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A STUDY ON ASSESSMENT OF MENSTRUAL HYGIENE MANAGEMENT (MHM) PRACTICES AMONG ADOLESCENT GIRL STUDENTS DURING COVID-19 PANDEMIC IN KASHMIR VALLEY

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ABSTRACT

The World Health Organization (WHO) declared on 11 March 2020 coronavirus disease (COVID-19) a pandemic and the current scenario in world is something no one had ever imagined in life. The OVID - 19 infection has so much of devastating impact on our society especially due to complete lockdown status in almost all parts of Kashmir. The worst-hit sections of society is women who menstruate during this critical situation and there are thousands of menstruating women in Kashmir valley. In the COVID-19 pandemic, the major challenges faced by women and adolescent girls in Kashmir related to maintenance of menstrual hygiene were unavailability of sanitation facilities, anxiety and stress over how to handle menstruation. In the current study 400 adolescent girls were chosen at random to assess the Menstrual Hygiene Management (MHM) Practices among adolescent girls during Covid-19 Pandemic in Kashmir valley. The data collected from the respondents understudy using a well designed validated questionnaire was analysed using standard statistical tools. The study revealed that MHM practices among adolescent girls during COVID-19 crisis was normal but awareness of safety measures to be taken to avoid COVID-19 was less among adolescent girls. It was concluded that there is a need to communicate appropriate messages to adolescent girls in order to practice the safety measures to avoid COVID-19 crisis.

KEYWORDS: ***Adolescence, menstruation, menstrual hygiene, Challenges, COVID-19, lockdown, Kashmir***

1. INTRODUCTION

On December 31st, 2019, the World Health Organization (WHO) became aware of an unknown virus which we now know as SARS-CoV-2 or COVID-19. The World Health Organization requested information from officials in China on January 1st and declared a Public Health Emergency on January 30th, 2020. A global pandemic was then officially recognized on March 11th in relation to the novel coronavirus disease Covid-19. Nonetheless, we must

acknowledge that Covid-19 is dangerous and continues to spread throughout the world. The coronavirus COVID-19 is affecting 221 countries and territories worldwide. The latest statistics as on 30th August, 2021 shows 217,415,551 COVID-19 positive cases, 4,518,600 deaths and 194,329,776 COVID-19 positive recoveries. COVID-19 virus affects different people in different ways worldwide and most COVID-19 infected people will develop mild to moderate illness and recover from virus without hospitalization. A vast literature (WHO, 2020; Bilal et., 2020) is available related to COVID-19 spread and impact of COVID-19 on physical, psychological health and social life. Adolescence as defined by WHO is a growth period from 10-19 years and this changing phase of growth from infancy to adult is under constant conversion and mayhem. This adolescence stage is largely divided in three main phase's *viz*., early adolescence which begins at 10-14 years, middle adolescence from 15-16 years and late adolescence from 17-21years. It is the most noticeable phase which is accompanied by body changes especially weight, height, change of voice, body hair and development of sexual characters; In this phase not only body characteristics flourish but person becomes socially reliable to his/ her peers, development of self-esteem, tries to live independent and is not able to accept any sort of authority either in personal and professional life like authority of schools or family (Water Aid , 2009; Sabahat S.A. et al.,, 2019). First and foremost, it is essential to understand that periods are not some kind of punishment for women folk for something they did and it is not a horrible disease either for women. Islam views periods of a women as a natural function of the body. Medically, we know a woman cannot become pregnant unless she menstruate, which is the case for young children and post-menopausal women. The cycle of menstruation lasts a certain period of years in which a woman is able to conceive and motherhood holds a very high status in Islam. It is reported by *Abu Huraira (ra) that a person said to Allah's (swt) Messenger (pbuh) "who amongst the people is most deserving of my good treatment" he said (pbuh) "your mother, again your mother, again your mother and then your father, then your nearest relatives according to the order of nearness" (Sahih Muslim book 45, Hadith) In short,* motherhood is not possible without menstruation, and seeing as motherhood is given such a high stance in Islam, this refutes the idea that period is a punishment, or anything of a demeaning value for a woman. History is witness, prior to the time of the Prophet Muhammad (pbuh) men would refuse to go near their wives when they were on their periods. They would not eat with women during periods, drink with them or even go near to them. Hence companions of Prophet (pbuh) proceeded to ask the prophet (pbuh) about this to which he replied that *"Do everything with her except for sexual intercourse."* [Muslim; ibn Hajar, Fath al-Bari] The Hadith, makes it clear that during menstruating women should not be ignored, instead we should enjoy each other's company, go out together as it is not forbidden. We must remember that periods are nothing to be ashamed of, on the contrary periods give women the opportunity to experience one of the most beautiful moments of life, motherhood. Women should see periods as a blessing of Allah as it allows her to experience the wonderful moment when she becomes mother, she gets a break during fasting etc to make it easy for her. Women may recite Quran during periods from memory as majority scholars of fiqh agree that someone who is not purified cannot touch the holy Quran because Allah says in the Quran "None shall touch it except the purified" (Waqiah: 79). This includes the junub (sexually impure), the menstruating woman, as well as someone without wudhu. Menstrual health is a human right, unfortunately it can result in discrimination, stigma and exclusion against women and girls. It is not a problem but poor menstrual hygiene is a problem. The Menstrual Hygiene Management (MHM) is about access and use of menstrual hygiene products to absorb or collect menstrual blood, privacy to change the materials, and access to facilities to dispose of used menstrual waste materials. The menstrual hygiene management or Menstrual Health and Hygiene (MHH) in developing countries like India can be very much challenging for girls and women, where clean water and toilet facilities are often inadequate. It has been reported that more than 1.8 billion women folk menstruate and millions of menstruates across the globe cannot manage their

