

Awareness of Menstrual Hygiene Management Rights and perception of Risks, Self-Efficacy, and Behavior

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ABSTRACT

Background: Menstrual Hygiene Management stands as a critical health concern for girls entering reproductive age on a global scale. This transition often induces fear and anxiety due to inadequate knowledge about menstruation and a lack of resources to comprehend bodily changes. Notably, school-aged girls in marginalized communities face formidable barriers to MHM, given the insufficient facilities, supplies, and awareness in educational institutions.

Methods: A Mixed method study was conducted adopting a mixed-methods approach. It engaged 562 respondents across five local levels of Bajura district, including three municipalities (Badimalika, Budhiganga, and Tribeni) and two rural municipalities (Gaumul and Khaptad Chhedaha).

Results: The study unveiled over 90% awareness on five out of seven MHM rights related statements and over 85% self-efficacy on 5 out of 8 statements regarding MHM among female adolescent respondents. However, their actual practices fell short of expectations, marked by the prevalence of restrictive norms and perceived risks pertinent to MHM. Notably, 27% (N=154) expressed fear of divine consequences for not adhering to menstrual customs. Malpractices were observed, including 66% using cloth during menstruation, inadequate pad changing frequencies, and some girls staying in *Chhaugoth* during menstruation. Despite a high awareness (97%) of menstrual rights, behavioral practices did not consistently align with this awareness.

Conclusions: The study highlights high awareness and self-efficacy in menstrual hygiene management among female adolescents, yet challenges persist due to cultural norms, perceived risks, and insufficient infrastructure, necessitating multifaceted solutions for behavioral change and access to resources.

Keywords: Adolescent girls; awareness on MHM rights; behaviour; perception of risks; self-efficacy.

INTRODUCTION

Adolescence, a pivotal phase from childhood to adulthood, involves rapid pubertal changes and emotional shifts. In impoverished countries like Nepal, adolescent girls grapple with embracing a healthy adolescence, primarily due to taboos surrounding menstruation. In Nepalese society, menstruating women face stigmatization, being deemed impure and segregated from daily activities.¹ These taboos adversely impact emotional well-being, lifestyle, and health, creating obstacles in education.² Challenges include limited access to menstrual materials, inadequate water, sanitation, and hygiene facilities, contributing

to school absenteeism.³ Reports reveal widespread restrictions, with 44% of girls in certain regions practicing Chhaupadi, and others facing seclusion during menstruation.^{4,5} Researches in Nepal have exposed concerns like 83% using cloth for hygiene⁶, 48% lacking adequate knowledge about menstruation⁷, and pervasive socio-cultural restrictions.⁸ Girls face gender-based challenges, especially in managing menstruation at school, leading to shame, fear, confusion, teasing, and insufficient support, hindering effective menstrual hygiene management.⁹⁻¹¹ The aim of the study was to assess the awareness of menstrual hygiene management rights and perception of risks, self-efficacy and behavior among female adolescent students in Bajura District.

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METHODS

This study was cross-sectional in design and used mixed methods (both quantitative and qualitative methods) approach. It was conducted in five local levels of Bajura district of Nepal: three municipalities (Badimalika, Budhiganga and Tribeni) and two rural municipalities (Gaumul and Khaptad Chhededaha). The study was carried out from July 2020 to March 2021. The fieldwork started after approval from NHRC (Ethical approval Registration Number: 572/ 2022). Consent was taken from parents of adolescents and assent was taken from the adolescents. Adolescent girls aged 10 to 19 years and studying at grade six to 12 in the public schools were included in the study. Adolescent girls with intellectual or other form of disability hampering their potential to express themselves fully were excluded from the study. A total of randomly selected 562 female adolescent students from 40 schools were covered as the respondents in this study. Structured questionnaires were used to interview the adolescent girls for quantitative information through Open Data Kit (ODK) application. Similarly, a total of 10 focus group discussion (FGDs) (2 FGDs per Rural/ Municipalities) were conducted as to explore the lived experiences on MHM practices and perceptions.

Quantitative data was analyzed using descriptive statistics and bivariate analysis. SPSS Software was used to analyze quantitative survey. For the qualitative information, all the interviews and FGDs were recorded after obtaining permission from research participants and transcribed to generate the themes. The analysis of the data was done through a semi-open coding process using excel spread sheet, looking for relevant themes and categories to the purpose of the study.

