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It is a pleasure to conduct and bring the report of the study entitled “Status of Menstrual Hygiene Management among Adolescent Girls of Nepal” in collaboration with World Vision International Nepal. This research was conducted to assess the knowledge, attitude, practice, psychosocial well-being and menstrual needs of adolescent girls in Nepal.

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Dr. Pradip Gyanwali

Executive Chief (Member-Secretary), NHRC

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# Acronyms

AHW Auxiliary Health Worker

ANM Auxiliary Nurse Midwife

CMA Community Medicine Assistant

CREHPA Center for Research on Environment Health and Population Activities

FCHV Female Community Health Volunteer

FGD Focus Group Discussion

GIZ The Deutsche Gesellschaft fur International Zusammenarbeit

GNI Good Neighbors International

HA Health Assistant

IDI In-depth Interview

INGOs International Non-Governmental Organization

KII Key Informant Interview

MHM Menstrual Health and Hygiene Management

NGOs Non-Governmental Organization

WASH Water, Sanitation and Hygiene

WVIN World Vision International Nepal

# Executive Summary

Menstrual taboos are common in many low- and middle-income countries (LMICs) including Nepal. Such taboos can have direct negative impacts on psychosocial/mental health contributing to poor Menstrual Hygiene Management (MHM), which in turn leads to further negative health outcomes among girls and women. Studies have reported a wide range of negative effects from poor MHM, including shame, fear, anxiety, loneliness, and psychological distress. While a number of efforts to address adolescent issues have been initiated, there is a significant lack of data on adolescents in Nepal that are essential for programs to be properly targeted, be based on robust needs assessments, and for them to reach their intended beneficiaries and achieve desired outcomes. Only very few data sources in Nepal exist that focus on adolescents exclusively, and very few delve into the nuanced aspects of adolescent lives that can address the complex vulnerabilities they face.

Recognizing these gaps in understandings, and with the support from World Vision International Nepal, the Nepal Health Research Council has undertaken a study that aims to assess knowledge, attitude and practice on menstrual hygiene, and identify negative mental health and psychosocial consequences of poor menstrual hygiene among adolescent girls (including differently-abled adolescent girls) in Nepal and make evidence-based recommendations for actions.

**Methods:** This study adopted a mixed method design that included a population-based national representative survey of 3495 adolescent girls aged 10-19 years who had experienced their menarche by using two-staged cluster sampling. Purposively selected key informant interviews (KII) with community leaders, teachers, health coordinator and political leaders, member of school management committee of school, focus group discussion (FGD) among adolescent mothers, out-of-school adolescent girls and school going adolescent girl and in-depth interviews (IDI) with differently able adolescent girl to identify their menstrual needs.

The enumerators conducted FGDs, IDIs, and KIIs among participants to obtain relevant information regarding menstrual needs. The samples were taken until no new information or themes emerged i.e. the point of saturation was met.

Data was entered into Epi-Data version 3.1. Data cleaning and editing were done subsequently after entry and descriptive statistical analysis (frequency and percentage) and cross-tabulation where necessary were done using statistical package for social sciences (SPSS) version 21.0 and data were weighted to ensure actual representativeness of the survey and descriptive analysis was carried out.

For qualitative analysis, data from the IDI, KII and FGDs was simultaneously translated and transcribed into English. Then accurate data was segmented manually using Ms-Word and Ms-Excel. Thus, results were generated through thematic analysis.

**Background characteristics:** Among total 3,495 adolescent girls who participated in this study, majority 47.5% were from upper caste groups and 0.9% from religious minorities. 84.7% were Hindu 1.1% were Muslims. The mean age of the participants were 14.53. Fifteen participants were found to be married. The mean age of menarche was 12.79 years (minimum 10 years and maximum 16 years).

**Knowledge regarding menstruation:** Three quarter (71.7%) of the adolescent girls knew about menarche before its onset, with one quarter (28.3%) who had “no idea” about menstruation. This knowledge was found to be highest (88.9%) in Province 1 and lowest (47.4%) in Sudurpaschim province. Nearly half of the participants felt menstruation as a normal healthy process and bad blood being shed while very few also associated menstruation with illnesses, curse and supernatural reasons. Half (50%) of the adolescent girls were unaware of the physiology of menstruation that sets the stage for pregnancy. However, 22 % of the girls knew that there are certain days between two menstruation cycle when one can get pregnant under circumstances of ovulation and fertilization.

Mother, elder sister and friend were the major source of information with regard to both knowledge and guidance both before and after menarche, while books and media (radio and television) provided least information.

**Perception and practices :** Thirty six percent of the girls experienced “feeling scared” at their first menstruation. Restrictions during menstruation were highest with regard to religious activities (79.1%), followed by restrictions in household chores (51.9%), social activities (46.1%) and personal activities (36.95 %). The reasons that adolescent girls follow restrictions is because of family obligations (31.9%), felling unwell (22.3%), feeling restrictions are right (17.3%) and fearing divine retribution (16.6%). Again, mothers were the first person who suggested girls to follow restrictions, followed by grandparents and fathers.

Given that there were no restrictions during menstruation, more than 90% adolescent girls preferred to continue personal activities (take a bath, sleep in their same room, eat dairy products) while the least preferred was to engage in religious activities. Similarly, one third (38.4%) had talked or done anything against restrictions at home and nearly one quarter (21.2%) had talked or done anything against restrictions in the community.

**Practice of *Chaupadi:*** *Chaupadi* is practiced by 8.7% of adolescent girls in three provinces: Province 5 (0.9%), Karnali (20.5%) and Sudurpaschim (47.7%). The major reason behind the practice is family obligations (70.8%), fearing divine retribution (13.7%) and don’t know (11.8%). Three quarter of the girls (74.3%) of girls think *chaupadi* is bad practice and one tenth (9.4%) feel anxious about it. 83.9% of all girls think it is not necessary to practice *chaupadi*, but interestingly 22.5% of girls in Sudurpaschim thinks it is necessary.

**Menstrual hygiene management practices:** Half (51.2%) of all girls use disposable sanitary materials, followed by reusable sanitary materials (37.7%). Majority (65%) were happy with the current use of sanitary material, while one fifth (20.9%) would prefer a different material given the option. Majority (42.6%) changed sanitary material three times or more per day, 39.7% changed twice a day and 11.9% once a day. At home, 92.9% was able to change sanitary materials as often as necessary at home. At school only 55.2% were able to change sanitary materials and three major reasons for not being able to change were: unavailability of disposal mechanism (29.1%), embarrassed (25.9%), not enough material (23.9%).

Almost half of the girls (46.6%) had access to toilets for cleaning purpose, 37.7% went to well/taps and 15.6% went to river/ponds. 93.7% had access to soap for washing and it was almost similar across all provinces. 92% washed and dried sanitary materials in sunlight but away from others view. Half (54.1%) of the girls took a bath daily. 60.5% girls could easily access washing place (<15 mins) while 1.8 % had to walk more than one hour. Disposal mechanism of used sanitary materials was mostly burying and burning. Place for changing sanitary materials were toilets followed by bed room. Majority of girls stated that the place for changing are clean, private and safe.

One quarter (26.7%) girls missed school over the last 12 months with dysmenorrhea and heavy bleeding/fear of leakage being the major causes.

**Psychosocial impact:** Secrecy and shame was scored on a scale of 0-33 and the average mean score was 14. Half of the girls (45.2%) related menstruation to high secrecy and shame. Annoyance was scored on a scale of 0-36 and the mean score was 19. 45.4% experienced high levels of annoyance. Menstrual stress was scored on a scale of 0-32, and the average mean score was 10. 42.5% experienced high menstrual stress. Menstrual self-efficacy was scored on a scale of 0-27 and the average mean score was 6. 42% experienced low self-efficacy.

**Menstruation from differently able perspective:** Experiences of differently-abled girls varied with the nature of their impairment. Major challenges were not having access to disposable sanitary materials, difficulties in disposal mechanisms, reliance on immediate female family members for changing sanitary material, reliance on female family member to oblige *chaupadi* and also absence of disable friendly WASH facilities outside home resulting in them staying home during menstruation.

However, depending on the nature of impairment, not everyone required the same type of external support. The general needs of differently abled adolescent girls were to have access to disposable sanitary materials, disable friendly disposal mechanisms, disable friendly WASH facilities in school, distribution of free pads from government and care and support both at home and school.

**Conclusion:** Adolescent girls’ knowledge around menstruation is inadequate as one quarter are unware about menstruation before menarche and one half are unaware of the link between menstruation and pregnancy. This may have direct implications on the level of reproductive health knowledge among adolescent girls and subsequent reproductive health programs. Adolescent girls continue to face restrictions during menstruation ranging from restrictions in religious activities, issues of touchability to food consumption. Mothers are the primary source of information and guide for menstrual management as well as major bearers to continue restrictions during menstruation. *Chaupadi* continues to be practiced in three of seven provinces with Sudurpaschim practicing most. Three fourth of adolescent girls know *chaupadi* is bad but cultural practice is deep rooted.

Menstruation management among adolescent girls were found to be good: majority had access to disposable sanitary materials, half of the girls were able to change pads thrice or more per day, more than 90% had access to soap for washing and was able to dry menstrual materials, majority had a safe and private place to change. However, home was more comfortable place for menstruation management compared to schools. One quarter of girls missed school due to menstruation related issues.

Menstrual needs of differently abled adolescent girls is largely neglected. Their needs are related to availability of menstrual material and disable friendly WASH beyond home. Their needs are largely fulfilled within household only. Majority of girls felt sacred during their first menstruation. Almost half of the girls experienced high menstrual stress, high annoyance and low self-efficacy.

**Recommendation:** School education and MHM programs should focus on educating adolescents about physiology of menstruation and the linkage to reproductive health. Restriction around menstruation is deep rooted and therefore should engage primary bearers and influencers including mothers and grandparents to change malpractices including *chaupadi*. Schools need to ensure an enabling environment for menstruation management including; access to gender friendly toilets, access to water and soap, access to menstrual materials, proper disposal mechanisms and pain management in order to reduce absenteeism. Menstrual needs of differently abled girls should be addressed at all levels including household, community, public places and schools. Given the high levels of menstrual stress, support mechanisms should be provided to adolescent girls at community and schools.

# Background

Globally, there are about 350 million adolescents and the South East Asia Region (SEAR) comprises about 22% of the population ([1](#_heading=h.45jfvxd)). Adolescence (10-19 years) is a period of transition from childhood to adulthood, characterized by rapid pubertal maturation, starting of menstruation in girls, and a wide range of social, emotional and behavioral changes. This transition from childhood to adulthood may provide opportunities for their development but at the same time, it poses risks to their health and well-being ([2](#_heading=h.2koq656)). Adolescent girls in low-income countries do not start healthy adolescence because menstruation, although a normal part of the growing process, is considered taboo and rarely discussed. Adolescents make 24% of the total population in Nepal ([3](#_heading=h.zu0gcz)). Adolescent girls in Nepal face many sexual and reproductive health problems and challenges ([3](#_heading=h.zu0gcz), [4](#_heading=h.3jtnz0s)). Many adolescent girls in Nepal lack hygienic sanitary materials and disposal options, access to a safe place to change sanitary cloths or pads, and clean water to wash their hands and are scared that classmates will notice that they are menstruating ([5](#_heading=h.1yyy98l)). Lack of access to education on sexual health, reproductive health, or menstrual health restrict them from effectively managing their menstrual hygiene and dramatically affect their education, physical health, psychological well- being, and general quality of life ([6](#_heading=h.4iylrwe)).

Adding to this, social and cultural norms around menstruation, including the practice of *Chhaupadi* in Nepal, do not allow girls the best start toward adolescence and in some cases, even as an indirect cause for mortality. *Chhaupadi* is a traditional practice, prevalent in mid and far western regions of Nepal, whereby, menstruating girls and women during their menstruation days, live outside their houses, preferable in a small hut, as menstruation is considered impure. The word *chaupadi* is said to have derived from the local raute dialect in Acham district where *chau* means menstruation and *padi* means women (7). Poor menstrual health and hygiene management (MHM) in schools has been shown to worry and humiliate adolescent girls and contribute to monthly absenteeism resulting in them missing classes and dropping out of school when they have their periods ([8](#_heading=h.2y3w247)).

The experience of differently-abled women and girls concerning menstruation may be different and more negative ([9](#_heading=h.1d96cc0)). Adolescents with disabilities are more likely to have menstrual problems than the general population and managing the problems is restricted due to the existence of co-morbidities ([10](#_heading=h.3x8tuzt)). However, there is limited evidence identified on the requirements of disabled people in managing their menstruation ([11](#_heading=h.2ce457m)).

Rationale/Justification

The first-ever consultative workshop on menstrual health, co-hosted by GiZ in December 2018 in Kathmandu, also urged for a multi-sectoral, evidence-based collaboration on menstrual health management by positioning it as a holistic health and rights issue. In the past few years in Nepal, there have been concerted efforts both from government and non-government sectors to improve menstrual hygiene through multi-sectorial efforts in education and awareness programs and WASH (water sanitation and hygiene) in schools.

The Water Supply, Sanitation and Hygiene Sector Development Plan (2016-2030) and School Sector Development Plan (2016 - 2030), and WASH in school Operational Guideline 2018 addresses MHM but national plans and policies that include MHM as a major component are in draft versions and yet to be endorsed by the Government. Typically, MHM is included as a soft component of WASH programs and does not receive adequate attention. There are 28 organizations including UN agencies, INGOs and NGOs have worked in MHM for the last few years but interventions have been scattered, unaccounted for and focused mainly on awareness-raising, sanitary pad making, and WASH components([6](#_heading=h.4iylrwe)).

Evidence-based research around MHM is very limited not only in Nepal but also in the global context. There is a substantial knowledge gap around the social construct of menstruation, adolescent girl's health, the efficacy of environmental infrastructure, hygiene products, school-based programming, and advocacy ([11](#_heading=h.rjefff)). With the context of the secular state of Nepal, the need for the differently-abled must be focused but local authorities have no concern and priorities on differently-abled girls ([12](#_heading=h.3bj1y38)). Given this background, World Vision International Nepal has received funding from the Accelerator Fund, which was used to undertake this research in MHM in Nepal. The research explores the social determinants of menstrual health of adolescent girls and the efficacy of existing MHM interventions to assist relevant stakeholders in informed policymaking. In addition, this research helps in fulfilling the knowledge gap regarding the menstruation as well as assessing the psychosocial well-being of adolescent girls. Moreover, the research aims to identify the menstrual needs of vulnerable group’s especially differently abled adolescent girls and out-of-school adolescent girls.

# Objectives

General Objectives

The general objective of this study is to assess the status of menstrual health and hygiene management among adolescent girls in Nepal.

Specific Objectives

* To explore social determinants of menstrual health that contribute to adolescent girls’ well-being (desk review)
* To assess the knowledge, attitude and practice of adolescent girls regarding menstrual hygiene
* To assess the psychosocial well-being related to menstrual health of adolescent girls
* To assess menstrual health needs of adolescent girls with special needs particularly, differently abled adolescent girls, adolescent mothers and out-of-school adolescent girl

# Methods

A mixed-methods study was conducted combining qualitative and quantitative methods.

