

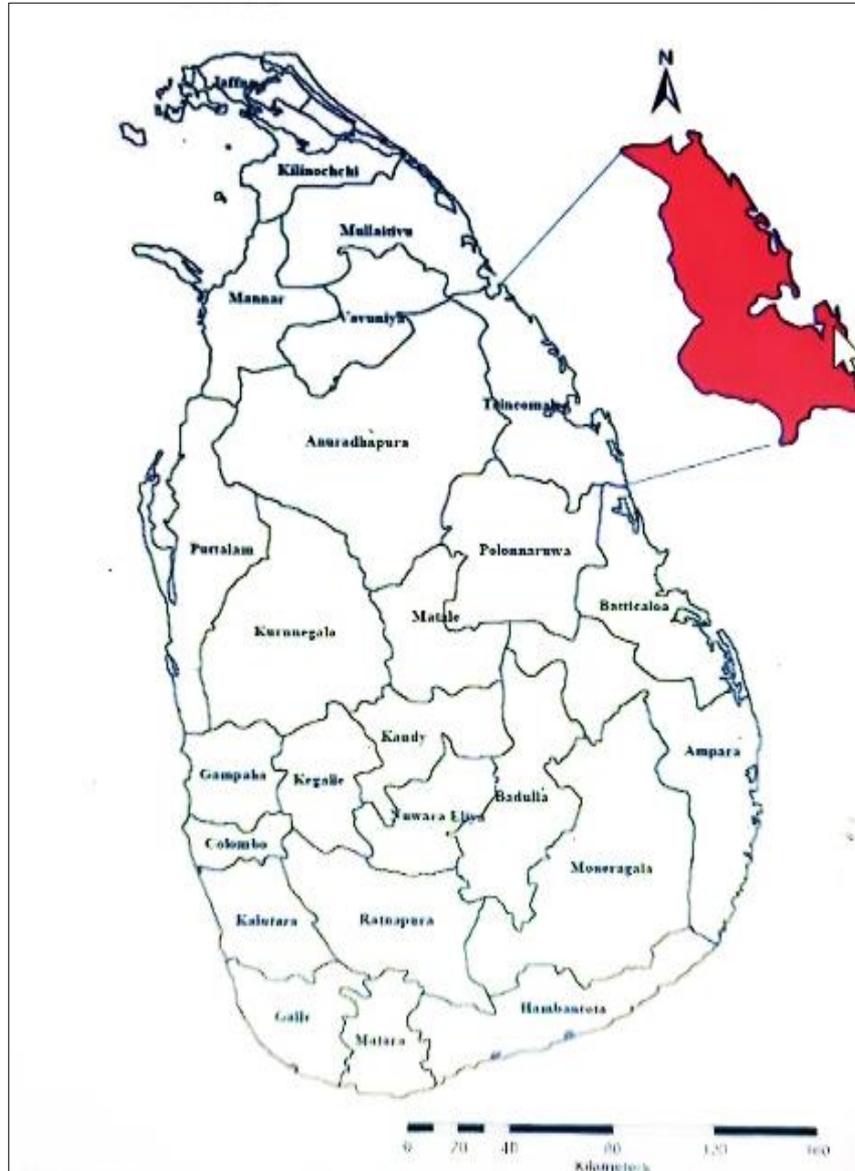
Navigating Menstrual Challenges

**A Comprehensive Study on Menstrual Health,
Cultural Influences, and Institutional Practices
among Muslim Girls in Trincomalee District,
Sri Lanka.**



M.Y. MINNATHUL SUHEERA

Navigating Menstrual Challenges: A Comprehensive Study on Menstrual Health, Cultural Influences and Institutional Practices among Muslim Girls in the Trincomalee District, Sri Lanka



M.Y. MINNATHUL SUHEERA

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List of Abbreviations

HRW	Human Rights Watch
KAP	Knowledge, Attitudes, and Practices
MOH	Medical Officer of Health
NHS	Nutrition and Health Survey
RECDO	Rural Economic and Community Development Organization
SPSS	Statistical Package for the Social Sciences
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
ZOE	Zonal Office of Education
CAAPP	Collective Action Against Period Poverty
FPASL	The Family Planning Association of Sri Lanka

About the study Report

This study, titled 'Navigating Menstrual Challenges: A Comprehensive Study on Menstrual Health, Cultural Influences, and Institutional Practices among Muslim Girls in the Trincomalee District, Sri Lanka,' was conducted by Ms. M.Y.Minnathul Suheera, carried out under the guidance of stakeholders The Family Planning Association of Sri Lanka (FPASL) and Collective Action Against Period Poverty (CAAPP) Project, with funding assistance from the French Embassy for Sri Lanka and the Maldives.

I believe that this may be the first study review/study carried out on Navigating Menstrual Challenge a Comprehensive Study on Menstrual Health, Cultural Influences and Institutional Practices among Muslim Girls in the Trincomalee District, Sri Lanka.

The views presented in this report do not reflect the views, opinions, or policies of these organizations, nor of the institutions that provided funding and guidance. The copyright of this publication belongs to RECDO. Reproduction of this study, in whole or in part, is permissible only with the express permission of both the author and the publisher. Furthermore, all interpretations and findings presented herein are exclusively attributable to the author

I thank all supported by FPA Sri Lanka and The CAAPP Project and with funding assistance from French Embassy for Sri Lanka and the Maldives for giving me the opportunity to coordinate the long process of conducting and completing the Navigating Menstrual Challenges study, and I think the report will contribute significantly to the "A Comprehensive Study on Menstrual Health, Cultural Influences and Institutional Practices among Muslim Girls in the Trincomalee District".

Thank You,



Mr. J.M.Azhar,
Chief Executive Officer
RECDO

Acknowledgement

This comprehensive study on menstrual culture, health, and institutional practices among Muslim girls in the Trincomalee district was conducted by the researcher Ms. M.Minnathul Suheera. The project was implemented by the RECDO, based in Trincomalee district. To support its implementation, technical assistance and guidance were provided by the stakeholders The Family Planning Association Of Sri Lanka (FPASL), CAAPP. Here, the full financial support for this project was extended by the French Embassy for Sri Lanka and the Maldives. Therefore, on behalf of the RECDO, I am deeply obliged to express our heartfelt gratitude to them.

I would like to extend my gratitude to Dr. Rashmira Balasuriya, who offered valuable suggestions that helped refine this important research. Special thanks are also due to Mrs. Jayanthi Nadarajah, Program Coordinator at the Family Planning Association, who continuously provided guidance and coordination support in various ways throughout the study.

On behalf of the RECDO, I express deep appreciation to the institutions that offered such valuable support and actively contributed to the efforts. I am especially indebted to Mr. J.M.Azhar, Chief executive Officer of the organization, Mr. A.S.M.Thanis, the Project Consultant and Mr.A.M.M.Anees Finance and Admin Manager for their comprehensive supervision, support, encouragement, and provision of technical assistance for the study.

Thanks, are also extended to all research assistants who facilitated the timely completion of the study through questionnaires and discussions. I am sincerely grateful to the school and madrasa administrations who granted permission and made arrangements for data collection from students, and to the students themselves who enthusiastically shared their information.

Menstruation is not a stigma for women. This study is a step in the effort to create a society that responds to menstruation in a hygienic, healthy and dignified manner. I emphasize the message and the need for dialogue and protection measures to protect vulnerable women and girls so that facts can be found out through research and to work towards the future of women and girls.



Ms. M.Minnathul Suheera
Senior Researcher

Executive Summary

Menstruation is a vital biological process experienced by approximately 1.8 billion women and girls globally (UNICEF, 2025). It plays a significant role in women's reproductive health, yet it remains enveloped in silence, stigma, and taboo across various cultures. In Sri Lanka, an estimated 4.2 million women menstruate monthly; however, only 30% of them have consistent access to menstrual hygiene products (Advocate Institute, 2020). Period poverty disproportionately affects rural areas, and its impact has been further intensified by the socio-economic disruptions following the COVID-19 pandemic. Despite the magnitude of the issue, there is a noticeable lack of comprehensive national-level research on how socio-cultural, religious, and institutional factors affect menstrual health and hygiene across the country.

This study focused on 341 Muslim adolescent girls in the Trincomalee District of Sri Lanka, specifically in the villages of Thoppur, Muthur, Kinniya, Thampalagamam, and Kantale. The research aimed to investigate the influence of cultural, religious, and institutional practices on menstrual hygiene and health. Key objectives included assessing girls' knowledge of Islamic teachings regarding menstruation, exploring cultural practices associated with menarche, and evaluating the adequacy of WASH (Water, Sanitation, and Hygiene) infrastructure in schools and madrasas. The findings reflected a broad spectrum of experiences and challenges faced by Muslim girls in these rural communities, shaped by intersecting socio-economic, religious, and gender-based dynamics.

Religious and cultural rituals surrounding menarche varied significantly across families and were influenced by religious devotion, economic status, and educational background. Although Islam provides foundational guidance on menstrual hygiene and purity, the study revealed that students had varying levels of understanding, with 35% of the students lacking accurate knowledge of religious obligations during menstruation. Cultural practices during menarche included ritual bathing with coconut milk or turmeric-infused water, the wearing of old clothes for seven days, and a purification bath on the seventh day, often followed by prayer. Girls were taught to remove pubic hair for the first time under the guidance of female relatives. A special dish called puk kai, a mixture of green rice, cow's milk, and sugar, was sometimes prepared and distributed to relatives and neighbours, particularly by wealthier families.

Despite the ceremonial nature of these practices, girls experienced a complex array of emotions during their first menstruation. An 82.5% of the girls reported negative emotions, such as embarrassment (32.1%) and sadness (28.6%), anger (2.6%), tiredness (6.8%), discomfort

(4.7%), and feeling unclean/ dirty (2.6%), while 10.3% expressed happiness and a sense of maturity. These emotional responses were deeply ingrained and vividly remembered. Also, this study found that 42.2% of girls turned to their mothers and 44.3% to their sisters for menstrual health concerns, indicating the reliance on female family members for menstrual support. Nevertheless, the information passed down was often limited in both religious and scientific accuracy, perpetuating longstanding misconceptions.

The research found that cultural constraints on food during menstruation were minimal, yet 79.6% of girls consumed nutritionally inadequate meals, which could be attributed to physical discomfort and

In this study, 61.8% of girls made no dietary changes during menstruation, whereas 38.2% altered their intake, influenced by appetite loss, physiological factors, and cultural beliefs. Notably, 79.6% did not consume nutritious foods, primarily due to limited nutritional awareness and insufficient parental support.

While 55.2% of girls maintained daily routines, others significantly reduced physical activity due to menstrual discomfort or individual beliefs, such as the idea that sun exposure during menstruation could attract evil spirits. At the same time, 77.97% of the girls continued to sleep in their usual sleeping places without any imposed limitations, however, 20.03% of girls took extra precautions with sleeping arrangements such as on the bed, utilizing two pads simultaneously, and using additional clothes over the bedsheet. 14% slept in alternative locations, such as a corner of the bedroom or dressing room, due to feelings of uncleanliness.

Socio-cultural norms played a more substantial role than economic conditions in shaping how menstrual products were accessed and used. 63.72% reported no significant difficulty in purchasing them, while 36.28% of girls occasionally faced financial challenges. 89.9% of students used non-reusable pads due to their ease of use and protection from leaks. However, 3.1% used reusable ones, and 8.6% of girls reused washed clothes when pads were unavailable or during periods of scarcity. While products were commonly purchased from regular stores, they were usually sold discreetly due to the prevailing belief that menstruation should be concealed. Secrecy contributed to the persistence of menstruation as a taboo subject, further compounded by the finding that 10.8% of girls had experienced teasing related to menstruation, primarily from close relatives or friends, resulting in shame and emotional distress.

Bathing practices were also influenced by cultural and religious beliefs. While post-menstruation bathing was widely practiced, opinions on bathing during menstruation were

divided. 56.4% of girls viewed it as essential for cleanliness, while others believed it could be harmful to the body. These varying beliefs highlighted the need for evidence-based menstrual education. Although girls expressed a desire for support, schools and madrasas lacked the necessary systems to provide it. Only 43.23% of students reported one-on-one discussions with teachers, and only a merely 13.35% of schools provided environments conducive to open dialogue, peer support, or awareness events related to menstruation.

A significant gap was observed in the WASH infrastructure across schools and madrasas. Only 29.78% of institutions had menstrual hygiene products for use, while 21.7% had restrooms suitable for menstruating girls, and 42.75% had designated areas for providing menstrual products. Even in schools where such facilities existed, 51.1% of students were unaware of how to use them properly. The absence of soap, clean water, separate latrines for girls, drying spaces for reusable pads, and private disposal methods discouraged attendance and contributed to poor menstrual hygiene management. Madrasas were found to offer relatively better amenities compared to government schools.

There was minimal collaboration between educational institutions and health services, such as from the Ministry of Health (MOH) or community-based organizations. Despite this, students showed overwhelming interest in learning more about menstrual health, and 100% expressed a desire to receive more information. However, 49.4% lacked essential knowledge about menstruation, and 20.3% had never received any awareness training. This knowledge gap, along with institutional barriers and weak community engagement, severely limits a girls' ability to manage menstruation with confidence and dignity.

Based on the findings, this study strongly recommends awareness session to religious leaders, encouraging them to speak to the community about menstruation this would be increases male engagement, as well as teachers should be capacitated on menstrual education, the development and implementation of structured menstrual health programs in educational institutions, guided by both religious and scientific perspectives. Schools and madrasas should be equipped with proper WASH facilities, and menstrual health education should be incorporated into school curricula. Parents must also be involved through community-led initiatives that provide both health and religious education to strengthen home-based support systems. Institutions should collaborate with community organizations and health departments to conduct quarterly awareness campaigns that focus on menstrual hygiene, nutrition, and girls' reproductive health. Menstruation should no longer be viewed through a lens of shame and secrecy but recognized

as a fundamental aspect of girlhood. This study highlights the urgent need for national-level research to understand the challenges faced by adolescent girls across Sri Lanka. By addressing physical, psychological, cultural, and religious barriers and ensuring access to safe, informed, and dignified menstrual health management, Sri Lanka can move towards greater menstrual equity.

1. Introduction

1.1 Background of Study

Menstruation is a natural biological process that is fundamental to the female reproductive system (UN, 2023; WHO, 2022). It is also directly related to women's overall health (UNFPA, 2022). Globally, it is estimated that 1.8 billion women experience menstruation every month (Human Rights Watch, 2022). Prioritizing menstrual health and meeting the requirements of women and girls is crucial for advancing global health, reaching sustainable development goal targets, and achieving gender equality.

Studies indicate that menstruation is heavily influenced by biopsychosocial factors in societies worldwide. Girls and women in middle-income and low-income countries are often denied the right to manage their monthly menstrual cycles in a dignified, healthy way across the world because menstruation is linked to cultural beliefs, traditions, and stigma both at school and in the community (Chandra-Mouli & Patel, 2017; UNICEF, 2023; Masatu & Msoka, 2024). In most Asian countries, menstrual practices and beliefs are deeply influenced by religion, gender norms, and cultural traditions (Bhartiya, 2013; Azeem, 1995). For example, in Nepal, girls often face exclusion during menstruation, being forbidden from touching objects or interacting with others. In extreme cases, they are even forced to live in cattle sheds during their menstrual cycle (Amatya et al., 2018). These restrictions vary across societies. For instance, in Afghanistan, cultural beliefs discourage bathing during menstruation, based on the notion that it can lead to infertility and physical pain. As a result, around 70% of women avoid bathing during their menstrual period (UNICEF, 2022). Such examples highlight how menstruation is stigmatized and regarded as a source of shame in many cultures.

Menstruation is closely tied to religion in many societies where it is heavily stigmatized, contributing to the marginalization of women (Budgen, 2013; Ahuja & Maninder, 2016; Hennegan et al., 2019). In these regions, religions such as Islam, Christianity, and Hinduism often associate menstruation with impurity, reinforcing cultural practices that exclude women from participating in religious duties during this time (Mukherjee et al., 2020; Bhartiya, 2013; Azeem, 1995; Buckley & Carland, 2023; Avishai, 2008). For instance, women are frequently regarded as "impure" during menstruation, which is why many religions prohibit them from entering places of worship (Mukherjee et al., 2020; Bhartiya, 2013). Although these religious

norms are rooted in concepts of purity and impurity, they also significantly impact women's equality, social roles, status, and power dynamics, both directly and indirectly (Cohen, 2020).

Such social norms and gender structures symbolize the systemic denial of the basic right of millions of women to manage their monthly menstrual processes in a dignified and respectful manner (UNICEF, 2023). Menstruation is directly linked to women's health. As the menstrual cycle is an inevitable natural process that occurs monthly in girls and women, they must have adequate knowledge and adopt healthy practices to manage it appropriately. However, in many communities, especially in developing countries, girls face significant challenges in managing their periods due to limited access (HRW, 2017; Kuhlmann et al., 2017). Girls in rural areas of countries like Pakistan and Sri Lanka face difficulties in managing their periods both at home and in school. These challenges stem from limited resources, inadequate skills, and insufficient information related to menstruation (Holmes et al., 2021; Gottlieb, 2020). For example, many girls use old clothes during menstruation due to the high cost of pads (Fayyaz et al., 2022). Moreover, there is a notable lack of information and knowledge about menstrual hygiene in these settings (Kuhlmann et al., 2017; Davis & MacIntyre, 2018).

The lack of adequate information and services exacerbates poor menstrual health, entrenching gender inequalities in society. This, in turn, hinders the well-being, empowerment, and overall development of girls and women. Therefore, it is crucial to identify and address the sociocultural, religious, and economic factors that influence girls' menstrual hygiene and its management.

In the Sri Lankan context, no comprehensive studies have yet been conducted to examine the impact of these factors on the menstruation of schoolgirls and their health management, especially amongst the Muslim community. However, some notable studies have explored attitudes toward menstruation in the Sri Lankan context. For instance, in Sri Lanka, 4.2 million women menstruate monthly, but only 30% can access menstrual hygiene products (Goluhewage, 2023). In certain areas, girls were found to have a very limited knowledge about menstruation and menstrual hygiene (Hettiarachchi, 2023; Thalagala, 2014). Many girls also experience significant physiological and psychological challenges during menstruation due to the lack of knowledge (Agampodi et al., 2008). Menstrual poverty is more prevalent in rural areas, worsened since the COVID-19 pandemic and the economic crisis (Hettiarachchi & Agampodi, 2023).

Therefore, it is essential to understand the multifaceted issues surrounding menstruation among women and girls in Sri Lanka. This study seeks to explore in depth the factors influencing menstrual hygiene, the impact of cultural beliefs, and the availability of institutional support for Muslim girls in the Trincomalee district

1.2 Problem Statement

Menstrual health research in Sri Lanka is limited, with only a few studies highlighting menstrual poverty and the lack of information, especially among young girls and Muslim communities, underscoring the need for focused interventions. Since 2007, Sri Lanka has implemented several national initiatives to improve menstrual hygiene in schools. The UNICEF-led Wins programme introduced essential water and sanitation facilities nationwide. Since 2015, further efforts have focused on gender-sensitive infrastructure and menstrual health education. Despite 88% water (NHS, 2017) and 98% sanitation coverage in schools, access remains unequal between urban and rural areas (UNICEF, 2018; KAP study, 2014). These disparities stem not only from infrastructure gaps but also from deep-rooted cultural norms and taboos surrounding menstruation. Such social influences often affect school environments, leading to stigma, inadequate support, and limited education around menstrual health, especially for school-aged girls in marginalized communities (Angampodi et al., 2023; UNICEF, 2016; Hettiarachchi et al., 2023; Kandauda et al., 2020; Samarakoon et al., 2024).

This study examines how religious and cultural beliefs affect menstrual health among girls in Trincomalee. Consultations by RECDO with diverse stakeholders revealed that misconceptions like avoiding bathing and non-vegetarian food during menstruation foster stigma and exclusion. These cultural and religious attitudes negatively impact girls' health, education, and participation in society, highlighting an urgent need for awareness and intervention.

Islam views menstruation as a natural life stage and emphasizes hygiene for all, including specific practices after menstruation. It acknowledges women's physical and emotional needs, permitting exemption from worship and fasting during menstruation, while encouraging continuation of daily activities, promoting dignity and understanding (Al Quran 2:222; Bukhari: 1560; Muslim: 297). Despite supportive Islamic teachings (Al Quran 2:222; Bukhari: 1560; Muslim: 297), studies reveal that stigma, taboos, and discriminatory norms around menstruation in Muslim societies lead to poor hygiene access (Neyazi et al., 2021; Gottlieb, 2020), health issues, and disrupted education for women and girls (Hettiarachchi et

al., 2023; UNICEF, 2022; Neyazi et al., 2021). In some Muslim communities, menstruating girls face stigma and restrictions (Malitha et al., 2020; Maqbool et al., 2019), barred from religious spaces, food handling, or school due to misconceptions (Sakhi et al., 2023).

This study explores whether similar beliefs affect Trincomalee's Muslim community highlights the menstrual health challenges within this community , and delves into the hygiene practices and cultural implications.

1.3 Objective

General Objective:

The primary goal of this study is to examine menstrual health, cultural influences, and institutional practices among Muslim girls in the Trincomalee district of Sri Lanka.

Specific objectives

1. To examine the knowledge of Islamic teachings on menstrual health, hygiene, and dignity among Muslim girls in the Trincomalee district of Sri Lanka.
2. To identify cultural practices related to menstruation among Muslim girls, in the Trincomalee district of Sri Lanka, and their implications
3. To assess the status of WASH (Water, Sanitation, and Hygiene) facilities in Islamic madrasas and Arabic schools in the Trincomalee district of Sri Lanka..

1.4 Research Methodology

This study used a mixed-methods approach, combining both quantitative and qualitative research techniques to ensure a comprehensive understanding. Formal approval was obtained from the administrative heads of the selected schools and madrasas before the commencement of the study. In alignment with this approval, the study was carried out with informed consent from the selected female students, following a clear explanation of the study's objectives and procedures.

Quantitative data were gathered through structured, closed-ended questionnaires. Meanwhile, qualitative insights were obtained through focus group discussions (FGDs), in-depth interviews, key informant interviews (KIIs) with stakeholders and professionals, and observational techniques.

1.4.1 Sample

There are approximately six villages where Muslims predominantly reside within the administrative boundaries of the Trincomalee District (Divisional Secretariate, 2024). Selecting villages that could provide sufficient primary data for the study proved to be a challenging task. Careful consideration was required to ensure the chosen villages would yield reliable and comprehensive information for the research. After discussions with members of RECDO, Grama Niladharis, Education Officers, and Madrasa Principals, five villages were selected using a purposive sampling technique. The selection criteria considered the Muslim population density, rural characteristics, the number of schools, the number of Madrasas, the number of female students, as well as socio-economic and cultural factors. Thoppur, Muthur, Kinniya, Thambalagamam, and Kantale areas were identified as the most suitable for the sample selection in this study.

Map 1: Sampling Areas



A popular school and a madrasa in five Muslim-majority areas of the Trincomalee district were selected for the study. These institutions collectively enrolled approximately 3,025 students. The focus was placed on girls aged 16 years, as this age group would have a minimum of two years and a maximum of five years of menstruation experience. Out of the 3,025 students, 1,025 girls were identified as 16 years old. Using purposive sampling, 341 girls were selected for the study. The selection was based on the identification of those with stronger cultural and religious influences on menstrual health, as determined by teachers through an initial survey.

Additional criteria for inclusion were being a female student who expressed willingness to participate, regularly attending (Students who had attended educational institutions for 80% of the month were considered to be regularly attending) school or Madrasa, and having at least two years and no more than five years of menstruation experience.

Table 1: Sample Distribution

Sample Distribution-341								
S.No	Village	Place	Total Respondents					
			Total Student-s-School	Grade-10 students	Sample	Madras students	Age-16	Sample
1	Thoppur	Thoppur Fathima Ladies College	655	180	50			
		Hafsa Ladies Arabic college				65	22	5
2	Muthur	An Nahar Girls College	675	362	98			
		Muthur -Faleeliyya Ladies Collage				35	21	6
3	Kinniya-	Kurinchakerni Girls MV	425	185	50			
		Summiya Ladies Arabic College				225	165	45
4	Thambalagam	Mullipothana Fathima Balika MV	475	162	44			
		Maimoona Ladies Arabic Collage				195	63	17
5	Kantale	Ayesha ladies M.V	275	95	26			
Total			3025	984			271	
					268			73

Source: Field Data, 2024

1.4.2 Data Collection

Primary Data Collection Techniques

Thus, from the selected sample, 246 individuals were recruited for quantitative data collection and 95 individuals for qualitative data collection. For the quantitative approach, data were gathered from 246 participants using a structured questionnaire designed to capture measurable aspects of the study. This questionnaire was administered by the interviewer. For the qualitative approach, 80 participants were engaged in focused group discussions, while 15 individuals participated in in-depth interviews to provide a deeper understanding of their experiences and perspectives. Additionally, key-informant interviews were conducted with 2 field experts to

gain professional insights, and observational methods were employed to further enrich the data collection process. To ensure a comprehensive analysis, various approaches and samples were used for primary data collection, tailored to explore the different dimensions of the study. The tools and techniques utilized in examining these aspects are detailed in Table 02.

Table 2: Primary Data Collection Techniques and Tools

S. No.	Data Collection Methods	Techniques	Numbers
1	Data collection with school and madrasa students	Closed Questionnaire	246
2	Group discussion with school students	Focused Group Discussions (8)	63
3	Group discussion with madrasa students	Focused Group Discussions (4)	17
4	Group discussion with school teachers and principals	Focused Group Discussions (1)	4
5	Discussions with doctors and nurses	Focused Group Discussions (1)	3
6	Data collection with school and madrasa students	In-depth Interview	15

Secondary Data Collection Techniques

For secondary data, the Trincomalee District Statistical Manual and other district-level statistical manuals were utilized to provide contextual and demographic information. Additionally, research papers, reports, and articles were reviewed to understand the status, challenges, and cultural influences surrounding menstruation among girls, both within Sri Lanka and globally. These secondary sources complemented the primary data by offering broader insights and supporting the analysis of menstrual hygiene and its socio-cultural implications.

1.4.3 Data Analysis

The data obtained were analysed in alignment with the main objective of the study. Quantitative data collected through questionnaires were processed and analysed using the Statistical Package for the Social Sciences to ensure accuracy and reliability. For the qualitative data, thematic analysis was employed to identify patterns and insights. In the conceptual analysis phase, primary codes were developed based on the study's themes. These codes were

systematically compared with the data, allowing for the identification of correlations, which were then measured and analysed in aggregate.

The analysis focused on three core aspects. First, the religious beliefs, knowledge, and practices of Muslim girls regarding menstruation, second, the cultural practices prevalent among Muslim girls and the consequences of these practices, and third, menstrual hygiene management and the availability of facilities in the selected villages. The numerical data obtained were further categorised into thematic groups based on the participants' responses. These thematic groupings allowed for a deeper understanding of the recurring patterns and trends. The key findings were then synthesised and explained to highlight the primary issues and implications of the study (Maguire and Delahunt 2017).

1.4.4. Limitations of the Study

This study, which explores menstrual health, cultural influences, and institutional practices among Muslim girls in the Trincomalee District, was conducted within specific limitations, primarily due to constraints in both resources and time. These limitations influenced the scope and focus of the research.

Among the diverse aspects associated with menstruation among adolescent girls, the study only concentrated on three key areas: the influence of religious beliefs on menstrual hygiene, Cultural practices on menstrual hygiene and health, and the role of educational and health institutions in promoting menstrual hygiene management.

Although Muslim populations are distributed across many villages in the Trincomalee District, this study deliberately limited its focus to areas where Muslims form the majority population. This selection was made to ensure cultural consistency and to better capture the dominant religious and social practices influencing menstrual health in these communities.

Furthermore, the study only focused on female students between the ages of 15 and 16 years who were enrolled in either formal schools or madrasas, as the study aimed to understand menstruation-related experiences directly from adolescent girls undergoing these transitions.

Therefore, it is recommended that larger studies are conducted nationally to be reflective of the Sri Lankan population.

2.0. Results and discussion

2.1. Socio-Economic Conditions

Of the 246 questionnaires distributed for this study, a total of 240 were completed and returned, forming the basis for the analysis of the socioeconomic circumstances of the students in the study.

