

Menstrual Hygiene Management and Practices in Campuses

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Abstract

Studies on menstruation hygiene management (MHM) in education have focused mostly on adolescent school girls indicating the need to investigate this particular phenomenon in the context of higher education. In this study, I wanted to explore the experiences of female students and teachers during menstruation while they are at the campus and document them to unpack the realities of the phenomenon to persuade the campus authorities for better MHM on the campuses. Using the qualitative design, the study is aimed at exploring and probing students and teachers on their MHM practices. This research has nested the life experiences of myself and participants of purposively selected two constituent and one affiliated campuses of Tribhuvan University in the Kathmandu Valley. In-depth interviews with six teachers and focus group discussions with six groups of students were included in this study. The research revealed multiple issues during menstrual hygiene management that include lack of appropriate water sanitation and hygiene (WASH) facilities, no access to emergency absorbent during menstruation, no provision of pain killer medicines during uterine cramps (dysmenorrhea) and back-aches and no provision of dust bin for absorbent disposal. This indicates that higher education institutions in Nepal need to pay more attention to ensure dignified menstruation on campus.

Keywords: *Physical facilities, absorbent materials, menstrual practice, dysmenorrhea, taboos*

Introduction

Menstruation is one of the normal biological process and a sign of growth. It is inevitable for a female to go through this experience generally between 11 – 15 years of age and in Nepal, the average of menarche is 13.5 (Karki et al, 2017). During menstruation, females face ample of menstrual hygiene management (MHM) and practice-related issues such as lack of water, sanitation and hygiene; lack of absorbent and pain killer supply. I am alarmed every month when I recall the condition of the restroom at my campus. There is a common restroom for male and female teachers. They are not only unclean but also insecure in many senses. Due to the nature of voiding position among females, a dirty restroom can be a source of urinary and uterine tracts infection and this has been a case at the campus. Several of my colleagues have often shared that there is no provision of emergency absorbent material supply that causes embarrassment when menstruation is unpredictable for some students and teachers. During the long use of absorbents, lack of adequate water hygiene and sanitation (WASH) facilities to change or dispose of them has also led to issues such as discomfort and irritation in the skin, bruising and rashes often causing painful experiences shared by students.

Lack of access to clean water and adequate sanitation has direct impacts on many aspects of a person's life, including the incidence of disease, healthy growth, and premature death. Indirectly, these health risks have dire effects on a person's educational attainment and lifetime earnings. Indirectly, these health risks can have direct effects on a person's educational attainments and productivity (The World Bank, 2019). Menstruation is still generally considered unclean and shameful along with many restrictions imposed on women during menstruation that include entering kitchen, temples and participating in the family and community events along with the myths such as "pickles touched by menstruating women will spoil, seeds will become sterile, and plants will wilt" (Karki et al., 2017, p. 17) and so on.

Girls remained absent from school during their menstruation. School absenteeism was significantly associated with the type of absorbent used, lack of privacy at school, restrictions imposed on girls during menstruation, mother's education, and source of information on menstruation. Women and girls have reported in various studies that it affected their daily activities at school and that they had to miss their class tests and classes as a result of pain, shame, anxiety about leakage, and staining of their uniform (Vashisht, Pathak, Agarwalla, Patavegar, & Panda, 2018; Belay, Kuhlmann, & Wall, 2020). However, the menstrual restrictions and traditional beliefs vary according to the family type, ethnic group, community culture, religion, educational level, economic status and working culture of the place.

However, a study carried out in Chitwan (Oster and Thornton, 2011) reveals that menstruation has a very small impact on school attendance and it identified that girls miss school one day in a year. The study concludes that improved sanitary technology has no effect on reducing this (small) gap. But this study was based on an urban setting where the parents' literacy rate is higher and access to sanitary materials is easy. However, in Nepal, there are stories of girls and women suffering from menstruation problems and not attending school and some of my girl students have missed classes every month due to the lack of MHM facilities at the campus. This is the situation of many higher education institutions including the campuses that I have visited in Kathmandu including my own campus. I have heard similar cases or even worse situations in the campuses in more rural areas. Dignified menstruation is the right of every woman, but I have observed that we have not been able to exercise these rights while we are on campus.