**Quantitative method**

A cross-sectional study design was carried out to assess the knowledge, attitude and practices (KAP) and psychosocial well-being of adolescent girls regarding menstrual hygiene. Questionnaire was adopted from a study jointly carried out by the Center for Research on Environment Health and Population Activities (CREHPA) and University of Bath, UK. CREHPA and University of Bath’s study was adopted from designed by Save the Children project to measure the impact of different MHM practices in Nepal. This questionnaire includes the knowledge and perception, practice, belief and attitudes, psychosocial scales regarding menstruation.

**Qualitative method**

A qualitative study was carried out to identify the menstrual needs of differenty abled adolescent girls, adolescent mothers, school-going adolescent girls and out- of- school adolescent girls. In-depth-interview was also conducted among differently abled adolescent girls. Focused group discussion (FGD) was held among the school going adolescent girls and adolescent girls who dropped out of school. In addition, Key Informant Interview (KII) was conducted among community leaders, teachers, health workers, and members of the school management committee for identifying the needs of adolescent girls for their safe and healthy menstrual health and hygiene management.

## Sample Size

Studies have shown that the prevalence of psychosocial problems among adolescents ranges from 13 percent to 45 percent in different parts of the world ([13](#_heading=h.1qoc8b1), [14](#_heading=h.4anzqyu)). In Nepal, it has been found from a range of 17 percent to 30 percent ([15](#_heading=h.2pta16n), [16](#_heading=h.14ykbeg)). Therefore, the sample size for this cross-sectional survey was calculated considering the prevalence of psychosocial problems among adolescents (P) to be 30%, (16) allowable error (L) to be 5% and Z value to be 1.96 and design effect of 1.5. Using the formula and adding 5% non-response this gave a sample size of 340, the sample size per province was 510 and a total sample size across the country was 3570. With a plan to consider 35 participants from each selected primary sampling unit (PSU). 15 schools per province were selected randomly which gave a total of 105 PSUs in each province. Therefore, a total sample size of 525 in each province and 3675 across the country was considered to be taken for this study.

But data enumerators could not reach the three schools of three (Doti, Humla, Kalikot, districts because of the road track blocked by heavy snowfall, So, 105 adolescent girls were excluded from the three districts. Hence 3570 was the total sample size for the study out of which 2.1 percent non-response rate was excluded from the estimated sample size. Therefore, a total of 3495 participants across the country were taken as the total sample size of this study.

We purposively conducted 12 FGDs among school-going adolescent girls, 12 FGDs among out-of-school adolescent girls, married adolescent girls, adolescents’ mothers to explore their need regarding menstruation. Also, we conducted 14 IDI among differently abled adolescent girls and 28 KII among community leaders, teachers, health workers, and members of the school management committee to identify menstrual needs of vulnerable group’s especially disabled adolescent girls and out of school adolescent girls. Data saturation was the marker of sample adequacy for qualitative study.

**Study Population**

Study population included adolescent girls between the age of 10-19 years and who had experienced their first menstruation at the time of study.

**Study Site**

This study was carried out in all seven provinces (Province 1, Province 2, Bagmati, Gandaki, province 5, Karnali and Sudurpaschim) of Nepal.

**Sampling Unit**

Schools were considered the primary sampling units and from each PSU’s the adolescent girls of 10-19 years were chosen.

## Sampling Technique

Two stage sampling design was used in this study. In the first stage, a list of schools (PSUs) having higher education from each province was obtained. Fifteen schools from the list were randomly selected. In each school, a list of adolescent girls aged 10-19 years who had their menstruation already started was prepared. Then, the required number of participant’s i.e.35 from the school was further randomly selected.

Adolescent girls with disability, adolescent mothers and adolescent girls out-of-school were identified in all provinces. We coordinated with rural municipalities/municipalities and FCHV to identify differently abled adolescents. We included adolescent girls having any form of disability and define them as differently abled and only after assuring their disability card provided by the Government of Nepal. Through purposive sampling, in-depth interview was conducted among differently abled adolescent girls and focused group discussion was carried out among the school going and out of school adolescent girls. Similarly, we also conducted Key Informant Interviews with the community leaders, teachers, for identifying the needs of adolescent girls by coordinating with the Rural Municipality/Municipality and school committee members. The sample for the In-Depth Interview and Focused Group Discussion was taken in the same district and same school where quantitative study was conducted. In each district, the samples were taken until the point of the saturation was met.

## Data collection tools and techniques

Adopted version MR-SSS tool for the context of Nepal developed by Save the Children was used to assess the knowledge, attitude and practice and psychosocial well-being of the adolescents. Quantitative data was collected using structured questionnaires comprising socio-demographic characteristics, knowledge, attitudes, practice and psychosocial well-being related to menstrual health of the adolescent girls aged 10-19 years in all the seven provinces of Nepal. The data enumerators carried out data collection process in two phases (Day 1 and Day 2). After receiving, the written informed consent from their parents for adolescent girls below 18 years of age in Day 1, questionnaires were used to collect the information in day 2. The instrument for the data collection procedure was a self-administered questionnaire.

The method of qualitative data collection was in-depth interviews, key informant interviews and focused group discussion. Interview and FGD conducted by female interviewers, who are public health graduates and nursing professionals who were oriented on both quantitative and qualitative questions before the data collection by the research team. The interviews and focused group discussion were based on guideline related to the menstrual need of the differently abled adolescent girls, out of school adolescent girls, adolescent mother (accessibility and availability of sanitation facilities, availability of medicine, cultural barrier, activities and program in their community and school related to menstruation, problems faced during menstruation and so on). The guideline of qualitative was finalized in English and then translated into Nepali with help of experts before the data collection. The interviews/FGD was conducted in Nepali language. The average duration of interview and focused group discussion was 60 minutes. FGD, IDI and KII were recorded using a digital voice recorder.

## Validity and Reliability of tools

Pretesting of the questionnaire was conducted after the ethical approval from NHRC to assure the reliability and validity of the tool among 150 adolescent girls who had attained menarche from the school of Kathmandu.

## Data Management and Analysis

After completion of data collection, questionnaires were checked for consistency and completeness. Data was entered into Epi-Data version 3.1 defining range values, legal values and skip patterns and it was transferred to statistical package for social sciences (SPSS) version 21.0 data were weighted to ensure actual representativeness of the survey and descriptive analysis was carried out.

Data from the IDI, KII and FGDs were simultaneously translated and transcribed into English by the field enumerators who conducted the interviews. The transcriptions were re-read by listening to the audio and checked for accuracy by the research officers. Then, few interviews were sent to the two researchers for ensuring the accuracy of the transcripts. Any inaccuracies found were discussed between the researchers and the research team to understand the root of the differences. Data were arranged using Ms-Word and Ms-Excel. The research team and qualitative expert independently read the data carefully and segmented the data. Meaningful segments were coded manually by each researcher according to seven provinces and discussed in between the expertise and the researcher. Continual comparison of developed themes, concepts, and code within the research team was done. Several levels of data analysis were conducted, including data description, category construction and thematic coding. Thus, results were generated through thematic analysis.

## Ethical Consideration

Ethical approval to conduct the study was obtained from the Nepal Health Research Council (NHRC) Ethical Review Board (ERB). In addition, we obtained formal permissions from the concerned authorities in the districts, municipalities, VDCs and wards for our study whenever relevant. The study objectives, methods, risks and benefits, need of this study, expected outcome of this research were well explained to all the adolescent girls with the assurance of confidentiality. Before administration the questionnaire, we receive informed written consent from the adolescent girls. But among the girls under 18 years old, written consent was taken from their parents. Also, all selected participants were given a choice to fill the questionnaires themselves and by respecting the rights of participants to withdraw from the study at any point in time, they were allowed to leave anytime if they wish.

# Findings

## Section I: Socio-demographic profile of study participants

Table 1: Ethnicity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Ethnicity n (%)**  **n=3495** | | | | | | **Total** |
| **Dalit** | **Disadvantage janajatis** | **Disadvantage non dalit terai Caste** | **Religious minorities** | **Relatively advantaged janajatis** | **Upper caste groups** |
| Province 1 | 31(5.9) | 51(9.8) | 32(6.1) | 7(1.3) | 213(40.8) | 188(36) | 522 |
| Province 2 | 35(7.5) | 87(18.7) | 128(27.5) | 16(3.4) | 17(3.7) | 182(39.1) | 465 |
| Bagmati | 41(7.9) | 36(6.9) | 18(3.5) | 3(0.6) | 210(40.3) | 213(40.9) | 521 |
| Gandaki | 128(24.7) | 9(1.7) | 3(0.6) | 3(0.6) | 167(32.2) | 208(40.2) | 518 |
| Province 5 | 59(10.9) | 60(11.0) | 39(7.2) | 2(0.4) | 76(14.0) | 307(56.5) | 543 |
| Karnali | 117(26.1) | 11(2.4) | 11(2.4) | 0 | 77(17.1) | 233(51.9) | 449 |
| Sudurpaschim | 79(16.6) | 27(5.7) | 32(6.7) | 0 | 9(1.9) | 330(69.2) | 477 |
| ***Total*** | ***490(14.0)*** | ***281(8.0)*** | ***263(7.5)*** | ***31(0.9)*** | ***769(22.0)*** | ***1661(47.5)*** | ***3495(100)*** |

As shown in the Table 1, the majority of adolescent girls were from upper caste groups and very few were from religious minorities in each seven provinces. Adolescent girls belonging to Dalit caste were seen more in Karnali Province. Likewise, disadvantaged non-Dalit terai caste groups were found high in province 2 accounting 128(27.5%). Most of the relatively advantaged janajatis belonged to province 1, 213(40.8%) and Bagmati province 210(40.3%).

Table 2: Religion

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Religion n (%)**  **n=3495** | | | | | **Total** |
| **Hindu** | **Buddhist** | **Christian** | **Kirat** | **Muslim** |
| Province 1 | 339(64.9) | 51(9.8) | 21(4.0) | 104(19.9) | 7(1.3) | 522 |
| Province 2 | 379(81.5) | 56(12.0) | 5(1.1) | 0 | 25(5.4) | 465 |
| Bagmati | 413(79.3) | 81(15.5) | 16(3.1) | 8(1.5) | 3(0.6) | 521 |
| Gandaki | 451(87.0) | 57(11.0) | 7(1.4) | 0 | 3(0.6) | 518 |
| Province 5 | 519(95.6) | 17(3.1) | 5(0.9) | 1(0.2) | 1(0.2) | 543 |
| Karnali | 393(87.5) | 32(7.1) | 24(5.3) | 0 | 0 | 449 |
| Sudurpaschim | 466(97.7) | 8(1.7) | 2(0.4) | 0 | 1(00.2) | 477 |
| ***Total*** | ***2960(84.7)*** | ***302(8.6)*** | ***80(2.3)*** | ***113(3.2)*** | ***40(1.1)*** | ***3495(100)*** |

Regarding religion of the study participants, 84.7% were Hindu and 1.1% Muslim.

Table 3: Educational Level

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** |  | **Current educational level n (%)**  **n=3495** | | **Total** |
| **Primary** | **Secondary** | **Higher secondary** |
| Province 1 | 66(12.6) | 432(82.8) | 24(4.6) | 522 |
| Province 2 | 14(3.0) | 451(97.0) | 0 | 465 |
| Bagmati | 9(1.7) | 459(88.1) | 53(10.2) | 521 |
| Gandaki | 8(1.5) | 487(94.0) | 23(4.4) | 518 |
| Province 5 | 16(2.9) | 480(88.4) | 47(8.7) | 543 |
| Karnali | 14(3.1) | 435(96.9) | 0 | 449 |
| Sudurpaschim | 15(3.1) | 399(83.6) | 63(13.2) | 477 |
| ***Total*** | ***142(4.1)*** | ***3143(89.9)*** | ***210(6.0)*** | ***3495(100)*** |

Education was classified into 3 levels. Primary level (1st-5th class), Secondary level (6th-10th class) and higher secondary (11th and 12th class).

Majorities 3143 (89.9%) of the girls belonged to the secondary level in all the seven provinces. Similarly, 210 (6%) girls were from higher secondary level. However, there were no participant completing higher secondary level in province 2 and Karnali province.

Table 4: Age distribution of the respondents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Province** | **Completed Age n (%)**  **n=3495** | | |  | **Total** |
| **Early adolescent** | **Mid adolescent** | **Late adolescent** | **Mean** |
| Province 1 | 325(62.30) | 182(34.9) | 15(2.9) | 14.20 | 522 |
| Province 2 | 233(50.1) | 223(48.0) | 9(1.9) | 14.46 | 465 |
| Bagmati | 261(50.1) | 238(45.7) | 22(4.2) | 14.60 | 521 |
| Gandaki | 337(65.1) | 170(32.8) | 11(2.1) | 13.96 | 518 |
| Province 5 | 207(38.1) | 298(54.9) | 38(7.0) | 14.93 | 543 |
| Karnali | 204(45.4) | 237(52.8) | 8(1.8) | 14.66 | 449 |
| Sudurpaschim | 200(41.9) | 251(52.6) | 26(5.5) | 14.90 | 477 |
| ***Total*** | ***1767(50.6)*** | ***1599(45.8)*** | ***129(3.7)*** | ***14.53*** | ***3495*** |

The age of the respondent girls is classified into 3 groups. 1. ‘Early adolescent’ which includes girls of 10-14 years aged. 2. ‘Mid adolescent’ including adolescent girls age 15-17 years and ‘late-adolescent’ includes girls of 18 and 19 years (18). The mean age was 14.53 with SD 1.54 and the minimum and maximum age of adolescent girls was 10 and 19 years respectively.

The majority of the adolescent girls from province 1, province 2, Bagmati province, Gandaki province belonged to the early adolescent group. Similarly, most of the participants from province 5, Karnali province and Sudurpaschim are from mid adolescent groups. Also, there were found few girls of the late aged group in each province however, most 38(7%) of them were from province 5 followed by girls of Sudurpaschim province 26(5.5%).

The mean age of menarche was 12.79 years; SD 1.09 and the minimum and maximum age were 10 years and 16 respectively. Adolescent girls having their first menstruation started at the age of 10 and 16 was found to be high in province 5 and Karnali province respectively.

## Section II: Knowledge and Perception regarding Menstruation

In this section, knowledge and perception regarding menstruation were assessed among the adolescent girls.

### Knowledge on menstruation before menarche

Table 5: Knowledge of menarche before its occurrence

|  |  |
| --- | --- |
| **Province** | **Knowledge of menarche before its occurrence n(%)**  **n=3495** |
| Province 1 | 461(88.9) |
| Province 2 | 267(56.7) |
| Bagmati | 399(73.9) |
| Gandaki | 370(78.5) |
| Province 5 | 453(84.1) |
| Karnali | 346(81.7) |
| Sudurpaschim | 236(47.4) |
| ***Total*** | ***2532(71.7)*** |

The quantitative findings revealed that out of total sample size (3495), majority of adolescent girls 2532(71.7%) had known about menstruation before menarche however 951(28%) of adolescent girls were still unaware about menstruation before experiencing it for the first time. Furthermore, the grid above explicit that majority of the girls 461(88.9%) from province 1, had knowledge on menarche before its occurrence while girls from the Sudurpaschim 236(47.4%), had least knowledge on menarche before its occurrence.

