



Current Practices and Challenges in Menstrual Hygiene Management (A Case Study of Birenranagar, Surkhet)

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Abstract

This study explores the status of menstrual hygiene practices and challenges among flood-affected communities in Girighat, Surkhet, Nepal, where menstruation remains shrouded in stigma due to cultural taboos, limited education, and inadequate access to sanitary products. Using a descriptive research design and purposive sampling, the study assessed the knowledge, perceptions, and practices of 103 women, examining socio-demographic factors, cultural restrictions, and resource accessibility. Findings reveal that while most respondents recognized public awareness as crucial for improving menstrual hygiene, significant barriers persist, including insufficient government coordination, weak institutional frameworks, and lack of proper monitoring. The study underscores the urgent need for better access to menstrual products, targeted education programs, and community-based initiatives to dismantle harmful cultural norms. Additionally, it highlights the importance of multi-sectoral collaboration involving government bodies, NGOs, and international organizations to enhance menstrual health management. Addressing these challenges can significantly improve health outcomes, dignity, and educational opportunities for women in rural Nepal, calling for stronger policy implementation and grassroots engagement in Girighat and similar marginalized regions.

Keywords: Menstruation, Hygiene, Status, reproductive, awareness

Introduction

Menstruation is a normal part of the female reproductive cycle, and menstrual management (MHM) is required on a monthly basis. Menstruation is one of the most major changes that all girls experience during their youth. Most girls begin menstruating between the ages of 10 and 14, which is the school-going age. Menstrual hygiene is defined as the use of sanitary pads or



clean and soft absorbents, adequate genital washing, proper disposal of wasted absorbents, and other particular healthcare needs of women throughout their monthly menstrual cycle.

Millions of women worldwide struggle to regulate their menstrual cycles due to a lack of knowledge about menstruation and menstrual hygiene. This increases the risk of acquiring problems such as urinary tract disorders, pelvic inflammatory illnesses, and reproductive system infections.

Globally, around 52% of females 26% of the entire population is of reproductive age. It is estimated that 10% of women worldwide are exposed to genital illnesses such as urinary tract infections and bacterial vaginosis, while 75% have had genital infections due to pregnancy, poor perineal cleanliness, or poor menstrual hygiene. To handle menstruation safely and with dignity,

women and teenage girls must have adequate understanding of menstrual hygiene management (MHM). Girls who have never been taught about menstruation experience a range of feelings, including guilt, humiliation, and worry when they bleed vaginally.

Adolescent females, particularly adolescent girls, continue to be unaware of good menstrual hygiene practices. Due to societal and religious constraints, females are uninformed of scientific truths and sanitary practices that may have negative health consequences. Women who practice proper menstrual hygiene and possess extensive information. As a result, they will be less susceptible to reproductive tract infection and associated complications. Nepal has an ethnically diversified, mostly Hindu, patriarchal society (Central Bureau of Statistics, 2012). Menstruation is commonly seen as polluting and should be regulated by ritual and limits (Bennett 1983; Crawford et al., 2014). It is a hidden and underappreciated public health concern in Nepal's rural areas. In 2012, WHO and UNICEF Joint Monitoring Program for Drinking,

Adolescent females, particularly adolescent girls, continue to be unaware of good menstrual hygiene practices. Due to societal and religious constraints, females are uninformed of scientific truths and sanitary practices that may have negative health consequences. Women who practice proper menstrual hygiene and possess extensive information. As a result, they will be less susceptible to reproductive tract infection and associated complications.

A lack of such facilities makes it difficult to change pads on a regular basis, increasing the risk of reproductive tract infection (Torondel et al. 2018) and causing students to skip class. In Surkhet, 50% of adolescent girls were aware of menstruation during menarche, whereas 13.5% reported reproductive health problems. Menstrual hygiene practices, such as pad change frequency and genital organ washing, have been connected to reproductive health issues (Bhattarai et al., 2020).

