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Socio-Cultural and Educational Impacts of Menstrual Hygiene Management: A Synthesis of Evidence from Nepal and Broader Contexts

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Abstract

Background: Menstrual Hygiene Management (MHM) is a significant public health issue that intersects with education, gender equality, and human rights. In many low- and middle-income countries, socio-cultural norms and a lack of resources create substantial barriers for adolescents. **Objective:** This review synthesizes recent evidence on the socio-cultural and educational impacts of inadequate MHM, with a specific focus on findings from Nepal, to provide context-specific and actionable recommendations.

Methods: A systematic literature review was conducted using Google Scholar, Semantic Scholar, and PubMed. The search included key terms such as "menstrual hygiene management Nepal," "cultural taboos menstruation," "school absenteeism," and "menstrual knowledge." Priority was given to peer-reviewed articles published between 2018 and 2024.

Results: The synthesis reveals that profound cultural stigmas and restrictions during menstruation are pervasive, leading to fear, shame, and isolation among girls. Knowledge about menstruation is often inadequate before menarche, sourced primarily from friends and mothers with limited understanding. These factors, combined with poor school WASH facilities, directly contribute to high rates of school absenteeism, with girls reporting concentration difficulties and a decline in academic performance during their periods.

Conclusion: Inadequate MHM severely constrains the educational opportunities and psychosocial well-being of adolescent girls. Effective interventions must be multi-pronged, addressing deep-seated cultural taboos through comprehensive education, improving water, sanitation, and hygiene (WASH) infrastructure in schools, and ensuring access to affordable menstrual products.

Keywords: Adolescent Health, Cultural Taboos, Menstrual Hygiene Management, Nepal, School Absenteeism, WASH.



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1. Introduction

Menstrual Hygiene Management (MHM) practice refers to the use of clean menstrual materials to absorb or collect menstrual blood, the ability to change these materials in privacy as often as needed, access to soap and water for cleaning the body during menstruation, and access to safe and convenient facilities for disposing of used materials. It encompasses knowledge and understanding of menstrual health to manage menstruation with dignity, free from discomfort or fear (World Bank, 2025).

Studies have shown that menstrual hygiene practices vary with knowledge, access to facilities, social environment, and education. For example, research among schoolgirls in Ethiopia indicated that knowledge of MHM, availability of privacy and water and sanitation facilities, and urban residence were significantly associated with better menstrual hygiene practices. Good knowledge improves correct practices; access to water and sanitation enables better hygiene; and urban residents tend to have more access to menstrual hygiene products and information compared to rural counterparts (Shumie & Mengie, 2022; Worku et al., 2024).

Poor menstrual hygiene can result in reproductive tract infections and other health issues. Therefore, promoting accurate knowledge, affordable and accessible menstrual materials, adequate WASH (Water, Sanitation, and Hygiene) infrastructure, and supportive social environments are essential. Various studies emphasize integrating MHM education and facilities in schools and communities to improve health outcomes and reduce stigma (C. et al., 2016; Shumie & Mengie, 2022).

Menstrual hygiene management practice involves clean and dignified management of menstruation supported by knowledge, facilities, and social acceptance. It is indispensable for female health, education, and equality, requiring multidimensional approaches involving education, health, and sanitation sectors.

In contexts like Nepal, these challenges are exacerbated by unique socio-cultural and religious beliefs that often frame menstruation as impure. The work of Karki and colleagues provides critical, localized evidence of these dynamics, highlighting how cultural barriers and knowledge gaps directly impact the lives of school-going adolescents in Kathmandu and beyond (Karki & Khadka, 2018; Karki & Khadka, 2019).

This article aims to synthesize the latest evidence on the socio-cultural and educational dimensions of MHM. By integrating the specific findings from Nepalese research in Nepal with broader global literature, this review seeks to provide a comprehensive understanding of the key challenges and to propose targeted strategies for improvement.

2. Methods

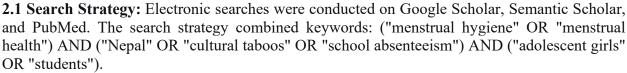
This study employed a systematic literature review methodology to gather and synthesize recent and relevant evidence on menstrual hygiene management, with a specific focus on socio-cultural and educational impacts.



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- **2.2 Inclusion and Exclusion Criteria:** Articles were included if they were: (i) published in English between 2016 and 2025; (ii) peer-reviewed journal articles or systematic reviews; and (iii) focused on the socio-cultural or educational aspects of MHM. Articles were excluded if they were not accessible in full text or were editorials without primary data.
- **2.3 Data Extraction and Synthesis:** After removing duplicates, titles and abstracts were screened for relevance. Full texts of selected articles were reviewed, and data were extracted using a standardized template. A thematic analysis was conducted to synthesize the findings around key themes: cultural barriers, knowledge, and educational impact.

