

"Safe Spaces in Schools:" A Phenomenological Study on the Lived Experiences of Adolescent Girls Using Menstrual Hygiene Management (MHM) Labs in Jharkhand."

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Abstract

This phenomenological study investigates the lived experiences of adolescent girls, Bal Sansad health ministers, MHM lab in-charges, and school headmasters regarding Menstrual Hygiene Management (MHM) labs across five selected schools in Hazaribagh. Employing purposive sampling, data was collected through in-depth interviews, observations, and reflexive documentation. Utilizing Van Manen's hermeneutical phenomenological framework and the hermeneutic circle, the analysis moves from verbatim transcription and thematic reflection to interpret deeper socio-cultural meanings and structural dynamics.

The findings reveal that the establishment of MHM labs significantly reduces monthly absenteeism, mitigates school dropouts, and fosters academic continuity during menstrual cycles. Beyond providing essential physical amenities such as rest beds, hot water bags, sanitary pads, soap, and stain-checking mirrors, the labs serve as spaces of dignity and empowerment. A key insight from the study is the active inclusion and gender-sensitive participation of boys, who break traditional taboos and engage openly in menstrual health discourse. Furthermore, collaborative parent-teacher initiatives have successfully replaced long-standing social stigmas and myths with scientific understanding, emphasizing that menstruation is a natural biological process. Ultimately, the study highlights how community-driven institutional support creates a gender-sensitive educational ecosystem that can be effectively replicated across schools.

Keywords: Phenomenological research, Menstrual Hygiene Management (MHM) Lab, Lived experiences, Adolescent girls, Gender sensitivity.

Introduction

Menstrual Hygiene Management (MHM) is vital for achieving the Sustainable Development Goals (SDGs), as it directly safeguards the physical and mental well-being of women and girls (Sommer et al., 2021). Although menstruation is a standard biological process indicating reproductive maturity—where the uterine lining sheds monthly (Singh & Agarwal, 2023; Das, 2021)—millions of female students experience it as a time of stress, social isolation, and structural obstacles. Effective MHM requires safe sanitary products, proper water, sanitation, and hygiene (WASH) infrastructure, personal privacy, and supportive psychological environments, making it a pressing public health and educational priority (India Sanitation Coalition, 2025). These issues are intensified for adolescent girls with disabilities, particularly those with visual impairments, who often experience heightened stigma and discrimination. Consequently, this review evaluates the specific MHM requirements of visually impaired adolescent girls, examines the obstacles they face, and highlights strategies to help them manage their periods safely, hygienically, and with dignity (Singh & Agarwal, 2023).

When adolescent girls lack proper support, menstruation frequently translates into classroom anxiety, loss of concentration, compromised dignity, and increased rates of school absenteeism or dropout (Thakre, et al., 2011). Recognizing these challenges, public health policies and educational frameworks in India have increasingly shifted from basic sanitation provision to comprehensive institutional support (Govt. of Jharkhand, 2018). In states like Jharkhand, where unique socio-cultural dynamics, rural landscapes, and tribal demographics shape adolescent realities, institutional interventions have taken a notable step forward. A prominent innovation in this regard is the establishment of school-based Menstrual Hygiene Management (MHM) Labs UNICEF India, 2023, pioneered notably in state-run institutions such as the middle school at Marafari in the Bokaro district under international developmental and organizational frameworks (UNESCO, 2020 & Khare, D., 2022).

Unlike conventional school washrooms, MHM Labs are designed as dedicated institutional spaces within schools—frequently implemented in state-run and Kasturba Gandhi Balika Vidyalaya (KGBV) institutions—to function as holistic hubs (India Sanitation Coalition, (2025)). . These spaces typically integrate resting beds for cramp management, sanitary pad vending machines or decentralized distribution systems, safe disposal/incineration units, and peer-led guidance networks UNICEF India, 2023. While quantitative metrics (such as attendance rates and pad usage statistics) often measure the structural success of such initiatives, they frequently fail to capture the human, emotional, and psychological reality of how girls experience these spaces.

Review of related Literature.

