



# “A STUDY TO EVALUATE THE EFFECT OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING MENSTRUAL HYGIENE AMONG ADOLESCENT GIRLS IN SELECTED HIGHER SECONDARY SCHOOLS AT AHMEDABAD CITY, GUJARAT.”

## 1. Ms Vidhi Ghanshyambhai Patel (Author)

Master of Science in nursing, Obstetric & Gynecological Nursing, J.G. College of nursing, Ahmedabad,  
Gujarat, India

E-mail ID: [vidhi2907@gmail.com](mailto:vidhi2907@gmail.com)

## 2. Ms. Priya kharadi (Co-Author)

Assistance professor, Obstetric & Gynecological Nursing, J.G. College of Nursing, Ahmedabad, Gujarat,  
India

## 3. Ms. Jessie Angel Dyana (Co-Author)

Assistance Professor, Obstetric & Gynecological Nursing, J.G. College of Nursing, Ahmedabad, Gujarat,  
India

## ABSTRACT

### Background

Menstrual Hygiene is vital to the empowerment and well-being of women and girls worldwide. Menstruation is a universal & normal phenomenon during reproductive age of female it is about more than just access to sanitary pads, appropriate toilets – though those are important. It is also about ensuring women and girls live in an environment that values, supports, their ability to manage their menstruation with dignity. Globally, at least 500 million women and girls lack proper access to menstrual hygiene facilities. Although poor knowledge and safe menstrual hygiene practice have such considerable clinical implications for the girls themselves & their future offspring. It has been reported that 40-45% of adolescent school girls have poor knowledge and unsafe practice of their menstrual bleeding.

### Aim

This study aim to evaluate the effect of video assisted teaching program regarding menstrual hygiene among adolescent girls in selected higher secondary school, at Ahmedabad city, Gujarat.

### Objectives of the Study

1. To assess the pre-test knowledge level regarding menstrual hygiene among adolescent girls in selected higher secondary school.
2. To administer video assisted teaching regarding menstrual hygiene among adolescent girls in selected higher secondary schools.

3. To assess the post-test knowledge level regarding menstrual hygiene among adolescent girls in selected higher secondary schools.
4. To evaluate the effectiveness of video assisted teaching on knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools.
5. To find out the association between pre-test knowledge level regarding menstrual hygiene with selected demographic variables among adolescent girls in selected higher secondary schools.

### Method

A Quantitative research approach with Pre-experimental research design was used with one group pretest posttest design. The investigator used non-probability convenient sampling technique for selecting 60 samples. A structured knowledge questionnaire to assess the knowledge of the samples. The reliability of the structured knowledge questionnaire was determined by 'test-retest method' and using 'Karl parson's correlation co-efficient formula'. Descriptive and inferential statistics was used to analyze the data.

### Result

Majority of the samples 42(70%) belong to the age group of 17 - 18 years, half of the samples 30(50%) from the 11<sup>th</sup> standard, and half of the samples 30(50%) from the 12<sup>th</sup> standard, half of the samples 30(50%) belongs from the joint family, and half of the samples 30(50%) belongs from the nuclear family. majority of the samples 55 (91.7%) from the Hindu religion.60(100%) had not get any information regarding menstrual hygiene priory.

The mean pre-test knowledge score of samples regarding menstrual hygiene was 12.46, whereas mean post-test knowledge score was 23.01 with a mean difference of 33.9 and SD pretest was 2.45 and posttest was 2.35 The calculated 't' value 33.9 was greater than tabulated 't'= 1.96 which was statistically proved at 0.05 level of significance. It revealed that the video assisted Teaching was effective in increasing knowledge among the Samples regarding menstrual hygiene.

The association between the pretest score and demographic variables was tested using the chi-square test. There was significant association found between pre-test knowledge score and demographic variables such as Age. Thus it was concluded that there was significant association between pretest knowledge score and the selected demographic variables and also between pretest practice score and the selected demographic variables.

### Conclusion

The analysis and interpretation of data collected from 60 samples, before and after administration of a video assisted Teaching in terms of knowledge regarding menstrual hygiene among adolescent girls in higher secondary schools at Ahmedabad city. The mean post-test knowledge score was higher than the mean pre-test knowledge score. Hence, it was proved that the video assisted Teaching was effective in increasing knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city.

### Key Words

Video assisted teaching, effect, knowledge, menstrual hygiene, adolescent girls, and higher secondary schools.

## INTRODUCTION

Menstrual Hygiene is vital to the empowerment and well-being of women and girls worldwide. Menstruation is a universal & normal phenomenon during reproductive age of female it is about more than just access to sanitary pads, appropriate toilets – though those are important. It is also about ensuring women and girls live in an environment that values, supports, their ability to manage their menstruation with dignity. Globally, at least 500 million women and girls lack proper access to menstrual hygiene facilities. Several factors influence difficult experiences with menstruation, including inadequate facilities, materials, menstrual pain, fear of disclosure, inadequate knowledge about the menstrual cycle (World Bank 2018). In India, only 1 in every 2 girls has knowledge about menstruation before their first period.

