A Case Study Report
On

Awareness of Social Issues (Women's Health and Hygiene_Young Age Challenges)

School of Engineering & Technology
K R Mangalam University, Sohna Road, Gurugram, Haryana

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Coordinators

Dr. Vandna Batra, & Ms. Suman

Assistant Professor SOET

K.R. Mangalam University

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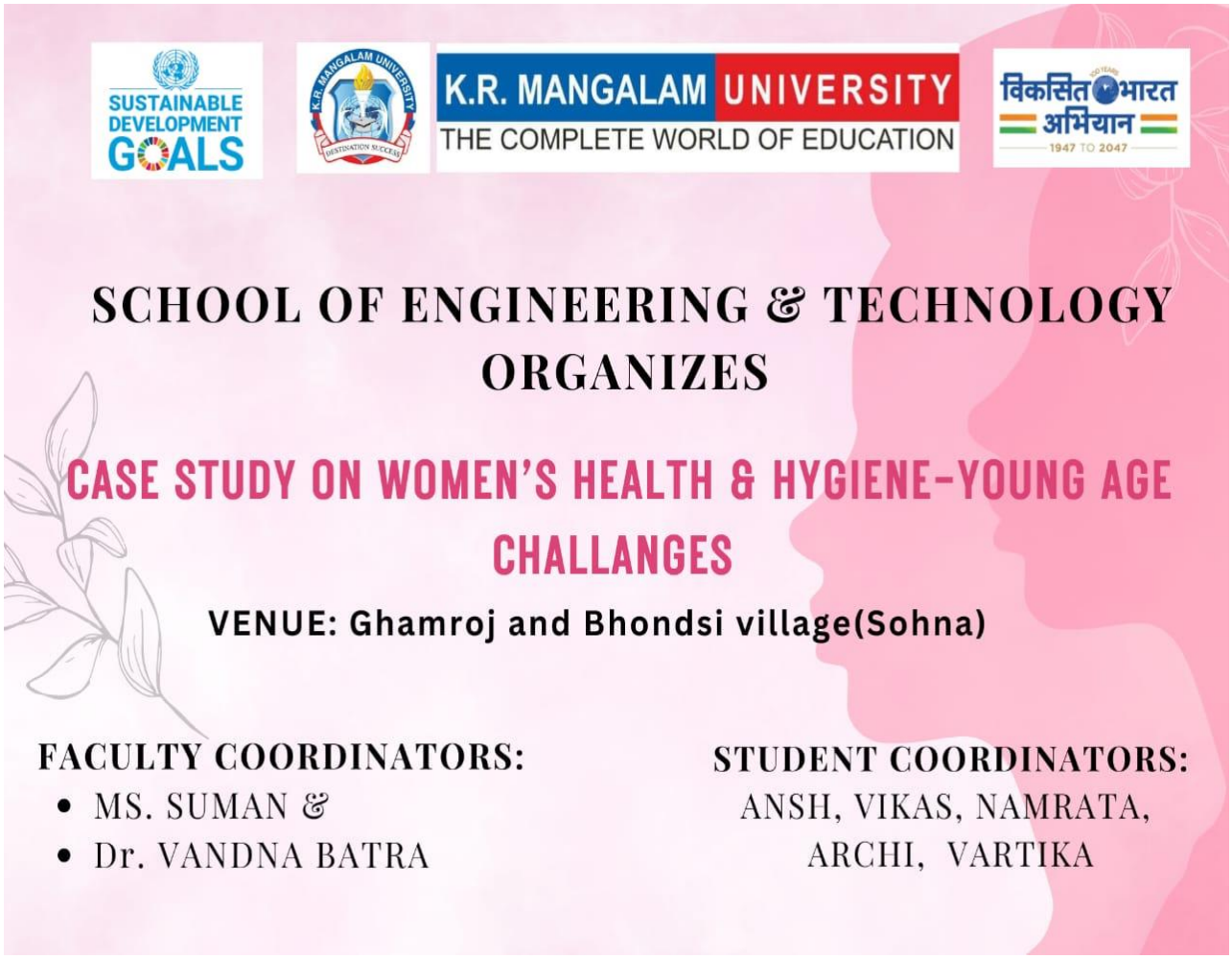
Event Poster



Case Study Report
On
Title: Awareness of Social Issues: Women's Health & Hygiene – Young Age Challenges

Introduction

In rural settings such as Village Ghamroj, Bhondsi, awareness and education on women's health and hygiene—especially during adolescence—remain critically low. Young girls often face multiple challenges due to a lack of information, access to resources, and persistent social taboos. This case study presents a structured approach to raise awareness and promote sustainable practices concerning women's health and hygiene among adolescent girls and young women in Village Ghamroj and Bhondsi.

The initiative aligns with **Sustainable Development Goal 3**, which aims to ensure healthy lives and promote well-being for all at all ages, and **Goal 5**, which promotes gender equality and empowers all women and girls.

This program not only addresses physical health but also seeks to foster mental well-being, confidence, and resilience by challenging stigmas and providing young girls with the knowledge and resources they need.

Statement of Problem

The case study addresses the problem of lack of awareness regarding women's health and hygiene among young girls in Village Gharoj and Bhondsi, which results in poor menstrual hygiene management, reproductive health issues, and psychological stress. Due to traditional taboos, limited sex education, and poor access to sanitary products, young girls often face discrimination, embarrassment, and discomfort.

Many girls miss school during menstruation, feel ashamed discussing their bodily changes, or suffer from undiagnosed health conditions. These issues have long-term effects on their education, self-

esteem, and overall health. Creating a safe and informed environment is critical for their well-being and empowerment.

Significance

This case study is significant as it brings attention to a sensitive yet essential issue that affects the quality of life of young girls in rural areas. Increasing awareness around women's health and hygiene helps in:

- Reducing absenteeism among school-going girls.
- Promoting early diagnosis and treatment of common adolescent health problems.
- Breaking the silence and stigma around menstruation and puberty.
- Empowering girls with knowledge and confidence to take control of their health.

A well-informed community creates a ripple effect, where girls support one another and educate others, leading to long-term societal impact.

Importance of Women's Health and Hygiene Awareness

A focused awareness program on women's health and hygiene is important for the following reasons:

Improved Menstrual Hygiene Management

Educates young girls on safe and hygienic menstrual practices, helping reduce infections and discomfort.

Reduction of Myths and Stigma

Challenges cultural taboos that prevent open discussion, fostering a more accepting environment.

Enhanced Self-esteem and Mental Health

Provides a sense of normalcy and emotional strength during physical and hormonal changes.

Prevention of Early Health Issues

Early intervention and education can help prevent reproductive tract infections and other health complications.

School Retention and Academic Performance

By promoting hygiene and creating supportive school environments, girls are less likely to

skip school.

