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Sociocultural Impact on Menstrual Knowledge among School Girls in Nepal

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Abstract

Menstruation is a natural and biological process of women's life. However, limited knowledge, misconceptions, prevailing socio-cultural taboos, and religious restrictions contribute to harmful practices among adolescent girls and women. we visited selected schools' multiple times and we gathered data from 565 out of 605 eligible respondents from eight community schools. The study aims to explores the socio-cultural determinants of menstrual knowledge among adolescent girls in selected community schools. This study based on quantitative research design with a census method. Data were collected through a self-administered, closed-ended questionnaire. The study found that, socio-cultural taboos, traditional beliefs, religious restrictions, and lack of open discussion significantly influenced menstrual knowledge. Hindu respondents found to get knowledge in early in age, compared to Buddhists, Christians and minority groups. More than half a percent (51%) of the respondents' considered menstruation is a dirty bleeding phenomenon. It is still perceived as a stigma, which creates misconceptions and feeling of shame, leading to barrier in open discussion. Menstrual restrictions, such as, prohibitions on touching males, entering the kitchen, cooking food, attending ceremonies, and entering religious places, continue to exist in many communities across different castes/ethnicities and religions. Mothers played significant role to provide accurate menstrual knowledge. Menstrual knowledge and practices are deeply influenced by socio-cultural norms religious restriction. It is also shaped by family background, caste/ethnicity, and religious beliefs. Therefore, it is essential to promote accurate timely menstrual knowledge, hygiene practices and management supportive environments in at schools and home.

Keywords: Menstruation, Menstrual hygiene, Menarche, Menopause, Traditional believes

Introduction

Menstruation is one of the most important parts of reproductive life. However, in many countries including Nepal is considered a socio-cultural taboo and a religious restriction, such kinds of taboos, myth and restrictions have prevalence in many societies. Which, are different from each other in every culture (Adhikari, 2024; Paudel, 2023). In many societies, it is considered a social taboo and culturally unclean, stigma, and negative perception and adequate support during their menstruation periods, many girls and women are isolated and face gender discrimination (Farage et al., 2014). According to Paudel (2023) explore that children are socialized to discriminate against menstruations since early childhood, starting at ages 6-9. Many menstruating adolescent girls experienced socio-cultural and religious restriction and discrimination, which creates confusion, feel nervous and make unhappy. It is also biological process during this periods, hormonal change occurs and that prepared the body for possible to pregnancy (Ibrahim, 2021). Menstruation is natural, biological process and sign of growth, but still considered as menstrual taboos and stigma. Lack of open discussion, and misconception, many girls and women have been facing many challenges for hygiene practices and management (Adhikari, 2023). Similarly, scholars like Dasgupta and Sarkar (2008) also claimed that, menstruation is a natural phenomenon, but it's also associated with several myths and customs that can occasionally have a negative impact on one's health. It is the process of monthly discharge of blood through the vagina from the time of adolescence until menopause. The period of adolescence refers to the age group 10-19 years on the other hand the menopause start after the age of 49 years. Dasgupta and Sarkar (2008) believed that the first menstruation (menarche) occurs between 11 and 15 years with a mean of 13 years.

Poor water, sanitation, and hygiene (WASH) facilities in school, inadequate puberty education and lack of Menstrual Hygiene Management (MHM) items (absorbents) cause girls to experience menstruation as shameful and uncomfortable (Adhikari, 2025; Eijk et al., 2016). The causes of poor menstrual hygiene are socio-cultural taboos, restrictive practices, inadequate menstrual knowledge, traditional beliefs and limited access to WASH facilities. Menstrual practices influence the cultural norms of every individual. Farage et al. (2014) said that, hygiene practices depend on cultural norms, parental influence, personal preferences, and socioeconomic pressures (p.127). However, in Nepal, menstruation is considered a religiously impure and culturally shameful occurrence. Schweizer et al. The research, conducted on behalf of the Global South Coalition for Dignified Menstruation (GSCDM), defines