WHO and UNICEF Joint Monitoring Program (JMP) for drinking water, sanitation, and hygiene has used the following definition of menstrual hygiene management (MHM) : 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. Menstrual health and hygiene (MHH) encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, and rights.

These systematic factors have been summarized by UNESCO as menstrual management material are accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

Although poor knowledge and safe menstrual hygiene practice have such considerable clinical implications for the girls themselves & their future off springs. It has been reported that 40-45% of adolescent school girls have poor knowledge and unsafe practice of their menstrual bleeding.

## OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge level regarding menstrual hygiene among adolescent girls in selected higher secondary school.
2. To administer video assisted teaching regarding menstrual hygiene among adolescent girls in selected higher secondary schools.
3. To assess the post-test knowledge level regarding menstrual hygiene among adolescent girls in selected higher secondary schools.
4. To evaluate the effectiveness of video assisted teaching on knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools.
5. To find out the association between pre-test knowledge level regarding menstrual hygiene with selected demographic variables among adolescent girls in selected higher secondary schools.

## METHOD

A Quantitative research approach with Pre-experimental research design was used with one group pretest posttest design. The investigator used non-probability convenient sampling technique for selecting 60 samples. A structured knowledge questionnaire to assess the knowledge of the samples. The reliability of the structured knowledge questionnaire was determined by 'test-retest method' and using 'Karl parson's correlation co-efficient formula'. Descriptive and inferential statistics was used to analyze the data.

## RESULT

Majority of the samples 42(70%) belong to the age group of 17 - 18 years, half of the samples 30(50%) from the 11<sup>th</sup> standard, and half of the samples 30(50%) from the 12<sup>th</sup> standard, half of the samples 30(50%) belongs from the joint family, and half of the samples 30(50%) belongs from the nuclear family. majority of the samples 55 (91.7%) from the Hindu religion.60(100%) had not get any information regarding menstrual hygiene priory.

The mean pre-test knowledge score of samples regarding menstrual hygiene was 12.46, whereas mean post-test knowledge score was 23.01 with a mean difference of 33.9 and SD pretest was 2.45 and posttest was 2.35 The calculated 't' value 33.9 was greater than tabulated 't' = 1.96 which was statistically proved at 0.05 level of significance. It revealed that the video assisted Teaching was effective in increasing knowledge among the Samples regarding menstrual hygiene.

The association between the pretest score and demographic variables was tested using the chi-square test. There was significant association found between pre-test knowledge score and demographic variables such as Age. Thus it was concluded that there was significant association between pretest knowledge score and the selected demographic variables and also between pretest practice score and the selected demographic variables.

**Table 1: Analysis and Interpretation of Demographic Variables of the Samples**

SR.NO	DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
1.	<b>Age</b>		
	13-14 years	00	00
	15-16 years	18	30.0
	17-18 years	42	70.0
	Above 19 years	00	00
2.	<b>Educational status of student</b>		
	9 <sup>th</sup> standard	00	00
	10 <sup>th</sup> standard	00	00
	11 <sup>th</sup> standard	30	50.0

	12 <sup>th</sup> standard	30	50.0
<b>3.</b>	<b>Type of family</b>		
	Nuclear	30	50.0
	Joint	30	50.0
<b>4.</b>	<b>Religion</b>		
	Hindu	55	91.7
	Christian	2	3.3
	Muslim	3	5
	Other	00	00
<b>5.</b>	<b>Age at menarche</b>		
	10-12 years	8	13.3
	13-15 years	44	73.3
	16-18 years	8	13.3
<b>6.</b>	<b>Any prior information about menarche</b>		
	Yes	00	00.0
	No	60	100

Table-1: Shows that the distribution of samples by **Age**, 18 (30.0%) samples belong to the age group of 15-16 years, majority of the samples 42 (70.0%) samples belong to the age group of 17- 18 years. Distribution of samples according to **Educational status**, half of the samples 30(50.0%) studying in 11<sup>th</sup> standard, and other half of the sample 30 (50.0%) from 12<sup>th</sup> standard. As per **Type of family**, 30(50.0%) samples were belongs from joint family, other 30(50.0%) were from nuclear family. As per **Religion** majority of sample 55(91.7%) from Hindu religion, 2(3.3%) from Christian and 3(5%) samples from Muslim religion. As per **Age at menarche**, majority of samples 44(73.3%) had started their menarche at the age of 13-15 years, at the of 10-12 years total 8(13.3) samples were started their menarche, and remaining 8(13.3) samples had menarche at 16-18 years. 60(100%) samples had no any prior information about the menarche.