Community Health Advancement

An informed young population can influence families and communities toward healthier practices.

Objectives

General Objectives:

1. To raise awareness about adolescent health and hygiene issues among young girls in Village Ghamroj and Bhondsi.
2. To promote open discussions around menstruation, puberty, and reproductive health.
3. To ensure access to affordable and hygienic sanitary products.
4. To develop self-care and confidence among adolescent girls.

Specific Objectives:

Assess Existing Awareness Levels

Evaluate current knowledge and beliefs related to health and hygiene among adolescent girls.

Identify Barriers and Misconceptions

Understand the cultural and infrastructural challenges preventing healthy practices.

Promote Menstrual and Reproductive Health Education

Conduct sessions on menstrual cycles, hygiene practices, bodily changes, and nutrition.

Empower Through Peer Education

Train peer educators within schools and local communities to carry forward awareness.

Ensure Access to Hygiene Resources

Facilitate the distribution of sanitary napkins and promote the use of clean and sustainable hygiene products.

Encourage Parental and Community Involvement

Engage parents and community leaders in creating an open and supportive environment.

Measure Impact of Interventions

Use pre- and post-program surveys to assess changes in knowledge, behavior, and school attendance.

Document and Share Best Practices

Record the intervention process, challenges, and outcomes for replication in other rural areas.

Methodology

The methodology for this case study follows a structured, participatory, and community-based approach to understand the existing awareness and challenges faced by adolescent girls and young women in Village Ghamroj and Bhondsi regarding health and hygiene. The process aims to implement targeted interventions and evaluate their effectiveness.:

1. **Needs Assessment:**

   Conduct a preliminary needs assessment through school visits, community meetings, and healthcare center interactions to identify key issues related to women's health and hygiene among young girls.

2. **Demographic Profiling:**

   Gather demographic data of adolescent girls and young women, including age, education level, and access to health resources.

3. **Baseline Survey:**

   Administer structured questionnaires to evaluate current knowledge, practices, and

misconceptions regarding menstruation, hygiene, and reproductive health.

4. **Qualitative Data Collection:**

   Conduct in-depth interviews and focus group discussions with girls, parents, teachers, and health workers to explore cultural taboos, personal experiences, and community attitudes.

5. **Awareness Programs:**

   Design age-appropriate awareness modules, including visual materials, interactive sessions, and storytelling techniques to explain topics such as menstrual health, personal hygiene and nutrition.

6. **Distribution of Hygiene Kits::**

   Provide hygiene kits (sanitary pads) to participants, along with demonstrations on their use and disposal.

7. **Post-Intervention Assessment:**

   Conduct follow-up surveys and interviews to assess changes in awareness, attitude, and hygiene practices after the intervention.

8. **Data Analysis:**

   Analyze pre- and post-intervention data to evaluate the effectiveness of the awareness program, identify improvements, and detect areas needing further attention.

9. **Feedback Collection:**

   Gather feedback from students, parents, and teachers to refine the educational content and delivery method.

10. **Documentation and Reporting:**

    Document the process, case stories, and impact in a detailed report for sharing with stakeholders and replication in similar rural settings.

Expected Outcomes

By implementing this awareness program on women's health and hygiene, Village Ghamroj and Bhondsi can expect meaningful and long-term changes in the well-being of its adolescent girls and young women. Anticipated outcomes include:

- **Improved Health Literacy:**
  Enhanced understanding of menstrual health, hygiene practices, and adolescent body changes among participants.
- **Reduction in Taboos and Myths:**
  Breakdown of social stigmas and cultural barriers around menstruation and female health issues.
- **Better Hygiene Practices:**
  Increased use of sanitary pads, proper disposal methods, and improved personal hygiene routines.
- **Higher School Attendance:**
  Reduction in school absenteeism during menstruation due to improved confidence and comfort.
- **Increased Confidence and Self-Esteem:**
  Empowered girls who feel confident discussing health issues and managing their bodies with dignity.
- **Peer-to-Peer Learning:**
  Sustained knowledge sharing through peer educators and local champions, expanding the reach of the awareness program.
- **Community Awareness and Support:**
  Greater involvement of parents, teachers, and community members in supporting girls' health and hygiene needs.
- **Improved Access to Resources:**
  Increased access to affordable hygiene products and health services.
- **Policy and Program Insights:**
  A model framework that provides valuable insights for policymakers and NGOs to replicate in similar rural areas.

- **Better Mental Health Support:**
  Addressing emotional and psychological aspects of adolescence, leading to reduced anxiety and confusion among young girls.
- **Sustainable Impact:**
  Long-lasting behavioral change supported by community engagement, feedback loops, and follow-up activities.

- **Contribution to National Health and Gender Goals:**
  Direct contribution to India's goals in promoting gender equality, adolescent health, and rural hygiene awareness.

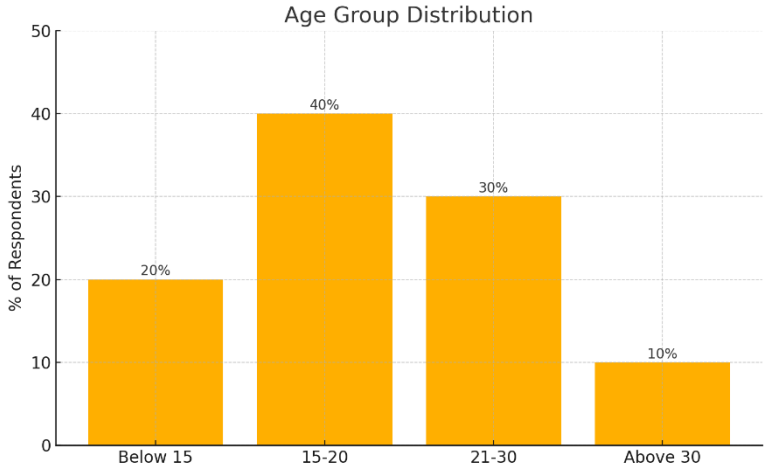
Phase -I Survey

The case study employed surveys and questionnaires titled *"Women's Health and Hygiene: Young Age Challenges Survey"*, distributed among the target audience, which included young girls, rural women, and educated urban women. A total of 50 forms were filled out, capturing detailed insights across various categories. The study aimed to understand and address the key issues faced by women regarding health and hygiene, particularly during their formative years. Detailes are attached in annexure.

