“Menstrual Hygiene Practices, Socio-Economic Status, and Health Awareness: A Study Among Muslim Women in Delhi”

ABSTRACT

Menstrual hygiene is a critical aspect of women's health, yet it is often influenced by socio-economic, cultural, and educational disparities, especially in marginalized communities. Addressing menstrual hygiene practices among Muslim women in Delhi provides insights into their health behaviors and hygiene awareness, which are often shaped by socio-cultural norms and economic constraints.

This study aims to assess menstrual hygiene practices, examine the role of socio-economic and marital status, and evaluate awareness levels regarding reproductive health and hygiene-related infections. It investigates patterns of menstrual hygiene management and highlights gaps in knowledge about reproductive tract infections (RTIs) among Muslim women. A descriptive cross-sectional study was conducted with a sample size of 502 women, including 386 participants with regular menstrual cycles. Data were collected through structured questionnaires, and chi-square tests were employed to identify statistical significance ($p<0.05$) in hygiene practices, awareness levels, and health outcomes.

The findings reveal that 48.21% of respondents exhibited poor menstrual hygiene practices, with 39.44% reporting premenstrual abdominal pain. Marital status and socio-economic factors significantly influenced hygiene practices, with unmarried women demonstrating lower levels of awareness about RTIs and personal hygiene. Moreover, practices like using unwashed cloths and inadequate genital cleaning methods were common. The study emphasizes the pressing need for targeted awareness programs, accessible sanitary products, and interventions to address menstrual hygiene management. Promoting educational initiatives and integrating hygiene-focused campaigns within communities can enhance awareness, reduce health risks, and improve overall well-being.

Keywords: Menstrual Hygiene, Reproductive Health, Socio-Economic Impact, Hygiene Awareness, Muslim Women, Delhi.

1. INTRODUCTION

1.1 Background of the Study

Menstrual hygiene management (MHM) is a vital component of women's reproductive health and overall well-being. Proper menstrual hygiene practices not only safeguard physical health but also promote psychological and social confidence among women. Despite its importance, menstrual hygiene remains a neglected area in many communities, particularly among marginalized groups where cultural taboos and socio-economic constraints create barriers to effective hygiene management.

Muslim women in urban areas like Delhi often face unique challenges due to social and religious norms, restricted access to information, and financial limitations. Many of these women lack access to affordable sanitary products and continue to rely on unsafe and unhygienic alternatives. This lack of access, combined with limited awareness about reproductive health and hygiene-related infections, exposes them to serious health risks, including reproductive tract infections (RTIs).

In recent years, government initiatives and awareness programs have attempted to address menstrual hygiene issues. However, these interventions have not fully penetrated marginalized communities, leaving significant gaps in menstrual hygiene awareness and practices. This study seeks to understand the menstrual hygiene behaviors of Muslim women in Delhi and the socio-economic and cultural factors influencing their practices. It further aims to highlight the levels of awareness about reproductive health and hygiene management within this community.

1.2 Problem Statement

Menstrual hygiene management continues to be a neglected health priority, particularly among women from disadvantaged socio-economic backgrounds. Muslim women in Delhi represent one such group that faces multiple barriers, including financial constraints, cultural stigmas, and limited access to menstrual hygiene products.

Poor menstrual hygiene practices, such as the use of unwashed or reused cloth, inadequate cleaning methods, and improper disposal techniques, increase the risk of infections and long-term reproductive health complications. Additionally, many women lack knowledge about reproductive tract infections (RTIs) and their prevention, leading to delayed diagnosis and treatment.

The limited awareness about menstrual hygiene, coupled with a lack of resources, highlights the need for focused research to understand these challenges. This study aims to address the gap by analyzing hygiene practices and health awareness among Muslim women in Delhi and proposing interventions to improve their menstrual health management.

1.3 Objectives of the Study

1. To evaluate the menstrual hygiene practices among Muslim women in Delhi.
2. To examine the role of socio-economic status, marital status, and education in influencing hygiene practices.
3. To assess the awareness levels regarding reproductive health and hygiene-related infections, including RTIs.
4. To recommend strategies for improving menstrual hygiene practices and raising awareness about health risks.