**Figure: 1.1 Pie Chart Showing the Age Distribution of the Samples**

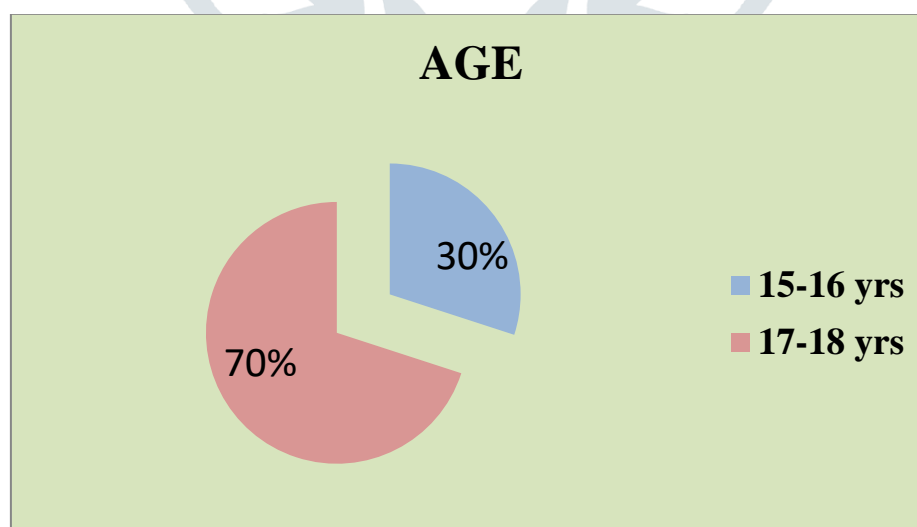


Figure: 1.2 Pie Chart Showing the Educational Status of the Samples

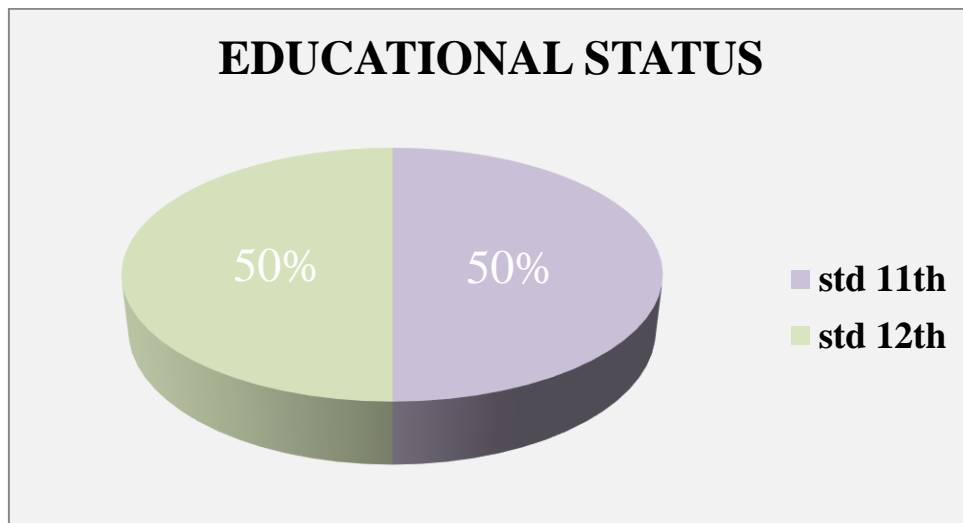


Figure: 1.3 Pie Chart Showing the Type of Family of the Samples.

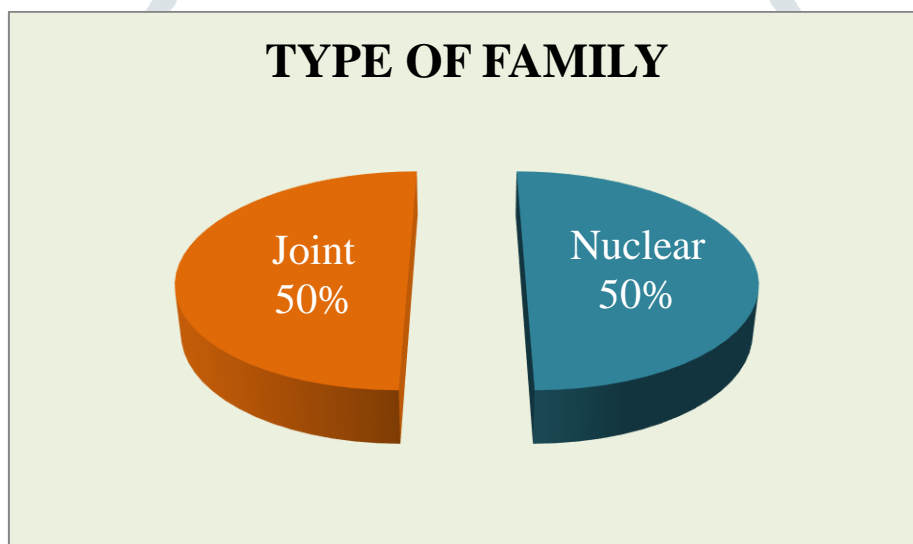
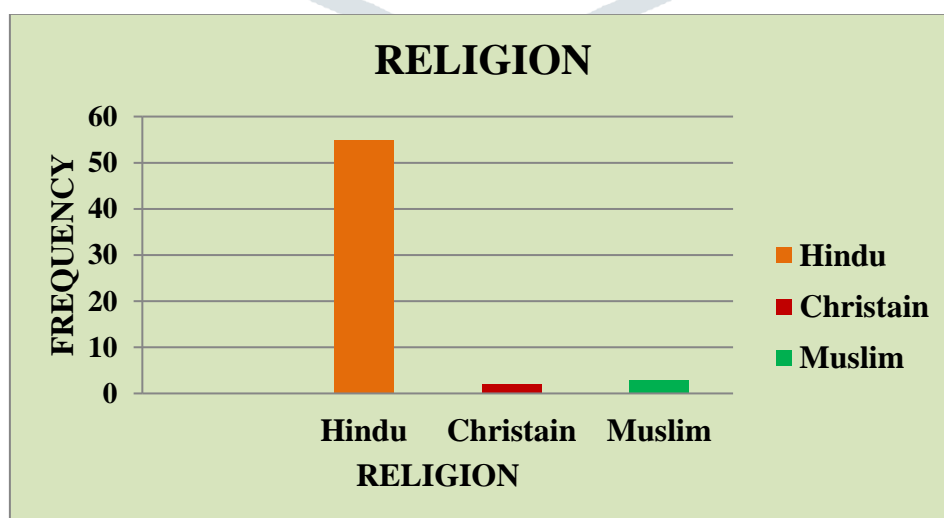