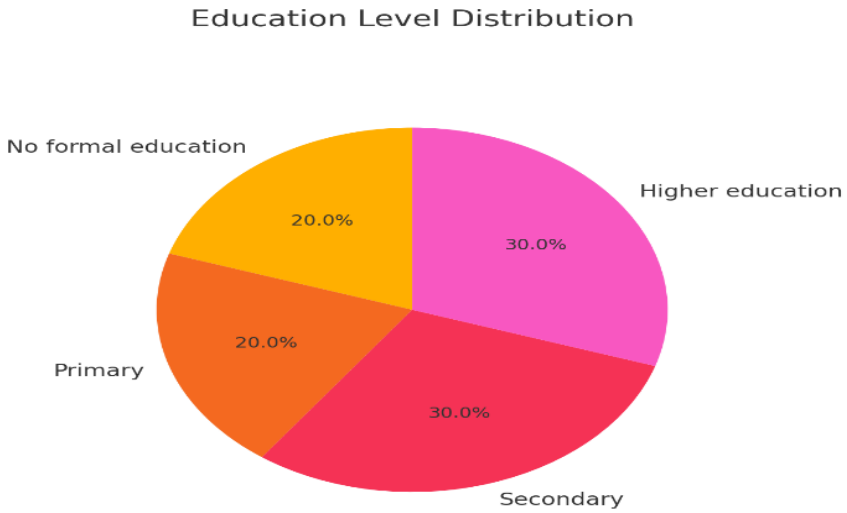
Key Findings:

1. **Demographics:** Based on the survey, the demographic distribution of respondents highlights the following:

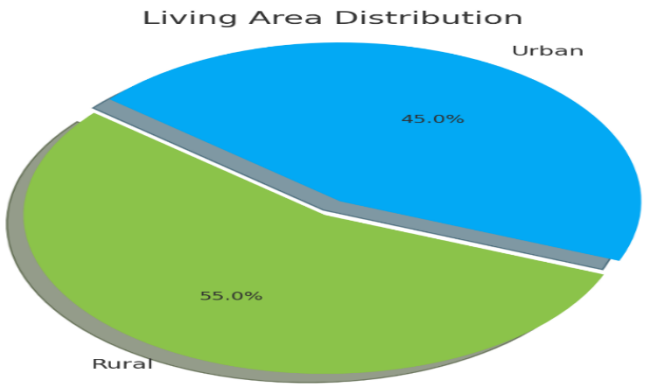
   - **Age Group**:
     1. Below 15: 20%
     2. 15–20: 40%
     3. 21–30: 30%
     4. Above 30: 10%



- **Education:**
  - No formal education: 20% (mostly rural women)
  - Primary: 20%
  - Secondary: 30%
  - Higher education: 30%

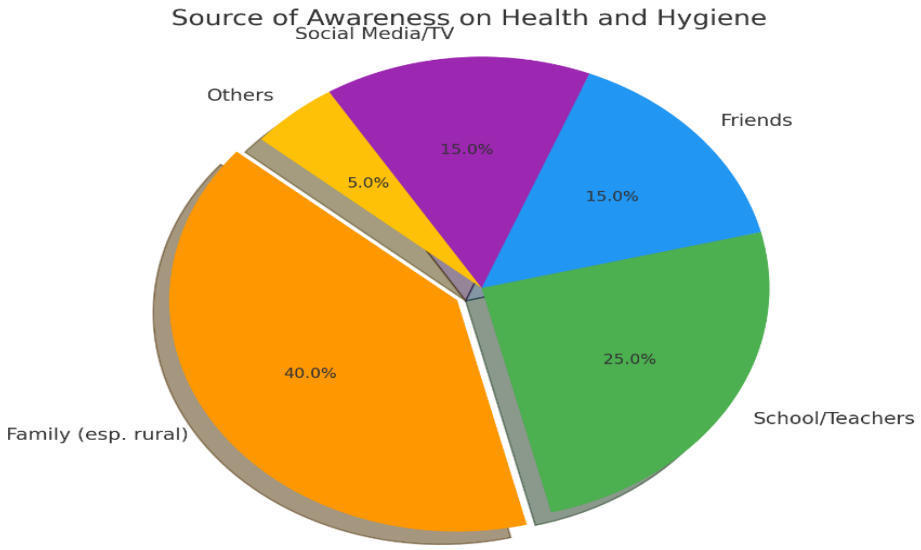


- **Living Area**:
  - Rural: 55%
  - Urban: 45%

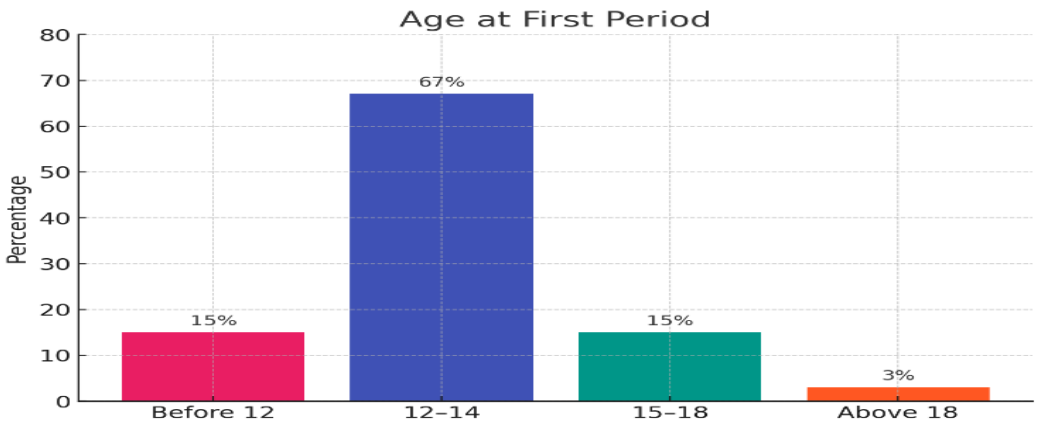


2. **Awareness of Menstruation & Hygiene:** The survey findings indicate varying levels of awareness regarding menstruation and menstrual hygiene among the respondents. Key observations include:

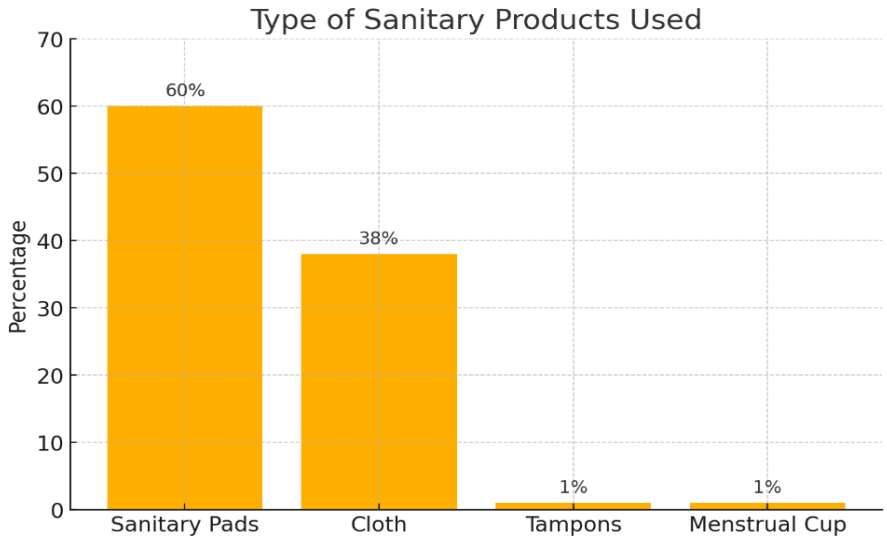
- **Source of First Information**:
  - Family: 40% (especially rural)
  - School/Teachers: 25%
  - Friends: 15%
  - Social Media/TV: 15%
  - Others: 5%