menstrual discrimination as the presence of taboos, stigma, shyness, restrictions, violence, abuse, resource deprivation, and other forms of discrimination related to menstruation, which can impact individuals throughout their life cycle. Farage et al. (2014) believed that, many schools don't have proper toilet facilities. So, girls who have started their periods face a lot of problems. After puberty, it's hard for them to go to school because there's no private space, water, or a place to change their pads. Also, there's no place to clean up or throw away used materials. This lack of good toilet facilities often stops girls from going to school. Sultan and Sahu (2017) have revealed that many studies have revealed that many teenage girls lack accurate and complete knowledge about menstruation and hygiene. the sources of menstrual information including, mothers, grand-mothers, peers, and teachers. Proper hygiene during menstruation is crucial because it affects health and can increase the risk of reproductive tract infections (RTIs).

Household practices including restriction to participation in daily activities, social activities, touching mail, entering kitchen and cooking food are influenced by socio-cultural and religious factors (Adhikari, 2025). Likewise, scholars like (Josephine, 2018); Schweizer et al. (2023) also supported that it is a natural and biological process, yet it is still surrounded by stigma, and misunderstanding, even in today's modern world. Though, half of the world's population adolescent girls, women, trans-men, and queer individuals experience menstruation that has long been ignored in public discussions and views as dirty, impure, or shameful. Therefore, for breaking the menstrual taboos, it is essential to provide accurate education and supportive environment. Therese and Fernandes (2010) believed that women and girls to live healthy, productive and dignified lives, they must be able to manage menstrual bleeding effectively. For those menstrual facilities including access to regular clean water supply, availabilities of free sanitary pads or clothes pads, separate toilets with locking systems, sick rooms and environment to get accurate menstrual education and girls' friendly environments.

In developing countries including Nepal many adolescent girls are facing problem of menstrual hygiene practices management, due to lack of clean water, toilets, accurate information, and supportive environment. This adverse effect on their health, and regular attendance (Shah et al., 2023). In developing countries including Nepal, menstruation is often considered as social taboos, unclean, impure, and shameful. Nepal is multi-cultural country which is deeply rooted by social, cultural, and religious beliefs. As a result, many girls and women are experiencing different challenges getting accurate knowledge, which leads to reproductive problems as

well as barrier to get education (Adhikari, 2023; Bagale, 2020; Evans & Alvarez, 2019). During this period, adolescents' girls face many challenges for menstrual hygiene management. So, parental positive support plays a significant role for managing menstrual management (Lalhlimawmi et al., 2023). Similarly, scholars like Sahu and Wani (2022); (Upadhya, 2024) claimed that a supportive family role is essential during menstruation of their daughters. Supportive parental role plays positive role in helping their daughters to develop their ability to manage with challenges during menstruation. Similarly, when parents are supportive, and provide proper knowledge about menstruation, it helps to manage menstrual blood easily, feel emotionally strong and confidence in managing good menstrual hygiene practices. This in turn enables them to face any kind of challenge and promotes better health and overall well-being.

inadequate accurate menstrual knowledge and information hinder menstruate girls and women from performing their daily activities during menstruation. Furthermore, the lack of girls' friendly environment, including clean toilets with a regular water supply and a proper lock system, affects their ability to manage their menstrual blood hygienically. Otherwise, it becomes difficult for them to maintain menstrual hygiene, leading to fillings of shame and discomfort (Evans & Alvarez, 2019). Menstrual stigma and shame deeply affect adolescent by lowering their self-esteem, harming their mental health, limiting daily activities, and blocking open communication and understanding about their bodies and how to care for them (Plan International United Kingdom, 2018).

History shows that among all the disadvantaged groups in the world; women have suffered the most. Their hardships have existed across all cultures, races, regions, and religions (Mandal, 2023). Girls and women existence are deeply shaped by traditional beliefs, religious practices, and cultural values, such kind of deeply rooted customs often support gender hierarchies, contributing to the marginalization of women. As a result, gender discrimination arises as a major consequence of women's structurally subordinate position in society (Dhakal & Rana, 2023). Thus, the objective of this study is to examine the socio-cultural determinants of menstrual knowledge among adolescent girls in community schools.