3. Results

3.1 Pervasive Cultural Barriers and Stigma

Research consistently shows that cultural norms present a formidable barrier to dignified MHM. A study by Karki & Khadka (2019) in Nepal found that a majority of girl students faced various restrictions during menstruation, rooted in the concept of "Chhaupadi" and other purity rituals. These restrictions included being barred from entering the kitchen, touching male family members, participating in religious activities, and even consuming certain foods. This institutionalizes a sense of shame and impurity around a natural biological process. The girls reported experiencing fear, confusion, and a sense of isolation during menarche and subsequent periods, a finding corroborated by Karki (2018), who noted that many girls perceived menstruation as a "problem" or "curse."

3.2 Inadequate Knowledge and Preparation

A critical finding across studies is the lack of preparatory knowledge. Karki & Khadka (2018) revealed that knowledge of menstruation among schoolgirls in Kathmandu was often incomplete and inaccurate. While most girls were aware of menstruation, their primary sources of information were friends and mothers, who themselves might be operating under misconceptions. Formal education from schools was less common. This lack of comprehensive, evidence-based education from a trusted source leads to anxiety and unhygienic practices, as girls are unprepared to manage their periods safely (Hennegan et al., 2020).

3.3 Direct Impact on Educational Engagement and Attendance

The confluence of cultural stigma and practical challenges has a direct and negative impact on education. Karki (2019) specifically investigated this link, finding that a significant proportion of girl students reported missing school during their menstrual periods. The reasons were multifaceted: lack of functional and private WASH facilities in schools, fear of staining their clothes, pain and discomfort, and the inability to change or dispose of menstrual materials comfortably. Even when present at school, many girls reported an inability to concentrate fully in class, indicating that the impact on learning extends beyond mere absenteeism (Karki, 2018; Sommer et al., 2021).



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This review consolidates evidence confirming that the challenges of MHM are not merely about hygiene but are deeply embedded in a complex web of culture, knowledge, and infrastructure. The work of Karki et al. in Nepal provides a powerful microcosm of a global issue, demonstrating how localized beliefs directly translate into negative outcomes for girls' well-being and education.

The findings indicate a cyclical problem: cultural silence leads to inadequate knowledge, which, when combined with poor sanitation facilities, results in school absenteeism and psychological distress. This, in turn, reinforces gender inequalities by hindering educational attainment. The perceived experience of menstruation as a "problem" or a time of restriction, as reported by Karki (2018), underscores the profound psychosocial burden that needs to be addressed alongside physical health.

While this review is strengthened by the inclusion of specific local studies, it is limited by its focus on English-language literature and the specific context of Kathmandu Valley, which may not be fully representative of all rural areas in Nepal or other countries.

5. Conclusion

The importance of menstrual hygiene management extends far beyond the use of a sanitary product. It is a critical determinant of educational equity, mental well-being, and the empowerment of adolescent girls. The evidence from Nepal, as detailed by Karki and colleagues, clearly shows that without addressing the foundational issues of cultural stigma and knowledge gaps, simply providing materials will be insufficient. A dignified menstrual experience is a prerequisite for girls to participate fully in society and education.

6. Recommendations

Based on the synthesized findings, the following recommendations are proposed:

For Policy Makers and Government Bodies:

- **Integrate Comprehensive MHM Education:** Mandate and fund evidence-based, age-appropriate MHM curriculum in all secondary schools, designed to dismantle myths and empower all students with knowledge.
- Enforce WASH Standards: Develop and enforce national standards for gender-sensitive WASH facilities in all schools, ensuring privacy, water, soap, and safe waste disposal.
- Scale Up Product Access: Support programs that provide subsidized or free menstrual products in schools, including promoting sustainable options like reusable pads.

For Schools and Educational Institutions:

- **Teacher Training:** Train female and male teachers to confidently and sensitively teach MHM and provide support to students.
- Create Supportive Environments: Establish girl-friendly spaces and counseling services to address the psychosocial needs of students.



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• **Engage the Whole School:** Conduct awareness sessions for boys, male teachers, and parents to foster a supportive and stigma-free school environment.

For Future Research:

- Conduct longitudinal studies to track the long-term impact of MHM interventions on girls' educational attainment and economic outcomes.
- Investigate the effectiveness of different models for delivering MHM education and product access in diverse and hard-to-reach communities within Nepal.
- Explore the role of men and boys as allies in challenging menstrual stigma and supporting MHM.

Transparency Statement: The author confirms that this study has been conducted with honesty and in full adherence to ethical guidelines.

Data Availability Statement: Author can provide data.

Conflict of Interest: The author declares there is no conflicts of interest.

Authors' Contributions: The author solely conducted all research activities i.e., concept, data collecting, drafting and final review of manuscript.



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