

Investigating the Policies and Practices of Teaching Menstrual Hygiene Education to Schoolboys in India

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Abstract

Menstruation causes many problems for women and girls globally, the severity of the issues varying depending on their individual and social context. The main concerns include access to appropriate toilet facilities at home, school or work, access to proper menstrual hygiene management (MHM) materials and education as well as dealing with the social stigma and taboo surrounding the subject. These shortcomings can lend themselves to a plethora of different problems, including girls ceasing to attend school once they experience menarche. In an attempt to ensure girls do not leave school when they begin menstruating (amongst other concerns), The Government of India released National Guidelines on MHM in 2015. The Guidelines emphasise the importance of educating both boys and girls about MHM in order to eradicate the social stigma and encourage girls to feel more confident in managing their periods within the school environment. To understand the level of education given to schoolboys, and the attitudes towards it, this study consisted of semi-structured interviews with teachers from six state schools in Mumbai. Regional Centre for Urban and Environmental Studies (RCUES), Mumbai was

associated with the study as knowledge partner, and the interviews at the schools were conducted in collaboration with the RCUES team. Although a local NGO is conducting MHM education and a sanitary pad distribution and disposal scheme for girls, this education is not yet a part of the syllabus, therefore excluding boys and reinforcing the notion that menstruation should not be openly discussed with everyone. All of the teachers interviewed recognised the importance of educating both boys and girls on the different facets of menstruation and MHM and highlighted the barriers as to why it has not yet been included in their school's syllabus.

1. Introduction

People who menstruate (mainly women and girls, as will be described in this article, whilst recognising that not all women and girls menstruate, and that non-binary and transgender people may menstruate) require adequate, affordable and hygienic materials to manage their periods in a way that they feel comfortable and dignified. They also need the space and facilities necessary to check and change menstrual materials, wash themselves, and wash or dispose of menstrual materials at home, work, public spaces and/or

school (Sommer, 2015). Unfortunately, whilst managing their menstruation, many women and girls around the world encounter social stigma and negative cultural beliefs associated with menstruation. Not only can these ideas perpetuate sexist stereotypes and devalue women and girls, they also prevent the topic from being discussed. Silence on this topic contributes to a lack of access to the facilities women and girls need, and reinforces gender gaps (Allen et al., 2011). Although problems with access to appropriate menstrual hygiene management (MHM) materials and facilities, as well as negative attitudes towards menstruation (and those that menstruate) are global issues, this study focuses on India, a country where 23 million girls drop out of school every year once they experience menarche (Dutta, 2018).

1.1 India's social and cultural beliefs surrounding menstruation

The issues surrounding menstruation are global; the obstacles are not limited to low income contexts. Notwithstanding, India is a country infamous for its relationship with poor sanitation, menstruation-related myths and arguably, therefore, a failure to provide girls and women with the facilities, knowledge and support that they require to carry out proper MHM (Chambers, 2013; Garg & Anand, 2015). Garg and Anand (2015) argue that the mere mention of menstruation in the country is taboo and it is this that is prohibiting the country from advancing both in attitudes towards menstruation and access to MHM. They go on to discuss certain misconceptions prevalent in the country, such as that periods make a woman 'impure', and as a result they should be kept from carrying out certain daily practises such as visiting their place of worship, taking a bath, preparing food in the kitchen or touching a man. Not only do these beliefs define and constrain the roles of women within the community, but by associating periods with dirt, secrecy and otherness, negative ideas about menstruation are harboured and the topic continues to fail to be discussed, resulting in a

country that provides some women with little or no access to MHM materials, facilities and knowledge (Shanbhag et al., 2012).