Methodology

This study is based on quantitative research design, utilizing census methods. The tools of this study are self-administrated closed ended questionnaire of eight selected community schools of Kirtipur municipality of Kathmandu district. Respondents of this study are 565 menstruate girls' students of grade vi to x.

Tools of Data Collection

The tools of data collection were closed-ended questionnaire used to collect data from the adolescent students. The questionnaire based on the research objective of this study covering areas such as socio-demographic characteristics, knowledge about menstrual hygiene, current menstrual hygiene practices, and the impact on education. The questionnaire includes closed-ended type, and it is pre-tested with a small group of same characteristics of respondents to check for clarity and effectiveness. Based on their feedback, we finalized the questionnaire.

Data Collections Procedure

The sampling process involved several steps. Before starting data collection, we consulted MPhil supervisor and visited the Kirtipur Municipality office with an official request letter to obtain permission for school visits. After receiving authorization, we informed the head teachers of all selected schools and obtained their consent for data collection.

Additionally, we provided one-hour training sessions to the female teachers in and staff nurse (if staff nurse is available) in each school to familiarize them with the data collection process. Then we collected data by visiting each school twice a day, before and after the tiffin break, covering two schools per day. Since the study included all menstruating adolescent girls from grades 6 to 10, we visited selected schools' multiple times and we gathered data from 565 out of 605 eligible respondents from eight community schools. Although we used a census sampling technique to collect data from all 605 eligible girls in the selected schools. For data collection, we visited the schools twice a day before and after the tiffin break covering only two schools per day. Since the study targeted all menstruating girls from grades 6 to 10 in the selected community schools, we had to visit some school's multiple times. The entire data collection process took approximately one month. In total, we successfully collected data from 565 girls' students.

Ethical Considered

As a researcher, we ensured that all ethical standards were carefully followed before, during, and after the study. Before data collection, oral informed consent was obtained from all respondents aged 18 years and above. For respondents younger than 18 years, oral informed consent was obtained from the respective school Head Teachers, who act as legal guardians while students are at school.

During the time of collection data, respondents were preserved with respect. Later completion of the study, the collected information was securely stored and used only for objectives of the study and the findings were presented accurately.

Results

In this section, the researcher presents the study's findings descriptively through tables, including the demographic profile of family members, menstrual knowledge, understanding, and practices across different caste/ethnic and religious groups, expressed in percentages.

Table 1

Demographic characteristics of respondents

Variable	Category	Number	%
Father's Occupation	Farmer	89	15.2
	Social worker/Politician	11	1.9
	Government job	99	17.5
	Private job	87	15.4
	Foreign employee	96	17
	Business	103	18.2
	Labor	79	14
	Missing	1	0.2
Mother's Occupation	Farmer	126	22.3
	House manager	179	31.7
	Social worker/politician	15	2.7
	Government job	34	6
	Private job	55	9.7
	Foreign employee	33	5.8
	Business	83	14.7
	Labor	37	6.5
Sources of Income	Rent from home and land	2	0.4
	Agriculture/Livestock	104	18.4
	Cottage industry	4	0.7
	Business (retail, wholesale, etc.)	122	21.6
	Casual labor (agriculture)	13	2.3
	Casual labor (non-agriculture)	12	2.1
	Service (GOs/NGOs/Corporations)	197	34.9
	Foreign employment	111	19.6
Religion	Hindu	447	79.1
	Buddhist	58	10.3
	Christian	43	7.6
	Others	17	3
Caste/Ethnicity	Brahmin	70	12.4
	Kshetri	163	28.8
	Janajati	255	45.1
	Dalit	48	8.5
	Madhesi	29	5.1

Table 1 shows the socio-economic and demographic profile families of respondents in selected schools. The data explores that majority of fathers are engaged in business (18.2%), followed by government jobs (17.5%), and foreign employment (17%), while many mothers are engaging in house managers (31.7%) and farmers (22.3%). The data further indicate the main household income source was service-related employment (34.9%), followed by business (21.6%) and foreign employment (19.6%), showing a shift from agriculture to non-agricultural livelihoods. The most of the respondents follow Hindu religion (79.1%), followed by Buddhist (10.3%) and Christian (7.6%). In terms of caste and ethnicity, Janajati (45.1%) formed the largest group, followed by Kshetri (28.8%) and Brahmin (12.4%), reflecting the area's ethnic diversity and mixed socioeconomic background.

