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Evaluation of Menstrual Health Literacy in Adolescent Girls with Menstrual Disorders

A Modern Public-Health Perspective Integrated with Classical Ayurvedic Concepts

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Abstract: *Menstrual health literacy is the ability to obtain, understand, appraise and use reliable information and services to manage menstruation safely and with dignity. Adolescents with menstrual disorders need more than product access: they require accurate knowledge of normal puberty, recognition of warning symptoms, supportive environments, affordable absorbents, privacy, sanitation and timely clinical care. This article reviews prevalence, assessment domains, menstrual history, hygiene, menstrual tracking, misconceptions, human rights, global initiatives and Indian programmes. Ayurvedic concepts of Rajas/Artava, Artavavaha Srotas, Rajaswala Paricharya, Sadvrutta and selected Artava Dushti and Yonivyapad descriptions are discussed as a complementary knowledge framework, not as one-to-one equivalents of modern diagnoses*

Keywords: Menstrual health literacy; adolescent; menstrual disorders; MHH; rajaswala; Artava; Ayurveda; RKSK; India

I. INTRODUCTION

Adolescence (10–19 years, WHO definition) is a period of rapid physical, emotional and social development. Menarche is a major pubertal milestone, but many girls reach it without prior, accurate information. Menstrual health literacy includes understanding the menstrual cycle, knowing what is normal for age and time since menarche, choosing and changing menstrual materials, maintaining genital hygiene, managing discomfort, identifying abnormal bleeding or pain, and accessing confidential, respectful care. It also includes the ability to challenge stigma and participate in school, sports and social life without discrimination.

A menstrual disorder may affect attendance, concentration, sleep, nutrition, mental well-being and quality of life. Heavy menstrual bleeding can contribute to iron deficiency and anaemia; severe dysmenorrhoea may be associated with endometriosis or other pathology. Irregular cycles are common during early post-menarcheal years because the hypothalamic–pituitary–ovarian axis is still maturing, but persistent or severe symptoms must not be dismissed as 'normal adolescence'.

Purpose

To outline a practical framework for evaluating menstrual health literacy in adolescent girls with menstrual complaints and to integrate relevant Ayurvedic descriptions with current adolescent-health practice.

II. PREVALENCE AND CONTEXT

In India, NFHS-5 (2019–21) reported that approximately 78% of girls aged 15–19 years used a hygienic method of menstrual protection. This is an improvement from 58% in NFHS-4, but the indicator does not by itself measure complete menstrual health literacy, comfort, affordability, disposal, school facilities or access to treatment. NFHS-5 analyses also show that method use varies by education, wealth and place of residence. UNFPA's analysis notes that India has a very large adolescent population, making adolescent-friendly services a major public-health priority.

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III. FRAMEWORK FOR EVALUATION OF MENSTRUAL HEALTH LITERACY

Evaluation should be adolescent-friendly, confidential, non-judgmental and culturally sensitive. Obtain assent/consent according to age and local law, explain confidentiality and its limits, and avoid shaming language. Use a structured interview plus a simple knowledge/practice questionnaire. A literacy score can be used for programme evaluation, but should not replace clinical assessment.

Domain	What to assess / sample indicators
Knowledge	Meaning of menstruation; cycle and puberty; normal variation; ovulation; myths; when to seek care.
Menstrual history	Age at menarche; cycle interval, regularity, duration, flow, pain, clots, intermenstrual bleeding; last menstrual period.
Hygiene and self-care	Material type; frequency of changing; handwashing; washing/drying reusable cloth; bathing; underwear; disposal; access to water/toilet.
Access and environment	Affordability; privacy; school toilets; water/soap; emergency supplies; trusted adult; adolescent-friendly clinic.
Impact and rights	School absence; activity limitation; stigma/restrictions; bullying; distress; ability to participate and seek help.
Clinical red flags	Very heavy bleeding, severe/progressive pain, syncope, pallor, fever, pregnancy possibility, prolonged amenorrhoea.

Suggested literacy categories

For a locally designed 10-item tool, award one point for each correct response (0–10). Suggested interpretation: **low** 0–4; **moderate** 5–7; **high** 8–10. Include questions across knowledge, hygiene, tracking and help-seeking; pilot the questionnaire in the local language and test reliability before research use. These cut-offs are a proposed operational tool, not a validated national standard.