Notably, a diverse range of educational attainment levels was observed among the parents. Specifically, a proportion of parents had received only primary-level education, with 3.8% of fathers and 6.3% of mothers having completed only grades 1–5. A further segment of parents (12.7% of fathers and 26.9% of mothers) had completed grades 6–10, and a substantial proportion held ordinary-level education qualifications (41.8% of fathers and 37% of mothers). These findings indicate that more than 55% of parents have received secondary education. Prior research suggested that parental educational qualifications exert a considerable influence on children's attitudes, perceptions, and cognitive abilities (Eccles, 2005; Idris et. al, 2021).

An analysis of household income distribution revealed that the majority (63.1%) of families earn between Rs. 20,000.00 and Rs. 60,000.00 per month. In this income bracket, the father is the primary income earner in 88% of households. A notable proportion of mothers (22.8%) also contribute to household income through part-time or full-time employment, particularly in home-based occupations. A significant proportion (72.8%) of mothers primarily assumed homemaking roles.

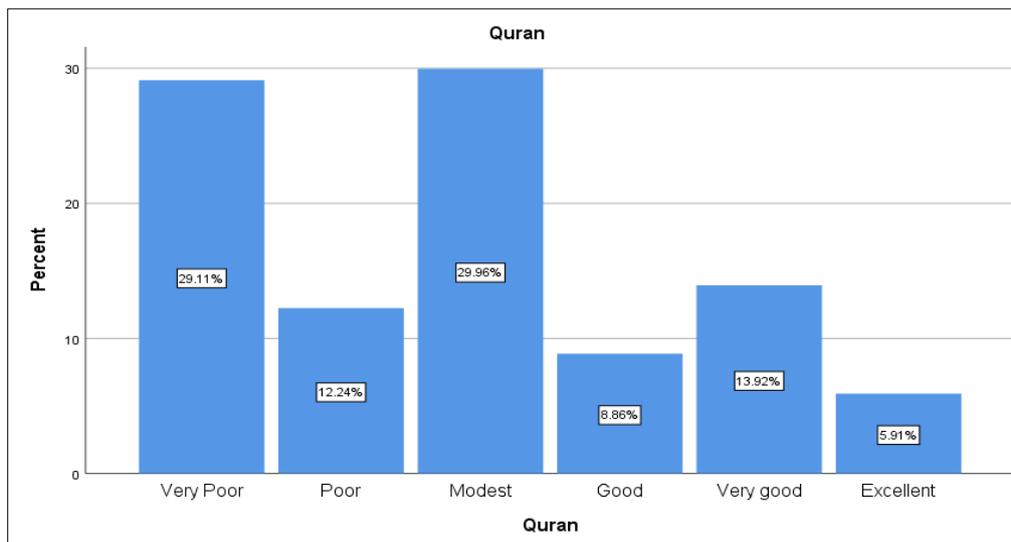
The family structures indicate the presence of five distinct types of living arrangements among the students. The majority (78.2%) reside with both parents. A smaller proportion of students live in mother-headed households (0.9%), father-headed households (1.3%), with guardians (7.1%) and the last category included children under the care of non-immediate relatives or long-term family acquaintances (12.5%), primarily due to parental employment abroad. These findings provided a comprehensive understanding of the socioeconomic conditions of the students surveyed, offering valuable insights into the familial, educational, and economic determinants that shape their living environments.

2.2. Knowledge of Islamic Teachings on Menstrual Health, Hygiene, and Dignity among Muslim Girls

2.2.1. Knowledge Level of Female Students Regarding Islamic Teachings on Menstruation (Al-Qur'an and Al-Hadith)

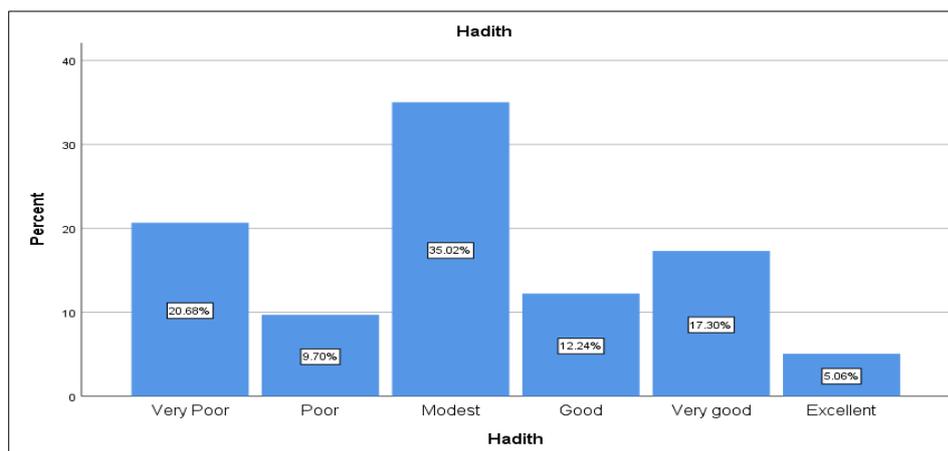
All students accepted that Islam provides various insights regarding menstruation, as conveyed through the Al-Qur'an and Al-Hadith. They also adhere to Islamic guidelines in managing their menstruation. However, variations existed in the depth of their knowledge concerning Islamic teachings on this subject. Specifically, the proportion of students with direct self-acquired knowledge about menstruation from the Al-Qur'an (28.7%) and Al-Hadith (34.6%) was notably low. A significant number of those possessing such adequate knowledge were students enrolled in the Madrasa, whereas the level of awareness among school students remained considerably lower. This disparity highlighted a gap in the comprehensive understanding of menstruation within the broader educational framework. This trend was visually represented in Figure 01 and Figure 02.

Figure 01: The level of knowledge students have regarding menstruation information understood from the Quran



Source: Field Data, 2024

Figure 02: The level of knowledge students have regarding menstruation information understood from the Al-Hadith



Source: Field Data, 2024

A comparative analysis revealed that madrasa students possess a more comprehensive understanding of religious explanations related to menstruation than their counterparts in conventional schools. Most school students exclusively acquired knowledge on this subject through the Islamic studies curriculum. Consequently, 63.25% of female students lacked a clear understanding of Al-Quran and Al-Hadith-based explanations of menstruation.

Student Farhana (name changed) illustrates this knowledge gap, stating:

Why is it that I do not clearly understand the explanations directly provided in the Al-Quran and Al-Hadith about menstruation? There are no opportunities to learn this at home. I know two or three Al-Hadiths and Al-Quranic verses that I studied in the classroom during religious lessons. However, I do not have a clear and in-depth understanding. I have learned about the necessary religious aspects of menstruation primarily through my mother's explanations when I reached menstruation.

This statement highlighted the limited exposure to direct Al-Quranic and Al-Hadith-based teachings on menstruation among school students. It underscored the reliance on familial sources, particularly maternal guidance, as a primary means of acquiring religious knowledge

on this subject. The statement above also indicated that students generally have limited access to direct religious explanations related to menstruation from the Quran and Hadith. However, a notable discrepancy existed between madrasa students and those in conventional schools regarding the depth of their religious knowledge on this subject.

This variation can be attributed to the structured curriculum in madrasas, where Islamic law (including cleanliness laws) is taught in detail as a dedicated subject. Additionally, madrasas provide more opportunities for learning through monthly religious awareness seminars, weekly student forums, and other educational programs. Specifically, in the discussion, out of the 63 students who participated from schools, 03 students (4.7%) demonstrated a higher level of engagement with religious teachings and practices concerning menstruation. In contrast, 15 out of the 17 students (88.23%) who participated from madrasas exhibited a higher level of engagement. Therefore, the findings indicated that female students in madrasas demonstrated a statistically higher level of engagement with religious teachings and practices concerning menstruation compared to their counterparts in schools. This distinction is further illustrated by the student Samruth (name changed), who stated:

When I joined the madrasa in Grade 8, my knowledge of the topic was limited to basic information. However, over the past two years, I have gained an understanding of menstrual hygiene through the student forums held monthly at the madrasa. Additionally, during special seminars conducted every four months, I have received explanations regarding menstruation, including religious laws associated with it.

This evidence highlighted the role of madrasas in providing additional and structured instruction on menstruation. As a result, variations existed in the level of comprehension regarding religious explanations of menstruation among students, with madrasa students exhibiting a greater understanding compared to their counterparts in schools.

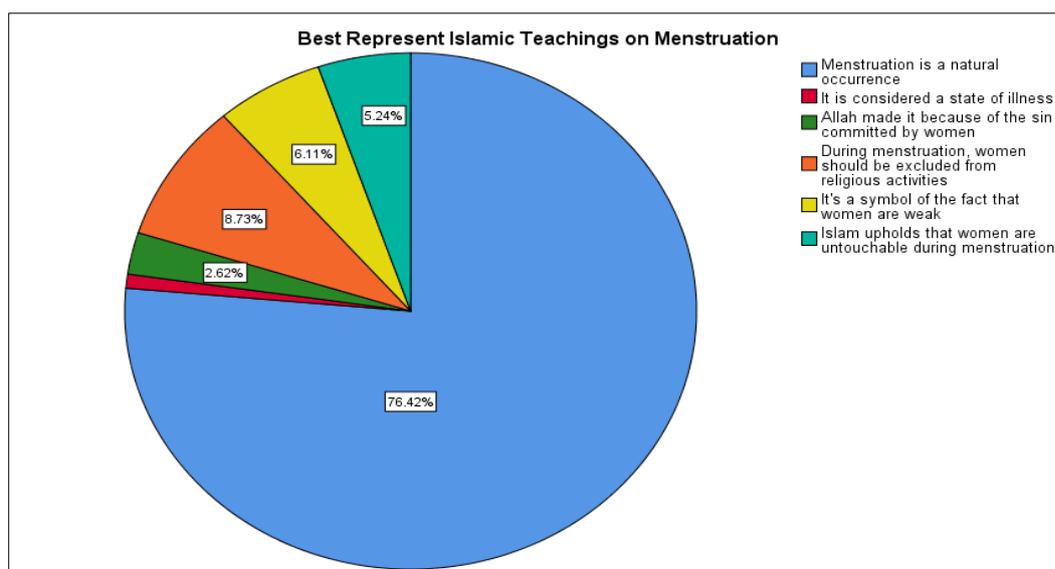
2.2.2. Students' Understanding of Concepts Related to Menstruation Based on Religious Teachings

At the societal level, attitudes toward menstruation vary widely, and these perceptions often shape individual understandings and practices in daily life. While some cultural and social narratives depict menstruation as an 'illness,' a 'manifestation of sin,' or a state of impurity in which women are considered weak and untouchable, Islamic teachings do not endorse such views (Maqbool et al., 2019). Instead, Islam regards menstruation as a natural biological process without attributing it to weakness or impurity. However, in certain societies,

menstruating women continue to face exclusion and discrimination due to prevailing cultural norms (Auda 2017; Woodlock ,2010).

The perception of menstruation among students in this study largely aligned with religious teachings. A significant majority (76.4%) of students recognized that Islam acknowledges menstruation as a natural process. However, a notable proportion (22.6%) of female students hold differing views, reflecting the influence of societal beliefs and interpretations. Specifically, some students believed that women should be excluded from religious activities during menstruation (8.7%), that menstruation signifies physical weakness (6.1%), that Islam upholds the notion of menstrual untouchability (5.2%), and that menstruation is a consequence of sins committed by women (2.6%). The following Figure 03 illustrates the female students’ perceptions of menstruation based on religious teachings.

Figure 03: Female Students’ Perceptions of Menstruation Based on Religion



Source: Field Data, 2024

Notably, focus group discussions revealed that such perceptions were largely shaped by environmental and socio-cultural influences rather than religious teachings themselves.

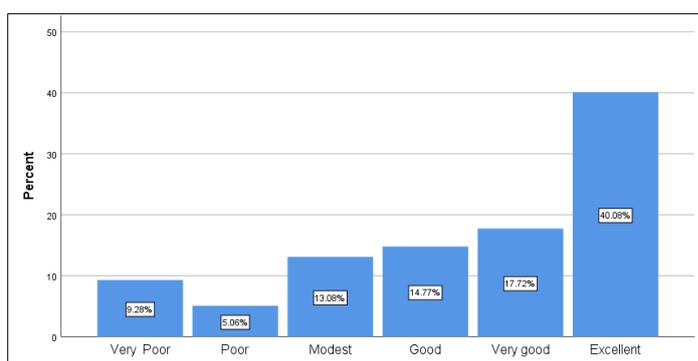
This highlighted the importance of structured religious education and open discussions to ensure that students receive accurate and comprehensive knowledge about menstruation through religious teachings.

2.2.3. Knowledge and Experiences of Female Students on Menstruation-Related Aspects from a Religious Perspective

2.2.3.1. Bathing

In Islam, cleanliness holds a fundamental place in an individual's life, with specific guidelines emphasizing hygiene during menstruation. Religious teachings explicitly outline the importance of maintaining cleanliness, the necessity of performing a ritual bath after menstruation, the identification of the menstrual period, the end day of menstruation, and the prescribed methods of purification¹ (Al Quran, 2:222; Buhary: 1560). Consequently, from a religious standpoint, purification following menstruation is regarded as an obligatory practice. The study found that most female students (71.85%) recognized the importance of hygiene during menstruation and, consequently, adhered to regular bathing practices. However, a considerable proportion (28.15%) refrained from daily bathing during this period due to prevailing beliefs that frequent washing may have adverse effects, such as, that exposure to water may lead to increased bodily cooling and as a result in the release of additional menstrual blood. Awareness of obligatory ritual purification post-menstruation was found to be widespread, with 85.65% of the respondents acknowledging its necessity and possessing knowledge of the associated purification methods. Despite this, almost one-third of the participants (14.34%) reported a lack of comprehensive religious guidance on the prescribed bathing procedures, leading to inconsistencies in their hygienic practices. These findings are illustrated in Figure 04.

Figure 04: Bathing Methods Following the End of Menstruation



¹ Islam places significant emphasis on cleanliness in the daily practices of individuals. Within this framework, Islamic teachings clearly define the major forms of impurity, the circumstances under which impurity occurs, and the prescribed methods for purification. Accordingly, if a person's body or clothing is stained with blood, it is in a state of impurity, and guidance is provided on how to purify it. Similarly, menstruation is recognized as a natural biological process, and women experiencing it are in a temporary state of ritual impurity. Therefore, Islam mandates a ritual bath upon the completion of the menstrual period as a means of purification.

Students primarily acquired religious knowledge related to menstrual hygiene from their mothers and their immediate contacts, including other family members (sisters, and relatives) as well as religious instruction provided during the Islamic subject at school. However, while school students up to grade 07 shared similar levels of knowledge and experience regarding menstrual bathing, students who attended madrasa receive additional instruction on this subject starting from grade 09. Consequently, madrasa students demonstrated a more comprehensive understanding of the obligatory ritual purification of bathing following menstruation.

A student, Sarina (name changed) reflected on her learning experience, stating:

Up until grade 08, I performed the obligatory bath based on the information I received from my family and surroundings. However, the instruction I received in the madrasa over the past two years has provided me with greater clarity, and now I have a more comprehensive understanding of menstrual bathing².

A school student, Mumtaz (name changed) shared her experience:

When I reached menstruation, my mother and sister explained the compulsory bathing ritual to me. I also learned about it through Islamic studies. I have been performing my bath based on this knowledge. However, I feel that there are gaps in my understanding, and I am eager to learn more about the specific religious guidelines.

These statements illustrated the varying levels of knowledge among students regarding the procedures for ritual bathing. However, it is significant to note that all students possess at least a fundamental understanding of the bathing requirement.

2.2.3.2 Knowing the Exact End Date of Menstruation

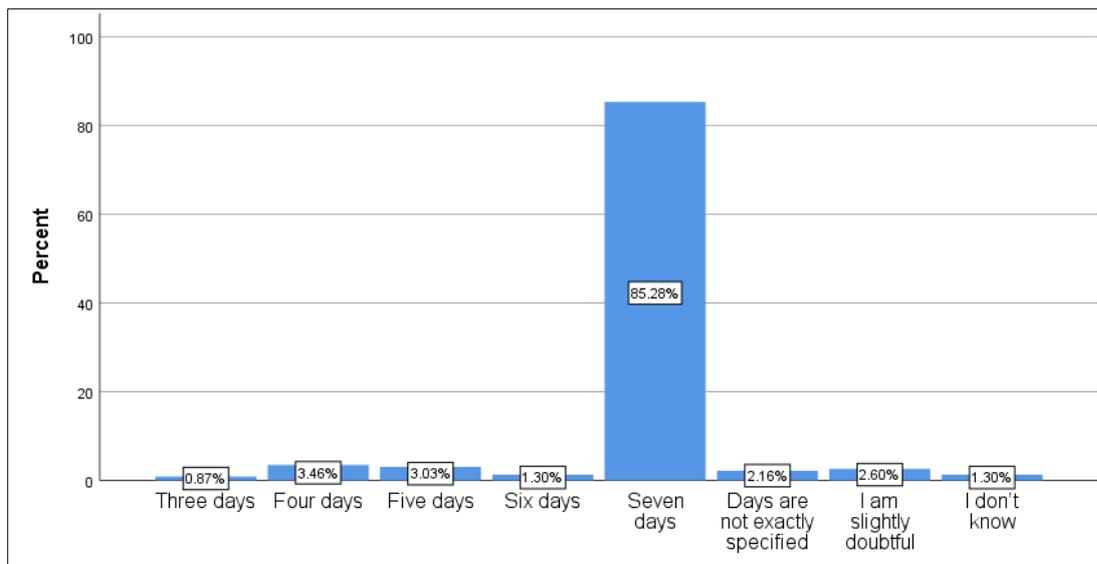
A small proportion of schoolgirls from religious backgrounds (2%) demonstrated a clearer understanding of determining the exact end date of menstruation compared to their peers. However, there remains a significant gap in religious guidance on accurately identifying the conclusion of menstruation and performing the obligatory bath, thereafter, as reported by 57% of the respondents. Most schoolgirls (85.3%) perceived seven days as the standard duration for menstruation and subsequent ritual purification baths, while a small fraction (3%) considered five days. Despite this perception, practical observations indicate that menstruation lasts no longer than six days for most students, with some experiencing a five-day menstrual cycle.

² The menstrual bath - It is a ritual purification practice in which a Muslim woman performs a full-body wash with water following the completion of her menstrual cycle, under Islamic guidelines.

Nonetheless, a considerable proportion (85%) still perform the obligatory bath on the seventh day, believing that menstruation lasts seven days.

This adherence largely stems from the assumption that a seven-day menstrual period is a religious directive, with 57% of students holding this belief despite lacking formal religious explanations to support it. Therefore, many students continue to follow this practice based on social and familial transmission of knowledge rather than verified religious teachings.

Figure 05: Duration of the Menstrual Period



According to religious teachings, performing the obligatory ritual bath after menstruation is a fundamental requirement, as it is a prerequisite for engaging in daily prayers (ṣalāh). Delaying the obligatory bath until the seventh day after menstruation, without a valid reason, may impact the fulfilment of religious duties, particularly prayer obligations. Additionally, there is a significant lack of clarity regarding the religious guidelines for ritual purification baths in the cases of irregular menstruation. 73.9% of the female students reported insufficient knowledge on this matter, primarily because irregular menstruation is relatively uncommon in their personal experiences. However, 22.4% of students who do experience irregular menstrual cycles demonstrated an awareness of the necessity of taking a ritual bath upon the cessation of menstruation.

2.2.3.3 Religious Perspectives of Female Students on Activities Permissible During Menstruation

While female students generally possess foundational religious knowledge regarding permissible and impermissible activities during menstruation, variations in understanding and

interpretation exist. A significant number of female school students lacked clarity on the religious sources supporting these rulings, whereas madrasa students tend to exhibit greater awareness of scriptural references related to these matters. However, even among madrasa students, some display gaps in their understanding. For instance, while 54.6% of female students have a clear understanding regarding participation in collective duas during menstruation, 30.8% exhibited uncertainty, and 10.4% believed such participation is entirely impermissible.

Additionally, a considerable proportion of female students consider certain religious and social activities permissible during menstruation, including attending religious lectures and classes (82%), reciting the Quran and reflecting on its meanings (73.2%), asking duas, purchasing religious books (76.9%), engaging in dhikr (constant remembrance of Allah) (73%), giving charity (70.9%), and participating in competitive events (70.7%). Students regard certain forms of physical interaction with their spouses, such as a husband leaning on his wife's lap or vice versa (32.6%), hugging (35.6%), and combing their spouse's hair (43.8%), as acceptable. However, divergent opinions exist, particularly among students, some of whom believe that these actions should be avoided. This suggests that the knowledge and experiences acquired by students through their social and educational environments significantly influence their perspectives.

Conversely, certain activities were widely considered impermissible by students, including performing tawaf (circumambulation of the Kaaba) (71%), entering the mosque (63.5%), engaging in sexual intercourse (44.1%), and sharing a bed with one's husband (25.3%). From a religious standpoint, fundamental Islamic interpretations strictly prohibit sexual intercourse during menstruation. Overall, these findings highlight the diversity of opinions among female students regarding permissible activities during menstruation, shaped by varying levels of religious instruction and exposure to different interpretations.

A significant level of ambiguity and uncertainty exists among students regarding religious interpretations of certain practical aspects related to menstruation. Specifically, 42.8% of students expressed skepticism about the permissibility of engaging in sexual intercourse during menstruation, while 46.8% were uncertain about sharing a bed with their husbands. 12.7% questioned whether entering a mosque is permissible, while 44.2% were uncertain about whether a husband leaning on his wife's lap or vice versa is acceptable. 35.6% of students expressed doubts about hugging their spouse, and 33.0% were unsure about combing their

spouse's hair during menstruation. These findings indicate a considerable gap in religious knowledge about conducting routine activities during menstruation.

One contributing factor to this knowledge gap is the educational background of the students' parents. Many female students primarily received religious guidance from their mothers, the majority of whom have only attained up to secondary level of education. Consequently, their explanations of menstruation-related religious practices are limited. The formal school curricula also provide insufficient religious instruction on these matters.

However, madrasa students were largely acquired through structured teachings in the madrasa, as well as guidance from teachers and senior students, which contributes to a more comprehensive understanding of religious guidelines compared to their school counterparts.

From a religious standpoint, Islamic interpretations primarily emphasize three key prohibitions during menstruation: fasting, prayer, and sexual intercourse (Al Quran, 2:222; Buhary: 1560). Additionally, Islamic teachings on ritual purification emphasize the necessity of cleansing for both men and women following menstruation (Sahih Muslim Part 03, Hadith: 297, 578, 592). In this regard, Islam grants women the right to refrain from certain religious obligations, such as worship and fasting, during menstruation while permitting them to engage in their daily activities without restriction (Nurain, Clawson, 2024 Al Quran 2:222).

2.2.3.4 Sources of Religious Instruction on Menstruation

The primary sources of religious instruction on menstruation vary between the school and madrasa students. A relatively small percentage of schoolgirls (20.1%) received information on menstruation-related religious guidelines from their schools. In contrast, a significant proportion of madrasa students (50.2%) acquired such knowledge through structured lessons in their religious institutions. Additionally, madrasa students gain further insights during weekly or monthly religious lectures, when such topics are addressed. However, it is notable that this instruction is typically confined to the madrasa setting and is not actively reinforced within their home environments. Some madrasa students occasionally received religious guidance from their peers, highlighting the role of social learning in knowledge acquisition. Despite the comparatively greater exposure to religious teachings in madrasas, it is important to note that even within these institutions, menstrual education remains incomplete, with certain aspects lacking comprehensive explanation.

In contrast, religious instruction on menstruation is largely absent from formal school curricula. A very small proportion of students (6.6%) acquired knowledge on this subject through self-learning. However, self-directed learning is generally uncommon, as there are limited reading materials available in classrooms, and students are not accustomed to independently engaging with them. Additionally, teachers provide minimal guidance on utilizing available resources for self-study, further limiting opportunities for independent knowledge acquisition.

Student Mamima (name changed) stated:

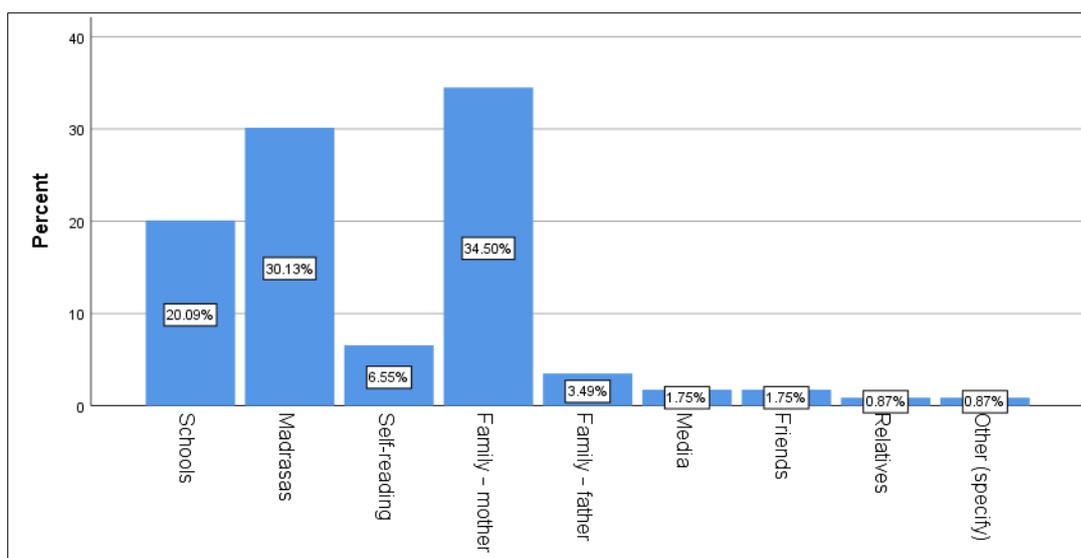
Our school has a library. However, there are no books available on menstruation. I have a habit of reading books, but no teacher has ever informed me about any resources on this topic. That is why I am interested in reading them if they are available.

Another student shared:

Although I have learned about menstruation in religious and science subjects, my teachers have not provided further clarification on the topic. There are also no related books in the library. However, if I had access to such books, I would prefer to read them rather than directly asking teachers for explanations.

These accounts highlight the lack of an enabling environment for self-directed learning on menstruation in educational institutions. Despite their interest in independent reading, students have limited access to relevant resources, which contributes to their lack of knowledge on the subject. Instead, most schoolgirls (34.5%) relied primarily on their mothers for information about menstruation. This reliance is attributed to factors such as the cultural sensitivity surrounding menstruation, the perception of it as a private or taboo subject, and feelings of embarrassment when discussing it with others. Students perceived their mothers as knowledgeable sources of information on menstruation, primarily due to the care and guidance they received from them during their first menstrual experience. This includes teachings on the appropriate duas (prayers) for ritual purification and other essential practices. Consequently, the tendency to seek information from alternative sources remains minimal. A very small proportion of students obtained information from the media (1.7%), friends (1.75%), and relatives (0.9%). This trend is further described in Figure 06 as follows.

Figure 06: Sources of Religious Instruction on Menstruation



Source: Field data, 2024

A small percentage of students (3.5%) also received information about menstruation from their fathers. This is particularly evident in cases where fathers have higher levels of education or where mothers are absent due to employment abroad. In such instances, fathers assume a more active role in guiding menstruation-related matters. Educational institutions, including schools and madrasas, are the most appropriate platforms for delivering clear, accurate, and evidence-based instruction on menstruation. However, they have not been structured to fulfill this role effectively.

2.3 Cultural Practices Related to First Menstruation Among Girls and Their Impacts

2.3.1 Awareness of Menstruation and Access to Information

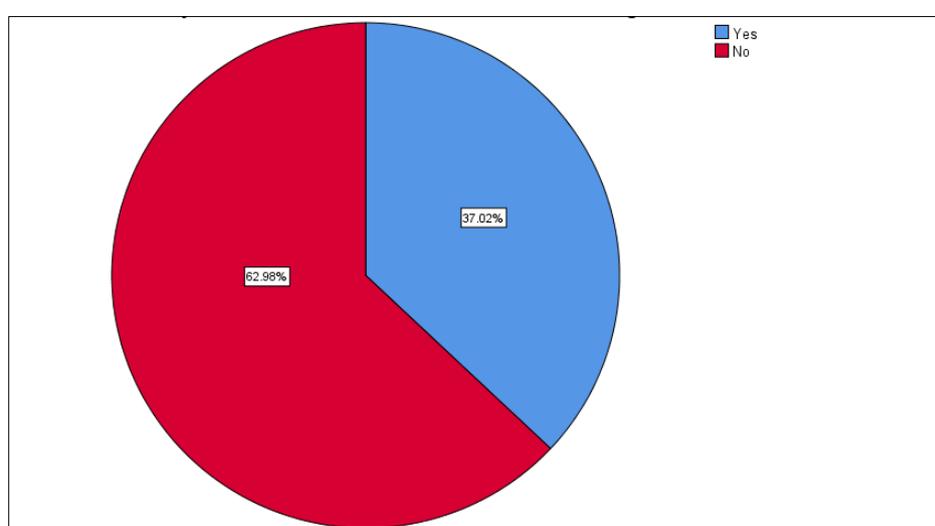
The average age of menarche (the first menstruation) in this study ranges from 12 to 14 years, with 31.9% of girls attaining menarche at age 13 and 37.4% at age 14. However, it is noteworthy that some girls experience menarche as early as 9–10 years (3.8%), whilst others at 11–12 years (4.7%), and 14–15 years (8.5%).