Table 2

Age of first menstruation knowledge by religion

Religion	10 yrs	10–12 yrs	After 15 yrs	Total
Hindu	198 (44.3%)	246 (55.0%)	3 (0.7%)	447 (100%)
Buddhist	21 (36.2%)	35 (60.3%)	2 (3.4%)	58 (100%)
Christian	15 (34.9%)	26 (60.5%)	2 (4.7%)	43 (100%)
Others	6 (35.3%)	8 (47.1%)	3 (17.6%)	17 (100%)
Total	240 (42.5)	315 (55.8)	10 (1.8%)	565 (100%)

Table 2 shows the first-time menstrual knowledge by different religious groups by their ages. The age is categorized into three age groups: before the age of 10 years, between the age of ages 10-12, and after the age 15.

Among Hindus, the majority of respondents (44.29%) reported learned about menstruation knowledge before the age of 10, while the majority (55%) gained knowledge between the ages 10-12, only a very smaller proportion (0.7%) became aware about menstruation only after the age of 15 years.

The data indicate that a similar pattern is observed among Buddhist and Christian respondents. Among Buddhist, (60.3%) learned about menstrual knowledge between the age of 10 to 12 years, while (36.2%) aware about menstruation before the age of 10 years. Likewise, (60.5%) respondents of Christian respondents learned about menstruation between the age of 10-12 years. While (35.3%) reported that, menstrual knowledge gained before the age of 10 years and only (17.6%) respondents explored they learned after the age of 15 years. Additionally, others religions including Kirant, Jain and Islam found less awareness about menstruation compared to other religions.

Table 3

Sources of knowledge about menstruation in terms of religion

Sources	Hindu		Buddhist		Christian		Others		Total
	N	%	N	%	N	%	N	%	N
Mother	334	75.4	46	79.3	27	62.8	13	76.5	420
Sister	195	44.0	23	39.7	17	39.5	9	52.9	244
Grandmother	69	15.6	9	15.5	3	7.0	2	11.8	83
Friend	129	29.1	20	34.5	14	32.6	6	35.3	169
Teacher	168	37.9	28	48.3	21	48.8	5	29.4	222
Social media	74	16.7	9	15.5	7	16.3	1	5.9	91
Book and newspaper	73	16.5	11	19.0	9	20.9	2	11.8	95
Total	443		58		43		17		561

Table 3 shows where people learn about menstruation in different religions. Most respondents get their information from family members, especially mothers. For Hindus (75%) and Buddhists (79%), mothers are the main source of knowledge. Sisters are also important, particularly for Hindus (44%) and Buddhists (39%) in home. Similarly in schools, teachers play central role providing menstrual related education. Religions such as Buddhists (48%) and Christians (48%) get education from teachers. Others sources like Grandmothers, friends, newspaper are mentioned less often. Overall, the data mentions that family plays a positive role in giving knowledge regarding menstruation in different social-cultures and religious groups.

Table 4

Understanding about menstruation in terms of caste/ethnicity

Caste/Ethnicity	Monthly Bleeding Phenomenon	Dirty Bleeding Phenomenon	Natural process that happens with most of girl	Sign of reproductive maturity
Brahmin (n = 70)	61 (87.1%)	42 (60.0%)	65 (92.9%)	53 (75.7%)
Kshetri (n = 163)	132 (81.0%)	95 (58.3%)	151 (92.6%)	121 (74.2%)
Janajati (n = 255)	230 (90.2%)	147 (57.6%)	234 (91.8%)	201 (78.8%)
Dalit (n = 48)	46 (95.8%)	35(72.9%)	48 (100.0%)	43 (89.6%)
Madhesi (n = 29)	27 (93.1%)	17 (58.6%)	28 (96.6%)	26 (89.7%)
Total (n = 565)	496 (87.8%)	336 (59.5%)	526 (93.1%)	444 (78.6%)

Menstruation is natural, biological process and sign of reproductive maturity. However, individuals perceive it as a dirty bleeding phenomenon.

