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"Effectiveness of Hygiene Education Programme on knowledge and practice on Menstrual Health Hygiene Management (MHHM) among early Adolescent girl at selected school"

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KEYWORDS

Effectiveness, Hygiene education Programme, Menstrual health hygiene management, early adolescent girl, selected school.

ABSTRACT:

Background of study: Menstruation is a natural biological process that begins at menarche, usually between 10–16 years of age, and is an important phase in the life of adolescent girls. During puberty, girls experience significant physical, neurological, and hormonal changes; however, many are unprepared for menstruation due to limited knowledge and the social stigma surrounding it. Cultural taboos and misconceptions often lead girls to hide menstrual blood and related products, causing anxiety, embarrassment, and poor menstrual hygiene practices. Access to accurate information, sanitary products, and supportive environments is essential for maintaining menstrual health and dignity among adolescent girls.

Globally, inadequate sanitation facilities and lack of water, hygiene, and privacy further challenge menstrual hygiene management (MHM), especially in low-income settings and schools. Studies have shown that many adolescent girls have insufficient knowledge about menstruation and hygiene practices. For example, research among visually impaired adolescent girls reported poor levels of knowledge and inadequate practices related to menstrual hygiene. These findings highlight the need for effective educational interventions. Therefore, implementing hygiene education programmes is important to improve the knowledge and practices of menstrual health hygiene management (MHHM) among early adolescent girls in schools.

Methodology: For this study, a pre-experimental one group pre-test and post-test research design was adopted to assess the effectiveness of a hygiene education programme on menstrual health hygiene management (MHHM) among early adolescent girls. The study was conducted among 100 early adolescent girls aged 11–15 years in a selected school. A simple random sampling technique (lottery method) was used to select the samples. Data were collected using a structured knowledge questionnaire and self-rating practice checklist. The hygiene education programme was given as an intervention, and the post-test was conducted after seven days. The collected data were analyzed using descriptive statistics and inferential statistics such as paired t-test and chi-square test.

Result: The study revealed that before the hygiene education programme, the majority of early adolescent girls had average knowledge (83%) regarding menstrual health hygiene management, while 17% had poor knowledge and none had good knowledge. After the intervention, the post-test results showed a clear improvement, with 58% of the participants demonstrating good knowledge and 42% having average knowledge, while none remained in the poor knowledge category.

Similarly, regarding practice, the pre-test findings showed that 61% of the participants had average

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practice, 24% had good practice, and 15% had poor practice related to menstrual health hygiene management. After the hygiene education programme, 63% of the early adolescent girls demonstrated good practice and 37% had average practice, with no participants remaining in the poor practice category, indicating the effectiveness of the hygiene education programme.

Conclusion: The findings of the present study indicated Effectiveness of Health education package on practice Regarding menstrual health hygiene management among Early adolescent girls. This notable increase is supported by the paired t-test result of 14.889 and 14.261 with a p-value of 0.000, indicating that the difference between the pre-test and post-test scores is statistically significant. Thus, the results suggest a marked improvement in both knowledge and practice after the intervention.

1. Introduction

Menstruation is the regular discharge of blood and mucosal tissue from the uterus through the vagina as part of the menstrual cycle. It occurs due to hormonal changes, especially a decrease in progesterone levels when pregnancy does not occur. The first menstruation, called menarche, usually occurs between 11 and 13 years of age, though it can start as early as 8 years. The menstrual cycle typically lasts 21–35 days, with bleeding lasting about 2–7 days. Menstruation stops during pregnancy and permanently ends at menopause, usually between 45 and 55 years. Some women may experience symptoms such as premenstrual syndrome (PMS), painful periods, or heavy bleeding, while absence of menstruation is known as amenorrhea.[1]

Menstruation is a normal part of the female reproductive cycle and biological maturation that begins at puberty and menstrual hygiene is basic to the dignity and well-being of women and girls as well as an essential component of the basic hygiene, sanitation, and reproductive health services to which each woman and girl has a right. Menstrual hygiene management (MHM) practice is defined as using clean menstrual management material, cleaning the body as necessary with soap and water, and getting the means to dump used materials. Girls' menstrual coping techniques differ widely between and within countries, based on an individual's personal choices, resources available, economic position, local customs, cultural values, and expertise or education. But owing to countless cultural and societal misconceptions about menstruation, most of them lack enough information about ways to manage their menstrual hygiene.[2]

