

## **Education as a Space for Change: Urban Women's Experiences of Menstrual Stigma in Kathmandu**

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### **Abstract**

The study explores lived experiences of menstrual stigma among urban women in Kathmandu, a highly urbanized capital of Nepal. It examines how educational experiences shape their understanding, negotiation and resistance. Drawing on an in-depth qualitative interview with a 22-year-old Bachelor of Education student, the study is theoretically informed by Pierre Bourdieu's concept of habitus, Ervin Goffman's theory of stigma and Lev Vygotsky's social constructivist perspective. Findings reveal that menstrual stigma remains deeply internalized, emotionally experienced and socially enforced through family practices. At the same time, education emerges as a critical space for reflection and agency, enabling women to reinterpret menstruation, negotiate restrictions and engage in gradual forms of resistance. Rather than complete rejection of tradition, findings highlight context-specific and non-linear transformation shaped by both constraint and agency. The study contributes to scholarship on menstruation by highlighting urban women's experiences and the transformative yet limited role of education in shaping deeply embedded traditional cultural norms.

*Keywords:* menstrual-stigma – urban-women – lived-experience – habitus – agency – stigma-theory - social constructivism

### **Introduction**

Kathmandu, the capital city of Nepal, has undergone rapid urbanization and serves as a key educational hub with a high literacy rate and concentration of academic institutions (Basnet et al., 2020; Central Bureau of Statistics (Nepal), 2023; Muzzini & Aparicio, 2013; University Grants Commission (Nepal), 2023). Such settings are often presumed to foster progressive attitudes and contest deeply ingrained social inequalities. However, despite these structural and educational transformations, menstrual stigma continues to persist in subtle and normalized forms (Mukherjee et al., 2020). Although extreme exclusionary practices are less prevalent in most households, stigma is deeply embedded within socio-cultural norms. Consequently, women not only adhere to such norms without question but also reproduce them across generations.

Menstruation is often considered a women's topic, with men frequently excluded from related conversations (Mahon et al., 2015; Mason et al., 2017). Within this framework, women self-regulate their behaviors, undergo purification practices and withdraw from traditional social and religious activities during menstruation (Mukherjee et al., 2020). Such

practices are reinforced through visible and subtle forms of stigma, shaping women's behaviors and identities (Behera et al., 2015; Goffman, 1963; Hennegan et al., 2019). Amid this context, education emerges as a critical space for challenging stigma through knowledge and critical thinking (UNESCO, 2014; UNICEF, 2019). However, its transformative potential remains limited when stigma is internalized and normalized within learners' social environment

Research on menstruation has increased significantly; however, much of the literature continues to focus on rural contexts and hygiene-centered approaches, often overlooking sociocultural aspects and lived experiences in urban settings (Sommer, 2015; Thomson et al., 2019). Although some studies explore urban contexts, they do not sufficiently capture the complexities of urban women's experiences including the persistence of stigma within seemingly progressive environments (Mukherjee et al., 2020). Furthermore, limited attention has been given to how education shapes women's interpretation, negotiation, and resistance to menstrual stigma in everyday life. Against this backdrop, this study explores how urban women in Kathmandu experience menstrual stigma and how educational experiences shape their understanding, negotiation and resistance to menstrual stigma.

## **Literature Review**

### **Menstruation as a Social and Cultural Process**

Menstrual stigma is a socially constructed phenomenon that frames menstruation as impure, shameful or polluting, shaping both personal experiences and shared social practices. Drawing on Erving Goffman's stigma theory, stigma can be understood as a discrediting attribute that shapes how women perceive themselves and how they are treated by others (Goffman, 1963). Menstruation remains a gendered topic where men are often excluded from related conversations (Mahon et al., 2015; Mason et al., 2017). Within such contexts, stigma extends beyond overt exclusions to subtle forms of internalized regulation. Rather than merely enforcing external control, it becomes embedded in everyday practices and self-discipline, shaping how women manage their bodies, interactions and social participation. The consequences extend beyond social restriction to emotional and psychological well-being, including reduced self-confidence, increased stress and anxiety, isolation and many unaddressed physical health concerns (Gurung, 2023; Hennegan et al., 2019; Sommer, 2015). Notably, even in anticipation of menstruation, girls tend to experience stress and anxiety indicating its deeply internalized nature (Behera et al., 2015).