Table 4 indicates that understanding about menstruation regarding various castes/ethnicities, including Brahmin, Kshetri, Janajati, Dalit, and Madhesi. Dalits showing

the highest (72.9%) stigma and perceived dirty bleeding phenomenon followed by Brahmin (60%), Kshetri Madhesi (58.6%), and Janajati (57.6%). Among selected all of them most significant considered monthly bleeding phenomenon maximum percent 87% of respondents Bramin, (81%) Kshetri, (90.2%) Janajati, (90.2%) Dalit (95.8%), and (95.8%) recognized menstruation as a monthly bleeding phenomenon, indicating a high level of awareness. Similarly, all most all caste/ethnicity perception regarding menstruation considered as natural and biological process.

Table 5

Sources of knowledge about menstruation in terms of caste/ethnicity

Sources of Knowledge	Brahmin (n = 70)	Kshetri (n = 163)	Janajati (n = 255)	Dalit (n = 48)	Madhesi (n = 28)	Total (n = 565)
Mother	51(72.8%)	119(73.0%)	197(77.3%)	34(70.8%)	23(82.1%)	424(75.0%)
Sister	28(40.6%)	79 (48.5%)	107(42.0%)	24(50.0%)	6 (21.4%)	244 (43.2%)
Grandmother	7 (10.1%)	21 (12.9%)	43 (16.9%)	10 (20.8%)	2 (7.1%)	83 (14.7%)
Friend	12 (17.4%)	33 (20.2%)	99 (38.8%)	19 (39.6%)	6 (21.4%)	169 (29.9%)
Teacher	19 (27.5%)	40 (24.5%)	131 (51.4%)	22 (45.8%)	10 (35.7%)	222 (39.3%)
Social media	8 (11.6%)	15 (9.2%)	55 (21.6%)	11 (22.9%)	2 (7.1%)	91 (16.1%)
Book and Newspaper	8 (11.6%)	20 (12.3%)	52 (20.4%)	12 (25.0%)	3 (10.7%)	95 (16%)

The table 5 presents the sources of knowledge about menstruation categorized by caste/ethnicity: Brahmin, Kshetri, Janajati, Dalit, and Madhesi. Table shows the sources of knowledge according of adolescent girls by their case/ethnicity. The data indicates that sources of knowledge regarding menstruation, with total of 424 individuals. Overall, data indicates mothers are the main source of menstrual knowledge across all caste/ethnicity. Similarly, sisters are the second major source of knowledge, especially for Kshetri (49.1%) and Dalit (50%) girls. Likewise, teachers also play a significant role, particularly among Janajati (51.4%) and Dalit (45.8%) respondents. Friends and grandmothers contribute moderately, while social media and books/newspapers are relatively fewer common sources of knowledge. This indicates that menstrual information is mainly shared within the family and supported by teachers and peers, with limited influence from media and print sources.

Results and Discussion

Findings of this study reveals timely menstrual knowledge and awareness among respondents determined by their socio-cultural norms, family backgrounds with various communities. This findings similar with (Adhikari, 2025; Farage et al.,

2014), who also highlights that social cultural and family background play crucial role in shaping menstrual understanding among adolescent girls. These different reflect the influence of social-cultural norms, religious values and caste-based practices that govern perception of menstruation. In this regards, socio-cultural beliefs and taboos limit open communication and prevent girls from accessing accurate menstrual information. Moreover, study reported parents like, mothers are primary sources of knowledge and information. These findings similar with the scholars of Kaur et al. (2018), Upadhya (2024); they explored that the key role of mother and her education regarding menstrual knowledge positively influences their daughter's understanding on accurate information and hygienic practices.