Menstruation typically begins around the age of 11. While the exact timing varies between individuals, it is essential to cultivate early awareness among girls, ensuring they understand menstruation as a normal developmental phase. Such awareness can help mitigate potential psychological and physical challenges associated with the onset of menstruation.

In many Asian countries, children often have limited knowledge about puberty before its onset. For instance, in Pakistan, a significant proportion of girls (74%) possess little or no knowledge about menstruation before its onset (Neyazi et al, 2022; Shah et al, 2023). Research conducted in Sri Lanka indicated that 66% of girls were unaware of menstruation before experiencing their first period (UNICEF, 2018).

Figure 7 illustrates the sources and extent of information received about early menstruation among girls in this region. Figure 07 illustrates the extent of information obtained regarding menarche.

Figure 07: Obtaining Information Regarding Menarche



Most of the girls (63%) were unaware of menstruation before its onset. After experiencing menstruation, they received information about menstruation from family members, primarily their sisters, mothers, and aunts.

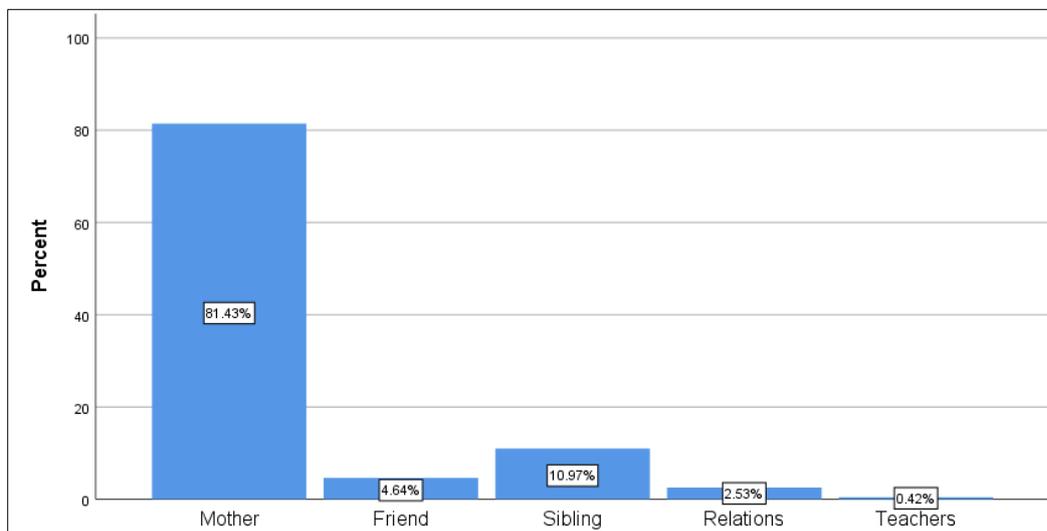
A smaller proportion of girls (37%) had prior knowledge of menstruation before their first period. These girls had learned about menstruation through the experiences and information shared by their sisters, neighbours, relatives, and classmates. However, it was noted that the information provided to the students was predominantly based on cultural beliefs and personal experiences, rather than formal health or religious education about menstruation. Therefore, most students lacked prior knowledge or information related to menstruation before experiencing their first menstrual cycle.

in some of the Asian countries, children are informed about menstruation before it occurs. For instance, in Indonesia (66%), Nepal (87.7%), and Afghanistan (53.3%), a significant proportion

of girls were aware of menarche and menstruation. However, studies have found that in rural India, 64% of girls were unaware of their first menstruation before its' occurrence (Bhalerao et al, 2024). Therefore, girls' knowledge about menstruation before their first period may vary across Asian countries. In this study, 63% of participants were unaware of menstruation before menarche, a finding that aligns with similar trends reported in India.

After menarche, most students first discussed menstruation with their family members, with mothers (81.4%) and sisters (11.0%) being the primary sources of information. Sharing this information with friends (4.6%) and teachers (0.4%) was relatively uncommon. Figure 08 illustrates these findings.

Figure 08: The Individuals Who First Explained Menstruation to Girls



However, other studies in Sri Lanka (Hettiarachchi et al., 2023; UNICEF, 2018) indicate that the majority of girls received information about menstruation from their peers and friends. This suggests that regions across the country differ in their approach to menstrual education, in this study girls tend to receive and share information about menstruation primarily with their immediate family members. Although girls do receive information from their families, this information is not always comprehensive or focused on the health and religious aspects of menstruation. In many Asian countries, particularly within Muslim communities, girls often possess limited and less accurate knowledge about menstruation (Devi & Jaya, 2013; Maqbool et al, 2019).

A comparable trend can be observed within these students highlighting a widespread gap in menstrual awareness and education.

2.3.2 Menstrual Rituals

The first menstruation is regarded as a significant ritual in many societies worldwide, particularly in rural communities across both developed and developing countries (Munan, 2021; Markstrom, 2008). While Islam does not formally recognize the first menstruation as a ritual, this practice has been followed for generations in various communities. In this region, most female students (73.2%) had participated in menstrual rituals. However, a smaller proportion (26.8%) had not undergone such rituals. Notably, in some of these cases, the mother is living abroad, leaving the father to care for the daughter. Additionally, some families are highly educated and do not adhere to such rituals, as well as families who follow strict religious practices. Upon examining the rituals performed for girls, many common elements are observed across the villages. Since these villages are geographically close to one another, similar customs and features are prevalent in the rituals practiced.

2.3.2.1 Bathing Ritual

In the context of menstrual rituals, bathing is a significant practice observed for all children after menstruation. On the first day following the onset of menstruation, bathing is performed by close family relatives, including paternal and maternal figures such as aunts (father's sister, mother's brother's wife), grandmothers, and others, based on familial closeness. Most children are bathed by their mothers and sisters, with some being bathed using coconut milk mixed in the water, while others are bathed with turmeric-infused water on the first day. After the initial bathing, most children wear old clothes for seven days. However, some children, particularly from wealthier families, bathe on the first day and immediately wear new clothes. This practice is influenced by economic factors.

On the seventh day, after the initial bath, children bathe and cleanse themselves again. During these rituals, explanations regarding the bathing methods are provided by close family members (paternal aunts, maternal aunts, mothers, paternal mothers, and sisters). These explanations typically encompass both religious and health perspectives, including guidance on the use of sanitary pads and proper genital hygiene cleaning. However, 23.15% girls did not provide clear explanations about the necessity of removing pubic hair³ during the bathing ritual

3

at the end of the monthly period (they do not follow it during menstruation, they follow it on other days). As a result, many individuals did not adhere to the recommended practice of hair removal during the ritual bath.

Following the bath on the seventh day, 68.42% of girls recite the Al-Quran, while others (15.78%) light a lamp. The belief that such actions will ensure a bright future is deeply influential within these communities. However, it is important to note that, in contemporary times, most people no longer observe these practices. Another ritual associated with bathing involves the preparation of special food called “Pukkai” (a mixture of green rice, cow's milk, and sugar), which is typically cooked at home and distributed to neighbours and relatives. In wealthier families, children’s families may prepare a larger meal to treat their relatives.

While Islam does not mandate such rituals during the first menstrual period, these practices have been passed down within these communities over time. Interestingly, most of the menstruation-related rituals observed in the Muslim community bear a strong resemblance to those in Hindu social culture (Abdullah, 2004). This is largely due to the proximity of Hindu communities in the region, with cultural diffusion over time leading to the adoption of various rituals from the Hindu community. These rituals, while not entirely rooted in Hindu cultural traditions, have been blended with elements of Muslim social and cultural practices. During the seven days, it is also common for family relatives to visit the homes of the children, presenting gifts such as jewellery, money, clothing, accessories, and household items.

In Islam, the removal of pubic hair is emphasized for both men and women as a practice associated with cleanliness, personal hygiene, aesthetic appeal, religious morality, and the prevention of disease (Sahih Muslim, 261). Accordingly, the removal of pubic hair following menstruation is also considered part of Islamic tradition. This practice is believed to offer women a sense of peace of mind and spiritual purity (GHS, 2015). From a medical standpoint, highlights several adverse outcomes linked to pubic hair removal, particularly when performed frequently and intensively. Studies indicate a heightened risk of dermatological issues and sexually transmitted infections (STIs) associated with the use of razors or shavers (De Sutter et al., 2012; Osterberg et al., 2017), alongside an increased incidence of cuts, pruritus, and other forms of injury (Swoboda et al., 2018). These findings underscore the potential detriments of frequent hair removal practices. In contrast, Islamic jurisprudence, based on Prophetic tradition, stipulates that the removal of pubic hair should occur at least once within a forty-day interval ((Muslim, 2019). This guideline suggests a balance between hygiene and avoiding the potential harms associated with excessive frequency. However, select studies suggests potential benefits associated with judicious hair removal. Studies propose that when performed safely, hair removal does not elevate health risks (Swoboda et al., 2018) and may even play a role in STI prevention. Additionally, it has been linked to a more positive genital self-perception, increased sexual arousal, and enhanced sexual function (DeMaria & Berenson, 2013; Downs et al., 2018), as well as subjective feelings of cleanliness, attractiveness, and comfort (Herbenick et al., 2010).

2.3.2.2 Food Habits

In many Asian rural societies, various dietary restrictions are observed during the first menstrual period (Srivastava, 2011; Mohamed et al., 2018; Amatya et al., 2018;). Such practices were also evident in the study area, where traditional food types play a significant role in the rituals surrounding menstruation. Distinct regional differences in food habits are observed, with variations particularly noticeable in isolated villages such as Thoppur and Muthur, Kinniya, Thampalagamam, and Kantale. During this, 'Kurakkan Pittu' is commonly served to girls, and in some villages, a mixture of grains and cow's milk (kali) is offered as the primary morning meal for seven days. For lunch, dishes such as eggs, liver curry, and leafy greens with rice are typically provided. A common practice across all villages is the avoidance of fish foods, particularly those considered unsuitable for girls due to the odour and allergies. Only protein-rich foods like meat and eggs are included in their diet, while Fresh milk, dhal, and other grains are not given in large quantities. The avoidance of milk and certain foods is a common practice in several Asian communities (Amatya et al., 2018).

154.73% of girls were given neem oil for seven consecutive days, with the belief that it enhances physical strength, strengthens the waist, improves the body and eliminates stomach germs. 12% of girls refused to take these oils, and as a result, their parents refrained from offering them. Additionally, 88.42% of girls did not adopt the practice of consuming fruits during this period. However, in certain families (11.57%) fruits such as bananas, pomegranates, and jackfruits were occasionally provided to the girls.

A student shared her experience as follows.

Family members made me drink a spoonful of neem oil before breakfast every morning for seven days. I didn't like it, but they said that drinking it would prevent body pains and stomach issues in the future. After that, I was given meat or sometimes eggs as curry. For lunch, meat was served in abundance, while very little fruits were eaten .

This insight highlights the traditional dietary practices followed by girls during this period, emphasizing the focus on strengthening the body and avoiding certain foods.

2.3.2.3 Advice from the Elderly

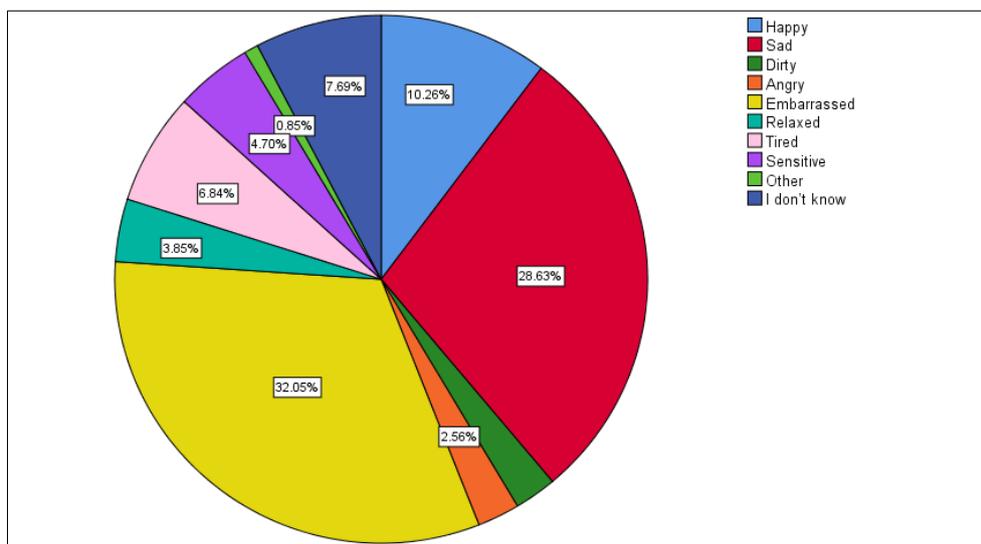
Based on the findings from the focused group discussion, during the seven days at home after menstruation, 86.31% of girls received advice from the elderly, especially from their grandmothers . Common advice included avoiding going outside alone, refraining from going

out in the evening because of the superstition of evil eyes, and not engaging in physical activities such as running. While 78.94% of girls remembered and tried to follow these instructions, in some instances, they did not adhere to them. For example, 68.42% of girls still attended school and participated in activities alone or with friends. Additionally, mothers (64.21%), mothers’ sisters (21.10%), and their own sisters (13.68%) often provided practical guidance on menstrual hygiene, such as preparing and using pads during menstruation.

2.3.2.4 Emotional Responses to Menarche

In many societies, girls experience emotional challenges during their first menstruation (Meers et al., 2024; Pitangui et al., 2013; Kochhar & Ghosh, 2022). . As illustrated in Figure 09, most of the girls reported experiencing adverse emotional reactions during this time.

Figure 09: Feelings regarding first menstruation



As mentioned earlier, eight types of emotions were expressed by the girls during their first menstruation. The most common emotions were embarrassment (32.1%) and sadness (28.6%), while anger (2.6%), tiredness (6.8%), discomfort (4.7%), and feeling unclean/ dirty (2.6%) were less frequently reported. Notably, many students still vividly remember these initial emotional experiences.

Sahira (name changed), one of the students, shared her experience:

On a holiday, while I was playing, I suddenly felt very embarrassed because I saw blood on the back of my shirt. This gave me an uncomfortable feeling—should I worry? Should I be afraid? Should I cry? I cannot forget this even today...

The discussion revealed that menarche ignited fear among 71.57% of girls primarily because they had no prior knowledge of menstruation. The sudden onset of bleeding led to various negative emotions, which were later alleviated through explanations provided by their mothers and sisters.

Studies indicated that in rural areas, girls commonly experience negative emotions due to a lack of information about menstruation (Kochhar & Ghosh, 2022; Neyaz et al., 2022; Betsu et al., 2024).

In Sri Lanka, 75% of the population perceived menstruation as unclean (UNFPA, 2016). However, in the study, this perception was significantly lower (2.56%).

Interestingly, some girls reported experiencing happiness (9.8%) and comfort (3.8%) upon reaching menarche. These positive emotions were often associated with societal and familial expectations, where menstruation was seen as a sign of maturity. Many girls anticipated menstruation after observing the experiences of their sisters, relatives, and classmates, which helped them approach the transition with a more accepting mindset.

Student Sahama (name changed) shared her experience:

Many students in my class had reached menstruation by grade 6. When they told me many stories, I would feel anxious. However, I reached menstruation by grade 8. I was one of the four who had not yet experienced it. This often worried me. I was afraid that I would not reach menstruation. When it finally happened, I felt relieved and happy.

This explanation highlights how menarche can evoke a range of emotions, including anxiety and relief. Happiness was a sentiment expressed by only a small number of study participants. Their prior exposure to information about menstruation may have played a role in shaping their response. Additionally, 7.7% of students reported no emotional changes related to menstruation. They stated that they did not think much about it or were largely unaware of its significance. For 2.56% of girls, the absence of maternal care in the home might have contributed to this emotional detachment. A lack of supportive environments within the household could have prevented them from openly expressing their emotions regarding this transition.

2.3.3 Menstruation and Cultural Practices

2.3.3.1 Perceptions of Menstruation

Societal perceptions of menstruation play a crucial role in shaping children's understanding and attitudes. In this study, 72.8% of the students perceived menstruation as a natural biological process experienced by all women. However, a minority (0.44%) associated it with negative perceptions such as menstruation is impure or dirty, menstruation is a punishment for women, a disgraceful or shameful event, a curse for sins, or a reason for restricting women's mobility. Moreover, only 20.62% of the students acknowledged the importance of menstruating women receiving proper health care and support.

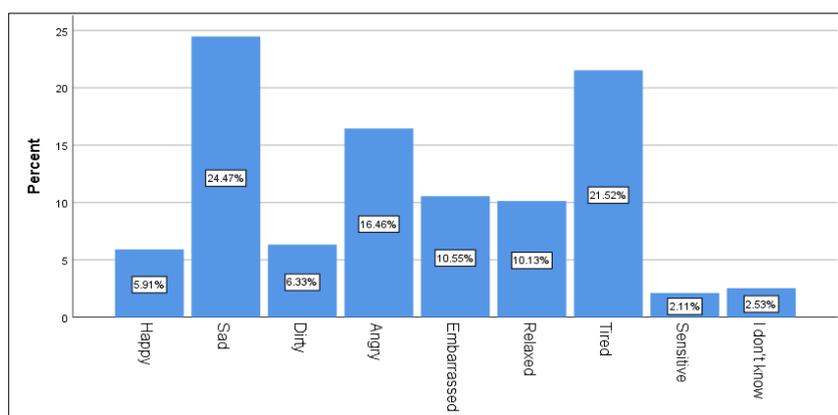
Unlike in some societies where menstruating girls face exclusion or isolation, such practices were not widely observed in the study region. Studies in other countries (Kumar and Srivastava, 2011; Mohamed et al., 2018; Bhalerao et al., 2024) have documented cases where menstruating girls were temporarily removed from social activities.

The findings of this study indicate that, in contrast to certain societies where menstruation is perceived negatively, such attitudes were not commonly observed among the participants; specifically, 93.43% of the girls did not report negative perceptions. The relatively high level of awareness and acceptance of menstruation in this region appears to contribute to a more supportive and inclusive environment for adolescent girls.

2.3.3.2 Emotions during Menstruation

Despite the general awareness and acceptance of menstruation, a significant proportion of students (82.5%) reported experiencing negative emotions during their monthly cycles. Among these, anxiety (24.5%), depression (21.5%), anger (16.5%), embarrassment (10.5%), and feelings of inadequacy (2.1%) were the most reported emotions. Figure 10 illustrates the distribution of these menstrual emotional changes among the students.

Figure 10: Emotions Experienced during Menstruation



Source: Field Data, 2024

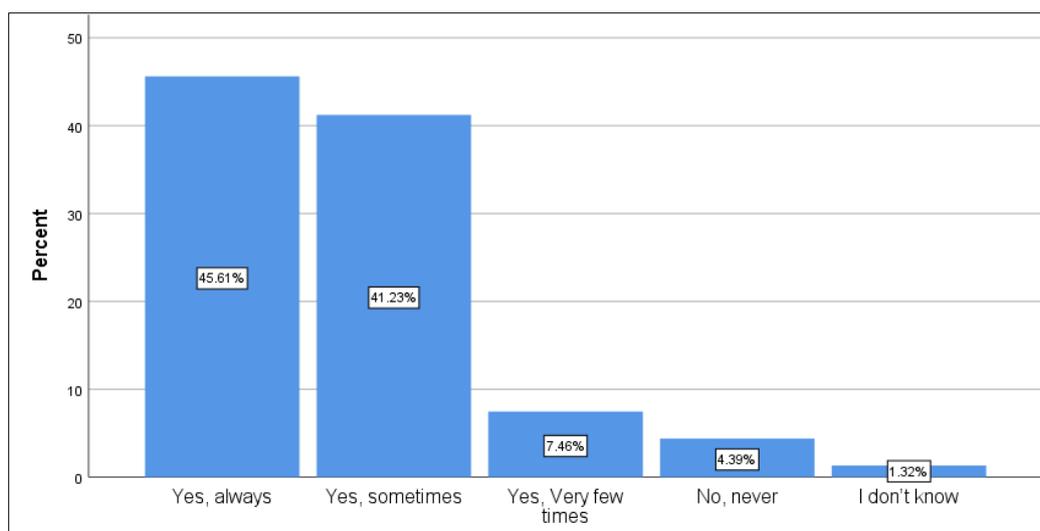
The primary reason for these emotional fluctuations was the physical discomfort experienced during menstruation. Research suggests that menstruation often leads to emotional distress in adolescents, with mood swings and apathy significantly affecting their daily activities (Sharma et al, 2018). However, 16% of students reported experiencing menstruation as a positive emotional state. Among them, 5.9% felt happy, while 10.1% felt relaxed. These positive emotions were attributed to being able to stay home from school, avoiding household chores, enjoy favourite foods, and getting more rest. A small percentage (2.4%) stated that they did not experience any emotional distress. These students perceived menstruation as a natural process rather than a problem. Some attributed this to a more supportive home environment, while others attributed it to not experiencing significant physical discomfort when menstruating.

Research shows that 90% of women undergo some level of mood disturbances during their menstrual cycle due to hormonal changes (Kumar et al, 2011; Jeon & Baek, 2023). These mood swings often manifest as sudden emotional shifts, irritability or anger, depression, and hopelessness, as well as anxiety and apathy (APA, 2023). Such emotional fluctuations frequently contribute to sleep disturbances, sleep loss, and insomnia (Meers et al., 2024).

2.3.3.3 Pain and Relief for girls During Menstruation

Menstruation is often accompanied by physical discomfort. Most women experience bodily pain, abdominal cramps, general weakness, and mood fluctuations (Sharma et al, 2008; Kandauda et al, 2020). These physical effects are also evident among the students in the study area. Their experiences with menstrual cramps are represented in Figure 11 as follows

Figure 11: Menstrual Pain



Source: Field data, 2024

94.3% of the students experienced menstrual pain either continuously, frequently, or occasionally. Among them, 45.6% suffered from pain every month. The pain they experienced was primarily body pains, headaches, and stomach cramps, but some also report additional symptoms like leg pain, vomiting, dizziness, chest pain, and fever. Interestingly, a small percentage of students (5.7%) did not experience any pain during menstruation.

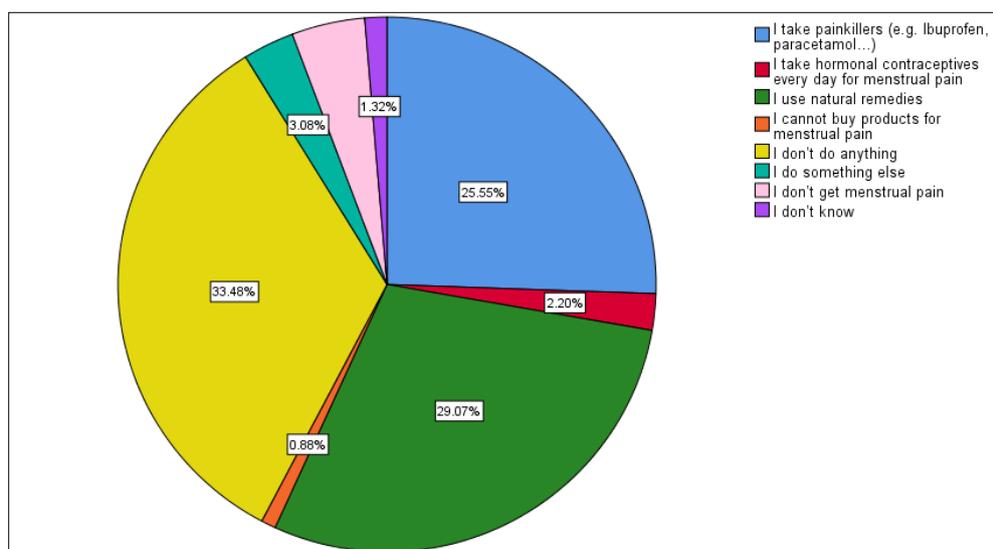
Among those who did experience pain, a significant portion (33.5%) were unaware of remedies for relief, causing them to endure the pain regularly. However, 56.8% of the students sought ways to alleviate the discomfort. Some relied on painkillers like Paracetamol and Paracetamol/Codeine (23.2%), while others turned to natural remedies, with a particular preference among madrasa students for these methods (29.1%).

One student, Amna, shared her approach, stating,

Due to the constant pain, I often drink hot water, soak fenugreek seeds in water, and drink that, etc. It gives me a pleasant feeling.

In addition, 2.2% of the students used hormonal contraceptives as a remedy following medical advice to manage persistent bleeding and ongoing pain. This mix of responses reflects the varied approaches to managing menstrual discomfort, ranging from traditional home remedies to medical treatments.

Figure 12: Pain Relievers Used during Menstruation



Source: Field data, 2024

2.3.3.4 Menstrual Hygiene

2.3.3.4.1 Bathing during menstruation

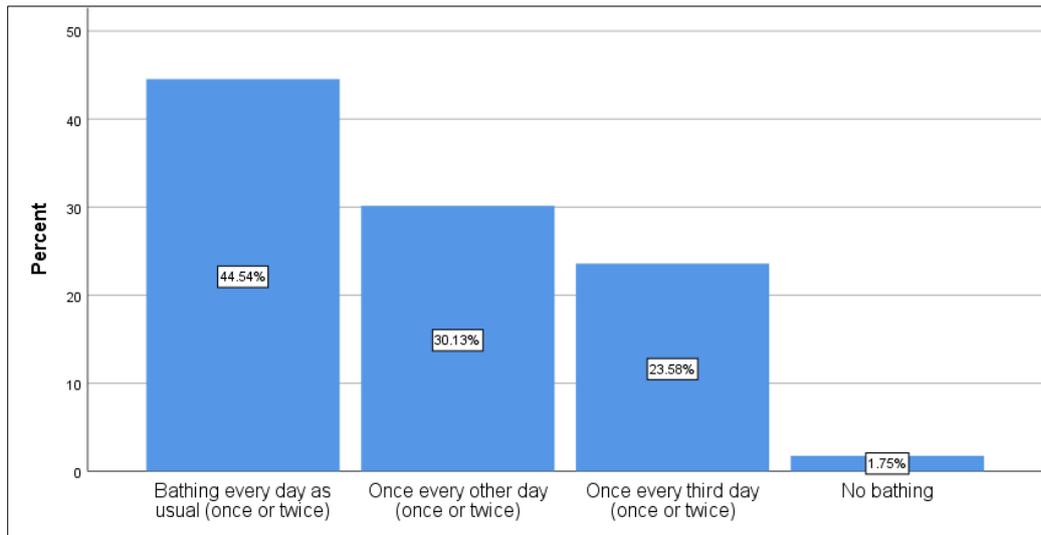
Islam places a strong emphasis on cleanliness as a fundamental aspect of a healthy life, considering it an essential obligation (AL- Quran). The teachings of the Prophet further reinforce this principle⁴, stating that "cleanliness is half of faith" and purification is the key to prayer. This perspective highlights that cleanliness is integral to the daily life of a practicing Muslim. This explains cleanliness: "Allah desires not to put you in a difficulty, but desires to purify you and complete his favours unto you that you may prosper." (Holy Al-Qur'an, 5:7).

Menstrual bathing practices vary across societies, with two primary approaches being observed: 1) Bathing during menstruation and 2) bathing after the completion of menstruation. A study conducted in Sri Lanka (UNICEF, 2014) indicated that 80% of female students know that bathing during menstruation is allowed. A significant proportion of sparticpants in this

⁴ Note: According to Islamic law, the menstrual bath is a mandatory act of purification that must be performed after menstruation ends. It begins with the intention in the heart: "I am performing the obligatory bath for menstruation." This intention marks the start of a spiritual and physical cleansing process. As part of this ritual, it is common to perform ablution (wudu), which involves washing specific parts of the body in a particular sequence. The process starts with washing both hands, followed by rinsing the mouth, washing the face, washing both arms up to the elbows, wiping the head with water, cleaning both ears, and finally washing the feet up to the ankles. Each step should begin from the right side and then the left. Just as wudu is required before prayer, it is also customary to perform it before and after the menstrual bath to ensure complete purification and readiness for acts of worship.

