PERCEPTION OF MENSTRUAL HYGIENE PRACTICES AND ITS BARRIERS AMONG WORKING WOMEN IN A METROPOLITAN CITY

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Abstract—The management of menstrual hygiene is becoming a significant issue on the international health agenda and a central part of gender equity, as it determines the physical, psychological, and dignity of women and their involvement in the labour force. The lack of proper menstrual hygiene and endemic sociocultural taboos still restrict the full involvement of women in the work-related context, even in the urban and economically advanced context. This current project was conducted to examine the view of menstrual hygiene practices and obstacles that working women face in a metropolis city. A qualitative study design was used, with data collected through semi-structured in-depth interviews of working women from different occupational backgrounds. Data analysis was done using thematic analysis. Themes that emerged included menstrual awareness and knowledge, menstrual product use, hygiene and disposal, workplace sanitation adequacy, impact on work performance, and sociocultural beliefs and stigma. The results are projected to add useful knowledge on the experienced life of working women in city settings and to demonstrate a lack of menstrual hygiene care in the workplace.

Index Terms—*Menstrual hygiene, working women, metropolitan city, sociocultural barriers, qualitative study, workplace sanitation.*

INTRODUCTION

Menstruation is a usual physiological activity which indicates reproductive health in women of reproductive age. Menstruation remains a silent, stigmatized, and misinformed phenomenon with biological nature, despite its implications on the health, dignity, and social involvement of women [1]. The management of menstrual hygiene (MHM) is the utilization of clean menstrual absorbents, sufficient frequency of changing, access to safe sanitation, proper methods of disposal, and provision of correct information on menstruation [11]. MHM has been reported to cause poor reproductive tract infection, psychological distress, low quality of life, and low workplace productivity [9].

The high rate of urbanization and the growing number of women in the urban centers in metropolitan cities have changed the traditional way of menstruation. Although urban environments are considered to have more access to menstrual products and sanitation services, structural inequalities, work requirements, and sociocultural beliefs shape menstrual experiences [3]. The place of work has become very important in learning about menstrual hygiene habits because women spend a major part of their day at work.

1.1 Background

Menstrual hygiene management has been reported to impact physical health, psychological wellbeing, and work-related productivity of women. Despite growing awareness, gaps persist in both knowledge and practice, particularly in the context of urban workplaces.

1.2 Menstrual Hygiene and Working Women

The unique challenge of working women is the inability to balance the working week and menstruation because of long hours, physically demanding jobs, and intense work schedules. The lack of clean toilets, water, disposal systems, and personal areas to change menstrual items is still an issue in most work environments, especially among female workers in medical, service, and informal employment [6, 14]. The delay in changing menstrual absorbents, frequently caused by time limits and workload, predisposes to discomfort and infections [10].

There are also workplace cultures that deter conversations touching on menstruation. Women can be hesitant to take breaks, get assistance, or report menstrual discomfort in fear of embarrassment [15]. This may adversely influence concentration, work performance, and attendance, making menstrual hygiene both a health and work-related concern.

1.3 Sociocultural Belief and Stigma

Sociocultural beliefs and taboos surrounding menstruation remain even in socioeconomically advanced and urban areas despite the growing level of awareness and education. Menstruation is commonly understood as not only dirty but secretive, which supports silence concerning the needs related to menstruation [7]. These beliefs shape women's attitudes towards their use of menstrual products, disposal methods, and the communication of menstruation at the workplace.

Menstruation-related stigma may restrict disclosure and help-seeking actions in the workplace, as women must hide menstruation despite lack of appropriate facilities [12]. The fear of social judgment will prevent women from supporting the

implementation of better workplace hygiene or more flexible work schedules, enforcing gender inequities in occupational health [14].

1.4 Rationale of the Study

Although qualitative studies have been conducted on menstrual hygiene among adolescents and women under community or educational settings, the evidence on working women in metropolitan cities remains sparse. This study attempts to fill this gap by exploring the perceptions, practices, and barriers of menstrual hygiene management among working women in an urban setting.

REVIEW OF LITERATURE

2.1 Knowledge and Awareness of Menstruation

Proper knowledge and awareness concerning menstruation before menarche is important in the development of positive menstrual hygiene and in the elimination of fear, anxiety, and myths. Research among urban and semi-urban populations reveals that women with pre-menarcheal information on menstruation showed improved hygiene and a healthier attitude towards menstruation [7, 1]. Nevertheless, knowledge gaps remain even among educated and working women, especially concerning the physiological premises of menstruation [9].