monthly cycle in a dignified and healthy way. The MHM include the "broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights". The menstrual hygiene management due to many social as well as economical factors was quite challenging to the menstruating women folk, prior to Covid- 19 pandemic and the situation got worse and challenging in different parts of the world due to the outbreak of COVID- 19 and COVId-19 lockdown. Menstruation is a physiological process that starts with the onset of puberty in women folk (Archibald et al., 2003) and the puberty starts in adolescence age group 10-19 years of age (UNICEF I, 2011). The menstrual cycle provides essential body chemicals, called hormones, to keep women healthy and prepares body for pregnancy each month. A cycle is counted from the first day of 1 period to the first day of the next period and the the length of the menstrual cycle is 21 to 35 days, with most averaging 26 to 28 days. The duration of the secretary phase is relatively constant, averaging 14 days. It is obvious that subtracting 14 days from the length of the menstrual cycle should give an approximate date of ovulation. A adolescent woman with a menstrual cycle interval of 35 days can be expected to ovulate on or around the twenty-first day whereas an adolescent woman with a menstrual cycle interval of 23 days can be expected to ovulate on or around the ninth day. The females typically reach puberty and start experiencing menstrual periods when they are 11–14 years old and the menstrual cycle is important as it is a primary contributor to female mood as well as behavior (Pierson, Althoff, Thomas, Hillard, & Leskovec, 2018). The Menstrual hygiene practices for all adolescent girls is always an essential issue and the good menstrual hygiene practices include use of sanitary pads, its proper disposal and then proper washing of the genital area and then proper hand wash. It has been reported that lack of education and communication about good hygiene practices and reproductive problems furthers add to the problem. The unhygienic menstrual practices can increase the risk of reproductive health problems among womens (Water Aid, 2009; Prajapati , Shah and Kedia, 2015). Further, in the literature, we come across various studies (Sara and Fritz, 1993; Sara , Khanna, Goyal and Bhawsar, 2005; Mudey et al., 2010; Dube and Sharma, 2012; Patle and Kubde, 2014; Sapkota 2014; Swapna 2020 and Thakre 2011) related to menstruation and women issues. In a study, it has been reported that the unhygienic practices are further exacerbated by insufficient access to water, clean toilets and soap to womens. In another study (Ninama and Dund, 2915), it has been reported that the practical challenges are made more complicated by socio-cultural factors such as menstruation being considered as unclean, isolation of the menstruating girls etc. The failure to afford menstrual hygiene facilities at school level or at home also decrease the level of having good menstrual hygiene practice among adolescent female students. (Dasgupta and Sarkar, 2008). In view of the literature cited above, it is very important to address such problems of adolescent girls which are very important for their health. The awareness programmes are very essential for promoting menstrual hygiene management (MHM) both at community level as well as at school level. (Ndlovu and Bhala, 2016; Rizvi & Ali, 2016). The present study was undertaken with an aim to assess the Menstrual Hygiene Management (MHM) Practices among adolescent girl students during COVID-19 pandemic in Kashmir valley.

