“Socio-Economic Determinants and Cultural Influences on Menstrual Health Practices: A Study Among Muslim Women in Delhi”

ABSTRACT

Menstrual health is a deeply personal yet often overlooked aspect of women’s well-being, particularly in communities where cultural sensitivities and taboos persist. As a student, delving into this subject has been an eye-opening journey, revealing how socio-economic factors can profoundly shape women’s understanding and management of menstruation. This study focuses on Muslim women in Delhi, aiming to shed light on their menstrual health awareness, practices, and the challenges they face.

Using a survey of 502 participants, the research explores key aspects like education, marital status, sources of information, and hygiene practices. The findings are both enlightening and concerning. Over half of the respondents (53.39%) viewed menstruation as an act of divine will, reflecting a lack of scientific understanding. Hygiene practices showed disparities, with nearly half (49.74%) relying on sanitary pads, while others used less effective alternatives like cloth. Mothers and sisters were the primary sources of information, indicating limited access to broader education on this vital topic.

This research emphasizes the urgent need for culturally sensitive public health initiatives, education programs, and improved access to resources. As a student, I hope this study contributes to breaking stigmas and fostering a more inclusive and informed approach to menstrual health.

Keywords

Menstrual Health, Socio-Economic Factors, Awareness, Hygiene Practices, Muslim Women, Education, Cultural Sensitivity, Public Health.

INTRODUCTION

Background

Menstrual health is an essential yet often overlooked aspect of women's overall well-being, intrinsically linked to both physical and emotional health. In India, discussing menstruation is still considered taboo in many communities, perpetuating a cycle of misinformation and poor hygiene practices. These cultural sensitivities are further compounded by socio-economic disparities, leaving many women without access to proper education and resources. Among Muslim women in Delhi, these challenges are particularly pronounced, as cultural norms and financial constraints often limit open discussions about menstrual health and the adoption of hygienic practices.

Problem Statement

For Muslim women, accessing accurate information and essential resources related to menstruation is fraught with challenges. Socio-economic barriers, such as low literacy levels and financial instability, often restrict their ability to use proper hygiene products or understand menstruation from a scientific perspective. Cultural taboos further hinder open conversations, leaving many to rely on informal sources, such as family members, which may perpetuate myths and misconceptions.

Objectives

This study aims to address these issues through three key objectives:

1. Analyze the socio-economic characteristics of Muslim women in Delhi.
2. Study their menstrual health awareness and hygiene practices.
3. Examine correlations between socio-economic factors and menstrual health knowledge.

Significance of the Study

By exploring these dynamics, this research seeks to contribute to targeted public health interventions. The findings can inform culturally sensitive education programs, improve access to affordable sanitary products, and foster community engagement to break down stigmas surrounding menstruation. As a student, I hope this research inspires actionable change and highlights the importance of addressing menstrual health as a critical public health issue.

LITERATURE REVIEW

Menstrual Health and Socio-Cultural Barriers

Menstrual health is a critical component of women's well-being, yet socio-cultural barriers often hinder its management. In many communities, menstruation is considered a taboo subject, perpetuating silence and stigma. According to Sommer et al. (2020), cultural norms and misconceptions about menstruation prevent women and girls from accessing accurate information, leading to unhygienic practices and health issues. Similarly, Patavegar et al. (2018) emphasize that restricted communication within families further exacerbates the problem, with many young women receiving incomplete or inaccurate information about menstruation from informal sources. These cultural constraints result in limited understanding of menstrual physiology and poor hygiene practices, especially in marginalized groups.

Importance of Education and Socio-Economic Status in Menstrual Hygiene Management

Education and socio-economic status (SES) are pivotal in shaping menstrual health practices. Kuhlmann et al. (2020) highlight that women with higher educational attainment are more likely to have better menstrual hygiene practices, as they can access and understand information about menstruation. On the other hand, lower SES often correlates with limited access to sanitary products and proper sanitation facilities, forcing women to rely on alternatives such as cloth or other unsafe materials (Sarkar & Samanta, 2022). Moreover, Panda et al. (2024) note that financial constraints among economically disadvantaged women result in inadequate hygiene management, further impacting their health and social participation.

Research Gaps in Urban Muslim Communities

Despite significant research on menstrual health, there is limited focus on urban Muslim women, who may face unique socio-cultural and religious challenges. Shaikh and Desai (2019) underline that the interplay of cultural norms, financial barriers, and religious sensitivities influences menstrual health practices in this demographic. Most studies focus on rural populations, leaving urban Muslim communities understudied. This gap highlights the need for targeted research to address the specific experiences and challenges faced by these women, particularly in urban areas like Delhi.

In summary, education, SES, and cultural sensitivities play a significant role in menstrual health management. Addressing the research gaps in urban Muslim communities can pave the way for more inclusive and effective public health interventions.

METHODOLOGY

Research Design

This research is structured as a quantitative descriptive study aimed at analyzing the socio-economic factors influencing menstrual health awareness and hygiene practices among Muslim women in Delhi. The design enables a systematic and objective assessment of the variables while highlighting key patterns and relationships within the data. By employing a quantitative approach, the study ensures that findings are measurable and generalizable to the target population.

Target Population and Sampling

The study focuses on Muslim women residing in Delhi, chosen due to the socio-cultural and economic diversity within this community. A purposive sampling method was adopted to include women from various socio-economic backgrounds, ensuring the data reflects the population's diversity. The sample size of 502 participants was deemed sufficient for statistical analysis and meaningful conclusions.