### **Urban Education and the Persistence of Stigma**

Urban settings and access to education are often assumed to foster progressive attitudes and challenge embedded inequalities. However, evidence suggests that stigma persists even within urban, educated contexts, often in less visible yet deeply internalized forms (Mukherjee et al., 2020). Rather than disappearing, stigma is reproduced in transformed and increasingly subtle forms within urban contexts. This persistence challenges the assumption that education necessarily leads to social transformation (Acharya & Khanal, 2025). Although less visible, it continues to act as a barrier in achieving gender equality and women's empowerment by limiting participation and access to health care (Åkerman et al., 2024; Selva et al., 2026). Notably, even when women possess scientific knowledge, they may continue to adhere to traditional norms, highlighting a critical tension between knowledge

and practice. If left unchecked, menstrual stigma may be reproduced across generations as longstanding traditional beliefs surrounding menstruation are transmitted and reinforced through social and familial networks (Acharya & Timalisina, 2025; Bhandari et al., 2025).

### **Education, Agency and Need for Context-Sensitive Approaches**

Education is frequently positioned as a key intervention for addressing stigma by fostering scientific knowledge, critical skills, peer dialogue, and the questioning of harmful social norms (Freire, 1970; UNESCO, 2014; UNICEF, 2019). However, existing literature suggests that knowledge-based approaches alone are insufficient to tackle deeply embedded social norms. Most existing interventions remain focused on information dissemination rather than transforming underlying social practices (Sommer, 2015). Structural and institutional constraints further limit the effectiveness of educational interventions. Poor menstrual facilities, limited curricular integration and lack of a supportive environment limit meaningful engagement with menstrual health issues (Hennegan et al., 2021; Sommer, 2015). Consequently, menstrual health is increasingly understood as a broader issue encompassing dignity, agency, and social norms, highlighting the need to move beyond hygiene-focused perspectives towards holistic and context-sensitive interventions (Hennegan et al., 2021).

Despite the growing body of research, much of the literature continues to adopt public health or hygiene-centered perspectives, often overlooking sociocultural dimensions and lived experiences (Sommer, 2015; Thomson et al., 2019). Although some studies examine urban contexts, they do not sufficiently capture the complexities of urban women's experiences, particularly the persistence of stigma within seemingly progressive environments (Mukherjee et al., 2020). Moreover, despite assumptions that urbanization and education foster progressive change, evidence suggests that menstrual stigma continues to shape women's everyday lives in subtle but significant ways. Limited qualitative research has examined how women interpret, negotiate, and resist menstrual stigma within urban educational settings, creating a gap in understanding context-specific processes of change.

### **Theoretical Framework**

Conceptually, this study is grounded in the works of Pierre Bourdieu, Erving Goffman and Lev Vygotsky. Bourdieu's notion of Habitus helps explain how menstrual practices are deeply internalized through socialization and embodied in daily practices (Bourdieu, 1977). Goffman's stigma theory extends this understanding by showing how menstruation becomes a discrediting attribute that shapes how women perceive themselves and how others treat them (Goffman, 1963). Complementing these perspectives, Vygotsky's social constructivist theory provides a framework for understanding how meanings surrounding menstruation are socially constructed, highlighting the role of schools and peer interactions in shaping attitudes and knowledge (Vygotsky, 1978). Together, these perspectives link internalized practices (Bourdieu), lived experience of stigma (Goffman) and the role of education in reshaping meaning (Vygotsky). In this way, this offers a comprehensive lens to examine how menstrual stigma is both reproduced and contested within social and educational contexts.