4. Demographic profile and menstrual history

Record age, class/education, residence (rural/urban), family structure, socioeconomic indicators, caregiver education/occupation, access to media, disability or special support needs, and school attendance. Collect only data necessary for the study and protect privacy. Socioeconomic and educational factors influence access to information, products and services; they should be analysed as determinants rather than reasons to blame the adolescent

Core menstrual history

Menarche: age at first period; whether information was received beforehand; source of information and emotional experience.

Cycle: first day of one period to first day of next; interval and variability. In adolescents, cycles are commonly 21–45 days; persistent intervals outside this range need assessment, especially beyond the early years after menarche.

Duration and flow: number of bleeding days, number/type of pads or other materials used, flooding, night-time changes, leakage, clots and impact on daily activities. Ask about symptoms of anaemia.

Pain and associated symptoms: onset, site, severity (0–10), timing, response to usual measures, nausea, vomiting, bowel/bladder symptoms, headache or mood symptoms.

Medical context: weight change, restrictive eating, intense exercise, chronic illness, medicines, bleeding history, acne/hirsutism, galactorrhoea and family history of bleeding disorders or endometriosis.

Confidential clinical questions: assess pregnancy possibility and sexual health sensitively when clinically relevant, without assumptions or judgement.

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In the first years after menarche, anovulatory cycles are common. However, bleeding lasting more than 7 days, cycles repeatedly shorter than 21 days or longer than 45 days, any interval of 90 days even once, or bleeding requiring a pad/tampon change every 1–2 hours warrants clinical evaluation. Severe pain, fainting or haemodynamic symptoms require urgent assessment.

V. HYGIENE, SELF-CARE AND MENSTRUAL ABSORBENTS

Good menstrual hygiene is not defined by one preferred product. The material must be safe, acceptable, affordable, available and usable with privacy, clean water and appropriate disposal. Education should support informed choice rather than impose a commercial product.

Material	Counselling points
Disposable sanitary pad	Change when wet/soiled and generally every 4–6 hours or sooner as needed; wrap and place in a bin; do not flush.
Reusable cloth pad / clean cloth	Wash with soap and clean water, rinse well, dry completely in sunlight or a clean ventilated private place, and store dry. Replace if damaged or persistently soiled.
Tampon	Use the lowest absorbency needed; change every 4–8 hours and never leave in longer than 8 hours; explain toxic shock warning symptoms.
Menstrual cup	Requires correct insertion/removal, hand hygiene, cleaning and sterilisation according to manufacturer guidance; may not suit every user or setting.
Period underwear	Follow washing/drying instructions; ensure adequate absorbency and a clean spare when changing.

VI. MENSTRUAL TRACKING RECORD

A menstrual diary helps adolescents describe patterns and supports early recognition of abnormal bleeding. Record at least 3–6 cycles when possible. A paper calendar, diary or private digital application may be used; protect personal data and avoid sharing intimate information without consent.

Date / cycle day	Bleeding	Pain (0–10)	Symptoms / impact	Material / changes
Example: 3 Nov, Day 1	Moderate	4	Cramps; attended school	Pad; changed 3 times
Example: 4 Nov, Day 2	Heavy	6	Leakage at school	Pad; changed 5 times
Example: 5 Nov, Day 3	Light	2	No activity limitation	Pad; changed 2 times

Track: first and last day of bleeding; cycle length; flow (light/moderate/heavy, flooding or leakage); pain score; clots; medicines; school absence; mood and other symptoms. A simple pictorial flow chart can help where literacy is limited. Bring the record to a health-care visit.

VII. MISCONCEPTIONS AND HEALTH LITERACY

Misconception	Evidence-based response
Menstruation is dirty or a disease.	It is a normal physiological process; routine bathing is safe.