- **Age at First Period**:
  - Before 12: 15%
  - 12–14: 67%
  - 15–18: 15%
  - Above 18: 3%

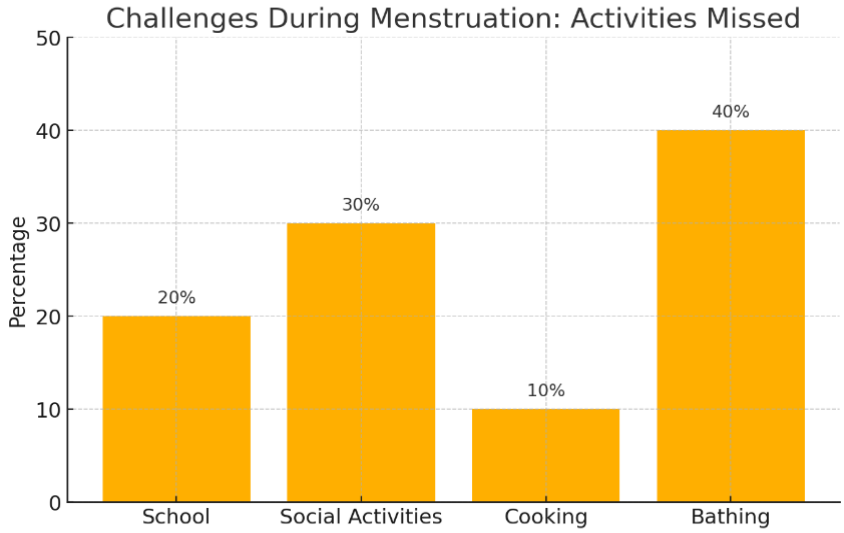


- **Type of Sanitary Products Used**:
  - Sanitary Pads: 60%
  - Cloth: 38% (mainly rural women)
  - Tampons: 1%
  - Menstrual Cup: 1%



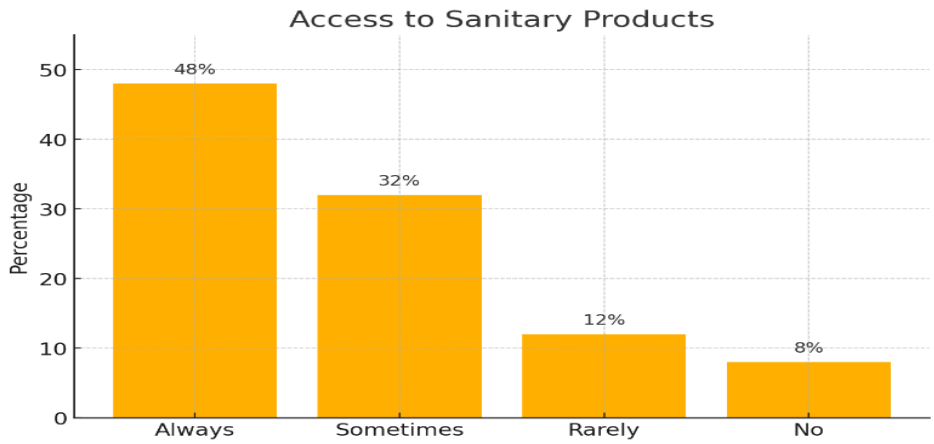
3. Challenges During Menstruation

- **Activities Missed**:
  - School: 20% (mainly young girls)
  - Social activities: 30%
  - Cooking: 10%
  - Bathing: 40% (taboo-related in rural)

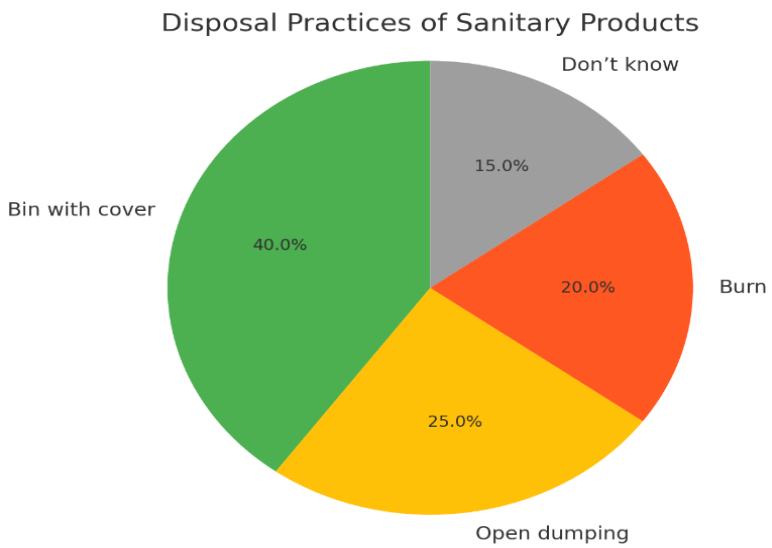


- **Access to Sanitary Products**:
  - Always: 50%

- Sometimes: 30%
- Rarely: 10%
- No: 10%

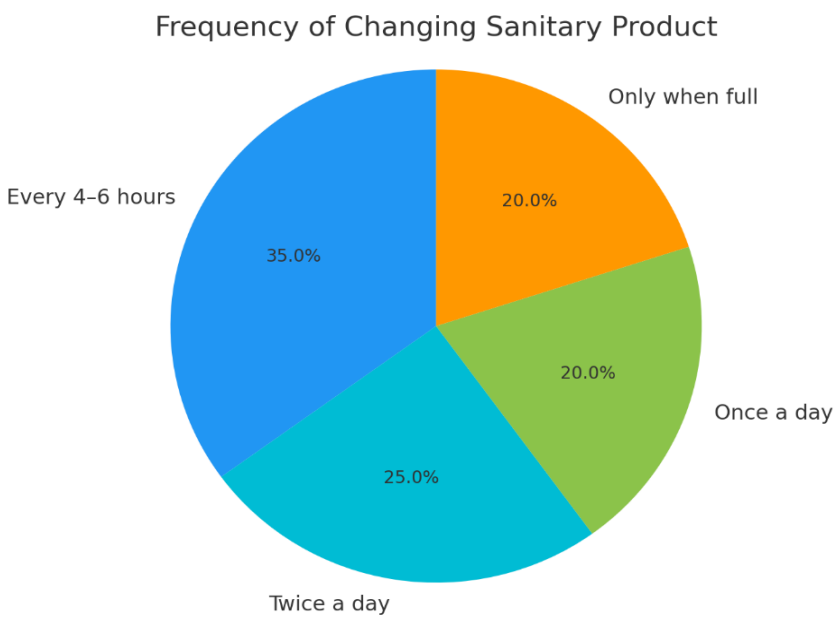


- **Disposal Practices**:
  - Bin with cover: 40%
  - Open dumping: 25%
  - Burn: 20%
  - Don't know: 15%