### **Methodology**

Using a qualitative research design as outlined by Merriam and Tisdell (2016), this study explores urban women's lived experiences of menstrual stigma in Kathmandu and how

educational experiences shape their understanding, negotiation and resistance. A qualitative approach was considered appropriate for generating contextual insights into this socially embedded phenomenon (Korstjens & Moser, 2017). The study was conducted at a participant-chosen location in Kalimati, Kathmandu. The setting was chosen due to accessibility and relevance to the participant's lived experience. Purposive sampling was employed to select a 22-year-old urban educated woman currently enrolled in a Bachelor of Education (B.Ed.) program in Kathmandu. The study focuses on a single participant to enable in-depth and nuanced exploration of her experiences, consistent with qualitative research approaches that emphasize depth over breadth. The participant was selected due to her ability to articulate experiences related to menstrual stigma at the intersection of education and socio-cultural norms. Data were collected through an in-depth semi-structured interview, which allowed for an exploration of individual beliefs, emotions and lived experiences (Kvale & Brinkmann, 2009). The interview, conducted in Nepali, lasted approximately fifty-two minutes, was audio recorded with consent, and supplemented by field notes documenting non-verbal cues, reflections and contextual information. Ethical considerations were maintained throughout, including informed consent, voluntary participation, confidentiality and the right to withdraw at any stage.

An inductive thematic analysis was conducted following the six step framework of Braun and Clarke (2021), which includes data familiarization, generation of initial codes, search for themes, reviewing themes, defining and naming themes and producing the final report. Data were transcribed verbatim and analyzed inductively. However, theoretical perspectives informed interpretation at a later stage. Pierre Bourdieu's concept of habitus guided the interpretation of internalized stigma, while Erving Goffman's stigma theory informed the interpretation of shame, concealment and enacted restrictions. Similarly, Lev Vygotsky's social constructivist theory was used to understand education as a space for meaning-making and transformation. To ensure trustworthiness, reflexivity was maintained throughout the research process to acknowledge the researcher's positionality and its influence on interpretation. Credibility was further strengthened through sustained engagement with the data during analysis.

## **Findings and Discussion**

### **Internalized Menstrual Stigma and Cultural Habitus**

The participant described menstruation as a normal bodily function; however, it was simultaneously framed as shameful, indicating the internalization of stigma deeply rooted in cultural habitus. From an early age, she was socialized to perceive menstruation as something not to be discussed openly and as a condition associated with impurity, which shaped her bodily practices and emotional responses. This internalization is reflected in her account of concealment:

*“Once I remember placing a newly bought pad on my table openly. Upon seeing that, my mother told me to hide it saying that my father and brother might see it. After that I always kept it hidden in my wardrobe.”*

This shows how a normal bodily object is constructed as shameful and must be hidden particularly from male family members. The mother's instruction reinforces gendered

boundaries and over time, this external control becomes self-regulation, as seen in her continued concealment. This shows how stigma operates through internalization, where social expectations are absorbed into everyday practice (Goffman, 1963). Early socialization further reinforces these norms:

*“At home, during my menstrual periods, mummy would whisper to me not to touch certain things. She would say if I touched them, it would bring back luck to my family and I would follow that without questioning.”*

Such messages link menstruation with impurity and misfortune, embedding symbolic meanings into everyday practice. The participant’s unquestioning compliance reflects how cultural beliefs are learned and embodied through repetition within family settings. This aligns with the Bourdieu concept of habitus, where repeated familial practices gradually contribute to the formation of habitus that guide behavior beyond conscious reflection. She further reflected, *“I never questioned these traditional norms. I followed them automatically. Now also, I don’t believe they are necessary, but that feeling of impurity and shame is still there.”* This highlights a key tension between awareness and actual practice. Even when beliefs are questioned at an intellectual level, the persistent feelings of impurity and shame continue to shape her behavior, indicating that awareness itself does not translate into resistance. Overall, menstrual stigma remains deeply internalized, underscoring the enduring role of cultural habitus in structuring beliefs and everyday practices.