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A girl must avoid school, sports or all activity.	Participation is appropriate if she feels well and has facilities; rest may be chosen for comfort, not imposed.
Pain so severe that school is missed is always normal.	Severe or progressive pain needs evaluation; consider secondary dysmenorrhoea.
Irregularity is always harmless in teenagers.	Some variation is expected, but persistent extremes or a 90-day gap need assessment.
Only pads are hygienic.	Several products can be safe when used, cleaned and changed correctly.
Menstrual blood should not be discussed.	Accurate, respectful discussion reduces stigma and supports early care.

VIII. AYURVEDIC PERSPECTIVE: RAJAS, ARTAVA AND MENSTRUAL PHYSIOLOGY

Ayurvedic texts describe menstruation through the concepts of *Rajas* and *Artava*. The term Artava is used in classical literature in more than one context, including menstrual fluid and the female reproductive element/ovum; interpretation depends on the passage. Sushruta describes *Rajas* as arising from *Rasa* and describes its periodic flow. Classical age references such as onset around 12 years and cessation around 50 years reflect the historical framework and should not be used as rigid modern diagnostic cut-offs.

शशासृक्प्रतिमं यत्तु यव्दा लाक्षारसोपमम् ।
तदार्तवं प्रशसंन्ति यद् वासो नं विरंजयेत् ।।
सु. शा. 2/17-18

Sushruta describes features of healthy Artava, including red shades compared with rabbit's blood or lac. The classical description of *Artavavaha Srotas* identifies the reproductive channels and their relationship with the *Garbhashaya* (uterus) and associated vessels. These are traditional anatomical-physiological concepts and are not identical to modern histology or endocrine physiology.

Rajaswala Paricharya

Classical texts describe a regimen during menstruation, commonly called *Rajaswala Paricharya*. Sushruta lists moderation and avoidance of excessive exertion and certain activities during the bleeding phase. Ayurveda also emphasises suitable diet, rest and mental well-being. In contemporary counselling, these ideas can be interpreted as encouraging adequate rest, comfort, balanced food and avoidance of overexertion when symptomatic—not as mandatory social isolation, food deprivation, denial of bathing, school exclusion or restrictions on ordinary rights.

Sadvrutta Palan

Sadvrutta refers to wholesome conduct supporting physical, mental and social well-being. For adolescent menstrual health, its contemporary application includes personal cleanliness, regular sleep, balanced nutrition, safe physical activity, emotional regulation, truthful health information, respectful communication, privacy and seeking timely medical advice. It also includes family and community responsibility: no teasing, stigma, coercion or discriminatory restrictions.

Dosha and Dhatu interpretation — educational correlation

Ayurvedic concept	Possible educational correlation (not equivalence)
Vata, especially Apana Vayu	Traditional explanation of downward movement and menstrual flow; clinically, pelvic pain and cycle symptoms still require modern assessment.
Pitta / Rakta	May be used to discuss heat, colour and bleeding descriptions; heavy bleeding must be assessed for anaemia and medical causes.

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Kapha / Rasa Dhatu	May frame nourishment, growth and tissue support; nutritional status and endocrine causes should be assessed independently.
Artavavaha Srotas / Garbhashaya	Traditional reproductive-channel/uterine concepts; not a substitute for anatomical imaging or laboratory tests.

Ayurvedic concepts can enrich culturally responsive education, but no single Dosha or Srotas assessment can diagnose PCOS, thyroid disease, coagulopathy, endometriosis or pregnancy-related conditions. Evidence-based investigations and referral remain essential.

IX. ARTAVA DUSHTI AND YONIVYAPAD: DIFFERENTIAL DIAGNOSTIC DISCUSSION

In Ayurveda, *Artava Dushti* refers to vitiation or abnormality of Artava described through features such as altered colour, quantity, consistency or flow. Classical descriptions vary by text and commentator. These categories can help structure a traditional clinical discussion, but they are not validated direct equivalents of modern menstrual-disorder diagnoses.