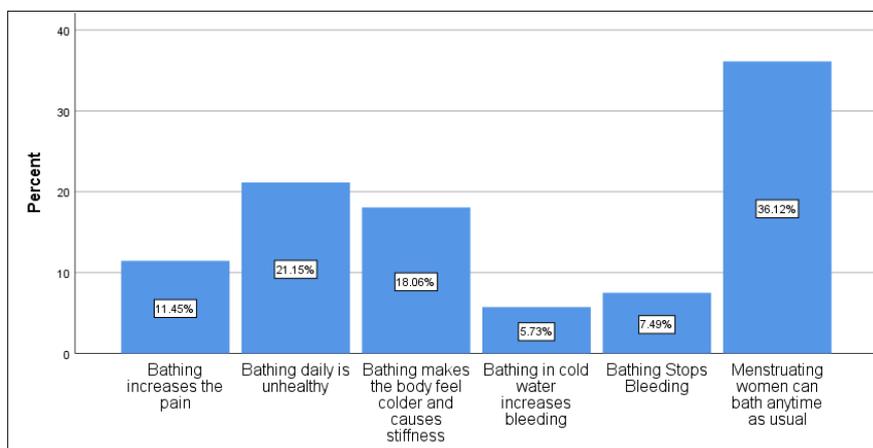
study (98.25%) acknowledged that bathing during menstruation contributes to maintaining personal hygiene. However, variations existed in the specific days individuals chose to bathe during their menstrual cycle. Female students held diverse opinions and exhibited different practices regarding the bathing frequency during menstruation. The following Figure 13 presents their perspectives on menstrual bathing habits.

Figure 13: Bathing During Menstruation



98.25% of menstruating individuals adhere to bathing practices. Specifically, 44.54% of respondents reported bathing every day during menstruation, While 30.13% of students preferred bathing once every other day. 23.58% reported bathing once every three days. The tendency toward bathing is influenced by beliefs. Figure 15 illustrates the beliefs associated with bathing during menstruation.

Figure 14: Beliefs Related to Bathing During Menstruation



An analysis of the data reveals that 44.64% of respondents believed that daily bathing during menstruation has positive health effects. Notably, 7.49% of the students believed that bathing during menstruation could stop menstrual bleeding. Certain perceptions contributed to 56.39% of girls not engaging in daily bathing during their menstrual periods. These included beliefs that bathing increases menstrual pain (11.45%), that daily bathing is unhealthy during menstruation (21.15%), and that bathing in cold water may lead to increased bleeding (5.73%).

Cleanliness is integral to the daily life of a practicing Muslim. Adolescents in middle-income countries encounter significant challenges in accessing healthcare services due to religious, cultural, and social factors, as well as the prevalence of misinformation (Chandra-Mouli, V.; Patel, 2017). These challenges are particularly pronounced in rural areas, where children are more likely to be influenced by incorrect beliefs and misinformation, both at school and at home (Kaur & Kaur, 2018). For instance, in Pakistan, many women lack awareness regarding menstrual hygiene, proper health practices, and the potential health consequences associated with not bathing during menstruation (Gottlieb, 2020).

2.3.3.4.2. Bathing After Menstruation

Religious teachings emphasize the obligation for all female students to perform a ritual bath after menstruation. These teachings also provide specific guidelines on the proper method of purification (Hadith- Sahih Muslim, 577-581). The prescribed practice consists of essential steps include intending to purify oneself, performing ablution (wudu), and then bathing, along with additional hygienic measures such as removing body hair, trimming nails, cleansing the genital area with soap, and wearing clean clothing.

Most female students adhere to the fundamental religious requirements regarding menstrual bathing. Notably, schoolgirls often follow these practices based on instructions received at home. 34.9% of them acquired knowledge about menstrual bathing from their mothers, and 20% of them from school-based learning. However, students who attend madrasas receive formal religious instruction on menstrual hygiene, equipping them with a clearer understanding of its regulations and detailed procedures.

Limited access to menstrual hygiene education during the early stages of girls contributes to various menstrual health challenges. The inadequate dissemination of menstrual hygiene information, particularly during a girl's first menstrual experience, can negatively impact long-term menstrual health management (Rizkia & Ungsianik, 2019; Michael et al, 2020).

2.3.3.5 Activities and Changes During Menstruation

2.3.3.5.1 Daily Activities That Are Missed

Menstruation influences the daily activities of female students in the study areas. While most students do not perceive menstruation as a stigma, they nevertheless experience disruptions in their routine activities. Students were unable to engage in several tasks they would typically perform on regular days. Religious practices were significantly affected, with many students refraining from collective prayers and dhikr (83.1%), listening to the Quran (87.6%), and attending religious classes (62.6%).

Menstruation affects educational participation. 86.7% of the students missed school during the initial days of menstruation. Madrasa attendance also declined significantly (81.9%) during this period. This absenteeism is primarily attributed to physical discomfort and mental distress, particularly in the first two days of menstruation. However, a smaller percentage of students continue their educational activities despite these challenges, with 13.3% of school students and 18.1% of madrasa students attending classes during menstruation. Studies conducted in Sri Lanka (KPA, 2014; UNICEF, 2015) indicated that a significant proportion of children (60%) were absent from school during menstruation. The primary reasons cited for this absenteeism include physical discomforts such as body pains, stomach pain, general weakness, and mood swings (Sharma et al, 2008; Kandauda et al, 2020). 91.1% of the students expressed a lack of interest in participating in social activities when menstruating. 85% of them abstained from engaging in school-organized sports but they tend to participate in important events. For instance, 81.4% reported that they only occasionally miss school during examination periods. 68.8% of students avoided visiting shops, while 71.9% refrained from visiting relatives. Participation in household events varies, often depending on the students' health conditions and the nature of the events. Notably, there are no familial restrictions preventing students from engaging in these activities. Consequently, most students make independent decisions regarding their participation based on their circumstances. Among madrasa students, strict adherence to religious practices results in the complete avoidance of attending mosques, fasting, and physically handling the Al-Quran during menstruation. However, they continue to engage in Al-Quran recitation orally.

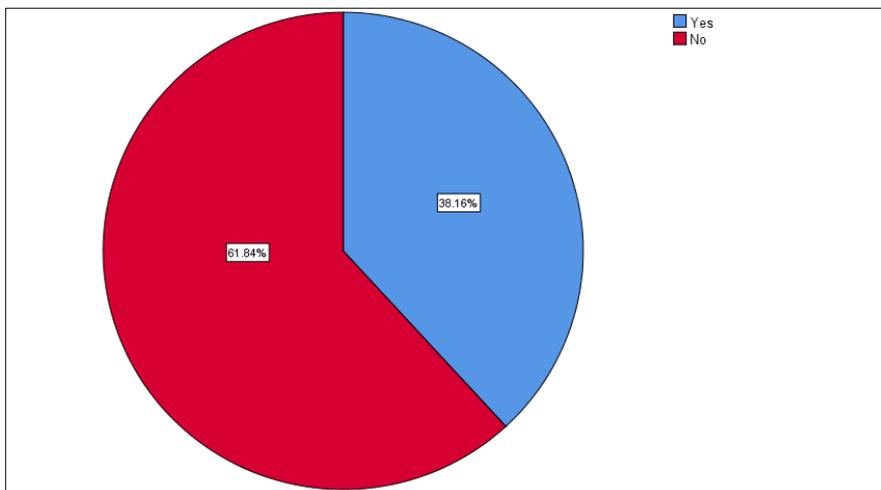
Menstruation was not perceived as a stigma within these communities, and there are no cultural practices that enforce the isolation of girls during this period. As a result, students generally participated in significant family events such as weddings and funerals. Their engagement in

other events is contingent upon the nature of the occasion. 84.5% of the students reported alterations in their behaviour during menstruation, leading to psychological and emotional variations. Students experience heightened fatigue during menstruation, which affects their productivity. As a result, they undertake fewer tasks or, in some cases, were entirely prevented from engaging in certain activities. Their interest in personal hygiene, sleep, academic studies, and outdoor engagements also declined during this period. Their parents (37.20%) were responsible for washing their clothing at home, while in madrasas, this task is often undertaken by their peers. However, 25% of girls did not experience any significant changes during menstruation, allowing them to maintain their routine activities and responsibilities as normal.

2.3.3.5.2 Food

Menstruation often influences changes in individuals' regular food habits. Students experienced alterations in appetite, food preferences, and consumption patterns during this period. Figure 15 provides a visual representation of those that want to modify their dietary habits during menstruation.

Figure 15: Those that want to modify their dietary habits during menstruation



According to Figure 16, 38.2% of the respondents expressed a desire to modify their usual eating habits during menstruation. The primary reason for this tendency is a diminished interest in food during this period. However, 61.8% remained resistant to food changes, as they perceived no tangible benefits. Among those who choose to alter their diet, specific dietary patterns emerge. They frequently consumed soda and hot water, while a lack of appetite remained prevalent. During the discussion, 20% of participants reported spending more time

sleeping and avoiding staple foods such as rice. Instead, they consumed biscuits and other readily available processed foods.

Specifically, practices such as avoiding oily, cold, or hot foods during menstruation were not commonly observed among the study participants. However, certain dietary restrictions were noted; all participants reported avoiding junk (fast) food during this time. Similarly, water intake was also notably reduced during this time, the consumption of nutritious foods was considerably low, Only 20.4% of the respondents consciously opted for nutritious foods during this period. Respondents indicated that access to nutritious foods was primarily emphasized during their first menstruation with subsequent cycles receiving less dietary attention.

Student Jemila (name changed) shared her experience, stating

When I first started menstruating, I had access to foods like liver, eggs, and fruits. But that is not the case these days. I only get cooked food at home every day. I don't feel like eating them these days. Because of this, I often avoid eating. Only sometimes, I ask my mother to buy something. The situation at home also prevents me from asking her often.

This statement highlights the declining parental attention to girls' dietary needs during menstruation. Several factors contributed to this issue, including a lack of awareness regarding nutrition and the family's economic status. Low family support during menstruation and insufficient nutritional awareness among girls affect their nutritious eating habits (Berg et al., 2018; Upadhyay, 2023). This lack of awareness directly impacts fundamental human rights such as access to education, healthcare, and privacy (HRW, 2022; Kuhlmann et al, 2017).

Another student shared a similar perspective:

When I menstruate, I spend more time sleeping. My mother calls me during mealtimes. However, when I avoid it, she leaves. My mother knows that sleeping is more comforting than eating.

This statement further reinforced the pattern of reduced food intake during menstruation due to a lack of appetite. Since parents often accommodate their children's preferences, meal consumption decreases leading to potential nutritional deficiencies. Consistently eating less than usual may contribute to physical fatigue, which is commonly reported among students. Parental awareness and intervention in ensuring adequate nutrition during menstruation appear to be minimal. While there were instances where mothers provided nutrient-rich foods such as eggs and liver to their girls during menstruation, these cases remained relatively rare. Parents

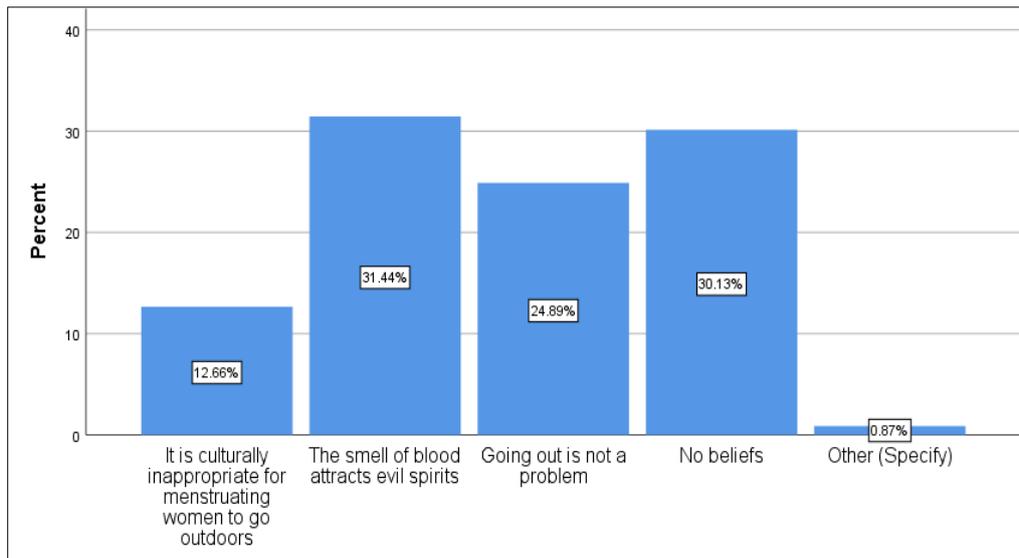
should take an active role in addressing their children’s nutritional needs during this period, ensuring that they received a balanced diet to support their overall well-being.

2.3.3.5.3 Going Out

There is a strong correlation between beliefs regarding going out during menstruation and the general preference for staying at home. 44.10% of students demonstrated reluctance to engage in outdoor activities as they would on regular days. This behaviour was influenced by a combination of physical discomfort and societal beliefs. However, 55.2% of the students believed that it is acceptable to go out during menstruation. The tendency to stay indoors was largely driven by physical discomfort, including body pains and abdominal pain, as well as a personal preference for rest, relaxation and extended sleep.

Therefore, while no formal societal restrictions were preventing 55.2% of the girls from leaving home, individual interests were mostly influential in their decisions. The following figure 17 illustrates these perspectives.

Figure 16: Beliefs Regarding Going Out During Menstruation



Source: Field Data, 2024

31.44% of menstruating individuals believed that exposure to the sun, particularly at noon and in the evening, may lead to physical harm due to the perceived influence of evil spirits. Despite these beliefs, most individuals still left their homes when necessary, particularly for essential activities such as attending school and classes. However, participation in social events, such as visiting relatives (70.77%) or attending special gatherings (28.09%), was often influenced by

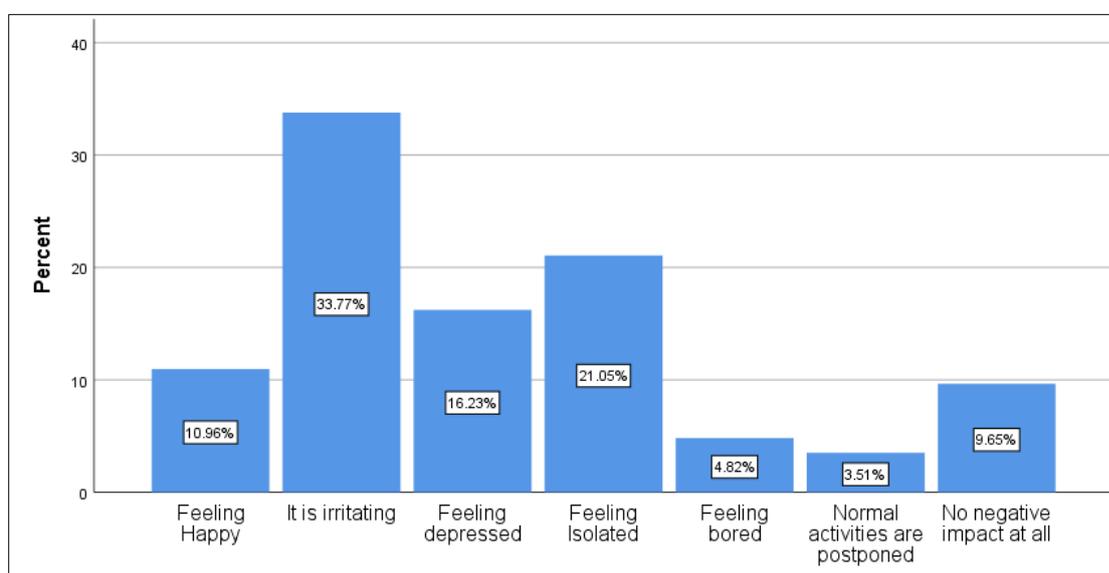
their health considerations. Decisions regarding these activities are typically made based on their physical condition during menstruation.

Notably, the findings in the study indicate that menstruation does not serve as a barrier to attending funerals and weddings.

2.3.3.5.4 Emotional Responses

The following Figure 18 demonstrates that students experience a range of emotional responses while staying at home during menstruation. These emotions vary in intensity and impact, influencing their overall well-being during this period.

Figure 17: Emotional Responses During Menstruation



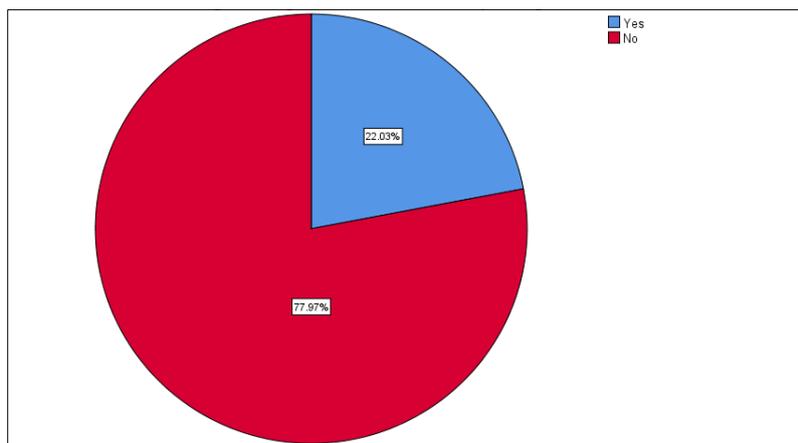
Source: Field data, 2024

The findings indicated that 86.73% of students experienced negative emotions during menstruation, with common feelings including irritability and loneliness. However, 9.65% reported no significant emotional distress during this period. Research suggests that physiological challenges associated with menstruation, particularly discomfort and menstrual cramps, can contribute to mental health concerns. Studies indicated that between 45% and 95% of women experience physical pain during menstruation, which in turn affects their emotional well-being (Proctor & Farquhar, 2006; Pitangui et al., 2103; Kochhar & Ghosh, 2022). Girls in rural India have been found to report heightened levels of stress, restlessness, irritability, anxiety, sadness, and anger during menstruation (Bhalerao et al, 2024).

2.3.3.5.5. Sleeping Place

Sleeping arrangements during menstruation are an important aspect of cultural and social practices. In this region, there are no specific restrictions or prohibitions regarding where individuals can sleep during menstruation. As a result, 77.97% of the students continued to sleep in their usual sleeping places without any imposed limitations. The following Figure 19 represents the changes in the regular sleeping places during menstruation in the study area.

Figure 18: Sleeping place during Menstruation



Source: Field Data, 2024

In most households, regular sleeping places remain unchanged during menstruation, Economic status plays a role in determining these arrangements, as the majority (86%) sleep in ordinary bedrooms. However, due to limited space, 14% of individuals sleep in the front rooms or on the sides of halls, particularly in households without designated bedrooms. Some of those who typically sleep in these shared spaces choose to relocate to other rooms during menstruation for greater comfort.

Additionally, in most homes, sisters commonly share beds or bedrooms, while madrasa students continue using their usual beds. To enhance comfort, some individuals adjust, such as using extra blankets. Meanwhile, 14.06% of girls voluntarily avoided their regular sleeping places, opting instead to sleep on the ground using old clothes. This practice is based on the belief that sleeping on the ground helps alleviate physical pain and maintains cleanliness in their usual sleeping areas.

In contrast, cultural practices in Nepal impose strict menstrual restrictions, with 21.1% of women being prohibited from using their regular sleeping beds during menstruation (Jehan et.al., 2016; Thompson et al. 2019).

2.3.3.5.6. Clothing

Cultural beliefs regarding menstruation often influence clothing choices in different societies, with some imposing restrictions based on the perception of menstruation as a stigma or impurity. In certain communities, specific clothing is designated for menstrual periods, while new or high-quality garments are avoided when traveling outside (Garg & Anand, 2016; Ibrahim et al., 2024).

However, in the study, there were no strict restrictions on the type of clothing girls wear during menstruation. Instead, 83.33% of individuals select their attire based on personal comfort and practical considerations. Since menstrual bleeding is often perceived as uncomfortable, 83.33% of individuals adapted their clothing choices to their circumstances.

While students continue wearing their usual attire during menstruation, certain preferences were commonly observed. For instance, loose-fitting and dark-coloured clothing were favoured for comfort and to minimize the visibility of stains. Despite these preferences at home, individuals continued to wear their regular outfits when attending school, classes, or other public outings. Notably, 16.67% of individuals designated old garments as menstrual clothes, wearing them exclusively at home.

Saheela (name changed) described her experience as follows,

During menstruation, I wear very thin and loose clothes at home. It is very comfortable for me. However, when I go out, I wear clothes that I normally wear. There are no restrictions on this at home.

This statement highlights how clothing choices during menstruation are primarily driven by personal comfort rather than external restrictions. Additionally, individuals' approaches to wearing new clothes during menstruation varied. The study revealed that 76.95% of respondents reported wearing new clothes during their menstrual period, particularly on special occasions. However, 42.75% indicated that they wore new clothes only for a limited duration. The remaining participants wore new clothes without hesitation, often expressing that they felt it was appropriate or desirable to do so on such days. Notably, 13.30% of respondents avoided wearing new clothes altogether due to concerns about menstrual blood staining them.

Therefore, this study found that culturally based restrictions during menstruation had minimal influence on the dietary habits, sleeping arrangements, and clothing choices of most participants. However, notable changes in daily routines were observed among some girls, influenced by cultural norms, physical discomfort, and individual preferences.

Broader societal stigmas surrounding menstruation often contribute to discrimination against girls, placing them in vulnerable situations (El-Gilany, Badawi, and El-Fedawy 2005; Thompson et al. 2019). For example, in Nepal, they are forced into isolation in menstrual huts, a practice deemed illegal by the government (Thompson et al. 2019). These restrictive customs pose risks to girls' physical and psychological well-being.

the study area exhibited minimal cultural constraints related to menstruation. Restrictions concerning clothing, dietary practices, and sleeping arrangements were generally absent among the participants.

2.3.3.6 Social Interactions and Activities Related to Menstruation

2.3.3.6.1 Menstruation-Related Teasing

This study found that menstruation-related teasing is not prevalent in the community. However, 10.8% of individuals experienced occasional teasing from siblings and peers. These incidents, while present, were generally not severe enough to significantly impact the individuals affected. Additionally, most female students preferred to keep their menstruation private, particularly from male siblings and staff members in educational institutions. When their menstruation becomes known to others, they often experience feelings of shame (31.2%), guilt (12.8%), or embarrassment (10%). This perception is rooted in the belief that menstruation is an inherently private matter associated with women and should remain concealed. Nevertheless, 22.4% of respondents expressed that the disclosure of menstruation to family members, especially brothers and fathers, does not affect them. They held the view that, as members of the family, male relatives should be understanding and supportive of household matters, including menstruation.

2.3.3.6.2 Discussion About Menstrual Issues

The willingness to discuss menstruation-related issues largely depends on trust and the ability to communicate without embarrassment. 15.3% of schoolgirls and 15.2% of madrasa students felt comfortable discussing menstrual concerns with their teachers. However, a significant number of students expressed discomfort in doing so, with 25.9% of schoolgirls and 42.4% of

madrassa students indicating reluctance to engage in such discussions. While some students did not proactively seek these discussions, they acknowledged that they would do so if necessary. Despite varying circumstances, a predominant trend emerged: most students prefer to discuss menstrual problems with their sisters (42.2%) and mothers (44.3%).

Teachers do not naturally engage in discussions about menstruation with students, despite students having numerous questions and a clear interest in seeking answers. A lack of open opportunities for discussion serves as a significant barrier, preventing students from comfortably addressing menstrual concerns. Sisters are often regarded as the most reliable sources for clarifying menstrual issues, surpassing peers in this role. Consequently, friends become a third-choice option for discussing menstruation-related matters. 33% of the students consider their mothers and sisters to also be their friends, further reinforcing the familial bond in these discussions. However, 91.6% of them remained reluctant to discuss menstruation with their brothers and fathers, likely influenced by prevailing social customs, moral values, and family traditions.

5.8% of the students reported feeling comfortable discussing menstruation with male friends. They believed that some male peers demonstrate a greater understanding of women's health concerns, making them suitable confidants. Conversely, 68.61% of students refrained from discussing menstruation with anyone, citing feelings of embarrassment and shame as primary reasons for their silence. Meanwhile, madrassa students tended to discuss menstrual issues with their roommates, though only when deemed necessary. The residential and academic environment of madrassas significantly influences the extent and nature of these discussions.

2.3.3.6.3 Menstrual Product Purchases, Purchasing Places, and Awareness

The purchase of menstrual products played a crucial role in menstrual management. In most cases, parents were responsible for obtaining these products, and it was uncommon for girls to personally visit shops to make such purchases. 83.77% of parental control over this aspect limited opportunities for young girls (10.96%) to independently acquire menstrual products. 44.64% of households stock menstrual supplies in advance, ensuring availability when needed. In 9.65% of families where the mother is absent, the responsibility typically falls on the grandmother (0.88%) or, in some cases, the father (8.77%). In 4.46% of family units, fathers and brothers purchase menstrual products in emergencies. Otherwise, mothers are primarily responsible for procurement, occasionally instructing fathers to make the purchase.

Notably, 10.96% of girls independently purchased menstrual products for themselves. Many expressed discomfort with the idea of having their fathers or elder brothers buy these items, as they associated it with shame, secrecy, and a perceived breach of social norms. This reluctance reflects deeply ingrained cultural attitudes surrounding menstruation and the stigma that continues to influence purchasing behaviours within families. The buying of menstrual products is predominantly managed by parents, with minimal direct involvement from young girls.

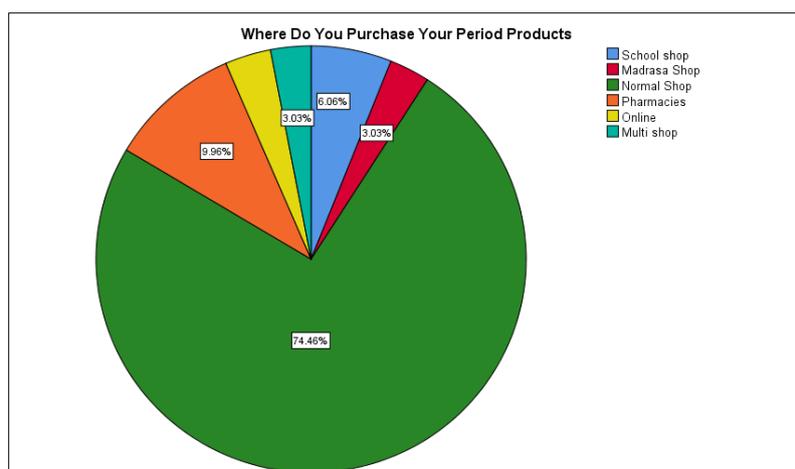
Manisha (name changed) shared her experience:

Since my sister and I both menstruate, we buy two to four packs of pads every month. I ask my mother to buy them, and she, in turn, tells my father. In the past three years, I have never directly asked my father to purchase pads. It feels embarrassing and shameful. I believe it is not respectful to ask my father for such things.

This statement highlights the cultural and social norms that contribute to the reluctance of young girls to openly discuss or request menstrual products, particularly from male family members. In the case of madrasa students, menstrual products are also provided by their families. However, in instances of unexpected need, students discreetly purchased them from nearby shops (6.1%), within madrasas (3%).

The majority (74.46%) of menstrual product purchases occurred in ordinary shops, as menstrual pads are readily available in village stores. Pharmacies account for a smaller portion (10%) of sales and only 3.5% of purchases were made online. The low rate of pharmacy purchases is attributed to the accessibility of menstrual products in general stores, as well as the remote locations of pharmacies in some areas. Ultimately, purchasing behaviour is largely influenced by convenience and accessibility within the local community. The following Figure 20 shows the purchasing places of the menstrual product.

Figure 19: Purchasing places of the menstrual product



Despite the availability of menstrual products in ordinary stores, most female students were reluctant to purchase them openly. This hesitation was primarily influenced by feelings of shyness (64.6%), moral associations (24.5%), and discomfort (16.2%). Additionally, in the discussion, 60.8% of girls mentioned that the practice of wrapping menstrual products in newspapers at stores reinforces the notion that menstruation should remain concealed. This practice reflects a broader socialization process in which menstruation is regarded as a private or even taboo subject. As a result, societal attitudes discourage open discussions about menstruation, further reinforcing the stigma surrounding it.