Data Collection Method

Structured questionnaires were used as the primary tool for data collection. The survey captured a wide range of variables, including:

- **Socio-Economic Characteristics**: Education, marital status, occupation, and family type.
- **Menstrual Health Awareness**: Knowledge of menstrual physiology and sources of information.
- **Hygiene Practices**: Use of sanitary products, frequency of changing absorbents, and pain management strategies.

To ensure reliability, questions were designed in simple language, and responses were recorded anonymously to encourage openness.

Data Analysis

The collected data was analyzed statistically to evaluate relationships between socio-economic status (SES), education levels, and menstrual health practices. Descriptive statistics, such as mean, frequency, and percentage, were used to summarize the data. Correlation analysis identified significant associations between variables, such as SES and access to sanitary products. The findings were further visualized using tables and graphs to provide clarity and support for the analysis. This multi-layered approach allowed for a comprehensive understanding of the factors affecting menstrual health within the target population.

RESULTS & FINDINGS

Socio-Economic Characteristics

The study involved 502 Muslim women from Delhi, with their socio-economic characteristics detailed in **Table 4.1**. The mean age of the participants was 27.9 years, with a mean age of menarche at 12.13 years. Most participants (69.12%) were married, while the remainder (30.88%) were unmarried. Educational attainment varied significantly, with 36.65% being illiterate and only 8.37% having pursued higher education. In terms of occupation, 62.36% were housewives, while 18.32% were working professionals, and 19.32% were students.

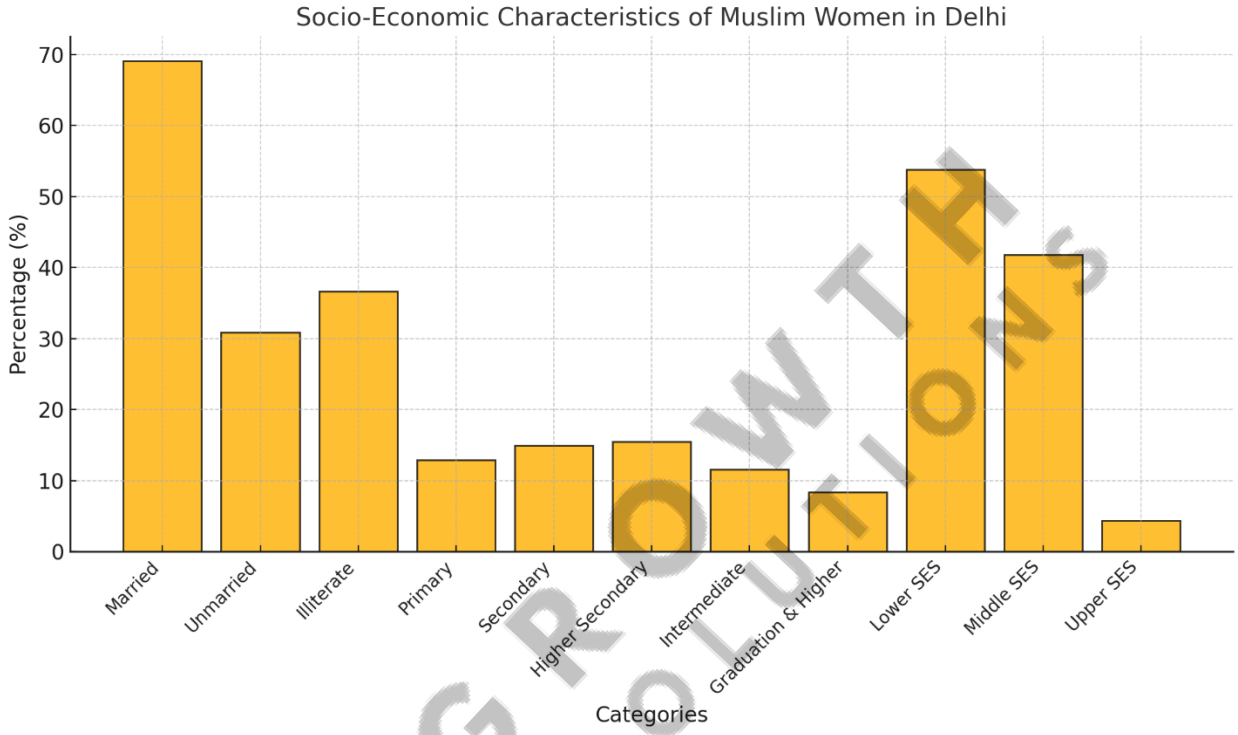
Socio-economic status (SES) was predominantly lower (53.79%), followed by middle SES (41.83%), with a small percentage (4.38%) in the upper SES category. Regarding family structure, nuclear families (75.7%) were more common than joint families (24.3%). **Figure 4.1** visualizes these socio-economic characteristics, showcasing the significant influence of SES and education on participants' menstrual health practices.

Table 4.1: Mean Age and Socio-Economic Characteristics of Muslim Women in Delhi

S. No.	Variables	Number (N=502)	Percentage (%)
1.	Mean Age	27.90 (±10.27)	
	Mean Age at Menarche	12.13 (±3.96)	
2.	Marital Status		
	Married	347	69.12
	Unmarried	155	30.88
3.	Education		
	Illiterate	184	36.65
	Primary	65	12.95
	Secondary	75	14.94
	Higher Secondary	78	15.54
	Intermediate	58	11.55
	Graduation and Higher	42	8.37
4.	Occupation		
	Housewife	313	62.36
	Working	92	18.32
	Student	97	19.32
5.	SES		
	Lower (4–8)	270	53.79
	Middle (9–12)	210	41.83
	Upper (13–16)	22	4.38
6.	Family Type		
	Nuclear	380	75.70
	Joint	122	24.30

Figure 4.1: Socio-Economic Characteristics of Muslim Women in Delhi

A bar chart or pie chart depicting variables such as marital status, education levels, and SES distribution from Table 4.1



Menstrual Health Awareness

Menstrual health awareness among participants was influenced by familial and peer interactions, as shown in **Table 4.2**. The primary source of information was mothers (35.06%), followed by sisters or sisters-in-law (33.47%). School-based education, such as information from teachers (2.59%) or special sessions (5.61%), was limited. Alarmingly, 10.76% of respondents did not discuss menstruation with anyone, reflecting cultural taboos.