From all the interviews and focus group discussions, it was found that adolescent girl had little information and knowledge on the preparedness aspect of menstrual health and hygiene management. However, the adolescent girls had the curiosity to understand more about menstruation and its management. For example, one girl from Parbat district, Gandaki Province shared that,

*"I used to see elder sisters drying small clothes but didn't know why then later after sharing things I came to know it was used for blood management. My sisters used to share everything related to menstruation and used to tell me that I will understand everything even more clearly after I menstruate." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

Some of the adolescent girls revealed that they knew about menstruation only after they experienced it and further elaborated by saying that they will learn about it by themselves over time through their own experience during in-depth interviews and focus group discussions. One adolescent girl put it this way,

*"Menstruation was something that I suddenly knew about when I experienced it for the first time. I didn't know what to do when I menstruated. So, I didn't know about it earlier." (FGD, In School, Gulmi, An Adolescent Girl, Gandaki Province)*

*"No, I didn’t know anything about menstruation and hadn’t prepared for it." (FGD, Out of School, Rupandehi, An Adolescent Girl, Gandaki Province)*

This statement can serve as an example that the girls didn't have prior knowledge of preparedness measures for handling their periods. They only got the information after they started to menstruate.

From the IDI and FGDs, it seemed that adolescent girls had more information about menstrual restrictions rather than information on preparedness for menstruation. For instance, two of the FGD respondents from Taplejung shared similar responses where one of them said,

*"I didn’t have all the details about what to do or what not to do, but I had some general understanding about some restrictions from sisters and mother." (FGD, Out of School, Taplejung, An Adolescent Girl, Province 1)*

**Source of Information**

A total of 2532 adolescent girls mentioned the source of the information on the subject of menstruation they received before menarche.

Table 6: Source of information regarding menstruation before menarche

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Source of information regarding Menstruation before menarche n (%)**  **n=2532** | | | | | | | | | | | | | |
| **Mother** | **Elder sister** | **Elder sister in law** | | **Female relatives** | **Male relative** | **Friend** | **Teacher** | **Book/**  **health magazine** | **Health worker/**  **FCHV** | **Radio** | **TV** | **Internet** | **Mentor/young champion** |
| Province 1 | 375( 85.1) | 219(49.5) | 7(1.4) | 24(4.6) | | 1(0.2) | 237(47.0) | 98(17.2) | 17(3.1) | 16(3.3) | 22(3.9) | 21(4.8) | 7(3.4) | 1(0.3) |
| Province 2 | 194(69.6) | 91 (32.1) | 3(0.8) | | 5(1.1) | 1(0.3) | 67(22.9) | 57(18.3) | 6(2.3) | 8(2.2) | 3(0.6) | 8(1.2) | 1(0.1) | 0 (0.0) |
| Bagmati | 331(83.3) | 190(48.5) | 5(0.6) | | 17(4.1) | 1(0.4) | 158(40.0) | 125(28.7) | 35(9.7) | 47(17.3) | 30(9.7) | 45 (11.6) | 21(3.9) | 0 (0.0) |
| Gandaki | 326(89.3) | 204(58.6) | 1(0.1) | | 25(4.7) | 0(0.0) | 203(56.5) | 176(52.6) | 27(10.5) | 45(14.4) | 40(9.7) | 56(13.7) | 17(6.0) | 2(1.1) |
| Province 5 | 386(86.6) | 202(45.0) | 1(0.2) | | 24(4.0) | 1(0.0) | 201(48.7) | 108(26.8) | 27(6.1) | 41(6.9) | 29(7.0) | 25(7.6) | 9(1.5) | 1(0.2) |
| Karnali | 279(83.6) | 209(56.6) | 1(2.5) | | 34(10.4) | 4(1.7) | 201(56.8) | 96(29.7) | 18(4.5) | 35(8.1) | 91(25.6) | 56(13.9) | 15(2.5) | 3(0.6) |
| Sudurpaschim | 137(54.0) | 138(59.1) | 5(1.3) | | 7(3.5) | 2(1.1) | 100(47.5) | 43(19.2) | 8(4.5) | 12(4.2) | 26(13.7) | 12(7.3) | 2(1.0) | 1(0.4) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Table 5: Additional source of information regarding menstruation after menarche

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Additional source of information regarding Menstruation after menarche n (%)**  **n=3495** | | | | | | | | | | | | |
| **Mother** | **Elder sister** | **Elder sister in law** | **Female relatives** | **Male relatives** | **Friend** | **Teacher** | **Book/magazine/health magazine** | **Health worker/FCHV** | **Radio** | **TV** | **Internet** | **Mentor/ Young champions** |
| Province 1 | 349(78.9) | 236(56.8) | 4(2.7) | 54(12.0) | 4(1.2) | 286(57.8) | 204(44.6) | 62(16.0) | 51(11.6) | 39(10.0) | 37(10.6) | 20(6.5) | 5(3.2) |
| Province 2 | 203(74.1) | 83(32.0) | 11(3.2) | 5(1.0) | 3(1.6) | 87(31.9) | 106(37.9) | 37(14.3) | 12(3.4) | 5(1.6) | 11(3.1) | 2(0.3) | 1(0.2) |
| Bagmati | 319(73.9) | 182(44.0) | 3(0.6) | 35(8.1) | 11(2.5) | 174(43.7) | 176(42.4) | 54(13.6) | 69(21.2) | 30(8.0) | 43(11.9) | 41(9.5) | 5(0.4) |
| Gandaki | 344(83.2) | 234(56.1) | 5(0.6) | 39(11.7) | 6(1.3) | 262(59.5) | 192(50.7) | 49(13.7) | 72(19.4) | 52(12.7) | 59(16.3) | 19(7.9) | 3(1.8) |
| Province 5 | 327(74.7) | 182(41.4) | 3(0.8) | 51(9.6) | 5(1.1) | 225(49.3) | 137(29.9) | 86(20.1) | 38(7.7) | 48(10.8) | 27(6.2) | 32(8.8) | 1(0.2) |
| Karnali | 271(81.7) | 189(51.9) | 12(2.3) | 42(10.2) | 15(3.3) | 198(55.8) | 104(32.6) | 52(15.0) | 65(16.8) | 91(26.1) | 59(15.1) | 22(6.3) | 2(0.6) |
| Sudurpaschim | 192(46.2) | 192(52.5) | 14(3.5) | 45(12.8) | 3(1.0) | 194(51.4) | 84(27.8) | 40(12.5) | 42(14.9) | 50(11.1) | 23(7.8) | 10(2.9) | 4(1.0) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note Others (specification) not included in the table above)*

**Information received before menarche**

The major source of information was the mother in all the seven provinces. Yet, in Sudurpaschim province both the elder sister 138(59.1%) and the mother 137(54.0%) were found to meet the majority level. Moreover, the adolescent girls from Gandaki Province had received more information from their mothers 326(89.3 %) which was the highest compared to other provinces followed by the girls of Karnali province accounting to 279(83.6%).

Correspondingly, more than half of 201(56.8%) adolescent girls residing in Karnali province received the information from friends as well as from teachers 96(29.7%) and radio 91(25.6%). Likewise, in Sudurpaschim province, friends 100(47.5%) were also one of the major source of the information followed by the information from teachers 43(19.2%). In Bagmati province, majorities of adolescent girls 331(83.3%) obtained the information from their mothers, followed by elder sister 190 (48.5%), friends 158 (40.0%) and teachers 125 (28.7%).

Besides, all the total participants (3495) were further asked about the additional source of the information received after experiencing menarche.

**Information received after menarche**

Additionally, out of total respondents, almost 2770(79%) participants got additional information on menstruation since the time they first knew about it and the majorities of the girls in each province stated that they got information from their mother followed by friends except the girls of Bagmati province who received the information from elder sister. Also, girls receiving information from Radio and TV was seen high in Karnali province.

In qualitative findings, the majority of the adolescent girls shared that they mostly obtained the information regarding menstruation from their mothers, sisters, friends, schools and teachers and family members such as sisters-in-law. Information was mainly provided about the use of sanitary pad and the ritualistic practice in the form of restrictions on the activities like touching male, food items, etc. and also possible effects of her polluting touch and her impureness during menstruations.

*“I didn't know the exact reason why bleeding happens to everyone but I know which restrictions to follow and what to use when having periods from mother and sisters” (FGD, Out of School, Taplejung, An Adolescent Girl, Province 1)*

During FGDs and interviews, most adolescent girls commonly relied on their mothers and sisters for receiving information on menstruation. However, many of them revealed that they only got information when they had a period for the first time. In addition to that, they said that they didn’t get to know about menstruation in detail, before starting their first menstruation and learned about it through their own experience. Some of the adolescent girls even reported that all the information they received was not useful as they were about social restrictions associated with menstruation.

*"Our mothers are the one who usually educates us on the topic of menstruation. We have rarely heard of our fathers speaking on the same topic like our mothers” (FGD, Out of school, Taplejung, Adolescent Girls, Province 1)*

This statement supports that adolescent girls hugely relied on their mothers for the information. However, one of the respondents from Chitwan stated in a different way where she said that*,*

*"At first menstruation, my father taught me about this and later on I got to know about it from my teachers."(FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

Some of the research participants reported that they did not receive adequate information on menstruation when they were being educated on the topic. This may be attributed to the inability of the adults such as parents and teachers in educating their children and students to discuss the menstruation openly as well as by being more expressive and explanatory while discussing on the subject of menstruation.

*"We didn't get enough information about menstruation in school. A male teacher taught us about it but he didn't teach openly. He told us to study it by ourselves and taught us other things. We had to study along with the boys in the class. So, we felt a bit shy. I was interested to understand more about menstruation so I used to study at home when I was alone. My friends used to tease me when I studied it at school."* (*IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

Similarly, some girls from different provinces felt uncomfortable talking openly about the information by fear of this patriarchal society.

*"I think the information that we got about menstruation was not adequate. Some of the girls still cannot talk about it confidently due to which they can't stop being embarrassed when talking about it."(FGD, In School, Lalitpur, An Adolescent Girl, Bagmati Province)*

Some adolescent girls stated that they got the information through other mediums such as television, internet, radio and books/textbooks. Very few of them said the sources of information were their grandmother, aunts, neighbors, health care providers, FCHVs and community activities like gathering and awareness programs.

*"I stay at a hostel so I discuss menstruation with a lot of my friends. My menstruation is not so regular. Sometimes I discuss and even think that it would have been better if I could discuss or get some suggestions from the doctors. Also, there is a website called khulduli.com that conducts a program named 'Meri Sathi', I take help from it too."* (*IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“Firstly, I got information from friends and then from a school health book."* (*FGD, Out of School, Achham, An Adolescent Girl, Sudurpaschim Province*)

*"FCHV of our village shared informative knowledge about menstruation for adolescent girls." (FGD, Out of School, Dang, Adolescent Girls, Gandaki Province)*

The FGD respondents from the Parbat and Kailali district reported having information on menstruation through the activities conducted by an organization named 'Good Neighbors International'. They shared that they had gained enough information about menstruation such as the use of sanitary products, the importance of maintaining menstrual hygiene, discomfort management, how to make reusable clothes pad at home, etc. They further elaborated on how the organization conducted awareness sessions and programs at their school about menstrual health and hygiene management. Similarly, some girls also get benefit in learning about menstruation from the Nepal Red Cross society.

*"Staff from an organization 'good neighbors' came to our school either every six months or once a year to provide us knowledge regarding menstruation. They told us to change pads every 6 hours and to use soft clothes in case someone uses clothes during menstruation." (FGD, Out of School, Parbat, Adolescent Girls, Gandaki Province)*

*"Good Neighbors International taught us about menstrual hygiene, how to use a pad, how to make reusable home clothes pad and about sanitation during the menstrual period". (FGD, In School, Kailali, Adolescent Girls, Sudurpaschim Province)*

Few adolescent girls also elaborated that they didn’t get the appropriate source of information, as their mothers and sisters also didn’t tell them anything. However, only some girls came to know about menstruation by seeing the mother following the social restrictions.

*“My mother and sister didn’t say anything about period” (FGD, In School, West Rukum, An Adolescent Girl, Karnali Province)*

*"My mother used to sleep separately when she was menstruating and that was how I came to know about menstruation." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

Girls from province 1 also revealed that the information they had received from various sources were useful as some of them were not convenient to follow social restrictions such as unwanted practice in touching by thinking that menstruating girls being impure.

*“Some were practical and useful information, some weren't, for instance, the restriction to touch food items and cook were not useful things related to social restriction weren't useful this is natural process these restrictions are made by people so they are not useful” (FGD, In School, Jhapa, An Adolescent Girl, Province 1)*

From this instance, it can be said that adolescent girls were more aware of menstruation-related social restrictions rather than menstruation itself.

Some adolescent girls mentioned not having any prior information about menstruation during the interviews and focus group discussions. For example, there was one differently-abled respondent from Kathmandu who stated that she didn't get any information regarding menstruation from any of the possible sources of information.

*"No one mentioned anything to me." (IDI, Hand burn, Differently-abled Adolescent Girl, Kathmandu, Bagmati Province)*

### Support during menarche and its management

**Guidance at first menstruation and its management**

Adolescent girls (2532) who had received information before menarche mentioned about the guidance for the first menstruation management.

Table 6: Guidance at first Menstruation for its management

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Guidance at first Menstruation for its management n (%)**  **n=2532** | | | | | | |
| **Mother** | **Elder Sister** | **Elder sister in law** | **Female relative** | **Friend** | **Teacher** | **Health worker/FCHV** |
| Province 1 | 320 (68.6) | 117( 27.1) | 0 | 2 (0.9) | 21( 3.4) | 1(0.0 ) | 0 |
| Province 2 | 193( 70.1) | 58(23.9) | 2 (0.7) | 3(0.7) | 11 (4.6) | 0 | 0 |
| Bagmati | 316(78.6) | 64(17.3) | 0 | 2(0.8) | 15(2.7) | 1(0.2) | 0 |
| Gandaki | 270(75.7) | 87(20.3) | 0 | 1(0.3) | 7(1.7) | 3(0.7) | 1(0.6) |
| Province 5 | 359(83.4) | 78( 13.8) | 1(0.1) | 4(0.8) | 10(1.7) | 0 | 0 |
| Karnali | 249(76.9) | 65(15) | 1(0.2) | 1(0.2) | 25(6) | 4(1.4) | 1(0.2) |
| Sudurpaschim | 117(45.5) | 102(46.6) | 0 | 2(0.5) | 14(7) | 0 | 1(0.3) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not included in the table above.*

**Comfort in talking regarding Menstruation**

All the total participants (n=3495) were included in being comfortable in talking regarding menstruation and they chose different people such as mother, teacher, friend, sister, etc with whom they felt easy to talk.