1. MATERIALS AND METHODS

The current descriptive study was conducted during 29th June, 2020 to 8th August, 2021 among the Adolescent girl students of Kashmir valley. A structured questionnaire was used as study tool to collect the data from the respondents using simple random sampling procedure. In total 400 adolescent girls (200 rural and 200 urban) as respondents were selected in the age group of 10-19 years. The questionnaire understudy was pretested to verify the clarity, absence of ambiguity, objectivity, sequence and simplicity. The data collected from the validated questionnaire our survey was analyzed using standard statistical tools with the help of statistical software SPSS

(Version 21). In current study, p-value less than 0.05 and less than 0.01 were considered as significant at 5% level of significance and at 1% level of significance.

Sample size Determination

The sample size for current study was computed using the formula given as (Cochran, 1977)

$$n = \frac{Z_{\alpha}^{2}\ P(1-P)}{d^{2}}$$

Here on the basis of literature available on this topic, we chose p=0.5, Z_{α} =1.96 and d=0.05. That gives the sample size for our study n~384 and we decided to chose n = 400.

Research Hypothesis

Hypothesis: There will be no significant difference in Menstrual Hygiene Management (MHM) Practices Among Adolescent Girl Students of rural and urban areas of Kashmir valley.

To test the hypothesis, we use chisquare test (with usual notations) given by

$$X^{2} = \sum_{i=1}^{2} \frac{(o_i - e_i)^2}{e_i}$$

where $X^{2} \sim \chi_{1}^{2}$, o_i and e_i represent observed and expected frequencies. We reject H_0 if p-value is less than specified level of significance 0.05 or 0.01.

2. RESULTS AND DISCUSSION

The data presented in Table 1, reveals that a total of 400 adolescent girls (200 rural and 200 urban) were selected for the present study. It has been observed that majority of the respondents were in the age group of 17-21 years (urban=64.5%, rural=72.0%), from middle class families (urban=91.5%, rural=88.5%) and were from nuclear families (urban=81.5%, rural=73.5%). Statistically, in age, economic status and type of family, non-significant difference was observed between urban and rural respondents (P>0.05).

Table 1: Socio-demographic characteristics of adolescent students understudy

S.No.	Variable	Category	Location		Chisquare	P-value
			Urban	Rural		
			Frequency (%)	Frequency (%)		
1.	Age (years)	10-14	13 (6.5)	9 (4.5)	2.704	>0.05
		15-16	58 (29.0)	47 (23.5)		
		17-21	129 (64.5)	144 (72.0)		
2.	Economic Status	Middle class	183 (91.5)	177 (88.5)	1.000	>0.05
		Lower class	17 (8.5)	23 (11.5)		
3.	Type of Family	Nuclear	163 (81.5)	147 (73.5)	3.670	>0.05
		Joint	37 (18.5)	53 (26.5)		

The data shown in Table 2, reveals that in response to statement 1, i.e., Source of information on COVID-19 infection, majority of the respondents in urban areas reported Television/Radio (81.5%), followed by from peer group (76.5%), followed by internet (70.5%), followed by Newspaper (68.5%) and 63.5% reported all of these