Every time a woman menstruates, households in Nepal's west and far west execute a type of isolation known as chhaupadi (L. Joshi, 2015; Ranabhat et al., 2015). To avoid ritual contamination, women who perform chhaupadi must sleep in a separate hut (chhau goth) from their family home. In 2015, 71% of women aged 15 to 49 in mid-western Nepal reported practicing chhaupadi (GON Central Bureau of Statistics, 2015). Chhaupadi was declared illegal



in 2005, and violators face a fine or imprisonment. The policies and initiatives of the Ministry of Health, the Ministry of Water Supply and Sanitation, and the Education Sector all reflect a cross-sectoral commitment to eliminating chhaupadi and promoting confident menstrual management.

This bias not only harms their mental and emotional health, but it also perpetuates gender disparities and limits their opportunities for personal and professional growth. Many women and girls in Nepal lack access to accurate information on how to manage their menstruation safely and hygienically. This knowledge gap can lead to dangerous practices that pose major health risks, such as infections and reproductive issues. In addition to a scarcity of low-cost sanitary goods, Nepal's infrastructure frequently fails to facilitate proper menstrual hygiene management. Furthermore, community engagement and awareness activities can play a significant role in changing cultural norms and eradicating the stigma associated with menstruation.

Research Question

This study has been based on the following research questions:

- What is the status and practices of menstruation hygiene management?
- What are major challenges and problems in menstrual hygiene management?

Objective: To identify the Status of respondent's knowledge for menstrual hygiene.

Review of Previous study

Menstruation

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The World Health Organization defines adolescence as being between the ages of 10 and 19, with significant physical, physiological, and behavioral changes that suggest rapid growth and development. Menstruation is a physiological process in females that lasts around 28 days. (Sharma et al., 2020) discovered significant Water, Sanitation, and Hygiene (WASH) concerns during menstruation, such as insufficient pad disposal systems, insufficient water supply for cleaning, filthy toilets, a lack of soap, washbasins, and secure restroom facilities. Menstrual practices are significantly influenced by cultural norms, parental supervision, personal preferences, and socioeconomic position (Crofts et al., 2014).

Status of Menstruation in Nepal

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Nepal's teenage population is roughly 6.0 million, or 24 percent of the overall population (UNFPA, 2022). National and International Initiation two females missed school during menstruation (Dhakal et al., 2018), and less than half (48.1%) of the girls had enough knowledge about menstruation. (Baumann et al. 2019).

Cultural traditions such as Chhaupadi aggravate menstruation stigma across caste and ethnicity (Karki et al., 2017). Addressing these concerns is critical, since education plays an important role in overcoming menstrual health challenges (Sharma et al., 2019). While previous research focuses on women's and girls' menstrual health, there is little information available on Nepalese college females.

Chhaupadi

Menstrual behaviors are heavily impacted by cultural conventions, parental supervision, personal preferences, and socioeconomic status (Crofts et al., 2014). Chhaupadi, a complex sociocultural activity present in Nepal's rural areas, is founded on religious beliefs and social systems. Girls who begin menstruation for the first time (menarche) are exiled from their homes and forced to live in livestock sheds or menstrual huts, also known as 'Chhau' in the local language, for at least 14 days commencing on the first day of menarche.

Some households in Nepal's west and far west practice chhaupadi, a sort of isolation, every time a lady menstruates (L. Joshi, 2015; Ranabhat et al., 2015). To avoid ritual defilement, ladies who practice chhaupadi Must sleep in a hut (chhau goth) apart from their family home. In 2015, 71% of women aged 15 to 49 in mid-western Nepal reported practicing chhaupadi (GON Central Bureau of Statistics, 2015). Chhaupadi was declared illegal in 2005, and violators face a fine or imprisonment.

Menstrual beliefs, practices and knowledge

Menstrual beliefs are taboos and attitudes around menstruation within a particular society. Some common socio-cultural beliefs about menstruation in During menstruation, Nepalese castes prohibit touching a male member of the family, plant, tree, or fruit, consuming pickles or dairy products, eating alone, entering the kitchen or places of worship, visiting relatives, and attending social or religious gatherings. Understanding attitudes and ideas about menstruation, which are frequently impacted by societal and cultural norms (Kapoor & Khari, 2016), is essential for improving menstrual habits and keeping women healthy.

menstruation practices refer to menstruation management related activities that are relevant to the kind of water and sanitation facilities that girls and women require in their homes, schools, and communities. Finally, healthy menstruation habits are essential for sustaining health, since bad menstrual practices, such as infrequent pad changes or a lack of proper washing and drying



procedures, can cause health problems (Das et al., 2015; Kuhlmann et al., 2017). Menstrual knowledge refers to how girls and women comprehend menstruation onset, management, and reproductive health. The policies and initiatives of the Ministry of Health, the Ministry of Water Supply and Sanitation, and the Education Sector show a multi-sectoral commitment to eliminating chhaupadi and allowing confident menstrual management..