Table 7: Comfortable in talking to, regarding Menstruation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Comfort to talk with, regarding menstruation n (%)**  **n=3495** | | | | | | | |
| **Mother** | **Elder sister** | **Elder sister in law** | **Other female relative** | **Male relative** | **Friend** | **Teacher** | **Health worker/**  **FCHV** |
| Province 1 | 359(73.2) | 292(63.6) | 5(2.7) | 10(1.4) | 6(1.0) | 350(65.9) | 22(6.8) | 18(3.7) |
| Province 2 | 289(58.6) | 175(36.8) | 10(2.5) | 13(3.3) | 7(0.8) | 213(44.1) | 32(4.8) | 6(1.0) |
| Bagmati | 411(76.4) | 275(56.7) | 1(0.3) | 6(1.0) | 11(2.5) | 278(57.9) | 59(12.8) | 29(7.0) |
| Gandaki | 377(76.4) | 289(57.7) | 2(0.2) | 6(1.8) | 8(1.9) | 333(66.8) | 35(4.8) | 10(2.8) |
| Province 5 | 400(77.6) | 271(49.8) | 2(0.4) | 15(3.2) | 3(0.6) | 314(61.1) | 24(5.2) | 13(2.4) |
| Karnali | 254(60.7) | 236(46.3) | 3(0.8) | 6(0.8) | 7(1.7) | 255(56.5) | 18(4.9) | 33(5.5) |
| Sudurpaschim | 179(37.7) | 284(63.0) | 12(2.5) | 10(2.8) | 9(2.1) | 327(70.2) | 15(3.5) | 25(5.6) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification)are not included in the table above.*

**Before menarche: Guidance for the management of Menstruation**

Among 2532 adolescent girls, the majority of them from all provinces responded to their mothers as guidance in the management of first menstruation. This was seen high in Bagmati province and Province 5 with 78.6% and 83.4% respectively. Whereas, in Sudurpaschim province, girls getting guidance and support for management of menses from mother and elder sister was almost similar accounting 117(45.5%) and 102(46.6%) respectively. Few girls in the province also stated that their friends helped them in the management of menstruation. Besides all the responses, 3 of them received help from the grandmother, maternal aunty, and neighbor aunty.

**After menarche: Comfortable in talking regarding Menstruation**

Moreover, the majority of adolescent girls from all provinces felt comfortable talking about menstruation with their mother followed by friends and elder sister except Sudurpaschim province where the majority 327(70.2%) of the adolescent s girls felt comfortable with the friends rather than their mother 179(37.7%). Only a few adolescents and girls felt comfortable talking with teachers, female relatives and male relatives.

Similar to the quantitative findings, IDIs and FGDs revealed that mothers, elder sister, peers, partners, sisters-in-law, and female teachers were the major preferred sources/person in providing support to carry out menstrual tasks among adolescent girls. However, an individual's access to support sources concerning menstruation differs along with the variation in perspective among family members as well as personal circumstances. For example, the majority of the girls affirmed that their parents who knew about menstruation supported their daughters by providing them with hot water, body massage, sanitary pads, and medicines for pain relief and if necessary, took them to the near hospital or health posts. Whereas, some girls suggested that it would be easier if there was a comforting and supportive environment even at home. They wished parents would understand that menstruation was just a normal process. They often stated that no daughter should be kept separately and far away from home or allowed to touch.

*“Some families don’t understand, while some would say that it happens to everyone and even to us. For some girls, the pain is unbearable. It is not the same for everyone. Families wouldn’t understand it at that time. Even a female won’t understand a female, I wish to argue at that time” (FGD, Out of School, Udayapur, Adolescent Girls, Province 1)*

*“At first, we should share our knowledge with our parents, regarding menstruation. So, the message can be conveyed by parents to parents. We can make our parents understand by sharing whatever we have learned from schools such as menstruation cycle and physiological process, and menstruation wrong practices/blind faith. Teachers should council and convince parents regarding wrong practices such as staying /sleeping away from the home, not feeding hot and nutritious foods in this cold weather, and how following traditional beliefs, taboos and restrictions will harm our health.” (FGD, In School, Kailali, Adolescent Girls, Sudurpaschim Province)*

It was found that mothers played a central role in supporting their daughters to deal with menstruation. Girls from all provinces of Nepal preferred to share and ask for help from their mothers regarding issues of menstruation. They felt comfortable to talk about menstruation and menstrual problems along with its management to their mothers. Mothers had often provided money, pad and painkillers for their girls, even they didn't hesitate to wash their daughter’s menstrual clothes and changed pad timely. This help was dependent on the conditions of their daughter. Such as some differently-abled girls needed help in daily life, particularly during menstruation period. A differently-abled girl from far-western Nepal said that she was not able to do anything so her mother did it for her. Thus, mothers were found to be prominent in giving emotional support, educating about menstrual health, the transformation of information to have a healthy period.

*“Whenever I have a pain my mother tells me not to work and take rest well.”* (*FGD, In School, Gulmi, An Adolescent Girl, Province 5*)

*“My mother used to teach me how to maintain hygiene, use of pads and disposal of pads.” (FGD, Out of School, Rupendehi, An Adolescent Girl, Province 5)*

*“If I tell them I have a cramp or unwell due to my menstruation, my mother takes me to the hospital. She has done that before as well.” (IDI, Physically Impaired, Kathmandu, Differently abled Adolescent Girl, Bagmati Province)*

*“After using clothes, I used to wash but sometimes my mother washes them. “(FGD, Out of School, Chitwan, An Adolescent Girl, Bagmati Province)*

However, all girls did not experience affection and love from their mothers. Mothers who had inadequate knowledge of menstruation tended not to help their daughters. Girls had to mandatorily follow the restrictions and had to work during menstruation despite their discomfort. They were constantly engaged in working outside the house and did not have enough rest. Some exemplary statements made by the girls from Karnali province mentioning that they needed to go outside and did fieldwork such as bringing water for animals and going to the forest to get some firewood. They were not allowed to enter the kitchen instead they had to burn the firewood outside to keep themselves warm during the cold season.

*“Some mothers understand but others won’t try to understand. Last time, during my period, I was lifting a heavy sack of rice, I was about to fall and my mother noticed this. But she didn’t even hold my hands to save me (sad face). My mother scolds me for having my period during festivals. She wishes to send me off so that she doesn’t have to deal with it. That makes me feel bad and it hurts.” (FGD, Out of School, Jajarkot, Adolescent girls, Karnali Province)*

*“We don’t have time to rest. We need to go outside and do fieldwork which includes: bringing water for animals and going to the forest to get some firewood. We are not allowed to enter the kitchen so we have to burn the firewood outside to keep ourselves warm.” (FGD, In School, Rukum, Adolescent girls, Karnali Province)*

Some girls stated that their parents and family members, even females, mothers, did not understand what they were going through, their pain and feelings. They also said that often their parents treated them poorly during menstruation. Sometimes girls from Karnali Province wished to argue with their mothers. It was found that their mothers scolded them for having their period during festivals and they even didn’t get the basic needs they needed during that period. Parents from Sudurpaschim Province and Karnali Province thought their marriage was the best before the menstrual cycle and wished to send the girls off the house so that they don’t have to deal with it. They perceive that daughters were born to go into another's house. Girls expressed that they felt bad with these unsupportive values that their parents carried and they were hurt. Some girls even wished to die. They also wished they could marry and leave their house. Similarly, a girl mentioned that when she took medicine or injection for cramps, her parents thought that she was pregnant because of their ignorance of comparing to daughters-in-law who were not menstruating due to consumption of contraceptive pills or injections. Girls were yelled at when they tried to make their parents understand regarding this matter.

*“Our family gets angry when we ask for anything, sometimes they provide one blanket, sack. Even when it’s really cold… We also face the same thing, they don’t provide clothes and foods as well when we ask and later, they scold us” (FGD, Out of School, Jumla, Adolescent girls, Karnali province)*

“*Daughters-in-law are not menstruating as often as we are due to consumption of contraceptive pills and other injections. But we don’t have such conditions when we try to make them understand that on this matter parents scold us. Sometimes I want to die. I wish I could marry and leave this house. Even when I take medicine and take some injection, parents think that I’m pregnant” (FGD, Out of School, Jajarkot, Adolescent girls, Karnali Province)*

On the other hand, friends were found to be important in both school settings and the community as they frequently checked menstrual stains off their clothes, accompanied in changing pad or provided emergency supplies. Some girls mentioned that even if they felt awkward or were far away to talk with their mothers, rather they preferred to tell their friends. They mentioned that their friends were there to help them in schools and outside the house. A visually impaired girl from Palpa who stayed in hostel reported that she happened to spend more with her friends than her family. When she was in a financial crisis her friends helped her as they were the closest ones in the hostel rather than family members. Meanwhile, the majority of the adolescent girls got support from their friends as they were more comfortable sharing openly about menstrual issues to tackle the menstrual problems mutually.

*“It is comfortable with friends as we can say anything to them. It is easy to talk about stomach pain to friends other than parents. We cannot say to our mother and father. In the time of complication, parents know about it as friends pass that information to them. Parents can easily take us to the hospital. Friends are comparatively less advantageous than parents.” (FGD, out of School, Accham, Adolescent girls, Sudurpaschim Province)*

*“It’s easy to share with friends and even I feel awkward to share with my mother and when a mother asks me if I am having continuous menstruation regularly then I reply ‘yes’. Otherwise, I usually don’t share with her about menstruation.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

In addition, some girls were also supported by their sisters in menstrual problems. They mentioned that their sisters could understand what they were going through during the menstruation period and it was easier to talk with them. Few statements were made by girls from Gulmi saying their sisters bought those pads and medicines and taught them to wrap the pad in paper and dispose of it. The girls were reminded to use clean sanitary/cloth pads by their sisters during menstruation. A girl from Achham also mentioned that she got support from her sister or anyone younger than her as she felt shy to share it with her parents.

*“My sister taught me everything about menstruation” (IDI, Physically Impaired, Panchthar, Differently-abled Adolescent Girl, Province 1)*

*“I was always told by my sister to use clean pads.” (FGD, In School, Gulmi, An Adolescent Girl, Province 5)*

*“Sister, she serves hot water, during my period.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

Adolescent girls who were already married stated that they felt easier to talk with their sisters-in-law. Some of the girls found their sister in law was their perfect supporter and motivator who helped inappropriately handling the menstruation. They also felt that it’s often very hard to share about the menstrual problem with the mother-in-law; therefore, the supportive nature of the sister-in-law was appreciated by some of the adolescent girls of Sudurpaschim and Karnali Province

*“After marriage, it’s difficult to share things with mother-in-law but also there are sisters of husband with whom we can share our things.” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

*“I feel comfortable to talk about menstruation with sisters-in-law” (FGD, Out of School, Bajhang, An Adolescent Girl, Sudurpaschim Province)*

“*My sister-in-law teaches me about menstruation and I get enough information about this from her. She provides me hot water and anything I need.” (IDI, Physically Impaired, Jumla, Married Differently -abled Adolescent Girl, Karnali Province)*

Some married adolescent girls often shared with their husbands as their mothers were not living with them after marriage. Their husband helped them by bringing them pad and medicines. But a different scenario was found in Rupandehi, where some husbands were not supportive of menstruation. They felt embarrassed buying pads for their wife as stated by married adolescent girls.

*“Especially after marriage, I felt comfortable to talk with my husband regarding menstruation problems.” (FGD, Out of School, Udayapur, Married Adolescent Girl, Province 1)*

*“Educated husband understands what menstruation is and the situation of any girl.” (FGD, Out of School, Jajarkot, Married Adolescent Girl, Karnali Province)*

*“My husband feels ashamed to buy pads so I buy it myself” (FGD, Out of School, Rupandehi, Married Adolescent Girl, Province 5)*

Female teachers were found to be a key source of information and support. Many girls felt they could talk to a female teacher about menstrual issues. While most girls reported positive experiences with female teachers, while some expressed that teachers of opposite sexes were not sensitive enough to menstrual issues. They often asked their female teachers regarding the problems at school only when there were no males around. But it was found that in one of the schools of Gandaki province, the adolescent girls felt easy and comfortable to talk about menstruation with male and female teachers who taught health and population education, while few girls from different provinces stated they felt difficult to talk with their teachers of any gender.

*“A male teacher taught us about it but he didn't teach openly. He told us to study it by ourselves and taught us other things." (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girls, Province 1)*

*“During my school time, I shared my pain with female teachers and they would let me take rest” (IDI, One eye blind other eyes partially blind, Bara, Differently abled Adolescent Girl, Province 2)*

*“We don’t talk about my menstrual problems to teachers in school as we are scared to talk to them.” (FGD, Out of School, Rupandehi, Adolescent Girls, Province 5)*

Negative attitudes towards menstruation were internalized by many male parents and friends as manifested by the teasing by male friends and scolding by the fathers. Especially male peers' bullying behaviors and being aware of their menstrual status for teasing was a major issue for many girls. So, girls opined to punish the boys for their deeds. Adolescent girls from Rukum stated that the boys waited for the girls to get periods just to tease them. Some of the girls fought back and dealt with the boys in school whereas some didn’t speak, just sat on the bench from morning to evening until the bell rang and went home. Girls from Jajarkot mentioned that if they needed to go outside, they had to wear a sanitary pad or cloth pad because they were ashamed if boys knew they were on their periods. In some schools, the topic ‘menstruation’ was taught separately to boys and girls. Many girls were reported to be shy and felt ashamed in front of boys and male teachers.

*"We want to eat sour and spicy food when we are in our period. One day I was eating Chatpate and one of my male friends teased me saying, ‘Hey, do you know in which condition spicy and sour foods are craved?’ I beat him up so much. He doesn’t even talk to me after that." (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

*“If we really need to go outside the house, we only go to buy pads. But if we don’t want, we stay in our house. We don’t go outside the house wearing a piece of clothes. We feel ashamed as boys teases us if they know we are on our periods” (FGD, Out of School, Jajarkot, Adolescent girls, Karnali Province)*

Most girls said they did not talk to fathers about menstruation. There were a few girls who were supported by their father and they could ask him directly for help to deal with the period.

*“First of all, my father teaches me about this topic.” (FGD, Out of School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Fathers tell us that we are of different generations now and we should not follow restrictions but mothers tell us that it is a sin. Men can change according to the time.” (FGD, Out of School, Udayapur, Adolescent girls, Province 1)*

*“During my first period, I showed the blood to my father but he got angry and beat me asking why I had revealed it to him” (FGD, Out of School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Those who don’t have a mother or sister they used to tell how their fathers helped them manage changing pad and so on”. (IDI, Physically Impaired, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province*)

Apart from the immediate family members and friends, few of the girls got support from their aunts while one reported that she received support from her brother. Those who stayed in the hostel, shared their problems with their hostel warden, whereas some girls who stayed at home, talked to their grandmother. Girls acknowledge the importance of awareness and also mentioned that family members as well as boys should be given awareness programs on menstruation.

