

## Knowledge, Awareness and Practices on Menstrual Hygiene Management among Panjab University Chandigarh Girls' Hostel Residents

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### ABSTRACT

Menstrual Hygiene Management can be a challenge for women and girls in developing countries due to lack of adequate toilet facilities, clean water, inability to access menstrual hygiene products due to low-income levels, cultural restraints, etc. in comparison to those in developed countries. Therefore, it is necessary to talk about menstrual hygiene management and to find solutions to the problems faced by girls and women so that they are able to realize their full potential in every aspect. The present paper focuses on ascertaining the knowledge, awareness and practices related to menstruation and menstrual hygiene management among residents of girls' hostel in Panjab University, Chandigarh. Primary data of 60 respondents was collected with the help of questionnaire comprising of both open-ended and close-ended questions.

**Keywords:** Menstrual hygiene management, knowledge, awareness and practices, WASH

### INTRODUCTION

According to World Health Organisation (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The key factors involved in determining the health status of an individual are: income and social status, education and literacy, physical and social environment, personal hygiene practices, availability and accessibility of good quality health care services, gender, and culture among others.

The Alma-Ata Declaration adopted in 1978 was the first international declaration highlighting the importance of primary health care. It conveyed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people. It came out as a major milestone of the 20th century in the field of public health, and it identified primary health care as the key to attain the goal of Health For All by the year 2000 around the globe.

Women's health refers to the health of women, which is different from that of men in a number of ways which include menstruation, pregnancy, problems related to reproductive organs, breastfeeding etc. Their health suffers due to reasons such as family responsibilities, dominance of male counterparts, lack of education, restrictions in accessing health care services, etc. Therefore, it is necessary to provide for women's health so that they are able to realize their full potential and contribute equally to society in all aspects.

The Menstrual Hygiene Alliance of India (MHAI), working on research and advocacy on menstrual hygiene management, estimates that there are almost 336 million women in India in the menstruating age group, of which only 36 percent get to use or have access to disposable sanitary napkins.

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Menstruation is the regular discharge of blood and mucosal tissue from the internal lining of the uterus through the vagina. Menarche, the first period, starts somewhere in the range of 12-15 years of age, varying from female to female. The gap between two periods is usually 28-31 days and bleeding last around 2-7 days. Menopause, the last period, occurs in the range of 45-55 years of age.

The menstrual cycle happens because of the ascent and descent of hormones. This cycle brings about the thickening of the lining of the uterus, and the growth of an egg, which is required for pregnancy. The egg is discharged from an ovary around 14th day in the cycle; the thickened lining of the uterus gives supplements to the embryo after its implantation. If pregnancy does not happen, the lining is discharged in what is known as menstruation.

Menstrual Hygiene Management (MHM) includes a number of aspects such as awareness and education related to menstruation, accessibility to safe and affordable feminine hygiene products, menstrual waste disposal practices among others.

Menstrual Hygiene Day is celebrated worldwide on May 28th every year, to break taboos related to menstruation and to generate awareness about the importance of keeping good menstrual health by adopting good menstrual hygiene practices. It was started in 2014 by an organization called WASH (Water, Sanitation, and Hygiene) United, which works with a wide range of NGOs, National & State governments, UN agencies, and private sector partners, including UNICEF, Water Aid, the World Bank and others. The theme for this year was “Making menstruation a normal fact of life by 2030”.

Menstrual Hygiene Management can be a tough task for those women and girls in developing countries due to lack of adequate toilet facilities, clean water, inability to access menstrual hygiene products due to low-income levels, cultural restraints, etc. in comparison to those in developed countries. This hampers their health and social and educational development. Therefore, it is important to open up about menstrual hygiene management and to find solutions to the problems faced by girls and women so that they are able to realize their full potential in every aspect and feel connected to the mainstream of the society.

## REVIEW OF LITERATURE

Several studies have been conducted on Menstrual Hygiene Management in different parts of the country. A review of some of the related literature has been described below-

Omidvar, Begum (2010) worked on a research and noticed that (19.1%) of girls used cloth as menstrual absorbent. (80%) of the girls changed pads/napkins at night and only (20.6%) changed them during school hours because of ignorance and lack of facility in schools. Also, the practice of reusing soiled napkins was common among the girls. The reason for this could be attributed to lack of knowledge about healthy menstrual practices among young girl students. Refraining from bath, poor genital care, and other such attributes were commonly found among them. Poverty was a major factor responsible for choosing unsanitary materials during menstruation by the girls.