Menstrual hygiene management

Menstrual hygiene management (MHM) is an essential part of public health that has an immediate impact on the dignity and general well-being of those who menstruate.

Although having access to menstrual supplies is crucial, many individuals in Low- and middle-income nations confront challenges such as high costs and limited resources. Because of this lack of availability, people are usually forced to utilize unsafe replacements like rags or old clothing, which can lead to infections and other medical issues. Sommer et al. (2016). Along with access, thorough menstrual health education is essential. In many places, menstruation is veiled in myths and taboos, resulting in ignorance and bad hygiene habits.

Along with access, thorough menstrual health education is essential. In many places, menstruation is veiled in myths and taboos, resulting in ignorance and bad hygiene habits. Effective education programs should include the biological components of menstruation, effective product usage, and hygienic habits in order to improve menstrual hygiene and dispel detrimental stigmas (Mahon & Cavill, 2012).

Sanitation facilities are also vital; having a clean, private area with access to water, soap, and safe menstrual waste disposal methods is critical for hygiene. Inadequate facilities in schools and workplaces can lead to discomfort, absenteeism, and lost dignity for menstruating individuals (Jasper et al., 2012).

Menstrual hygiene management (MHM) is a complex public health issue that necessitates a comprehensive strategy, especially in low- and middle-income countries where resources are typically few. Access to menstruation products, WASH facilities, privacy, education, and the socio-cultural context are all important components of effective MHM. Access to inexpensive and high-quality menstruation products is an essential component of MHM. In many underdeveloped countries, the exorbitant cost and scarcity of sanitary pads, tampons, and menstruation cups drive women and girls to resort on risky alternatives such as old clothes, leaves, or even ash. Sommer et al. (2016) highlight the importance of ensuring that menstrual products are both accessible and affordable to enable women and girls to manage their menstruation with dignity and without compromising their health and emphasize the significance of ensuring that menstrual products are both accessible and inexpensive, allowing women and girls to manage their periods with dignity and without compromising their health. Another important part of MHM is the provision of appropriate water, sanitation, and hygiene (WASH) facilities. These facilities are vital for period hygiene since they allow you to securely wash your hands, change your menstrual products, and dispose of waste. However, many schools and public areas in underdeveloped nations lack WASH services, such as clean water, private spaces, and effective waste disposal systems. The lack of these facilities can cause



substantial discomfort, absences from school, and possibly long-term health problems. House, Mahon, and Cavill (2012) emphasize that the absence of proper WASH facilities is a key obstacle to successful MHM, and privacy is another important aspect in MHM. and emphasize the need for improvements in infrastructure to support the health and well-being of menstruating individuals. Privacy is another essential factor in MHM.

The capacity to manage menstruation privately and safely is critical to women's and girls' dignity and psychological well-being. In many situations, however, the absence of private spaces in schools, workplaces, and homes forces menstruation persons to change their menstrual products in public or semi-public areas, which may be both unpleasant and dangerous. The shame and taboos around menstruation worsen the problem, as many women and girls are obliged to manage their periods in secret, which causes stress and worry. Privacy in MHM encompasses not just physical areas but also a cultural climate that respects and supports menstruation people. Sommer, M, et al. (2016).

Education and awareness are important components of effective MHM. period health education must be comprehensive, covering biological knowledge, cleanliness behaviors, and the correct use of period products. Unfortunately, in many countries, menstruation is veiled in taboo and ignorance, preventing women and girls from obtaining the instruction they require to appropriately manage their periods. This lack of information can result in poor hygiene habits, the use of dangerous products, and a general misunderstanding of menstruation, all of which can have major health effects.