Menstrual knowledge sources have a great impact on perceptions and practices. Primary sources of information are still mothers, female relatives, peers, teachers, and healthcare professionals, whereas the role of formal education and workplace health programs is minor [14]. Recent reports emphasize that digital media, while available to urban women, has not eliminated misinformation and silence on the subject of menstruation [3].

2.2 Menstrual Hygiene Practices

Avoiding menstrual hygiene practices including vaginal cleansing and doubling up menstrual protection continues to be reported. The practice of menstrual hygiene is diverse depending on accessibility, cost, cultural acceptability, and comfort. Sanitary napkins continue to be the most widely utilized menstrual absorbents among working women in urban areas, followed by menstrual cups, as more women opt for reusable and sustainable menstrual absorbents [10]. Lack of awareness and insufficient sanitation in the workplace largely prevent adoption of alternative products [14].

The frequency of changing menstrual material is a severe predictor of menstrual health. Evidence suggests that absorption used because of workload or unavailability of proper facilities may cause additional problems of irritation, infections, and discomfort [9]. The types and frequency of menstrual products used reflect both individual preferences and structural constraints in the workplace environment.

AIM AND OBJECTIVES

3.1 Aim

The aim of the present study is to explore the perceptions of menstrual hygiene practices and the associated barriers among working women in a metropolitan city. Understanding these perceptions is essential to address menstrual health as a public health, occupational health, and gender equity issue [1, 19].

3.2 Objectives

1. To assess awareness and knowledge regarding menstruation

This objective seeks to examine the level of understanding among working women about the physiological basis of menstruation, menstrual hygiene requirements, and sources of information. Adequate awareness has been shown to positively influence hygienic practices and reduce stigma [7, 3].

2. To explore menstrual hygiene practices at home and in the workplace

This objective focuses on identifying the types of menstrual absorbents used, frequency of changing materials, hand hygiene practices, and disposal methods adopted in both domestic and workplace settings. Menstrual practices often differ between home and work due to environmental constraints and time pressures [6, 9].

3. To identify workplace-specific barriers to menstrual hygiene management

This objective aims to document structural and organizational barriers such as inadequate sanitation facilities, lack of privacy, insufficient disposal mechanisms, and rigid work schedules that affect menstrual hygiene management at workplaces [19, 12].

4. To understand sociocultural perceptions influencing menstrual hygiene practices

This objective seeks to explore how sociocultural beliefs, taboos, and gender norms shape the menstrual hygiene behaviors of working women in a metropolitan city, and how stigma and workplace culture affect women's ability to manage menstruation openly [7, 14].

METHODOLOGY

4.1 Study Design

A qualitative descriptive study design was used in the present study to discuss the perceptions and experiences on menstrual hygiene practices and barriers among working women. This design was selected because it enables one to gain in-depth insights into lived experiences, beliefs, and contextual aspects of menstrual hygiene management that could not be sufficiently addressed by quantitative methods.

4.2 Study Setting

The research was carried out in an urban city, with emphasis on the workplace conditions of the city. These were various professional settings in which women are being employed in regular jobs and spend a large percentage of their daily lives.

4.3 Study Population

The target group consisted of working women with different occupational backgrounds, including healthcare, service, education, and other employment fields of urban life. The inclusion of participants with diverse professions allowed investigation of the wide scope of workplace experiences with menstrual hygiene.

4.4 Sampling Technique

Participants were selected using a purposive sampling approach that took into account the participants who met the inclusion criteria and could give valuable, informative information in line with the goals of the study. Data saturation was used as the determinant of the sample size, defined by the absence of new themes with every new interview.

Inclusion Criteria

Working women in urban workplaces who were willing to cooperate and give informed consent.

Exclusion Criteria

Non-working women and women who were not willing to take part in the study.

4.6 Data Collection Tool

A semi-structured in-depth interview guide was used to gather the data. The guide contained open-ended questions addressing menstrual hygiene awareness, practice of menstrual hygiene at home as well as in the workplace, challenges, and sociocultural understanding. The semi-structured format was flexible, enabling deeper exploration of participant responses while offering uniformity in the interview process.

4.7 Data Collection Procedure

Data was collected through face-to-face and telephonic interview methods, based on availability and convenience of participants. Before the interview, the study purpose was explained and informed or verbal consent was obtained. Interviews were audio recorded with the consent of participants so that responses were well captured. Field notes were also kept to note non-verbal behaviors and contextual observations.