Figure: 1.5 Bar Graph Showing the Age at Menarche



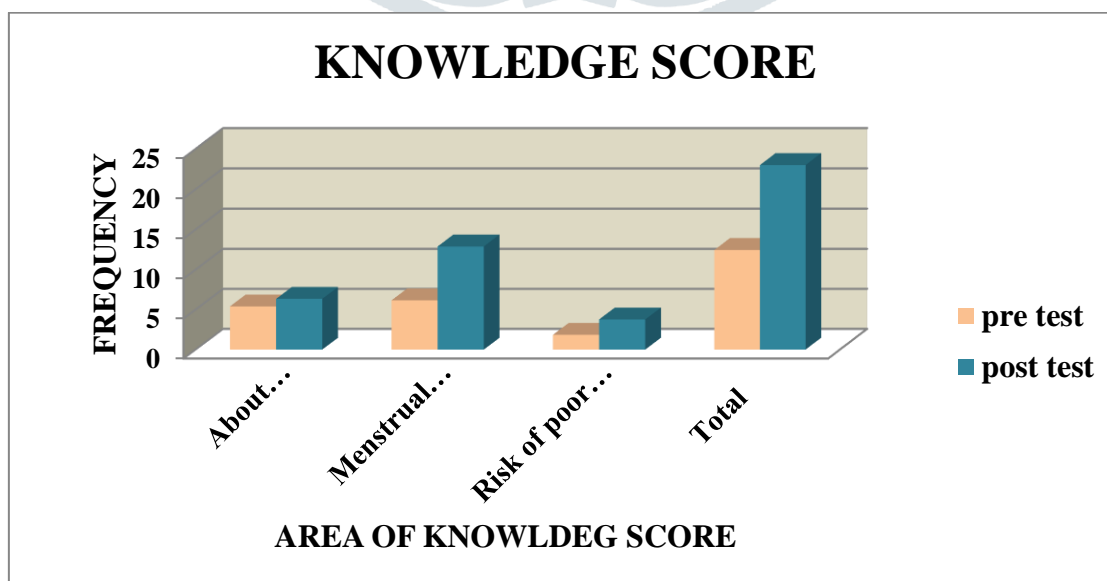
**Table-2: Analysis And Interpretation of the Data Related to the Knowledge of the Samples Before And After Administration of the Video Assisted Teaching.**

Area of knowledge	Score	Pre-test		Mean %	Post-test		Mean %	Mean diff.	% gain
		mean	SD		Mean	SD			
About menstruation	07	5.40	0.74	77.14	6.35	0.71	90.71	0.95	13.57
Menstrual hygiene material and its precautions	18	6.16	1.61	34.22	12.90	1.71	71.67	6.74	37.44
Risk of poor menstrual hygiene	05	1.85	0.86	37.00	3.77	0.89	75.40	1.92	38.40
<b>Total</b>	<b>30</b>	<b>12.46</b>	<b>2.45</b>	<b>41.53</b>	<b>23.01</b>	<b>2.35</b>	<b>76.70</b>	<b>10.55</b>	<b>35.17</b>

**Table-2:** shows that the mean pre-test knowledge score **about menstruation** was 5.40, SD was 0.74 and the mean post-test knowledge score was 6.35 and SD was 0.71 with a mean difference of 0.95. The mean pre-test knowledge score of **menstruation hygiene material and its precaution** was 6.16, SD was 1.61 and the mean post-test score was 12.90 and SD was 1.71 with a mean difference of 6.74, The mean pre-test knowledge score of **risk of poor menstrual hygiene** was 1.85, SD was 0.86 and the mean post-test score was 3.77 and SD was 0.89 with a mean difference of 1.92.