1.4 Research Questions

1. What are the prevailing menstrual hygiene practices among Muslim women in Delhi?
2. How do marital status, education, and socio-economic conditions impact hygiene behaviors?
3. What is the level of awareness regarding reproductive health and hygiene-related infections among the respondents?
4. What strategies can be proposed to address gaps in hygiene practices and improve awareness?

2. LITERATURE REVIEW

2.1 Global Perspective on Menstrual Hygiene Management

Menstrual hygiene management (MHM) has gained global attention as a crucial aspect of women's health and rights. According to Sommer et al. (2015), inadequate menstrual hygiene practices can lead to reproductive tract infections (RTIs) and urinary tract infections (UTIs), highlighting the need for improved access to hygiene facilities and education. Similarly, studies by van Eijk et al. (2016) emphasized that poor menstrual hygiene disproportionately affects women in low-income regions due to the lack of affordable sanitary products and sanitation infrastructure.

Research conducted by Chandra-Mouli and Patel (2017) further underscores that stigma and taboos surrounding menstruation perpetuate poor hygiene practices, especially in developing countries. These studies highlight the need for integrated health programs to promote awareness and ensure access to menstrual hygiene products globally. However, while several interventions have been implemented, marginalized groups, such as religious minorities, remain underrepresented in research, justifying the focus of this study on Muslim women in Delhi.

2.2 Socio-Economic Influences on Hygiene Practices

Socio-economic factors play a defining role in determining menstrual hygiene behaviors. According to Dasgupta and Sarkar (2008), women from lower socio-economic groups often lack access to sanitary pads and rely on unsafe alternatives, such as cloth, which increases the risk of infections. In line with this, studies by Balamurugan and Bendigeri (2012) found that illiteracy and poverty significantly affect women's ability to maintain proper menstrual hygiene, as awareness and affordability become critical barriers.

Studies by Sahoo et al. (2015) demonstrated that education not only improves awareness but also influences attitudes towards menstrual hygiene, enabling women to adopt safer practices. This reinforces the argument that targeted interventions focusing on education and income generation can play a transformative role in improving hygiene standards.

2.3 Cultural and Religious Beliefs Impacting Menstrual Health

Cultural and religious norms have a profound impact on menstrual practices. Ahmed and Yesmin (2008) noted that menstruation is often viewed as impure in many societies, resulting in restrictions on mobility, social participation, and hygiene practices. Among Muslim women, religious beliefs about ritual purity (Ghusl) influence menstrual hygiene behavior, as highlighted by Sinha and Srivastava (2013).

Kumar and Srivastava (2011) found that cultural taboos often prevent open discussions about menstruation, leaving women uninformed about safe hygiene practices. These studies emphasize the importance of culturally sensitive interventions to challenge misconceptions and promote healthy practices.

2.4 Awareness about Reproductive Tract Infections (RTIs)

Awareness of reproductive health and the prevention of infections is crucial for maintaining menstrual hygiene. Khanna et al. (2005) reported that low levels of awareness about RTIs often lead to delayed diagnosis and treatment, increasing the risk of complications. Similarly, Das et al. (2015) highlighted that poor menstrual hygiene practices, such as the reuse of cloth without proper washing, are major contributors to RTIs.

Research by Narayan et al. (2001) further revealed that women with inadequate menstrual hygiene are at a higher risk of developing infections, yet many remain unaware of the link between personal hygiene and reproductive health. Studies by Paul et al. (2012) stressed the need for targeted educational programs to address these gaps in awareness, especially in communities with cultural restrictions.

3. RESEARCH METHODOLOGY

3.1 Research Design

This study adopts a **cross-sectional descriptive design** to assess menstrual hygiene practices, socio-economic influences, and awareness levels regarding reproductive health among Muslim women in Delhi. The design was chosen as it allows for capturing data at a specific point in time, providing insights into prevailing hygiene behaviors and health awareness. The descriptive approach aids in understanding patterns, identifying trends, and highlighting gaps in menstrual hygiene management within the target group.