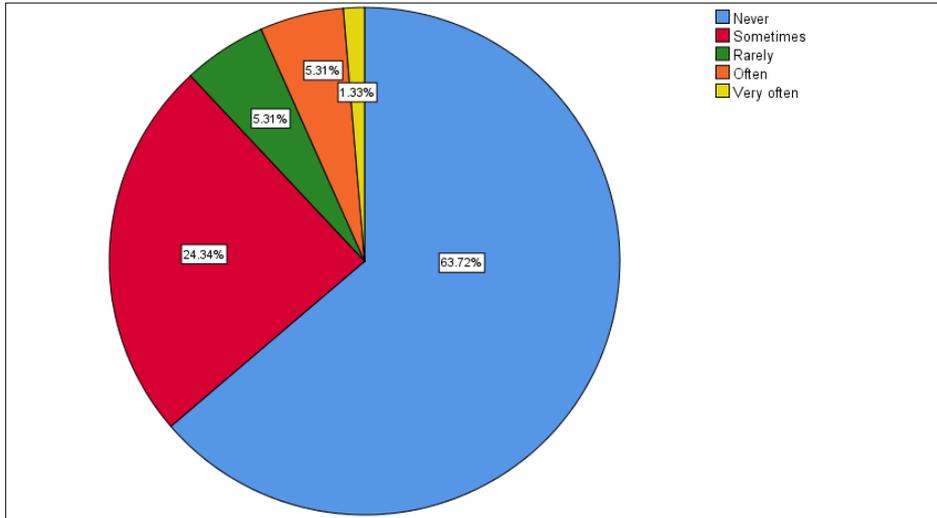
2.3.3.6.4 Menstrual Products Used During Menstruation

89.9% of the students relied on non-reusable sanitary pads during menstruation, with a small percentage (3.1%) using reusable pads. 8.6% of the students resorted to using clothes when pads are unavailable. These clothes were not new but were washed and stored for reuse. During the COVID-19 pandemic, when menstrual product shortages and price increases were common, many students reported reducing pad usage, for instance, using two pads per day instead of three. However, unlike in the Anuradhapura district, where 54.6% of Muslim girls used sanitary napkins and 48.1% used cotton cloths (Hettiarachchi et.al.,2023), this study area does not reflect the same trends. The preference for non-reusable pads is largely attributed to their availability, reliability in preventing leaks, ease of use, and simple disposal methods.

In terms of accessibility, a significant majority (63.72%) have never faced financial difficulties in purchasing menstrual products. Parents typically ensure availability, with some mothers proactively purchasing and storing pads in anticipation of their daughters' menstrual cycles. In

other cases, children request them when needed. This pattern highlights the role of parental support in ensuring menstrual product accessibility.

Figure 20: Financial Challenges in Purchasing Menstrual Products



Source: Field data, 2024

Globally, an estimated 1.8 billion women menstruate every month, yet only 30% use menstrual hygiene products (UNICEF, 2021). A recent report (UNFPA, 2024) highlights that in 2018, 41% of Sri Lankan women did not use sanitary napkins due to economic hardship. By 2021, this figure had surged to 92%, as the economic downturn caused by COVID-19 exacerbated household poverty, buying sanitary pads was more challenging. Menstrual poverty affects approximately 50% of Sri Lankan women (ADRA, 2022).

However, despite these economic constraints, the study suggests that financial hardships do not significantly impact the use of sanitary pads for most menstruators in this region. Students do not perceive menstrual product affordability as a concern, most likely because sanitary pads are readily available in their households. Parents typically purchase them in advance, ensuring their daughters' needs are met without delay. This consistent access has led to a lack of awareness among students regarding potential financial difficulties in acquiring menstrual products. In this study, 63.72% of the girls reported not experiencing economic barriers in accessing menstrual products. This is particularly significant considering that most families in the study area (63.1%) had a monthly income ranging between Rs. 20,000 and Rs. 60,000. This finding highlights the prioritization of menstrual hygiene within households, despite existing financial constraints.

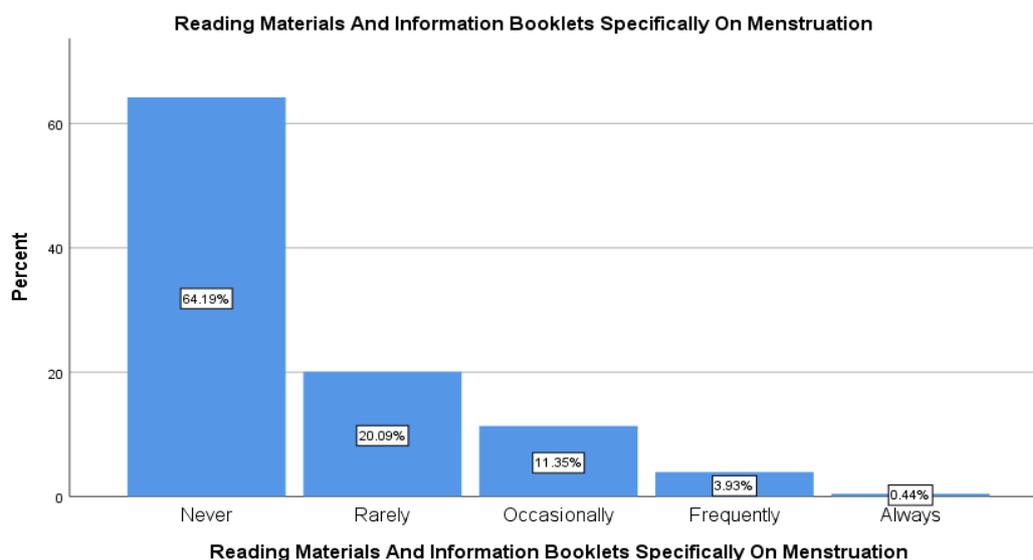
2.4. Status of WASH and Information Facilities

2.4.1. Information Facilities

2.4.1.1. Access to educational material on menstrual health

In the study area, a six-month observational analysis revealed that 64.19% of individuals did not have access to written materials on menstrual health information. 20.9% reported having only very limited access to such resources. Books and educational materials on menstruation are scarce, with only a few available in schools and madrasa libraries. This restricts a students' ability to access essential guidance on managing menstruation hygienically and effectively. Figure 20 illustrates these findings.

Figure 21: Reading Materials Related to Menstruation



These findings indicated a significant gap in access to menstrual health information among students. Over the past six months, it is noteworthy that 64.19% of the participants reported not receiving any reading materials, while only 0.44% had access to reading books. Additionally, 34.37% of the participants reported rarely receiving reading materials. The lack of direct instruction or explanation regarding the importance of menstrual hygiene further exacerbates this gap in awareness and understanding.

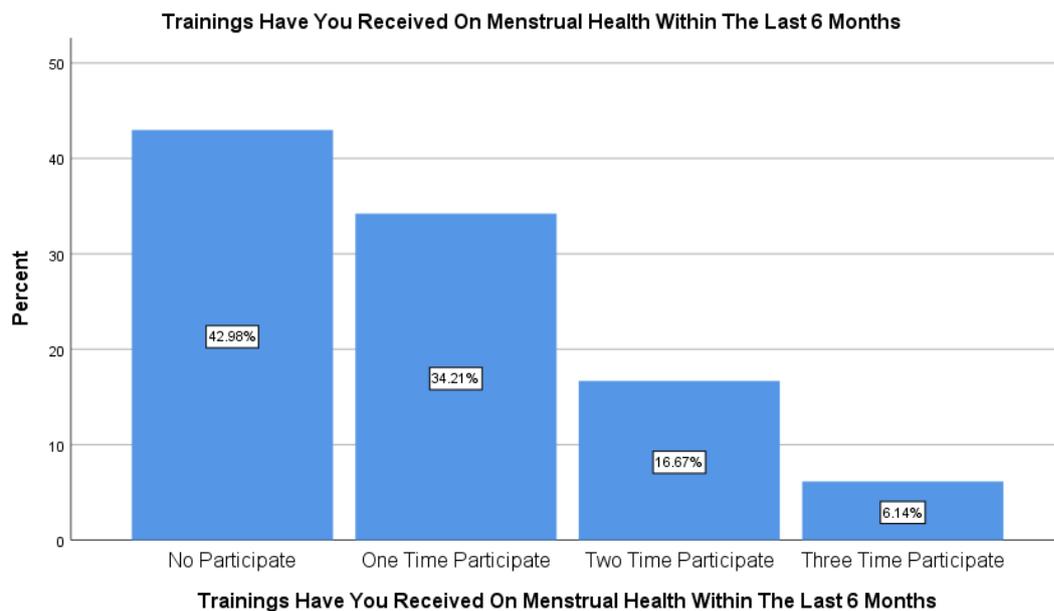
One student shared:

I have found some books on menstruation in the reading area of the science room in our school. However, I have not read them because I do not know what information I need to look for.

This statement reflects the broader issue of students' lack of awareness regarding the necessity of menstrual health education. Access to menstrual hygiene information is significantly constrained (UNICEF, 2024) for girls, leading to challenges in maintaining proper menstrual hygiene.

Similarly, the level of information received through menstrual hygiene training was found to be very low. This is further illustrated in Figure 23.

Figure 22: Menstrual Hygiene Training



Source: Field data, 2024

42.98% of students have not received any menstrual hygiene training within the past six months. 57.02% of students have attended training seminars provided by health centers within the last 03 months. These sessions primarily focused on hygiene practices without offering a comprehensive understanding of menstruation. 6.14% of students have participated in routine health awareness programmes, which are part of the Health Awareness Programme for girls initiated by the local Health Department. However, a large proportion of students have not had access to such training opportunities.

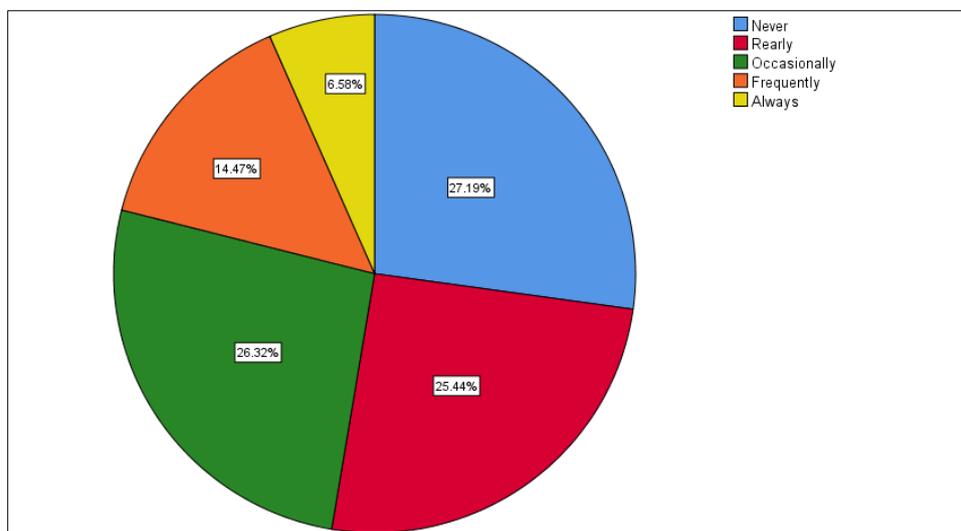
Access to menstrual hygiene information is vital for women's menstrual health, which is defined by the WHO (2022) as a state of complete physical, mental, and social well-being related to the menstrual cycle. Yet, globally, many women face limited access to accurate

information due to social, economic, and cultural barriers (Fernando.et.al., 2018; Holmes et al., 2021; McGawley et al., 2023).

2.4.1.2.WASH Information Exchange: An Environment for Open and Transparent Communication with Teachers

A recent UNICEF report (2024) highlighted that secondary schools in Central and South Asia should incorporate menstrual education into their curricula (UNICEF, 2024). However, this study region demonstrated a notably low level of menstrual hygiene education in institutions. An analysis of the availability of information on menstruation within educational settings, including schools and madrasas, reveals a significant lack of accessible resources for both teachers and students. Although some institutions have established mechanisms for students to acquire knowledge through teacher-led discussions, the actual implementation remains limited. In practice, structured opportunities for teachers to facilitate discussions on menstruation in classrooms are infrequent. Notably, in some institutions (27.19%), the dissemination of such information occurred only occasionally. In the remaining 72.81% of institutions, teachers did not provide any information related to menstruation. This is illustrated in Figure 23.

Figure 23: Awareness programmes provided by teachers to female students

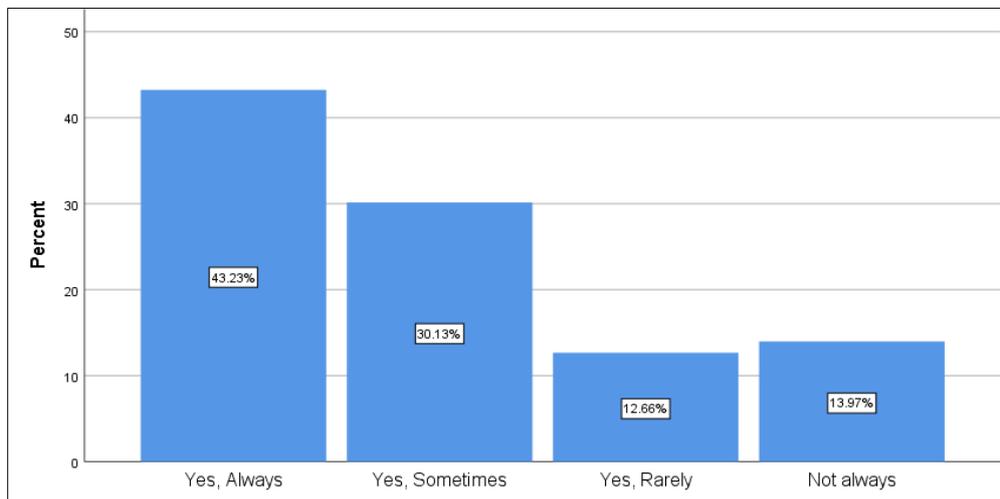


Only 6.58% of students reported receiving information through teacher-led awareness programs. In contrast, 66.23% indicated that they rarely (25.44%) had access to such opportunities. 27.19% of girls have never received any form of awareness on this topic, contributing to a significant knowledge gap, with 49.4% of girls lacking awareness of essential menstrual health information.

Therefore, opportunities for female students in educational institutions to receive information about menstruation from teachers have been limited. However, discussions revealed that all female students expressed a strong desire to receive comprehensive information on the subject, recognizing menstruation as an important and closely related aspect of their daily lives.

Despite these limitations, 43.23% of girls reported having the opportunity for one-on-one discussions with teachers regarding menstruation. However, uncertainty persists in many institutions regarding designated personnel or channels through which girls can seek information. In some cases, access to such resources are highly restricted, further limiting open discourse on menstruation within educational settings. The following figure 24 illustrates this.

Figure 24: An Environment Where Girls Freely Share Menstrual-Related Issues with Teachers



According to the aforementioned draft, only 43.23% of female students consistently engaged in open discussions with teachers regarding menstruation. However, 12.66% of students rarely participated, and 44.10% engaged in discussions irregularly, only when needed. Therefore, 66.76% of female students did not engage in open discussions with teachers. However, Open discussions on menstruation have not been systematically conducted across all educational settings. Even in subjects such as religion and science, menstruation is only briefly covered within the designated curricula which remains insufficient to address girls' informational needs.

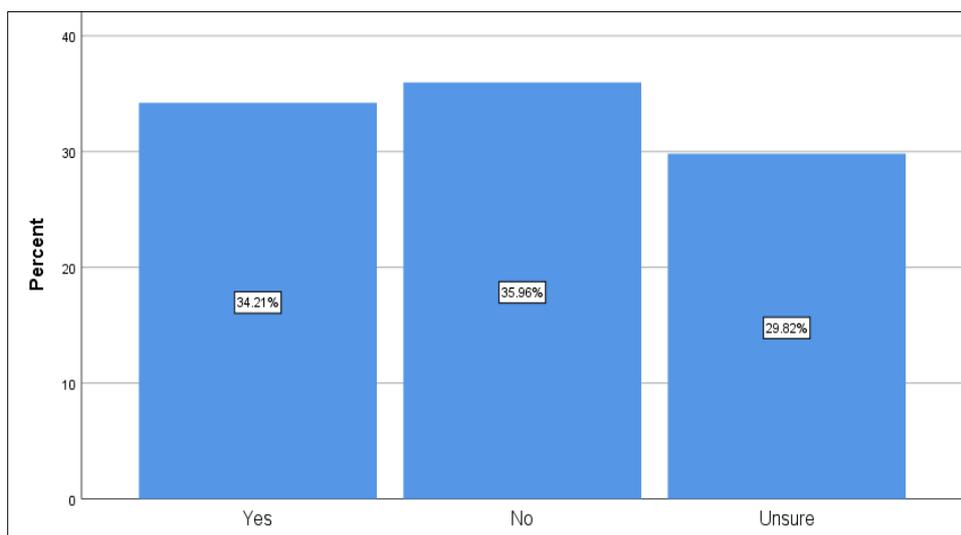
Girls in developing countries face significant challenges in managing menstruation due to the lack of fundamental resources, including WASH facilities. Additionally, inadequate access to information and limited support systems exacerbated their difficulties, adversely affecting menstrual health (HRW, 2022; Kuhlmann et al, 2017). Also, children in rural areas of developing countries often lack access to menstrual health knowledge both at school and at

home (Kaur & Kaur,2018). For instance, in Pakistan, a significant proportion of women remain uninformed about menstrual hygiene, personal health, and associated consequences (Gottlieb, 2020). In Sri Lanka, this awareness gap is also evident, with menstrual health education remaining insufficiently integrated into school curricula. The lack of WASH facilities, inadequate sanitation infrastructure, limited access to menstrual pads, and the absence of adequately trained teachers further contribute to poor menstrual hygiene practices (Davis et al, 2018).

2.4.1.3.Active Engagement with Health Centres and Community Organizations in Menstrual Health Management

During the six-month research period, there were no recorded instances of active engagement or discussions between educational institutions and nearby health centers (MOH) or community organizations specializing in menstrual hygiene and menstrual health management. These health centers and organizations did not initiate or facilitate opportunities to conduct awareness programs on menstrual health within schools and madrasas. Notably, 35.96% of respondents indicated no awareness regarding the roles and activities of these institutions, with 29.82% of participants unfamiliar with the services provided by health centers and 45.18% unaware of community organizations' contributions to menstrual health. This gap in awareness may stem from the absence of structured menstrual health education programmes within these institutions, limiting students' access to essential information and support.

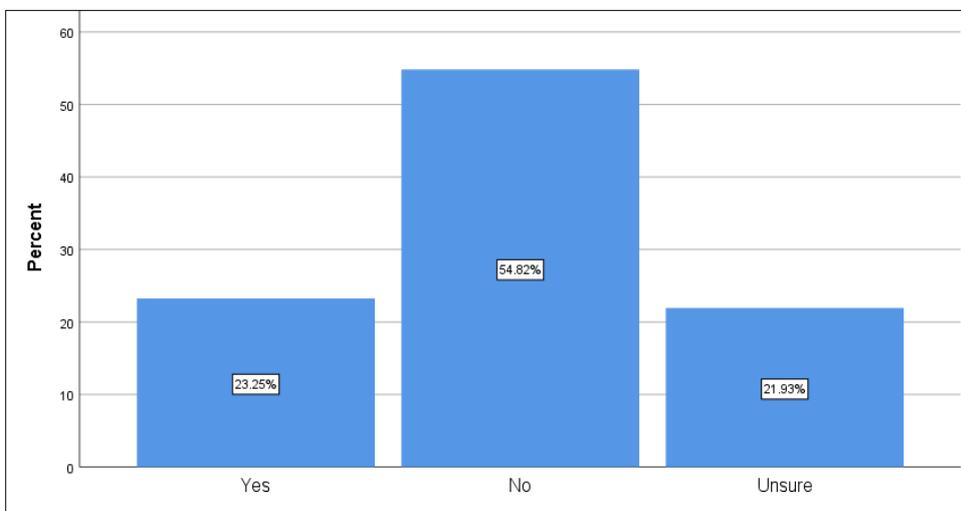
Figure 25: Connections With Nearby Health Centers



Source: Field Data, 2024

However, some students reported that educational institutions engaged with health centers and community organizations. These students highlighted that awareness programmes related to 14-year-olds' vaccination, dental hygiene, and AIDS prevention have been conducted within their schools. Despite this, most institutions lacked formal collaborations to provide education on menstrual health, menstrual health management, and sexual and reproductive health and rights. As a result, a significant proportion of students remained uninformed about these critical topics. The following figure 26 illustrates these findings.

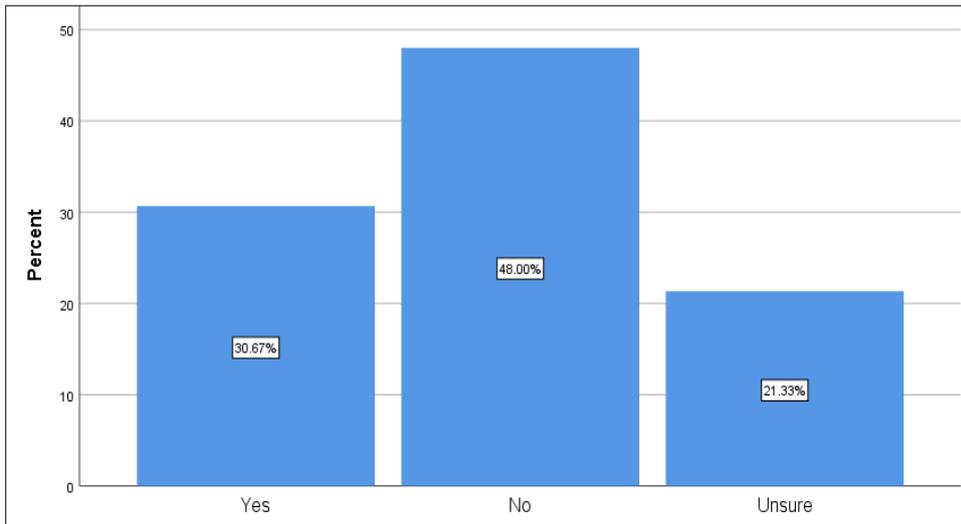
Figure 26: Did the Health Centers provide Menstrual Hygiene and Management awareness?



Source: Field Data, 2024

Figure 26 above illustrates that the level of information provided by health institutions on menstrual health and management remains critically low, with only 22.25% of respondents reporting access to such information. Ensuring that girls receive comprehensive knowledge about menstrual health is a fundamental right, as access to accurate information significantly contributes to improved health outcomes (UNICEF, 2023; WHO,2022). Multiple studies have explained that, across various Asian countries, inadequate menstrual health education has a detrimental impact on women’s overall well-being (Gottlieb, 2020; UNICEF, 2024).

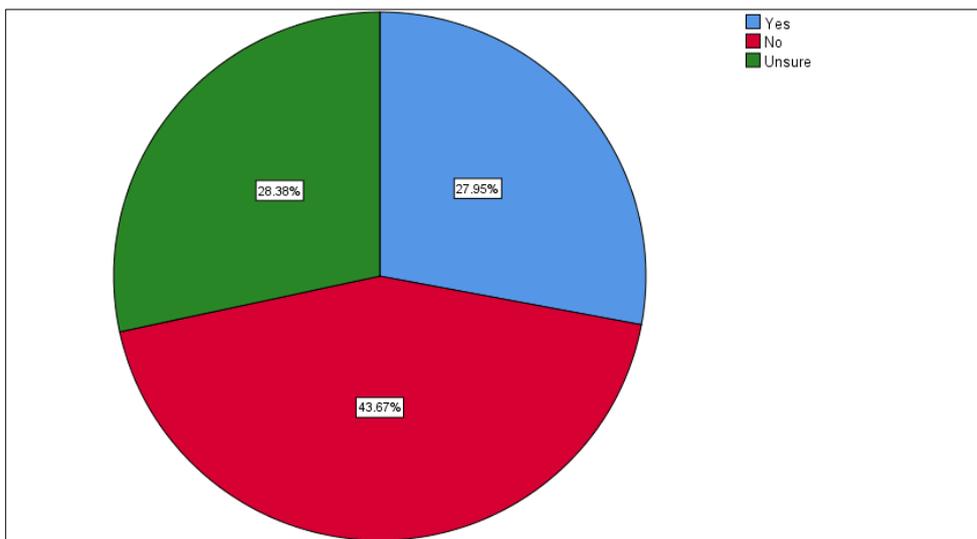
Figure 27: Awareness Regarding Sexual and Reproductive Health and Rights



Source: Field Data, 2024

The above figure 27 indicates that in most areas, nearby health centers did not actively provide information on sexual and reproductive health and rights to educational institutions. As a result, within the study area, the school and madrasa environments did not fully support students' rights to discuss menstruation, organize related events, express themselves freely, or form peer groups to access information. 28.38% of students remained unaware of such initiatives. The following Figure 28 illustrates these findings.

Figure 28: Menstrual Management Groups



Source: Field Data, 2024

In some schools (02) and madrasas (02), advanced-level-class female students have been organized into informal groups to provide essential items such as sanitary pads and pain

relievers to menstruating students. Those in need can approach these groups for assistance, and similar initiatives have been implemented in more select institutions. However, these groups often lack structure and long-term effectiveness.

A student, Basiha (name changed), described her experience:

I am the student leader in the madrasa. We have come together as a group because we have received first aid training. Based on this, we provide necessary support to female students during menstruation. However, we are not a group specifically formed to address menstrual health; we simply assist those in need, and our involvement does not extend beyond that.

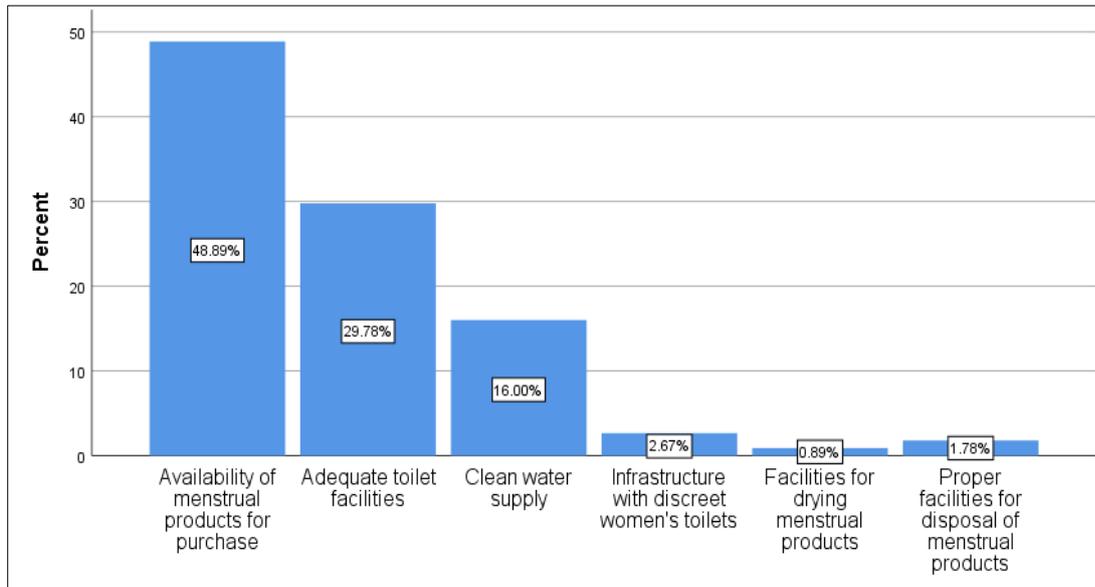
This statement underscores the absence of formal student-led menstruation support groups within educational institutions. Instead, existing initiatives primarily function as general first-aid assistance rather than comprehensive menstrual health support systems.

2.4.2. Environment for Managing Menstruation

2.4.2.1. Access to Menstruation-Related Facilities

Ensuring access to menstrual hygiene facilities is essential for safeguarding the physical and mental well-being of female students, particularly those who spend extended hours in schools and madrasas during their menstrual cycles. Adequate facilities contribute to a supportive environment that enables students to manage menstruation with dignity and without disruption to their education. However, findings from the study indicate that the availability of such essential facilities remains significantly limited. The following Figure 29 provides a detailed representation of these findings.