Among Hindus, the majority of respondents (44.29%) reported learned about menstruation knowledge before the age of 10, while the majority (55%) gained knowledge between the ages 10–12, only a very smaller proportion (0.7%) became aware about menstruation only after the age of 15 years. The data indicate that a similar pattern is observed among Buddhist and Christian respondents. Among Buddhist, (60.3%) learned about menstrual knowledge between the age of 10 to 12 years, while (36.2%) aware about menstruation before the age of 10 years. Likewise, (60.5%) respondents of Christian respondents learned about menstruation between the age of 10-12.

Present study found that, (51%) of respondents considered menstruation is a dirty bleeding phenomenon, and still, it is considered impure, shameful and restrictions. Similar observations have been reported in previous studies conducted in South Asian societies, where menstruation is still associated with impurity, shame, and restrictions (Farage et al., 2014; Schweizer et al., 2023).

Present study reported restrictive practices such as entering kitchen, touching male, cooking foods and participation socio-cultural and religious ceremony particularly in Brahmin and Kshetri and Hindu religion. Similar restrictive practices found in many studied conducted in Nepal and other south Asian countries (Evans & Alvarez, 2019; Paudel, 2023; Upadhya, 2024).

Conclusions

The researchers/authors in this study conclude that menstrual knowledge, awareness and practices are influenced by caste/ ethnicity religions and family backgrounds. The findings further include that, although menstruation is a natural and biological process, such concept on menstruation continues generation to generation to being deep-rooted socio-cultural taboos and religious beliefs. In many societies,

menstruation is viewed as impure or dirty activity and remains still prevalent. These kinds of beliefs contribute to harmful restrictions such as not entering the kitchen, restriction to cooking, and entering religious places and participant in social activities during menstruation.

The results also reveal that family members, especially mothers, are the primary sources of providing menstrual knowledge across all religious and caste groups. However, in many societies still menstruation is considered as deep-rooted –socio-cultural taboos, religious restriction and views as impure, shame leads to open discussion within families and communities still limit girls' understanding and confidence in managing menstruation hygienically.

In case of caste/ethnicity, Brahmin and Kshetri girls and women are facing more restrictions compared to other groups like Janajati, Dalit, and Madhesi groups. Similarly, in religious context, Hindu girls stated more restrictions compared to others religious groups during menstruation. So, study explores menstrual stigma remains common across all cultural and religious groups, reflecting the strong influence of socio-cultural norms, traditional beliefs and patriarchal norms on menstrual practices. Therefore, it is essential for improving awareness and menstrual based knowledge and proper education and awareness to promote open communication, supportive environments at home and in schools.

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References

Adhikari, S. U. (2023). Dignified menstruation and its importance. *Siddhartha journal of academics, 5*, 44_54. https://wms.edigitalnepal.com/wms/files/ws-file-manager-files/1751962070142_9748aed7-591b-4112-bb98-cf5d46be3559.pdf#page=48

Adhikari, S. U. (2024). Menstrual hygiene and sanitation practices among female college students in Surkhet. *Pragyaratna, 6*. https://doi.org/10.3126/pragyaratna.v6i2.70583

Adhikari, S. U. (2025). Menstrual health: Family support and household practices among bachelor level female students. *KMC Journal, 7*(1), 325_340. https://

doi.org/10.3126/kmcj.v7i1.75158

Bagale, K. B. (2020). Is menstruation still a dark side of the society in 21th century in Nepal? *Siddhajyoti interdisciplinary journal, 1*. file:///C:/Users/Hp/Documents/My%20EndNote%20Library.Data/PDF/3611203323/101820.pdf

Dasgupta, A., & Sarkar, M. (2008). Menstrual Hygiene: How Hygienic is the Adolescent Girl? *, 33*(2). https://journals.lww.com/ijcm/_layouts/15/oaks.journals/downloadpdf.aspx?an=00659070-200833020-00004

Dhakal, A., & Rana, A. (2023). *The empowerment of Nepalese women through employment* Centria University of Applied Sciences]Global.