3.2 Sampling Technique

The study employed a **purposive sampling technique**, focusing on Muslim women residing in Delhi. This method was selected to ensure the inclusion of participants from a specific socio-cultural background, enabling an in-depth analysis of their menstrual hygiene practices. The total sample size consisted of **502 respondents, out of which 386 women reported** having regular menstrual cycles. The sample was diverse, capturing variations in marital status, education levels, and socio-economic backgrounds to provide a comprehensive understanding of the subject matter.

3.3 Data Collection Tools

Primary data were collected using **structured questionnaires** designed to address key aspects of menstrual hygiene practices, socio-economic influences, and awareness regarding reproductive health. The questionnaire included both **closed-ended** and **multiple-choice questions** to ensure uniformity in responses while maintaining clarity. It covered topics such as menstrual product usage, hygiene habits, awareness about RTIs, and factors influencing these behaviors.

3.4 Data Analysis

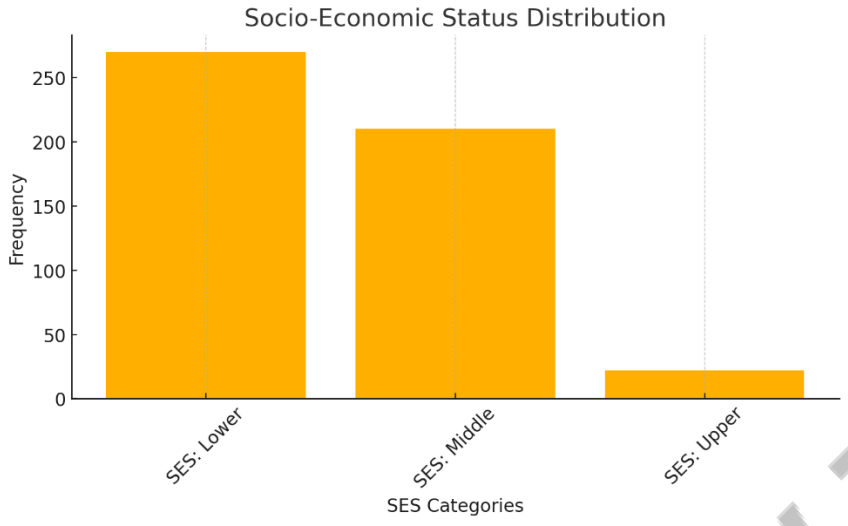
The collected data were analyzed using **descriptive statistics** to summarize patterns and frequencies, while **chi-square tests** were employed to determine associations between categorical variables. Statistical significance was established at **$p<0.05$**, ensuring the reliability of findings related to hygiene practices, socio-economic factors, and health awareness.

4. RESULTS AND DATA ANALYSIS

4.1 Socio-Economic Characteristics

Table 4.1 provides an overview of the socio-economic characteristics of the sample population, consisting of **502 Muslim women** in Delhi. The **mean age** of the participants was **27.9 years (±10.27)**, indicating a predominantly young demographic.

Variable	Value	Percentage (%)
Mean Age	27.9	-
Mean Age at Menarche	12.13	-
Marital Status: Married	347	69.12
Marital Status: Unmarried	155	30.88
Education: Illiterate	184	36.65
Education: Primary	65	12.95
Education: Secondary	75	14.94
Education: Higher Secondary	78	15.54
Education: Intermediate	58	11.55
Education: Graduation and Higher Studies	42	8.37
Occupation: Housewife	313	62.36
Occupation: Working	92	18.32
Occupation: Student	97	19.32
SES: Lower	270	53.79
SES: Middle	210	41.83
SES: Upper	22	4.38
Family Type: Nuclear	380	75.7
Family Type: Joint	122	24.3