Figure 29: Safe and Dignified Menstrual Practices

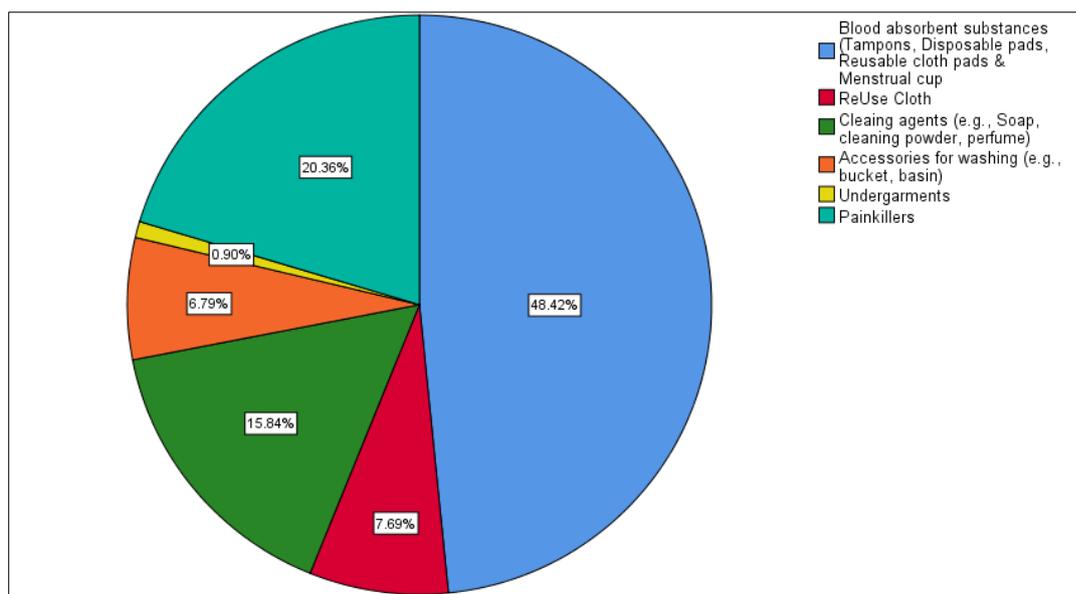


Source: Field Data, 2024

The above Figure 29 indicates that while menstrual hygiene products (48.89%) are generally available, however, their accessibility within educational institutions remains limited. Toilet facilities were also found to be lacking in the schools and madrasas studied. Moreover, only 16% of study participants stated that their institutions had access to clean water for hygiene purposes.

42.75% of study participants stated that their educational institutions exhibited deficiencies in access to menstrual hygiene products. Among the available facilities, the provision of sanitary pads was the most common (48.42%), whereas access to pain relievers (20.36%) and menstrual hygiene cleaning products was notably scarce. The following Figure 30 provides this finding.

Figure 30: Access to Menstrual Hygiene Products in Educational Institutions



Source: Field Data, 2024

In the institutions, no medical supplies were available to address personal health needs during menstruation. Only two schools and 03 madrasa had readily accessible menstrual hygiene products. While 03 institutions provided sanitary pads, student access and usage remain limited. This is largely due to the placement of these supplies in locations such as the library, staff room, or principal’s office, where students feel uncomfortable requesting them.

One student explained

There is a facility to obtain menstrual products from the library teacher in charge of the school. However, since there are always other students in the library, I feel embarrassed to ask the teacher for it, so I usually go home.

This statement underscores the inadequacy of existing provisions, highlighting the importance of ensuring that menstrual products are accessible in a discreet and student-friendly manner.

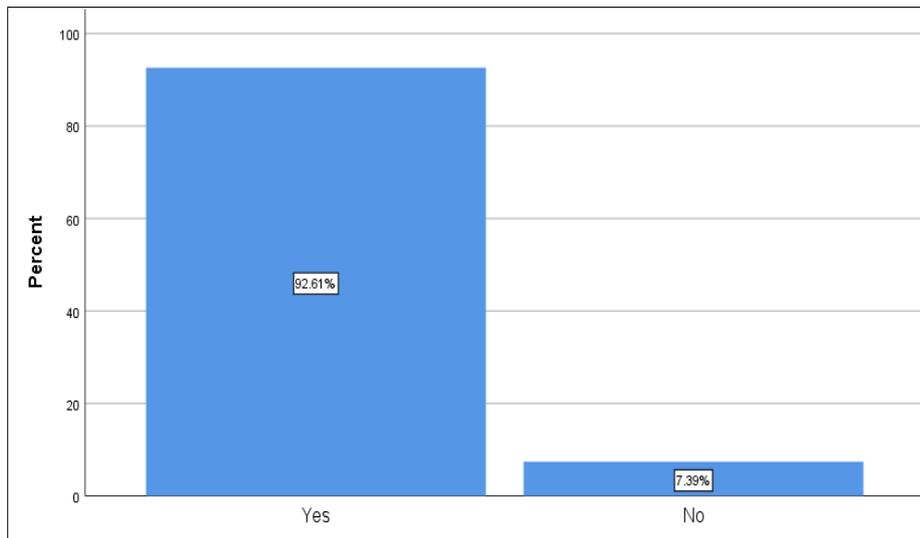
Moreover, 19.74% study participants revealed that their schools had no menstrual hygiene facilities available, while 20.61% informed that their schools, had the resources only occasionally provided. In some cases, students were expected to bring their sanitary pads, while others rely on nearby shops for purchasing menstrual hygiene products. The ongoing economic crisis since 2021 has further exacerbated challenges in menstrual product distribution, limiting the availability of in-school resources (UNFPA, 2023). However, this study indicated that such shortages were already prevalent in rural schools before the economic downturn. As a result, many girls were less likely to attend school on the first day of menstruation, though attendance

typically resumes in the following days. This situation contradicted the objectives outlined in the Sustainable Development Goals (SDGs), particularly SDG 3, which emphasizes ensuring good health and well-being for all at all ages, and SDG 5, which calls for improved support for menstrual hygiene (SD, 2016). Implementing these standards in Sri Lanka is crucial to ensuring that girls have access to proper menstrual hygiene facilities within educational institutions. However, this study identifies that such facilities remain particularly scarce in rural areas.

2.4.2.2. Water Supply Facilities

Water supply facilities in the study area revealed that access to water is relatively abundant. These regions were naturally water-rich, resulting in minimal water scarcity. Consequently, schools and madrasas generally have sufficient water storage facilities to meet students' needs.

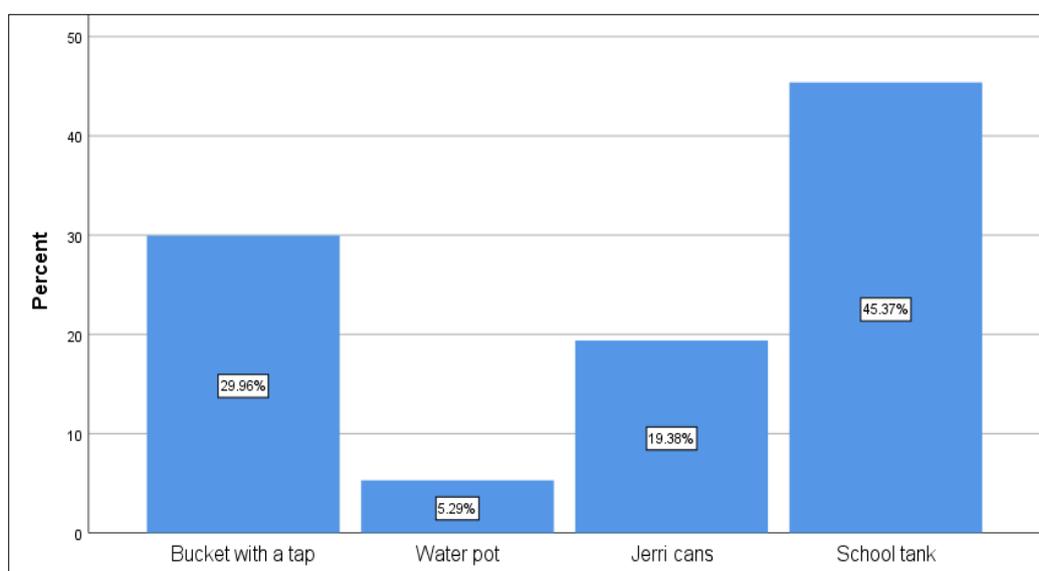
Figure 31: Water Storage Facilities for Washing



Source: Field Data, 2024

For example, water is stored in schools in many ways. This is shown in the following Figure 32.

Figure 32: Types of Water Storage and Facilities



Source: Field Data, 2024

As previously mentioned, water supply facilities were available in the study areas, with most schools utilizing water storage tanks. However, despite the general availability of water, specific provisions for menstrual hygiene management within educational institutions remain inadequate.

84.6% of students practiced handwashing after changing their sanitary pads at home. Among them, the majority used detergents, while a smaller percentage relied on handwashing liquid (4.39%) or sanitizer (5.70%).

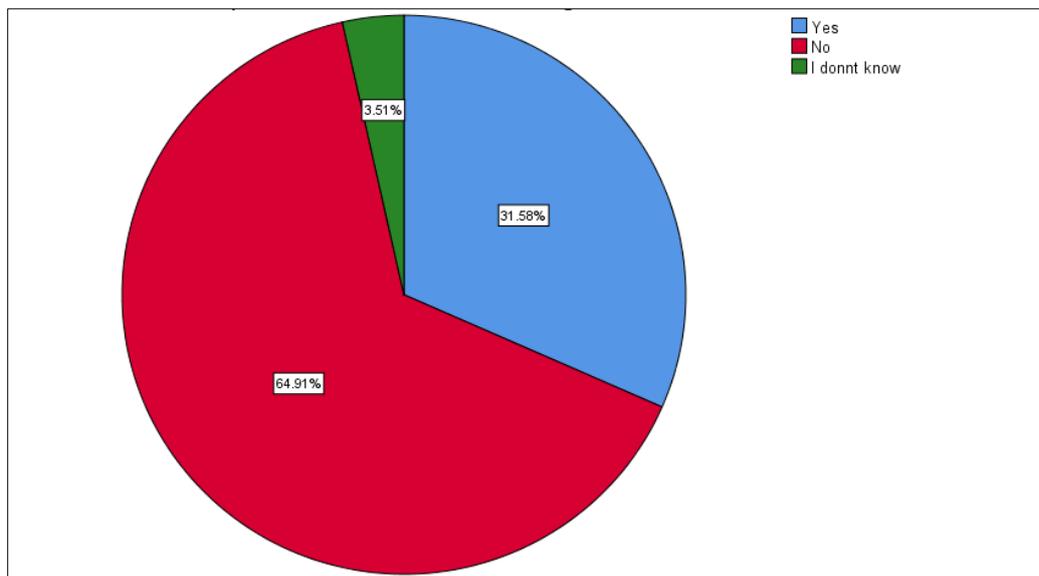
Although water facilities exist within schools, access to essential hygiene materials, such as soap or handwashing liquid, remains extremely limited. While water is widely accessible through taps, these facilities are primarily designed for general use rather than menstrual hygiene management. Many schools do not have designated handwashing stations near washrooms, making it difficult for girls to maintain proper menstrual hygiene.

2.4.2.3. Facilities for Resting

Rest facilities for female students during menstruation are largely inadequate in educational institutions. The study found that 68.42% of study participants stated their schools lack designated restrooms where students can take a break if needed. In most cases, no structured provisions exist for students to rest during menstruation, leading many to leave school early or miss classes entirely. While some students preferred to go home, this practice was often a

necessity rather than a choice due to the absence of rest facilities. Notably, certain madrasas provided rest spaces for students, as these institutions also serve as residential learning centers. In such cases, students used an available room within the madrasa for rest during menstruation, which is in close proximity of classrooms and hostels. In all-girls schools, menstrual-related challenges were a daily reality, yet none of the surveyed institutions provide dedicated spaces for students to rest. As a result, many female students were forced to leave school during menstruation, affecting their education and well-being. The following Figure 33 illustrates these findings.

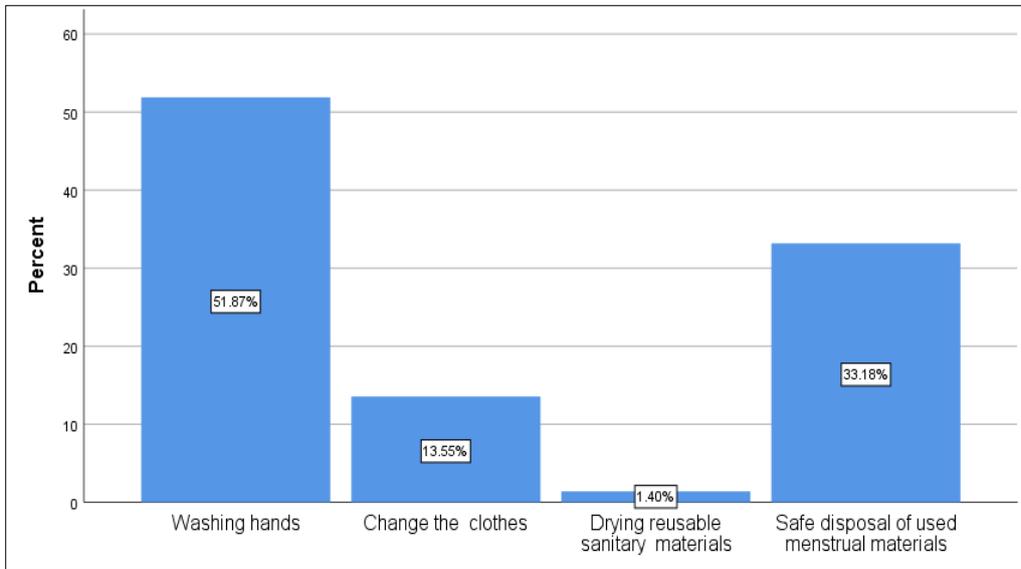
Figure 33: Resting Facilities



Source: Field Data, 2024

most schools did not provide adequate facilities to support girls in managing their menstruation with dignity. The lack of menstrual hygiene facilities prevents menstruation from being treated as a natural and manageable aspect of student life. The insufficient menstrual health facilities in schools negatively affects a girls' educational achievement (Ishikura et al, 2020). Facilities that enable girls to wash their hands privately, change sanitary pads, and when necessary, dry reusable sanitary napkins, and safely dispose of menstrual waste, were severely limited. The absence of such essential resources created discomfort and challenges for female students, further contributing to school absenteeism and educational disruptions. While water facilities for handwashing were available in most schools, proper handwashing basins and designated areas within bathrooms for washing hands remained largely absent. This lack of infrastructure affects students' ability to maintain adequate hygiene, particularly during menstruation.

Figure 34: Facilities Available for Use During Menstruation

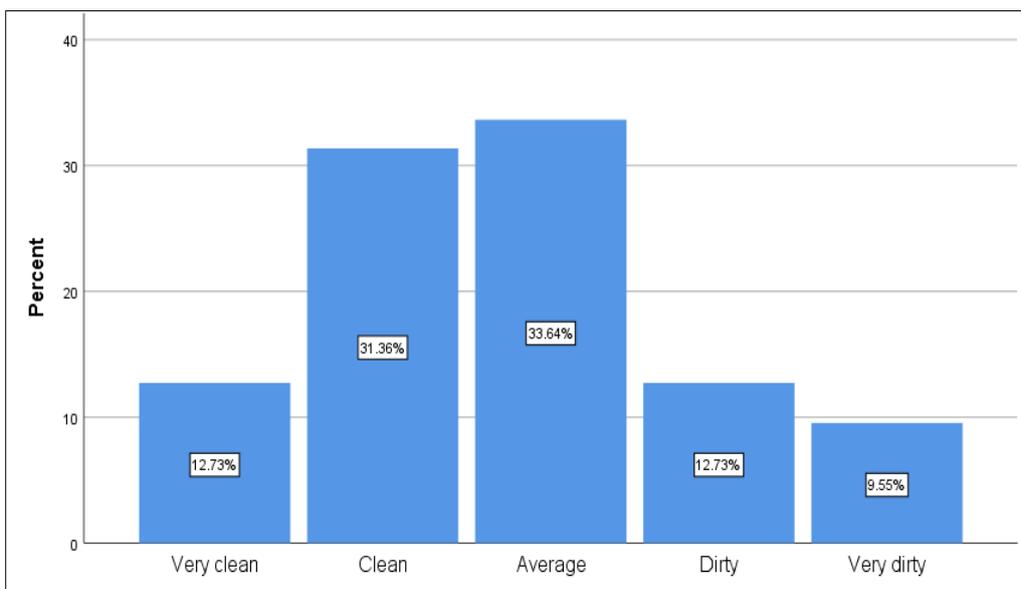


Source: Field Data, 2024

2.4.2.4. Toilet Facilities

A study of toilet facilities in educational institutions revealed that most schools have toilets. However, these facilities were often in poor sanitary conditions, discouraging students, especially female students, from using them. The lack of cleanliness and maintenance contributes to significant discomfort and poses health risks. The following Figure 35 presents an overview of toilet facilities in educational institutions.

Figure 35: Hygienic Condition of Toilets in Educational Institutions



Source: Field Data, 2024

A closer examination of toilet facilities in educational institutions reveals significant hygiene deficiencies, with only 12.73% of school toilets meeting acceptable cleanliness standards.⁵. Most school toilets were not cleaned regularly, making them unsanitary and unfit for use, particularly for female students during menstruation. Additionally, three schools did not provide separate toilets for secondary level female students, instead offering shared facilities used by students across all age groups. This lack of dedicated and well-maintained toilets contributed to poor sanitation, further discouraging students from using school restrooms. As a result, many girls chose to leave school early or endure discomfort due to the absence of hygienic facilities.

Rinosa (name changed), a student, describes her experience:

Since I spend a long time at school during my menstrual period, one of the biggest challenges is the need to use the toilet. However, I avoid school toilets because they are rarely clean. I try to endure it as long as I can, but, if necessary, I go home.

This highlights the inadequate sanitation infrastructure and its impact on students' well-being and school attendance. Although Sri Lankan schools have made some progress in establishing basic toilet facilities, maintenance protocols, and hygiene monitoring are rarely enforced. A study conducted in schools in the Kalutara region (KP study, 2015) found that school toilets often lacked privacy, cleanliness, and facilities to dispose of used menstrual products, making it difficult for girls to manage menstruation during school hours. Globally, 200 million women and girls in developing countries struggled to access clean water and private spaces for personal hygiene (Crofts & Fisher, 2012). This trend is also evident in the study area.

Three schools lacked adequate handwashing facilities, private and hygienic toilets, and proper disposal mechanisms for menstrual materials. As a result, menstruating girls experienced discomfort, distress, and educational disruptions.

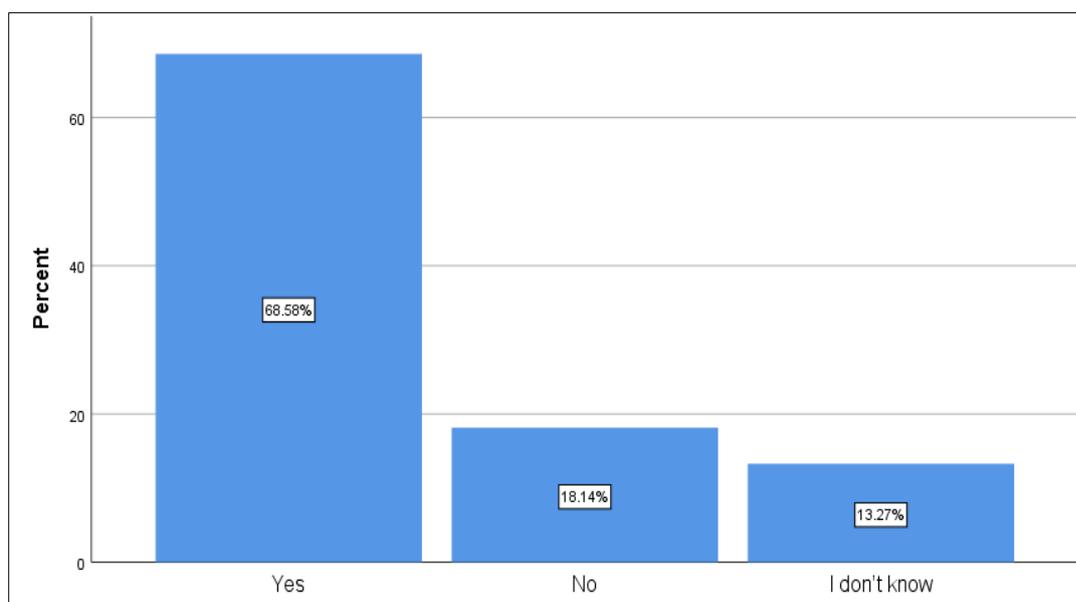
⁵ In Sri Lanka, a set of standards has been proposed for school toilet facilities to uphold the dignity of school children. These standards include key criteria such as adequate quality, separate and ventilated toilets for girls, a continuous water supply, handwashing facilities with soap, proper waste disposal mechanisms, dedicated menstrual hygiene facilities, and ongoing maintenance and supervision (Public Health Council of Sri Lanka, 2025; Save the Children, 2011; UNICEF Sri Lanka, 2011)

In contrast to mainstream schools, latrines in 04 madrasas were observed to be relatively clean. This is primarily due to a structured cleaning schedule, where students take responsibility for maintaining hygiene as part of their daily routine, cleaning the facilities both in the morning and evening. This practice was rooted in the religious emphasis on cleanliness, ensuring that the toilets remain clean. Additionally, in some madrasas, designated staff members are assigned to maintain sanitation. However, this structured approach to hygiene is not commonly practiced in regular schools. In five schools, sanitation workers are responsible for cleaning the latrines, but there is no systematic monitoring to ensure consistent cleanliness.

2.4.2.5. Facilities for Disposal of Menstrual Waste

An assessment of menstrual waste disposal in educational institutions revealed that while many institutions follow proper disposal procedures, 18.14% of study participants claimed that their educational institution does not have structured disposal mechanisms. A considerable number of students and staff are unaware of how menstrual waste is managed within their institutions.

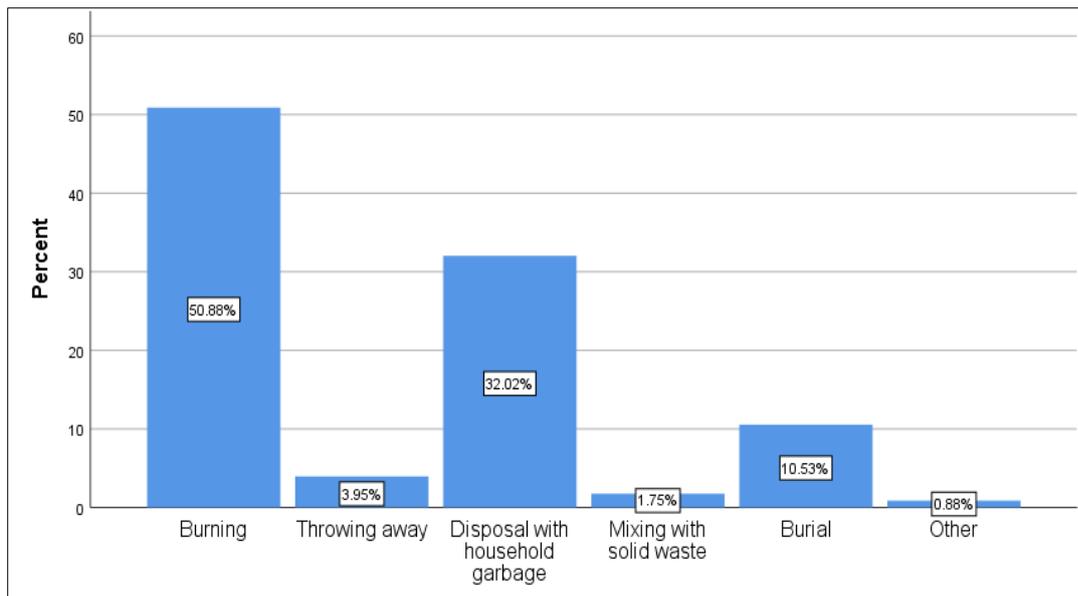
Figure 36: Proper Disposal Arrangements of Menstrual Waste



Source: Field Data, 2024

Menstrual waste disposal varies across educational institutions, with various methods being utilized in the disposal process. Figure 37 illustrates the various disposal methods practiced in the study area.

Figure 37: Methods of Disposal of Menstrual Waste



Source: Field Data, 2024

In the study area, 50.88% of participants practiced s burning menstrual products along with garbage. However, most girls did not dispose of their menstrual waste with school waste. Instead, 32% of the girls reported that they dispose of their waste with household waste. Despite these efforts, proper sanitation procedures are not consistently followed, especially in schools where menstrual waste is handled twice a week (on Mondays and Fridays). This situation has a direct impact on girls' school attendance. Girls expressed reluctance to attend school during their menstrual periods due to unsanitary disposal practices and a lack of adequate facilities. This finding aligns with the study conducted by Institute of Knowledge, Attitudes, and Practices (2015), which indicates that the absence of proper sanitation facilities in schools significantly influences girls' attendance during menstruation.

It was also noted that while the physical and emotional impact of attending school on the first day of menstruation is significant, the deficiencies in health management, particularly the lack of adequate facilities and support, have a continued impact on girls' attendance during the later days of their menstrual cycle. Overall, educational institutions generally lack a systematic mechanism to meet the basic menstrual hygiene needs of girls.

3.0. Conclusion

This study provides a comprehensive examination of the cultural, religious, and institutional factors shaping menstrual health and hygiene practices among Muslim girls in Trincomalee, Sri Lanka. The findings reveal that Islamic teachings offer detailed guidance on menstruation, emphasizing cleanliness, dignity, and religious obligations. However, knowledge of these teachings varies significantly among students, with madrasa-educated girls demonstrating a slightly better understanding compared to their school-going counterparts. Despite religious clarity, misconceptions persist, with some girls associating menstruation with impurity, weakness, or divine punishment, views that stem from limited religious literacy rather than doctrinal teachings. The role of mothers and sisters as primary sources of menstrual information underscores the familial transmission of knowledge, though gaps remain on formal education of the subject.

While Islamic teachings provide clear guidance on menstruation, including hygiene and dignity, students' knowledge of these teachings is limited. Only a small percentage of participants (28.7% for the Al-Quran and 34.6% for Al-Hadith) are familiar with the religious sources that address menstruation. Although 76.42% of students understand menstruation as a natural process in Islam, a significant portion (22.6%) holds misconceptions, seeing menstruation as a sign of weakness or sin. These gaps are especially prevalent among school-going girls, likely due to the limited religious education at schools and homes. The study also identifies differences in awareness of practical menstrual practices, such as cleanliness (70.85%) and the required post-menstruation bath (86.57%). This study also reveals the menstruation rituals common among Muslim girls in the region, though participation varies. These rituals, include ceremonial bathing and dietary restrictions. Despite being culturally significant, these practices are not mandated by Islam, reflecting the blending of religious identity with local customs. Rituals surrounding first menstruation are practiced by 73.2% of girls, while 26.8% abstain, often due to family background or religious views.

Further, girls' emotional responses to menstruation are predominantly negative, with feelings of embarrassment (32.1%) and anxiety (28.6%) being most common, though some girls experience positive emotions like happiness (9.8%) when supported by family or are able to rest when menstruating. Culturally, menstruation is viewed as a natural event by most (72.81%), though the social stigma around it persists, leading to privacy concerns when buying menstrual products. Mothers are the primary source of menstrual guidance, with 44.3% of girls receiving support from them, and only a small percentage (3.5%) turning to fathers.

Regarding menstrual hygiene management, the study highlights significant deficiencies in school and madrasa facilities. While 64.19% of students lack access to menstrual education materials, and 20.9% receive minimal information, the lack of clear communication channels and privacy in accessing menstrual products further exacerbates the problem. Many students report using nearby shops for menstrual products, indicating that educational institutions are not providing adequate support. Additionally, the absence of rest areas for menstruating students forces many to leave school, disrupting their education. Most schools (claimed by 68.42% of study participants) do not have designated restrooms for girls during menstruation, and only a few school toilets meet acceptable hygiene standards.

Another finding also revealed the differences between madrasas and schools in terms of sanitation practices. Madrasas maintain cleaner latrines through daily student-managed cleaning schedules, while schools lack consistent sanitation practices. Menstrual waste disposal methods are varied, and only a few institutions adhere to proper disposal protocols, underscoring the need for standardized practices.