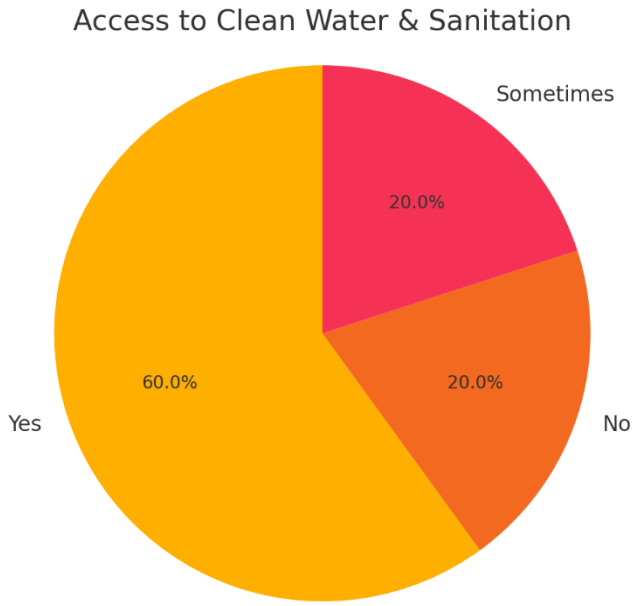


4. Hygiene Practices

- **Frequency of Changing Product**:
  - Every 4–6 hours: 35%
  - Twice a day: 25%
  - Once a day: 20%
  - Only when full: 20% (common in low-income groups)

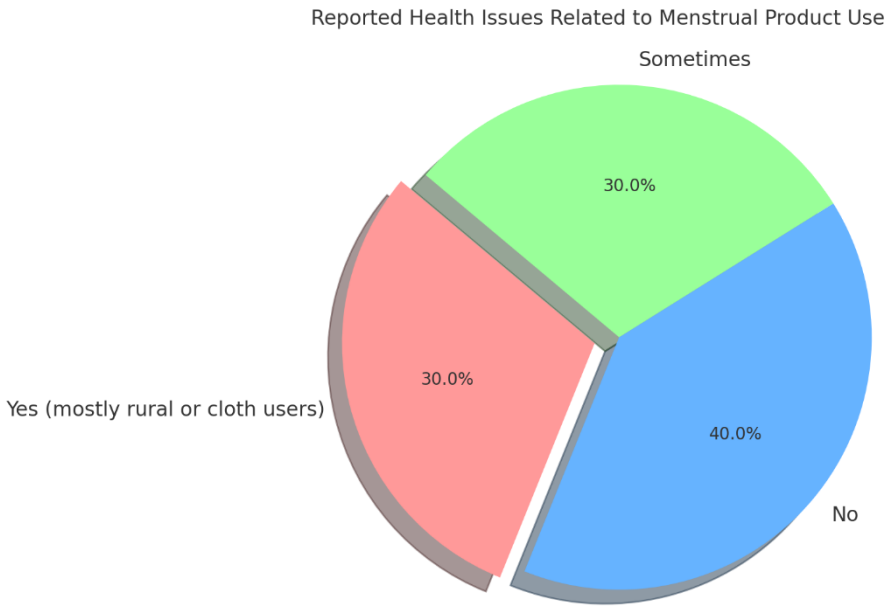


- **Comfort Discussing with Family**:
  - Yes: 40%
  - No: 30%
  - Sometimes: 30%
- **Access to Clean Water & Sanitation**:
  - Yes: 60%
  - No: 20%
  - Sometimes: 20%



5. Health Impact

- **Reported Health Issues (infection, rashes, discomfort)**:
  - Yes: 30% (primarily among rural respondents or those using cloth)
  - No: 40%
  - Sometimes: 30%



Pictures showing visit to Ghamroj village for survey

Survey and Awareness in Village Ghamroj

Interactive Discussion with Rural Women on Health Challenges

Answering Questions, Busting Myths, Building Trust

Surveying a villager and distributing sanitary napkin photo1(Ghamroj)

Surveying a villager and distributing sanitary napkin photo2(Ghamroj)

Interactive Discussion with Rural Women

Speaking openly about women's health

Sharing facts, removing myths.

Door to door survey

Pictures showing visit to Bhondsi Survey :

. Open Talk: Breaking Myths Around Periods

One-to-One Conversations with Women on Hygiene Practices

Interacting with health workers at school (Bhondsi)

Together for a Healthier, More Aware Community.

Talk on menstrual hygiene with young girls

Sharing facts, removing myths

Distributing sanitary napkins

Building Confidence in Young Girls Through Knowledge

Phase 2: Awareness Program

In the second phase of the case study, an awareness program was conducted in Village Ghamroj and Bhondsi to educate adolescent girls and women about menstrual health and hygiene. The program focused on creating open discussions about menstruation, breaking common taboos, and promoting safe hygiene practices. Activities included interactive group talks, one-on-one discussions, and health awareness sessions led by faculty and student volunteers. Sanitary pads were distributed to young girls, along with demonstrations on their proper use and disposal. The initiative aimed to build confidence, clear doubts, and encourage healthy habits among participants. The response from the community was positive, with many girls expressing their gratitude and showing interest in adopting better hygiene practices. This phase successfully laid the groundwork for continued efforts toward improving women's health awareness in rural areas.

Awareness session on periods and hygiene

Teaching girls how to use sanitary pads

Feedback from girls

Feedback from women

Providing awareness in a group

Suggestions and Concerns:

- **Satisfaction with Awareness Sessions:** Villagers and school girls expressed high satisfaction with the university-led awareness session on women's health and hygiene, highlighting the importance of such initiatives.