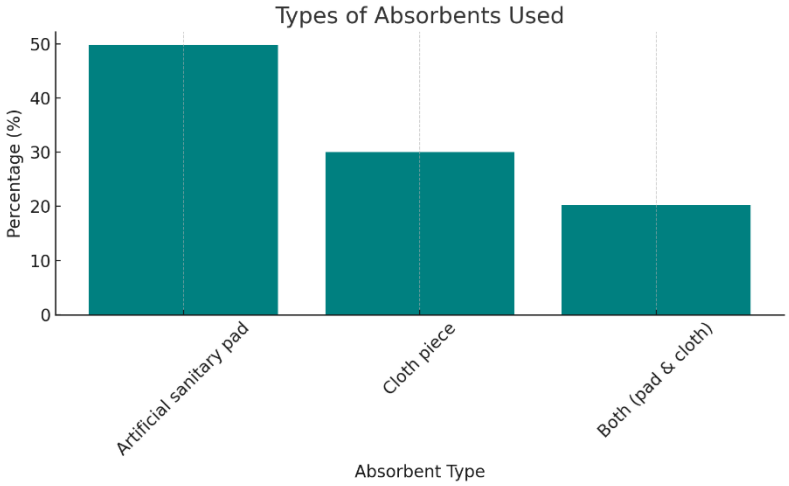
In terms of marital status, 69.12% were married, while 30.88% were unmarried, allowing the study to capture variations in hygiene practices based on marital status. Educational background showed that 36.65% were illiterate, while only 8.37% had pursued higher education. This highlights the limited educational exposure within the community, which may influence hygiene awareness.

The occupational status revealed that a majority (62.36%) were housewives, with only 18.32% working and 19.32% students, reflecting economic dependency. Socio-economic stratification placed 53.79% in the lower income group, 41.83% in the middle, and 4.38% in the upper group. Additionally, 75.70% lived in nuclear families, which could influence hygiene autonomy. These socio-economic factors significantly impacted menstrual hygiene practices, particularly education and income levels, which determined access to sanitary products and hygiene awareness.

4.2 Menstrual Hygiene Practices

Table 4.7 presents data on the types of menstrual absorbents used by participants. The findings revealed that 49.74% relied on artificial sanitary pads, while 30.05% used cloth pieces, and 20.21% alternated between pads and cloths. Among cloth users, 38.34% washed and reused them, whereas 1.04% used unwashed cloths, indicating poor hygiene practices.

Absorbent	**Number**	**Percentage (%)**
Artificial sanitary pad	192	49.74
Cloth piece	116	30.05
Both (pad & cloth)	78	20.21

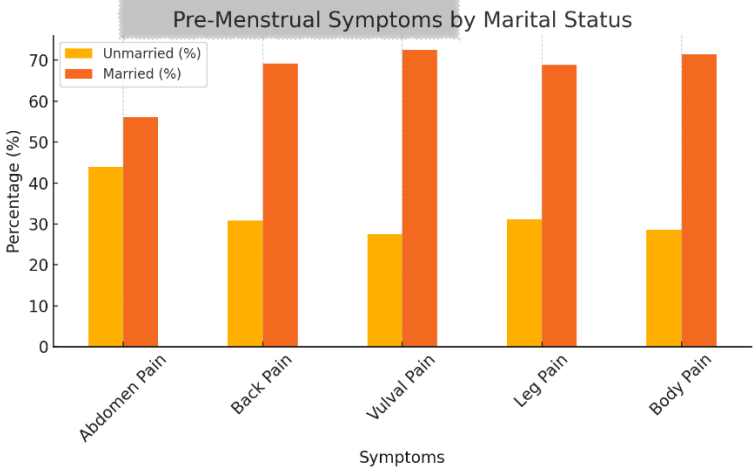


The use of artificial pads was more common among married women due to better financial stability, whereas unmarried women showed a higher dependency on cloth pieces, possibly due to affordability constraints. These findings highlight the urgent need for access to affordable sanitary products and awareness campaigns to promote safer hygiene practices.

4.3 Pre-Menstrual Symptoms and Pain

Table 4.17 analyzes the incidence of pre-menstrual symptoms (PMS) and pain among participants. 44.62% reported experiencing pain before menstruation, with the majority being married women (60.26%) compared to unmarried women (39.74%) ($p<0.001$).