The above table shows that the percentage gain information about menstruation was 13.57. In the area related to menstrual hygiene material and it precaution was 37.44. In the area related to risk of poor hygiene were 38.40.

So, the investigator concludes that there was a significant increase in the mean post-test knowledge score as compared to the mean pre-test knowledge score of samples after the administration of video assisted Teaching.

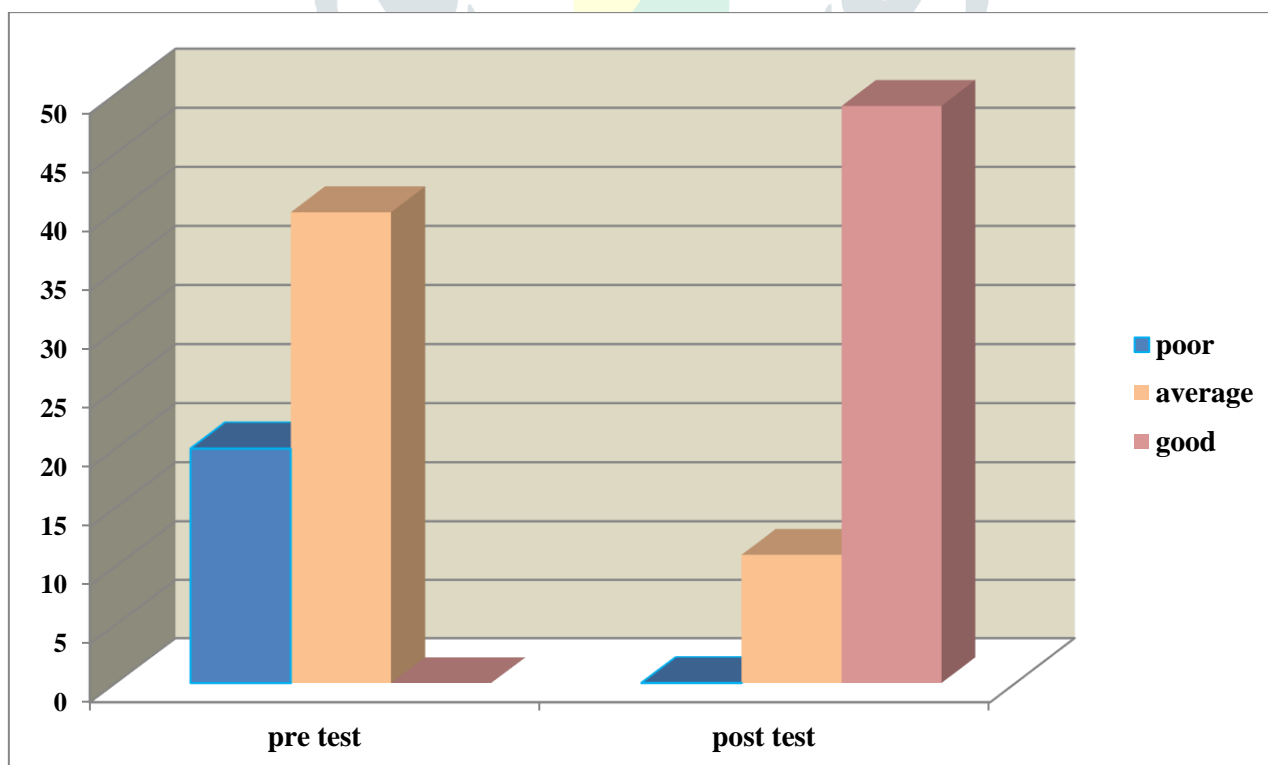
**Figure: 2.1 Bar Graph Showing the Distribution of Area Wise Mean Knowledge Score**

**Table-3: Analysis And Interpretation Of The Data Related To Knowledge To Evaluate The Effect Of Video Assisted Teaching In Terms Of Knowledge Regarding Menstrual Hygiene Among Adolescent Girls In Selected Higher Secondary Schools At Ahmedabad City.**

CRITERIA	PRE-TEST		POST-TEST	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
<b>POOR</b> <b>(0-10)</b>	20	33.3	00	00
<b>AVERAGE</b> <b>(11-20)</b>	40	66.7	11	18.3
<b>GOOD</b> <b>(21-30)</b>	00	00	49	81.7

**Table: 3** shows the total 40(66.7%) of the samples had Average knowledge score, 20 (33.3%) of the sample had Poor knowledge score and 0(0%) sample had Good knowledge in pre-test knowledge score. Whereas 49(81.7%) samples had Good, 11(18.3%) samples had Average, and 0(0%) samples had poor knowledge in post-test knowledge score regarding menstrual hygiene. Thus, the researcher concluded that a video assisted Teaching was effective in gaining knowledge regarding menstrual hygiene.