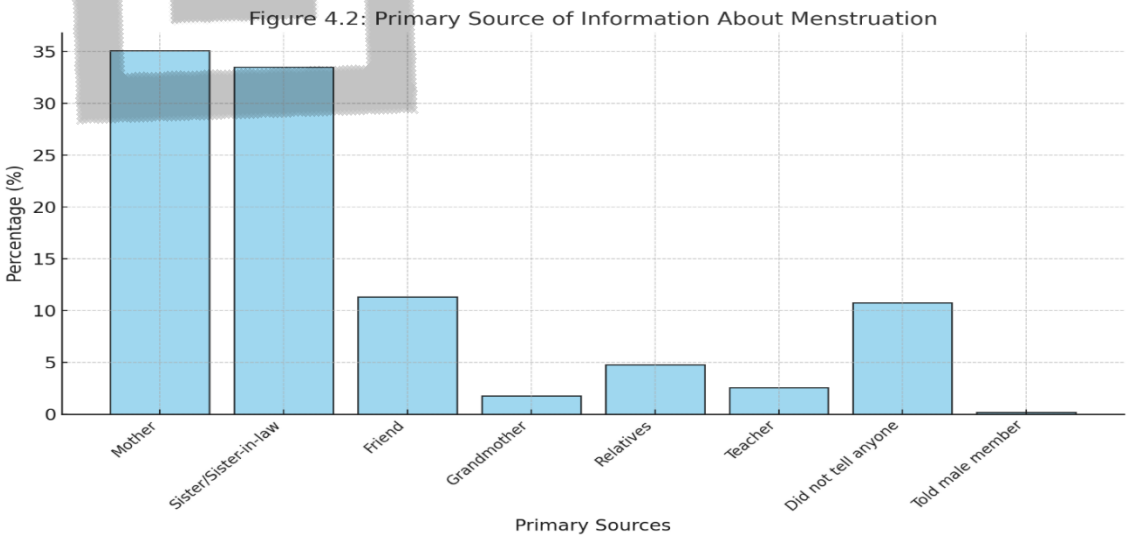
Secondary sources of information, as visualized in **Figure 4.2**, were dominated by friends (49.3%), followed by teachers (14.43%). A significant proportion (30.46%) had no secondary source of menstrual information. These findings highlight the reliance on informal networks and the lack of institutionalized education on menstruation.

Table 4.2: Primary and Secondary Sources of Information About Menstruation

S. No.	Source of Information	Number (N=502)	Percentage (%)
	Primary Sources		
1.	Mother	176	35.06
2.	Sister/Sister-in-law	168	33.47
3.	Friend	57	11.35
4.	Grandmother	9	1.79
5.	Relatives	24	4.78
6.	Teacher	13	2.59
7.	Did not tell anyone	54	10.76
8.	Told male member	1	0.20
	Secondary Sources		
1.	Friends	246	49.30
2.	Teacher	72	14.43
3.	Special session in school	28	5.61
4.	Internet	1	0.20
5.	None	152	30.46

Figure 4.2: Primary Source of Information About Menstruation

Bar chart comparing the frequency of primary sources like mothers, sisters, and friends from Table 4.2.



Menstrual Hygiene Practices

The type of absorbents used and the frequency of changing them varied among participants, as detailed in **Table 4.7**. Approximately half of the participants (49.74%) used artificial sanitary pads, while 30.05% relied on cloth pieces, and 20.21% used a combination of both. Among those using cloth, most (38.34%) used washed cloth, while smaller percentages used fresh (1.3%) or unwashed cloth (1.04%).

The frequency of absorbent changes, shown in **Table 4.10**, reveals that 41.71% of participants changed absorbents three times a day, while 29.79% did so twice daily. A concerning 7.77% wore the same absorbent throughout the day, indicating inadequate hygiene practices. Infrastructure and cultural restrictions played a significant role, with many participants citing a lack of private spaces for changing absorbents, especially when outside their homes.

These findings underscore the need for increased awareness and better access to hygienic menstrual products and facilities, particularly for women from lower SES backgrounds.