Anticipated Results:

The case study anticipates the following valuable outcomes:

- **Target Group Identification:** Identifying adolescent girls and young women as the primary audience for health and hygiene education.
- **Insights into Challenges and Taboos:** Understanding menstrual health challenges and the impact of socio-cultural taboos on young girls and women.

- **Needs Analysis:** Conducting a thorough needs analysis to develop customized health education approaches.
- **Access to Resources and Disposal Methods:** Assessing the availability of sanitary resources and disposal methods in rural and urban areas.
- **Participant Feedback:** Gathering constructive feedback to enhance future awareness sessions and programs.
- **Context-Specific Approaches:** Developing targeted health and hygiene education methods suited for both rural and urban populations.
- **Increased Awareness:** A measurable increase in awareness and openness regarding women's health and hygiene within the community.

Recommendations:

Based on the survey outcomes, the following recommendations are proposed:

- **Regular Health Sessions:** Conduct structured, regular health and hygiene education sessions in schools and community centres to maintain awareness.
- **Sanitary Product Availability:** Ensure the availability and affordability of sanitary products, particularly in rural and underserved areas.
- **Local Language IEC Materials:** Develop and distribute region-specific Information, Education, and Communication (IEC) materials in local languages to ensure accessibility and understanding.
- **Curriculum Integration:** Integrate menstrual hygiene education into the school curriculum and teacher training programs to ensure sustainable knowledge transfer.
- **Improved Disposal Infrastructure:** Enhance sanitation facilities and educate girls on safe disposal methods for sanitary products.
- **Community Engagement:** Involve parents and community leaders in breaking cultural taboos and fostering a supportive environment for discussing menstrual health.
- **Follow-up and Monitoring:** Conduct follow-up surveys and health camps to assess the long-term impact of awareness programs and continuously improve them.

Conclusion and Key Insights:

The survey on **Women's Health and Hygiene: Young Age Challenges** explored the awareness, practices, and challenges faced by adolescent girls and young women, with a focus on menstruation. The survey found:

- **Rural Challenges:** A significant portion of the rural population still uses cloth and has limited awareness about menstrual hygiene.
- **Urban Advantages:** Educated urban women demonstrate better hygiene practices, proper disposal methods, and overall health awareness.
- **School Absenteeism:** Young girls (below 15) often miss school due to menstruation and lack reliable sources of information.
- **Education Needs:** There is a clear need for menstrual hygiene education, particularly in rural areas and schools.
- **Sanitary Product Access:** 30–40% of respondents still lack access to sanitary products and safe disposal practices.

Future Directions:

To build upon the findings and drive impactful change, the following future directions are proposed:

1. **Scale-Up Awareness Campaigns:**
    - Conduct culturally sensitive and age-appropriate programs in schools and community settings.
    - Use multimedia platforms to dispel myths and promote healthy menstrual habits.
2. **Policy and Government Support:**
    - Advocate for policies that mandate menstrual health education as part of the school curriculum.
    - Push for government subsidies on sanitary products, especially in rural regions, to make them more accessible.

3. **Community Engagement and Gender Sensitization:**
    - Involve parents, especially fathers and male siblings, to help destigmatize menstruation.
    - Train local women as health champions to sustain and amplify the impact of awareness programs at the grassroots level.
4. **Research and Monitoring:**
    - Implement long-term research to monitor the effectiveness of menstrual hygiene programs and track changes in practices and attitudes over time.
    - Use feedback mechanisms to tailor educational content based on evolving needs and challenges.
5. **Infrastructure Development:**
    - Improve sanitation facilities and menstrual hygiene management infrastructure in schools, public spaces, and rural areas.
    - Provide access to hygiene kits and establish private changing rooms to ensure dignity and comfort during menstruation.

Annexure -III (Survey Questionnaire)

Women's Health and Hygiene: Young Age Challenges Survey

Section 1: Personal Information / अनुभाग 1: व्यक्तिगत जानकारी

1. Age Group / आयु वर्ग:

( ) Below 15 / 15 वर्ष से कम
( ) 15-20
( ) 21-30
( ) above 30

2. Educational Level / शैक्षिक स्तर:

( ) No formal education / कोई औपचारिक शिक्षा नहीं
( ) Primary / प्राथमिक
( ) Secondary / माध्यमिक
( ) Higher education / उच्च शिक्षा

3. Where do you live? / आप कहाँ रहते हैं?

( ) Rural area / ग्रामीण क्षेत्र
( ) Urban area / शहरी क्षेत्र

Section 2: Awareness of Women's Health / अनुभाग 2: महिलाओं के स्वास्थ्य के प्रति जागरूकता

4. How did you first learn about menstruation? / आपको पहली बार माहवारी के बारे में कैसे पता चला?

( ) Family / परिवार
( ) School/teacher / स्कूल/शिक्षक
( ) Friends / दोस्त
( ) Social media/TV / सोशल मीडिया/टीवी
( ) Other (please specify) / अन्य (कृपया बताएं)

5. At what age did you experience your first period? / आपकी पहली माहवारी किस उम्र में आई?

( ) Before 12 / 12 साल से पहले
( ) 12-14
( ) 15-18
( ) Above 18 / 18 साल से अधिक

6. Do you feel that you have adequate knowledge about menstrual hygiene? / क्या आपको माहवारी स्वच्छता के बारे मे पर्याप्त जानकारी है?

( ) Yes / हाँ
( ) No / नहीं
( ) Somewhat / कुछ हद तक

7. What type of sanitary products do you commonly use? / आप आमतौर पर किस प्रकार के स्वच्छता उत्पादों का उपयोग करती हैं?

( ) Sanitary pads / सेनेटरी पैड
( ) Cloth / कपड़ा
( ) Tampons / टैम्पोन
( ) Menstrual cup / मासिक कप

8. During your last menstrual period, did you miss any of the following activities due to your period? (Tick all that apply) / अपने पिछले मासिक धर्म के दौरान, क्या आपने अपनी माहवारी के कारण निम्नलिखित गतिविधियों में भाग नहीं लिया? (सभी लागू विकल्पों पर टिक करें)

( ) Attending school / स्कूल जाना

) Participating in social activities / सामाजिक गतिविधियों में भाग लेना
( ) Cooking food / खाना बनाना
( ) Bathing in regular place / सामान्य स्थान पर स्नान करना

9. Do you have access to sanitary products every month? / क्या आपको हर महीने स्वच्छता उत्पाद प्राप्त होते हैं?

( ) Yes always / हाँ हमेशा
( ) Sometimes / कभी-कभी
( ) Rarely / बहुत कम
( ) No / नहीं

10. Where do you dispose of used sanitary products? / आप इस्तेमाल किए गए स्वच्छता उत्पादों को कहाँ फेंकती हैं?

( ) Bin with a cover / ढक्कन वाला कचरा पात्र
( ) Open dumping / खुला फेंकना
( ) Burn them / उन्हें जलाना
( ) I don't know / मुझे नहीं पता

Section 3: Health and Hygiene Practices / अनुभाग 3: स्वास्थ्य और स्वच्छता प्रथाएँ

11. How often do you change your sanitary product during your period? / आप अपनी माहवारी के दौरान कितनी बार स्वच्छता उत्पाद बदलती हैं?