In order to establish a basis to start conversations in educational institutions about directing resources towards MHM facilities, I found a gap in research to illustrate the consequences of not having such facilities. Having evidence on the impact of the lack of such facilities would make it easier for women to bring forth a discussion at their workplace. This study is an attempt in this regard. For this study, I selected two constituent and one affiliated campuses of Tribhuvan University in the Kathmandu valley in order to explore the current situation and practices of MHM among female students and teachers.

Methods

Being a social being, I faced various problems during menstruation in the Nepali socio-cultural context both at home and in educational institutions. I am thus eager to explore other colleague's and students' experiences on this issue. This study used a qualitative design

(Creswell, 2013). This research is based on the life experiences of myself, students and teachers at two constituent and one affiliated campuses of Tribhuvan University (TU). I purposively selected these campuses for study. In total six female teachers of reproductive age were selected from 3 campuses (2 teachers from each campus). Six focus group discussions (FGDs) were done with girl students from 3 campuses (2 FGD at each campus). Each group included 6-7 students chosen from those who were present in the campuses on the days of the visits. They all were bachelor level students from different streams. I obtained permission from class teachers and head of the departments to conduct the study and verbal consent was taken from teachers and students. For ethical reasons, I have used the pseudo names of the participants while presenting the information in this study.

I collected data by visiting the different campuses in their natural setting. I explored the participants' unique menstrual hygiene management practices through semi-structured questions and FGD guidelines. These questions focused on the life experiences of teachers and students in different campuses. I took informed consent from participants for audio recording in order to concentrate on the conversation while also retaining the informants' authentic words. I recorded the full interview while maintaining research ethics. While taking the information, I was sensitive about bracketing my own experiences. I continued FGD with participants until no new information was provided from additional interviews. After the data were collected, I listened to the recording several times and made notes of the key information translating them into English.

The data were analyzed using thematic content analysis. The study went through the following steps: making sense or acquiring a feeling for the protocols, extracting significant statements, formulating meanings, organizing the clusters of themes and integration of results and exhaustive (Edward & Welch, 2011). I read and re-read the transcription to identify participant's experiences and practices. I reviewed the transcription numerous times and found out the common and unique experiences. I identified themes in their answers and categorized them accordingly. Finally, I was able to formulate themes that I then analyzed, interpreted and described.

Results

The data indicate that multiple issues were present in the campus that has negatively affected the students' and teachers' access to dignified menstruation. Though I had some experience in this regard, many new stories and issues emerged during the discussion. The section below presents the results of the study.

Emergency MHM Facilities and Materials

One of the major problems that came during the interview with the teachers and discussion with the students was the no provision of MHM supplies particularly the sanitary pads, medicines in the campus during an emergency. During FGD, three students (Gioni, Samanta, Krishna) shared that sometimes, the period is irregular and it is very difficult to predict when they bleed. It is not feasible to carry absorbent every time we go to the campus. My student Gioni recalls her period experience in the campus this way.

My menstruation is irregular; 45 days to 2 months. Two weeks earlier, I was taking a psychology class and suddenly I had a period. I felt uneasy to leave class. After the class, I went to the restroom to check the bleeding. I found blood had leaked to my outer clothes already. My campus did not have emergency absorbents supply and there was no running water in the restroom. I covered the leakage with my sweater and went home.

I myself experienced a similar event in my class which still makes me feel bad and it illustrates the severity of the problem and the condition of MHM facilities in our campus.

As a girl was going out in my class, she fell down at the door and started to cry. She was shouting that the pain was unbearable and she wanted to go to the hospital. I attended to her immediately and brought her to the class where I found she was menstruating. Since there was no sick room in the campus and no emergency MHM material supply and WASH facilities for females during menstruation, I felt so helpless that I only counselled her to be calm. I and some of my students in the class did what we could do to bring her to normalcy.