Schools, communities, and media play crucial roles in breaking these taboos and providing accurate and accessible information about menstruation. House, S., Mahon, T., & Cavill, S. (2012) the socio-cultural environment plays a significant role in shaping MHM practices. In many cultures, menstruation is associated with shame, impurity, or even sin, leading to the marginalization of menstruating individuals. These cultural attitudes can prevent women and girls from participating fully in society during their periods, as they may be excluded from school, work, religious activities, or even social interactions. Addressing these cultural barriers is essential for improving MHM, as it involves not only providing the necessary products and facilities but also challenging and changing harmful cultural norms and practices. Zulaika, G., & Arias, M. (2021).

Empirical Review

Baumann, Lakhi, and Burke's (2019) study looks at how caste and ethnicity affect menstruation knowledge, attitudes, and behaviors among Nepalese adolescents. The researchers performed a cross-sectional survey of 597 individuals from various caste and ethnic groups to uncover discrepancies in menstruation health knowledge and behaviors. The findings indicated considerable disparities by caste and ethnicity, with lower-caste and disadvantaged ethnic groups having less menstruation knowledge and more restricted habits. The study emphasized the importance of culturally responsive educational programs to address these differences and enhance menstruation health among all adolescent groups in Nepal. The researchers



emphasized the importance of considering social determinants like caste and ethnicity in public health initiatives.

Bhattarai et al. (2020) investigated menstrual hygiene behaviors among teenage females in mid-western Nepal. It identifies substantial problems, such as restricted availability to menstrual hygiene products, poor sanitation facilities, and cultural taboos about menstruation. According to the study, many girls utilize handmade or traditional materials to manage their menstruation, sometimes owing to budgetary restrictions. Furthermore, the survey demonstrates a lack of sufficient education and understanding regarding menstruation health, which contributes to misconceptions and stigma. The authors urge for enhanced education and improved infrastructure to encourage better menstrual hygiene habits and address the difficulties encountered by these teenage females.

The study by Dhakal, Shrestha, Sharma, and Bam (2018) examines the awareness and practices related to menstrual hygiene among adolescent girls in Nepal. Through a cross-sectional survey, the researchers gathered data from 204 girls aged 11-19. The findings revealed that while a majority of the participants were aware of menstruation before menarche, many had limited knowledge about the biological aspects and proper hygienic practices. The study highlighted that cultural taboos and lack of access to sanitary products were significant barriers to maintaining good menstrual hygiene. Despite some awareness, misconceptions and inadequate facilities were prevalent, indicating the need for improved education and resources to support menstrual health among young girls in Nepal.

Montgomery's (2017) paper "Menstrual Hygiene Management in Emergencies" delves into the problems and necessity of addressing menstrual hygiene demands in emergency settings. It underlines that inappropriate menstrual hygiene management (MHM) can worsen gender disparities and have a detrimental impact on women's health and dignity. The paper examines numerous case studies and emphasizes the need of holistic measures that include the distribution of sanitary items, education, and safe facilities. Montgomery emphasizes the need of humanitarian agencies prioritizing MHM in disaster response strategies to protect the safety and involvement of women and girls in crisis circumstances.

Education on menstruation health or the community's views and stigmas.

The United Nations Population Fund's (UNFPA) 2022 Adolescents and Youth Dashboard provides Montgomery's (2017) paper "Menstrual Hygiene Management in Emergencies" investigates the problems and significance of a complete assessment of Nepal's young people's demographic and socioeconomic position. It focuses on crucial factors such population distribution, education, employment, health, and gender equality. The findings illustrate the issues that Nepalese youth confront, such as inadequate access to excellent education and healthcare, significant unemployment rates, and gender inequities. The dashboard emphasizes the significance of tailored policies and initiatives to address these concerns while also promoting the growth and empowerment of Nepal's adolescents and youth.

Several major themes emerge from research on menstrual hygiene management (MHM) in Girighat, Surkhet. Existing research may lack a significant geographical focus on Girighat, a



region with unique cultural, economic, and infrastructure challenges for MHM. Previous research has generally taken a broad approach, perhaps overlooking regional variations in behaviors, access to sanitation, and health implications. Furthermore, demographic factors such as socioeconomic status, educational levels, and indigenous practices in Girighat may not have been thoroughly studied, leaving a gap in understanding the full spectrum of variables influencing MHM in this location. Furthermore, while many publications stress the availability of sanitary goods, they may not go into detail about the appropriateness of menstruation health education or the community's opinions and stigmas.