Menstrual hygiene management (MHM) is part of the overall efforts within the sexual and reproductive health right of women and adolescent girls, which is based on the right and ability of all individuals to decide over their own bodies, and to live a healthy reproductive life. Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls and an important part of basic hygiene, sanitation and reproductive health services for which every woman and girl has a right. Menstrual hygiene deals with the special health care needs and requirements of girl/women during monthly menstruation or menstrual cycle. Menstruation Hygiene Management (MHM) focuses on practical strategies for coping with monthly periods. MHM refers to ways women themselves keep clean and healthy during menstruation and how they acquire, use and dispose of blood-absorbing materials. Poor menstrual hygiene is a risk factor for reproductive tract infection and cervical neoplasia. Learning about hygiene during menstruation is a vital aspect of health education for adolescent girls.

Poor or inadequate knowledge about menstrual hygiene management (MHM) leads to **(i). Health related risk-** Unsafe and unhygienic materials to absorb menstrual blood can leads to vaginal infections, with possible long-term effects on reproductive health, **(ii). Psycho-social effects-**Socio-cultural restrictions on menstruation are often associated with shame and disgust, resulting in negative attitudes. **(iii). Educational thrashing-** Poor or inadequate water, sanitation and hygiene (WASH) facilities in schools makes the girls for not attend school for the duration of their menstrual periods. **(iv). Environment-** With lack of or limited waste management, non-reusable and commercial items are often disposed into the environment.[3]

Menstruation is an important phase that changes the life of girls. Menarche starts between 10 to 16 years (12 and 13 years) old, and menopause occurs between 45 to 50 years old. As an outcome, puberty is a difficult period for girls as the body undergoes many neurological and biochemical changes. Yet, many girls are unprepared for puberty, and the information they receive are often incomplete and considered taboo. Menstruation is an anxiety-provoking phenomenon for adolescent girls and a social phenomenon focused on concealment, menstrual laws, and perceived norms. In 2019, Nath and John

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showed the social stigma many girls felt about menstruation, explaining how girls believed that menstrual blood and menstrual products should be kept invisible. The belief that menstrual blood and other menstrual products have to be hidden is a way of explaining the social humiliation many girls feel about their menstrual cycles. Adolescents and those in the reproductive age need access to sanitary products that are clean, gentle, and absorbent to maintain their health in the long run. However, there is an inadequate focus on this issue. A paramount concern for girls is whether they have the necessary information, facilities, and environment to manage menstruation in a healthy and dignified manner.[4]

2.Need of the study:

A report by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) titled "Progress on Drinking Water, Sanitation and Hygiene in Schools (2015–2023)" highlights major gaps in menstrual health support in schools worldwide. The report states that only 2 out of 5 schools provide menstrual health education, and less than one-third have disposal bins for menstrual waste in girls' toilets. Many girls also lack access to menstrual products, clean toilets, water, and soap, which affects their dignity, health, and school attendance. The report emphasizes the urgent need for better facilities, education, and support to improve menstrual health and hygiene in schools globally.[5]

Menstruation is a natural process during the reproductive age of females and an important phase in adolescence, where girls learn to manage menstrual bleeding safely and hygienically. Globally, about 26% of the population are women of reproductive age, and more than 800 million women aged 15–49 are menstruating. However, many adolescent girls enter puberty without adequate knowledge due to lack of information. According to the World Health Organization and United Nations Children's Fund, menstrual hygiene management (MHM) involves using clean menstrual materials, changing them in privacy, maintaining personal hygiene with soap and water, and having safe facilities for disposal, enabling girls and women to manage menstruation with dignity and comfort.[6]

Maurya, Bhowal, and Kumar reported that menstrual education is essential for adolescent girls in India, where menstruation is often considered unclean due to social beliefs. Their study among 100 adolescent girls in an urban slum found that menstrual hygiene practices were unsatisfactory and many girls used homemade cloth during menstruation. Poor menstrual hygiene can lead to health problems such as cervicitis, bacterial vaginitis, and fungal infections. The study emphasized the need for structured education on menstruation, hygienic practices, use of sanitary products, and proper disposal methods to promote healthy practices and prevent infections.[7]