where as in rural areas respondents reported Television/Radio (88.0%), followed by from peer group (82.0%), followed by internet (44.5%), followed by Newspaper (39.0%) and 38.0% reported all of these. Statistically, source of information on COVID-19 infection and location of respondents was significantly associated (P<0.01). In response to statement 2, i.e., How do you feel about COVID-19 infection, majority of the respondents in urban areas reported s in rural areas respondents reported COVID-19 affects the sensitive human organs (74.5%), followed by Highly dangerous disease (63.0%), followed by it is treatable disease (57.9%) and 53.5% reported all of these where as in rural areas respondents reported COVID-19 is highly dangerous disease (67.0%), followed by COVID-19 infection affects the sensitive human organs (65.5%), followed by COVID-19 is treatable disease (54.5%) and 38.0% reported all of these. Statistically, view on COVID-19 infection and location of respondents was not significantly associated (P>0.05). In response to statement 3, i.e., How you protect yourself from COVID-19 infection, majority of the respondents in urban areas reported s in rural areas respondents reported all of these (71.0%), followed by social distancing (68.5%), followed by using mask (61.5%) and 41.5% reported hand washing where as in rural areas respondents reported social distancing (46.5%), followed by using mask (40.5%), followed by all of these and 32.0% reported we can protect ourselves from COVID-19 infection by hand washing frequently. Statistically, view on respondents on COVID-19 infection protection and location of respondents was not significantly associated (P>0.05). In response to statement 4, i.e., What are the main immunity boosting family practices, majority of the respondents in urban areas reported main immunity boosting family practices all in given options (62.0%), followed by regular prayer 953.5%), followed by traditional medicine (28.5%), followed by inclusive diet (26.5%) and 21.55% respondents who reported daily physical exercise where as in rural areas respondents reported regular prayer (66.5%), followed by all of these (66.0%), followed by traditional medicine (31.5%), followed by daily physical exercise (24.5%) and 23.5% reported inclusive diet. Statistically, view on min immunity boosting family practices during COVID-19 crisis and location of respondents was not significantly associated (P>0.05). In response to statement 5, i.e., What are your activities during the closure of your educational Institute, majority of the respondents in urban areas reported spent time with family (42.0%), followed by household work (34.5%), followed by studying (32.5%), followed by all these (26.5%) and 7.5% respondents reported learn new skills. where as in rural areas majority of the respondents spent time with family (46.5%), followed by household work (41.0%), followed by studying (30.5%), followed by all these (28.5%) and 11.5% respondents reported learn new skills. Statistically, view on activities during COVID-19 crisis and location of respondents were not significantly associated (P>0.05). In response to statement 6, i.e., Do you have regular menstrual period during COVID crisis, majority of the respondents in urban areas reported yes (65.0%), followed by can't say (20.5% and 14.5% reported that they do not feel any change in menstrual period due to COVID-19 crisis whereas in rural areas respondents reported yes (64.0%), followed by can't say (24.5% and 11.5% reported that they do not feel any change in menstrual period due to COVID-19 crisis. Statistically, view on regular menstrual period during COVID-19 crisis and location of respondents was not significantly associated (P>0.05). In response to statement 7, i.e., Do you feel any change in menstrual period before and during COVID-19 spread, majority of the respondents in urban areas reported no (68.5%), followed by can't say (23.0% and 8.5% reported yes they feel change in menstrual period due to COVID-19 crisis whereas in rural areas majority of respondents reported no (77.0%), followed by can't say (13.5% and 9.5% reported that they feel change in menstrual period due to COVID-19 crisis. Statistically, view on change in menstrual period during COVID-19 crisis and location of respondents was significantly associated (P<0.05). The people in urban areas had more problems due to strict COVID-19 lockdown as compared to rural areas so problems of women folk were not uniform in urban and in rural areas. In response to statement 8, i.e., Did you find any difficulty to receive the sanitary napkins during

