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Knowledge, Beliefs and Practices on Menstrual Hygiene

~ Pratibha Thapa
Lecturer, Itahari Namuna College
Pratibhathapa1987@gmail.com

Abstract

Menstrual health is one of the superstitious beliefs in our society. We are not aware of "Knowledge, Beliefs and Practices of menstrual hygiene." The study was conducted inside the school of the Itahari sub-metropolitan city, of Sunsari, Nepal. The researcher has conducted this research to find out the knowledge, practice and beliefs of menstrual hygiene using cross-sectional descriptive research methodology. Despite being educated, we are practicing and believing in those traditional practices. Some do not even have proper knowledge regarding menstrual hygiene. There are different beliefs, practices and knowledge regarding menstrual hygiene which have affected students in their studies and participation in festivals and also they have not been able to speak up openly regarding their problem due to hesitation. The findings show that people still need to have knowledge and be aware of beliefs and practices. It shows that some of the respondents are satisfied and happy with the knowledge, practices and beliefs in the way they have been socialized whereas some of them are not satisfied and happy they are going through. So, it shows that the school has to have the subject of health, population and environment in the curriculum. This helps most of the students to be clearer and have proper knowledge about menstrual health which helps to bring changes and perceptions of people will change.

Keywords: Menstruation, adolescents, hygiene, beliefs

Introduction

Menstruation is a natural physiological process, yet it remains shrouded in stigma and misinformation, particularly in South Asian contexts. The lack of proper information and cultural taboos significantly impact their menstrual health management, leading to the use of unhygienic materials and practices. In Nepal, predominantly women are banished from their homes every month when they get their periods. Women are kept away from their inside kitchen work and they are not allowed to sit together with family members and eat. It is believed that menstrual blood is impure and if they perform household activities or touch male members it affects to family members. It is rooted in the belief that menstrual blood is impure.

Adhikari et al. (2007) conducted a study among adolescent girls to evaluate the knowledge and practice of different aspects of menstrual hygiene in Nepal. 151 adolescent

girls from the age group of 13 - 15 years were randomly selected for this purpose. The findings of the study showed that girls followed improper menstrual practices. Only 6.0 percent of the girls knew that menstruation is a physiological process; 36.7 percent knew that it was caused by hormones.

The Nepal Demographic and Health Survey of 2022 revealed that in Nepal, the mean age at the onset of menstruation among women age 15–49 is 13.6 years. Most women had their first menstruation at age 13 (26%); 25% had their first menstruation at age 14 and 24% at age 15 or above. The mean age at menarche increases gradually with age, from 13.2 years in the 15–19 age group to 14.1 years in the 45–49 age group.

Oster et al. (2010) have conducted a cross-sectional descriptive study to determine the prevailing knowledge and experiences of menstrual hygiene, management, and implications in the daily lives and routines among adolescent school girls in rural and urban settings of Nepal. The survey was conducted among 204 schoolgirls. The study shows that the respondents had attained menarche between 10 and 16 years and the mean age of menarche was 13.3 years. The study concluded that knowledge and perception about menstruation and hygienic practices were very poor among adolescent girls in both rural and urban areas of Nepal.

Chung (1996) in his study on the menstrual experience of adolescent girls was done to understand their perspective and build a theory. The selected 14 adolescent girls were selected using a purposive sampling technique. These 14 adolescent girls had experienced menarche three months to twenty-six months before the interview. A study was conducted to find out the initial reaction and adaptation to menstruation which the core category was "emotional shaking" consisting of positive and negative feelings. Certain influencing factors time of menarche, advanced knowledge, support from significant persons, expression and self were listed. Study shows that selected adolescents had some knowledge about menstrual physiology and hygiene during menstruation. The result of the study was seven patterns existed in the process of adaptation to menstruation after menarche. If the girls thought that their menarche came too early and they had no knowledge about menstruation and had a kind of negative feelings. But having no support makes them accept passively to menstruation. If the girls had menarche too early, they had negative feelings and had advanced knowledge but support made them accept it easily; if the girls had menarche too late, they had enough advanced knowledge about menstruation and they had positive feelings. Some girls feel that if they had menarche too lately and they have enough advanced knowledge on menstruation they have positive feelings. But the pain of menstruation makes them have negative feelings. The study suggested that the school health nurse should develop an educational program that would create a positive sense of feminine identity among adolescent girls regarding menstrual experience.