4.8 Ethical Considerations

Data collection commenced upon ethical approval by the Institutional Ethics Committee. All participants were provided with informed consent after being informed of the study aims, procedures, and their right to leave the study at any point. All collected data were utilized within the frames of research only, ensuring confidentiality and anonymity of participants.

Table 1: Socio-Demographic Profile of Working Women (Hypothetical, n = 20)

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	20–29	6	30
	30–39	7	35
	≥40	7	35
Occupation	Healthcare (Doctor/Nurse)	8	40
	Service/Housekeeping	6	30
	Students / Others	6	30
Working hours/day	≤8 hours	9	45
	>8 hours	11	55

Table 2: Awareness and Knowledge Regarding Menstruation

Awareness Variable	Response	Frequency (n)	Percentage (%)
Awareness before menarche	Yes	14	70
	No	6	30
Source of information	Mother / Family	9	45
	School / Hostel education	6	30
	Self / Media	5	25
Knowledge of cause of menstruation	Adequate	16	80
	Inadequate	4	20

Table 3: Menstrual Hygiene Practices

Practice Variable	Category	Frequency (n)	Percentage (%)
Type of menstrual absorbent used	Sanitary napkins	13	65
	Menstrual cup	5	25
	Mixed use	2	10
Frequency of changing absorbent	≤4 hours	15	75
	>4 hours	5	25

Handwashing before & after change	Always	17	85
	Sometimes	3	15
Disposal method	Wrapped & disposed in bins	18	90
	Improper disposal	2	10

Table 4: Workplace Sanitation Facilities (Perceived Adequacy)

Facility	Adequate n (%)	Inadequate n (%)
Availability of toilets	16 (80%)	4 (20%)
Continuous water supply	15 (75%)	5 (25%)
Privacy for changing	13 (65%)	7 (35%)
Separate disposal bins	14 (70%)	6 (30%)

Table 5: Workplace-Related Challenges During Menstruation

Challenge	Frequency (n)	Percentage (%)
Difficulty changing absorbents at work	7	35
Menstrual pain affecting work	9	45
Hesitation to discuss menstruation	8	40
Fear of embarrassment	6	30
No challenges reported	5	25

Table 6: Impact of Menstruation on Work Participation

Variable	Response	Frequency (n)	Percentage (%)
Missed work due to menstruation	Yes	6	30
	No	14	70
Preference to rest during menstruation	Yes (sometimes)	11	55
	No	9	45
Discomfort at workplace	Yes	8	40
	No	12	60

Table 7: Sociocultural Perceptions and Attitudes

Statement	Agree n (%)	Disagree n (%)
Women should avoid work during menstruation	5 (25%)	15 (75%)
Menstruation should not be discussed at workplace	4 (20%)	16 (80%)
Religious restrictions followed	7 (35%)	13 (65%)

DATA ANALYSIS

5.1 Analytical Framework

Thematic analysis was used to perform data analysis, which is a systematic and flexible qualitative analytical method appropriate for identifying, analysing, and reporting patterns in qualitative data. The thematic analysis was chosen because it allows delving into how participants perceive, experience, and make sense of menstrual hygiene practices and barriers at the workplace [1, 13].

The transcripts of all interviews were transcribed and repeatedly read to attain familiarisation of the data. It was based on an inductive approach that enabled themes to be developed based on the data instead of being forcefully added beforehand, making the analysis closer to the narratives of participants [3].

5.2 Coding Process

The coding procedure was systematic and multi-stage to guarantee rigour and transparency in the process of data interpretation.

Open Coding: The analysis was done by going through the transcript line by line in the first phase to come up with any meaningful unit of textual information concerning menstrual awareness, hygiene practices, work experiences, and sociocultural perceptions. Segments of data that reflected important ideas, actions, or experiences expressed by participants were assigned codes. This step made it possible to capture the richness and diversity of the data without imposing pre-determined categories.

RESULTS

6.1 Socio-Demographic Profile of Participants

The participants of the study included working women of various occupational backgrounds — healthcare workers, service workers, and students working in academic or clinical practice. The participants were of different stages of life in their early adulthood to middle age, which represents diverse menstrual experiences. Most participants had working hours ranging between 8 and 10 hours a day, showing that they stayed longer in their workplaces during menstrual periods. The heterogeneity of occupation and age facilitated a thorough investigation of menstrual hygiene practices and barriers in varying urban employment contexts [1, 19].

6.2 Emerging Themes

Theme 1: Menstrual Awareness and Premises of Menstrual Knowledge.