Verma et al. (2013) highlighted that 50.8% girls used sanitary pad as menstrual absorbent while 49.16% used old plain cloth. The most common reasons for not using sanitary pad were feeling uncomfortable (4.28%), high cost 71.8%, unavailability 6.3% and shyness 7.9%.

Abhijit et al. (2014) conducted a study and reported that (77%) of the girls used sanitary pads and all the girls took bath daily. 43% of the girls washed their genitalia with soap and water during menstruation. All such menstrual hygiene practices were a result of a number of factors such as the majority of the families living above the poverty line and high literacy rate among mothers.

Sathyamurthi (2014) conducted a study and found that majority of the girls used cloth to absorb the menstrual fluid, the used cloth was washed with soap and water and was disposed off after using it for 4-5 months by burning it. Sanitary napkins were used by very few girls due to varied reasons such as low socioeconomic status, lack of awareness and less availability in rural areas. Cloth was being used by 46.67% of the girls and only 15.67% of the girls were using sanitary napkins. Amongst the cloth users, 65.7% of the girls were suffering from genital infections in comparison to 12.3% of the girls using sanitary napkins.

Channawar & Prasad (2015) conducted a cross-sectional study and it was found that 91.2% of the respondents used pads and 6.8% of them used clothes. The higher usage of sanitary pads by the respondents was due to the high availability of pads in urban areas and also due to increased awareness regarding its availability and use communicated to the people through the help of television. The most commonly practiced method for disposing menstrual waste was house dustbin, counting to 74.1%.

Prajapati et al. (2015) in their study observed that 47% girls believed menstruation to be natural process while 32% considered it as hormonal process; 72.5% girls were unaware of source of menstrual bleeding while 27.5% girls were aware that uterus was source of menstrual bleeding; 76% girls believed menstrual blood was impure. 89.5% girls used cloth during menstruation.

Fathima et al. (2020) in their study found that majority of the women were having good knowledge about menstruation and sanitation practices. A study states that women with normal haemoglobin level result in monthly menstruation with regular menstrual flow. Majority of the women under study are free from diagnosing conditions like Endometriosis, Fibroids, Ovarian cysts & PCOS because of their normal haemoglobin content and have good menstrual health and hygiene practices.

Tshomo et al. (2021) found in their study that the comprehensive knowledge of menstruation was found to be low (35.5%) among participants. Half of the participants (50.3%) reported their mother as the source of information, and (35.1%) of the participants agreed that women should not enter a shrine during menstruation. It was also reported that approximately (4%) of median monthly pocket money was spent on the absorbents, and (96.9%) of absorbents were wrapped before disposal. Half of the participants (55.1%) reported that their daily activities were affected due to menstruation, and (24.2%) of the female students missed college due to dysmenorrhea. One-fifth of the participants (21.3%) reported unavailability of water in college, (80.1%) of the participants reported absence of soap for hand washing, and (24.1%) described no bins for disposal. The participants also reported that in (33.7%) of hostel toilets, the door locks were missing.

## **METHODOLOGY**

The objective of the present study was to ascertain the knowledge, awareness and practices related to menstruation and menstrual hygiene management among residents of girls' hostel in Panjab University, Chandigarh. The target population for the study was only girls studying in the university and residing in campus hostels. There are 10 girls' hostels in the university campus. Out of these 10 hostels, Neerja Bhanot Hall (Girls' Hostel No.10) was selected as this was the only hostel to be equipped with sanitary napkin vending machine and incinerator. The total number of residents in the hostel is 300, out of which a sample of 20% i.e. 60 residents was taken for conducting the study. Random sampling method was used to collect data from the respondents. Primary data was collected with the help of questionnaire comprising of both open-ended and close-ended questions.

## RESULTS

**Table 1 Socio-demographic profile of the respondents**

Variables	Variable category	No. of respondents
Course of study	Graduation	36
	Post-Graduation	24
Age of the respondents (in years)	18-20	32
	21-23	22
	24-26	6
Permanent Residence	Haryana	8
	Himachal Pradesh	8
	Punjab	32
	Uttarakhand	4
	Rajasthan	2
	Jammu & Kashmir	4
	Uttar Pradesh	2

Table 1 shows that 32 respondents (53%) were in the age group 18-20 years of age, 22 respondents (37%) in the age group 21-23 years of age and only 6 respondents (10%) were between the age group of 24-26 years. 36 respondents (60%) were pursuing their graduation while 24 respondents (40%) were pursuing their post-graduation in different departments of the university. 8 respondents (13%) belonged to Haryana and Himachal Pradesh each, 32 respondents (54%) belonged to Punjab, 4 respondents (7%) from Uttarakhand, 2 respondent (3%) from Rajasthan, 4 respondents (7%) from Jammu and Kashmir and 2 respondent (3%) from Uttar Pradesh. This shows that the girl students in the university come from different states of the country.