This event made me think a lot. I was teaching at the university level and the university for me was a place to set examples for many things. Before I joined the campus, I thought that higher education institutions must have been equipped with all emergency facilities including emergency absorbent and pain killer medicine. When I saw my female student in this situation in the middle of the class, I was a bit nervous and restless. I was able to comfort her to the best of my ability. However, what I was looking for was a system in the educational institution to support the girls to attend classes during menstruation without any anxiety or fear.

Physical Health Issues and Management Practices

During the study, I asked students and teachers to share their health issues during menstruation. Physical issues that were common included lower abdominal pain (dysmenorrhea), backache, and weakness. Other issues varied individually were nausea, vomiting, an increase in appetite, a decrease in appetite, body aches, headache, dizziness, heavy bleeding, breast and lower limb pain. The common problem was dysmenorrhea which only varied in the level of tolerance. It is a subjective issue so it could be different from person to person. Teachers and students had similar issues, but students were found to be more worried than teachers perhaps due to the experiences in menstruation occurrence. A student, Pinki, shared her menstrual pain as follows;

Usually, I missed the first and second-day classes during menstruation due to unbearable uterine cramps. I had no single period without a pain killer. My last period was very painful. I took pills but it did not help and it was very difficult to bear. I went to the hospital with my mother. The doctor told me that the pain would decrease after marriage. I was not convinced by the advice. It didn't do much to help. Now, my periods are very painful and I need painkillers every month. I usually miss classes during the first and often the second day of my periods now. Sometimes, I feel bad that I am a girl.

Having worked as a nurse, I often heard gynecologists advising unmarried girls that dysmenorrhea will reduce naturally after marriage and childbirth. Patients go to the doctor to deal with the immediate consequences of the pain. Simply advising them that it would go away

after they got married at some point in the future is not helpful. Unmarried girls are often disappointed at such advice as they expect a solution to the pain in the form of an immediate remedy. As the human body functions somewhat subjectively, it is not accurate to say that all the females will find the solution eventually. I am aware of a married friend with a child who still faces dysmenorrhea and needs to take pain killers every cycle. So, doctors also should be careful and need to understand the patient's psychology to provide the right advice.

Participants shared that during dysmenorrhea they use home remedies such as taking rest, drinking hot soup, using hot water bags, sharing with mother and friends, consulting with a pharmacist, health workers and doctors. Those who were reliant on home remedies shared that they were avoiding pain killers due to fear having heard rumors of side effects such as medicine addiction, infertility and cancer. Students were found more scared of dysmenorrhea than teachers.

Absorbents Choices and Management Practices

There are different practices around the world regarding the type of absorbents and the mode of their use. Different kinds of materials are available in the market; disposable sanitary pads, reusable sanitary pads, tampons, menstrual cups, normal cotton clothes, etc. Most of the students, in this study, reported that their parents did not provide separate money to purchase sanitary pads and this is not something the parents considered as the basic need for girls. So, they either use the clothes or buy sanitary pads cutting the budget from other items such as food and pocket expenses. This is also indicated in a study by PSI/, MIRA, & Maverick Collective Nepal (2017), where sanitary materials were not considered important by the parents. My participants were found to have faced various issues regarding the access to emergency absorbent and disposal of the absorbents during menstruation, particularly when at the campus.

My informants had more than four years of menstruation on average and they have used different types of absorbents. Teachers were found to use disposable sanitary pads only except one, Rinki, who used reusable cloth in addition to disposable sanitary pads. She elaborated her practice like this;

I have relatively easy to manage bleeding only lasting 4-5 days. When I leave home, that is the only time that I use disposable sanitary pads to prevent the risk of leakage to outer dresses. Otherwise, I am used to using cotton cloth since my first period. So, I prefer using soft clean reusable cotton cloths.