COVID-19 crisis, majority of the respondents in urban as well as in urban areas reported no (urban=80.5%, rural=77.5%) they don't face any problem in receiving sanitary napkins during COVID-19 crisis. Statistically, difficulty to receive the sanitary napkins during COVID-19 crisis and location of respondents was not significantly associated (P>0.05), although in rural areas women were facing more problems than in rural areas. In response to statement 9, i.e., How did you manage your periods during this lockdown period, majority of the respondents in urban areas reported s in rural areas respondents reported they use both napkin and cloth (44.5%), followed by using napkins (34.5%) and 21.0% used cotton cloth whereas in rural areas respondents reported they use both napkin and cloth (48.0%), followed by using napkins (28.5%) and 23.5% used cotton cloth to manaOVID-19 lockdown crisis. Statistically, management of periods during COVID-19 lockdown and location of respondents was not significantly associated (P>0.05). It is worth to mention here that adolescent girls are generally health conscious related this issue so managed this problem without much stress. In response to statement 10, i.e., How did you dispose your used napkin, majority of the respondents in urban areas reported they disposed used napkins added in waste pot (67.0%), followed by thrown in open and 13.5% dispose by burning whereas majority of the respondents in rural areas reported they disposed used napkins added in waste pot (57.0%), followed by thrown in open and (23.5% and 19.5% reported they dispose dispose by burning. Statistically, view on disposal of used napkind during COVID-19 infection and location of respondents was not significantly associated (P>0.05) although women folk faced problems in rural as well as in urban areas in disposing waste material. In response to statement 11, i.e., Do you feel change in kind of bleeding during any menstrual periods in COVID-19 crisis, majority of the respondents in urban (86.5%) as well as in rural areas (89.5%) reported that they do not feel any major change in kind of bleeding during menstrual periods in COVID-19 crisis. Statistically, view on change in kind of bleeding during COVID-19 crisis and location of respondents was not significantly associated (P>0.05). In response to statement 12, i.e., Did you feel any change in body weight, majority of the respondents in urban (72.5%) as well in rural areas (75.5%) reported no. It is worthwhile to mention 27.5% in urban areas and 24.5% respondents from rural areas reported that they feel change in body weight due to COVID-19 lockdown. The movement in general was restricted that resulted in increase of body weight. Statistically, view change in body weight during COVID-19 crisis and location of respondents was not significantly associated (P>0.05). Finally, in response to statement 12, i.e., What kind of family support you received during menstruation in the OVID-19 crisis, majority of the respondents in urban areas reported guidance (38.0%), followed by given rest (24.0%), followed by emotional support (19.5%) and 18.5% reported that they were provided balanced diet whereas in rural areas majority of the respondents in urban areas reported guidance (40.0%), followed by emotional support and balanced diet (21.5%) and 17.0% reported that they were given complete rest during menstruation in COVID-19 crisis. Statistically, view kind of support received during menstruation in COVID-19 crisis and location of respondents was not significantly associated (P>0.05). In general women folk were facing same problems everywhere.

Table 2: Menstrual Hygiene Management (MHM) Practices Among Adolescent Girl Students During Covid-19 Pandemic

S.No.	Statement	Response	Location		Chisquare	P-value
			Urban (%)	Rural (%)		
1.	Source of information on COVID-19 infection*	(a) Television/Radio	163 (81.5)	176 (88.0)	27.342	<0.01
		(b) Newspaper	137 (68.5)	78 (39.0)		