**Table 2 Awareness about menstruation**

Variables	Variable category	No. of respondents
Awareness about menstruation before attending menarche	Yes	54
	No	6
Source of information about menstruation	Mother	30
	Friend	8
	Teacher	10
	Mass media	4
	Others	2

Table 2 shows that 54 respondents (90%) were aware of menstruation before having it for the first time while only 6 respondents (10%) were not aware before experiencing it. This shows that the taboo related to menstruation is lessening by breaking the silence about it. Also, the respondents acquired information about menstruation from different sources. Out of 54 respondents, 30 respondents (60%) acquired information from their mother, 8 respondents (13%) from friends, 10 respondents (17%) from teachers, 4 respondents (7%) through mass media and only 2 respondents (3%) got to know about it from their grandmother. The majority of these sources were educated up to degree level and above.

**Table 3 Knowledge about first menstrual**

<b>Variables</b>	<b>Variable category</b>	<b>No. of respondents</b>
Knowledge about 'menarche'	Yes	50
	No	10
Reaction on attaining menarche	Normal	28
	Scared	30
	Embarrassed	0
	Others	2
Organ from which menstrual blood comes	Vagina	34
	Uterus	18
	Ovaries	2
	Don't know	6
Cause of menstruation	Normal	18
	Physiological process	40
	Disease	0
	Others	2
Menstrual blood-impure or not	<b>Yes</b>	18
	<b>No</b>	38
	<b>Don't know</b>	4
Menstrual blood- contain toxins or not	Yes	8
	No	32
	Don't know	20
Excessive bleeding- lead to anaemia or not	Yes	26
	No	20
	Don't know	14

Table 3 shows that 50 respondents (83%) knew about the first menstrual period being called menarche while 10 respondents (17%) did not know about the technical word for it. Table also depict different reactions of respondents on attaining menarche indicating that 28 respondents (47%) were normal when they got their period for the first time, 30 respondents (50%) were scared and only 2 respondents (3%) were worried on attaining it. None of the respondents were embarrassed.

Table 3 indicate that 34 respondents (57%) noted vagina as the organ from which menstrual blood comes, uterus by 18 respondents (30%), ovaries by 2 respondents (3%) and 6 respondents (10%) did not have any clue about it. 18 respondents (30%) told that the cause of menstruation is normal, 40 respondents (67%) said it is a physiological process and 2 respondents (3%) did not have any idea about it.

Table 3 indicate that 18 respondents (30%) feel that menstrual blood is impure, 38 respondents (63%) do not feel it is impure and 4 respondents (7%) did not know about it. 8 respondents (13%) think it contains toxins, while 32 respondents (54%) think their opposite i.e. it is non-toxic and 20 respondents (33%) did not have an idea about it. 26 respondents (44%) noted that excessive bleeding does not lead to anaemia, 20 respondents (33%) think it leads to anaemia, and 14 respondents (23%) were not sure about it.

**Table 4 Practices on Menstrual Hygiene Management**

<b>Variables</b>	<b>Variable category</b>	<b>No. of respondents</b>
Sanitary product used during menstruation	Sanitary pad	50
	Tampon	8
	Menstrual cup	2
Reasons for not using sanitary napkin	Financial burden	2
	Don't feel comfortable	2
	Chances of infection	6
Method used for sanitary waste disposal	Throw it in routine waste	58
	Burn it	0
	Bury it	0
	Flush it	0
	Others	2
Item used for wrapping sanitary waste	Paper	10
	Polythene	8
	Old newspaper	42
Difficulty in walking during periods	Yes	34
	No	26
Difficulty in moving out of the house during menstruation	Yes	20
	No	40
Class absenteeism during menstruation	Yes	34
	No	26
Reasons for class absenteeism	Afraid of staining	2
	Pain due to menstruation	30
	Uncomfortable or tired	8
	Lack of water and hygiene	6
Restrictions practiced during menstruation	Visiting places of worship and praying	20
	Touching stored foods	2
	Sleeping on routine bed	2
	Taking head bath	6
	Eating certain types of foods	12
	Touching holy plants	6
	Physical activity	20

As per table 4, sanitary napkin is the most widely used sanitary product used by the respondents during menstruation. It is being used by 50 respondents (84%), 8 respondents (13%) used tampons and only 2 respondents (3%) used a menstrual cup. Reusable cloth napkins were not being used even by a single respondent. There are a number of reasons due to which sanitary napkins are not being used by them. 2 respondents (20%) mentioned the reason behind it as a

financial burden, 2 respondents (20%) did not feel comfortable with it, and 6 respondents (60%) avoided sanitary napkins so as to escape from getting infections.