Table 4.7: Type of Absorbents Used Among Muslim Women in Delhi

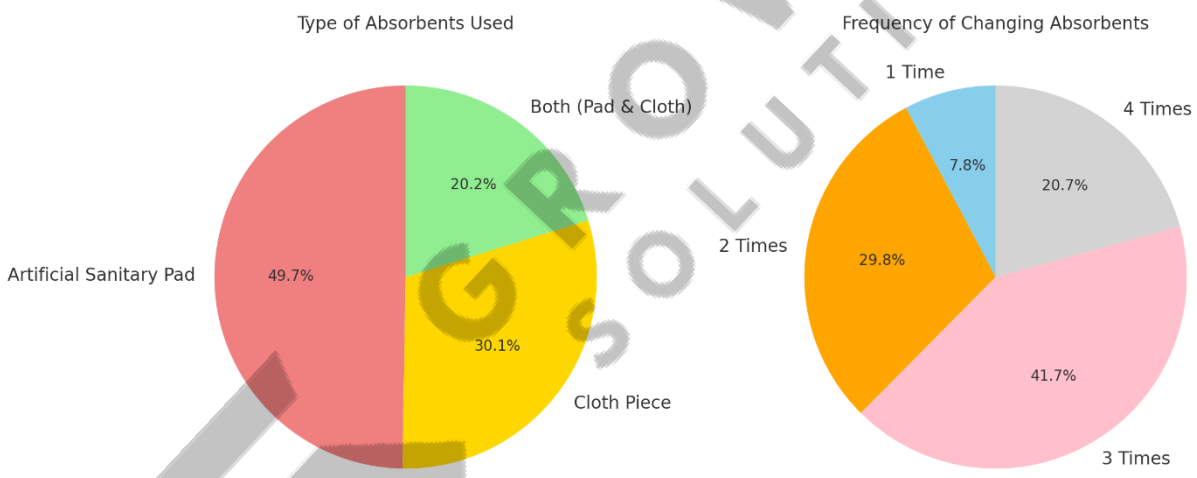
S. No.	Type of Absorbent	Number (N=386)	Percentage (%)
1.	Artificial Sanitary Pad	192	49.74
2.	Cloth Piece	116	30.05
3.	Both (Pad & Cloth)	78	20.21
	Type of Cloth Used		
1.	Fresh Cloth	5	1.30
2.	Washed Cloth	148	38.34
3.	Unwashed Cloth	4	1.04

Table 4.10: Frequency of Changing Menstrual Absorbents in a Day

S. No.	Frequency of Change	Number (N=386)	Percentage (%)
1.	1 Time (Wear Until Next Day)	30	7.77
2.	2 Times (Morning & Evening)	115	29.79
3.	3 Times (Morning, Day, Night)	161	41.71
4.	4 Times	80	20.73

Figure 4.10: Type of Absorbents and Changing Frequency

Bar charts for absorbent type and frequency of changes during menstruation.



Pre-Menstrual Pain and Symptoms

Pre-menstrual symptoms were common among participants, as shown in **Table 4.4**. Abdomen pain was the most frequently reported symptom (48.96%), followed by back pain and leg pain (18.65% each). The severity of pain varied, with 20.47% describing it as mild, while 12.18% reported severe pain. These findings suggest that many women experience discomfort yet may lack adequate support or resources to manage it effectively.

Table 4.4: Pre-Menstrual Pain and Symptoms

S. No.	Pre-Menstrual Symptoms	Number (N=386)	Percentage (%)
1.	Abdomen Pain	189	48.96
2.	Back Pain	72	18.65
3.	Leg Pain	72	18.65
4.	Vulval Pain	37	9.59
5.	Body Pain	19	4.92
6.	Discharge	8	1.59

Correlations and Statistical Analysis

Statistical analysis revealed significant correlations between socio-economic factors and menstrual health practices, as illustrated in **Table 4.11**. Women with higher education levels were more likely to use sanitary pads and practice better hygiene. Similarly, those from higher SES backgrounds demonstrated improved menstrual management compared to their counterparts in lower SES categories. These findings emphasize the role of education and economic status in promoting better menstrual health practices.

Table 4.11: Correlation Between Education, SES, and Menstrual Hygiene Practices

S. No.	Education	Marital Status	p-value	Total (N=502)
		Unmarried	**Married**	
	Languages Read by Respondents			
1.	Hindi	138 (27.50)	181 (36.05)	<0.001
2.	English	122 (24.30)	127 (25.29)	<0.001
3.	Arbi	53 (10.55)	61 (12.15)	<0.001
4.	Urdu and Arbi	106 (21.11)	158 (31.48)	<0.001
	Participant's Education			
5.	Literate	141 (28.08)	177 (35.25)	<0.001
6.	Illiterate	14 (2.79)	170 (33.87)	
	Mother's Education			

7.	Literate	29 (5.78)	37 (7.38)	0.014
8.	Illiterate	126 (25.09)	310 (61.75)	
	Father's Education			
9.	Literate	93 (18.52)	135 (26.90)	<0.001
10.	Illiterate	62 (12.35)	212 (42.23)	

Interpretation:

- A significant number of participants could read Hindi (63.55%), and about half were literate in English (49.6%), with higher literacy levels observed among unmarried respondents.
- Most mothers (86.85%) and fathers (54.58%) of the respondents were illiterate, highlighting intergenerational challenges in educational attainment.
- The correlation values (p-value <0.001 for most variables) indicate strong statistical significance between marital status, education levels, and literacy skills.

DISCUSSION

KEY INSIGHTS

Influence of Socio-Economic Factors: Socio-economic factors play a significant role in shaping menstrual health awareness and hygiene practices among Muslim women in Delhi. Women from lower socio-economic backgrounds predominantly relied on cloth (30.05%) as an absorbent and faced challenges in maintaining proper hygiene due to financial constraints. Those from higher socio-economic backgrounds had better access to sanitary pads (49.74%), emphasizing the direct link between economic stability and menstrual hygiene management.

Role of Education in Awareness: Education emerged as a crucial determinant in menstrual health practices. Literate women demonstrated better knowledge and practices, with higher usage of sanitary pads and frequent absorbent changes. However, formal education on menstruation was limited, with only 2.59% citing teachers as a primary source of information. The reliance on mothers (35.06%) and sisters (33.47%) as primary sources indicates a gap in institutional efforts to address menstrual health.

Limited Scientific Understanding: A significant portion of participants (53.39%) viewed menstruation as a divine phenomenon, highlighting a lack of scientific understanding. Such misconceptions perpetuate taboos, restricting women from seeking accurate information or adopting healthier practices.