*“I feel comfortable with mother, sister, friends, aunty and grandmother” (FGD, Out of School, Dhanusa, An Adolescent girl, Province 2)*

However, mothers had often told girls about menstruation, provided cloth and sanitary pad at the first period. Apart from this, sisters were also found to have counseled the adolescent participants about menstruation as it being a natural process and about the necessity of maintaining hygiene and sanitation during the period. It is noteworthy that those participants who consulted with their elders often went to their mothers or their sisters, or any other female adult rather than male. So, the inconsistency regarding menstrual counseling with female and male adults was found as major differences by the experience of menstruating girls**.**

*"When I had my first period, I told my mother who told me to use a sanitary pad, informed me not to see other people and to stay in other people's homes." (FGD, In School, Sarlahi, An Adolescent Girl, Province 2)*

*"I showed the blood to my father but he got angry and beat me asking why I had revealed it to him. Then my grandmother told me that I was menstruating and she changed my clothes, brought a pad, and taught me how to use it." (FGD, out of School, Chitwan, an Adolescent girl, Bagmati Province)*

*"I was nervous and didn’t know how to wear a pad the first time after menstruating. My elder sister taught me about this." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

### Perceived cause of Menstruation

The cause of the menstruation was assessed among the girls receiving information before and after menarche. The girls (n=2532) who had received the information before menarche and girls (n=3495) after menarche has answered to the cause of the menstruation which is shown in table 9 below.

Table 8: Before menarche: Cause of the menstruation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Menarche, cause of the menstruation n (%)**  **n=2532** | | | | | | |
| **Normal healthy process** | **Any type of illness** | **Internal bleeding** | **Curse** | **Bad blood being shed** | **Supernatural reason** | **Don't know** |
| Province 1 | 241(58.8) | 36(11.7) | 16(4.4) | 5(0.7) | 181(49.7) | 8(2.2) | 30(4.3) |
| Province 2 | 90(39.8) | 28(9.1) | 13(4.7) | 4(0.8) | 81(36.0) | 8(2.5) | 43(24.7) |
| Bagmati | 240(68.5) | 22(8.5) | 27(7.5) | 6(2.0) | 150(36.4) | 21(4.9) | 14(4.8) |
| Gandaki | 282(79.6) | 11(2.1) | 32(6.1) | 2(0.8) | 209(61.3) | 2(0.4) | 8(1.7) |
| Province 5 | 317(72.6) | 16(3.6) | 19(4.1) | 1(0.1) | 171(40.9) | 2(0.5) | 14(3.6) |
| Karnali | 220(62.7) | 26(7.8) | 28(8.7) | 9(4.3) | 180(51.4) | 24(5.8) | 0(0.0) |
| Sudurpaschim | 125(53.8) | 12(6.0) | 7(3.4) | 2(0.9) | 166(75.7) | 1(0.6) | 0(0.0) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not included in the table above*

Table 9: After menarche: Cause of the menstruation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Main reasons for Menstruation n (%)**  **n=3495** | | | | | | | |
| **Normal healthy process** | **Any type of illness** | **Internal bleeding** | **Curse** | **Bad blood being shed** | **Supernatural reason** | **Don't know** | |
| Province 1 | 345(69.7) | 31(7.5) | 40(8.8) | 5(1.1) | 245(55.7) | 12(2.8) | 0 | |
| Province 2 | 247(66.2) | 34(7.6) | 5(1.1) | 4(1.3) | 211(47.7) | 19(4.7) | 0 | |
| Bagmati | 373(80.1) | 22(5.7) | 35(8.3) | 9(2.1) | 235(46.8) | 16(3.3) | 1(0.2) | |
| Gandaki | 370(76.3) | 17(1.9) | 40(5.7) | 1(0.1) | 325(67.0) | 9(1.3) | 0 |
| Province 5 | 400(77.6) | 1(2.2) | 25(6.4) | 7(1.4) | 252(48.6) | 10(3.0) | 0 | |
| Karnali | 280(65.7) | 26(7.1) | 47(9.6) | 7(1.6) | 243(52.7) | 17(4.5) | 1(0.2) | |
| Sudurpaschim | 227(51.4) | 27(4.4) | 30(6.7) | 8(2.1) | 359(79.8) | 11(2.1) | 0 | |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not included in the table above*

**Before menarche: Cause of menstruation**

Most of the adolescent girls from all the provinces except Sudurpaschim province stated that menstruation was the normal healthy process as a cause of menstruation. Similarly, a large number of adolescent girls belonged to Gandaki province 282(79.6%) who responded the cause of menstruation as a normal healthy process. On the contrary, majority of the adolescent girls 166 (75.7%) from Sudurpaschim province stated that menstruation is the cause of bad blood being shed.

Minority of the girls from each province responded to curse and supernatural cause as a reason for menstruation. Few girls from all the seven provinces responded that menstruating is any kind of illness and among those girls responding to menstruation as a kind of illness were high among the girls of province 1 accounting to 36(11.7%). Furthermore, one girl said menstruating is the cause of growing age.

**After menarche: Cause of the menstruation**

The main reason for menstruation was further asked to all the adolescent girls who attained the menarch**e** and the majority of the adolescent girls from province 1, province 2, Bagmati province, Gandaki province, province 5 and Karnali province and thus, acknowledged that menstruation as the normal healthy process. Nevertheless, the majority 359(79.8%) of adolescent girls in Sudurpaschim province, answered that menstruation as the cause of bad blood being shed. In addition, few girls from each province responded to curse as a reason for being menstruating. Some of the girls from each province also stated menstruating as a kind of illness and responding to it was found high 34(7.6%) among the girls in province 2 compared to the response given by the girls from the other six provinces. Only two participants believed that cause of menstruation is the cleaning of the uterus and one of them thought menstruation is the cause of attaining menarche.

During the FGDs and interviews, it was found that all participants knew the subject of menstruation to some extent. The majority of the participants said that menstruation was a natural phenomenon that occurred every month. Some perceived menstruation as a normal physiological process. However, levels of understanding on the subject of menstruation were different among adolescent girls and there were some misconceptions, especially in female anatomy and physiology. Few participants were not able to appropriately tell why girls got their period. Similarly, many girls appeared to be aware of various taboos and restrictions rather than the physiological process of menstruation. Most of the girls explained that impure blood discharged from the uterus was menstruation. Only one participant from Gandaki Province said that menstruation occurred due to the production of estrogen hormone among females in every 28 days’ cycle when a woman bleeds from her reproductive organ (vagina).

*“Blood discharge from the stomach is menstruation.” (FGD, Out of School, Achham, An Adolescent Girl, Sudurpaschim Province)*

Regardless of all findings, there was a commonality in the difference in knowledge on the physiological process of menstruation among the adolescent girls who went to school and those who didn’t or school dropout adolescent girls. For example, the school going participants said menstruation was a natural process that happens every 27-28 days in every female and impure blood flowed from the vagina. But the school dropout girls had different perspectives towards menstruation. They thought that the regular menstrual cycle was some form of infection of the uterus which they heard during their early school days. This shows the need for education in understanding menstrual health among adolescent girls in a country like ours. Therefore, it gives the view that in Nepal there is inconsistency in understanding relating to menstruation among the school going and school dropped out adolescent girls.

*“I have listened about the infection of the uterus is menstruation while studying.” (FGD, Out of School, Rupandehi, An Adolescent Girl, Gandaki Province)*

During FGD in Gandaki province, some adolescent girls mentioned not having any prior knowledge about the age of menarche and were confused regarding the onset of the menstruation.

*“I was unknown about the initiation of periods (menarche) whether it started at the age of 12 or 15." (FGD, Out of School, Rupandehi, An Adolescent Girl, Gandaki Province)*

Similarly, few girls from province 1 told me that they had no prior knowledge of menstruation until they experienced it. One of the differently-abled adolescent girls of province 2 shared that she didn’t have sufficient knowledge before her first menstruation like an age for menstruation start (menarche), ending age menstruation (menopause), what to use and what not to use for menstruation hygiene. Later after menarche, she came to know everything about menstruation and hygiene management.

Whereas, some experienced adolescent girls from different provinces didn’t know anything such as (from where the blood comes from) occurrence of bleeding every month.

*“I didn't know what it was until I experienced it.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

*"I don’t know anything but I know that bleeding occurs every month” (FGD, Out of School, Rupandehi, An Adolescent Girl, Gandaki Province)*

*“I haven’t heard such knowledge from nowhere. I have not understood anything before” (FGD, Out of School, Accham, An Adolescent Girl, Sudurpaschim Province)*

Some of the girls from Bajhang stated that they were unaware of the menstruation when their menarche occurred. They said they could not have known earlier as there was nobody to educate them about menstruation.

*"We didn't know anything about menstruation before starting menstruation. How would we be supposed to know earlier? Nobody told us anything.” (FGD, Out of School, Bajhang, Adolescent Girls, Sudurpaschim Province)*

In addition to this, a small number of the adolescent mothers said that after menstruation they become matured and also conceived babies which were pride for them. They explained that menstruation happened to be mothers and to take part in the normal reproduction process. Some explained that menarche was the transition from childhood to adolescent phase as they believed that girls didn’t need to fear and felt shy about menstruation. Girls also thought that menstruation was an essential characteristic of a woman.

*“As learned from books and teachers we had knowledge that we are capable of conceiving babies and be a mother after menstruation occurs.” (FGD, In School, Parbat, Adolescent Girls, Gandaki Province)*

*“Menstruation is blood flow from the uterus every month and if we don’t bleed then we are pregnant.” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

From province 1, contradictory findings were found among participants of one FGD as few adolescents perceived menstruation as a sacred topic, so they felt afraid and ashamed by thinking that their father and mother would know about the period. Whereas from the same group, other adolescent girls thought that the knowledge of menstruation was very important as it happened to every woman. Also, hygiene management was crucial for every woman therefore it was necessary to talk about menstruation openly and freely.

*“I don’t wish to tell that I am in my period but I have to tell.” (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

*‘The topic of menstruation should not be kept private.” (FGD, Out of School, Udayapur, Adolescent Girls, Province 1)*

Some adolescents also perceived that menstruation was a bad thing for society. It means that due to the culture of the restrictions during periods, women became impure and could not perform any task which had been set by the community.

*“In our society, menstruation means being impure and they perceive as a bad thing” (FGD, In School, Kailali, An Adolescent Girl, Sudurpaschim Province)*

One of the differently abled girls explained that although menstruation was common and natural but sometimes, she perceived it as a burden for her. Similarly, few girls also wished for no period because of the culture of restriction prevailing in society. Some said that always having periods was not a good experience. Also, there were some girls from different provinces who didn’t like having periods.

*“I heard and was aware a little bit about the periods but it was different once I faced it. I felt like periods shouldn’t happen in my life. After I knew it is a general and natural process, sometimes I feel bored when it happens monthly.” (IDI, Visually Impaired, Banke, Differently-abled Adolescent Girl, Gandaki Province)*

*“I wish it never happened to me. Due to periods, we can't attend social occasions and temples. So, I don't quite enjoy it.” (FGD, In School, Jhapa, An Adolescent Girl, Province 1)* Whereas, few girls believed that menstruation was the sign of good health. A small number of girls from Province 1 perceived menstruation in two ways. For a moment they thought menstruation was important to females to become healthy sometime they desired for no menstruation.

*“Sometimes I wish for menstruation to happen and sometimes I wish not for it”. (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

Few girls from Sudurpaschim Province perceived being girls was a misfortune for them because of difficulties/problems they faced during menstruation.

“*I wonder why we need to be a girl and face problems like menstruation. Sometimes I get mad thinking about it.” (FGD, In School, West Rukum, An Adolescent Girls, Karnali Province)*

While conducting FGD, most of the girls from all provinces were much more aware of the restriction rather than knowledge of menstruation.

*“I didn’t know too much before my first period but I know that to bath daily, change clothes/pads from time to time and not touch family members of other peoples, live and eat separately.” (FGD, Out of School, Dang, An Adolescent Girl, Gandaki Province)*

### Perception on linkage between menstruation and pregnancy

A total of 777(22%) adolescent girls responded that there are certain days between two menstrual periods when a woman can become pregnant.

Figure 1: Perception of the likelihood of being pregnant

**Perception of likelihood of being pregnant (%) n=3495**

Almost 23% of the adolescent girls knew about the certain days of likelihood of being pregnant while 50% of the adolescent girls had no idea regarding the likelihood of being pregnant.

Table 10: Likelihood of being pregnant in between two menstrual periods

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Periods between two menstruations when a woman is likely to become pregnant n (%)**  **n=777** | | | | | | | |
| **Just before a period begins** | **During period** | **Right after period ends** | **Halfway between two periods** | **Don't know** | **Total** | |
| Province 1 | 20 (10.9) | 21(7.2) | 46(26.1) | 36(22.6) | 66(33.2) | 189 |
| Province 2 | 4(3.3) | 12(15.1) | 16(33.1) | 8(14.5) | 17(34.0) | 57 |
| Bagmati | 9(9.8) | 6(6.7) | 19(29.9) | 19(32.1) | 14(21.4) | 67 |
| Gandaki | 10(3.4) | 9(5.9) | 16(7.8) | 66(61.1) | 31(21.8) | 132 |
| Province 5 | 20(14.8) | 17(12.3) | 38 (34.2) | 25(22.3) | 36(16.5) | 136 |
| Karnali | 18(11.8) | 18(14.2) | 89(58.2) | 18(8.1) | 15(7.7) | 158 |
| Sudurpaschim | 11(26.6) | 2(0.8) | 13(41.1) | 7(20.2) | 5(11.3) | 45 |
| **Current educational level** | | | | | | |
| Primary | 10(2.4) | 4(11.80) | 7(20.6) | 7(20.6) | 6(17.6) | 34 |
| Secondary | 75(11.0) | 78(11.4) | 210(30.8) | 143(21.0) | 176(25.8) | 682 |
| Higher secondary | 7(11.5) | 3(4.9) | 20(32.8) | 29(47.5) | 2(3.3) | 61 |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

By the provincial level, it was revealed that most of the girls from Province 1, province 2 and Gandaki province did not know the exact days when a woman can be pregnant. However, a high number 13(41.1%) of girls from Sudurpaschim province and more than half 89(58.2%) of the girls from Karnali province responded right after the period ends was the favorable time to be pregnant. There were also few girls in each province responding that they can get pregnant during their period. Most of the girls from province 1 and province 5 said pregnancy could happen just before the period begins.

By education level, it was found that a greater number, 10(2.4%) of the girls of primary level responded that women can be pregnant just before her period started. Most 210(30.8%) of the girls of secondary level responded that right after the period has ended a woman can be pregnant. However, most 29 (47.5%) of the girls from higher secondary level said the likelihood of being pregnant for a woman is halfway between her period.

Similarly, when asked by the interviewer, few of the adolescent's mothers from different provinces said that after menstruation they become matured and also conceived babies which were a pride for them. They explained that menstruation happened to be mothers and to take part in the normal reproduction process. Some explained that menarche was the transition from childhood to adolescent phase, as they believed that girls didn’t need to fear and felt shy about menstruation. Girls also thought that menstruation was an essential characteristic of a woman to be pregnant.