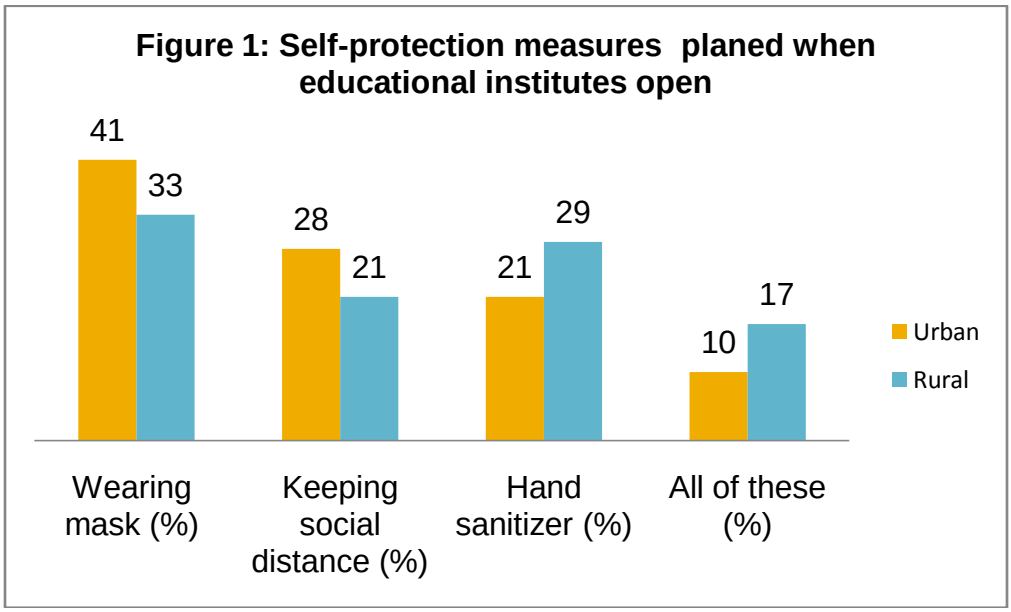
		(c) Internet	141 (70.5)	89 (49.5)		
		(d) From peer group	153 (76.5)	164 (82.0)		
		(e) All of these	127 (63.5)	76 (38.0)		
2.	How do you feel about COVID-19 infection*	(a) It is treatable disease	114 (57.0)	109 (54.5)	1.316	>0.05
		(b) Highly dangerous disease	126 (63.0)	134 (67.0)		
		(c) Affects the sensitive human organs	149 (74.5)	131 (65.5)		
		(d) All of these	107 (53.5)	98 (49.0)		
3.	How you protect yourself from COVID-19 infection*	(a) Hand washing	83 (41.5)	64 (32.0)	2.392	>0.05
		(b) Using mask	123 (61.5)	81 (40.5)		
		(c) Social distancing	137 (68.5)	93 (46.5)		
		(d) All of these	142 (71.0)	79 (39.5)		
4.	What are the main immunity boosting family practices*	(a) Inclusive diet	53 (26.5)	47 (23.5)	0.958	>0.05
		(b) Traditional medicine	57 (28.5)	63 (31.5)		
		(c) Daily physical exercise	43 (21.5)	49 (24.5)		
		(d) Regular prayer	107 (53.5)	113 (66.5)		
		(e) All of these	124 (62.0)	132 (66.0)		
5.	What are your activities during the closure of your educational Institute*	(a) Spent time with family	84 (42.0)	93 (46.5)	2.044	>0.05
		(b) Studying	65 (32.5)	61 (30.5)		
		(c) Household work	69 (34.5)	82 (41.0)		
		(d) Learn new skills	15 (7.5)	23 (11.5)		
		(e) All of these	53 (26.5)	57 (28.5)		
6.	Do you have regular	(a) Yes	130 (65.0)	128 (64.0)	1.419	>0.05

	menstrual period due to COVID-19 crisis	(b) No	29 (14.5)	23 (11.5)		
		(c) Can't say	41 (20.5)	49 (24.5)		
7.	Do you feel any change in menstrual period before and during COVID-19 spread	(a) Yes	17 (8.5)	19 (9.5)	6.049	<0.05
		(b) No	137 (68.5)	154 (77.0)		
		(c) Can't say	46 (23.0)	27 (13.5)		
8.	Did you find any difficulty to receive the sanitary napkins during COVID-19 crisis	(a) Yes	39 (19.5)	45 (22.5)	0.542	>0.05
		(b) No	161 (80.5)	155 (77.5)		
9.	How did you manage your periods during this lockdown period?	(a) Used sanitary napkins	69 (34.5)	57 (28.5)	1.689	>0.05
		(b) Used cotton cloth	42 (21.0)	47 (23.5)		
		(c) Both napkin & cloth	89 (44.5)	96 (48.0)		
10.	How did you dispose your used napkin	(a) Burning	27 (13.5)	39 (19.5)	4.539	>0.05
		(b) Added in Waste pot	134 (67.0)	114 (57.0)		
		(c) Thrown in open	39 (19.5)	47 (23.5)		
11.	Do you feel change in kind of bleeding during any menstrual periods in COVID-19 crisis	(a) Yes	27 (13.5)	21 (10.5)	0.852	>0.05
		(b) No	173 (86.5)	179 (89.5)		
12.	Did you feel any change in body weight	Yes	55 (27.5)	49 (24.5)	0.468	>0.05
		No	145 (72.5)	151 (75.5)		
13.	What kind of family support you received during	Emotional support	39 (19.5)	43 (21.5)	3.138	>0.05
		Guidance	76 (38.0)	80 (40.0)		

	menstruation	Giving rest	48 (24.0)	34 (17.0)		
		Giving balanced diet	37 (18.5)	43 (21.5)		