Absorbent use is an informed choice of a person. Thus, her practice will support to minimize waste and non-degradable materials. In the constituent campuses, I found most of the girls using both disposable sanitary pads and reusable clothes and sanitary pads. On the other hand, all the students at the affiliated campuses were using only disposable sanitary pads. One student, Malina, mentioned;

I participated in the event for National Dignified Menstruation Day at the National Theatre on 28th May 2018 where I got the chance to see the different types of absorbents. I bought one menstrual cup to try it out following the instructions. I was briefed about the benefits but I

failed to insert it properly. I tried learning about it more specifically through YouTube and now I am good with it. As I am unsure of the kind of water in restrooms outside of my house, I only change it at home. I still use disposable sanitary pads if I am out for extended periods of time.

Thus, I have noticed that the level of education, cultural beliefs, access, economic status and so on have an influence on the choice of absorbents. A student with an English major reported what she witnessed in the restroom;

...usually, I saw some absorbents in the corner of the toilet as there was no proper place to dispose of them. I get scared to throw it because the toilet didn't have lockable doors. I have also seen dogs roaming around with used pads and also throwing them around the playground. I felt that it would be very shameful. I took this issue to the campus union with the help of a friend but it was not taken seriously. I resorted to waiting until I returned home in order to change it. If I had to change it at the campus, I would bring it home in a plastic bag to dispose of it properly.

Participants had good knowledge about the need and importance of frequent change of absorbent and the appropriate intervals. But they shared that campuses have poor sanitation conditions in the toilet. There was no running water or means to dispose of sanitary pads. There was also a privacy issue as there were no proper locks on the doors. Because of all these issues, they were unable to change the sanitary pad during campus hours and had to carry the used pads home in a plastic bag. Some students reported discomfort, itching, irritating, bruising, hot, sore and skin rashes, causing 'pain' from prolonged use of absorbent (Mason et al., 2015).

Menstruation as a Social Stigma

Participants shared several social issues associated with menstruation. They often hear words such as untouchable, unworthy, restrictions, impure and so on when they menstruate. Some of them also mentioned inhumane behavior from family and society which was stronger with some ethnic groups. Restrictions on worship and temple visits were also prominent in some ethnic groups and locations. However, one of the participants said that she has no social restrictions during her menstruation. Most of the participants shared that during menstruation, they felt unstable emotion, low confidence, irritation, embarrassment, shame, indignity and generally did not feel fresh. Nepal is a multi-ethnic and multi-cultural country and social restrictions also vary from community to community. Most of the participants were temporarily or permanently migrated from outside the Kathmandu valley. They reported that they had to face more restrictions in their original home town than they do here in Kathmandu where they mostly live by themselves and there is no one to impose restrictions. Here in the city, they feel liberated. This quote from a student, Sita, illustrates this point;

...when I went to my hometown during vacation, I had to follow all the restrictions imposed on me. I had no way to escape from them. But here, I am like a free bird and I enjoy dignified menstruation. I wish I could do the same when I am with my family. When I have short-term visitors during my period, I often hide it from them so that they are not offended to be fed by

a girl on her period. But I am still worried that they might notice my period. So, I am extra careful during that time.

According to her story, she does not want to follow any restrictions but she did it to maintain the family tradition due to the long-standing practices. It shows that change is very difficult even though people want to change. A colleague who teaches mathematics told me that her husband and children asked her not to follow the restrictions but still she cannot do it due to the fear that God might get angry with her and something bad does not happen in the family. Teachers mentioned that though they are aware of the dignified menstruation, they still said that it was difficult for them not to follow the restrictions in order to please their family members and neighbors. I also asked them if there were any restrictions imposed on them in the campus and it was good to hear that no specific restrictions were imposed on the campus. Here's another story of one of the students, Amy;

.... Due to menstruation, last year, I was not able to participate to celebrate Dashain and I could not enjoy the festival with family and relatives. I felt very bad and it was embarrassing for me. I asked myself why was I discriminated against to participate with the family in social events simply for some normal biological change in my body? How can I eradicate this taboo? Who made this culture? How could a female be an impure person? Is it really so that females are untouchable? If I did not follow these restrictions, what would happen? I wanted to hide my menstruation but I did not do it due to unseen fear that was injected to me in the family setting. I felt unfortunate to be a female and very unhappy with our culture.