*“As learned from books and teachers we knew that we are capable of conceiving babies and be a mother after menstruation occurs.” (FGD, In School, Parbat, Adolescent Girls, Gandaki Province)*

*“Menstruation is blood flow from the uterus every month and if we don’t bleed then we are pregnant.” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

### Menstruation: First experience

Table 12 presents how adolescent girls felt when they had menstruation for the first time by province.

Table 11: Menstruation: First experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **Feeling when first started menstruating n (%)**  **n= 2532** | | | |
| **Scared** | **Worried that something was wrong** | **Worried about the management of menstruation** | **Ok as knew it was a normal process** |
| Province 1 | 234(51.8) | 100(20.3) | 14(30.6) | 200(41.6) |
| Province 2 | 115(41.7) | 31(9.7) | 60(22.3) | 95(35.9) |
| Bagmati | 190(41.5) | 82(22.1) | 127(34.4) | 161(41.9) |
| Gandaki | 203(50.7) | 58(14.0) | 161(45.1) | 164(49.7) |
| Province 5 | 223(48.6) | 54(11.0) | 109(25.8) | 212(45.1) |
| Karnali | 180(48.7) | 67(17.2) | 134(35.2) | 153(43.8) |
| Sudurpaschim | 114(45.2) | 49(18.9) | 47(20.9) | 93(40.5) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not included in the table above*

Majorities of the adolescent girls of all the seven provinces mentioned being scared as a first experience of menstruation. This is followed by the girls responding that menstruation is ok as knew that it was a normal process. On the contrary, least number of adolescent girls said that they were worried that something was wrong when their first menstruation started which was highest in the Bagmati province 82 (22.1%).

In qualitative findings, the research participants commonly expressed two contradictory experiences of their first menstrual cycle. The majority were initially scared but later normalized their cycle either due to counseling or since their family members or friends had already experienced their menstruation. Feelings of fear, anxiety, and worry were prominent among the majority of the FGD participants during menarche but they later subsided into ease and relaxation after counseling mostly from their mothers or sisters.

*"When I had my first period, I was nervous and also felt scared to talk about it. I was questioning myself what is happening to me and finally decided to talk with my mother. She answered that it was normal bleeding that* *occurs to every adolescent girl." (FGD, In School, Sarlahi, An Adolescent Girl, Province 2)*

The majority of participants reported that being menstruated suddenly was a difficult situation for them as they got emotions of fear and uneasiness during their first menstrual period.

*"It was a very difficult situation. I was very afraid and nervous after seeing blood, unaware of how to manage and handle it." (IDI, Emotional Instability, Speech Difficulty, Tanahun, Differently- abled Adolescent Girl, Gandaki Province)*

Several occurrences of screaming, crying, sadness, and loneliness were also found as a part of the first menstrual experience through several FGDs and IDIs.

“*I have faced problems like loneliness and laziness for four to five days, ignoring people and feeling afraid that clothes are being stained.” (IDI, Visually Impaired, Banke, Differently-abled Adolescent Girl, Gandaki Province)*

*"I was afraid during that time; I have cried many times as well." (IDI, Difficulty in Moving, Kanchanpur, An Adolescent Girl, Sudurpaschim Province)*

However, there were several instances of hesitation and embarrassment regarding consultation with family members during their first menstruation, especially in Bagmati Provinces and Gandaki Province. A significant proportion of participants found that it was difficult to share the occurrence of their first menstrual cycle even with their mothers or sisters because of shyness, awkwardness, confusion. They also felt ashamed during their menarche.

*"My mother came to know on her own and asked me, still I felt uncomfortable telling her. I shared it with her only on my second menstruation cycle." (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

*"At first, I was scared and confused about things like which I would tell about it, how it was going to happen, how I was going to manage this, etc. Initially, I didn't know what to do, and I couldn't even dare to share it with my friends at first." (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

**Anticipated restriction during Menarche**

Table 12: Anticipated restriction during Menarche

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Province** | **Anticipated restriction during menarche n (%)**  **n=2532** | | | | |
| **Stay in a dark room** | **Stay in a separate room** | **Stay in a shed far away from the house (Chhaupadi)** | **Not to look at the sun** | **Nothing** |
| Province 1 | 26(11.2) | 67(25.4) | 0 | 26(9.2) | 286(81.7) |
| Province 2 | 30(18.2) | 94(51.0) | 0 | 25(16.6) | 100(59.5) |
| Bagmati | 33(11.5) | 143(63.4) | 0 | 49(22.4) | 115(50.5) |
| Gandaki | 84(25.2) | 236(71.7) | 0 | 66(19.9) | 155(46.2) |
| Province 5 | 88(20.5) | 268(63.2) | 15(4.5) | 98(23.9) | 160(42.8) |
| Karnali | 79(21.5) | 165(60.2) | 62(19.5) | 38(14.4) | 129(48.9) |
| Sudurpaschim | 74(41.3) | 157(81.5) | 128(59.3) | 59(31.8) | 106(45.5) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible.*

*Note: Others (specification) is not included in the table above.*

A total of 2532 girls who knew about menstruation before menarche were questioned about the restriction they would expect when menstruation happens to them. As shown in the table above, Majority 236 (71.7%) of the girls belonging to province 5 expected to stay in separate rooms, but 15 girls from same province expected to stay in the shed far away from the house (*Chhaupadi*). Similarly, most 157(81.5%) of the girls from Sudurpashim expected to stay in a separate room which is followed by the girls 128(59.3%) stating that they assumed to stay in *chhauupadi* hut and 59(31.8%) of adolescent girls in the Sudurpaschim province expected prohibition in looking at the sun. However, in Karnali province, majority of the girls 165(60.2%) stated that they had to stay in a separate room during the menarche. In addition, few girls from province 2 expected little restriction prevailed in the society. Very few girls responded others, which include bathing in the river, not to see any touch any boys; take a bath in the dark (at night) in local tap (Padhero)

According to the qualitative finding, there was also a multitude of ritualistic beliefs associated with the first menstrual cycle. The majority of participants experienced many seclusion practices that included staying in other peoples’ homes for many more days, staying in dark rooms and restricting sight of the sunlight. They also experienced unwanted practice like not seeing or meeting any male members of the family.

*"We are not allowed to look at the roof of the house and they say we shouldn’t look at our brothers and father in the first period." (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

*"I was sent away for several days. I could not meet my father, brother, or any male members of my family and also I could not see sunlight." (IDI, Partially Visually Impaired, Bara, Differently-abled Adolescent Girl, Province 2)*

The restrictions experienced by girls during their first menstruation varied among the research participants, with the intensity of the seclusion varying from having to live in a separate room inside house to being sent away to stay outside home as reported by participants from Karnali Province. There was a significant difference in the duration and procedures of seclusion whereby participants from Province 1, Province 5, and Karnali Province reported the number of days to be ranging from 7 to 11, 3 to 7, and 4 to 5 respectively. Similarly, the procedural differences also included returning home after taking a bath in Bagmati Province, Gandaki Province and Karnali Province. The unusual practice was seen at Jumla district during menarche as most of the adolescent girls were offered gifts by their relatives and they entered home only after receiving *tikas* from elders as well as some people providing gifts such as jewelry, gifts items, money. Nowadays they celebrate by calling all relatives. For this, many girls felt different when they faced people and say that they have menstruated. They shared that even it was difficult for them to show face in front of all relatives.

*“We also had to hide in the nearby jungle and we returned to our house after 5 days.” (FGD, Out of School, Jumla, An Adolescent Girl, Karnali Province)*

*"Parents call relatives and celebrate in a big way it's like they regard a lot when a girl menstruates for the first time" (FGD, Out of School, Jumla, An Adolescent Girl, Karnali Province)*

Similarly, one of the girls from Jumla also shared her experience as below:

"*We took a bath thrice a day and took care of our health when we were kept in the jungle to hide."(FGD, Out of School, Jumla, An Adolescent Girl, Karnali Province)*

A significant issue identified by the majority of the participants was the compulsion of dependence faced during such seclusion periods since they had to depend upon others for basic needs and didn’t have sufficient resources. The majority were provided with food, water, and sanitary products during this period by their family or friends and thus, dependability was also a prominent problem.

*"It was winter and I needed a blanket but didn't have one. It was such a situation that even when you were hungry you had to ask for food." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

*"When I menstruated for the first time, I felt like it was useless because I needed to stay away from my family and had to wait for a long time even to get food." (FGD, Out of School, Chitwan, An Adolescent Girl, Bagmati Province)*

Adding to this, some participants even reported that they were anxious when supernatural occurrences like unusual shaking took place with the traditional healer by touching or consuming the food prepared by girls during menarche. The accounts of such events indicate the superstitious beliefs are also often associated with menstruation in the context of Nepal.

*"I was staying at my aunt's place when it happened and I didn't know her father-in-law was a religious healer (dhami). He started to shake as soon as he ate food prepared by me. That incident scared me." (FGD, Out of School, Morang, An Adolescent Girl, Province 1)*

Another remarkable and encouraging experience was also discussed during FGD as some of the participants said that their family went against the cultural restriction and allowed them to stay in their own homes rather than the common ritual of staying outside/other homes for seven days in a confined room. This event hints a slight directional change in the perceptions towards menstruation as they believe that cultural restriction needed to be changed and a good environment was needed in order to make their girls healthy during menarche.

*"I didn’t find it difficult because my family was very understandable. So, I didn’t have to go to anybody’s house to stay during my first period." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

Furthermore, another uncommon finding was that participants found cultural restrictions more troublesome while in their homes, but felt relatively liberated while residing in other places like hostels. This is unlike the common convention that staying at home is the most comfortable during menstruation.

*"At the hostel, there was no cultural restriction. I think being in the hostel during my first menstruation made it easier for me to handle. It would be difficult at home." (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

Despite all the findings, participants commonly experienced both physical and psychological impacts on their health by restrictions like staying hidden or not entering the kitchen. All these restrictions induced a common feeling of fear among the majority of participants during menarche. For example, those who had to stay outside of their houses faced several psycho-social problems like fear and anxiety. Apart from these, numerous physical manifestations comprised the first menstrual experiences of the research participant like abdominal pain, backache, lack of appetite, etc.

*“I feared if someone would isolate me or ask me to go away because of my menstruation.*" *(IDI, Physically Impaired, Panchthar, Differently-abled Adolescent Girl, Province 1)*

*“I suffer from severe abdominal cramps and my bleeding occurs till seven days. I felt uneasy to go to school because of the fear of having leakage in school uniform” (FGD, In School, Sarlahi, An Adolescent Girl, Province 2)*

### Practice of *Chhaupadi*

*Chhaupadi* practice was seen only in the three provinces (Province 5, Karnali province and Sudurpaschim province) which is shown in table 17below

Table 13: Practice of Chhaupadi

|  |  |  |
| --- | --- | --- |
| **Practice of *Chhaupadi*n(%)**  **n=3495** | | |
| Province 1 | 0 |
| Province 2 | 0 |
| Bagmati | 0 |
| Gandaki | 0 |
| Province 5 | 3(0.9) |
| Karnali | 80(20.5) |
| Sudurpacshim | 222(47.7) |
| ***Total*** | ***305(8.70)*** |
| Hindu | 287(12.2) |
| Buddhist | 12(4.4) |
| Christian | 6(4.8) |
| Kirat | 0 |
| Muslim | 0 |
| ***Total*** | ***305(8.7)*** |
| Dalit | 74(18.8) |
| Disadvantaged janajatis | 15(4.9) |
| Disadvantaged non dalit terai caste Group | 14(4.4) |
| Religious minotities | 0 |
| Relatively advantaged janajatis | 16(2) |
| Upper caste groups | 186(11) |
| ***Total*** | ***305(8.7)*** |

Out of total adolescent girls 305(8.70%), most 222(47.7%) of the adolescent girls from Sudurpaschim province still practice *Chhaupadi* which is followed by girls from Karnali province 80(20.5%).

In context of religion, *Chhaupadi* practice was seen high among Hindus 287(9.7%), followed by Buddhist 12(4.4%). and Christian 6(4.8%) while Kiratis and Muslims were found not to follow Chhaupadi practice at all. In terms of ethnicity, participants from the upper caste groups 186 (11%) were strikingly found higher practicing *chhaupadi* compared to girls belonging to other ethnic group.

In qualitative findings, menstrual restrictions were found to be common among adolescent girls in Nepal. The majority of the participants said that the status quo Nepalese society believes that menstrual blood is dirty and impure which is often interconnected with their cultural practice. According to the participants,the seclusion practice also varies according to the cultural practice of Nepal and view menstruation as untouchability in different ways as seen in Sudurpaschim province and other parts of Nepal. The prevalence of *Chhaupadi in* Sudurpaschim province and separation practice where women can stay in their own house by following several restrictions are the best examples of seclusion practice that persists in Nepal*.* However, the entire respondent from one FGD shared that*:*

*"There is not much restrictions practice in the eastern part of Nepal in comparison to the western part of Nepal*. *Itis believed that menstruating girl\female should not touch seeds, plants, or flowers or enter the kitchen beside these restrictions. We should not follow as many restrictions as in the western part." (FGD, Out of School, Taplejung, Adolescent Girls, Province 1)*

Girls of remote areas of the western region reported that during menstruation they were isolated in a separate narrowed *Chhaupadi* huts away from the house with several constraints like entering the house and temples, even in the yard, touch other family members and neighbors, and washing or taking a bath in public water sources. They had to spend five to seven days of every period in a small shed. Even the clothes used during periods were kept in the shed only whilst not being allowed to be taken inside the house and should be washed in the river by walking a long way/ distance. They were brought food by their family members to the shed; sometimes they didn’t get the food in time. They said that they could not do anything on their own so they had to tell their friends if they wanted anything.

*"Family keeps us outside and sees us (daughters) in a bad way. They send us to sleep at animal stables/ Chhaugot and they won't even let us stay at our houses or even at our yard." (FGD, In School, Kailali, Adolescent Girls, Sudurpaschim Province)*

*"I get angry and sad (sad face) during summer days I have to sleep outside but on winter days. I sleep on the floor of the room. If we slept outside during the winter season, we would probably be dead." (FGD, In School, West Rukum, An Adolescent girl, Karnali Province)*

The girls from diverse area belonging to Janjati and Dalit community (ie Rai Gurung, Darji, Sunwar , Bisokarma, Khatri, Tharu) reported that restrictions during the period were not practiced especially in the most of their house and community but in Gandaki province and hilly community of Sudurpaschim Province, rituals of restrictions were followed highly among Brahmin and Chhetri families.

*"In our Rai community, we do not have any such traditions that restrict us from touching things or going somewhere." (FGD, Out of School, Nuwakot, Adolescent Girls, Bagmati Province)*

*"In the Tharu community, untouchability or being fearful of menstruation are not big problems. However, due to the lack of awareness of this community do have face problems only regarding menstrual health and hygiene management but in the hilly community of Kailali, adolescent girls stay out of the home. In such a period, they need to depend on others for drinking water. They are not allowed to touch tap. If that happens how cleanliness can be maintained when they have to beg for drinking water." (KII, Kailali, Female Community Leader,Sudurpaschim Province)*

*"In our Buddhist religion we don't follow many restrictions but except our religions, I had heard that one should not enter temples or engage in religious activities." (IDI, Physically Impaired, Panchthar, Differently-abled Adolescent Girl, Province 1)* by this statement*,* we can also say that these types of restrictions also differ according to religions of people.