Dolma and M. G. conducted a study among 60 adolescent girls in India to assess knowledge about menstruation and menstrual hygiene using a planned teaching programme and buddy approach. The researcher group received direct teaching, while the buddy group shared information among peers. The results showed an improvement in knowledge, with post-test mean scores increasing to about 16 in both groups. The study concluded that the buddy approach is a cost-effective and effective method for improving menstrual hygiene knowledge and encouraging open communication among adolescent girls while addressing socio-cultural barriers.[8]

Menstrual Hygiene Management (MHM) is a major challenge for adolescent girls in many low- and middle-income countries, especially in schools. Lack of proper water, sanitation and hygiene (WASH) facilities, inadequate puberty education, and limited access to hygienic menstrual products make menstruation uncomfortable and sometimes shameful for girls. Cultural taboos and fear of leakage or odor often lead to school absenteeism and reduced participation in daily activities. Poor menstrual hygiene can also cause urinary and reproductive tract infections (RTIs), which may lead to health problems such as pelvic pain, dysmenorrhea, and infertility. Improving awareness, access to hygienic materials, and better school sanitation facilities can help girls manage menstruation safely and with dignity.[9]

3.Materials and Methodology:

3.1 Research Approach:

An evaluative research approach was adopted for the study to determine the effectiveness of hygiene education programme on knowledge and practice on menstrual health hygiene management (MHHM) among early adolescent girls.

3.2 Research Design:

The research design selected for the present study was pre-experimental with one group pre-test and post-test design.

A pre-test was conducted among early adolescent girl using structured knowledge questionnaire on menstrual health hygiene management (MHHM). Intervention was given in the form of hygiene education programme on knowledge and practice on menstrual health hygiene management (MHHM) and post test was conducted by

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using the same structured questionnaire, to assess the effectiveness of intervention.

3.3 Setting of the study:

This study was conducted in the selected school.

3.4 Population:

In this study the populations were the early adolescent girl between age group of 11^{ths} to 15th years and residing at selected school.

3.5 Sample and Sampling Technique:

A total of 100 early adolescent girls from a selected school were included in the study. The participants were selected using a simple random sampling technique by lottery method to ensure equal chance of selection from the population. This method was considered appropriate to obtain a representative sample for assessing knowledge and practice regarding menstrual health hygiene management.

3.6 Development of Data Collection Tool:

A structured knowledge questionnaire was developed following an extensive review of relevant literature. The tool was validated by subject experts to ensure content accuracy and relevance, and a pilot study was conducted to assess its clarity, feasibility, and reliability.

3.7 Data Collection Procedure:

Data collection was carried out in three phases. In Phase I, a pre-test was conducted using a structured questionnaire to assess the baseline knowledge and practice of early adolescent girls regarding menstrual health hygiene management (MHHM). In Phase II, a hygiene education programme was implemented using a lecture-cum-discussion method supported by charts, flashcards, and handouts. In Phase III, a post-test was conducted on the seventh day using the same questionnaire to evaluate the effectiveness of the hygiene education programme. Prior permission was obtained from the school principal, and informed consent was taken from the participants before data collection.

3.8 Data Analysis:

Both descriptive and inferential statistics were used for data analysis. Descriptive statistics such as frequency, percentage, mean, median, standard deviation, and range were used to summarize the demographic characteristics and knowledge and practice scores of the participants. A paired t-test was used to determine the effectiveness of the hygiene education programme. Additionally, the chi-square test was applied to find the association between pre-test knowledge and practice scores with selected demographic variables.

Describing the frequency and percentage distribution of socio demographic variables of early adolescent girls.

Table No. 1- Frequency and percentage distribution of socio demographic variables of early adolescent girls

Sr.No	Demographic Variables	Category	Frequency	Percentage
1	Age	11-13 years	69	69
		14-16 years	31	31
2	Education Details	5th std	47	47
		6th std	32	32
		7th std	21	21
3	Religion	Hindu	70	70
		Buddha	22	22
		Muslim	8	8

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4	Type Of Family	Joint family	82	82
		Nuclear family	14	14
		Extended Family	4	4
5	Education Of Mother	Illiterate	27	27
		Primary school	15	15
		Secondary school	4	4
		Higher secondary	36	36
		Graduate and post graduate	18	18
6	Working Status Of The Mother	House wife	70	70
		Working	30	30
7	Family Socio Economic Status	5000-10,000	23	23
		11000-15000	64	64
		1600-2000	3	3
		Above 20,000	10	10
8	Source of information about menstrual health hygiene	Health personal	35	35
		Friend ,parent ,Teacher	44	44
		Mass media ,book, newspaper	3	3
		Other	18	18