By addressing these factors, your study can give a more thorough and nuanced knowledge of the challenges and facilitators of successful MHM in this specific community, identifying opportunities for focused interventions and policy reforms.

Data Analysis and Interpretation

Socio-demographic characteristics of respondents

Age

Out of the 100 female respondents, 55.33% respondent were between age group 25-35, like wise 20.38% were 35-50 age group and 24.38% of the respondent were between age group 15-25

Table 1: Age composition of the respondents

Description	No. of Respondents	Percent
Age of 15-25	25	24.27%
Age of 25-35	57	55.33%
Age of 35-50	21	20.38%
Total	103	100

Education Status

The survey shows a good number of the respondents were illiterates making up 45 % of the total number of respondents according to the study. With regard to literacy, 34 percent of the respondents had only primary school education; 15 percent had secondary school education while only 6 percent of the respondents had post-secondary education level. This distribution highlights the educational disparities within the community, with a substantial majority having limited access to higher education.

Table 2: Educational Status of the respondents

Description	No. of Respondents	Percent
Literate		
Primary level	25	24.27%
Secondary level	57	55.33%
Higher level	21	20.38%
Total	103	100

Status of source of Knowledge on Menstrual Hygiene

The responses showed that rather than depending just on one source, information regarding menstrual hygiene was frequently obtained from a variety of them. Mothers, who gave basic

education; friends and older sisters, who gave guidance and support; and curriculum books and official teaching materials were among the key sources. The media, particularly television and social media, were crucial in raising awareness. These materials' diversity and combination demonstrate a multimodal approach to menstrual hygiene teaching.

However, the presence of some individuals with no knowledge highlights the ongoing need for more comprehensive and integrated educational outreach to ensure that accurate information reaches everyone.

Table 3 : Knowledge on Process of Menstruation

Knowledge	No. of Respondents	Percent
Disease	0	0%
Physical process	100	100%
Curse of God/Goddess	0	0%
Others	0	0%

Above table shows the knowledge of the respondents on the process of menstruation. Among the total respondents, everyone had said its physical process. So, the data shows that all of the 100% respondents had the awareness on the biological aspect of menstruation. Future initiatives could build on this foundation to provide more comprehensive education on menstrual health and hygiene practices.

Table 4: Menstrual Products used during Menstrual Period

Menstrual products	Frequency	Percentage
Sanitary pads	3	2.91%
Piece of cloth	97	94.17%
Others	3	2.91%
Total	103	100

The table shows the knowledge of menstrual products to be used during menstruation among the respondents. A large majority, 94.17%, are aware of and use a piece of cloth as their primary menstrual product. Minority (2.91%) of the respondents have knowledge of and use sanitary pads. There were 2.91 respondents who reported knowledge or use of other menstrual products. This indicates that traditional methods, like using cloth, are still predominant in the community, with limited awareness or access to modern menstrual products such as sanitary pads.

Table 5: Changing Status of Sanitary Pad

Frequency of Changing Pad/cloth	No. of Respondents	Percent
Every 2-4 hours	17	16.50%
Every 4-6 hours	63	61.16%
When needed	23	22.33%
Total	103	100

Table shows changing pads/cloth during menstruation every 2-4 hours (16.50%) is ideal for hygiene, minimizing risks associated with menstrual products. Every 4-6 hours (61%) is generally acceptable for moderate flows but may need adjustments based on flow intensity and

individual comfort. Changing only when needed (22.333%) requires diligent monitoring to avoid hygiene issues and ensure comfort. Overall, the data suggests that while the majority are practicing reasonably good hygiene, there's room for education and awareness to ensure that all individuals understand the importance of frequent changing to maintain optimal menstrual hygiene.

Table 6: Status of drying reusable cloth Pad after washing

Frequency of Changing Pad/cloth	No. of Respondents	Percent
Drying outside after washing	25	24.47%
Drying inside after washing	78	75.72%
Total	103	100

Table 6. shows that place of drying reusable cloth pad after washing. Out of the total respondents, 24.47 percent dry the reusable cloth pad inside the home and 75.72 percent dry the reusable cloth pad outside the home after washing. According to this data, most people prefer to use drying cloth pads outside, which is normally advised since it provides for better exposure to air and sunlight, which lowers the chance of bacterial growth. Drying inside may be influenced by cultural practices, privacy concerns but may require ensuring that the drying environment is clean and sanitary.