From table 4, it can be clearly seen that 58 respondents (97%) throw sanitary waste in the routine waste bin. Only 2 respondents (3%) were found to be using another bin for this purpose. It can be seen that 10 respondents (17%) used paper for wrapping and disposing sanitary waste, 8 respondents (13%) used polythene, and 42 respondents (70%) used old newspaper for this purpose.

Table 4 deals with the prevalence of difficulty in walking during periods, to which 34 respondents (57%) admitted to having problem in walking too far off places ranging differently for individuals from one to three kilometres, while 26 respondents (43%) did not face any such problems. Also, 20 respondents (33%) admitted to having problems in moving out and preferred to stay in their homes, while 40 respondents (67%) did not face any such problems.

Table 4 depict class absenteeism during menstruation along with the reasons, in which 34 respondents (57%) admitted to having missed their classes ranging differently for individuals from one to three or more days, while 26 respondents (43%) did not face any such problems and were regular in attending their classes. Citing reasons for class absenteeism, 2 respondents (4%) admitted to being afraid of getting her clothes stained, 30 respondents (65%) restraint themselves because of pain during menstruation, 8 of them (18%) feel uncomfortable or tired and rest 6 of them (13%) missed due to lack of water and hygiene facilities. In this, some respondents have given multiple reasons for class absenteeism.

As in table 4, it can be seen that even today some restrictions are practiced by women during menstruation. 20 respondents (29%) reported of not visiting places of worship and praying, 2 respondents (3%) told they do not touch stored foods such as pickles, 2 respondents (3%) refrained about sleeping on regular bed, 6 of them (9%) mentioned of not taking head bath during menstruation, 12 of them (18%) refrain themselves from eating certain types of foods, 6 of them (9%) admitted to not touching holy plants and rest 20 of them (29%) refrained themselves from doing physical activities such as sports, etc.

**Table 5 Menstrual Hygiene Management**

<b>Variables</b>	<b>Variable category</b>	<b>No. of respondents</b>
Awareness about sanitary napkin vending machine installed in the hostel	Yes	56
	No	4
Experience of accessing sanitary napkin vending machine	Pads were there	8
	Pads were not there	4
	Pads were of good quality	6
	Pads were not of good quality	2
Awareness about incinerators installed in the hostel	Yes	38
	No	22
Opinion about incinerators	Health deterioration	0
	Environmental degradation	6
	Better waste management	38
	Eco-friendly technology	16

Table 5 depict awareness regarding sanitary napkin vending machine installed in the hostel. Out of 60, 56 respondents (93%) admitted to being aware of sanitary napkin vending machine, while other 4 respondents (7%) were not aware of it. Out of those 56 respondents who admitted of being aware about the vending machine, 42 respondents (75%) were having proper knowledge about the number of vending machine being only one in the hostel, 8 of them (14%) mentioned about two vending machines and rest 6 of them (11%) mentioned about three or such machines. One such machine can accommodate 36 sanitary pads. When being asked about the intake capacity of the machine, out of those 56 respondents who were aware, 12 respondents (21%) mentioned about having less than 10 pads, 20 of them (36%) mentioned 10-20 pads, another 20 of them (36%) mentioned 20-30 pads and 4 of them (7%) mentioned for 30-40 pads. Again, among those 56 aware respondents, 54 of them (96%) mentioned the correct denomination accepted by the vending machine i.e., Rs.5 and only 2 of them (4%), mentioned it as Rs. 2. Then, when asked about the location of the vending machine, out of those 56 respondents, 34 of them (61%) knew about the correct location i.e., in the corridor, 6 of them (11%) told about it being placed inside the washroom, and 16 of them (28%) told about it being present outside the washroom. Further, out of those 56 respondents, 20 of them (36%) admitted to having accessed it, while rest 36 of them (64%) had not accessed it yet. Also, out of those 56 hostel residents i.e. respondents, 36 of them (64%) were of the opinion that the vending machine is adequately placed while 20 of them (36%) were not satisfied with the location of the sanitary napkin vending machine. The experience of accessing the sanitary napkin vending machine was found to be satisfactory. Out of the 20 respondents who had accessed it, 8 of them (40%) mentioned that the pads were there, 4 of them (20%) could not get the pads from the vending machine due to unavailability, 6 of them (30%) were satisfied with the quality of the sanitary pad and only 2 of them (10%) complained of bad quality sanitary pad. Also, the 20 respondents who had accessed the vending machine gave some suggestions for improving the existing MHM resources. Among them, 2 respondents (10%) wanted to have replacement in the brand of sanitary napkin provided by the vending machine agency, 8 of them (40%) wanted the intake capacity of the vending machine to be more, and other 8 of them (40%) were of the view that an alternative for acceptance of denomination should be taken into consideration and 2 of them (10%) was of the opinion that the number of such machines should be increased.