Assessment of knowledge, attitude and practice about menstruation and menstrual hygiene among secondary high school girls in Ogbomoso, Oyo state, southwest Nigeria. A

total of 447 respondents were selected for the study. In Ogbomosho, Oyo State in Nigeria secondary high school girls less than fifty used rags and cloth and only a few of them used sanitary pads. Changing the pad also differs for each respondent some change once while others change three or more times in a day. The disposable of pads is done inside the toilet while some wrap it before disposing. The practices are not so good and even the knowledge is different. Above forty percent of the respondents said the source of menstrual blood is the vaginal while only 22.37 percent said it is from the uterus. More than half of the respondents said the normal menstrual cycle length is greater than 35 days. Overall, more than half (55.92 percent) of the respondents had good knowledge of menstruation and menstrual hygiene. (Fehintola FO, Fehintola AO, Idowu A, Aremu AO, Ogunlaja OA, Ogunlaja IP. 2017).

Objectives

- To know about the knowledge on menstrual hygiene among secondary school girls of Itahari municipality.
- To explore the beliefs on menstrual hygiene among secondary school girls.
- To assess the practices of menstrual hygiene among secondary school girls.

Data and Methodology

The descriptive cross-sectional research was done to learn about the "Knowledge, Beliefs and Practices of Menstrual Hygiene in Itahari 16, Koshi Province of Nepal. But for this Article source of data has been taken from the thesis submitted for the master's degree. A questionnaire was used with secondary class girl respondents to find out about the knowledge, beliefs and practices of menstrual hygiene. The research followed a self-administered method for research. The questionnaire was developed to collect the facts as a primary source with a sample size of 150. Interviews were conducted with the respondents in school with some of the close-ended and open-ended questions to get information regarding the research topic. The researcher had worked near the community school so for researcher convenient to collect data.

Results

The research was conducted among 150 respondents all were female. The age groups of the respondents were from 11 and above. Due to the varieties of religions and culture the respondents were also varying. The majority of Hindu religion are in high numbers in comparison to other religions. The respondents were asked about the family sizes which were divided into sizes from four to eight. All the respondents' education level is elementary to secondary 8 to 10. The age groups of the respondents were divided into four groups. The groups were divided among ages 11-15. When the question was asked regarding the education of parents some parents have completed their higher education. At least some parents are literate so that they can do some small calculations and few of them are illiterate and have some knowledge. A high number of students predicted that girls have their first menstruation at the age of 11 to 12. Few students believe that only some girls

have their menstruation at age 14.

Development changes take rapidly fast nowadays in the children. Physical changes in children might be changes in their behavior and their psychological changes should be understood. They may take it differently. So, knowledge is important to be given regarding menstrual health at school and at home. It helps them to cope with the changes. Most of the girls were scared rather than happy, some had discomfort feelings. A smaller number of respondents had different feelings like shyness; uneasiness symptoms like abdominal and back pain were seen in more respondents whereas sleeplessness and nothing specific were similar. Only a few of them had heavy bleeding. Respondents who have had menstrual flow for five days are high in comparison to others who have flow for four or more than five days. 20 of the respondents have headache, 30 have problems with vomiting and 20 have loss of appetite. Abdominal/ back pain is more and the respondents who have other problems are 20. A question about the age of first menstruation was asked if the prediction of age at first menstruation is nine. Some predicate that ten to eleven and less predicted that above twelve. Some say that nowadays it's earlier than before time. 80 of them knew about Menstruation whereas 70 of them did not know. 13% of respondents had gained information from friends whereas 7% of them have gained information from teachers and books. In comparison, 13% of respondents have gained information from media rather than books and teachers. Mothers are a good source of information which shows that 60% of respondents have gained information.