Symptom	Unmarried (%)	Married (%)	Total (%)
Abdomen Pain	43.94	56.06	39.44
Back Pain	30.77	69.23	15.54
Vulval Pain	27.5	72.5	7.97
Leg Pain	31.17	68.83	15.34
Body Pain	28.58	71.42	4.18



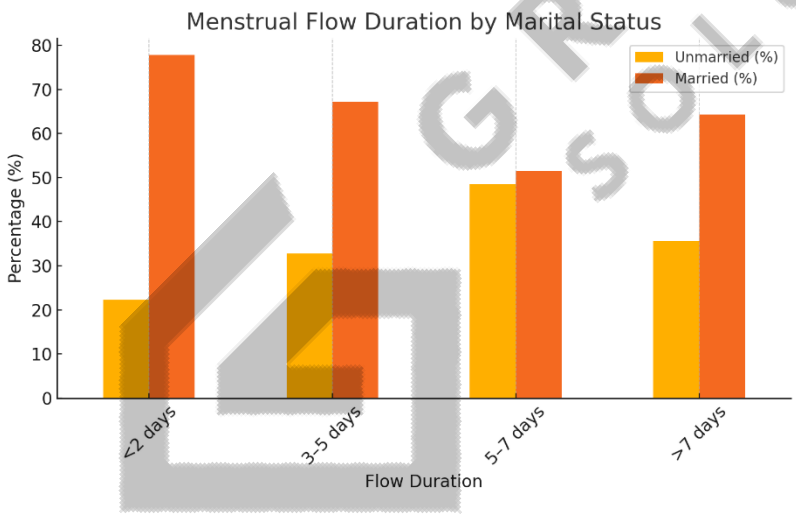
Abdominal pain was the most common symptom, affecting 39.44%, followed by back pain (15.54%), leg pain (15.34%), and vulval pain (7.97%). Marital status influenced pain reporting, possibly due to variations in access to medical care and cultural openness

about discussing such issues. These findings emphasize the need for targeted interventions, including pain management education and access to healthcare services.

4.4 Menstrual Cycle Flow

Table 4.18 examines variations in menstrual flow duration among participants. Most respondents (48.19%) experienced menstrual flow lasting 3–5 days, followed by 42.23% reporting flows of 5–7 days. A small proportion (7.25%) had flows exceeding 7 days, which could be indicative of underlying health issues requiring medical attention.

Flow Duration	Unmarried (%)	Married (%)	Total (%)
<2 days	22.22	77.78	2.33
3–5 days	32.8	67.2	48.19
5–7 days	48.47	51.53	42.23
>7 days	35.71	64.29	7.25



Statistical analysis revealed significant differences based on marital status (p=0.016), with married women more likely to report longer durations, potentially linked to hormonal changes or post-childbirth conditions. These findings suggest the importance of menstrual health screenings to identify and treat abnormalities early.

4.5 Undergarment Hygiene and Cleaning Methods

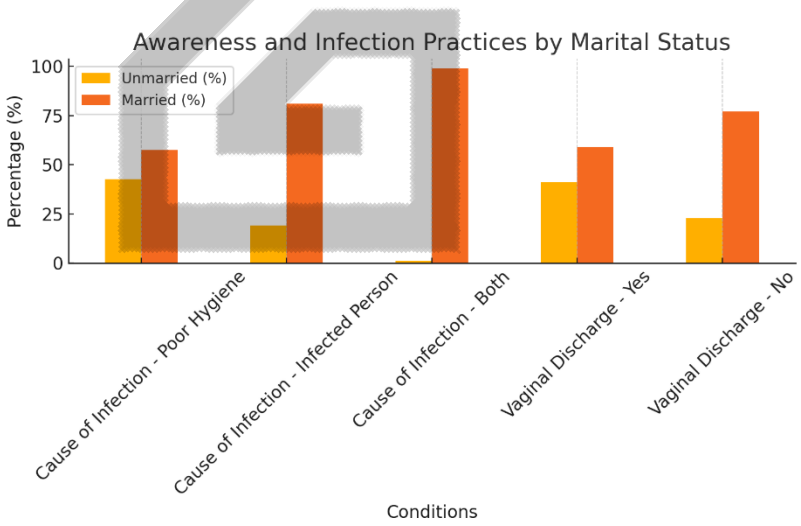
Table 4.22 highlights variations in undergarment hygiene practices. Most participants (89.12%) wore cotton undergarments, while a smaller group (10.36%) used non-cotton fabrics. A negligible 0.52% reported not using undergarments, which raises serious hygiene concerns.