### **Socio-Cultural Restrictions in Everyday Life**

The participant described multiple restrictions during menstruation, including avoiding male family members, not entering the kitchen or places of worship and refraining from touching plants. These norms were normalized through everyday practices.

She explained:

*“During my period, my mother does not allow me to touch plants as she says due to impurity, the plant might die if I touch it.”*

This reflects how symbolic associations of impurity extend beyond the body to the natural environment, reinforcing the idea of menstrual contamination in everyday life.

She also noted: *“During my period, I have to maintain distance from my father. My father is very strict. He warns me not to touch him.”* This shows how stigma is transmitted and sustained by authority figures within the household, shaping behavior through internalized cultural norms. A further incident highlights enforcement through punishment:

*“Once I accidentally touched a water jar during my period. My mother scolded me so much and, out of anger, emptied the jar into the sink. After that, I made sure to stay away from the water jar during the period.”*

Such disapproval and fear of punishment reinforce the notion of impurity and the consistent production of menstrual habitus. Purification rituals further illustrates this control:

*“Period is difficult, but during winter it’s even more difficult. Mummy wakes me up at 4 am before sunrise and I have to take a bath on 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> day with cold water as there is no solar water system in our home.”*

Rituals like these symbolize the symbolic control over women's bodies and roles within the household and community. Although the participant expresses distress, she continues to comply, indicating how deeply institutionalized these norms are within domestic structures.

Overall, these findings show that menstrual stigma is sustained through everyday household discipline, where cultural norms are reproduced through family authority and ritual practices, limiting bodily autonomy even among educated urban women.

### **Emotional and Psychological Consequences of Menstrual Stigma**

The participant reported emotional distress during menstruation, including embarrassment, shame, anxiety, discomfort and low self-esteem, particularly during family rituals, *“Once my family had arranged a big puja at home ..... They told me to isolate myself at my relatives’ home ..... I really felt bad and questioned myself why we women have to have periods.”* This account highlights the intensification of menstrual stigma during sacred events, where menstruation is constructed as incompatible with ritual purity. The parents’ reactions and her physical exclusion from home shows deeply internalized stigma, where cultural norms shape self-perception and emotional suffering. Her question, *“Why we women have to have periods?”* further shows internalized stigma where an individual begins perceiving natural function as a personal burden or flaw. This aligns with Goffman’s notion of stigma as a deeply internalized social discrediting process that affects self-identity. She further explained, *“I tend to have severe pain during menstruation, but I have had to hide that during numerous family functions due to fear of appearing impure.”* This shows how even physical suffering is concealed due to fear of social judgment. Emotional distress, therefore, is not merely individual but socially produced through cultural expectations and restrictions.

### **Education as a Space for Critical Reflection and Redefinition**

The participant described how formal schooling and peer discussions helped her reconstruct the meaning of menstruation: She reflected, *“In school, we learned about the reproductive system. Then I understood that it was a biological process. That gave me a new meaning of menstruation.”* This illustrates how formal knowledge challenges culturally constructed meanings of menstruation. This aligns with evidence from Nepal which shows that menstrual education improves girls’ knowledge and reduces stigma (Ghimire et al., 2024). Peer interaction further strengthened this shift, *“At the higher education level, I used to openly discuss menstruation with my friends. I also explained to my cousins that periods are nothing to be ashamed of.”*

This demonstrates how education is not merely restricted to formal classroom based learning but also informal learning spaces such as peer interactions that support dialogue, confidence and exchange of alternative perspectives on menstruation. Through such interactions, the participant not only reconstructed her own meaning of menstruation but also participated in reshaping perceptions within her broader social networks. Similarly, her exposure to concepts such as gender equality enabled her to critically reflect on menstruation and see menstruation as a form of inequality rather than a matter of shame or impurity, *“In the first year of Bachelor level, our teacher once taught us about gender equality. I became so interested.....understood that many beliefs were cultural.”* This aligns with social constructivist perspective, which emphasizes that knowledge is co-constructed through interaction, dialogue and mediated learning. In this way, education functions as a site where meanings are not merely transmitted but actively negotiated and reconstructed through social

engagement. Education thus becomes a space for reinterpreting stigma although it does not fully eliminate it.