Classical concept / description	Possible clinical presentation to investigate	Modern differential (not a direct mapping)
Artava Kshaya: reduced or absent flow; delayed/ scanty menstruation and associated discomfort described in texts	Scanty periods, infrequent periods or amenorrhoea	Pregnancy, hypothalamic dysfunction, low energy availability, PCOS, thyroid disorder, hyperprolactinaemia, ovarian insufficiency, outflow obstruction.
Artava Vriddhi / excessive or altered Artava; Asrigdara described by Sushruta	Heavy, prolonged or untimely bleeding; weakness or dizziness may occur	Adolescent anovulatory bleeding, coagulopathy (e.g., von Willebrand disease), thyroid disease, pregnancy-related bleeding, structural causes (less common in adolescents).
Painful or obstructed flow in traditional descriptions	Dysmenorrhoea, pelvic pain or difficult flow	Primary dysmenorrhoea; endometriosis; congenital outflow tract anomaly; pelvic infection where relevant.
Yonivyapad (broad group of gynaecological disorders)	Pain, discharge, itching, inflammation, menstrual or reproductive complaints depending on the subtype	Vulvovaginitis, urinary infection, STI/PID where relevant, dermatological disease, endometriosis or other gynaecological conditions.

Clinical caution

Yonivyapad is a broad classical disease grouping and should not be translated as one modern disease. For example, vaginal discharge with itching may need evaluation for candidiasis, bacterial vaginosis, trichomoniasis or irritant dermatitis; pelvic pain may require assessment for urinary, gastrointestinal, gynaecological or pregnancy-related causes. Do not label every discharge as a Yonivyapad or every irregular cycle as Artava Dushti without examination.

Modern adolescent differential diagnosis

Irregular / absent menstruation: normal post-menarcheal maturation, pregnancy, PCOS, thyroid dysfunction, hyperprolactinaemia, hypothalamic causes (stress, weight loss, excessive exercise), chronic illness and primary ovarian insufficiency.

Heavy menstrual bleeding: anovulation, inherited bleeding disorder, medication effects, endocrine disorders and less commonly structural pathology. Ask about bleeding since menarche, easy bruising, epistaxis and family history.

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Dysmenorrhoea: primary dysmenorrhoea is common; consider endometriosis when pain is severe, progressive, persistent despite appropriate treatment or associated with bowel/bladder symptoms.

Intermenstrual bleeding / discharge: consider infection, trauma, foreign body, pregnancy-related causes and other pathology according to history and examination.

When to refer urgently

Urgent evaluation is needed for haemodynamic instability, fainting, breathlessness, marked pallor, severe acute abdominal/pelvic pain, suspected pregnancy complication, fever with pelvic pain, or bleeding soaking a pad every hour for several consecutive hours. Prompt assessment is also appropriate for bleeding lasting over 7 days, recurrent cycle intervals outside expected adolescent ranges, a 90-day gap, severe pain or symptoms of anaemia. Clinical assessment may include pregnancy testing, CBC/ferritin, targeted endocrine tests, coagulation studies and ultrasound when indicated.

X. GLOBAL DISCUSSION, INSTITUTIONS AND GOALS

Menstrual health is increasingly recognised as a public-health, education, gender-equality, WASH and human-rights issue. WHO's menstrual-health framework emphasises access to accurate information, affordable and acceptable materials, water and sanitation, timely care for menstrual difficulties, freedom from stigma and the ability to participate in all areas of life. UNICEF guidance broadens menstrual hygiene management to include education, services, facilities, positive social norms, waste management and policy. **Institutions and their roles**

Institution / platform	Contribution
WHO	Normative guidance, health-system advocacy and integration of menstrual health into health, rights and gender equity.
UNICEF	Guidance on MHH programming across WASH, education, health, child protection and gender.
UNFPA	Adolescent and sexual/reproductive health, dignity, menstrual health advocacy and evidence generation.
UNESCO	Education-sector resources, school health, gender equality and comprehensive sexuality education.
WaterAid / WASH organisations	Water, sanitation, accessible toilets, menstrual facilities and community advocacy.
Governments, schools, local NGOs and youth groups	Local education, product access, peer support, safe disposal, referrals and monitoring.

XI. MENSTRUAL HEALTH AND HUMAN RIGHTS

Menstruation intersects with the rights to health, education, water and sanitation, privacy, information, equality and non-discrimination, bodily autonomy and dignity. A rights-based approach requires that no girl be excluded from school, worship, food, work or public life solely because she menstruates. Cultural practices may be discussed respectfully, but they must not compromise safety, education, nutrition, healthcare or freedom from coercion.