In this regard, the study identifies the need for significant improvements in menstrual health education, hygiene facilities, and sanitation practices in educational institutions in the study region. Gender-sensitive infrastructure, including clean, private toilets, accessible menstrual products, rest areas, and waste disposal systems, is essential to support female students during menstruation. Addressing these gaps will not only improve physical comfort but also foster an environment that respects the dignity of menstruating girls and encourages consistent school attendance.

4.0.Recommendations

Based on the findings of this study, several recommendations are proposed to address the identified issues and contribute to effective interventions. This study highlights the physical, psychological, cultural, and religious challenges girls face regarding menstruation, underscoring the need for a comprehensive, nationwide examination of girls' menstrual health in Sri Lanka and recommends further in-depth studies to better understand and address these multifaceted issues.

- I. The study recommends further research into the biological changes associated with menstruation that girls in Sri Lanka face throughout their lives. This includes examining the biological processes of menstruation, such as menarche, the symptoms

- experienced, and the understanding of its connection to pregnancy, in a Sri Lankan context.
- II. It also emphasizes the importance of assessing girls' knowledge in these areas to identify gaps and carry out targeted educational interventions. Recognizing schools and madrasas as key platforms for enhancing awareness among female students about menstruation, educational institutions must provide menstrual-related resources such as books, manuals, pamphlets, and audio-visual aids. Targeted activities should be designed and implemented to encourage female students to actively engage with these resources.
 - III. Providing early education about menstruation can significantly reduce anxiety and fear among girls. Therefore, implement awareness programmes on healthy menstruation starting for girls from Grade 6 onwards.
 - IV. Implement comprehensive education programs for female students that integrate religious, hygienic, and practical knowledge about menstrual hygiene management.
 - V. Since menstruation is a natural process experienced by all girls, this study recommends that parents be provided with both religious and health-related educational awareness to strengthen menstrual health practices within the home environment.
 - VI. Conduct community-level awareness initiatives at the district level to emphasize that menstruation is a natural process and should not be treated as a hidden or taboo subject.
 - VII. Educational institutions are encouraged to establish active partnerships with nearby health centers and community organizations specializing in menstrual hygiene and its management. These collaborations should aim to organize quarterly awareness sessions for female students to enhance their understanding and foster positive attitudes toward menstruation.
 - VIII. Special attention should be given to ensuring adequate material arrangements in schools at the village level to support female students in maintaining menstrual hygiene, including access to sanitary facilities and hygiene products.
 - IX. Increase male engagement by involving male school students and male community members to increase understanding of menstruation and empathy towards menstruating females.

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Annexure-I: Questionnaire administered for Primary Data Collection

Survey on Menstrual Challenges: A Comprehensive Study of Menstrual Health, Cultural Influences, and Institutional Practices among Muslim Girls in Trincomalee District, Sri Lanka

Declaration:

We, the Rural Economic and Community Development Organization (RECDO), are an organization dedicated to serving vulnerable communities in Trincomalee. We are currently conducting a study funded by the Embassy of France in Sri Lanka and the Maldives, through the Family Planning Association of Sri Lanka. The objective of the study is detailed below.

Overall Objective: To examine the cultural and religious influences, as well as institutional practices, affecting menstrual health and hygiene among Muslim girls in the Trincomalee District, Sri Lanka.

Specific Objectives:

- Explore the knowledge of Islamic teachings on menstrual health, hygiene, and dignity within the Muslim community.
- Identify the types of cultural practices surrounding menstruation among Muslim girls and their impacts.
- Assess the status of WASH (Water, Sanitation, and Hygiene) facilities in Islamic madrasas and girls' schools in Trincomalee.

To achieve these objectives, we will collect relevant data and information from you using a questionnaire. The questions will be asked by a trained interviewer. You do not have to answer any questions you are not comfortable with. The process may take up to an hour, and we greatly appreciate your cooperation.

Confidentiality: The data and information collected will be kept confidential and used solely for research purposes. We may publish the research findings and use them for advocacy purposes to address pertinent issues with relevant authorities.

Benefits: Participants in this study will not receive direct financial benefits. However, we anticipate that the information obtained will contribute to creating the highest menstrual dignity among Muslim girls in Trincomalee. Your consent is appreciated.

Consent of the Respondent: I have been given the opportunity to read and understand the contents of this consent form. I hereby consent to the use of the data and information provided by me for the purposes specified in this form

Name of the Respondent: _____

Signature: _____

Signature of the Institutional Head:

Content

Section 1: Socio-Economic Information

Section 2: Islamic Teachings on Menstruation

Section 3: Cultural Practices and Consequences among Muslim Girls

Section 4: Menstrual Health Management Facilities

Section 1: Socio-Economic Information

1.1 Respondent information

a. Age: _____

b. Grade: _____

c. Name of the Village: _____

d. D.S. Division: _____

e. G.N. Division: _____

a. School students

b. Madrasa students

1.2 Educational level

1.2.1. What is your current educational level? (Select one)

- a) Grade 9
- b) Grade 10

1.2.2. What is your father's highest level of education? (Select one)

- a) Primary school education only (Grade 1-5)
- b) Middle school education only (Grade 6 to 10)
- c) Ordinary Level (O/L)
- d) Advanced Level (A/L)
- e) Graduate

- f) Postgraduate
- g) None of the above

c. What is your mother's highest level of education? (Select one)

- a) Primary school education only (Grade 1-5)
- b) Middle school education only (Grade 6 to 10)
- c) Ordinary Level (O/L)
- d) Advanced Level (A/L)
- e) Graduate
- f) Postgraduate
- g) None of the above

1.3 Financial status of your family

1.3.1. What is your monthly household income? (Select one)

- a) Up to Rs. 20,000
- b) Rs. 20,000 – 40,000
- c) Rs. 40,000 – 60,000
- d) Rs. 60,000 – 80,000
- e) Rs. 80,000 – 100,000
- f) Above Rs. 100,000

1.4 Employment Status

1.4.1. What is your father's Employment Status? (Select one)

- a) Employed
- b) Part-time employed
- c) Casual worker
- d) Self-employed
- e) Home maker
- f) Volunteer
- g) Unemployed
- h) Other (specify):

1.4.2. What is your mother's Employment Status? (Select one)

- a) Employed
- b) Part-time employed
- c) Casual worker
- d) Self-employed
- e) Home maker
- f) Volunteer
- g) Unemployed
- h) Other (specify):

1.5. Living arrangement

1.5.1. Who do you live with? (Select one)

- a) Both parents
- b) Only mother
- c) Only father
- d) Guardian family
- e) Other (please specify): _____

Section 2: Islamic Teachings on Menstruation

2.1.1. Please rate your level of knowledge on Islamic teachings regarding menstruation from the following sources:

Knowledge on Islamic teachings regarding menstruation	Very Poor	Poor	Modest	Good	Very good	Excellent
Quran						
Hadith						

2.1.2. Which of the following statements best represents Islamic teachings on menstruation? (Multiple choice)

- a. Menstruation is a natural occurrence.
- b. It is considered a state of illness.
- c. Allah made it because of the sin committed by women.
- d. During menstruation, women should be excluded from religious activities.
- e. It's a symbol of the fact that women are weak.
- f. Islam upholds that women are untouchable during menstruation.

2.1.3. Rate your knowledge on the following aspects of menstruation

(Rate each on a scale of 1 to 5, with 1 being "Very Poor" and 5 being "Excellent")

	Very Poor	Poor	Modest	Good	Very good	Excellent

Bathing during the menstruation						
Bathing method after the completed menstruation						
Knowing the exact end date of menstruation						
Post- irregular bleeding.						
Bathing during irregular bleeding						

2.1.4. Activities allowed for women during menstruation

(Select one option for each activity: 1. Not at all allowed, 2. partially allowed, 3. fully allowed, 4. I don't really know)

Activities allowed for women during menstruation	Not at all allowed	Partially allowed	Fully allowed	I don't really know
Participating in a collective dua.				
Attend religious lectures and classes.				
Staying in Mina and Arafa.				
Performing Thavab.				
Listen to the Quran, ponder its meanings.				
Buy a supplication book.				
Make constant dhikr.				
Entering the Masjid.				
Sharing a single bed sheet with her husband				
Sharing a single bed sheet with family members				
Engaging in sexual intercourse.				

Husband reclines on the wife's lap, or the wife reclines on the husband's lap				
Embracing spouse.				
Combing the hair with the spouse				
Participating in social activities.				
Traveling for school competitions.				
Physical exercise.				
Doing charity.				

2.1.5. How long does Islam indicate the normal period of menstruation?

- a) Three days.
- b) Four days.
- c) Five days.
- d) Six days.
- e) Seven days.
- f) Days are not exactly specified.
- g) I am slightly doubtful.
- h) I don't know.

2.1.6. From which sources do you receive religious teachings on menstruation? (Multiple Choice)

- a) Schools
- b) Madrasas.
- c) Self-reading.
- d) Family – mother.
- e) Family – father.
- f) Media.
- g) Friends.
- h) Relatives.
- i) Other (specify).

Section 3: Cultural Practices and Consequences among Muslim Girls

3.1.1. How old were you when you had your first period?.....

- a. **Between 9 - 10 year**
- b. **Between 10 - 11 year**
- c. **Between 11 - 12 year**
- d. **Between 12- 13 year**
- e. **Between 13 - 14 year**
- f. **Between 14- 15 year**
- g. **Other (specify).....**

3.1.2. Did you have any information about menstruation before menstruating for the first time?

- a) **Yes**
- b) **No**

3.1.3. Who first explained menstruation to you when you experienced your first period?

- a) **Mother**
- b) **Friend**
- c) **Sibling**
- d) **Relations**
- e) **Teachers**
- f) **Neighbor**
- g) **Other (specify).....**

3.1.4. How did you feel during your first menstrual period?

- a) **Happy**
- b) **Sad**
- c) **Dirty**
- d) **Angry**
- e) **Embarrassed**
- f) **Relaxed**
- g) **Tired**
- h) **Sensitive**
- i) **Other**
- j) **I don't know**

3.1.5. How do you usually feel when you menstruate? (Multiple Choice)

- a) **Happy**
- b) **Sad**

- c) Dirty
- d) Angry
- e) Embarrassed
- f) Relaxed
- g) Tired
- h) Sensitive
- i) Other
- j) I don't know

3.1.6. Were customs performed during your first menstruation?

- a) **Yes**
- b) **No**

3.1.7. How often do you miss the following activities during your menstruation (In to the five days)?

Scale: 1. Not at all 2. Rarely 3. Sometimes 4. Often 5. Very often

Activities during menstruation	Not at all	Rarely	Sometimes	Often	Very often
Attending schools					
Attending Madarasa					
Engaging in social activities					
Participating in collective dua					
Attend religious lectures and classes					
Listen to the Quran					
Make constant dhikr					
Entering to Masjid					
Attending events like sports meet					
Attending the exams					
Going to the Shop					
Going to the Neighborhood					

Attending events like sports meet					
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3.1.8. If your regular activities are restricted due to your menstruation, how does it make you feel? (Multiple Choice)

- a) Depressed
- b) Guilt
- c) Sad
- d) Annoyed
- e) None of the above
- f) My regular activities are not restricted
- g) I'm not sure

3.1.9. Has anyone ever made fun of you for menstruating?

- a) Yes, very often
- b) Yes, sometimes
- c) Yes, rarely
- d) No, not at all

3.1.10. How do you feel when your male colleagues or siblings know you are menstruating?

(Multiple Choice)

- a) Shame
- b) Guilt
- c) Dirt
- d) Other
- e) I am okay if male colleagues or siblings know this

3.1.11. Where do you purchase your period products? (Multiple questions)

- a) **School shop**

- b) **Madrasa Shop**
- c) **Normal Shop**
- d) **Pharmacies**
- e) **Online**
- f) **Multi shop**
- g) Someone else buys them for me
- h) Other (specify).....

3.1.12. Are you embarrassed to buy or ask for menstrual products?

- a) Yes, always
- b) Yes, sometimes
- c) No, Never
- d) I don't know

3.1.13. How comfortable are you buying period products from pharmacies or any other marketplace?

- a) Not comfortable at all
- b) Slightly uncomfortable
- c) Comfortable
- d) Very comfortable

3.1.14. In case you are not comfortable buying period products from pharmacies or marketplaces, what is the reason? (Multiple choice)

- a) Shame
- b) Stigma
- c) Morality associated
- d) Societal norms
- e) Other (specify):

3.1.15. To what extent are you comfortable discussing period issues with the following individuals?

Scale: 1. Not comfortable at all 2. Slightly not comfortable 3. Moderately comfortable 4. Comfortable 5. Very comfortable

Individuals	Not comfortable at all	Slightly not comfortable	Moderately comfortable	Comfortable	Very comfortable
Teacher					
Hostel warden					

Mother					
Fathers					
Female siblings					
Male siblings					
Friends (Female)					
Friends (Male)					

3.1.16. In case you are not comfortable discussing your menstruation issues with your father or male siblings, what is the reason? (multiple choice)

- a) Shame
- b) Stigma
- c) Morality associated
- d) Societal norms
- e) Any other

3.1.17. Which of the following materials do you use the most during your menstruation?

Materials	Not at all	Rarely	Sometimes	Often	Very often
Tampons					
Disposable pads					
Reusable cloth pads					
Menstrual cup					
Clothes					
Menstrual underwear					
Menstrual sponge					
Toilet paper					
Other(specify):					

3.1.18. How often do you encounter financial difficulties to buy menstrual products?

- a) Never
- b) Sometimes
- c) Rarely
- d) Often
- e) Very often

3.1.19. In case you experience financial challenges, which of the following affects your experience?

- a) I feel very sad
- b) Use a cloth instead of a pad
- c) End up using a pad that I do not like to use
- d) Avoid going out of the home
- e) Use materials that are not recommended
- f) Other (specify):

3.1.20. Which of the following represents your societal perspective on menstruation? (Multiple choice)

- a) Menstruation is a normal thing experienced by women
- b) Every woman has the right to healthier menstruation
- c) Menstruating women should be provided with adequate health care
- d) Menstruation is a state of impurity, so it is dirty
- e) Menstruation is a punishment for a woman
- f) Menstruation is a degrading thing for a woman
- g) Menstruation is a curse for the sin committed by women
- h) Menstruation is something that makes the woman uncomfortable
- i) Menstruating girls/women should not go out of the house.
- j) Menstruating blood is dirty blood.

3.1.21. Do you get menstrual pain?

- a) Yes, always
- b) Yes, sometimes
- c) Yes, very few times
- d) No, never
- e) I don't know

3.1.22. What do you do when you have menstrual pain?

- a) I take painkillers (e.g., Ibuprofen, paracetamol...)
- b) I take hormonal contraceptives every day for menstrual pain
- c) I use natural remedies
- d) I cannot buy products for menstrual pain
- e) I don't do anything
- f) I do something else: _____
- g) I don't get menstrual pain
- h) I don't know

3.1.23. Are you expected to change your eating habits during menstruation?

- a) Yes
- b) No

3.1.24. If your answer is yes, for question 3.1.9, which of the following changes often happen at your house? (Multiple choice)

- a) Consuming only vegetarian foods
- b) Reducing daily food intake
- c) Choosing nutritious foods
- d) Avoiding oily food
- e) Avoiding spicy food
- f) Avoiding cold drinks
- g) Avoiding too many hot drinks
- h) Avoiding liquid drinks like yogurt
- i) (h) Other (specify):

3.1.25. How often do you bathe during menstruation?

- a) Bathing every day as usual (once or twice)
- b) Once every other day (once or twice)
- c) Once every third day (once or twice)
- d) No bathing

3.1.26. Tick the common belief regarding bathing during menstruation (Multiple Choice)

- a) Bathing increases the pain
- b) Bathing daily is unhealthy
- c) Bathing makes the body feel colder and causes stiffness
- d) Bathing in cold water increases bleeding
- e) Bathing stops bleeding

f) Menstruating women can bathe anytime as usual

3.1.27. What kind of beliefs have you heard when you go out during your menstruation time? (Multiple choice)

a) It is culturally inappropriate for menstruating women to go outdoors

b) The smell of blood attracts evil spirits

c) Going out is not a problem

d) No beliefs

e) Other (Specify):

3.1.28. In case if you are expected to stay at home during menstruation, how does it affect your emotions?

a) Feeling Happy

b) It is irritating

c) Feeling depressed

d) Feeling Isolated

e) Feeling bored

f) Normal activities are postponed

g) No negative impact at all

3.1.29. Do you have to change the regular place where you sleep during menstruation?

a) Yes

b) No

3.1.30. If you change your usual place of sleeping, where do you sleep whilst menstruating?

a) Bedroom (Floor)

b) A secluded part of the house

c) In the kitchen

d) In the living room;

e) Other (specify):

3.1.31. When you change your regular sleeping place, how does it affect your feelings? (Multiple choice)

- a) Feeling isolated
- b) Feeling irritated
- c) Feeling stressed
- d) No change
- e) Other (specify):

Section 4: Menstrual Health Management Facilities

4.1. Materials on menstruation

4.1.1. Please indicate which of the following applies to your school/madrassa:

- a) Government-owned
- b) Managed by a private body or charity
- c) Urban
- d) Rural
- e) Semi-urban
- f) Primary level
- g) Secondary level
- h) Both male and female
- i) Female-Only

4.1.2 Do you receive reading materials and information booklets specifically on menstruation?

- a) Never
- b) Rarely
- c) Occasionally
- d) Frequently
- e) Always

4.1.3. How often do you receive reading materials and information booklets on menstruation?

- f) Never
- g) Rarely
- h) Occasionally
- i) Frequently
- j) Always

4.1.4. How many trainings have you received on menstrual health within the last 6 months?

- a) None
- b) 1

- c) 2
- d) 3
- e) 4 or more

4.1.5. Are there any practices in schools / Madrasas where teachers provide awareness about menstruation?

- a) Never
- b) Rarely
- c) Occasionally
- d) Frequently
- e) Always

4.1.6. If yes, when was the last time you were educated by your madrasa staff on menstrual health?

- a) Never
- b) Less than 3 months
- c) 3-6 months
- d) More than six months
- e) Within the last month
- f) I don't know

4.1.7. Is there an environment for sharing menstrual information freely and openly with teachers?

- a) Yes, Always
- b) Yes, Sometimes
- c) Yes, Rarely
- d) Not always

4.1.8. Does your madrasa/school maintain an active relationship with the nearby Ministry of Health (MoH) or community organizations working on menstrual hygiene and menstrual health management?

- a) Yes
- b) No
- c) Unsure

4.1.9. Has the MOH officer visited your school / Madarasa to talk about menstrual hygiene?

- a) Never
- b) More than 6 months ago
- c) 3-6 months ago
- d) 1-3 months ago
- e) Within the last month
- f) I don't know

4.1.10. Did a community organization visit your madrasa to talk about menstruation?

- a) Never
- b) More than 6 months ago
- c) 3-6 months ago
- d) 1-3 months ago
- e) Within the last month
- f) I don't know

4.1.11. Do you have a menstrual health management club in your madrasa/school?

- a) Yes
- b) No
- c) Unsure

4.1.12. When was the last time you discussed menstrual-related issues with your staff or teachers?

- a) Never
- b) More than 6 months ago
- c) 3-6 months ago
- d) 1-3 months ago
- e) Within the last month
- f) I don't know

4.1.13. How satisfied are you with the assistance or guidance provided by your teachers regarding menstrual health management?

- a) Very dissatisfied
- b) Dissatisfied
- c) Neutral
- d) Satisfied
- e) Very satisfied

4.1.14. Have you ever been trained by health practitioners or the MoH on the following topics?

a) Menstrual Health and Hygiene Management

- a) Yes
- b) No
- c) Unsure

b) Sexual and reproductive health and rights

- a) Yes
- b) No
- c) Unsure

4.2. Personal Hygiene

4.2.1 What facilities are available in schools and madrasas to ensure safe and respectful menstruation practices? (Multiple choice)

- a) Availability of menstrual products for purchase.
- b) Adequate toilet facilities.
- c) Clean water supply.
- d) Infrastructure with discreet women's toilets.
- e) Facilities for drying menstrual products.
- f) Proper facilities for the disposal of menstrual products

4.2.2. Do you have the habit of washing your hands after changing pads?

- a) Yes
- b) No

4.2.3 If yes, what kind of hand-washing materials do you use? (Multiple choice)

- a) Soap
- b) Hand wash
- c) Sanitizer
- d) Water
- e) Other (specify):

4.2.4. How often do you change your menstrual products?

- a) Once a day
- b) Two times a day
- c) More than three times a day
- d) Other (specify): _____

4.3. Facilities - Common

4.3.1. Who provides you with sanitary materials? (Tick all that apply.)

- a) Myself
- b) Mother
- c) Father
- d) Sister
- e) Brother
- f) Friend
- g) Senior female teacher
- h) Female Village leader
- i) NGO (specify)
- j) Relative
- k) Others (specify): _____

4.3.2. Do you keep menstrual items in ready-to-use form in your school/Madrasa?

- e) Yes, Always
- f) Yes, Sometimes

- g) Yes, Rarely
- h) Not always

4.3.3. How do you dispose of menstrual items? (Multiple choice)

- a) Burning
- b) Throwing away
- c) Disposal of household garbage
- d) Mixing with solid waste
- e) Burial
- f) Other: _____

4.3.4. Are there arrangements to ensure proper disposal of menstrual products at school/Madrassa?

- a) Yes
- b) No
- c) I don't know

4.3.5 What menstrual hygiene-related products are available at the School/ Madrassa? (Multiple choice)

- a) Blood absorbent substances (Tampons, Disposable pads, Reusable cloth pads, & Menstrual cup
- b)
- c) Cleaning agents (e.g., Soap, cleaning powder, perfume)
- d) Accessories for washing (e.g., bucket, basin)
- e) Undergarments
- f) Painkillers

4.3.6. Do you have separate restrooms for menstruating girls at your School/Madrassa?

- a) Yes
- b) No

4.3.7. Are there emergency menstrual materials provided at your schools?

- a) Yes
- b) No

4.3.8. Do you have separate places for the following?

- a) Washing hands
- b) Change the clothes
- c) Drying reusable sanitary materials
- d) Safe disposal of used menstrual materials

4.4. Facilities - Toilet

4.4.1. Is there availability of adequate Toilet Facilities in your School?

- a) Yes
- b) No

4.4.2. If no, what are the alternatives you are using as a means of toilet?

- a) Shared community toilet
- b) Using open defecation
- c) Others: _____

4.4.3. What is your overall feeling about the cleanliness of the toilets?

- a) Very clean
- b) Clean
- c) Average
- d) Dirty
- e) Very dirty

4.4.4. Are the facilities for inspecting and cleaning toilets consistently available?

- a) Yes
- b) No

4.5. Facilities - Water

4.5.1. What is the primary source of washing water facilities for the school? (Yes/No) (Multiple choice)

- a) Borehole
- b) Protected Well
- c) Unprotected Well
- d) Treated Truck Water
- e) Untreated Truck Water
- f) River/Swamp Water
- g) Rain harvesting tanks
- h) Pumped water
- i) Other (Specify): _____

4.5.2. Does the school/madrasa have adequate washing water storage facilities?

- a) Yes
- b) No

4.5.3. If yes, what type of washing water storage facilities are used in the school?

- a) Bucket with a tap
- b) Water pot
- c) Jerri cans
- d) School tank

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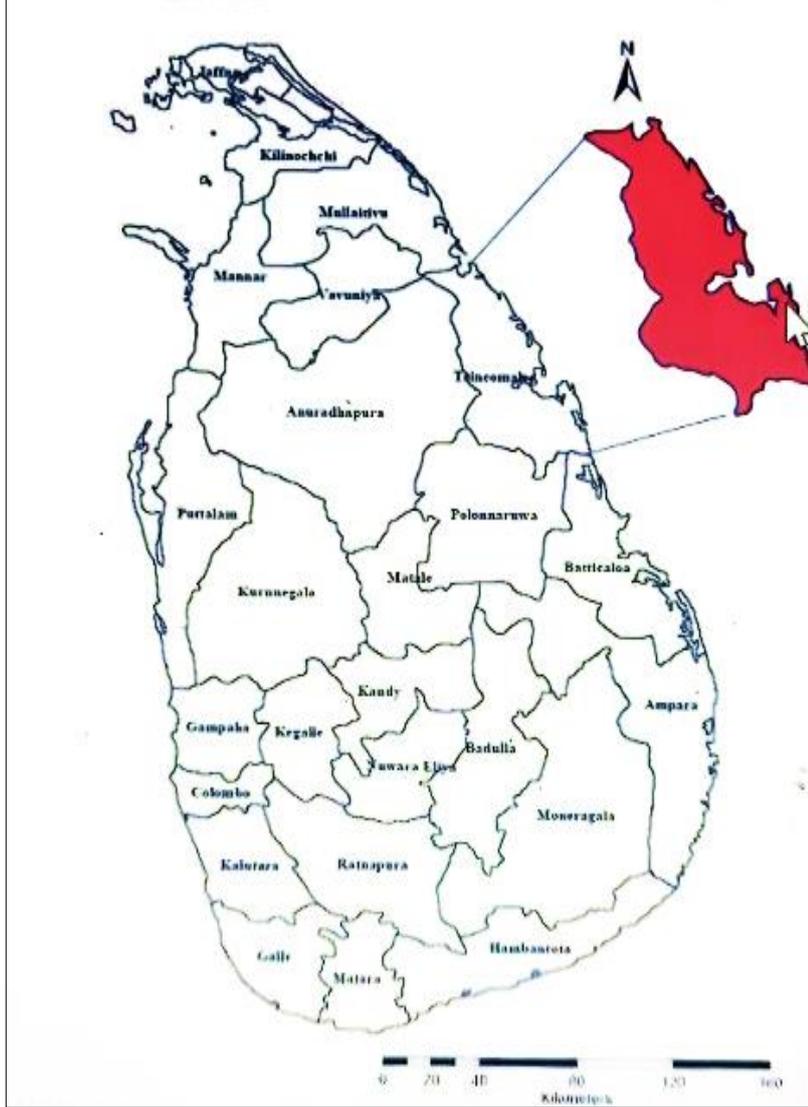
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மாதவிடாய் சவால்களை வழிப்படுத்தல்

திருகோணமலை மாவட்டத்திலுள்ள முஸ்லிம்
பெண்பிள்ளைகளிடையே மாதவிடாய் கலாச்சாரம் ஆரோக்கியம்
மற்றும் நிறுவன நடைமுறைகள் பற்றிய விரிவான ஆய்வு



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சொற் சுருக்கங்களின் பட்டியல்

HRW	மனித உரிமைக் கண்காணிப்பகம் (Human Rights Watch)
KAP	அறிவு, மனப்பான்மை மற்றும் செயல்பாடுகள்(Knowledge, Attitudes, and Practices)
MOH	சுகாதார மருத்தவ அலுவலகம் (Medical Office of Health)
NHS	சுகாதாரம் மற்றும் போசாக்கு மதிப்பீட்டு அறிக்கை (Nutrition and Health Survey)
RECDO	கிராமிய பொருளாதாரம் மற்றும் சமூக அபிவிருத்திக்கான நிறுவனம் (Rural Economic and Community Development Organization)
UNICEF	ஐக்கிய நாடுகளுக்கான சிறுவர் நிதியம் (United Nations Children's Fund)
WASH	நீர், சுத்தம்,மற்றும் சுகாதாரம் (Water, Sanitation, and Hygiene)
ZOE	வலயக் கல்வி அலுவலகம் (Zonal Office of Education)
CAAPP	மாதவிடாய் வறுமைக்கு எதிரான கூட்டு நடவடிக்கை Collective Action Against Period Poverty
FPASL	இலங்கை குடும்பக் கட்டுப்பாடு சங்கம் The Family Planning Association of Sri Lanka

முன்னுரை

இந்த ஆய்வானது, இலங்கையின் திருகோணமலை மாவட்டத்தில் உள்ள முஸ்லிம் மாணவிகளிடையே மாதவிடாய் சவால்களை எதிர்கொள்ளுதல்: மாதவிடாய் ஆரோக்கியம், கலாச்சார தாக்கங்கள் மற்றும் நிறுவன நடைமுறைகள் குறித்த ஒரு விரிவான ஆய்வாகும். இந்த ஆய்வு பங்குதாரர்களான The Family Planning Association Of Sri Lanka (FPASL), Collective Action Against Period Poverty (CAAPP) ஆகியோரின் வழிகாட்டுதலின் கீழ், இலங்கை மற்றும் மாலை தீவுகளுக்கான பிரான்ஸ் தூதரகத்தின் நிதியுதவியுடனும் திருமதி எம்.வை. மின்னதுல் சுஹீரா அவர்களால், மேற்கொள்ளப்பட்டுள்ளது.