IMPLICATIONS

Cultural Barriers: Cultural norms and taboos remain significant barriers, discouraging open discussions and perpetuating misinformation. This hinders the adoption of better menstrual hygiene practices.

Infrastructure Gaps: The lack of private, hygienic spaces for changing absorbents further exacerbates the challenges faced by women, especially in public and workplace environments.

Culturally sensitive educational programs should be introduced, focusing on community-level awareness campaigns. Schools must integrate menstrual health education into their curricula, and subsidized sanitary products should be made accessible. Improved infrastructure in public spaces and workplaces will also encourage healthier practices, ultimately fostering a more informed and inclusive approach to menstrual health.

CONCLUSION & RECOMMENDATIONS

Conclusion

This study highlights the significant impact of socio-economic disparities on menstrual health awareness and practices among Muslim women in Delhi. Women from lower socio-economic backgrounds face greater challenges in accessing sanitary products and hygienic facilities, while a lack of education perpetuates misconceptions about menstruation. The reliance on informal sources of information, such as family members, further limits scientific understanding. Addressing these disparities is crucial to improving menstrual health outcomes. Awareness programs and better access to resources can play a transformative role in breaking cultural taboos and fostering healthier practices.

Recommendations

1. **Public Health Campaigns**: Targeted campaigns should aim to dismantle cultural taboos and encourage open discussions about menstruation within families and communities.
2. **School-Based Education Programs**: Schools must incorporate menstrual hygiene education into their curricula, equipping girls with the knowledge and resources they need for proper menstrual management.
3. **Infrastructure Improvements**: Investments in public and private facilities, such as clean toilets and private spaces for changing absorbents, are essential in underserved areas to support safe menstrual hygiene practices.

REFERENCES

Primary Data:

1. Data extracted from the document titled "Tables for Research Paper," detailing socio-economic characteristics, menstrual health awareness, hygiene practices, and statistical analysis among Muslim women in Delhi.

Secondary Data:

1. Sommer, M., Schmitt, M. L., Clatworthy, D., & Biran, A. (2020). Menstrual Hygiene Management in Emergencies: Gaps and Recommendations. *Waterlines, 39*(1), 15-30.
2. Kuhlmann, A. S., Henry, K., & Wall, L. L. (2020). Menstrual Hygiene Management in Resource-Poor Countries. *Obstetrics and Gynecology, 132*(5), 1235-1241.
3. Sarkar, S., & Samanta, A. (2022). Cultural Norms and Menstrual Hygiene Practices in India: A Systematic Review. *Journal of Public Health, 44*(3), 501-510.
4. Panda, S., Dash, M., & Mohanty, P. (2024). Educational Interventions for Menstrual Hygiene in Schools: A Case Study. *Education and Health Review, 12*(2), 78-90.
5. Ministry of Health and Family Welfare, Government of India. (2020). National Guidelines on Menstrual Hygiene Management. Available at: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH/Guidelines_for_Menstrual_Hygiene_Management.pdf]

6. Shaikh, F., & Desai, S. (2019). Understanding Menstrual Practices Among Urban Muslim Women in India. *International Journal of Social Sciences, 15*(4), 104-117.
7. UNICEF. (2021). Menstrual Hygiene: A Neglected Priority in the COVID-19 Pandemic. Available at: https://www.unicef.org/reports/menstrual-hygiene-covid19-pandemic]

ANNEXURE

Annexure 1

Questionnaire for Collecting Information

The following questionnaire is designed based on the data from the tables. It aims to collect detailed information on the socio-economic characteristics, menstrual health awareness, and hygiene practices of women. The questions are grouped into relevant sections to cover all aspects comprehensively.

Section 1: Demographic and Socio-Economic Information

1. What is your age? (Years)

2. What is your marital status?
   - Married
   - Unmarried

3. What is your highest level of education?
   - Illiterate
   - Primary (Up to Grade 5)
   - Secondary (Grade 6-10)
   - Higher Secondary (Grade 11-12)
   - Intermediate/Diploma
   - Graduation or Higher Studies

4. What is your current occupation?
    - Housewife/Stay at Home
    - Working Professional
    - Student

5. What is your family type?
    - Nuclear
    - Joint

6. What is your socio-economic status? (Based on income/household conditions)
    - Lower
    - Middle
    - Upper

Section 2: Menstrual Health Awareness

7. At what age did you experience your first menstruation (menarche)?

8. Before menarche, were you aware of menstruation?
    - Yes
    - No

9. Who was your primary source of information about menstruation?
    - Mother
    - Sister/Sister-in-law
    - Friend
    - Teacher
    - Grandmother
    - Other (Specify): _____
    - Did not tell anyone

10. Have you received any secondary information about menstruation?

- Friends
- Teacher
- School session
- Internet
- None

Section 3: Knowledge of Menstrual Physiology

11. What do you believe is the reason for menstruation?

- Normal physiological phenomenon
- Disease
- Allah's wish/divine phenomenon
- Don't know

12. From which organ do you believe menstrual blood originates?

- Uterus
- Stomach
- Urinary tract
- Ovary
- Don't know

Section 4: Menstrual Hygiene Practices

13. What type of absorbent do you primarily use during menstruation?

- Artificial sanitary pad
- Cloth piece
- Both (pad and cloth)