Status of provision of Free Sanitary Pad Facility

The survey data showed of no any provision of free pad distribution to the women. Through the qualitative data it is found that government used to provide free sanitary pads before but since most women weren't responsible about the disposal of the used pads causing environmental hazards, government had to cease from providing the free pads. The regional municipality should have rather educated the women than ending this program. Because now women have to rely on cloth pads due to the limited accessibility and expenses of the sanitary pads. A more balanced approach, including education on proper disposal and continued support for accessible menstrual products, could have better addressed both environmental and hygiene needs.

Status of Methods of Disposing used Sanitary Pad/Non-Reusable Pad

Table 7: Methods of Disposing used Sanitary Pad/Non-Reusable Pad

Methods of Disposal	No. of Respondents	Percent
Throw with other wastage	97	94.17%
Burn	3	2.91%
Throw in the rivulets	3	2.91
Throw in the toilet	-	-
Total	103	100

Table above shows 2.91% of respondents burn menstruation items, while 94.17% of respondents dispose of them with regular household waste. Likewise, 2.91% of the respondents said they disposed of them in rivulets surrounding the home. This shows that most people



employ traditional disposal techniques, burning as little as possible, and are generally aware of the need to refrain from environmentally hazardous behaviors like disposing of waste in rivers or toilets.

Status of Frequency of Cleaning Reproductive Area during Menstruation

Table 8: Status of cleaning during the menstruation period

Methods of Disposal	No. of Respondents		Percent
Cleaning multiple times	33		32.03%
Once a ay	25		24.27%
After three day	45		43.68%
Once a week	-		-
Total	103	100	

Status of Use of Soap/Hand Wash Liquid after using Toilet/Changing Pad

Washing the hands with soap or hand wash liquid after visiting the toilet or after changing a pad is a good hygiene practice. It entails use of soap or hand wash liquid to wash hands to the extent that germs and possible contaminants are washed away. In this study, 100% of the respondents reported using soap or hand wash liquid after using the toilet or changing pads. This indicates that all respondents consistently engage in this important hygiene practice. This means that all the respondents always observe this crucial barrier measure.

Status of Bathing Pattern during Menstruation

Table 9: Bathing Pattern during Menstruation

Bathing Pattern	No. of Respondents	Percent
Daily	80	77.66%
After three day	23	22.33%
As per rituals	-	-
Others	-	-

The data shows that the majority of respondents (77.66%) maintain a daily bathing routine during menstruation, which is beneficial for good menstrual hygiene. The remaining 20.33% bathe every other day, which is still an acceptable practice, though daily bathing is typically recommended for optimal hygiene during menstruation. The absence of respondents who bathe in a ritualistic or other way indicates that this group places more emphasis on good cleanliness than on cultural or ritualistic customs.

Status of availability of health post in the community

The survey data shows while there is a health post in that community but it's quite far away and most people don't visit it for minor menstrual problems and ignore them instead unless it causes major health issue. And also, it doesn't not provide free menstrual pads anymore due to irresponsible disposing of used pads causing environmental hazards instead of simply educating people.

Table no.10. Status of Restriction during Menstruation in the Home

Type of restriction	No. of respondents	Percent
Cooking/entering kitchen	23	22.33%
No worship god/visiting temple	87	84.46%
Sleeping in same bedroom	93	90.29%
Touch male members at home	83	80.58%
No restriction	21	20.38
Multiple response*		

According to the findings, a significant proportion of participants (84.46%) encounter restrictions in their worshipping at temple during the menstruation period. The most prevalent restriction is the combination of restrictions on cooking or accessing the kitchen (22.33%). Likewise 80.58% of respondents are have no restriction for touching to male from. The existence of these restrictions underscores the continuous impact of cultural and religious customs on menstruation patterns; yet, a progressive trend can be observed among the 20.38% of participants who reported no restrictions what so ever any matter of social restriction.