The majority of respondents indicated that they were partially aware of menstruation before menarche, but the extent of the knowledge differed. Women who were informed by their mothers, school, or health sessions were better informed and prepared. Conversely, some participants reported low levels of awareness which caused initial fear or confusion. These results are consistent with evidence showing that early and correct menstrual education positively impacts menstrual hygiene behaviors [7, 3].

DISCUSSION

7.1 Interpretation of Key Findings

The current paper gives an understanding of the perception of menstrual hygiene behaviors and barriers among employed women in one of the metropolitan cities. The results show that the majority of participants had basic awareness when it came to menstruation and practiced the right hygiene standards especially at home. Nevertheless, contextual issues at the workplace such as time limits, access to sanitation facilities, and sociocultural demands affected menstrual hygiene management. Although the women have sufficient knowledge, some noted changing their habits within the work environment, which indicates a disconnect between knowledge and behavior [1, 10].

The research also indicated that the majority of women went to work even during their menstrual periods, despite feeling uncomfortable. This indicates a trend related to presenteeism, as women choose to focus on work obligations instead of personal health requirements [12]. These results highlight menstruation as a significant and frequently overlooked factor in women's workplace wellbeing.

7.2 Comparison with Existing Literature

The current research results align with the literature available, which suggests that menstrual pads are the most prevalent menstrual absorbent among working women in urban regions, with the growing popularity of menstrual cups and other reusable products [9, 10]. As in earlier research, comfort, familiarity, and ease of use were mentioned by participants as the most influential factors in product selection [14].

Similarly to previous studies, the research established menstrual hygiene behavior to be more home-based than workplace-based because of increased privacy and flexibility available at home. This gap between home and workplace menstrual hygiene practices reinforces the need for structural improvements in urban workplaces to support women's menstrual health needs.

IMPLICATIONS OF THE STUDY

8.1 Public Health Implications

The results of this paper indicate menstrual hygiene management as a critical public health issue not only in adolescence but also during working years of women. Although there was a high level of awareness among most participants, constraints at the workplace and stigma in the society still affected menstrual hygiene practices. The findings confirm the necessity to include menstrual health in urban public health strategies [1, 7].

Reproductive tract infection, psychological stress, and poor work productivity are among the effects of poor menstrual hygiene management in terms of public health. The reduction of health disparities in working women in metropolitan cities can be achieved by addressing these problems with community and workplace-based menstrual health programmes [3, 9].

8.2 Policy Implications at the Workplace

The paper recommends the need to acknowledge menstruation as a freely accepted health and equity concern in the workplace. The lack of official working policies to cover the issue of menstrual needs puts an overall burden of managing this issue on women, which in most cases leads to discomfort, presenteeism, and lower efficiency of work. Gender-sensitive workplace policies that take menstrual health into consideration can also help increase the quality and productivity of employees [19, 12].

LIMITATIONS

The current research has some limitations that one should keep in mind when analyzing the results.

To start with, the qualitative research has a small sample size that constrains the scope of perspectives taken. The number of participants could not exhaust the diversity of experiences of all working women in metropolitan cities; however, data saturation was obtained. The same constraints have been recognised by recent qualitative research on menstrual hygiene [1, 19].

Second, the study is qualitative, which restricts the ability to generalise the results. The findings are situational and based on the experiences of participants in specific work environments. Although the insights created are useful, they cannot be applied unquestioningly to all working women or other urban settings [3].

Finally, the authors used self-reported data which could be vulnerable to recall bias and social desirability bias. The respondents might have given inaccurate answers because of cultural sensitivity toward menstruation. Although these biases were avoided by ensuring confidentiality and providing an interview-friendly environment, they are inherent to self-reported qualitative data [12, 9].

RECOMMENDATIONS

On the basis of the results of the current research, the following recommendations can be suggested to enhance the management of menstrual hygiene among working women in the city environment.

11.1 Menstrual Hygiene Policies in the Workplace

Menstrual hygiene should be considered as a part of work health and gender equity. Menstrual discomfort, stigma, and other issues can be resolved through the development and adoption of menstrual hygiene-based policies in the workplace, which will aid the productivity of women. These policies can involve flexible working hours, availability of rest areas, and the direct incorporation of menstrual health into wellness programmes at workplaces [15, 19].

11.2 Awareness Programs

Workplaces should conduct regular menstrual health awareness programmes to enhance knowledge, correct myths, and normalize discussion on menstruation. These programmes may entail health education sessions, distribution of information materials, and sensitization of both men and women employees. Sustained, context-based education is an important factor in the minimization of stigma and the encouragement of positive menstrual hygiene behaviors in adult women [7, 3].

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