RESULTS

The mean age of the adolescent girls who were interviewed was 14.4 (1.7) years. The majority of the girls (84%) were Brahmin/Chhetris and almost all followed the Hindu religion. The parents of adolescents were less educated as half of the mothers (50%) were illiterate, and only a few fathers (6%) had completed bachelors or above. Likewise, the main source of income of the parents was agriculture. The major results regarding the awareness of MHM rights, risks, self-efficacy and pertinent behavior, particularly on menstrual restrictions were found as following:

Table 1. Awareness of MHM Rights among the Adolescent Girls.

	N	%
Every child has the right to access hygienic menstrual management services		
Disagree	13	2.4
Neither agree nor disagree	1	0.4
Agree	548	97.2
Every child has the right to get correct information about menstruation		
Disagree	14	2.5
Neither agree nor disagree	2	0.5
Agree	546	97
Menstrual management is an issue of women's reproductive health right		
Disagree	8	1.5
Neither agree nor disagree	4	0.9
Agree	550	97.6
Access to MHM facilities has an effect on individual's right to learn		
Disagree	183	32.6
Neither agree nor disagree	7	1.2
Agree	372	66.2
Bullying and humiliation over menstruation is a gender-based violence		
Disagree	55	9.9
Neither agree nor disagree	1	0.2
Agree	506	89.9
Females are only responsible for menstrual management		
Disagree	350	62.2
Neither agree nor disagree	6	1.2
Agree	206	36.6
Government's policies and provisions for MHM is needed to improve menstrual practices		
Disagree	36	6.4
Neither agree nor disagree	2	0.4
Agree	524	93.2
Total	562	100.0

In regard to awareness on MHM rights, an overwhelming majority (97% each) girl agreed that every child has

right to access MHM services and right to get correct information. Similarly, 90% girls agreed that bullying and humiliation over menstruation is a gender-based violence. On the other hand, it was discouraging that 37% girls believed that only females were responsible for MHM (Table 1).

Table 2. Perceptions of Risk on MHM.

	N	%
God curses their family if they do not follow customs related to menstruation		
Agree	154	27.4
Neither agree nor disagree	14	2.5
Disagree	394	70.2
God will be angry or something bad will happen to their family if they do not stay in cow-shed or 'chhaugoth' during menstruation		
Agree	98	17.4
Neither agree nor disagree	13	2.3
Disagree	451	80.3
The kitchen will be impure if they (or a female) enter it during menstrual period		
Agree	176	31.3
Neither agree nor disagree	9	1.6
Disagree	377	67.1
God will curse them/ something catastrophic will happen if they (or menstruating female) enter temple or religious place during their menstrual period		
Agree	224	39.8
Neither agree nor disagree	35	6.2
Disagree	303	54.0
Chhaupadi compromises females' security		
Agree	262	46.5
Neither agree nor disagree	18	3.2
Disagree	282	50.3

Regarding the girls' perception of risk pertinent to MHM, more than a fourth (27%) girls shared that they felt at risk that god would curse their family if customs related to menstruation were not followed. At the same time, nearly a sixth girls (17%) agreed on the statement that they believed something bad would happen if girls didn't stay in cowshed (*Chhaugoth*) during menstruation with half of the adolescent girls disagreed that *Chhaupadi* compromised female's security. Nearly one third girls (31%) agreed that kitchen becomes impure if a female

entered during menstrual period. Notably, 40% girls believed God will curse a female if she enters temple during menstruation (Table 2).

Regarding self-efficacy on various MHM issues, most of the respondents expressed their confidence in managing MHM with fair awareness of pertinent rights to menstruation. Their attitudes were found as follows:

Table 3. Attitudes on MHM Practices.

	N	%
Contribution of menstrual management for better health		
Disagree	31	5.5
Agree	531	94.5
Confidence to manage menstruation at school		
Disagree	47	8.4
Neither agree nor disagree	23	4.1
Agree	492	87.5
Confidence to manage menstruation at home		
Disagree	47	8.4
Neither agree nor disagree	17	3.0
Agree	498	88.6
Have adequate correct information on MHM		
Disagree	137	24.4
Neither agree nor disagree	21	3.9
Agree	404	71.7
Favorable surrounding to manage menstruation hygienically		
Disagree	131	23.3
Neither agree nor disagree	51	9.2
Agree	380	67.5
Accountable to improve menstrual hygiene by themselves		
Disagree	24	4.3
Neither agree nor disagree	12	2.3
Agree	526	93.4
Able to improve the menstrual hygiene by themselves		
Disagree	19	3.4
Neither agree nor disagree	10	1.8
Agree	533	94.8
Current menstrual restrictions will be resolved in the upcoming 10 years		
Disagree	116	20.6
Neither agree nor disagree	77	13.9
Agree	369	65.5
Total	562	100.0

The majority of the girls agreed that menstrual management contributes to their better health (95%) and they are confident to manage menstruation at school (88%) and at home (89%). Likewise, an overwhelming majority (95%) agreed that they were able to improve their menstrual hygiene by themselves. On the other hand, nearly a fourth (23%) disagreed that their surroundings are not favourable to manage menstruation hygienically as shown in Table 3.