Regarding washing practices, 52.07% washed and exposed their garments to sunlight, whereas 46.11% washed but hid them indoors, possibly due to privacy concerns influenced by cultural norms. This behavior was significantly associated with marital status ($p<0.001$), where unmarried women exhibited poorer drying practices, increasing their risk of infection. These findings highlight the importance of promoting hygienic washing and drying practices, particularly among unmarried women.

4.6 Infection Awareness and Practices

Table 4.26 evaluates awareness about infections and personal hygiene. Nearly 48.21% of respondents attributed infections to poor menstrual hygiene, while 29.48% lacked awareness of the causes.

Awareness/Condition	Unmarried (%)	Married (%)	Total (%)
Cause of Infection - Poor Hygiene	42.57	57.43	48.21
Cause of Infection - Infected Person	19.04	80.96	4.18
Cause of Infection – Both	1.09	98.91	18.13
Vaginal Discharge – Yes	41	59	44.22
Vaginal Discharge – No	22.85	77.15	55.78



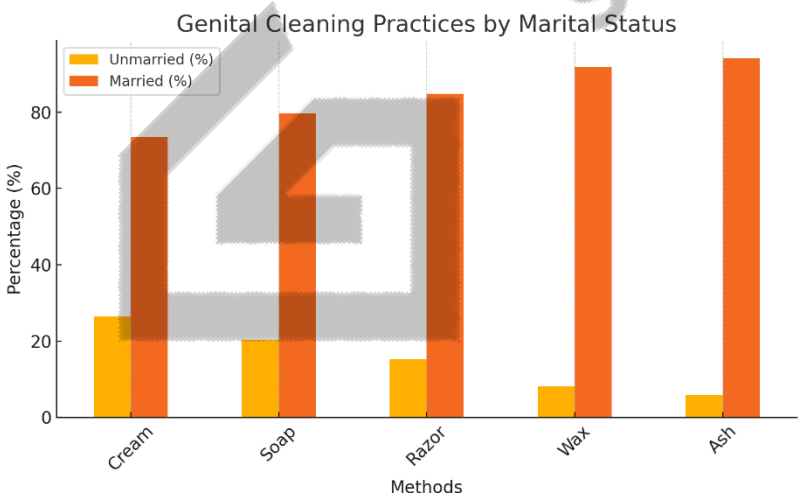
In terms of vaginal discharge, 44.22% reported experiencing it, with variations in frequency and color. Among those affected, 11.55% reported daily discharge, while 19.32% experienced it intermittently. Notably, 37.45% described the discharge as white, and 2.59% as off-white, both of which may indicate potential infections requiring medical intervention.

Regarding vaginal itching, 81.08% reported no symptoms, but 18.92% experienced mild to severe itching, suggesting the need for better awareness about hygiene-related infections. The findings emphasize the role of education in increasing awareness about infections and promoting timely healthcare interventions.

4.7 Genital Cleaning Practices

Table 4.27 analyzes genital cleaning methods, revealing that most respondents (72.09%) used creams (e.g., Veet), while others opted for soap, razors, wax, or ash. Married women were more likely to use commercial products due to better economic stability, while unmarried women reported higher dependence on traditional practices.