Status of participation in social during Menstruation

Table 11: Reasons behind No Involvement in any Occasion in the Society during menstruation

Restrictions	No. of Respondents	Percent
Due to cramps/other discomforts	5	4.85%
Problem of pad disposal/hazard of washing used cloth pad	3	2.91%
Lack of clean public toilets/no soap and clean water	-	0%
All of the above	12	11.65%
Social restriction/rituals	83	80.58%
Total	103	100

The survey data shows that social and cultural restrictions are the predominant reasons for avoiding social occasions during menstruation, with 80.58% of respondents indicating that societal and ritualistic norms play a significant role in their decision. While 4.85% due to physical discomforts. Additionally, 11.65% of respondents cited a combination like pad disposal/washing of cloth pad and access to clean toilet facilities contribute to social avoidance likewise 2.91 % respondents reported there is problem of pad disposal after using. Overall, the findings highlight the strong influence of cultural taboos on the mindsets of people regarding menstruation while perpetuating misinformation and inadequate menstrual health practices. This ongoing cycle can hinder efforts to improve menstrual health education and access. Also lack of clean toilet facilities hinder women from maintaining menstrual hygiene and hence interfering with the social participation

**Status of Importance of Education and Awareness in Menstrual Hygiene Management****Table 12: Role of of Education and Awareness for improving MHM**

Importance	No. of Respondents	Percent
Health and well-being	35	33.98%
To reduce cultural stigmas and taboo around menstruation for girls	20	19.41%
To encourage use of hygienic menstrual products	23	22.33%
To encourage open discussions about menstruation	18	17.47%
All of the above	7	6.79 %
Total	103	100

The fact that 33.98 % of respondents place a high priority on health and well-being demonstrates how widely menstruation's physical effects are understood. Additionally, it highlights the need for improved access to healthcare services, information on good menstrual hygiene practices, and facilities for clean water and sanitation, especially in locations where these resources could be few.

With 19.41% of respondents focusing on reducing stigmas and taboos, it's clear that cultural beliefs around menstruation remain a significant barrier to women's and girls' full participation in society. The strong response in this area underscores the pressing need for programs aimed at bringing about cultural change that question damaging conventions and promote more open and understanding views around menstruation.

The fact that 22.33% of respondents prioritize the use of hygienic menstrual products points to a recognition of the importance of safe and clean products in maintaining menstrual health. This response suggests a need for programs that not only distribute menstrual products but also educate women and girls on their proper use and disposal.

The 17.47% of respondents who emphasize the need for open discussions about menstruation highlight the ongoing silence and stigma that often surrounds this natural process. By fostering open dialogue, young girls can learn the proper way to handle menstrual hygiene and come to terms with menstruation as a natural part of life.

Although only 6.79% of respondents chose all aspects as equally important, this group recognizes the interconnection of health, cultural change, product use, and open discussion. This response suggests an awareness that improving menstrual hygiene requires comprehensive strategies that tackle the physical, social, and educational dimensions of menstruation.

Current Practices and Attitude towards Menstrual Hygiene in the Community

On the basis of Focus Group Discussion, it is observed that of the community of the study area, there has been a change in the current practices and attitude towards menstrual hygiene. Although there has been advancement in the promotion of MHH awareness, there are still



barriers to MHH education, especially in ... community. In the study area, tradition and culture still frown upon menstruation and this is evident by the fact that women and girls are locked up and are not allowed to access certain resources during their period. It is still a challenge to get access to these products in the community; this might be because of financial problems or the products are scarce. Lack of proper sanitation amenities and water hygiene worsens these difficulties.

Attitudes toward menstruation are slowly evolving, with increasing efforts to combat stigma and promote open discussions. Education, advocacy, and community mobilization are some of the critical processes that support this change. Educating women and girls as well as ensuring that they are equipped with all they require to effectively and comfortably handle their menstruation is very crucial in the fight towards a healthier and more inclusive society. Measures to tackle these problems are complex and involve educational, infrastructural and community level interventions aimed at improving the perception and management of menstruation and menstrual products in communities.

Major Findings

According to the study, the most of the respondents were married housewives aged 25 to 35. Majority of respondents were deprived from formal education, with few reaching secondary or higher levels. While most women had a basic awareness of menstrual hygiene and the biological components of menstruation, the most of the respondents were using cloth as their primary menstrual product, with limited access to sanitary pads. Most people changed their menstruation pads every 4 to 6 hours and dried reusable cloths outside. Menstrual products were virtually inaccessible to the majority, and disposal was primarily through household garbage.