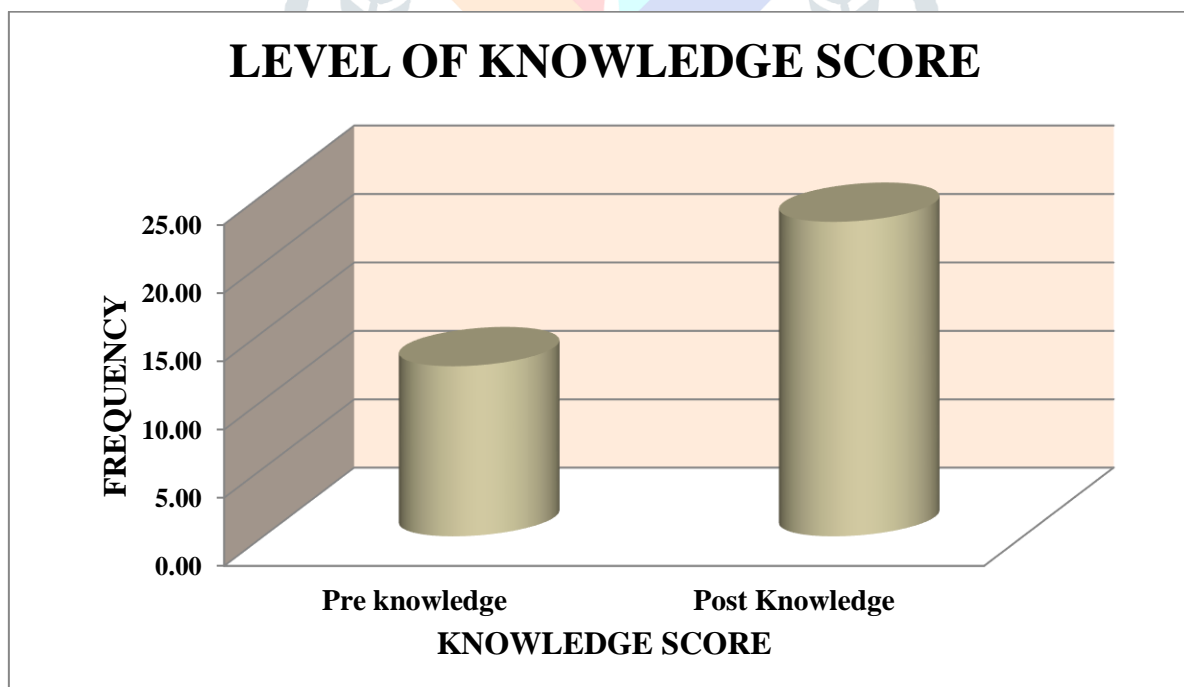
**Figure:3.1 Bar Graph Showing The Distribution Of Pre-Test And Post-Test Level Of Knowledge Score.**



**Table: 4 Mean, Mean Difference, Standard Deviation (SD) And ‘T’ Test Value Of The Pre-Test And Post-Test Knowledge Score Of The Samples.**

KNOWLEDGE TEST	MEAN	SD	t	DF	TABLE VALUE	SIG./NON SIG.
Pre-test	12.46	2.45	33.9	59	1.96	Sig.
Post-test	23.01	2.35				

**Table: 4** shows the comparison between pre-test and post-test knowledge scores obtained by the respondents regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city. The mean pre-test score was 12.46 and the mean post-test score was 23.01. The mean difference between pre-test and post-test knowledge scores is 10.55. The table was also showing that the standard deviation (SD) of mean difference for pre-test is 2.45 and for post-test are 2.35. The “t” test value is 33.9 and the tabulated “t” value is 1.96 at a 0.05 level of significance. The table reveals that the mean post-test knowledge score was significantly higher than the mean pre-test knowledge score. The calculated “t” value was greater than the tabulated “t” value. Therefore, the null hypothesis H<sub>0</sub> was rejected and research hypothesis H<sub>1</sub> was accepted and it reveals that a video assisted Teaching was effective in terms of knowledge among the samples. The Researcher concludes that there was a significant increase in the mean post-test knowledge score as compared to the mean pre-test knowledge score after the administration of a video assisted Teaching.

**Figure:4.1 Bar Graph Showing The Distribution of Pre-Test And Post-Test Level of Knowledge Score**



**Table: 5 Analyses And Interpretation Of The Data Related To Association Of Demographic Variables With Pre-Test Score Knowledge.**

Demographic variable		Pre-test		total	Fisher chi squ.	DF	Table value	Sig./non sig.
		poor	Average					
Age	15-16 years	1	17	18	8.929	1	3.84	Sig.
	17-18 years	19	23	42				
Educational status	Std 11 <sup>th</sup>	9	21	30	0.3	1	3.84	Non Sig.
	Std 12 <sup>th</sup>	11	19	30				
Type of family	Nuclear	8	22	30	1.2	1	3.84	Non sig.
	joint	12	18	30				
Religion	Hindu	18	37	55	2.509	2	5.99	Non sig.
	Christian	0	2	2				
	Muslim	2	1	3				
Age at menarche	10-12 years	0	8	8	5.182	2	5.99	Non sig.
	13-15 years	16	28	44				
	16-18 years	4	4	8				
Prior information	no	7	53	60	Can't be computed			