**People suggesting to follow *Chhaupadi***

The 305 adolescent girls who practice Chhaupadi were questioned about the people who make them practice this restriction/taboo.

Table 14: People suggesting to follow *Chhaupadi*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Person suggesting to follow *Chhaupadi*  n (%)**  **n=305** | | | | | | | | | | | | | | | | |
| **Mother** | **Father** | **Grandparents** | **Auntie** | **Uncle** | **Sister** | **Brother** | **Mother in law** | **Father in law** | **Sister in law** | **Brother in law** | **Other relative** | **Whole family** | **Teacher** | **Friends** | **Priest** | **Nobody, just me** |
| Province 5 | 2(30.9) | 1(69.1) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1(20.5) |
| Karnali | 75(95.6) | 13(13.3) | 28(31.3) | 11(14.5%) | 9(13.4%) | 7(4.6) | 5(5.0) | 4(1.3) | 2(1.3) | 2(1.3) | 2(1.3) | 4(7.2) | 5(4.8) | 4(2.5) | 7(24.2) | 15(18.8) | 9(10.8) |
| Sudurpaschim | 174(81.2) | 39(17.2) | 96(45.6) | 36(15.8%) | 24(11.8%) | 24(10.4) | 12(6.2) | 6(3.8) | 6(3.8) | 7(4.9) | 6(3.8) | 20(8.3) | 26(14.2) | 12(6.5) | 17(9.7) | 28(13.7) | 17(7.8) |

*Note: \* indicate that a percent, whose figure is fewer than 5 which is suppressed*

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not shown in the table above*

Majorities of the adolescent girls responded that their mother compels them to follow this restriction in all the three provinces, which is even accompanied by their grandparents and their father. Almost 5 (4.8%) and 26 (14.2%) of the adolescent girls in Karnali Province and Sudurpaschim province respectively said their whole family makes them follow this restriction.

Also, in qualitative finding girls from different areas/ districts elaborated that restrictions were not initiated by themselves; female members of the family and society such as mother, sister was giving more importance to follow these types of unwanted restrictions. Most girls acknowledged that they could not do anything for cultural restrictions as their family followed them, so they had to follow their cultural practice. Three of them said who mentioned others said no one asks them to follow *Chhaupadi* rather they followed by themselves.

*"I cannot do anything for cultural restrictions. My family follows them, so I had to follow them. When I am at home, I do not enter the kitchen and temple. I also do not touch the elder male members. Even today if we have puja at our home, during our menstruation, we should live away from home. We are not allowed to enter. I have also heard that girls should live in unsafe place and heard rape cases and cases of snakebite during menstruation. There are a lot of wrong practices regarding menstrual restriction in our community* ***(****IDI, Partially Visually Impaired, Bara, Differently-abled Adolescent Girl, and Province 2****)***

**Perception regarding the practice of *Chhaupadi***

Table 15: Perception regarding the practice of *Chhaupadi*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Perception regarding practice of *Chhaupadi* n (%)**  **n=3495** | | | | | **Total** |
| **Good** | **Scared/anxious** | **Bad** | **Ok** | **Don't know** |
| Province 1 | 5(.5) | 72(17.9) | 353(67.1) | 11(2.2) | 81(12.3) | 522 |
| Province 2 | 40(7.6) | 40(9) | 304(67.1) | 7(2.1) | 74(14.3) | 465 |
| Bagmati | 2(0.5) | 26(4.7) | 394(77.5) | 18(4.4) | 81(12.9) | 521 |
| Gandaki | 5(.4) | 27(4.7) | 461(89.2) | 11(2.3) | 14(3.5) | 518 |
| Province 5 | 21(2.5) | 53(6.2) | 416(80.3) | 14(2.5) | 39(8.4) | 543 |
| Karnali | 23(5.2) | 71(11.9) | 324(76.8) | 8(1.5) | 23(4.7) | 449 |
| Sudurpaschim | 16(3) | 39(9) | 344(71.2) | 55(11.7) | 23(5.1) | 477 |
| ***Total*** | ***112(3.2)*** | ***328(9.4)*** | ***2596(74.3)*** | ***124(3.5)*** | ***335(9.6)*** | ***3495*** |
| **Educational level** | | | | | | |
| Primary | 3(2) | 21(13.50) | 82(51.1) | 4(5) | 32(28.4) | 142 |
| Secondary | 108(3.4) | 300(9.4) | 2324(74.2) | 115(4.2) | 296(9) | 3143 |
| Higher secondary | 1(0.6) | 7(2.1) | 190(89.9) | 5(4.3) | 7(3.2) | 210 |
| ***Total*** | ***112(3.1)*** | ***328(8.9)*** | ***2596(74.8)*** | ***124(4.2)*** | ***335(9)*** | ***3495*** |

Close to three-quarters of adolescent girls 2596 (74.3%) believed that *Chhaupadi* is a bad practice. However, about one in ten girls 328(9.4%) reported that they were scared and anxious about Chhaupadi. Considering Chhaupadi as a bad practice is highest in Gandaki province 461(89.2%) and lowest in Province 2 and Province 1 accounting 67% in both provinces. This view is also widely varied by level of education of adolescent’s girls. The percentage of girls reporting Chhaupadi as bad practice increases with an increase in level of education.

Also, in qualitative finding girls from western regions (Sudurpaschim and Karnali province) stated that it was hard for them to stay in the livestock shed/ *Chhaupadi huts*and believed that chauppadi is also bad practice and they could not sleep alone at night as they feared an unknown person entering the hut. They also fear physical abuse, supernatural power, snakebite and many others.

*"Staying and sleeping alone at night in a livestock shed is fearful and frightening. Family members can't even find if anything happens to us when we menstruate and it is a major problem." (FGD Out of School, Accham, Adolescent Girls, Sudurpaschim Province)*

*"Because of chaugufa, girls and women face a lot of problems which leads to fatality. There are many incidences of the woman dying in chhaupadi huts." (KII, Kalikot, School Chairperson, Karnali Province)*

*“Last year, there was an incident in ward no-9, Bajura. A girl was raped while practicing Chhaupadi by a drunken man. Due to other several reasons, adolescent girls and women die every year while practicing Chhaupadi. It is difficult to make elders understand about menstruation process and health management, as well as Chhaupadi” (KII, Kailali, Female Community Leader, Sudurpaschim Province)*

*"Staying and sleeping alone at night in a livestock shed is fearful and frightening. Family members can't even find if anything happens to us when we menstruate and it is a major problem." (FGD Out of School, Accham, Adolescent Girls, Sudurpaschim Province)*

*"Because of chaugufa, girls and women face a lot of problems which leads to fatality. There are many incidences of the woman dying in chhaupadi huts." (KII, Kalikot, School Chairperson, Karnali Province)*

**Necessity of practicing *Chhaupadi***

Table 16: Necessity of practicing *Chhaupadi*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **Do you think women and girls should practice *Chhaupadi*? n(%)**  **n=3495** | | | **Total** |
| **Yes** | **No** | **Don't know** |
| Province 1 | 18(5.1) | 435(85) | 69(9.8) | 522 |
| Province 2 | 44(9.9) | 358(78.4) | 63(11.8) | 465 |
| Bagmati | 13(2.7) | 455(88.3) | 53(9) | 521 |
| Gandaki | 16(3.1) | 488(94) | 14(2.9) | 518 |
| Province 5 | 29(2.2) | 482(90.4) | 32(7.4) | 543 |
| Karnali | 61(11.4) | 375(85.5) | 13(3.2) | 449 |
| Sudurpaschim | 92(22.5) | 357(72.2) | 28(5.4) | 477 |
| ***Total*** | ***273(8.6)*** | ***2950(83.9)*** | ***272(7.5)*** | ***3495*** |
| **Educational level** | | | | |
| Primary | 10(9.2) | 106(76.3) | 26(14.6) | 142 |
| Secondary | 250(8.5) | 2651(83.8) | 242(7.7) | 3143 |
| Higher secondary | 13(8.8) | 193(88.6) | 4(2.7) | 210 |
| ***Total*** | ***273(8.6)*** | ***2950(83.9)*** | ***272(7.5)*** | ***3495*** |

In total, majorities 2950(83.9%) of adolescent girls of all the seven provinces stated women and girls should not practice *Chhaupadi*. In contrast, most 92(22.5%) of the adolescent girls from Sudurpaschim province believed that women and girls should practice *Chhaupadi* which is followed by 61(11.4%) from Karnali province, 44 (9.9%) from province 2.

Likewise, the practice of *Chhaupadi* with regards to educational level, majority 2950(83.9%) of the girls thought that *Chhaupadi* should not be practiced. Whereas, 10(9.2%) of adolescent girls from the primary level believed women and girls should practice *Chhauapadi* followed by 250 (8.5%) from secondary level.

**Reasons for practicing *Chhaupadi***

Table 17: Reasons for practicing *Chhaupadi*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reasons for practicing *Chhaupadi* n (%)**  **n=3495** | | | | | |
| **Province** | **Fearing of divine retribution** | **Family make decision** | **They feel it is the right thing to do** | **Don't know** | **Total** |
| Province 1 | 27(8.7) | 372(73.7) | 16(2.5) | 107(15.1) | 522 |
| Province 2 | 111(27) | 246(50.5) | 30(5.9) | 78(16.5) | 465 |
| Bagmati | 37(6.2) | 396(80.5) | 10(2) | 78(11.2) | 521 |
| Gandaki | 35(5.6) | 454(89.1) | 10(1.3) | 19(4.1) | 518 |
| Province 5 | 42(5) | 429(80.2) | 20(3.9) | 52(10.9) | 543 |
| Karnali | 97(19.9) | 332(76.1) | 9(1.9) | 11(2) | 449 |
| Sudurpaschim | 105(21.2) | 276(58.8) | 25(5.) | 71(15.1) | 477 |
| ***Total*** | ***454(13.7)*** | ***2505(70.8)*** | ***120(3.7)*** | ***416(11.8)*** | ***3495*** |
| **Current educational level** | | | | | |
| Primary | 19(14.7) | 75(52.2) | 5(4.5) | 43(28.6) | 142 |
| Secondary | 420(14.2) | 2248(70.1) | 113(3.9) | 362(11.8) | 3143 |
| Higher secondary | 15(7.4) | 182(85.4) | 2(1.6) | 11(5.5) | 210 |
| ***Total*** | ***454(13.7)*** | ***2505(70.8)*** | ***120(3.7)*** | ***416(11.8)*** | ***3495*** |

Family decision was one of the major responses given by majorities of the girls of all the seven provinces as a reason for practicing Chhaupadi. Girls who mentioned fear of divine retribution as a reason was high 111(27%) in province 2. Similarly, girls responding to practicing Chhaupadi is best thing to do was also seen high 30(5.9%) in province 2.

Likewise, majorities of the girls from all the three level of education reveled family decision as a reason of practicing *Chhaupadi*.

***Chhaupadi*: Legal or Illegal**

Table 18: *Chhaupadi*: Legal or Illegal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is *Chhaupadi* legal or illegal in our country? n(%)**  **n=3495** | | | | | |
| **Province** | **Legal** | **Illegal** | **Don't know** | **No response** | **Total** |
| Province 1 | 43(6.8) | 293(56.7) | 186(36.6) | 0 | 522 |
| Province 2 | 65(14.3) | 245(55.5) | 149(29.2) | 6(1) | 465 |
| Bagmati | 40(9.2) | 288(54.9) | 187(35.2) | 6(0.6) | 521 |
| Gandaki | 23(3.7) | 431(85.2) | 62(10.90) | 2(0.20) | 518 |
| Province 5 | 40(6.8) | 367(62.3) | 136(30.9) | 0 | 543 |
| Karnali | 97(19.7) | 275(62) | 69(16.9) | 8(1.4) | 449 |
| Sudurpaschim | 88(14.9) | 239(51.5) | 149(33.3) | 1(0.3) | 477 |
| ***Total*** | ***396(10.8)*** | ***2138(59.2)*** | ***938(29.5)*** | ***23(0.4)*** | ***3495*** |
| **Current educational level** | | | | | |
| Primary | 18(15.4) | 55(45.8.) | 67(37.2) | 2(1.6) | 142 |
| Secondary | 358(11.2) | 1936(58.8) | 828(29.6) | 21(.4) | 3143 |
| Higher secondary | 20(5.1) | 147(68.5) | 43(26.4) | 0 | 210 |
| ***Total*** | ***396(10.8)*** | ***2138(59.2)*** | ***938(29.5)*** | ***23(0.4)*** | ***3495*** |

The majority of respondents 2138(59.2%) knew that *Chhaupdi* is illegal. Knowledge on *Chhaupadi* as legal provision is highest in Karnali province 97(19.7%) followed by Sudurpachim province 88 (14.9%).

By education level, it was revealed that almost 18 (13%) of the adolescent girls of primary level, 358(11.2%) of secondary level and 20(5.1%) of higher secondary level responded *Chhaupadi* is a legal practice.

Table 19: Concern and discontinue practicing *Chhaupadi* knowing it is illegal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **Do you think people will be worried about practicing *Chhaupadi* if they know it is illegal n(%)**  **n=3495** | | | |
| **Yes** | **No** | **Don't know** | **Total** |
| Province 1 | 255(53.5.) | 112(19.7) | 155(26.8) | 522 |
| Provice 2 | 245(53.4) | 116(25.2) | 104(21.4) | 465 |
| Bagmati | 251(51.4) | 8016.3) | 190(32.3) | 521 |
| Gandaki | 327(67) | 99(17.9) | 92(15.2) | 518 |
| Provnce 5 | 314(51.6) | 129(27.7) | 100(20.7) | 543 |
| Karnali | 226(48.2) | 176(39.7) | 47(12.2) | 449 |
| Sudurpaschim | 196(46.7) | 172(31.6) | 109(21.7) | 477 |
| ***Total*** | ***1814(51.9)*** | ***884(26.3)*** | ***797(21.8)*** | ***3495*** |
| **Do you think people will stop practicing *Chhaupadi* if they know that it is legal?** | | | | |
| Province 1 | 297(60.1) | 87(15.8) | 138(24.1) | 522 |
| Province 2 | 310(68.8) | 61(13.2) | 94(18) | 465 |
| Bagmati | 247(45.8) | 109(22.4) | 165(31.8) | 521 |
| Gandaki | 345(66.6) | 94(18.2) | 79(15.2) | 518 |
| Province 5 | 289(47.4) | 137(26.20) | 117(26.4) | 543 |
| Karnali | 232(56.1) | 166(30.5) | 51(13.4) | 449 |
| Sudurpaschim | 172(35.1) | 170(37) | 135(27.9) | 477 |
| ***Total*** | ***1892(52.2)*** | ***824(24.3)*** | ***779(23.6)*** | ***3495*** |

The majority of the adolescent girls in each province revealed that people would get worried about practicing *Chhaupadi* if they know it is illegal.