From behavioral aspect, malpractices in menstrual management of the adolescent girls and restrictive practices during menstruation were noted.

Table 4. MHM Behavior and Prevailing Menstrual Restrictions.

	N	%
Material used during menstruation		
Cloth	261	65.6
Sanitary napkin (Disposable)	73	18.3
Sanitary napkin (Reusable)	49	12.3
Nothing	15	3.8
Sharing cloth/reusable pad with anyone in family		
Yes	96	31.0
No	214	69.0
Frequency of changing pad in a day		
One to three times	343	86.2
Four times or more	41	10.3
Not once in a day	14	3.5
Restriction in the house during menstruation*		
Not allowed to go to kitchen	378	95.0
Not allowed to worship or go to religious places	336	84.4
Not allowed to sleep in regular place/room	83	20.9
Not allowed to do household chores	70	17.6
Dietary restrictions (Not allowed to eat certain type of food)	36	9.0
Not allowed to consume milk or milk products	297	74.6
Not allowed to go to the school	2	0.5
No restrictions	1	0.3
Not allowed to touch the water sources	11	2.8
Not allowed to touch animals (cow, buffalo)	22	5.5
Total	398	100.0

Nearly two-third (66%) girls used cloth during menstruation, only a tenth changed the pads four times or more in a day and 4% (N=14) girls did not change their pads for the whole day. The restrictions relating to menstruation were also widely prevalent. 95%, 84% and 75% girls were not allowed to enter the kitchen, go to religious places/worship and not allowed to consume milk/milk products respectively (Table 4).

The socio-cultural beliefs, restrictions and practices regarding menstruation and *Chhaupadi* were found to be deeply rooted in the study areas in FGDs. However, all the participants who were involved in the study agreed that the current practice of menstruation in the course of change in comparison to the earlier days. They share that, these days most of the women started staying inside the house during menstruation, but in a separate room whereas in the earlier days' women were forced to stay at *chhaugoth* at least for 7 days. They were not allowed to touch any member of the family and were dependent on the family for food.

"Last year we organized a program related to women empowerment, representative girls and women from my and adjoining community were present there. We had arranged carpet to sit so that we could have open and face to face conversation. A lady secluded herself and sat afar. I asked her why she was sitting separately and requested to sit in the group but she denied and said if she touched any girl who is menstruating, god will get angry and something bad will happen to her health. Most of the uneducated women think that they are dirty and unholy during menstruation period." (Municipality representative).

The participants shared that the trend of staying in isolation during menstruation is still in practice cynically by some women, as they think that if they unfollow the cultural trend, God will remain 'unhappy/angry' and something bad will happen to them. One of the female political representatives, who was interviewed, expressed that people still consider menstruation as sinful and unholy. And so, women are not allowed to visit the temple or attain any social functions. In addition, another participant, who has been working as a traditional healer for last twenty years shared that:

"I have allowed women from my family to stay inside the house during menstruation but in a separate room because time is changing, and we need to change ourselves according to time. But I don't enter in that room. Women are not allowed to touch males or go to the kitchen. Being human we need to follow some

culture. If accidentally I touch them, I take shower to clean and wash sin from them.” (Traditional healer).

Consuming food, milk and milk-product directly connect to nutrition and health, but during the days of menstruation, females are excused to have milk and milk-products. The perception behind not having milk and milk products is directly linked with religion.

“I agree that not allowing consuming milk and curd during menstruation is bad practice, but I think its ok to restrict girls in temple and worshiping god, because in this time they are weak and are having dirty blood with them. In addition to that during period women are bleeding and if they do not maintain the hygiene, they will get germ which might get entered in to the kitchen and can contaminate kitchen. So, I think its ok to restrict entering in to the kitchen during menstruation.” (Health Personnel, Health post).

Respondents shared that milk is used to worship God, so they are not allowed to take it during their menstruation period, as during menstruation they are considered as ‘unholy’. Furthermore, they shared that though the restriction during menstruation is getting flexible but still there are many restrictions like not allowed to enter in kitchen or temple and touch male member of the family.