1.2 Problems with access to proper MHM in India

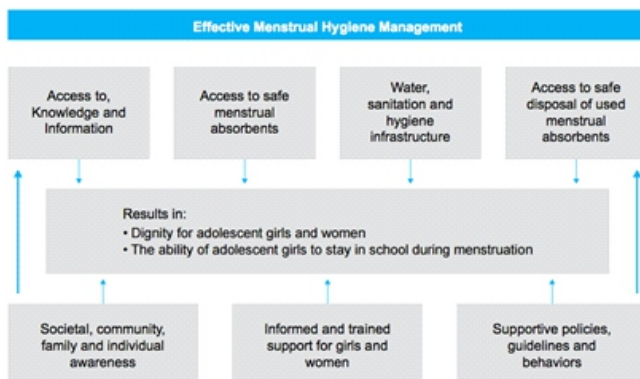
Many women and girls in India, particularly those in poorer rural settings, will use cloths to manage their menstrual blood, which may then be cleaned, dried and reused (Garg et al., 2001; Dube and Sharma, 2012; Khanna et al., 2005). Cloths are less absorbent, and often less hygienic, than disposable pads, potentially leading to reproductive health problems (Das et al., 2015; Torondel et al., 2018), as well as to girls feeling less protected at school, hence increasing the chances of them missing class or dropping out altogether (Dube and Sharma, 2012; Khanna et al., 2005; Banerjee, 2017). Having periods necessitates a greater need for privacy, for example, adequate toilet facilities, the lack of which results in embarrassment, poor hygiene practises and also an increased risk of sexual and/or violent assault (Hulland et al., 2015). In the school environment, a lack of appropriate facilities (i.e. gender segregated toilets and sinks to wash hands/cloths in) dissuades girls from attending (Kirk & Sommer, 2016). A further barrier to proper MHM is the lack of formal education on the physiology and management of menstruation (The Government of India, 2015). In a study of girls living in an urban slum in Jaipur, Rajasthan, 73% reported not having any awareness of menstruation before or at the time of their first period (Rajagopal & Mathur, 2017). The reasons for this were twofold: a lack of awareness by their mothers and teachers themselves, as well as the social pressure to keep the subject hidden (Garg et al., 2001; Rajagopal & Mathur, 2017). Consequently the experience remains distressing for young girls; their questions remaining unanswered (or perhaps more aptly: unasked) and notions of secrecy and shame of their bodies engendered (Peranovic & Bentley, 2017). These three insufficiencies (lack of

MHM materials, adequate toilets and information) all fail to create a school environment that is compatible with girls' needs, causing them to miss out on their education, and as a result, be more likely to undergo child marriage and experience early pregnancy (Allen et al., 2011; Government of Rajasthan, 2017; Rajagopal & Mathur, 2017).

1.3 Current policies on MHM education in India

The Government of India released National Guidelines on MHM in December 2015. The importance of educating both boys and girls within schools is highlighted in order to break down the social stigma of menstruation, allow girls to discuss the topic without shame, and ultimately equip girls with the tools they need to manage their periods with confidence, ideally leading to better retention of girls in school (Government of India, 2015). The Government of India recognises that in order to break down the social stigma, the whole country, not just women and girls, needs to be educated on the subject. A framework in the Guidelines demonstrates how effective MHM can be brought about (Figure 1). By encouraging “societal, community, family and individual awareness”, a cumulative “access to knowledge and information” can be granted, which ultimately results in “dignity for adolescent girls and women” as well as “the ability of adolescent girls to stay in school during menstruation”.

Figure 1 – Menstrual Hygiene Management framework, The Government of India, 2015



The Guidelines stress the importance of educating both boys and girls on the subject within schools saying that “men and adolescent boys must have awareness, knowledge and information” in order that “menstruation is understood and can be managed safely with confidence and dignity” (The Government of India, 2015, p. 3). By “sensitively” involving boys and male teachers there will be a “positive effect on how girls feel” seeing as a “supportive community at school will help girls to deal with issues around menstruation more confidently for the rest of their lives” since they will be “free from ridicule and treated with respect and dignity” (The Government of India, 2015, pp. 3 -22).

So as to understand what is being taught to boys in Mumbai, Maharashtra, this study used semi-structured interviews with school teachers from six different state schools to explore the status quo of menstruation discussions within the school environment, the formal education provided on menstruation, and the potential impacts of educating boys about menstruation.

2. Methodology

2.1 Research design

Semi-structured interview questions were developed such as 'Have you ever witnessed the boys teasing the girls about menstruation or vice versa?', 'Where do you think boys learn most about menstruation?' and 'How do you think boys having more education on menstruation would impact girls?' The qualitative approach is principally beneficial for research on topics for which little has been previously explored (Corbin & Strauss, 2008). Likewise, semi-structured interviews are constructive in giving direction to the research yet allowing flexibility and space for greater exploration of opinions (Fylan, 2005).