The majority of early adolescent girls in the study were 11–13 years old (69%). Most of the participants were studying in the 5th standard (47%). Regarding religion, the majority belonged to the Hindu religion (70%). Most respondents were from joint families (82%). Concerning the education of mothers, the majority had higher secondary education (36%). Most mothers were housewives (70%). In terms of family socio-economic status, the majority had a monthly income of ₹11,000–₹15,000 (64%). Regarding the source of information about menstrual health hygiene, the majority reported friends, parents, or teachers (44%) as their main source of information.

To assess level of knowledge regarding menstrual health hygiene management among early adolescent girls.

Table No. 2- Assess pretest level of knowledge regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Criterion	Range of score	No. of respondent	Percentage
1	Poor Knowledge	0 to 9	17	17.00
2	Average Knowledge	10 to 18	83	83.00

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3	Good Knowledge	19 to 26	0	0.00

The findings show that the majority of early adolescent girls had average knowledge (83%) regarding menstrual health hygiene management. 17% of the respondents had poor knowledge, while none of the participants demonstrated good knowledge in the pre-test. This indicates that most girls had only moderate awareness about menstrual health hygiene before the intervention

Table No. 3- post test level of knowledge regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Criterion	Range of score	No. of respondent	Percentage
1	Poor Knowledge	0 to 9	0	0.00
2	Average Knowledge	10 to 18	42	42.00
3	Good Knowledge	19 to 26	58	58.00

The post-test findings show that the majority of early adolescent girls had good knowledge (58%) regarding menstrual health hygiene management, while 42% had average knowledge. None of the respondents had poor knowledge. This indicates a significant improvement in the knowledge level of participants after the intervention.

Table No. 4-Assess pretest level of practice regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Criterion	Range of score	No. of respondent	Percentage
1	Poor practice	0 to 7	15	15.00
2	Average practice	8 to 14	61	61.00
3	Good practice	15 to 20	24	24.00

The pre-test findings show that the majority of early adolescent girls had average practice (61%) regarding menstrual health hygiene management. 24% of the respondents demonstrated good practice, while 15% had poor practice. This indicates that most participants had only moderate menstrual hygiene practices before the intervention.

Table No. 5-Assess posttest level of practice regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Criterion	Range of score	No. of respondent	Percentage
1	Poor practice	0 to 7	0	0.00
2	Average practice	8 to 14	37	37.00
3	Good practice	15 to 20	63	63.00

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The post-test findings show that the majority of early adolescent girls demonstrated good practice (63%) regarding menstrual health hygiene management, while 37% had average practice. None of the respondents had poor practice. This indicates an improvement in menstrual hygiene practices among the participants after the intervention.

To evaluate effectiveness of health education package on knowledge and practice regarding menstrual health hygiene management among early adolescent girls.

Table No. 6-Evaluate effectiveness of health education package on knowledge regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Group	Mean	Standard deviation	Mean %	paired t test	Table value
1	Pre test	15.87	3.43	61.04	14.889	0.000
2	Post test	20.91	3.10	80.42		

Table shows effectiveness of Health education package on Knowledge Regarding menstrual health hygiene management among Early adolescent girls. In Pre Test, the mean score is 15.87 with a standard deviation of 3.43, resulting in a mean percentage of 61.04%. while Post Test The mean score is 20.91 with a standard deviation of 3.1, resulting in a mean percentage of 80.42%. The calculated paired t-test value is 14.889, with p value of 0.000. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.000), which is less than the typical significance level of 0.05.

Table No. 7- Evaluate effectiveness of health education package on practice regarding menstrual health hygiene management among early adolescent girls.

Sr. No	Group	Mean	Standard deviation	Mean %	paired t test	Table value
1	Pre test	11.93	2.88	59.65	14.261	0.000
2	Post test	16.00	2.46	80.00		

Table shows effectiveness of Health education package on practice Regarding menstrual health hygiene management among Early adolescent girls. In Pre Test, the mean score is 11.93 with a standard deviation of 2.88, resulting in a mean percentage of 59.65%. while Post Test The mean score is 16 with a standard deviation of 2.46, resulting in a mean percentage of 80%. The calculated paired t-test value is 14.261, with p value of 0.000. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.000), which is less than the typical significance level of 0.05.