“Earlier we had to stay in chhaugoth and were not allowed to fetch water but these days we are allowed to stay inside the home. Many things are changing but yet we are not able to change our parents and elder people based on our knowledge, we know that restriction should not be there during menstruation but, they pressure us to follow the culture. We can’t go against them.” (A girl student in FGD).

Earlier they need to stay in separate ‘Chhaugoth’, given only dry pieces of breads and salt to eat, had to fetch water from a different tap that was far from the community, need to walk from a separate path in which other people did not walk normally and not allowed to go to school. Almost all the respondents involved in qualitative information opined that flexibility in restriction is happening due to access to mass media, developmental work, transportation facilities, increased level of awareness among people, comparatively better economic status of people, availability of sanitary pads in the local market, increment in the girls’ education, and intervention on MHM by different NGOs and social workers. But they still think that there are still lots of things to be done to eliminate the ‘chhau’ practice from the community.

DISCUSSION

This research, employing a mixed-method approach, elucidates the awareness of MHM rights, perception of risk, self-efficacy, and behavior among female adolescent students. The results underscore entrenched cultural and religious beliefs surrounding menstruation in Nepal. Consistent with prior studies, the findings emphasize the prevalent fear of God’s curse, deeply ingrained patriarchal values, and societal pressures as significant factors contributing to the imposition of menstrual restrictions.¹²⁻¹³ The *Chhaupadi* tradition designates menstruating women as ‘impure,’ mandating their isolation. Additionally, prevalent practices such as prohibiting women from entering kitchens or temples, avoiding contact with male family members, and refraining from sleeping on their usual beds during menstruation constitute common yet deeply ingrained menstrual restrictions that often go unnoticed.¹⁴

Ensuring female adolescent students can attend to their menstrual needs while at school is crucial for upholding their human rights to dignity, reproductive health, education, and gender equality.¹⁵ Insights from focus group discussions and interviews reveal the perspectives of female school adolescents regarding the challenges and opportunities associated with performing menstrual care tasks. Establishing a conducive environment has the potential to cultivate motivation and comfort, ultimately enhancing the self-efficacy of adolescent girls. This, in turn, can contribute to increased efficiency in managing menstrual hygiene.

The predominant usage of absorbents during menstruation by the majority of adolescent girls in the study area aligns with findings from a prior study conducted in Dang.¹⁶ The recent survey disclosed that a mere 6% of girls stay in *Chaugoth*, contrasting starkly with another study where 84% practiced *Chhaupadi* in Achham, situated within the same province.¹⁷

Attaining menstrual health is pivotal for the equality, rights, and dignity of individuals undergoing menstruation. Beyond ensuring access to menstrual products, achieving good menstrual health involves providing individuals with the necessary resources to actively engage in all aspects of life during their menstrual cycle. These resources encompass information, supplies, sanitation facilities, supportive environments (including sensitized teachers and work supervisors), and accessible healthcare workers with expertise in menstrual health disorders.¹⁸ Period poverty, characterized by restricted access to period products, menstrual education, or sufficient water

sanitation and hygiene facilities, impacts millions of women and girls globally.¹⁹

Moreover, cultural norms, stigma, and taboos related to menstruation pose additional obstacles to attaining menstrual health. While individuals' experiences with period poverty are diverse and distinct, the social determinants of health and structural elements of gender inequality emerge as central factors driving period poverty on a global scale. There is a compelling requirement to establish a supportive sociocultural environment, allowing those who menstruate to manage their menstrual needs with dignity and comfort. Additionally, it is essential to acknowledge menstrual health as a fundamental right encompassed within the broader right to health. The study identified ample opportunities to promote MHM among diverse groups of people and institutions. In tandem with enhancing knowledge among adolescents and community members, there is a requirement to upgrade the services and facilities at schools.

Only government/ public schools were included in the study. The findings of the study would be more robust and widely generalizable of the adolescent students of both private and public school can be taken.

CONCLUSIONS

The study sheds light on various facets concerning awareness, perception, self-efficacy, and behavior in menstrual hygiene management within Bajura district. The widespread presence of challenging cultural norms, perceived risks, restrictions, misconceptions and inadequate infrastructure underscores the urgent need for targeted interventions focusing on enhancing awareness, improving access and fostering behavioural change.

ACKNOWLEDGEMENTS

We would like to acknowledge the adolescent students, their parents and all respondents who participated in the study.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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