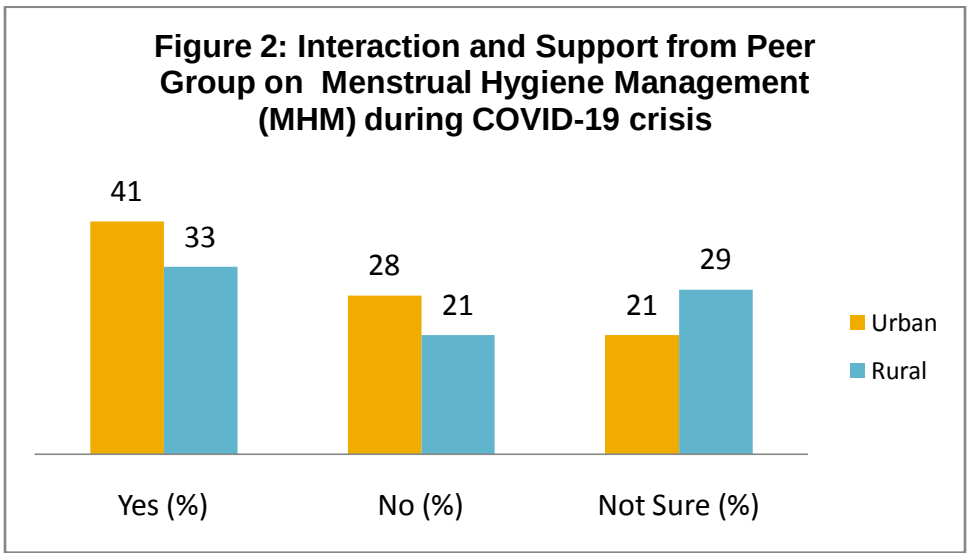
*= Multiple response choice was given

The data shown in Figure 1, revealed that majority of the respondents from urban areas reported mask wearing (41.0%), keeping social distance (28.0%), hand sanitizer (21.0%) and all of these (10.0%). The respondents from rural areas reported mask wearing (33.0%), keeping social distance (21.0%), hand sanitizer (29.0%) and all of these (17.0%). The results obtained in our study coincides with the studies conducted in other areas.

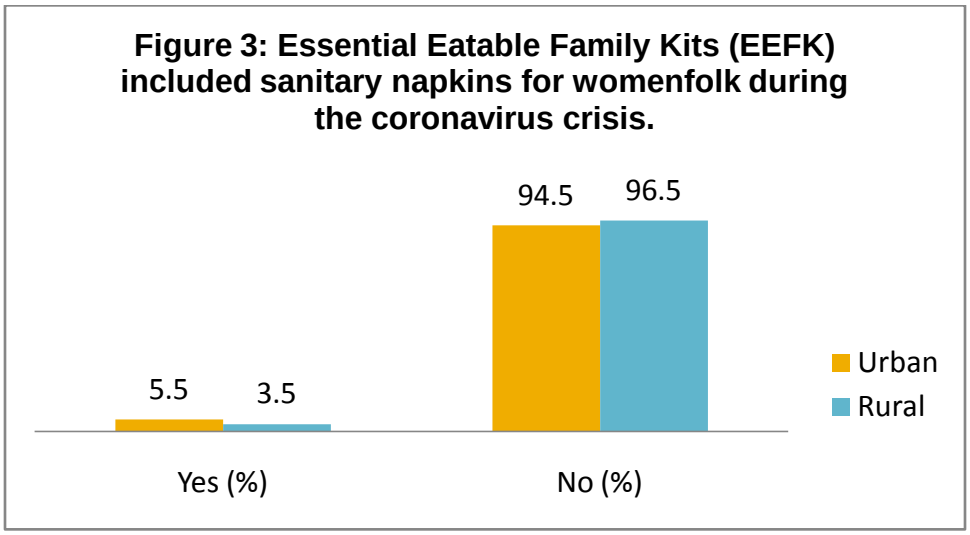


The data shown in Figure 2, revealed that majority of the respondents from urban areas reported that they had frequent interaction and support from peer group on MHM (41.0%), whereas .

