bleeding episode from family members because of fear and embarrassment. This lack of prior education was one of the most striking gaps identified in both FGDs.

Hygiene practices

Participants described a range of menstrual management practices. Many younger girls and women now use sanitary pads, but some still rely on cloth because of cost and availability. Cloth users usually wash them with soap and water, though drying is often done indoors or in hidden places due to shame, which may reduce hygienic quality. Women also reported varying bathing practices, with older participants noting that bathing during menstruation had once been discouraged in their households.

School and daily life

Adolescent girls repeatedly mentioned difficulties in school, including fear of leakage, lack of toilets, absence of water, insufficient disposal arrangements, and embarrassment about carrying pads. Some reported missing classes during heavy bleeding or severe pain. Women also described continuing household and wage work despite cramps, weakness, and discomfort, showing how menstruation affects both education and productivity.

Sanitation and disposal

WASH conditions emerged as a major concern. Many households lacked private toilets, reliable water supply, or disposal systems for menstrual waste. Used pads were often wrapped and thrown into fields, rivers, streams, ponds, or mud near water bodies. Some women in both communities reported using open fields or backyards for defecation and urination, which made menstrual hygiene even more difficult, especially during monsoon seasons.

Health and care-seeking

Common menstrual problems included abdominal pain, back pain, weakness, itching, irregular periods, and excessive bleeding. Most participants relied first on home remedies, rest, or local medicine shops before approaching health facilities. Shame, cost, distance, and lack of female providers reduced healthcare-seeking, especially for adolescent girls. This suggests that menstrual health needs are often normalized or ignored until symptoms become severe.

Social stigma and family support

Menstruation remained a sensitive topic within families. Most girls and women felt comfortable discussing it only with mothers, sisters, or other women. Male family members were usually excluded from conversations, which reinforced silence and stigma. Some participants strongly supported including boys and men in awareness programmes, while a few felt this was unnecessary. Still, the broader pattern showed that male exclusion limits understanding and support in households.

Economic constraints

The cost of sanitary pads was a major barrier in both locations. Many women said that households prioritized food and other necessities over menstrual products, and a period often required two packs of pads per month. Some women requested regular free or subsidized pad distribution. Others suggested community-based low-cost pad production as a possible livelihood opportunity for women.

Discussion

The combined FGDs show that menstrual health in these communities is shaped by a close interaction of culture, poverty, infrastructure, and education. Although awareness has improved among younger girls, the persistence of stigma and practical barriers means that safe menstrual management is still not guaranteed for many women. These findings align with broader concerns in menstrual health literature, where knowledge alone is insufficient without supportive sanitation, affordable products, and social acceptance.

The discussions also highlight an important intergenerational divide. Older women retain more restrictive beliefs and practices, while younger participants are somewhat more open and informed. This suggests that change is already underway, but it is uneven and fragile. Community-level interventions must therefore address both attitudes and systems, rather than focusing only on individual behaviour.

Recommendations

The FGDs suggest several priorities for action:

- Conduct regular menstrual health awareness sessions for adolescent girls, mothers, and community members.
- Include boys and men in education programmes to reduce stigma and improve family support.
- Distribute affordable or free sanitary products through schools, health workers, or community platforms.
- Improve toilets, water access, privacy, and safe disposal systems in homes, schools, and public spaces.
- Organize periodic health camps for menstrual complaints and ensure access to female health providers.
- Integrate menstrual education into school and community programmes.
- Support women's groups in producing low-cost sanitary pads as both a health and livelihood initiative.

Conclusion

The focus group discussions in Sardar Pada, Binodpur, and Bottala reveal that menstruation is still managed within a context of silence, stigma, and material hardship, even as awareness slowly improves. Adolescent girls and women continue to face barriers related to sanitation, affordability, healthcare access, and social norms, affecting their dignity, education, and wellbeing. A sustained response combining health education, WASH improvements, product accessibility, and inclusive community engagement is essential for meaningful progress.