2.2 Participants

Six state schools were identified by the knowledge partner, the Regional Centre for Urban and Environmental Studies (RCUES), Mumbai. RCUES team organised visits to the schools and acted as translators during the interviews. Although the project had been designed to interview both male and female teachers, due to the apparent male discomfort with the topic, only one male teacher was interviewed, compared to twelve female teachers. Nine participants were interviewed individually and four were interviewed in pairs. Before the interview began, the interviewee was given an explanatory statement to read and confidentiality and consent forms to sign in English. If they were not able to fully comprehend these in English, they were verbally translated into Hindi by the RCUES team. The interviews lasted from 15 to 45 minutes and were conducted in both Hindi and English, depending on the preference of the interviewee. The interviews were recorded using a Dictaphone and later translated and transcribed into English.

2.3 Data analysis

Nine themes emerged inductively as the interviews were analysed. The responses were sorted into these nine themes and further dissected into the sub-topics, which arose. Similar opinions in the sub-topics were then grouped. The themes that emerged from the interviews helped to categorize themes found in the literature so that comparisons could be drawn between the two.

2.4 Ethics

The Mathematics and Physical Sciences (MaPS) and Engineering Joint Faculty Research Ethics Committee at the University of Leeds granted ethical approval for this research (MEEC 17-018).

3. Results and Discussion

3.1 Differences in education given to girls and boys

Neither the girls nor boys were being taught about menstruation through the curriculum, but the girls were receiving classes on MHM through a monthly pad distribution and disposal scheme. The scheme, called 'Pad Bank', is taking place in 52 low-income schools in Mumbai (including the six visited in this study), set up by an NGO called the TEE Foundation. Although considered successful in keeping the girls in school and allowing for improved MHM, the boys were not only being excluded from the classes but also kept from knowing about the scheme's existence at all. Many studies, in various countries, have found that when it comes to sexual and reproductive education, girls are taught more than boys, even when boys express a desire to be educated further (Allen et al., 2011; Peranovic & Bentley, 2017; Chang et al., 2012). By not including boys in menstrual health education, not only does the topic remain taboo to discuss between both genders, but the notion that women's issues are irrelevant to men is also instilled (Peranovic & Bentley, 2017).

3.2 Menstruation as a taboo subject

All of the teachers recognised menstruation as a silent topic both in the home and in the school environment, similar to many other studies on perceptions of menstruation around the world (Allen et al., 2011; Wong et al., 2013; Chang et al., 2012). Many of the teachers suggested that it is the parents' attitudes that is impeding education, for instance, with complaints of their children learning "too much" when one teacher drew diagrams of the male and female anatomy on the board during biology class.

3.3 Where the boys currently learn about menstruation

The teachers admitted that their male students were gaining little to no education of the subject at

school or at home, so their main source of information lay with the media or older friends, only providing them with “half-baked” knowledge. When they are denied information from school or parents, naturally boys will seek answers from other sources such as the media or older friends (Allen et al., 2011). The teachers were aware that this is not a productive way of learning and that it could even be dangerous, as the Internet may lead them on to inappropriate and incorrect content. This can be damaging as warped, biased or misguided information can be relayed to give wrong ideas about the subject and thus create a further gap in knowledge (Hoerster et al., 2003).

3.4 Boys' attitudes and knowledge

The interviews undertaken were not with the male students themselves, nevertheless the teachers speculated on the shared ideas of their students and the Indian male collective. They expressed their opinion that male students believe the notion that menstruation is insignificant to men and should be kept hidden, enforced by the educatory exclusion of the subject that the boys face both at school and at home. In the literature on global male perceptions of menstruation, the common themes that emerge are that it is considered dirty, shameful, insignificant to men, should be kept hidden, makes women other and/or lesser than men, that men have misguided knowledge and that it can be used as a tool to demote women and enforce sexist stereotypes (Allen et al., 2011; Peranovic & Bentley, 2017). The teachers had observed that some of the boys would distance themselves from a girl if they knew that she had started or was on her period, encouraging the girls even more so to keep their experience a secret. Some boys would instead use the little knowledge they did have to tease the girls. The teachers conjectured that these acts stemmed from embarrassment and an attempt to learn more about a subject they knew was forbidden to them. It was arguably telling to observe the reactions of the male teachers, having

set out to gather a range of interviews from both male and female participants but eventually only attaining one male perspective, all but one of the male teachers who initially showed interest in being interviewed withdrew upon hearing the nature of the topic. It can be reasoned that the young male students, deprived of a relationship with the subject of menstruation, will grow into men who believe that it is not their responsibility to understand it.