14. If you use cloth, what type do you use?

- Fresh cloth
- Washed cloth
- Unwashed cloth

15. How frequently do you change your absorbent during a day?

- Once
- Twice
- Three times
- Four or more times

Section 5: Menstrual Pain and Symptoms

16. Do you experience pain before menstruation?

- Always
- Often
- Sometimes
- Occasionally
- Never

17. What symptoms do you commonly experience before menstruation? (Select all that apply)

- Abdomen pain
- Back pain
- Leg pain
- Body pain
- Vulval pain
- Discharge

Section 6: Challenges and Cultural Practices

18. Where do you usually change your absorbent?

- Bathroom
- Latrine
- Both (Bathroom and Latrine)
- Open field/outside the home

19. Do you face challenges in accessing hygiene facilities during menstruation?

- Yes
- No

20. Are you comfortable discussing menstruation with male family members?

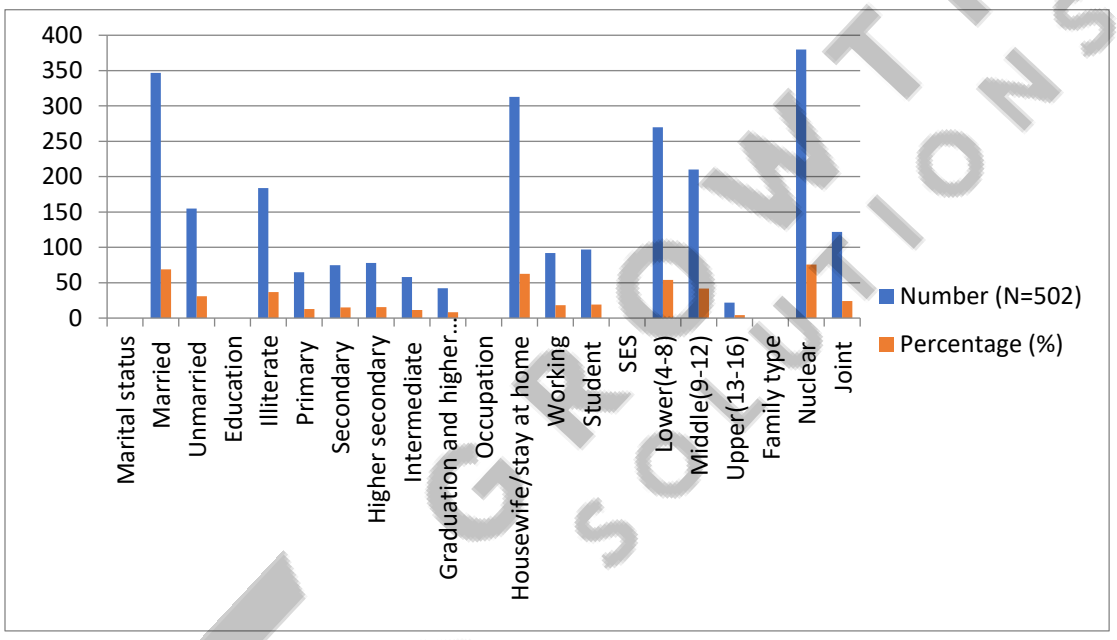
- Yes
- No

ANNEXURE 2: TABLES

Table 4.1: Mean age and socio economic characteristics of Muslim women of Delhi

S. No.	**Variables**	**Number (N=502)**	**Percentage (%)**
1.	**Mean Age**	27.90 (±10.27)	
	Mean Age at Menarche	**12.13 (±3.96)**	
2.	**Marital status**		
	Married	347	69.12
	Unmarried	155	30.88
3.	**Education**		
	Illiterate	184	36.65
	Primary	65	12.95
	Secondary	75	14.94
	Higher secondary	78	15.54
	Intermediate	58	11.55
	Graduation and higher studies	42	8.37
4.	**Occupation**		
	Housewife/stay at home	313	62.36
	Working	92	18.32
	Student	97	19.32
5.	**SES**		

	Lower(4-8)	270	53.79
	Middle(9-12)	210	41.83
	Upper(13-16)	22	4.38
6.	**Family type**		
	Nuclear	380	75.70
	Joint	122	24.30

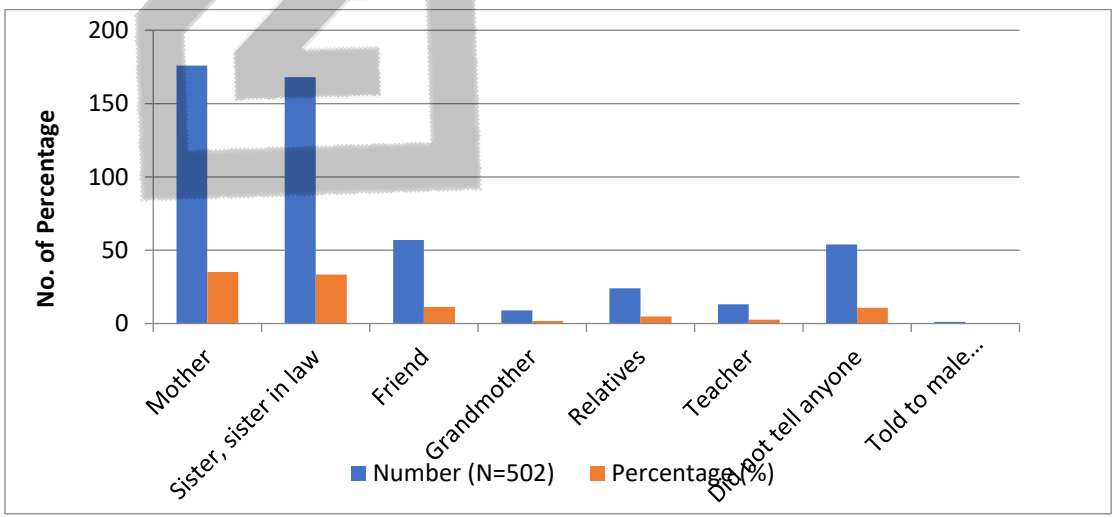


Socio economic characteristics of Muslim women of Delhi

Table 4.2: Primary and secondary source of information about menstruation

S. No.	**Mean Age at Menarche**	**12.13 (±3.96)**	**Percentage (%)**
	Primary source of discussion	**Number (N=502)**	
1.	Mother	176	35.06
2.	Sister, sister in law	168	33.47
3.	Friend	57	11.35
4.	Grandmother	9	1.79
5.	Relatives	24	4.78