Method	Unmarried (%)	Married (%)	Total (%)
Cream	26.47	73.53	72.09
Soap	20.31	79.69	18.33
Razor	15.22	84.78	7.25
Wax	8.14	91.86	1.99
Ash	5.86	94.14	0.34



Despite the widespread use of creams, the absence of proper hygiene guidelines for genital cleaning poses risks of irritation and infections. These findings highlight the need for community-based educational campaigns focusing on safe and hygienic cleaning practices.

KEY OBSERVATIONS

1. **Socio-Economic Impact:** Education and income significantly influenced hygiene practices, with lower-income and less-educated women relying on unhygienic methods.
2. **Hygiene Product Usage:** Dependence on cloth and inconsistent washing practices exposed participants to higher risks of infections.
3. **Health Awareness:** Many women exhibited low awareness of RTIs and hygiene-related diseases, necessitating targeted interventions.
4. **Cultural Constraints:** Social norms influenced hygiene practices, particularly among unmarried women, highlighting the need for culturally sensitive education programs.

5. DISCUSSION AND RECOMMENDATIONS

5.1 Key Findings

The findings from this study reveal that socio-economic status, marital status, and education levels significantly influence menstrual hygiene practices among Muslim women in Delhi. Women from lower socio-economic backgrounds and those with limited educational exposure showed a higher reliance on cloth-based absorbents and unhygienic practices, including reusing unwashed cloths, which increases the risk of reproductive tract infections (RTIs).

While married women demonstrated slightly better hygiene practices due to greater financial independence and household stability, unmarried women were more vulnerable to poor hygiene due to social restrictions and lack of awareness. Approximately 48.21% of respondents exhibited poor menstrual hygiene practices, and 44.22% reported experiencing vaginal discharge, indicating potential hygiene-related health risks.

Moreover, awareness about the causes of RTIs and the impact of personal hygiene was alarmingly low, particularly among unmarried participants. Many respondents lacked the knowledge to identify symptoms of infections and delayed seeking medical care. These findings emphasize the urgent need for awareness programs and affordable sanitary products to improve menstrual hygiene practices and reduce infection risks.

5.2 Comparison with Previous Studies

The results of this study are consistent with findings from Dasgupta and Sarkar (2008), which highlighted the influence of education and income levels on menstrual hygiene practices. Their study observed that illiterate women were more likely to depend on unsafe absorbents, a pattern mirrored in this research.

Globally, Sommer et al. (2015) and van Eijk et al. (2016) emphasized similar challenges faced by women in low-income regions, where financial and infrastructural barriers restrict access to sanitary products and hygiene education. These studies supported community-focused educational programs and product distribution schemes—recommendations echoed in this research.

The findings also align with Sinha and Srivastava (2013), who identified cultural and religious beliefs as barriers to effective menstrual hygiene management. Their research on Muslim women revealed the role of religious norms in shaping hygiene behaviors, highlighting the importance of culturally sensitive interventions, which is reflected in the present study.

5.3 Implications

This study underscores the importance of addressing **educational gaps** and **access issues** to improve menstrual hygiene practices. Key implications include:

1. **Education Programs:** Introducing community-driven awareness campaigns to educate women about menstrual hygiene management and RTI prevention is critical. These programs should focus on dispelling myths and encouraging safe practices.
2. **Accessibility Improvements:** Subsidized distribution of affordable and reusable sanitary products should be prioritized, particularly for lower-income groups. Promoting sustainable options like cloth pads and menstrual cups can provide long-term solutions.
3. **Policy Interventions:** Incorporating menstrual hygiene education into school curriculums and healthcare systems is essential. Policymakers should also focus on improving sanitation infrastructure in schools and public spaces.

6. RECOMMENDATIONS

- **Educational Programs:** Community-based programs should focus on raising awareness about menstrual hygiene and reproductive health risks. Sessions must address RTI prevention, proper use of sanitary products, and early detection of symptoms like vaginal discharge and itching.
- **Improved Access to Hygiene Products:** Affordable and reusable sanitary products should be subsidized and distributed through healthcare centers, schools, and NGOs. Distribution drives should focus on economically disadvantaged women, ensuring accessibility in rural and urban communities.
- **Policy Development:** Policymakers should integrate hygiene education into school curriculums and create government programs for awareness campaigns. Infrastructure development, including clean toilets and safe disposal methods, should be prioritized to support menstrual hygiene management.