3.5 Girls' attitudes

The teachers noted that a lot of their female students were still ambivalent about the subject and would be too shy to even discuss it at home with their mothers, and definitely not with their fathers. In school, they may go to the teacher if they have a problem, but would wish to keep it hidden out of fear of being either teased or isolated by the boys. Most interviewees agreed that the reason that the pad distribution scheme is kept a secret is to protect the girls and that, despite feeling the duty to disclose the correct information to their male students when quizzed, they had to respect the wishes of the girls and not divulge too much about the process they were experiencing. Similar to some accounts in the Allen et al. (2011) study, the teachers speculated that when the girls are older and more confident they start to open up about their periods and use their superior knowledge to mock the boys. Although refreshing for the girls to have an upper hand on the situation, the power play still plays to the idea that boys should be afraid of or uninvolved with menstruation (Allen et al., 2011).

3.6 Teachers' attitudes

Although some more enthusiastically than others, every teacher interviewed agreed that the process of menstruation and MHM should be taught to both boys and girls as part of the curriculum, many saying it is their “responsibility” as educators to impart knowledge to both sexes. The comfort and

awareness that the majority of the teachers in the study showed in discussing the subject is contrasted with the Mason et al. (2017) study wherein the Indian schoolteachers were more discomfited than their male students, who wished to learn more, or those in Chang et al.'s (2012) study in Taiwan where the teachers would perpetuate certain stereotypes of their menstruating female students, such as that it forces them to become disobedient and vicious “like tigers” (p.518). When the female teachers were questioned on whether they would feel comfortable in teaching both genders themselves, six said they would. The other six were apprehensive, saying they would feel more comfortable to only teach the girls, but that they would overcome their embarrassment if they had to. The one male teacher who was interviewed said that he could teach the boys about the subject, but not the girls. All of the teachers said that they had enough knowledge to pass on the correct information to their students.

3.7 The best ways of teaching boys about menstruation and MHM

The teachers agreed that it was the educational system's responsibility to not only educate both sexes on the physiology and management of menstruation but also to “address the cultural ideology of menstruation and deconstruct negative messages about women's bodies” (Allen et al., 2011, p. 153). There were mixed opinions on whether the girls and boys should be taught separately or together. The most agreeable option came to be that they should be taught separately at first, where the girls could be made to feel more comfortable, and the boys could be sensitised to the subject and the importance of maturity and understanding they needed to practise around the girls. The teachers agreed that the amount of information given to the boys should correspond to their age and that the best age to start teaching them about it is at 13 to 14. Mixed opinions were also given on who was the best person to teach them in

school: a healthcare professional, female teachers, male teachers or teachers corresponding to the gender of the students. It was decided that a multifaceted approach should be used to teach the children, including workshops, open discussion, lectures, role-plays and shared experiences.

In this study it is evident that the teachers, NGO and Government all want to work towards the same goal, but that perhaps more sectors or powers need to be involved to reach the desired outcome. Rajagopal & Mathur (2017) deduce that a “multi-sectoral approach is essential” by influencing and congregating with various government systems across WASH, reproductive health and education to “reach out systematically to adolescent girls and boys with relevant information” (p. 315). Garg et al. (2001) suggest that to deliver adequate information effectively, it is necessary to “develop innovative ways of overcoming parental and community resistance in the design of programmes and services” and that the teaching of these subjects should be foreseen as a long-term, continuous process. They also suggest that it is imperative to include a range of powers in the community, incorporating government, NGOs, researchers and teachers to address the needs of the young girls. One factor that might be preventing the work from progressing further may be the parents who will readily complain when they fear their children are learning the “wrong ideas”. The teachers suggested that the parents should also be sensitised to the subject and taught the importance of why both their sons and daughters need to learn about MHM.

3.8 Impacts of boys learning about menstruation

Overall, the teachers inferred that boys learning about menstruation and MHM would have a positive impact on their female students by discouraging teasing and creating a more comfortable and equal learning environment, as well as shift the collective male perceptions of menstruation as the next generation enters

adulthood. They also highlighted how the new knowledge could surpass the boundaries of school and that it could create the opportunity for boys to help and support their female friends and family at home, saying that “if a child is able to do that, that is what education is to me.” This concurs with one of the messages of the Swachh Bharat Mission (2017), which states that “children can be effective sanitation communicators to spread the message of safe sanitation to all” (p. 8). These ideas are supported in the literature, with Merskin (1999) feeling that the education of menstruation has become a significant battlefield, contending with the determination to challenge and surmount gender inequalities both in school and outside.