### **Negotiation, Selective Resistance and Gradual Transformation**

The participant described her engagement with traditional menstruation norms not as complete rejection but a process of negotiation and gradual resistance. She explained this exploration as follows, *“I just wanted to see what would happen if I touched the plant..... So, when no one was around, I broke all the rules silently. Nothing happened.”* This reflects experiential resistance, where experience challenges lived culturally imposed beliefs. The realization that “nothing happened” functions as a critical moment of disconfirmation which weakened the pre-conceived notion of menstruation stigma. At the same time, the participant’s strategy of careful and private resistance highlights the non-confrontational character of resistance shaped by the need to avoid family conflict. She also noted behavioral change, *“Earlier whenever I had to buy pads, I would be so hesitant. Now, no longer! I buy pads confidently.”*

By buying pads openly, the participant demonstrates a shift in her menstrual attitudes, moving from shame, secrecy and embarrassment towards normalization and confidence, thereby reconstructing menstruation as a normal bodily function rather than a source of shame. This change in menstrual attitude shows how education can reduce shame and empower women, enabling them to engage in healthy menstrual practices. However, structural limits remain, *“Though they don’t like it, they allow it. However, the puja room is still no no.”*

This illustrates the negotiated nature of resistance, characterized by partial compliance and selective resistance. This underscores that transformation is a gradual process rather than outright rejection of traditional norms, and that resistance is neither linear nor absolute, but it is contextually bounded and continuously negotiated within existing household power structures. The participant also positioned herself as an agent of change within her social environment, *“I also tell my friends not to follow rules strictly...”* This extends resistance beyond individual practice into peer influence, contributing to gradual shifts in social perception. Overall, resistance to menstrual stigma is non-linear, negotiated and context dependent within existing power relations rather than absolute.

Overall, the findings highlight that menstrual stigma among urban educated women in Kathmandu is deeply internalized, socially reinforced and emotionally experienced. However, it is gradually contested through education and everyday experiences. Rather than being static, stigma is continuously reproduced, questioned and reinterpreted through cultural norms, social regulation and educational experiences. Women’s response reflects both agency and limitation, highlighting that change around menstrual stigma is gradual and complex rather than direct or immediate.

### **Conclusion and Implications**

The present study explores the experiences of menstrual stigma among educated urban women in Kathmandu and examines how educational experiences shape their understanding, negotiation and resistance to this stigma. The findings reveal a critical tension between formal education and the persistence of internalized cultural norms, indicating that stigma remains active even in educated urban settings. Despite possessing critical awareness, women often

reproduce stigma unconsciously through everyday practices. Stigma is experienced not only externally through social regulation but also internally, manifesting as shame, embarrassment, anxiety and the pressure to hide menstruation and conform to traditional expectations, even within progressive urban educated contexts. Education, however, provides a critical space through which women develop positive meanings of menstruation and engage with inherited beliefs. This process enables them to question dominant norms and participate in forms of negotiation and resistance, ranging from subtle to more overt expressions. Rather than a total departure from traditions, these practices reflect a gradual and context-specific cultural shift. This study also highlights women's agency in navigating the complex intersection of traditional societal norms and modern knowledge. Overall, the findings suggest that women's resistance is not linear or absolute but is negotiated within structural and familial constraints, with stigma operating at social, emotional and psychological levels.

The study implies that education alone is insufficient to challenge menstrual stigma unless it actively engages with embedded cultural norms and emotional experiences. Therefore, menstrual health interventions and educational programs should move beyond information-based approaches toward transformative gender-sensitive educational interventions and community-based programs that engage families and communities to foster awareness, sustainable change, and menstrual dignity. The study is limited by its focus on a single urban educated woman. Future research could expand through comparative studies between rural and urban contexts, longitudinal designs and further explore the socio-psychological dimensions of stigma.

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