Availability: affordable products, clean water, soap, toilets, disposal systems and adolescent-friendly health services.

Accessibility: services and information should be physically accessible, affordable, inclusive of disability and available to rural, marginalised and out-of-school adolescents.

Acceptability and quality: culturally appropriate, confidential, non-judgmental services with trained staff and scientifically accurate information.

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Participation and accountability: adolescents should help design school and community programmes and have safe mechanisms to report discrimination or service gaps.

XII. WHAT SHOULD BE PROMOTED DURING MENSTRUAL EDUCATION?

Start before menarche; provide age-appropriate, repeated sessions for girls and boys, caregivers, teachers and health workers.

Explain puberty, menstrual physiology, normal cycle variation, fertility basics, pain and bleeding warning signs using diagrams andlocal-language materials.

Demonstrate correct use, changing, washing, drying, storage and disposal of a range of menstrual materials.

Promote nutrition, iron-rich foods, anaemia prevention, sleep, physical activity, mental well-being and appropriate pain management.

Teach consent, privacy, body autonomy, help-seeking and how to access confidential care; include adolescents with disabilities andout-of-school girls.

Challenge myths without humiliating families; engage mothers, fathers, teachers, community leaders and boys as supportive allies.

Ensure functional toilets, water, soap, private changing spaces, emergency supplies, bins and safe waste management at schools.

XIII. GOVERNMENT FACILITIES AND MENSTRUAL HEALTH & HYGIENE (MHH) PROGRAMMES IN INDIA

India's response involves health, education, WASH, women and child development and pharmaceutical-sector initiatives. Implementation details, product price and coverage may vary by State/UT and are subject to current government orders; families should confirm local availability with ASHA, ANM, school authorities or the nearest public health facility.

Key programmes and access points

Programme / facility	Key features and how adolescents may access it
Menstrual Hygiene Scheme (MHS), NHM / MoHFW	Promotes awareness, access to quality sanitary napkins and environmentally safe disposal among adolescent girls (10–19 years), especially in rural areas. ASHA is a key community link; state implementation and supply arrangements vary.
Rashtriya Kishor Swasthya Karyakram (RKSK)	Comprehensive adolescent health programme covering nutrition, sexual and reproductive health, mental health, injuries/violence, substance misuse and NCDs. Peer educators, Adolescent Health and Wellness Days and Adolescent Friendly Health Clinics (AFHCs) provide information, counselling and referral.
Adolescent Friendly Health Clinics (AFHCs)	Available through designated public health facilities; provide confidential, non-judgmental adolescent counselling and clinical services. Ask at PHC/CHC/district hospital or local health centre.
Weekly Iron and Folic Acid Supplementation (WIFS)	School- and community-linked IFA supplementation, anaemia prevention, deworming and referral/screening according to programme protocols.
National Menstrual Hygiene Policy for School-Going Girls (2024)	Framework for safe, affordable and dignified menstrual hygiene, awareness, products, gender-responsive school sanitation and environmentally safe disposal; promotes inter-ministerial convergence.
Samagra Shiksha / school initiatives	State-specific school projects may include pad vending machines, incinerators, menstrual education and improved sanitation facilities.

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Pradhan Mantri Bhartiya Janaushadhi Pariyojana	Jan Aushadhi Kendras provide low-cost Suvidha sanitary pads; current availability and price should be checked locally.
Public health facilities	ASHA/ANM, PHC, CHC, district hospital and medical college can assess menstrual complaints, anaemia and red flags; referral depends on clinical need.

XIV. RECOMMENDATIONS AND CONCLUSION

Menstrual health literacy should be evaluated as a multidimensional outcome rather than simply asking whether a girl uses a sanitary pad. A good assessment documents knowledge, menstrual history, self-care, access, school participation, stigma, rights and help-seeking. Adolescents with menstrual disorders need timely, evidence-based assessment and supportive counselling. Ayurvedic concepts such as Rajas, Artava, Artavavaha Srotas, Rajaswala Paricharya and Sadvrutta can be incorporated respectfully as a cultural and educational lens, while avoiding unsupported equivalence with modern diagnoses or delaying necessary investigations. A school–family–community–health-system partnership is essential for dignified menstruation.

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