3.9 Changes in education over time

The interviewees noted some positive changes from when they were at school as students to now, as teachers, such as a slight shift in attitude, girls being less likely to miss school due to their periods and the subject being talked about more freely. Some teachers attributed part of this development to the movie 'Padman' based on the true story of Arunachalam Muruganatham, a man who created a low-cost sanitary pad-making machine for women in the poorer communities of rural India, speculating that the NGO programme within the schools may have been encouraged by the story. While the TEE Foundation is doing a valuable job of educating the girls, it is evident that the message from the Government that MHM education is important for both sexes has been lost, with the boys still being excluded from the knowledge (Government of India, 2015). The national curriculum was last updated in 2005 and was due to be revised this year (2018), with some teachers being hopeful that menstrual health education would be added in the updated version. One teacher who felt passionately about the subject said that she hopes that as the conversation is being had more frequently, the message will continue to “trickle down” from the top to the grass-roots levels.

4. Conclusion

By neglecting the education of boys about menstruation and menstrual hygiene, the idea that women's health issues are irrelevant to men is inculcated, the stigma and taboo surrounding menstruation is sustained and society remains a place that is not commensurate with women and women's needs. This creates many issues including the perpetuation of sexist stereotypes, girls missing out on their education and the enforcement of gender roles, all of which contribute to preserving the gender gap. The lack of education accessible to boys causes them to develop a variety of negative attitudes towards menstruation and menstruating women, including that it is not a matter of concern for them, that it is disgusting and should be kept hidden and that it debilitates women and makes them weaker. This produces many problems for women on a personal and societal level, such as shaping how certain institutions run. It is for these reasons that all of the teachers attested to the importance of educating both their male and female students on the different facets of MHM, not only to create an accommodating school environment for girls, but also to tackle the stigma and taboo surrounding menstruation that is the root cause of inadequate access to the facilities girls and women require throughout the country. This is not solely an issue prevalent in communities of India, but a global issue, and unless it can be seen and discussed as a human issue, involving both men and women, girls and boys, no further changes can or will be made. As the Government of India say in their Guidelines on MHM, “what cannot be talked about, will not change” (The Government of India, 2015, p. 5).

References

1. Allen, K.R., Kaestle, C.E. and Goldberg, A.E. 2011. *More Than Just a Punctuation Mark: How Boys and Young Men Learn About Menstruation. Journal of Family Issues. 32(2), pp.129-156.*