28% respondents reported that they do not had frequent interaction and support from peer group on MHM and 21% reported that they can't say. Further, the respondents from rural areas reported that they had frequent interaction and support from peer group on MHM (33.0%), whereas 21% respondents reported that they do not had frequent interaction and support from peer group on MHM and 29% reported that they can't say. In a study conducted by Syed Sabahat et al., (2019), it was found that providing right scientific information to adolescents concerning reproductive health by incorporating Reproductive Health Education in school curriculum will improve their awareness and consequently reproductive health status of adolescents.



The data presented in Figure 3, shows that majority of the respondents **(**urban=94.5% and rural=96.5%) revealed they either not received the support from any NGO group or family kitt including sanitary napkins during COVID-19 crisis. In Kashmir a number of NGOs like Chinar, Athrout, ELFA worked during COVID-19 crisis. The NGOs claim to distribute thousands of food kitts among the needy. The NGOs were ready to support any individual who request for ration kit titled as Essential Eatable Family Kit (EEFK). The ration kit generally consisted of eight basic items – rice (10 kg), wheat (5 kg), edible oil (1 litre), salt (1 kg), sugar (1 kg), red chilli powder (half kg), turmeric (half kg) and Nutri (half kg). The fit and quantity in food kit varied from one NGO to other NGO group. The kit was expected to help a family for 15 days and once the ration is exhausted, the family were allowed to request for another food kit. In the beginning of COVID-19 lockdown no special kit was designed for women folk and they were forced to face many problems.



4. CONCLUSION

The study revealed that COVID-19 lockdown and extension of lockdown had a negative impact on menstrual hygiene products and the ability to maintain hygiene during periods in privacy and with dignity for thousands of girls and women in Kashmir valley. Statistically, nonsignificant difference was observed between urban and rural respondents in general. COVID-19 crisis was a universal issue so every individual in one way or the other got effected. It is therefore, need of the hour to ensure a gender-sensitive and inclusive response to the COVID-19 infection so that the menstrual health and hygiene needs of girls and women are met especially to the most marginalized and hard to reach populations of valley. In the current COVID-19 crisis, the health care professional must play their crucial role, create awareness among the general public regarding the need of safe practices and adequate maintenance of menstrual hygiene among women and adolescent girls. The Government as well as NGO's must adopt new policies so that adequate facilities and uninterrupted supplies of menstrual hygiene products can be made available for all the women and adolescent girls of the Kashmir valley which has been facing lockdown problems since 2019. The authors finally gave the menstrual hygiene management and Challenges.

Menstrual Hygiene Management

Sexual and reproductive health rights are based on the right and ability of all individuals to decide over their own bodies and to live healthy and productive lives. Menstrual hygiene management is part of the overall efforts. Menstrual hygiene management has impact on development as it has implication on the life of girls and women related to the health, education, work and mobility. The lack of proper sanitation facilities and affordable hygiene material for the use by adolescent girls and women at home, at school and at work place, affects their health, their potential to access education, employment overall safety and quality of life. Many girls and women in low and middle income countries face various barriers in managing menstruation.

Challenges

1. Lack of safe and private space for menstrual hygiene management.
2. lack of information on menstrual hygiene management.
3. Overcrowding and lack of privacy.
4. Management includes soap and water for washing body as required and having access to facilities to dispose of used sanitary products.
5. Good hygiene practices, such as use of sanitary pads and adequate washing of the genetal areas, are essential during menstrual period.

Limitation of the study

In current study sample size was 400 and it is expected with more sample we may get more information on the topic understudy.

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