Bazakare et al. (2025) conducted a descriptive phenomenological study using Colaizzi's data analysis framework to explore the lived experiences of menstrual hygiene management among in-school visually impaired adolescent girls in Rwanda. The study revealed that visually impaired students face compounded vulnerabilities, including intersectional stigma, restricted access to reliable menstrual information, and infrastructural barriers within school sanitation facilities that fail to accommodate their disability. Girls reported relying heavily on anxiety-inducing coping mechanisms, such as fear of staining and difficulties in discretely washing and drying reusable absorbents. Van Eijk et al. (2016) synthesized 138 studies across India, revealing severe MHM gaps: only half of girls had pre-menarcheal awareness, one-quarter missed school, and rural sanitary pad usage remained low. Inadequate school infrastructure and pervasive socio-cultural restrictions severely compromised student dignity and attendance. While this meta-analysis effectively outlines macro-level infrastructural and hygienic deficits, it relies exclusively on quantitative metrics. Consequently, it fails to capture the internal emotional landscapes and subjective coping strategies of adolescents. This methodological limitation underscores the necessity for phenomenological research to deeply understand how girls experience menstruation and navigate institutional interventions like MHM labs. Drakshayani Devi and Venkata Ramaiah (1994) investigated the knowledge and practices regarding menstrual hygiene among 65 rural high school girls in Andhra Pradesh, India. While many students understood the biological nature of menstruation, significant misconceptions persisted—with some attributing it to sins, curses, or diseases. The study found that unhygienic practices, such as reusing unboiled or improperly dried cloths, were common due to a lack of accurate guidance from mothers. Furthermore, participants experienced severe socio-cultural restrictions, including dietary limitations and exclusions from school, religious events, and daily activities. The authors concluded that structured educational interventions through schools, media, and health personnel are essential to dispel myths and promote safe hygiene habits. Batool and Shafiq (2022) conducted a qualitative study using semi-structured interviews with 20 reproductive-aged women to explore perceptions, challenges, and practices surrounding menstrual hygiene management (MHM). Their thematic analysis revealed that cultural norms, socio-economic factors, education, and product availability significantly shape menstrual experiences. While some participants reported adequate resources, others faced severe difficulties due to poor sanitation, water scarcity, and limited access to sanitary products. The authors concluded that achieving safe and dignified MHM requires comprehensive structural support, enhanced sanitation facilities, educational campaigns, and the dismantling of cultural taboos and stigma.

Rationale of the Study

Despite the structural introduction of MHM Labs in select schools across Jharkhand, a critical gap persists in understanding how adolescent girls subjectively experience these spaces. Institutional infrastructure does not exist in a vacuum; it interacts directly with deep-seated social taboos, peer dynamics, self-stigma, and institutional barriers (India Sanitation Coalition, (2025)). . While policymakers view MHM Labs as technical solutions to absenteeism, it remains largely unknown

how adolescent girls navigate the psychological vulnerability of entering a designated "period room" in front of peers, how these spaces alter their daily school experiences, or whether these labs genuinely foster a sense of security, dignity, and bodily autonomy UNICEF India,2023.

Existing literature heavily relies on quantitative assessments of sanitation facilities, leaving a vacuum regarding the qualitative, lived realities of the beneficiaries (Thakre,et.al.,2011). Without capturing the voice and emotional landscape of the adolescent schoolgirl, educational policies risk missing the nuanced ways socio-cultural stigma adapts to or resists institutional spaces.

Objectives of the Study

1. To explore the daily lived experiences of girls using school MHM labs.
2. To examine how students view school management and upkeep of these labs.
3. To understand how social taboos and peer pressure affect lab use.
4. To assess the impact of MHM labs on student comfort and dignity.

Research Questions

1. What are the lived experiences and emotional realities of adolescent girls using MHM labs at school?
2. How do students perceive the school management, cleaning, and upkeep of these labs?
3. In what ways do social taboos and peer pressure influence how girls use these spaces?

Research Methodology

Phenomenological research design serves as a foundational qualitative approach focused on exploring and interpreting the lived experiences of individuals to uncover the universal essence of a phenomenon. Rooted in the philosophical foundations of Edmund Husserl (descriptive phenomenology) and Martin Heidegger (interpretive-hermeneutic phenomenology), this methodology emphasizes *Dasein* (being-in-the-world), which recognizes the inseparable connection between an individual's mind, body, lived experience, and their historical or social context.

Data Generation Instruments

To capture the deep, lived experiences of participants regarding MHM labs, this study utilizes a combination of qualitative research tools aligned with phenomenological inquiry:

- **Unstructured In-Depth Phenomenological Interviews:** Serving as the primary data generation tool, these conversational interviews use open-ended, non-leading questions to elicit rich descriptions of participants' experiences, feelings, and convictions rather than abstract opinions (Kvale, S. (1996). Following Dolbeare and Schuman's (1982) three-interview series approach, the study utilized a structured multi-interview process that

enabled the interviewer to deeply explore the participants' experiences and understand them within their proper context.

- **Journaling:** The researcher maintains a reflexive journal throughout the study to record notes, interactions, quotations, and personal reflections. This instrument is vital for documenting presuppositions during the bracketing process and tracking the researcher's evolving relationship with the data and participants (Nadin, S., & Cassell, C., 2006).
- **Observation:** Field observations and informal classroom or site observations are employed to capture contextual cues, spatial dynamics, and non-verbal behaviors within the school environment. These observations complement interview transcripts by providing real-world context on how participants interact with institutional spaces (Angrosino, M., 2007).

Sampling: Purposive sampling is essential in phenomenological research to select information-rich cases involving individuals who have direct, lived experience of the phenomenon. Rather than aiming for statistical generalizability or data saturation, this non-probability method focuses on securing rich, detailed descriptions from knowledgeable participants.

Sample: Across 5 selected Hazaribagh schools, the sample comprises 35 participants (7 per institution). Each school contributes:

- 1 Headmaster for administrative oversight.
- 1 MHM Lab In-Charge for operational details.
- 5 Students from classes (6-12), including the *Bal Sansad* Health Minister and 4 peers, to capture lived experiences and student perspectives.