In terms of hygiene, most women bathed daily and cleaned based on personal judgment rather than routine. The majority faced social and cultural restrictions during menstruation, influenced primarily by societal and ritual norms. Health, hygiene, and reducing stigma were key concerns for many women, though few considered all aspects of menstrual management equally important.

Discussion

This study's findings reflect a complex interaction of awareness, accessibility, cultural norms, and menstrual hygiene routines. While all respondents understood the biological process of menstruation, a significant number lacked appropriate understanding about menstrual hygiene. This gap supports Sommer et al.'s (2015) claim that understanding of menstruation's biological basis does not always transition into safe or informed hygiene behaviors in the absence of education and systemic assistance.

The widespread use of reusable cloth instead of sanitary pads reflects a lack of accessible and acceptable menstruation products. Caruso et al. (2020) discovered comparable tendencies in low-resource settings, where economic and supply chain constraints limit access to contemporary menstruation supplies. Hennegan and Montgomery (2016) underline that



menstruation product accessibility is critical to maintaining dignity, safety, and mental well-being, particularly for underrepresented communities.

The hygiene behaviors documented in the study, such as irregular changes of menstruation materials and inconsistent washing routines, indicate a need for more effective public health education. Garg, Sharma, and Sahay (2001) observe that in many cases, menstrual hygiene habits are influenced by socio-cultural norms and personal discretion rather than evidence-based health information. Furthermore, some participants' drying of reusable cloths within their houses is likely motivated by shame and fear of stigma, which is consistent with Dasgupta and Sarkar's (2008) conclusions that concealment surrounding menstruation increases unsanitary habits.

Participants' disposal techniques, which mostly involve throwing used products in domestic garbage, create environmental issues. VanLeeuwen and Torondel (2018) underline the need of including sustainable and safe disposal mechanisms into menstrual hygiene management, especially in low-resource settings. This study's almost complete absence of access to proper disposal procedures indicates a serious policy gap.

Nonetheless, several beneficial activities were identified, such as regular bathing and sleeping in personal areas during menstruation, which promote personal comfort and hygiene. The respondents' different goals, which range from health maintenance and access to hygiene items to stigma reduction, underline the importance of a comprehensive strategy. UNESCO (2014) recommends that menstrual health projects integrate education, infrastructure, policy reform, and cultural involvement to overcome the various hurdles that women and girls confront.

Conclusion

The study identifies major status of menstrual hygiene management and practices related to socio-cultural practices among female participants. The most of the respondents were adult women with low educational status who entirely engaged in the home. Although there was a widespread awareness of the biological features of menstruation, understanding and practice of adequate hygiene differed greatly. The majority used reused cloths, indicating restricted access to sanitary items. Hygiene methods were uneven, guided by human judgment instead than defined rules.

Cultural and societal limitations on menstruation were still prevalent, limiting women's independence and comfort. Despite some beneficial behaviors, such as frequent washing and keeping in personal places during menstruation, many participants encountered difficulties owing to stigma, a lack of access to menstrual products, and poor facilities. These findings emphasize the importance of education, accessibility, and social change in supporting menstrual health and dignity.

Implication

The technique begins with the introduction of a comprehensive menstrual health education program in schools and communities prior to menarche understanding, cleanliness habits, and the necessity of sanitary products. Equally important is the participation of boys and men in educational endeavors to remove stigma and promote a more supportive atmosphere. Strategic



collaborations with government agencies and non-governmental organizations (NGOs) will be explored to subsidize and distribute inexpensive menstrual hygiene products. In addition, efforts will be made to reinvigorate free sanitary pad distribution programs, as well as to educate people about ecologically acceptable disposal techniques.

Community-wide awareness initiatives will be initiated to address harmful cultural taboos, with religious and community leaders actively involved in shifting beliefs and reducing menstrual-related restrictions. Priority will be placed on improving access to well-equipped rural health facilities and investing in clean sanitation infrastructure, such as private toilets and bathing areas. Finally, a collaborative approach including all stakeholders—including government entities, NGOs, and local communities—will be highlighted, with constant monitoring and evaluation frameworks built to assess progress and change interventions accordingly.

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