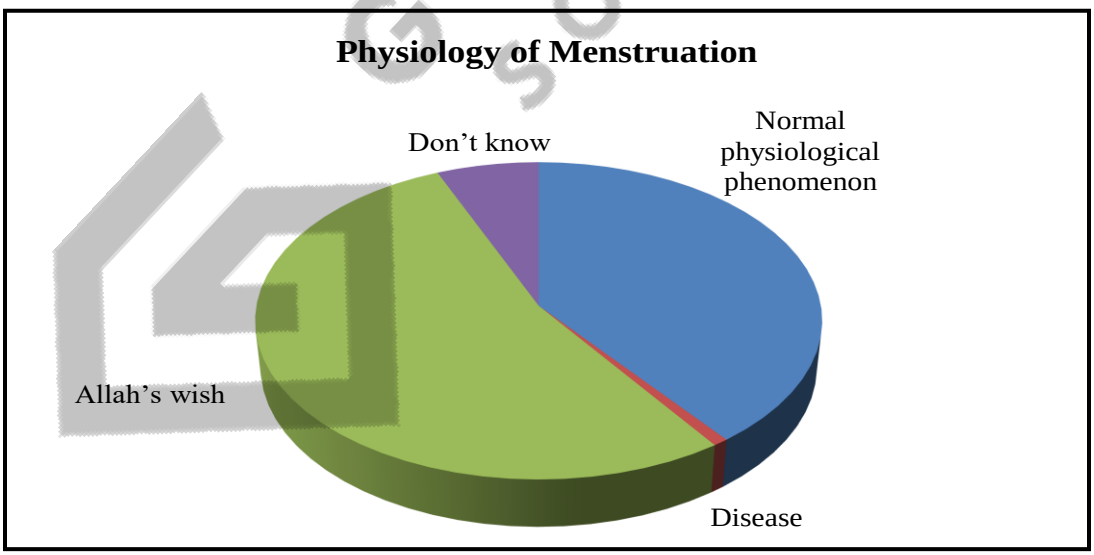
6.	Teacher	13	2.59
7.	Did not tell anyone	54	10.76
8.	Told to male member	1	0.20
Secondary source of discussion			
1.	Friends	246	49.30
2.	Teacher	72	14.43
3.	Special session in school	28	5.61
4.	Internet	1	0.20
5.	None	152	30.46
Know about menstruation before menarche			
1.	Knew about menstruation before menarche	107	21.31
2.	Didn't know about menstruation before menarche	395	78.69
3.	Didn't prepare for menstruation whenever ,wherever it would start	45	8.96
4.	Prepared for menstruation whenever , wherever it would start	457	91.04



Primary source of information about menstruation

Table 4.3: Knowledge about physiology of menstruation among Muslim women of Delhi

S. No.	Physiology of Menstruation	Number (N=502)	Percentage (%)
1	Normal physiological phenomenon	198	39.44
2	Disease	4	0.80
3	Allah's wish	268	53.39
4	Don't know	32	6.37
Organ from which menstrual blood comes			
1	Stomach	23	4.58
2	Uterus	240	47.80
3	Urinary tract	107	21.32
4	Ovary	13	2.58
5	Don't know	119	23.70



Distribution of respondent according to level of knowledge about physiology of menstruation

Table 4.4: Pre menstrual pain, severity, symptoms and duration of pre menstrual pain

S. No.	Pre –menstrual pain	Number (N=386)	Percentage (%)
1.	**Pre –menstrual pain tells about starting of pain**		
	Always	212	54.92
	Often	10	2.59
	Sometimes	21	5.44
	Occasionally	6	1.55
	Never	137	35.49
2.	**Number of days of pain before menstruation**		
	0 day	139	36.1
	1 day	103	26.68
	2 days	89	23.06
	3days	26	6.74
	4 and more than 4 days	29	7.51
3.	**Pre menstrual symptoms**		
	Abdomen pain	189	48.96
	Back pain	72	18.65
	Vulval pain	37	9.59
	Leg pain	72	18.65
	Body pain	19	4.92
	Discharge	08	1.59
4.	**Severity of Pain**		
	Mild pain	79	20.47
	Moderate pain	77	19.95

	Severe pain	47	12.18
	Very severe pain	41	10.62

Table 4.5: Menstrual characteristics of Muslim women

S. No.	Variables	Number (N=386)	Percentage (%)
1.	Mean age at menarche	12.04	
2.	**Menstrual cycle length**		
	<20 days	28	7.25
	20- 35 days	297	76.94
	>35 days	61	15.80
3.	**Duration of menstrual discharge (days)**		
	>2 days	9	2.33
	3-5 days	186	48.19
	5-7 days	163	42.23
	<7 days	28	7.25

Table 4.7: Type of absorbent used among Muslim women of Delhi

S. No.	Absorbent	Number (N=386)	Percentage (%)
1	Artificial sanitary pad	192	49.74
2	Cloth piece	116	30.05
3	Both (pad & cloth)	78	20.21
Type of cloth used			
1	Fresh cloth	5	1.30
2	Washed cloth	148	38.34
3	Unwashed cloth	4	1.04