**Table: 5** shows **Age** group with the pre-test knowledge scores, the calculated value of fisher chi-square 8.929 was more than 3.84, the table value of chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, age was significant for the knowledge of the samples. Under the **Educational status** of samples with pre-test knowledge scores, the calculated value of chi-square 0.3 was less than 3.84 the table value of chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, the Educational status of samples was non-significant for the knowledge of the samples. Under **type of family** of samples with pre-test knowledge scores, the calculated value of chi-square 1.2 was less than 3.84 the table value of chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, the type of family of samples was non-significant for the knowledge of the samples. **Religion** with the pre-test knowledge scores, the calculated value of chi-square 2.509 was less than table value 5.99, the table value of chi-square at the 2 degree of freedom and 0.05 level of significance. Therefore the religion was non-significant for the knowledge of sample. **Age at menarche** with the pre-test knowledge scores, the calculated value of chi-square 5.182 was less than 5.99, the table value of chi-square at the 2 degree of freedom and 0.05 level of significance.

## DISCUSSION

The present study was conducted to evaluate the effect of a video assisted teaching on knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city. The researcher collected the samples by the Non Probability convenience Sampling Technique. The researcher collected the data by

using a structured knowledge questionnaire to evaluate the knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city.

The researcher using a pre-experimental, one group pre-test post-test design. The tool consists of demographic variables and a structured knowledge questionnaire to evaluate the knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city. The main study was conducted in month of February, 2022, on 60 adolescent girls in selected higher secondary schools at Ahmedabad city, and who met the inclusion criteria, who were selected by Non- Probability convenience sampling technique. After the selection of samples, the level of knowledge was evaluated by using a structured knowledge questionnaire.

The researcher introduced herself to the participants and objectives were explained and informed consent was taken. The study group is selected and then a pre-test conducted with the help of a structured knowledge questionnaire regarding menstrual hygiene was conducted. On the same day as an intervention, a video assisted teaching was administered regarding menstrual hygiene to the study group. Then after the 7th day posttest was conducted using the same structured knowledge questionnaire.

The data identified from the present study shows that the mean pre-test knowledge score 12.46. These findings indicate the need to develop a video assisted teaching. In the present study, the investigator has developed a video assisted teaching Administer on adolescent girls in selected higher secondary schools at Ahmedabad city, to improve their knowledge. After administration of video assisted teaching mean post-test knowledge score was 23.01.

## CONCLUSION

The analysis and interpretation of data collected from 60 samples, before and after administration of a video assisted Teaching in terms of knowledge regarding menstrual hygiene among adolescent girls in higher secondary schools at Ahmedabad city. The mean post-test knowledge score was higher than the mean pre-test knowledge score. The Significance of the difference between pre-test and post knowledge scores was statistically tested using paired “t” test and it was found significant.

Hence, it was proved that the video assisted Teaching was effective in increasing knowledge regarding menstrual hygiene among adolescent girls in selected higher secondary schools at Ahmedabad city. There was a significant association between Age, and pre-test knowledge score. Hence it was concluded that there is no significant association between educational statuses of student, type of family, religion, age at menarche.

## ACKNOWLEDGEMENT

I would like to thank, Ms. Priya kharadi (guide) , Ms. Sunitha Mathew (principal) , Ms. Chandrika dharajiya (class coordinator), staff of JG college of nursing for them constant guidance, suggestions, immense knowledge and plenty experience have encouraged me in all the time of my academic research and daily life. They advised me such great research topic. They are supportive and encouraging right from the conception stage to its final report. Words are insufficient to offer thanks for them invaluable advice, continuous support, genuine concern and constructive suggestions. It is indeed a great and privileges to be supported and guided by them.

## REFERENCES

### BOOKS

- Basavanthappa BT. Text book of Midwifery and Reproductive Health Nursing, 1<sup>st</sup> ed. New Delhi: Jaypee Brother Publication; 2006.
- Basavanthappa BT. The text book of Nursing Research. 2<sup>nd</sup> Ed. New Delhi: Jaypee Brothers Medical Publishers, 2007.
- Best WJ, Kahn VJ, Research in Education, 6<sup>th</sup> ed, New Delhi: Prentice Hall of India: 1999.
- Burns RB, Introduction to Research Methods 4<sup>th</sup> ed. New Delhi: SAGE Publications; 2000.
- Dutta DC. Text book of Obstetrics, 6<sup>th</sup> ed. Calcutta: New central book agency publication; 2004.
- Hesketh Suzie Kim, Ingrid Kollak. Nursing Theories. Conceptual Philosophical Foundations. Second edition. New York: Springer Publishing Company: 2006.
- Kumari N. Midwifery and Gynecological Nursing. 1<sup>st</sup> edition. Jalandhar city Sikas and company: 2010
- Mahajan B.K, Method in Biostatistics. For Medical Students and Research Worker. 6<sup>th</sup> ed New Delhi Jaypee Brothers; 1907
- Marshall I, Raynor M. Myles Textbook for Midwives Lashed China Churchill livingstone Fisevier: 2014
- Marilyn E. Parker. Nursing Theories and Nursing Practice, Second edition. Philadelphia: F. A. Davis Company; 2003.
- Marlaine C. Smith, Marilyn E. Parker. Nursing Theories and Nursing Practice. Fourth Edition. Philadelphia: F. A. Davis Company 2015.