( ) Every 4-6 hours / हर 4-6 घंटे में
( ) Twice a day / दिन में दो बार
( ) Once a day / दिन में एक बार
( ) Only when full / केवल जब यह पूरा भर जाता है

12. Do you feel comfortable discussing menstruation with your family? / क्या आप माहवारी के बारे में अपने परिवार से बात करने में सहज महसूस करती हैं?

( ) Yes / हाँ
( ) No / नहीं
( ) Sometimes / कभी-कभी

14. Do you have access to clean water and sanitation facilities at home/school? / क्या आपके घर/स्कूल में साफ पानी और स्वच्छता सुविधाएं हैं?

( ) Yes / हाँ
( ) No / नहीं
( ) Sometimes / कभी-कभी

15. Have you experienced health issues such as infections, rashes, or discomfort due to improper hygiene practices? / क्या आपको अनुचित स्वच्छता प्रथाओं के कारण संक्रमण, खुजली या असुविधा जैसी स्वास्थ्य समस्याओं का सामना करना पड़ा है?

( ) Yes / हाँ
( ) No / नहीं
( ) Sometimes / कभी-कभी

Annexure-IV (Feedback Questionnaire and Analysis)

Feedback Form

Topic: Women Health and Hygiene - Young Age Challenges

Date: _____

Name:_____

1. How would you rate the overall presentation?
☐ Excellent
☐ Good
☐ Average
☐ Poor

2. Was the content easy to understand?
☐ Yes, completely
☐ Partially
☐ Not much
☐ Not at all

3. Did the presentation address the challenges you face at your age regarding health and hygiene?
☐ Yes
☐ No
☐ Partially

4. What part of the presentation did you find most useful?
☐ Menstrual hygiene tips
☐ Nutritional advice
☐ Common health concerns and solutions
☐ Open discussion/Q&A
☐ Other (please specify): _____

5. Do you feel more confident in managing your health and hygiene after this session?
☐ Yes
☐ Somewhat
☐ No

6. What could we improve in the presentation?
☐ More interactive activities
☐ Simplified language
☐ More real-life examples
☐ Include visual aids (e.g., videos, diagrams)

☐ Other (please specify): _____

7. Would you recommend this session to your friends?
☐ Yes
☐ No

8. Any additional feedback or suggestions for future sessions?
_____
_____

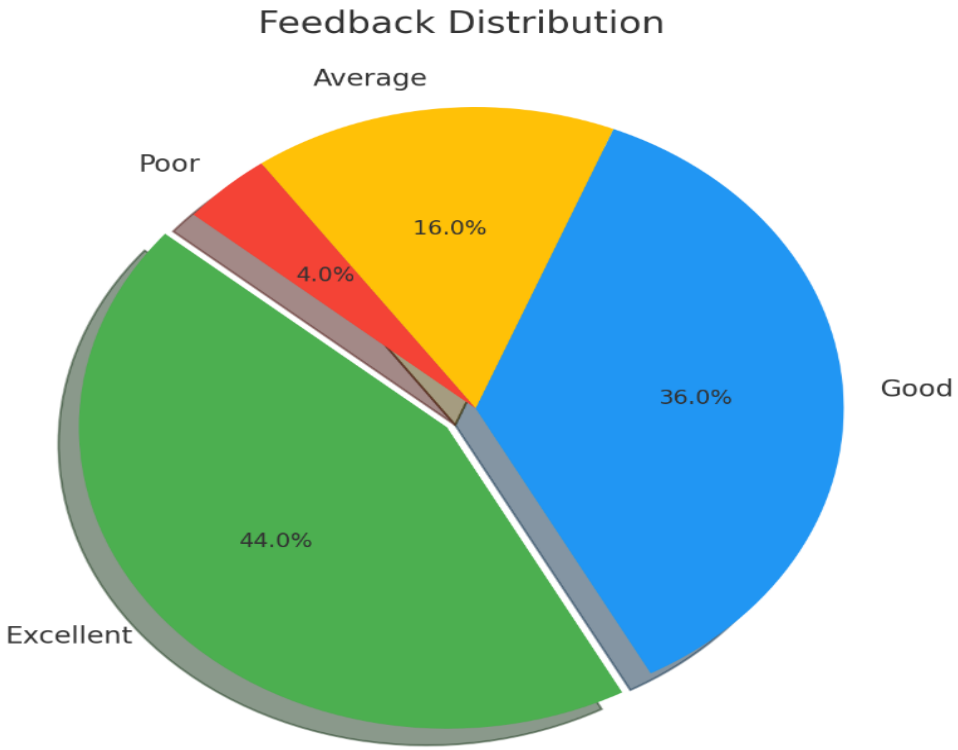
Feedback Analysis

The following percentage-based analysis is derived from feedback provided by approximately 50 participants (a mix of adolescent girls and women) who attended the session titled ***"Women's Health and Hygiene – Challenges During Young Age."***

1. Overall Rating of the Presentation

- **Excellent**: 44%
- **Good**: 36%
- **Average**: 16%
- **Poor**: 4%

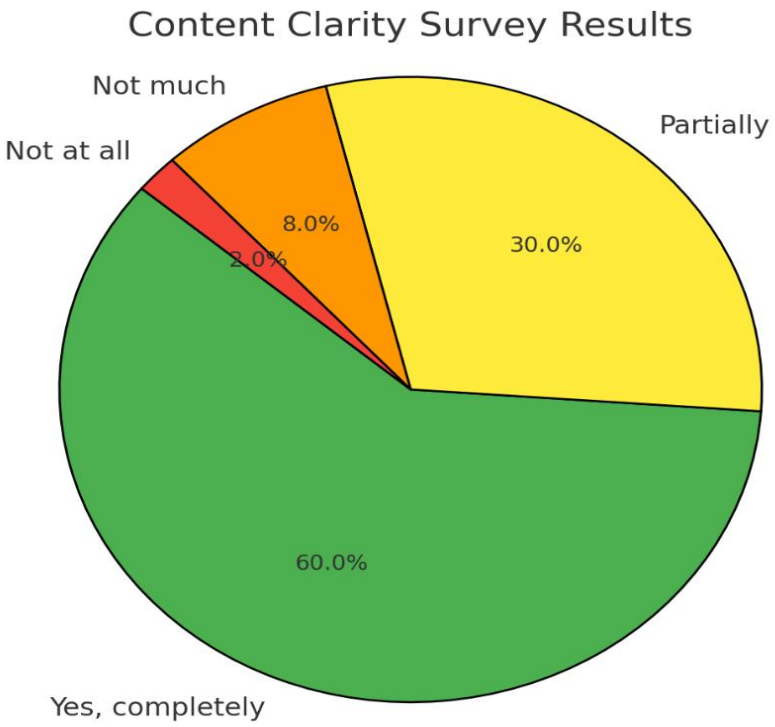
Interpretation: A significant majority (80%) rated the presentation as Excellent or Good, indicating a positive reception.