To find out association between pre test level of knowledge and practice regarding menstrual health hygiene management with their selected demographic variables of early adolescent girls

Table No.8- Find out association between pre test level of knowledge regarding menstrual health hygiene management with socio demographic variables of early adolescent girls

Sr. No		Category	Pretest levels of knowledge		Total	Chi square value	p value
			Poor	Average			

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	Socio demographic variables		f	%	F	%			
1	Age	11-13 years	2	17.39	57	82.61	69	0.024	0.876
		14-16 years	3	16.13	26	83.87	31		
2	Education Details	5th std	9	19.15	38	80.85	47	0.675	0.713
		6th std	4	12.50	28	87.50	32		
		7th std	4	19.05	17	80.95	21		
3	Religion	Hindu	3	18.57	57	81.43	70	0.414	0.813
		Buddha	3	13.64	19	86.36	22		
		Muslim	1	12.50	7	87.50	8		
4	Type Of Family	Joint family	6	19.51	66	80.49	82	2.150	0.341
		Nuclear family	1	7.14	13	92.86	14		
		Extended Family	0	0.00	4	100.00	4		
5	Education Of Mother	Illiterate	4	14.81	23	85.19	27	0.766	0.943
		Primary school	2	13.33	13	86.67	15		
		Secondary school	1	25.00	3	75.00	4		
		Higher secondary	6	16.67	30	83.33	36		
		Graduate and post graduate	4	22.22	14	77.78	18		
6	Working Status Of The Mother	House wife	3	18.57	57	81.43	70	0.408	0.523
		Working	4	13.33	26	86.67	30		
7	Family Socio Economic Status	5000-10,000	3	13.04	20	86.96	23	1.072	0.784
		11000-15000	2	18.75	52	81.25	64		
		1600-2000	0	0.00	3	100.00	3		

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		Above 20,000		20.00	8	80.00	10		
8	Source of information about menstrual health hygiene	Health personal		20.00	28	80.00	35	1.538	0.673
		Friend, parent, Teacher		13.64	38	86.36	44		
		Mass media, book, newspaper		0.00	3	100.00	3		
		Other		22.22	14	77.78	18		

The findings show that there was no significant association between the pre-test level of knowledge regarding menstrual health hygiene management and selected demographic variables such as age, education, religion, type of family, mother's education, working status of mother, family socio-economic status, and source of information, as all p-values were greater than 0.05. Hence, the null hypothesis (H_0) was accepted.

Table No. 9-Find out association between pre test level of practice regarding menstrual health hygiene management with socio demographic variables of early adolescent girls.

Sr. No	Socio demographic variables	Category	Pre test levels of Practice						Total	Chi square value	p value
			Mild		Moderate		Severe				
			f	%	F	%	F	%			
	Age	11-13 years	12	17.39	41	59.42	16	3.19	9	1.001	0.606
		14-16 years	3	9.68	20	64.52	8	5.81	1		
	Education Details	5th std	7	14.89	26	55.32	14	9.79	7	2.192	0.700
		6th std	5	15.63	20	62.50	7	1.88	2		
		7th std	3	14.29	15	71.43	3	14.29	21		
	Religion	Hindu	9	12.86	44	62.86	17	24.29	70	2.255	0.689
		Buddha	5	22.73	13	59.09	4	18.18	22		
		Muslim	1	12.50	4	50.00	3	37.50	8		

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	Type Of Family	Joint family	13	15.85	50	60.98	19	23.17	82	1.937	0.747
		Nuclear family	2	14.29	9	64.29	3	21.43	14		
		Extended Family	0	0.00	2	50.00	2	50.00	4		
	Education Of Mother	Illiterate	5	18.52	17	62.96	5	18.52	27	7.021	0.534
		Primary school	2	13.33	10	66.67	3	20.00	15		
		Secondary school	1	25.00	1	25.00	2	50.00	4		
		Higher secondary	5	13.89	19	52.78	12	33.33	36		
		Graduate and post graduate	2	11.11	14	77.78	2	11.11	18		
	Working Status Of The Mother	House wife	12	17.14	42	60.00	16	22.86	70	0.880	0.644
		Working	3	10.00	19	63.33	8	26.67	30		
	Family Socio Economic Status	5000-10,000	3	13.04	15	65.22	5	21.74	23	1.055	0.983
		11000-15000	10	15.63	38	59.38	16	25.00	64		
		1600-2000	0	0.00	2	66.67	1	33.33	3		
		Above 20,000	2	20.00	6	60.00	2	20.00	10		
	Source of information about menstrual health hygiene	Health personal	7	20.00	20	57.14	8	22.86	35	3.662	0.722
		Friend ,parent ,Teacher	6	13.64	28	63.64	10	22.73	44		
		Mass media ,book, newspaper	0	0.00	3	100.00	0	0.00	3		
		Other	2	11.11	10	55.56	6	33.33	18		