Delimitation: The present study is delimited to five Government Schools with MHM lab for the present research work. Urdu Middle School Mandai Sadar Hazaribagh, Upgraded High School Sindoor Sadar Hazaribagh, Upgraded +2 High School Khaparyawan, Bihari Balika Vidyalay Sadar Hazaribagh and C.M. School of Excellence for Girls Hazaribagh.

Procedure of Data Collection: Data collection involved conducting in-depth phenomenological interviews with 35 participants across five schools. Sessions were digitally recorded, complemented by reflexive journaling and field observations, capturing rich descriptions of participants' lived experiences while maintaining ethical standards and informed consent.

Data Analysis and Interpretation: Data analysis follows an iterative phenomenological reduction. Through verbatim transcription, immersion, extracting meaning units, and clustering themes, hermeneutical analysis uses the hermeneutic circle to interpret deeper social and cultural meanings, culminating in a comprehensive composite summary.

Major Finding and results:

- **Initiation and Collaborative Support:** The MHM Lab was established in 2022 with the cooperation of Sampoorana and UNICEF to foster a sensitive, supportive, and healthy environment.
- **Reduction in Absenteeism:** The establishment of the MHM lab effectively addresses monthly student dropouts and non-attendance, ensuring that adolescent girls remain in class and their education is not disrupted during their menstrual cycles.
- **Comprehensive Resource Availability:** The facility provides all necessary amenities in one dedicated space, including beds for rest, hot water bags for cramp relief, sanitary pads, soap for proper hand hygiene, spare uniforms, and specially positioned low-height mirrors to check for clothing stains and maintain dignity.
- **Community-Driven Sustainability:** The lab was built entirely through collaborative community efforts—with parents, teachers, and students contributing furniture, mattresses, materials, and labor—demonstrating a sustainable model independent of government funding.
- **Normalization and Dignity:** Providing a safe, well-equipped space shifts the perception of menstruation from a hidden struggle or source of shame into a manageable part of routine school life, significantly reducing anxiety and social embarrassment.
- **Scalability and Replication:** The success of the model has inspired neighboring schools to visit the facility, learn from its implementation, and plan similar support systems in their own institutions.
- **Promotion of Empathy and Gender Sensitivity:** Engaging male students in discussions and awareness programs regarding Menstrual Hygiene Management (MHM) fosters mutual respect, breaks down long-standing stigmas, and helps dismantle toxic taboos surrounding menstruation.
- **Peer Support and Alleviation of Bullying:** Educated boys act as allies rather than perpetrators of mockery, actively contributing to a safe, supportive, and psychologically secure school environment for adolescent girls.
- **Collaborative Leadership through Student Bodies:** In co-educational institutions, leadership platforms like the *Bal Sansad* (Children's Parliament) provide opportunities for both boys and girls to jointly manage health initiatives, normalization campaigns, and school welfare programs, championing menstrual health as a shared institutional responsibility.
- **Boys' Active Participation and Gender Sensitivity:** Boys are actively involved in discussing sensitive topics like menstruation openly at school and home, shifting perspectives and serving as active participants in social transformation.
- **Responsible Usage by Boys:** The MHM facility is not limited to adolescent girls; boys also utilize the facility with respect and mindfulness when needed, demonstrating gender sensitivity, health education, and social awareness.
- **Parent-Teacher Engagement and Eradication of Taboos:** Joint efforts by school management and teachers through parent-teacher meetings have taken concrete steps to eliminate menstrual myths and social taboos.
- **Scientific Understanding over Superstition:** Awareness initiatives emphasize that menstruation is a natural biological process rather than a disease, stressing proper hygiene, the use of government-provided napkins, or cleanly washed and sun-dried cloth, while framing this responsibility as shared by fathers as well.

Conclusion: This phenomenological study illuminates the transformative impact of Menstrual Hygiene Management (MHM) labs on the lived experiences of adolescent girls, students, and educators across schools in Hazaribagh. The findings demonstrate that establishing dedicated, well-equipped facilities effectively mitigates monthly absenteeism, prevents school dropouts, and restores dignity during menstruation. Furthermore, the active participation of boys and the collaborative engagement of parents successfully dismantle deep-rooted cultural stigmas, proving that menstrual hygiene is a shared societal and institutional responsibility.

Educational Implications

- **Policy and Infrastructure Development:** Educational policymakers should mandate and fund the establishment of dedicated MHM facilities in all schools to ensure basic health infrastructure and academic continuity for adolescent students.
- **Gender-Inclusive Curricula:** Schools must integrate gender sensitivity and open dialogues regarding menstrual health into daily learning, actively involving boys to foster mutual respect, empathy, and the eradication of taboos.
- **Community and Parental Engagement:** Educational institutions should institutionalize regular parent-teacher meetings focused on health education, replacing unscientific myths with biological facts and enlisting fathers as active supporters of their daughters' health.
- **Replicable Institutional Models:** School administrators can adopt this community-driven, low-cost sustainability model to foster safe, dignified, and inclusive learning environments without relying solely on state funding.

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