2. Content Clarity

- **Yes, completely**: 60%
- **Partially**: 30%
- **Not much**: 8%
- **Not at all**: 2%

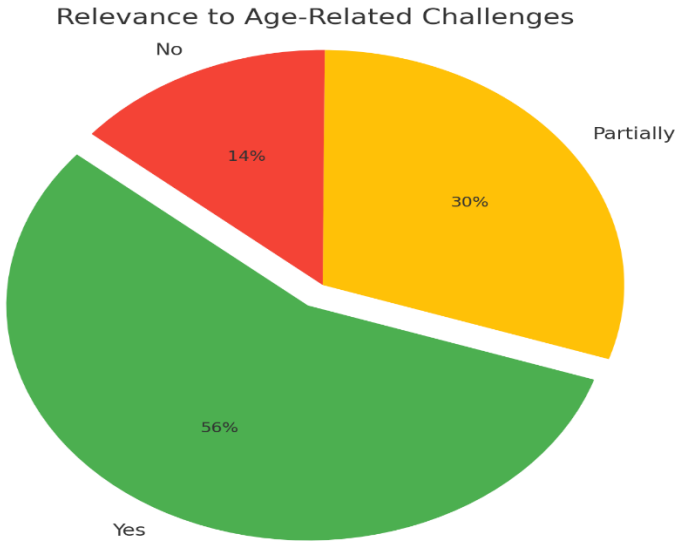
Interpretation: 90% found the content at least partially understandable, showcasing effective communication.



3. Relevance to Age-Related Challenges

- **Yes**: 56%
- **Partially**: 30%
- **No**: 14%

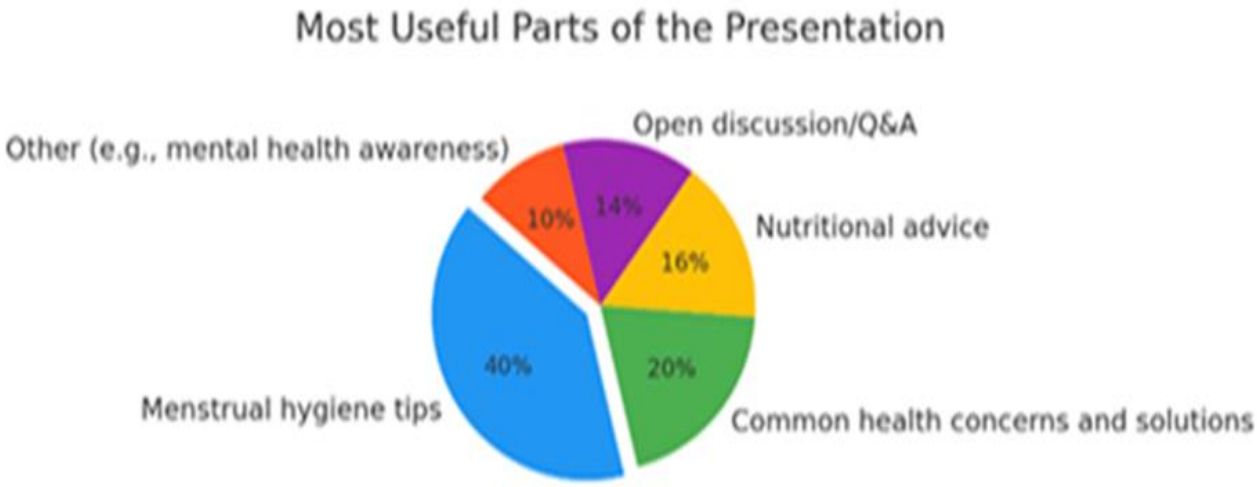
Interpretation: 86% felt the session addressed their age-specific health and hygiene challenges.



4. Most Useful Parts of the Presentation

- **Menstrual hygiene tips**: 40%
- **Common health concerns and solutions**: 20%
- **Nutritional advice**: 16%
- **Open discussion/Q&A**: 14%
- **Other (e.g., mental health awareness)**: 10%

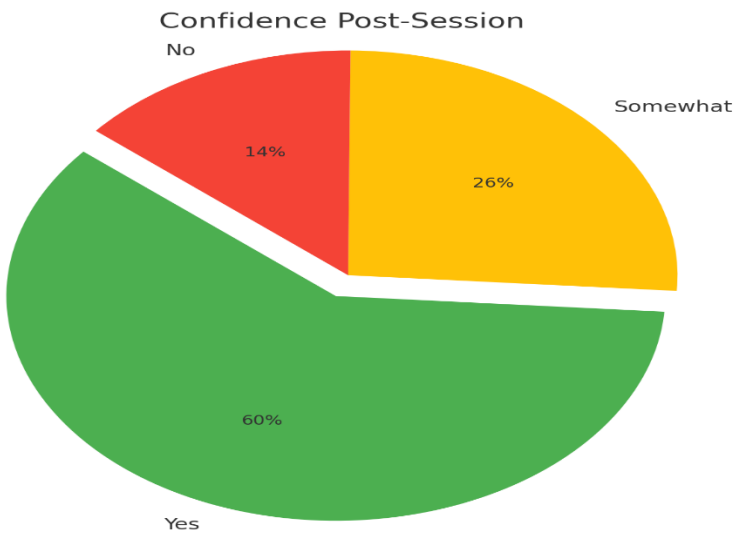
Interpretation: Menstrual hygiene tips were the most valued, followed by discussions on common health concerns.



5. Confidence Post-Session

- **Yes**: 60%
- **Somewhat**: 26%
- **No**: 14%

Interpretation: 86% felt more confident or somewhat confident in managing their health and hygiene after the session.



6. Suggestions for Improvement

- **More interactive activities**: 10%
- **Include visual aids (e.g., videos, diagrams)**: 34%
- **More real-life examples**: 20%
- **Other (e.g., longer session time, peer speakers)**: 36%

Interpretation: Enhancing interactivity and incorporating visual aids were the most common suggestions for improvement.

7. Would Recommend to Friends

- **Yes**: 88%
- **No**: 12%

Interpretation: A strong majority would recommend the session, indicating its perceived value.