Questions were asked regarding knowledge about different types of sanitary products like disposable pads, cotton clothes, tampons and sanitary cups. There were different answers where no one of them had heard about tampon, a modern method used for menstrual hygiene. Only five of them had heard about sanitary cups. More of them had heard about disposable sanitary pads and cotton clothes. Most of the respondents use clothes whereas some of them use sanitary pads. A question about the changing time of used products was asked where respondents' answers varied where results were that; those who change once change less often (6%) than those who change twice 50% and 70% and the ones who change thrice are 25% and who change more are 19%. Question about self-buying of products, most of the respondents do not buy themselves whereas only 40 of them buy themselves. The hesitation made them not buy the products themselves as there were more male members in the pharmacy working. When respondents were asked about buying products themselves most of them have been unable to buy products where as a smaller number of them have only been able to buy products.

The researcher had asked about the management of pads. 60 % of them are disposed of in dustbins. 6% of them throw it in the drain whereas 7% of the respondents throw it in the open field. 27% of them burn it in the house or in open areas. Regarding taking medication during menstrual time several respondents think because of pain they use medication that is unable to control their pain. Most of the respondents do not use any medication. Painkiller is used for controlling the pain. Cleanliness of genitalia is important

and 20% of them use soap and water. 20% of them use only water and 60% of them use tissue. Changes are also one of the factors we can see that there are the changes during menstruation time. 85 of them feel uneasy while 15 of them have their mood swing. Less feels normal and 22 of them have irritation within them.

Restrictions are most common in our society so questions were regarding the restrictions during menstruation. Researchers found that 60% of them have restrictions during menstruation time whereas 40% of them have no restrictions. We can see that 75 of them are not allowed to do cooking, 22 of them are not allowed to water plants and 25 of them are not allowed to clean the room. 15 of them are allowed to cook, and the same number of respondents are allowed to water plants and clean rooms too. There is a belief that foods like sour and spicy are not allowed to eat. There is a restriction for eating sour and spicy. 81% of them are not allowed to eat sour and 19% of them are not allowed to eat spicy. Festivals celebrations are restricted during menstruation. We can see that most of the respondents avoid festivals during menstruation time. We can see that 48% of them miss religious activities. 16% of them miss social activities 29% of respondents miss cultural activities and 7% miss extra curriculum activities. 16% of respondents miss social activities.

1. Knowledge on Menstruation

Table 1: Menstruation Problems

Problems	No. of respondents	Percent
Headache	20	13.3
Vomiting	30	20.0
Loss of appetite	20	13.3
Abdominal/back pain	60	40.0
Other	20	13.3
Total	150	100.0

Field survey 2020

2. Beliefs of Menstruation.

Table 2: Beliefs regarding menstrual blood

Beliefs regarding menstrual blood	No of respondents	Percent
Impure	90	60.00
Natural process	20	13.33
Practices	40	26.66
Total	150	100.00

Field survey 2020

3. Practices of Menstruation period

Table 3. Restriction in Household works during menstruation

Household Works	Yes		No		Total
	Number	Percent	Number	Percent	
Cooking	10	14.3	60	85.7	70
Watering plants	10	14.3	30	42.9	40
Cleaning Rooms	30	42.9	10	14.3	40
Total	50	33.33	100	66.7	150

Field survey 2020

Discussion and Conclusion

This research underscores the urgent need for educational interventions to improve menstrual health knowledge among adolescent girls. The findings indicate that many girls feel more comfortable discussing menstruation with peers and family rather than teachers, suggesting a gap in school-based education on this topic. Furthermore, cultural restrictions and misconceptions about menstruation contribute to negative attitudes and practices, necessitating community engagement to challenge these beliefs.

This study highlights the critical need for improved menstrual health education and access to sanitary products for adolescent girls in Nepal. Addressing cultural taboos and providing accurate information can empower girls to manage their menstruation more effectively, ultimately contributing to their overall health and well-being. Future research should focus on developing targeted educational programs that consider cultural sensitivities and promote open discussions about menstruation.

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