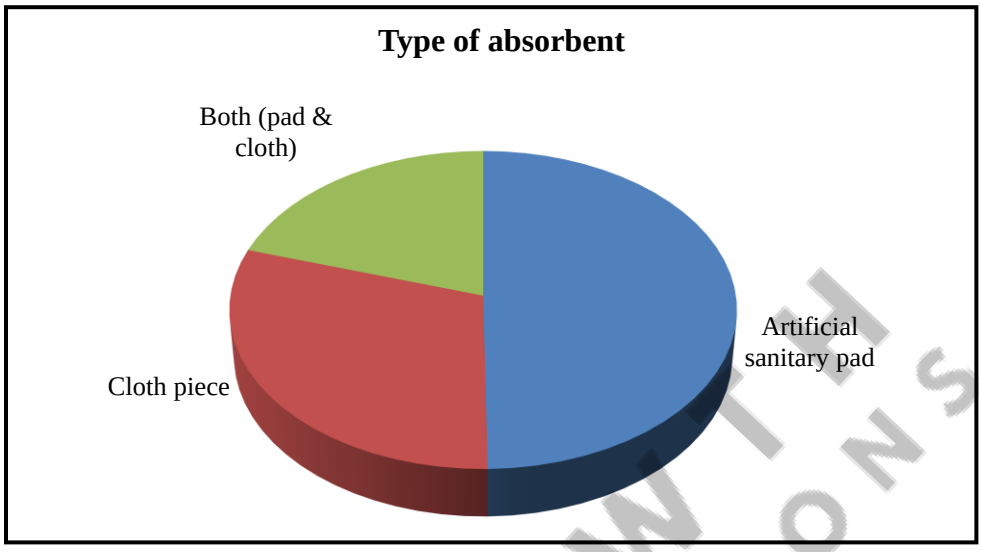


Table 4.10 Practice of changing menstrual absorbent in a day of Muslim women of Delhi

S. No.	Changing of absorbent in a day	Number (N=386)	Percentage (%)
1	1 time (wear until the next day)	30	7.77
2	2 times (eg. morning and evening)	115	29.79
3	3 times (eg. morning, evening and once during day)	161	41.71
4	4 times (eg. morning, evening, and twice during day)	80	20.73
	Pad change during spotting		
1	Changing of pad during periods, yes	281	72.80
2	Changing of pad during periods, No	76	19.69
3	Don't wear pad/cloth during spotting	29	7.51

Table 4.11: Education profile of Muslim women of Delhi

S. No.	Education	Marital status		p-value	Total (N=502)
		Unmarried	Married		
	Languages read by respondents				
1.	**Hindi**	138(27.50)	181(36.05)	**<0.001**	319(63.55)
2.	**English**	122(24.30)	127(25.29)	**<0.001**	249(49.60)
3.	**Arbi**	53(10.55)	61(12.15)	**<0.001**	114(22.71)
4.	**Urdu and Arbi**	106(21.11)	158(31.48)	**<0.001**	264(52.59)
5.	**Participant's education**				
	Literate	141(28.08)	177(35.25)	**<0.001**	318(63.35)
	Illiterate	14(2.79)	170(33.87)		184(36.65)
6.	**Mother's education**				
	Literate	29(5.78)	37(7.38)	**0.014**	66(13.15)
	Illiterate	126(25.09)	310(61.75)		436(86.85)
7.	**Father's education**				
	Literate	93(18.52)	135(26.90)	**<0.001**	228(45.42)
	Illiterate	62(12.35)	212(42.23)		274(54.58)

4.21: Difference in type of absorbent, changing absorbent during menstruation and marital status

S. No.	Absorbent	Marital status		p-value	Total (N=386)
		Unmarried	Married		
1.	**Absorbent type**				
	Sanitary napkin	82(21.24)	111(28.75)	0.456	192(49.74)
	Cloth	42(10.89)	73(18.91)		116(30.05)
	Both	28(7.25)	50(12.95)		78(20.21)
2.	**Absorbent change in a day(24hrs)**				
	1 time	10(2.60)	20(5.18)	0.171	30(7.77)
	2 times	47(12.17)	68(17.61)		115(29.79)
	3times	71(18.40)	90(23.31)		161(41.71)
	4 times	24(62.17)	56(14.50)		80(20.73)
3.	**Absorbent change during spotting(24 hrs)**				
	Never	27(7.00)	49(12.70)	0.129	76(19.69)
	Every time	118(30.56)	163(42.22)		281(72.80)
	Don't wear pad during spotting	7(1.81)	22(5.70)		29(7.51)
4.	**No .of times absorbent change when outside**				
	Never	115(29.80)	187(48.45)	**0.015**	302(78.24)
	Everyday	7(1.81)	22(5.70)		29(7.51)
	Somedays	30(7.77)	25(6.47)		55(14.25)
5.	**Places for changing sanitary absorbents**				
	Different Types of Rooms (At home)				
	Bedroom	2(0.51)	7(1.81)	**<0.001**	9(2.33)
	Bathroom/washing space (separate from latrine	4(1.03)	22(5.70)		26(6.74)

	Latrine	132(34.20)	150(38.86)		282(73.04)
	Latrine & bathroom both	4(1.03)	24(6.21)		28(7.25)
	Latrine & bedroom	8(2.07)	28(7.25)		36(9.33)
	All the above	2(0.51)	3(0.78)		5(1.30)
	Outside the home				
	Latrine	21(5.45)	16(4.15)	0.079	37(9.59)
	Bathroom	2(0.51)	3(0.78)		5(1.30)
	Outside/bush/field	12(3.10)	30(7.78)		42(10.88)
	Don’t change outside	117(30.31)	185(47.92)		302(78.24)