2. Banerjee, S. 2017. *Indian Women Are Leaving Education Because They Can't Access Sanitary Pads*. Youth Ki Awaaz.
3. Chambers, R. and Von Medeazza, G., 2013. *Sanitation and stunting in India*. *Economic & Political Weekly*, 48(25), p.15.
4. Chang, Y.-T., Hayter, M. and Lin, M.-L. 2012. *Pubescent male students' attitudes towards menstruation in Taiwan: implications for reproductive health education and school nursing practice*. *Journal of Clinical Nursing*, 21(3-4), pp.513-521.
5. Corbin, J., & Strauss, A. (2008). *Basics of qualitative research (3rd ed.)*. Thousand Oaks, CA: Sage
6. Das, P., K. K. Baker, A. Dutta, T. Swain, S. Sahoo, B. S. Das, B. Panda, A. Nayak, M. Bara, B. Bilung, P. R. Mishra, P. Panigrahi, S. Caincross and B. Torondel. 2015. *Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India*. *PLOS ONE*, 10(6), pe0130777.
7. Dube, Shubha and Kirti Sharma (2012) 'Knowledge, attitude and practice regarding reproductive health among urban and rural girls: a comparative study', *Ethno Med* 6(2): 85–94, www.krepublishers.com (last checked 1 June 2016)
8. Dutta, S. 2018. *23 Million Women Drop Out Of School Every Year When They Start Menstruating In India*. [Online]. [Accessed 15 September 2018]. Available from: <https://swachhindia.ndtv.com/23-million-women-drop-out-of-school-every-year-when-they-start-menstruating-in-india-17838/>
9. Fylan, F., 2005. *Semi-structured interviewing. A handbook of research methods for clinical and health psychology*, pp.65-78.
10. Garg, S., & Anand, T. (2015). *Menstruation related myths in India: strategies for combating it*. *Journal of Family Medicine and Primary Care*, 4(2), 184–186. <http://doi.org/10.4103/2249-4863.154627>
11. Garg, S., Sharma, N. and Sahay, R. 2001. *Socio-Cultural Aspects of Menstruation in an Urban Slum in Delhi, India*. *Reproductive Health Matters*, 9(17), pp.16-25.
12. Government of India. 2015. *Menstrual Hygiene Management National Guidelines*. [Online]. Ministry of Drinking Water and Sanitation. [Accessed 15 September 2018]. Available from: <https://mdws.gov.in/menstrual-hygiene-management-national-guidelines-december-2015>
13. Government of Rajasthan. (2017) *State Strategy and Action Plan for Prevention of Child Marriage: Towards creating a child marriage free Rajasthan*, Jaipur: Government of Rajasthan
14. Hoerster, K.D., Chrisler, J.C. and Rose, J.G. 2003. *Attitudes Toward and Experience with Menstruation in the US and India*. *Women & Health*, 38(3), pp.77-95.
15. Hulland, K.R.S., Chase, R.P., Caruso, B.A., Swain, R., Biswal, B., Sahoo, K.C., Panigrahi, P. and Dreibelbis, R. 2015. *Sanitation, Stress, and Life Stage: A Systematic Data Collection Study among Women in Odisha, India*. *PLOS ONE*, 10(11), pe0141883.
16. Khanna, Anoop, R.S Goyal and Rahul Bhawsar (2005) 'Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan', *Journal of Health Management* 7(91): 91–107
17. Kirk, J. and Sommer, M., 2006. *Menstruation and body awareness: linking girls' health with*

girls' education. Royal Tropical Institute (KIT), *Special on Gender and Health*, pp.1-22.

18. Mason, L., Sivakami, M., Thakur, H., Kakade, N., Beauman, A., Alexander, K.T., van Eijke, A.M., Laserson, K.F., Thakkar, M.B. and Phillips-Howard, P.A. 2017. 'We do not know': a qualitative study exploring boys perceptions of menstruation in India. *Reproductive Health*. 14(1), p174.
19. Merskin, D. 1999. *Adolescence, Advertising, and the Ideology of Menstruation*. *Sex Roles*. 40(11), pp.941-957.
20. Peranovic, T. and Bentley, B. 2017. *Men and Menstruation: A Qualitative Exploration of Beliefs, Attitudes and Experiences*. *Sex Roles*. 77(1), pp.113-124.
21. Rajagopal, S. and Mathur, K. 2017. 'Breaking the silence around menstruation': experiences of adolescent girls in an urban setting in India. *Gender & Development*. 25(2), pp.303-317.
22. Shanbhag, D., Shilpa, R., D'Souza, N., Josephine, P., Singh, J., & Goud, B. R. (2012). *Perceptions regarding menstruation and practices during menstrual cycles among high school going adolescent girls in resource limited settings around Bangalore city, Karnataka, India*. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(7), 1353.
23. Sommer, M., J. S. Hirsch, C. Nathanson and R. G. Parker. 2015. *Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue*. *American Journal of Public Health*, pp.e1-e10.
24. Swachh Bharat Mission. (2016). *Swachh Bharat*. Available from: <http://www.swachhbaraturban.in/sbm/home/#/SBM>
25. Torondel, B., S. Sinha, J. R. Mohanty, T. Swain, P. Sahoo, B. Panda, A. Nayak, M. Bara, B. Bilung, O. Cumming, P. Panigrahi and P. Das. 2018. *Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India*. *BMC Infectious Diseases*, 18(1), p473.
26. Wong, W.C., Li, M.K., Chan, W.Y.V., Choi, Y.Y., Fong, C.H.S., Lam, K.W.K., Sham, W.C., So, P.P., Wong, K., Yeung, K.H. and Yeung, T.Y. 2013. *A cross-sectional study of the beliefs and attitudes towards menstruation of Chinese undergraduate males and females in Hong Kong*. *Journal of Clinical Nursing*. 22(23-24), pp.3320-3327.