7. CONCLUSION

This study highlights the critical role of socio-economic status, marital status, and education in determining menstrual hygiene practices among Muslim women in Delhi. The findings reveal that lower-income groups and less-educated women are more likely to rely on unsafe menstrual hygiene methods, such as reusing unwashed cloths, exposing them to reproductive tract infections (RTIs) and other health risks. Married women demonstrated slightly better hygiene practices than unmarried women, reflecting differences in financial stability and household autonomy.

The study also uncovers low levels of awareness about menstrual hygiene and infection prevention, emphasizing the need for targeted interventions to address these gaps. Educational campaigns, affordable access to sanitary products, and policy reforms can significantly improve menstrual health management.

For sustainable change, collaboration between government bodies, NGOs, and healthcare organizations is essential to implement community-based programs and enhance sanitation infrastructure. Future research should focus on longitudinal studies and comparative analysis to evaluate the impact of interventions and further address hygiene-related health disparities.

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9. APPENDICES

APPENDIX A: QUESTIONNAIRE USED FOR DATA COLLECTION

Section 1: Demographic Information

1. **Age:** _____ years

2. **Marital Status:**
   - Married
   - Unmarried

3. **Education Level:**
   - Illiterate
   - Primary (1st–5th grade)
   - Secondary (6th–10th grade)
   - Higher Secondary (11th–12th grade)
   - Intermediate/College Diploma
   - Graduation and above

4. **Occupation:**
   - Housewife
   - Working Professional
   - Student

5. **Socio-Economic Status (SES):**
   - Lower (4–8)
   - Middle (9–12)
   - Upper (13–16)

6. **Family Type:**
   - Nuclear
   - Joint

SECTION 2: MENSTRUAL HYGIENE PRACTICES

7. **What type of absorbent do you use during menstruation?**
    - Artificial sanitary pad
    - Cloth piece
    - Both (Pad & Cloth)

8. **If you use cloth, what type of cloth do you use?**
    - Fresh cloth
    - Washed cloth
    - Unwashed cloth

9. **How often do you change the absorbent?**
    - Every 4 hours
    - Every 6–8 hours
    - Once a day
    - Only when needed

10. **How do you dispose of the absorbent?**
    - Throw in garbage bin
    - Burn it
    - Bury it
    - Flush it in the toilet

11. **Do you face difficulties in accessing sanitary products?**
    - Yes
    - No

12. **Where do you store sanitary products?**
    - Open Shelf
    - Cupboard/Drawer
    - Hidden Place

SECTION 3: HEALTH AWARENESS AND HYGIENE PRACTICES

13. **Are you aware that poor menstrual hygiene can lead to infections?**

- Yes
- No

14. **Do you wash your genital area during menstruation?**

- Yes
- No

15. **What cleaning method do you use?**

- Soap
- Water only
- Antiseptic solution
- Herbal cleanser

16. **Have you experienced any of the following symptoms?**

- Vaginal discharge:
  [ ] Yes [ ] No
- Vaginal itching:
  [ ] Yes [ ] No
- Unpleasant odor:
  [ ] Yes [ ] No
- Pain or discomfort:
  [ ] Yes [ ] No

17. **Have you ever consulted a doctor for menstrual-related issues?**

- Yes
- No

18. **Do you believe menstrual hygiene education should be taught in schools?**

- Yes
- No

19. **Are you aware of RTIs (Reproductive Tract Infections)?**

- Yes
- No

20. **If yes, how do you think RTIs can be prevented?** (Check all that apply)

- Regular washing of genital areas
- Use of clean absorbents
- Changing absorbents regularly
- Seeking medical attention for symptoms

SECTION 4: FEEDBACK AND SUGGESTIONS

21. What challenges do you face in maintaining menstrual hygiene?
22. What kind of support or resources would help improve your hygiene practices?