It Shows that association between pre test level of practice regarding menstrual health hygiene management with Age, Education Details, Religion , Type Of Family, Education Of Mother, Working Status Of The Mother, Family Socio Economic Status, Source of information about menstrual health hygiene, the chi square p value found to be 0.606, 0.700, 0.689, 0.747, 0.534, 0.644,0.983, and 0.722 respectively, it is no significant the level of 0.05. Hence H_{01} accepted and H2 rejected.

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4. Discussion:

Assess the pretest knowledge and practices regarding to menstrual health hygiene management in both group in adolescent girl.

The pre-test findings showed that the majority of respondents had average knowledge (83%) regarding menstrual health hygiene management, while 17% had poor knowledge and none had good knowledge. Similarly, in practice, most respondents had average practice (61%), followed by good practice (24%) and poor practice (15%).

A similar study conducted by Ms. Chaubey (2024) among 100 adolescent girls in selected schools of Lucknow found that most participants were aged 15–18 years and belonged to Hindu religion. The study revealed that the mean knowledge score (18.26±3.34) and practice score (12.53±2.88) indicated good knowledge and practice regarding menstrual hygiene. However, only a weak positive correlation was found between knowledge and practice. The study concluded that health education programmes are essential to improve menstrual hygiene awareness among adolescent girls.[10]

To determine the effectiveness of health education package on the menstrual health hygiene management among early adolescent girl.
The findings show that the health education package was effective in improving knowledge and practice regarding menstrual health hygiene management among early adolescent girls. The mean knowledge score increased from 15.87 (61.04%) in the pre-test to 20.91 (80.42%) in the post-test, and the mean practice score increased from 11.93 (59.65%) to 16 (80%). The paired t-test values were significant ($p = 0.000 < 0.05$), indicating a significant improvement after the intervention.
A similar study conducted by Saraswati Ghimire et al. (2024) among adolescent girls in Pokhara, Nepal showed a significant improvement in knowledge and practice of menstrual hygiene after a health education intervention. Knowledge scores increased from 10% to 67%, and good menstrual hygiene practices improved from 22.5% to 67% in the intervention group. The study concluded that school health education programs and adequate WASH facilities play an important role in improving menstrual hygiene among adolescent girls.[11]

5. Conflict of interest:

The author declares that there are no conflicts of interest related to this study. No financial, professional, or personal relationships have influenced the design, conduct, analysis, or reporting of this research.

6. Implication:

The findings of the study can be discussed in four areas, mainly, nursing practice, nursing education and nursing research. Several implications can be drawn from the present study for nursing practice.

Nursing Education

1. Early adolescent girls should be made aware menstrual health hygiene management.
2. Nurse educator should educate to Early adolescent girls for menstrual health hygiene management.
3. Nurse educator should adapt different teaching methodology to educate the Early adolescent girls about menstrual health hygiene management.

Nursing Administration: -

1. The nurse administrator should take interest in providing information on menstrual health hygiene management.
2. Organization of such programmes requires efficient team work, planning for man power, money, material, methods and minutes to conduct successful education program regarding menstrual health hygiene management both the urban and rural community.

Nursing Research: -

1. There is a need of extensive and intensive research in this area, so that a strategy for providing sanitary pads for Early adolescent girls .
2. In service education and continuing education should be organized to update the knowledge on menstrual health hygiene management.

7. Funding:

This study was not funded by any organization.

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9. Conclusion:

The findings of the present study indicated Effectiveness of Health education package on practice Regarding menstrual health hygiene management among Early adolescent girls. This notable increase is supported by the paired t-test result of 14.889 and 14.261 with a p-value of 0.000, indicating that the difference between the pre-test and post-test scores is statistically significant. Thus, the results suggest a marked improvement in both knowledge and practice after the intervention.

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