These stories show that menstruation is deeply rooted to the social convention and it is still regarded as the taboo subject to talk about in public. There is also anxiety among women and girls to share the issues. Students also shared their experience of being denied to attend social events during menstruation.

MHM Practices and their Effect on the Study and Work Performance

Most females, during the menstrual period experience some degree of pain and discomfort related to their menstrual period (dysmenorrhea) which could have an effect in their activities and it might affect their productivity at home or at their workplace (Poureslami & Osati, 2002). My participants shared that their study and work performance have been affected due to menstruation. Here's a brief note of what one of the students, Sarin, experienced;

My period was approaching close, so I was carrying a sanitary pad inside my bag. That day, I felt that I was bleeding when the class had just begun. Thus, I could not concentrate in the lecture due to the fear of leakage and I was unable to share what had happened with the teacher. Physically I was in class but mentally I was unable to learn or concentrate.

Most of the participants of this study shared that dysmenorrhea, leaking of blood, no provision of emergency absorbents, no absorbent disposal facilities, no provision of pain killer medicines during dysmenorrhea and lack of WASH facilities in campuses make it very difficult to concentrate in their study and work. Due to a lack of MHM emergency materials and WASH facilities, females are unable to concentrate on their study and work performance.

Discussion

The results presented above present a number of issues women and girls are facing in the campuses that have affected the study and work performance due to no provision of emergency supply materials like absorbent, pain killer medicine and WASH facilities. At the school level also, this has been the case as evidenced by a study which states, “lack of access to MHM materials, and inadequate WASH facilities, with little privacy and no appropriate means to dispose of used MHM materials. This combined with a fear of leakages, social marginalization, and inadequate MHM practices contributes to school absences” (UNICEF, 2018; Alam et al., 2017). Similarly, Tegegne and Mtike, (2014, p.9) Northeast Ethiopia study also showed that “fifty-eight percent of girls reported that their school-performance had declined after they had menarche”. This is a very serious issue that demands immediate action of the university authorities.

Campuses have not prioritized MHM related emergency materials in the campuses. This could also be due to the fact that most of the campuses are headed by males and perhaps they were not adequately aware of the sensitivity of this issue. So, male support and participation is extremely necessary to address the issues associated with menstruation.

Female students and teachers have also suffered various health issues during menstruation while they are in the campus as there is no provision of emergency absorbent supplies and pain killers. Similarly, Sapkota, Sharma, Budhathoki, Khanal and Pokhrel (2013); Sharma, Mehra, Kohli and Singh, (2017) also show that lack of emergency supplies for menstruation management in academic institutions is common across the region in South Asia. The management at institutions needs to feel responsible for these problems and female stakeholders need to open up to ensure their rights. It is not possible to deal with these problems amidst silence among the female stakeholders. The patriarchal setting in the society has instigated a culture that takes it as a personal issue among females. Very few females are in managerial roles because of which they have not been able to draw attention to the matter.

It is also important for women and girls to have access to appropriate and helpful advice during menstruation. Some form of pain was common among the participants and they have relied on home remedies like drinking hot soup, using hot water bags to relieve uterine cramps and take rest. Consultation with doctors, health workers, pharmacists, friends, or family regarding their problems were addressed differently for different people. A study in India also shows that pain is common and more than 50% of adolescents experienced dysmenorrhea (Sharma et al., 2017). Use of medicine in case of unbearable pains, hygiene and sanitation are some crucial areas in which appropriate advice is necessary lack of which may cause discomfort, itching, irritating, bruising, hot, sore and skin rashes, causing ‘pain’ from prolonged use of absorbent (Mason et al., 2015).