- Melanie MeEwen, Evelyn M. Wills. Theoretical Basis for Nursing, Fourth Edition. Philadelphia; Wolters Kluwer beakh; 2014.
- Polite D, Hungler BP, Nursing Research Principles and Methods, Philadelphia: J.B, Lippincom Ca; 1986
- Polit DF, Hunger BP, Nursing Research-principles and Methods. 4 1h ed. Philadelphia: J.B Lippineou Co; 1991.
- Polit DF, Hungler BP. Nursing Research, Sth ed. Philadelphia: J.B. Lippincoll Co; 1999.
- Treece and Treece. Research in Nursing. Ath edi. St. Louis: C.V. Mosby Co; 1986.

### E-JOURNAL

- Amann-Gainotti M. Sexual socialization during early adolescence: the menarche. *Adolescence*, 21(83) (1986)703-710.
- Biniyam sahiledengle (2022), menstrual hygiene practice among adolescent girls in Ethiopia: a systematic review & meta-analysis.17 (1) e0262295.
- Dasgupta A., Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? *Indian J Community Med*. 33(2) (2008) 77-80.
- Drakshayani Devi K, VenkataRamaiah P. A study on menstrual hygiene among rural adolescent girls.*Indian JMed Sei.*, 48 (1994)139 43.
- D. shoemaker,"proper procedure for sanitary napkin disposal",cleaning & maintenance management ,2008
- Gupta S, Sinha A., Awareness about reproduction and adolescent change school girls of different socioeconomic statuses. *Journal of Obstetrics and Gynecology of India*, 56(4) (2006) 324-328.
- India has the world's largest youth population: UN report: PTI Nov 18, (2014), 02.31 PM IST.
- K. drakshayani devi & P. varkata rauraiiah,"A study on menstrual hygiene among rural adolescent girls." *Indian journal of medical science*, vol.48, 1994.
- Rajndir kaur, kanwalijit kaur (2018), menstrual hygiene management, & waste disposable: practice and challenges faced by girls/women of developing countries.
- Subhash B. Thakre et al., 2011 October, Menstrual Hygiene www.jcdr.net1028 *Journal of Clinical and Diagnostic Research*. Vol-5(5): 1027-1033to their life processes and promoting their quality of life.
- World Health Organization. Programming for adolescent health and development, WHO Technical Report Series 886 (1996) 2.
- WHO: The Reproductive Health of Adolescents: A Strategy for Action; A joint WHO/UNFPA/UNICEF Statement, Geneva, (1989) 7.
- India has the world's largest youth population: UN report: PTI Nov 18, (2014), 02.31 PM IST.
- World health organization, "programming for adolescent health & development," WHO technical report series no. 886, vol.2, world health organization, 1996.

### WEBSITES

ACADEMIA. (n.d.). Retrieved from ABOUT MENSTRUATION: <https://www.academia.edu>

COURSEHERO. (n.d.). Retrieved from ABOUT MENSTRUATION: <https://www.coursehero.com>

ECONOMICSTIEMS. (n.d.). Retrieved from RISK OF POOR HYGIENE PRACTICE: <https://economictimes.indiatimes.com>

INDIAEXPRESS. (n.d.). Retrieved from RISK OF POOR MENSTRUAL HYIGENE : • <https://www.google.com/amp/s/indianexpress.COM/article/lifestyle/health/risks-of-poor-menstrual-hygiene-5269678>

MENETRUALHYIGENEDAY. (n.d.). Retrieved from ABOUT MENSTRUAL HYIGENE: <https://menstrualhyigeneday.org>

NHM. (n.d.). Retrieved from ABOUT MENTRUAL HYIGENE : <https://www.nhm.gov.in>

NHM. (n.d.). Retrieved from ABOUT MENTRUAL HYIGENE PROGRAM: <https://www.nhm.gov.in>

SSWM. (n.d.). Retrieved from RISK OF POOR HYIGENE PRACTICE: <https://sswm.info>

STAYFREE. (n.d.). Retrieved from SANITARY NAPKINES: <https://www.stayfree.in>

UNICEF. (n.d.). Retrieved from MENSTRUAL HYIGENE MATERIAL:  
<https://www.unicef.org/media/91346/file/UNICEF-Guide-menstrual-hygiene-materials-2019>.

WIKIPEDIA. (n.d.). Retrieved from ABOUT TAMPOONS: <https://en.m.wikipedia.org>

WVI. (n.d.). Retrieved from ABOUT MENTRUAL HYIGENE : <https://www.wvi.org>