Eijk, A. M. v., Sivakami, M., Thakkar, M. B., Bauman, A., Laserson, K. F., Coates, S., & Phillips-Howard, P. A. (2016). Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. *British Medical Journal Open*. https://bmjopen.bmj.com/content/bmjopen/6/3/e010290.full.pdf

Evans, R., & Alvarez, V. B. (2019). *Nepal's menstrual movement: How 'menstruaction' is making life better for girls and women in Nepal month after month*. GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). https://www.giz.de/en/downloads/giz2019-en-nepals-menstrual-movement.pdf

Farage, A. M., Miller, W. K., & Davis, A. (2014). Cultural aspects of menstruation and menstrual hygiene in adolescents. *6*. https://doi.org/10.1586/eog.11.1

Ibrahim, I. (2021). *Autism spectrum disorder, premenstrual symptoms, and premenstrual dysphoric disorder* [Doctor of Philosophy, California Southern University]Global.

Josephine, O. (2018). *The effect of menstruation on academic performance of high school girls: A case study on human dignity in Migori County, Kenya* Strathmore University]. https://su-plus.strathmore.edu/server/api/core/bitstreams/d2d475db-3fa0-4403-a26e-508b213b9158/content

Kaur, R., Kaur, K., & Kaur, R. (2018). Menstrual hygiene, management, and waste disposal: Practices and challenges faced by girls/women of developing countries. *Journal of environmental and public health, 2018*. https://doi.org/10.1155/2018/1730964

Lalhlimawmi, K., Lalrinzuali, F., & Vanlaldinpuia. (2023). A study of parental support among high school students *Mizoram Educational Journal: A national refereed journal), 9*, 1-12. http://mizedujournal.com/images/resources/v9/n3-4/v9n3-4.pdf#page=65

Mandal, K. C. (2023). Concept and types of women empowerment. *International forum of teaching and studies, 9*(2).

Paudel, R. (2023). *Menstrual discrimination and its impact on decent work: menstrual discrimination throughout a lifetime*. Research Gate, . https://www.researchgate.net/profile/Radha-Paudel-No/publication/372404574_Menstrual_Discrimination_and_its_Impact_on_Decent_Work/links/64b4bf30c41fb852dd7b799c/Menstrual-Discrimination-and-its-Impact-on-Decent-Work.pdf

Plan International United Kingdom. (2018). *Break the barriers: Girls' experiences of menstruation in the UK*

Plan International. https://plan-uk.org/file/plan-uk-break-the-barriers-report-032018pdf/download?token=Fs-HYP3v

Sahu, G., & Wani, M. A. (2022). Influence of Parenting style on anxiety and anger during menstruation cycle among teenage girls. *Journal of Positive School Psychology, 6*(4). file:///C:/Users/Hp/Downloads/1.+3760+-+3772+(10060_Final_Journal+of+positive+School+psychology).pdf

Schweizer, C., Böhm, M., & Paudel, R. How menstrual discrimination is approached by menstrual movements in the global north and the global south. https://dignifiedmenstruation.org/wp-content/uploads/2022/11/Menstrual-Movement_-Global-Mapping.pdf

Shah, S. F., Punjan, i. S., Rizvi, S. N., Sheikh, S. S., & Jan, R. (2023). Knowledge, attitudes, and practices regarding menstrual hygiene among girls in Ghizer, Gilgit, Pakistan. *International Journal of Environmental Research and Public Health, 20*(6424). https://doi.org/10.3390/ijerph20146424

Sultan, S., & Sahu, D. S. (2017). Knowledge, attitude and practices about menstruation and related problems in adolescent girls. *6*(12), 5235_5240. https://doi.org/10.18203/2320-1770.ijrcog20175088

Therese, M., & Fernandes, M. (2010). *Menstrual hygiene in South Asia: A neglected issue for WASH (water, sanitation and hygiene) programmes* A

WaterAid report. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/menstrual%20hygiene%20south%20asia_0.pdf

Upadhya, S. (2024). Parental behaviors during menstruation among female students. *Pragyaratna, 6*(1), 167_176. https://nepjol.info/index.php/pragyaratna/article/view/64549/48938