The quality of the absorbents and their use is yet another paramount issue in menstruation hygiene management and this issue was visible in this study as well. Most studies in urban settings depicted that majority of girls and women use disposable sanitary pads (Sapkota et al., 2013; Sharma et al., 2017; Bachloo et al., 2016). This may be due to multiple factors such as easy access in the market, economic capability, scarcity of water and time constraints for

washing. On the other hand, studies in the rural setting revealed that most of the girls and women use reusable cloths or reusable sanitary pads. This was attributed to awareness, accessibility, practices and so on. Among them, some girls and women were using both reusable cloths/reusable sanitary pads and disposable sanitary pad. A report by WaterAid Nepal (2009) reveals that most of the respondents (66%) used a re-usable cloth to absorb menstrual flow during menstruation. Among those who were not using reusable sanitary pads, not knowing about its availability (41%) and high cost (38%) were the major reasons. The low cost and ease of availability of rag cloth were seen to be the reasons why it was commonly used by girls in both rural and urban settings, however many of them preferred sanitary pads. UNICEF's (2018) found that girls in schools with WASH program intervention used re-usable sanitary pads while girls at schools without intervention used re-usable cloth. This shows that education about the absorbents and their use contributes to better menstruation management.

Access to MHM friendly facilities is a fundamental human right for women and girls. Unfortunately, this still seems to be a luxury in our higher education institutions as indicated by this study. Many studies show that developing countries have not been prioritizing the females and more specifically MHM friendly facilities (Sommer et al., 2016; Mason et al., 2015). In the urban setting in Nepal, as the waste including the absorbent is not managed in time, it gets dispersed through street dogs, birds and other animals. This has also become a major cause of pollution. Reusable sanitary pads are thus becoming more popular and have been getting much praise from environmentalists. However, people who are already habituated to using disposable pads have a hard time getting back as long as it is easily available.

Teachers are aware of the dignified menstruation but it is still difficult for them not to follow the restrictions in order to please their family members and neighbors. In Nepal, there are about 40 restrictions imposed upon the menstruating women and these restrictions are associated to various socio-cultural myths and traditional beliefs (Paudel, 2018). Mothers were more rigid than fathers in imposing menstrual restrictions in the family. Restrictions do not only affect female dignity and health but also affect family and social health. I have seen this in my family where my mother was stricter than my father mainly because she was the one who would take care of me during the period and she would tell me all the do's and don'ts. It is the mothers who provide "more information about maintaining restrictions, (and) hiding menstruation" (Morrison et al., 2016, p. 12). This practice is so deeply grounded in the mind of the girls that they find it very difficult to change when they grow up. Nowadays some males have come forward to eradicate the restriction issues.

The practice of restricting girls and women in ceremonies and social events; celebrate festivals and family events; and enter and worship in the temples during menstruation make females socially and mentally disturbed. A study by PSI/ Nepal et al., (2017), revealed that female is exiled and excluded from social and cultural activities during menstruation. Similarly, UNICEF Nepal (2018) also mentions that schoolgirls had low confidence to go in front of the class, playing sports and sharing a bench with boys.

Conclusion

In conclusion, it can be said that teachers and students have been facing a multitude of problems during menstruation in the campuses of Tribhuvan University and MHM has not been a priority area for the educational institution leaders. Students have to spend long hours in the campuses and not having appropriate MHM facilities affects their studies. The issue of MHM facilities is not only a health issue but also a human right issue. Dignified menstruation is a human right for every woman. It is necessary to break silence on this matter as it concerns all females everywhere. As seen from this study, even in the higher education institutions in Nepal, basic MHM facilities are still lacking and female students and teachers are all suffering every day. This is such a shame in the twenty-first century and all of us including the campus administration should be aware of this fact. We should act immediately to manage and ensure MHM facilities in the campus. Additionally, awareness-raising and discussion sessions on overcoming the myths and taboos might also help the women and girls to enjoy their dignified menstruation rights.

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