According to the table 5 above, the awareness of the hostel residents about the incinerators installed in the hostel has been ascertained. Out of 60 respondents, 38 of them (63%) were aware of it while 22 of them (37%) did not know about the installed incinerators. Among those 38 respondents, 26 of them (69%) mentioned that the hostel has only one incinerator installed there, 2 of them (5%) referred as having three incinerators, and 10 of them (26%) mentioned having four or more incinerators. This is surprising as only 2 respondents (5%) knew about the correct number of incinerators installed in the hostel. Further, out of those 38 respondents, only 14 of them (37%) had accessed the incinerators while 24 of them (63%) had not accessed the incinerator yet. The general opinion about incinerators was ascertained. It shows that out of 60 respondents, 6 of them (10%) were of the opinion that incinerators lead to environmental degradation, 38 of them (63%) thought of them as a way of better waste management, and 16 of them (27%) viewed them as an environment- friendly technology. None of the respondents were of the opinion that incinerators lead to health deterioration. The respondents had a positive attitude towards the impact of incinerators on the environment.

## SUGGESTIONS

On the basis of the study conducted, there are few suggestions given below for making menstrual hygiene management available and accessible to the target population:



- The university authorities should extend such initiatives to provide MHM resources in other campus hostels also. In addition to hostels, it can be installed in the teaching departments also so that both the day scholars and the hostellers can avail those services when they are in need.
- Special committees can be formed consisting of students, teachers, wardens, janitors, and doctors in health centre to monitor the functioning and effectiveness of such resources and to bring about innovations in the present resources from time-to-time.
- Local NGOs and SHGs involved in working for the cause of menstruation among young girls and women can be taken into account for awareness generation and promoting sanitary pads made by them.
- Seminars, workshops, and talks can be organized in the university and in the hostels from time-to-time to break the silence and create awareness related to menstruation and to encourage people to adopt healthy menstrual hygiene practices.
- Alternative such as token system can be started for accessing the sanitary napkin vending machines because sometimes it happens that the accepted denomination is not available with the residents and they have to resort to other ways to get sanitary pads, which creates a problem for them as they are unable to use the facility provided for their benefit in the hostel.
- The sanitary napkin vending machine accepts only a particular type of sanitary napkins designed by the company called Femmina. It creates a problem whenever there is a delay in delivery of sanitary pads from the company as the residents are not able to access the sanitary napkin vending machine. Therefore, efforts should be made to install those sanitary napkin vending machines which are flexible in approach so as to deal with such issues.
- The sanitary napkins provided by the partner agency Femmina are non-biodegradable. Changes can be adopted by the authorities to switch to eco-friendly alternatives such as using sanitary pads made of cotton.

## CONCLUSION

It can be concluded from the above study that the menstrual hygiene management among the girls' hostel residents is far better than satisfactory, which can be attributed to a number of factors such as good socio-economic family background, awareness about the ill-effects of adopting bad menstrual hygiene during menstruation, availability and accessibility to good quality feminine care products, provision of clean water and washrooms, high level of education etc. Majority of the respondents have the general knowledge about menstruation but lack in awareness related to the provision of menstrual health management resources in their hostel. However, it may be surprising to note that the hostel residents studying at the university level and having sanitary napkin vending machine installed in their hostel, but still no one is willing to volunteer to get their photographs clicked. This shows that the taboo related to menstruation exists even today. Cultural Lag, the term coined by sociologist William F. Ogburn, rightly fits here as it depicts the gap which exists between material culture (technology) and non-material culture (beliefs, ideas, values). Age-old practices such as restrictions from visiting places of worship, touching stored foods, taking head bath, touching holy plants, etc. practiced during menstruation are still prevalent today but not to a large extent amongst the female population. Use of alternative menstrual hygiene products such as tampons, menstrual cups, etc. can be encouraged among the girl students, who face problems in using cloth napkins or sanitary pads. The above-mentioned suggestions can also be taken into consideration to meet the needs of the target population.

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