மாதவிடாய் சவால்களை எதிர்கொள்ளுதல்: திருகோணமலை மாவட்டத்தில் உள்ள முஸ்லிம் மாணவிகளிடையே மாதவிடாய் ஆரோக்கியம், கலாச்சார தாக்கங்கள் மற்றும் நிறுவன நடைமுறைகள் குறித்த இந்த ஆய்வானது, திருகோணமலை மாவட்டத்தில் மேற்கொள்ளப்பட்ட முதன்மையான ஆய்வாக இருக்கும் என்று நான் நம்புகிறேன்.

இந்த அறிக்கையில் முன்வைக்கப்பட்டுள்ள கருத்துக்கள், இந்நிறுவனங்களின் கருத்துக்களையோ, கொள்கைகளையோ அல்லது நிதி மற்றும் வழிகாட்டுதலை வழங்கிய நிறுவனங்களின் கருத்துக்களையோ பிரதிபலிக்கவில்லை. இந்த வெளியீட்டின் பதிப்புரிமை RECDO நிறுவனத்திற்குரியது. இந்த ஆய்வை முழுமையாகவோ அல்லது பகுதியாகவோ மறுபிரசுரம் செய்ய, ஆசிரியரின் மற்றும் வெளியீட்டாளரின் வெளிப்படையான அனுமதி பெற்ற பின்னரே அனுமதிக்கப்படும். மேலும், இதில் முன்வைக்கப்பட்டுள்ள அனைத்து விளக்கங்களும் கண்டுபிடிப்புகளும் ஆசிரியரின் தனிப்பட்ட பொறுப்பாகும்.

மாதவிடாய் சவால்களை எதிர்கொள்ளும் இந்த ஆய்வை மேற்கொள்வதற்கும், அதை நிறைவு செய்வதற்கும் எமது நிறுவனத்திற்கு FPA Sri Lanka, The CAAPP Project மற்றும் இலங்கை மற்றும் மாலைதீவுகளுக்கான பிரான்ஸ் தூதரகம் ஆகியோரின் நிதி உதவியுடன் எனக்கு ஆதரவளித்த அனைவருக்கும் நான் நன்றி கூறுகிறேன். இந்த அறிக்கையானது, திருகோணமலை மாவட்டத்தில் உள்ள முஸ்லிம் மாணவிகளிடையே மாதவிடாய் ஆரோக்கியம், கலாச்சார தாக்கங்கள் மற்றும் நிறுவன நடைமுறைகள் குறித்த விடயங்களுக்கு குறிப்பிடத்தக்க பங்களிப்பைச் செய்யும் என்று நான் நம்புகின்றேன்.

நன்றி



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ரேக்டோ நிறுவனம்

ஏற்புரை

மாதவிடாய் சவால்களை வழிப்படுத்தல் : திருகோணமலை மாவட்டத்திலுள்ள முஸ்லிம் பெண்பிள்ளைகளிடையே மாதவிடாய் கலாச்சாரம் ஆரோக்கியம் மற்றும் நிறுவன நடைமுறைகள் பற்றிய விரிவான இவ் ஆய்வை ஆய்வாளரான எம்.வை.மின்னதுல் சுஹிரா அவர்கள் மேற்கொண்டார்கள். இச்செயற்திட்டமானது, திருகோணமலை மாவட்டத்திலுள்ள RECDO நிறுவனத்தால் அமுலாக்கம் செய்யப்பட்டது. இதனை அமுல்படுத்தவதற்காக தொழிநுட்ப உதவிகள் மற்றும் வழிகாட்களை பங்குதாரர்களான The Family Planning Association Of Sri Lanka (FPASL), CAAPP வழங்கியுள்ளனர். இதற்கான முழு நிதி ஆதரவை இலங்கை மற்றும் மாலைதீவுக்கான பிரான்சிய தூதரகம் வழங்கியுள் ளது. எனவே இவர்களுக்கு நான் RECDO நிறுவனம் சார்பாக மனமார்ந்த நன்றியைத் தெரிவிக்கக் கடமைப்பட்டுள்ளேன்.

இந்த பெறுமதிமிக்க ஆய்வை ஆய்வை செம்மைப்படுத்த சிறந்த கருத்துரைகளை வழங்கிய Dr. Rashmira Balasuriya அவர்களுக்க நன்றி கூற விரும்புகின்றேன். இவ்வாய்வை மேற்கொள்வதற்காக பல்வேறு வழிகளில் வழிகாட்டுதல் மற்றும் ஒருங்கிணைப்பு உதவிகளை தொடர்ச்சியாக வழங்கிய குடும்பத் திட்டமிடல் நிறுவனத்தின் நிகழ்ச்சித் திட்ட ஒருங்கிணைப்பாளர் திருமதி ஜெயந்தி நடராஜா அவர்களுக்கு கட்டுரை ஆசிரியர் மிகுந்த நன்றியைத் தெரிவித்துக் கொள்கின்றார்.

இத்தகைய ஆதரவை வழங்கி பெண்பிள்ளைகளின் மாதவிடாய் தொடர்பானதடைகளை இல்லா தொழிக்கும் முயற்சிகளில் நேரடியாகப் பங்கெடுத்துள்ள நிறுவனங்களுக்கு RECDO நிறுவனம் சார்பாக மிகுந்த நன்றியைத் தெரிவித்துக் கொள்கின்றேன். இவ்வாய்வை மேற்கொள்ளும் போது, தனது முழுமையான கண்காணிப்பையும், ஆதரவையும், ஊக்குவிப்பையும் ஆய்வுக்கான தொழிநுட்ப உதவிகளையும் வழங்கிய நிறுவனப் பணிப்பாளர் முகம்மட் அஸார் மற்றும் அதன் ஒருங்கிணைப்பாளர் தானிஸ் அவர்களுக்கும் எனது மனமார்ந்த நன்றிகள்.

இவ்வாய்வை திட்டமிட்ட காலத்தில் முடிப்பதற்காக வினாக்கொத்து மற்றும் கலந்துரையாடல் களில் வசதியளித்த ஆய்வு உதவியாளர்களான அனைவருக்கம் நன்றிகள். மேலும் இவ்வாய்வுக்கான தரவுகளைத் திரட்டுவதற்காக மாணவிகளிடமிருந்து தரவுகளைப் பெறுவதற்காக அனுமதியளித்து பாடசாலை மற்றும் மத்ரசாக்களில் அதற்கான ஏற்பாடுகளை ஏற்படுத்தி தந்த நிர்வாகத்தினருக்கும் தகவல்களைத் உற்சாகமாக வழங்கிய மாணவிகளுக்கும், ஆய்வாளரின் மனமார்ந்த நன்றிகள்.

மாதவிடாய், பெண்களுக்கான களங்கமல்ல. மாதவிடாயை சுகாதாரமாகவும், ஆரோக்கியமாகவும், கொளரவமாகவும் எதிர்கொள்ளும் சமூகம் ஒன்றை உருவாக்கவதற்கான முயற்சியின் ஒரு படிநிலையாக இவ்வாய்வு அமைகின்றது. ஆய்வுகளின் ஊடாக உண்மைகளைக் கண்டறியும் இப்பணிகள் தொடர்வதற்கும், அதன் மூலமாக உண்மைகள் கண்டறியப்பட்டு பாதிப்புறக் கூடிய பெண்களையும், பெண்பிள்ளைகளையும் பாதுகாப்பதற்கான கலந்துரையாடல் மற்றும் பாதுகாப்பு நடவடிக்கைகளுக்கான தேவையினையும், பெண்களும் பெண்பிள்ளைகளும் பெறுவதற்கான எதிர்காலத்தை நோக்கிச் செல்ல பணியாற்ற வேண்டும் என்கின்ற செய்தியையும், அதன் தேவையினையும் நான் இங்கு வலியுறுத்திக் காட்டுகின்றேன்.

எம்.வை.மின்னதுல் சுஹிரா

ஆவணச் சுருக்கம்

மாதவிடாய் என்பது, சுமார் 1.8 பில்லியன் பெண்கள் மற்றும் பெண்பிள்ளைகளால் உலகளவில் அனுபவிக்கப்படுகின்ற ஒரு முக்கிய உயிரியல் செயல்முறையாகும் (UNICEF, 2025). இது பெண்களின் இனப்பெருக்க ஆரோக்கியத்தில் குறிப்பிடத்தக்க பங்கையும் வகிக்கின்றது, இருப்பினும், கலாச்சாரங்களில் கடைப்பிடிக்கப்படுகின்ற களங்கம் மற்றும் தடைகள் ஆகியவற்றால் மாதவிடாயக் சூழப்பட்டுள்ளமையும் குறிப்பிடத்தக்கது. இவ்வகையில், காலத்தில் பெண்கள் மற்றும் பெண்பிள்ளைகள் பல்வேறு பாதிப்புக்களை எதிர்கொள்கின்றனர். இலங்கையில், சுமார் 4.2 மில்லியன் பெண்கள் மாதாந்தம் மாதவிடாயை அடைகின்றனர். இருப்பினும், அவர்களில் 30% மானோருக்கே மாதவிடாய் சுகாதாரப் பொருட்கள் நிலையாகக் கிடைக்கின்றன(Advocata Institute,2020). மாதவிடாய் வறுமையானது, கிராமப்பறங்களைப் பெருமளவில் பாதித்து வருகின்றது. கோவிட்-19 தொற்று நோய்க்குப் பிந்தைய சமூக-பொருளாதார சீர்குலைவுகளால் இதன் தாக்கம் மேலும் தீவிரப்படுத்தப்பட்டுள்ளது. இருந்த போதிலும், சமூக-கலாச்சார, சமய மற்றும் நிறுவன காரணிகள் பெண்களின் மாதவிடாய் ஆரோக்கியம் மற்றும் சுகாதாரத்தை எவ்வாறு பாதிக்கின்றன என்பது குறித்த விரிவான தேசிய அளவிலான ஆராய்ச்சிகள் குறிப்பிடத்தக்களவில் இன்னும் மேற்கொள்ளப்படவில்லை இல்லை என்பதும் இங்கு குறிப்பிடத்தக்கது.

இவ்வகையில், இந்த ஆய்வு இலங்கையின் திருகோணமலை மாவட்டத்தில், குறிப்பாக தோப்பூர், முதூர், கிண்ணியா, தம்பலகாமம் மற்றும் கந்தளாய் ஆகிய கிராமங்களில் உள்ள முஸ்லிம் பெண்பிள்ளைகள் மீது கவனம் செலுத்தியுள்ளது. மாதவிடாய் சுகாதாரம் மற்றும் ஆரோக்கியத்தில் கலாச்சார, சமய மற்றும் நிறுவன நடைமுறைகளின் செல்வாக்கை ஆராய்தலை இது நோக்கமாகக் கொண்டிருந்தது. குறிப்பாக, மாதவிடாய் தொடர்பான இஸ்லாமிய போதனைகள் குறித்து பெண்பிள்ளைகளின் அறிவை மதிப்பிடுதல், மாதவிடாய் தொடர்பான கலாச்சார நடைமுறைகளை ஆராய்தல் மற்றும் பாடசாலை மற்றும் மதரஸாக்களில் வொஷ் (WASH- நீர்(Water), சுத்தம் (Sanitation) மற்றும் சுகாதாரம் (Health)) வசதிகளை மதிப்பிடுதல் ஆகியன முக்கிய நோக்கங்களில் அடங்கியிருந்தன. இவ்வாய்வின் கண்டுபிடிப்புகளானது, கிராமப்புற சமூகங்களில் முஸ்லிம் பெண்பிள்ளைகள் எதிர்கொள்ளும் பரந்த அளவிலான அனுபவங்கள் மற்றும் சவால்களை பிரதிபலித்துள்ளன. அவை சமூக-பொருளாதார, சமய மற்றும் பாலின அடிப்படையிலான இயக்கவியலால் வடிவமைக்கப்பட்டுள்ளன என்பதும் குறிப்பிடத்தக்கது.

மாதவிடாயைச் சுற்றியுள்ள சமய மற்றும் கலாச்சார அம்சங்களானது, மாணவிகளிடையே கணிசமாக வேறுபட்டுள்ளன. குறிப்பாகப் மாதவிடாய் சுகாதாரம் மற்றும் தூய்மை குறித்த அடிப்படை வழிகாட்டுதலை இஸ்லாம் வழங்கினாலும், பெண்பிள்ளைகளிடையே மாறுபட்ட அளவில் இவை பற்றிய புரிதல்கள் காணப்பட்டுள்ளன. 76.4% மான பெண்பிள்ளைகளிடம்

காணப்படும் மாதவிடாய் பற்றிய கருத்துக்களானது, சமய விளக்கங்களுடன் ஒத்துப் போயுள்ளன என்றாலும், 22.6% மாவர்களில் அவை வேறுபட்டுள்ளன. அதே போல, 35% மாணவர்கள் மாதவிடாயுடன் தொடர்புடைய சமயரீதியான கடமைகளைப் பற்றிய துல்லியமான அறிவைக் கொண்டிருக்கவில்லை என்பது ஆய்வில் தெரியவந்துள்ளது.

சமய அடிப்படையில் பெற்றுள்ள அறிவை அடிப்படையாகக் கொண்டு, நாளாந்தச் செயற்பாடுகளில் மாதவிடாயை அணுகுகின்ற விடயங்களிலும் வேறுபாடுகள் காணப்படுகின்றன. 70.8% மாவர்களிடையே மாதவிடாய்ச் சுத்தம், மாதவிடாய்க் காலம், மாதவிடாய்க் காலத்தில் மேற்கொள்ளப்படும் நாளாந்தச் செயற்பாடுகள் பற்றி சமய விளக்கம் காணப்படுகின்றது , இருப்பினும் 57% மாணவர்கள் சமய போதனைகளை விட குடும்ப மற்றும் சமூகத்தில் பெறப்பட்ட தகவல்களின் அடிப்படையில் அவற்றைப் புரிந்து செயல்படுகின்ற தன்மை காணப்படுகின்றது.

பெண்பிள்ளைகள் மாதவிடாய் தொடர்பான சமய விளக்கங்களை 34% குடும்பம் , 25% கல்வி நிலையம், 6% சுயகற்றல், 1.8% ஊடகம் , 1.8% நண்பர்களிடமிருந்து கற்றுள்ளனர். குடும்பமே சமய விளக்கங்களை வழங்குவதில் அதிகளவு செல்வாக்குச் செலுத்தியுள்ளது.

63% பிள்ளைகள் தமது மாதவிடாய்க்கு முன்னர் மாதவிடாய் பற்றிய தகவல்களை அறிந்திருக்கவில்லை. ஆயினும், 37% மாணவர்கள் தமது சகோதரி, உறவினர்கள் , வகுப்பு நண்பிகள் மூலமாகத் தெரிந்திருந்தனர். இது முதல் மாதவிடாயின் போது, சங்கடம் (32.1%) மற்றும் சோகம் (28.6%), வெட்கமடைதல் (32%), கோபம் (2.6%), சோர்வு (6.8%), அசௌகரியம் (4.7%), மற்றும் அசுத்தமான / அழுக்கான உணர்வு (2.6%) ஆகிய மனவெழுச்சிகளை அடைந்துள்ளனர். அதேவேளை, 9.8% மகிழ்ச்சி (9.8%) மற்றும் 3.8% ஆறுதலையும் அடைந்துள்ளனர். இம்மனவெழுச்சிகள் சமூக மற்றும் குடும்ப எதிர்பார்ப்புகளுடன் தொடர்புபட்டுள்ளன. இவ் அனுபவங்களை தெளிவாக நினைவில் கொண்டுள்ளனர்.

முதல் மாதவிடாயுடன் தொடர்புடைய கலாசாரத்தை அடிப்படையாகக் கொண்ட சடங்குகள் 73.2% பெண்பிள்ளைகளுக்கு மேற்கொள்ளப்பட்டுள்ளது. இக்காலத்தில் தேங்காய் பால் அல்லது மஞ்சள் கலந்த தண்ணீரில் முதல்நாள் பெண்பிள்ளைகளை நீராட்டுவது, ஏழு நாட்களுக்கு பழைய ஆடைகளை அணிவிப்பது, விசேடமாக சமைக்கப்பட்ட உணவுகளை வழங்குவது, நெருக்கமான உறவினர்களின் (தாய், தாயின் சகோதரி, சகோதரி, தாயின் தாய்) வழிகாட்டுதலின் கீழ் மாதவிடாய் பற்றிய அறிவுரைகளை வழங்குவது, கலாசார பொருட் பரிமாற்றங்கள் மற்றும் ஏழாவது நாளில் மாதவிடாயிலிருந்து சுத்தமடையும் குளிப்பு, பச்சை அரிசி, பசுவின் பால் மற்றும் சர்க்கரை ஆகியவற்றின் கலவையான 'புக்கை' என்று அழைக்கப்படும் ஒரு சிறப்பு இனிப்பு உணவு தயாரிக்கப்பட்டு ஏழாவது நாள் உறவினர்களுக்கும் அண்டை வீட்டாருக்கும் விநியோகிப்பது , வசதியுள்ளவர்கள் பகலுணவு சமைத்து விநியோகிப்பது ஆகியன பிரதான சடங்குகளாக மேற்கொள்ளப்பட்டுள்ளன.

மாதவிடாயுடன் தொடர்பான தகவல்களை 42.2% மானோர் தங்கள் தாயிடமும், 44.3% மானோர் நெருங்கிய சகோதரிகள் மூலமும் அறிந்துள்ளனர். இது மாதவிடாய் தொடர்பான தகவல்களுக்கு பெண்பிள்ளைகள் அதிகமாகக் குடும்ப உறுப்பினர்களை நம்பியிருப்பதைக் சுட்டிக்காட்டுகின்றது. இத்தகவல்கள் பெரும்பாலும் தெளிவான சமய மற்றும் விஞ்ஞானரீதியான விளக்கங்களை கொண்டிருக்கவில்லை. இது நீண்டகாலமாக மாதவிடாய் பற்றிக் காணப்படுகின்ற தவறான கருத்துக்களையும் நிலைநிறுத்துவதாகக் காணப்படுகின்றன.

சாதாரண மாதவிடாய் காலத்தில் 61.8% உணவில் கலாசாரத்தை அடிப்படையாகக் கொண்ட கட்டுப்பாடுகளைப் பின்பற்றுவது குறைவு. இருப்பினும், 38.2% மானோர் வழக்கமான உணவுப் பழக்கத்தை மாற்றியுள்ளனர். அதே வேளை, 79.6% வர்கள் போசணையுள்ள உணவுகளை இக்காலத்தில் உட்கொள்ளவில்லை இதில், இக்காலகட்டத்தில் உணவின் மீதான ஆர்வக் குறைவு, மற்றும், உடல் அசௌகரியம், சில நம்பிக்கைகள் செல்வாக்குச் செலுத்தியுள்ளன.

55.2% மாதவிடாய்கால உடல் அசௌகரியம், அதிகமாகத் தூங்க வேண்டும் என்கின்ற எண்ணங்கள். ஓய்வெடுக்க நினைக்கின்ற தன்மை ஆகிய காரணங்களால் வெளியிறங்கு தலைத் தவிர்த்துள்ளனர். இருப்பினும் 44% தனிப்பட்ட கலாசார மற்றும் நம்பிக்கைகள் காரணமாக தமது வெளிச் செயல்பாடுகளைகளைத் தவிர்த்துள்ளனர்.

77.97% மான பெண்பிள்ளைகள் வழமையாகத் தூங்கும் இடங்களில் தூங்கினாலும், இவர்களில் 20.03% மான பிள்ளைகள் தூங்கும் போது மாதவிடாய் சுத்தத்தை அடிப்படையாகக் கொண்டு, மேலதிக துணிகளைப் படுக்கையில் விரித்தல் ஆகிய கூடுதல் முன்னெச்சரிக்கை நடவடிக்கைகளை மேற்கொண்டுள்ளனர். அதே நேரத்தில் 14% மானோர், அவர்களுக்குள் எழுகின்ற மாதவிடாய் என்பது அசுத்தம் எனும் எண்ணம் காரணமாக, மாற்று இடங்களில் தூங்கியுள்ளனர்.

86.73% மாணவர்கள் மாதவிடாய் காலத்தில் எதிர்மறை மனவெழுச்சிகளான எரிச்சல்(38%), மன அழுத்தம் (16%), தனிமை (21%), சௌகரியம் (5%) அனுபவித்துள்ளனர். இருப்பினும், 9.65% எதுவித மனவெழுச்சிகளையும் வெளிப்படுத்தவில்லை. இவற்றில் குடும்ப, உடல் காரணிகள் செல்வாக்குச் செலுத்தியுள்ளன.

மாதவிடாய் தயாரிப்புகளுக்கான அணுகல் மற்றும் பயன்பாட்டில் பொருளாதாரக் காரணிகளை விட, சமூக-கலாச்சார காரணங்கள் கணிசமான பங்கைக் கொண்டுள்ளன. இதனால் மாதவிடாய் சுகாதார தயாரிப்புகளுக்கான அணுகல்கள் மாறுபட்டிருந்தது. 63.72% மான பெண்பிள்ளைகள் அவற்றை வாங்குவதில் குறிப்பிடத்தக்க சிரமங்களை எதிர்கொள்ள வில்லை. இருப்பினும் 36.28% மானவர்கள் எப்போதாவது நிதி சவால்களை எதிர் கொண்டுள்ளனர்.

இங்கு, 89.9% மான மாணவிகள் ஒரு தடைவை பயன்படுத்தும் பேடைப் (pad) பயன்படுத்தியுள்ளனர். பேட்கள் பிரதேசத்தில் இலகுவாகக் கிடைத்தல், இரத்தம் கசியாமல் பயமில்லாமல் முழுநாளும் இருக்கக் கூடியதாக இருத்தல், பயன்படுத்தவது, அகற்றுவது

இலகுவாக உள்ளமை, ஆகிய காரணங்கள் இதில் செல்வாக்குச் செலுத்தகின்றனர். இருப்பினும், 3.1% மீளப் பயன்படுத்தும் பேடையும், 8.6% மானோர், பேட் தட்டுப்பாடான வேளைகளில் துணிகளையும் பண்படுத்தியுள்ளனர்.

மாதவிடாய் தொடர்பான தகவல் பரிமாற்றங்கள் கட்டுப்படுத்தப்பட்டதாகவுள்ளது. மாதவிடாய் பெண்களுக்குரிய இரகசியமான ஒன்றாகக் கருதப்படுவதனால் அதனை வெளிப்படுத்தி கலந்துரையாடும் நிலை காணப்படவில்லை. இருப்பினும், 10.8% பேர் மாதவிடாய் தொடர்பான கிண்டலை நெருங்கிய உறவினர்கள் நண்பர்களிடமிருந்து அனுபவித்துள்ளனர். இது அவமானம் மற்றும் உணர்ச்சி துயரங்களை ஏற்படுத்தியுள்ளது.

மாதவிடாய் தொடர்பான விடயங்களை அறிந்து கொள்வதற்கான கலந்துரையாடல்கள் மற்றும் சூழல்கள் குறைவாக காணப்பட்டுள்ளன. 13.35% மானோர் மட்டுமே கல்வி நிலையங்களில் திறந்த உரையாடல், சக ஆதரவு அல்லது மாதவிடாய் தொடர்பான விழிப்புணர்வு நிகழ்வுகளுக்கு உகந்த சூழல்களைப் பெற்றுள்ளனர். 43.23% மானோர் ஆசிரியர்களிடம் தகவல்களைப் பெற்றுள்ளனர்.

பாடசாலைகள் மற்றும் மதரஸாக்களில் உள்ள வாஷ் உள்கட்டமைப்பில் குறிப்பிடத்தக்க இடைவெளிகள் காணப்பட்டுள்ளன. 29.78% நிறுவனங்களில் மட்டுமே மாதவிடாய் சுகாதார தயாரிப்புகளைப் பயன்படுத்துவதற்கான வசதிகள் இருந்தன, 21.7% மாதவிடாய் பெண்களுக்கு ஏற்ற ஓய்வறைகளைக் கொண்டிருந்தன, மேலும் 42.75% மாதவிடாய் தயாரிப்புகளை வழங்குவதற்கான நியமிக்கப்பட்ட பகுதிகளைக் கொண்டிருந்தன. இத்தகைய வசதிகள் உள்ள பாடசாலைகளில், 51.1% மாணவர்களுக்கு அவற்றை எவ்வாறு சரியாகப் பயன்படுத்துவது என்பது பற்றிய தகவல்கள் அவர்களுக்கு கிடைப்பதில்லை.

சோப்பு, சுத்தமான நீர், சிறுமிகளுக்கு தனி கழிப்பறைகள், மீண்டும் பயன்படுத்தக்கூடிய நப்(f)கின்களுக்கான உலர்த்தும் இடங்கள் மற்றும் அகற்றும் முறைகளுக்கான வசதிகள் குறைவாக உள்ளன. இது மாதவிடாய்க் காலங்களில் பிள்ளைகளின் பாடசாலை வருகையை குறைத்தள்ளது. பாடசாலைகளுடன் ஒப்பிடும்போது மதரஸாக்கள் ஒப்பீட்டளவில் சிறந்த வசதிகளை வழங்குவதாகக் கண்டறியப்பட்டுள்ளது.

கல்வி நிறுவனங்கள் மற்றும் ஏனைய சிவில் அமைப்புகள் மாணவர்களின் மாதவிடாய் தொடர்பான விழிப்புணர்வுகளை வழங்குவதில் ஒத்துழைப்பு குறைவாக உள்ளது. 49.4% பேருக்கு மாதவிடாய் பற்றிய அடிப்படை சுத்தம் மற்றும் சுகாதாரம் பற்றிய அறிவு இல்லை, இருப்பினும் இவர்கள் மாதவிடாய் ஆரோக்கியத்தைப் பற்றி மேலும் அறிய அதிக ஆர்வம் காட்டினர், மேலும் 100% கூடுதல் தகவல்களைப் பெற விருப்பம் தெரிவித்தனர். 20.3% பேர் எந்த விழிப்புணர்வு பயிற்சியையும் பெற்றிருக்கவில்லை. இந்த அறிவு இடைவெளி, மாதவிடாயை நம்பிக்கையுடனும் கண்ணியத்துடனும் நிர்வகிக்கும் பெண்களின் திறனை கடுமையாக மட்டுப்படுத்தியுள்ளது.

கண்டுபிடிப்புகளின் அடிப்படையில், இலங்கை முழுவதும் இளம் பருவ பெண்கள் எதிர்கொள்ளும் சவால்களைப் புரிந்துகொள்வதற்கு தேசிய அளவிலான ஆய்வுகளின் அவசரத் தேவையை இந்த ஆய்வு எடுத்துக்காட்டுகிறது. அத்துடன், சமய மற்றும் பாடசாலைகளில் கட்டமைக்கப்பட்ட மாதவிடாய் சுகாதார திட்டங்களை உருவாக்கி செயல்படுத்த இந்த ஆய்வு வலுவாக பரிந்துரைக்கிறது. மேலும் மாதவிடாய் சுகாதாரக் கல்வியைப் பாடத்திட்டத்தில் இணைக்கப்படல் வேண்டும்.

அதே போல, சமூக அமைப்புகள் மற்றும் சுகாதாரத் துறைகளுடன் பாடசாலைகள் ஒருங்கிணைந்து, மாதவிடாய் சுகாதாரம், போசாக்கு மற்றும் சிறுமிகளின் இனப்பெருக்க ஆரோக்கியம் ஆகியவற்றில் கவனம் செலுத்தும் வகையில், காலாண்டு விழிப்புணர்வு நிகழ்ச்சிகளை நடத்துதல் வேண்டும்.

மாதவிடாயை வெட்கம் மற்றும் இரகசியம் என்ற கண்ணாடிகள் மூலம் அணுகாமல், மாதவிடாய் பெண்களின் அடிப்படை அம்சமாக அங்கீகரிக்கப்பட்டு, உடல், உளவியல், கலாச்சார மற்றும் சமயத் தடைகளை நிவர்த்தி செய்வதன் மூலமும், பாதுகாப்பான, கண்ணியமான மாதவிடாய் சுகாதார முகாமைத்துவத்திற்கான அணுகலை உறுதி செய்வதன் மூலமும், இலங்கையில் அதிக மாதவிடாய் சமத்துவம் மற்றும் பாலின உணர்திறன் கல்வி சீர்திருத்தத்தை நோக்கி நகர முடியும்.