Majority 327(66.6%) of girls of Gandaki province responded that people would be worried about practicing *Chhaupadi* but it was least from Sudurpaschim Province 196(46.7%). Likewise, almost two-third of the adolescent girls in Province 2 and Gandaki Province responded that people would stop practicing Chhaupadi if they know it is illegal. In contrast, around 36 percent of the girls in Sudurpaschim province said people would not be worried about practicing Chhaupadi and they would not even stop practicing and most 135(28.3%) of the girls of Sudurpaschim province don’t know whether people would stop practicing Chhaupadi knowing it is illegal.

The qualitative finding revealed that for the eradication of malpractices in Sudurpaschim and Karnali province government had taken the initiation to destroy the *Chhaupadi* huts, but from the FGD it seemed that they are not succeeding to omit conservative mentality existing in society.

*"Recently, there was news regarding the destruction of Chaugoth in Surkhet. The government is destroying Chaugoth by hiring employees, but they are not able to destroy the mentality of people. But again, it is being renovated and some people go back to those destroyed Chaugoth and stay there. Also, he said that "If I sit in Chaugoth, I fear the government. If I stay at home, I fear that God will be angry with me”, it is, therefore, necessary to destroy this thinking." (KII, Surkhet, CMA, Karnali Province)*

*"Government has tried many times to destroy separate hut, but the people used to say that chaugoth is for storing corn, wheat, barley and so on" (IDI, Visually Impaired.*

### Restriction during Menstruation

**Activities obligated to avoid doing**

Table 20: Activities obligated to avoid doing by ethnicity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **During your regular menstruation, what are you typically obligated to avoid doing n (%)**  **n=3495** | | | | | | | | | | | | | |
| **Attend temple** | **Attend religious occasions** | **Do household puja** | **Touch male family members** | **Touch any adults** | **Cook/enter the kitchen** | **Go outside as much as normal** | **Sleep in the same house as the rest of the family** | **Sleep in the same bed that you normally sleep in** | **Lift the heavy loads** | **Take a bath wash** | **Go to fetch drinking water** | **Touch plants/seeds** | **Eat or drink dairy products** |
| Dalit | 423(88.2) | 401(83.8) | 406(85.5) | 277(52.9) | 250(51.9) | 325(66.6) | 195(39.6) | 279(53.5) | 241(53.1) | 198(39.9) | 162(33.4) | 265(58.8) | 267(54.5) | 202(40.9) |
|
| Disadvantaged janajatis | 205(71.7) | 177(67.8) | 184(64.2) | 112(42.7) | 114(41.3) | 132(46.8) | 91(34.1) | 110(42.9) | 108(38.4) | 108(38.9) | 105(39.2) | 115(43.8) | 114(45.5) | 105(37.5) |
| Disadvantaged non dalit Terai caste Group | 179(67.3) | 167(63.7) | 173(64.9) | 115(39.5) | 104(34.6) | 137(49.2) | 97(33.6) | 128(45.1) | 130(49.6) | 127(58.6) | 108(43.1) | 118(44.7) | 104(37.5) | 100(38.1) |
| Religious minorites | 25(77.5) | 16(49.1) | 23(73.6) | 11(36.3) | 9(21.7) | 12(47.3) | 8(25.2) | 11(34.7) | 10(37.9) | 9(35.2) | 6(23.5) | 8(33.9) | 9(24.9) | 5(24.1) |
| Relatively advantaged Janajatis | 656(88.8) | 577(80.3) | 612(82.2) | 198(25.8) | 213(26.1) | 293(37.3) | 183(25.4) | 245(32.9) | 224(33.9) | 291(39.8) | 216(26.7) | 286(35.2) | 361(45.0) | 190(24.0) |
| Upper caste groups | 1393(84.0) | 1325(80.6) | 1350(81.4) | 901(54.9) | 833(52.2) | 1123(68.6) | 536(31.9) | 921(56.0) | 805(50.5) | 695(43.5) | 536(32.2) | 939(58.9) | 832(50.8) | 660(39.5) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

A total of 3478 adolescent girls followed restriction during menstruation. By ethnicity, majorities of girls belonging to Dalit, relatively advantaged janajatis and upper caste group had restriction in doing religious activities like attending temple, religious occasions and doing household puja. Moreover, all of the mentioned restriction were mostly followed by the girls belonging to upper caste group which is followed by the girls belonging to Dalit ethnic group except for the restriction in taking bath, washing and also lifting heavy loads which was followed mostly by Disadvantaged non dalit terai caste groups.

Table 21: Activities obligated to avoid doing by Religion

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Religion** | **During your regular menstruation, what are you typically obligated to avoid doing n (%)**  **n=3495** | | | | | | | | | | | | | | |
| **Attend temple** | **Attend religious occasions** | **Do household puja** | **Touch male family members** | **Touch any adults** | **Cook/enter the kitchen** | **Go outside as much as normal** | **Sleep in the same house as the rest of the family** | | **Sleep in the same bed that you normally sleep in** | **Lift the heavy loads** | **Take a bath wash** | **Go to fetch drinking water** | **Touch plants/seeds** | **Eat or drink dairy products** |
| Hindu | 2456(82.8) | 2305(79) | 2372(79.6) | 1449(48.9) | 1353(46.6) | 1816(61.4) | 967(32.6) | | 1524(51.2) | 1342(48) | 1241(44) | 963(32.8) | 1521(52.9) | 1453(49.5) | 1110(37.2) |
|
| Buddhist | 252(84.2) | 222(76.9) | 229(78.2) | 99(31.8) | 110(35.9) | 121(39.7) | 86(30) | | 105(36) | 119(41.9) | 118(39.6) | 105(34.7) | 122(43.6) | 143(42.8) | 104(37.1) |
| Christian | 44(71.9) | 36(61) | 35(63.1) | 31(50.4) | 20(28.7) | 35(55.2) | 19(22.1) | | 28(43.8) | 22(27.9) | 24(34) | 27(40.2) | 30(54.7) | 24(44) | 18(26.8) |
| Kirat | 97(87.1) | 79(71.5) | 82(73.6) | 21(15.3) | 29(23.0) | 36(31.6) | 25(21) | | 21(18.5) | 22(25.6) | 27(31.1) | 26(24.4) | 45(38.6) | 56(36.1) | 20(17.2) |
| Muslim | 32(70.4) | 21(44.9) | 30(71.1) | 14(29.9) | 11(17.6) | 14(37.3) | 13(34.3) | | 16(38.9) | 13(40.9) | 18(51.2) | 12(35.4) | 13(36) | 11(17.6) | 10(32) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Majorities of the girls belonging to Hindu religion were obligated in avoid doing most of the mentioned restrictions. However, majorities of Buddhist adolescent girls were restricted in attending the temple 252(84.2%) and religious activities 222(76.9%) and also taking a bath and washing 105(34.7%).

Table 22: Activities obligated to avoid doing by Provincial level

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **During your regular menstruation, what are you typically obligated to avoid doing n (%)**  **n=3495** | | | | | | | | | | | | | |
| **Attend temple** | **Attend religious occasions** | **Do household puja** | **Touch male family members** | **Touch any adults** | **Cook/enter the kitchen?** | **Go outside as much as normal** | **Sleep in the same house as the rest of the family** | **Sleep in the same bed that you normally sleep in?** | **Lift the heavy loads** | **Take a bath wash?** | **Go to fetch drinking water** | **Touch plants/seeds** | **Eat or drink dairy products** |
| Province 1 | 436(84.8) | 377(75.2) | 400(79.6) | 166(34.9) | 169(36.5) | 236(49.6) | 147(37.7) | 147(32.6) | 150(39.3) | 171(34.7) | 148(36.7) | 212(41.5) | 244(48.4) | 139(33.2) |
| Province 2 | 298(63.6) | 282(60.7) | 286(60.3) | 190(39.4) | 194(39.6) | 238(49.6) | 176(36.3 | 212(44.8) | 227(49.5) | 204(46.5) | 173(38.5) | 216(47.5) | 199(45.1) | 174(37.5) |
| Bagmati | 449(89.5) | 396(82.4) | 425(83.8) | 188(38.6) | 171(36.3) | 245(50.0) | 127(26.3) | 193(41.0) | 183(35.9) | 201(38.8) | 156(28.0) | 202(44.3) | 254(51.1) | 146(28.8) |
| Gandaki | 485(95.0) | 452(87.3) | 473(93.9) | 272(54.4) | 217(40.4) | 336(65.8) | 178(31.5) | 290(54.6) | 234(45.4) | 220(40.5) | 148(30.6) | 278(52.7) | 255(48.6) | 16(32.0) |
| Province5 | 478(90.6) | 456(87.0) | 469(88.2) | 277(48.1) | 225(37.1) | 323(59.0) | 127(22.3) | 255(44.7) | 213(39.7) | 255(50.4) | 90(17.9) | 250(48.8) | 252(46.9) | 137(23.4) |
| Karnali | 389(88.9) | 359(81.9) | 358(79.4) | 218(43.6) | 225(45.8) | 315(67.2) | 160(36.5) | 283(61.0) | 243(54.9) | 186(41.4) | 191(42.5) | 258(54.3) | 222(43.1) | 242(51.3) |
| Sudurpaschim | 346(74.9) | 341(73.4) | 337(73.1) | 303(63.1) | 322(70.9) | 329(71.1) | 195(39.5) | 314(67.2) | 268(58.3) | 191(40.8) | 227(45.9) | 315(69.3) | 261(53.8) | 257(54.8) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

The majority of girls from each province avoid attending the temple, religious occasion and do household work but in province 2 adolescent girls 282(60.7%) were less likely to attend religious functions and worship god in comparison to other provinces. Similarly, more than two-thirds of the girls from Sudurpaschim had to follow restrictions like touching male members and any adults. The majority of the girls 315(67.2%) avoiding cooking were found similar in Karnali province and Sudurpaschim province.

In qualitative findings, the majority of the research participants stated that cultural and religious beliefs were associated with restrictions on normal daily activities. The majority of the FGD participants from all provinces commonly faced varieties of restrictions during their menstruation as they were forbidden from doing household chores such as preparing food, cooking, washing utensils. The utensils used after eating should be dried in the sunlight. Otherwise, that was not reusable.

*"I was not allowed to go to the kitchen and touch utensils." (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

*"We are not allowed to wash clothes in the same bucket and touch water or crops, so that creates a little inconvenience." (FGD, Out of School, Morang, Adolescent Girls, Province 1)*

Different participants from all provinces stated touching male members and cooking food is harmful to men and boys, which can be (causing) a factor in making them sick and considered as bad deed. So, the family members were not allowed to eat the food or drink the water touched by the women. Moreover, family members claimed that if they were touched by the menstruating girls, their eyes would swell and limbs would be numb.

*"There are still many social stigmas in our areas like prohibition to enter some places especially kitchen, touching things and male members of family, so we are trying our best to boycott such stigmas and traditions." (KII, Ramechhap, Ward Chairperson, Bagmati Province)*

*"During my period I am restricted to touching my father and brothers. For the easy menstruation easier ritual of not touching my father shouldn't be eliminated." (FGD, Out of School, Gulmi, An Adolescent Girl, Gandaki Province)*

*“We are not allowed to touch people if touch than they will be purified by cow urine.” (FGD, In School, Baitadi, Adolescent Girls, Sudurpaschim Province)*

During the interviews and FGDs most adolescent girls from different provinces commonly shared they were prohibited in touching crops and watering the plants at the time of menstruation because of the myth and belief of society that the touched crops would die due to girl's impureness.

*"People also say we can't touch plants of vegetables and fruits because plants would die and fruits will get rotten and fall from tree."(FGD, In School, Udayapur, Adolescent Girls, Province 1)*

While beliefs related to dietary restrictions were also common among the girls from Province 1, Gandaki Province, Karnali Province, and Sudurpaschim Province as seen in prohibiting drinking cow's milk and yogurt but going jungle for grass for the cows and buffalo, to collect firewood and working on field is depressing matter for them. Some respondents from Sudurpaschim province said that they were prohibited to eat the nutritious food but the name of the food was not revealed. Some respondents were also restricted to have sour food when menstruating believing that these foods would make the menstrual flow heavier. Whereas, few respondents from province 1 explained that bitten rice should not be eaten at the time of the menstruation.

*"We are not allowed to drink the cows and buffalo milk and touch the cow in periods." (FGD Out of School, Jumla, Adolescent Girls, Karnali Province)*

*"The cultural practice of the hilly region of Far-west districts, such as they cannot drink milk and milk products which is very essential and has direct effect on health. If nutritious foods are avoided and healthy soups are not taken, it is challenging." (KII, Kailali, Community Leader, Sudurpaschim Province)*

Girls from Karnali and Sudurpaschim province explained that they could not use the same toilet and same tap used by the family members, however added that nowadays only some families had built separate taps for the menstruating girls. Girls cannot even drink water in front of other people because it is believed that droplets of the water will have an effect on others. So, the girl child wished for no menstruation. When the period of menstruation arrives, they are mentally distressed. In addition, during winter, all the clothes/ dress that are used/ touched during menstruation are supposed to be washed and dried but in addition, the washed clothes do not dry immediately. On the other hand, due to poor economic status, they do not have enough clothes Due to such many reasons the people are mentally stressed during that time period. After four to five days of menstruation period, they are only allowed to enter the kitchen by getting sprinkles of sunpani/jalpani /teelpani. In some areas of Sudurpaschim province girls are facing much restriction to the point that even footsteps taken by the girls during this period should be washed or brushed.

*"It's difficult to have easy access to tap for bathing and cleaning because we cannot use pumps/tap nearby. We have to travel a long distance and it’s a major problem." (KII, Bajura, Female Teacher, Sudurpaschim Province)*

*"We aren't allowed to go to the toilet, family members also have to share the same toilet so we aren't allowed to go there so we have to go outside in an open field." (FGD, Out of School, Jumla, Adolescent girls, Sudurpaschim Province)*

Besides, the people from Karnali and Sudurpaschim province kept eyeing on menstruating girls for whether they had used an alternative way to the school as there is a temple on their usual walking route. So, this compelled them to go to school by using different ways, consequently, they feel bad for being girls. They also have to walk keeping the larger distance if there is anyone.

*"I wish I wouldn’t have to change roads because of the menstruation." (IDI, Visually Impaired, Night Blindness, Bajura, Differently-abled Adolescent Girls,Sudurpaschim Province)*

On the other hand, adolescent girls commonly viewed that not being able to attend religious ceremonies (marriage ceremony, bratabandha, touch holy book, etc), worshipping god, and wearing *tika* are unacceptable and wrong practice whereas society perceives this as ritually dangerous and unclean. For example: If they worship God, they will be punished by god*.* Some girls reported that sometimes they used to lie just to attend the religious function and enter the house by ensuring that nobody is in the house and no one is seeing her.

*"(Sad face) we can’t be involved in Bhai-Tika, which only happens once a year. I feel very disappointed. I feel like crying. My mother scolds me saying why I have to have my period during festivals. She wishes to send me off to another house by marrying early therefore she doesn't have to deal with it. That makes me feel bad and it hurts." (FGD, Out of School, Jajarkot, Adolescent Girls, Karnali Province)*

*"Sometimes I lied about the period and attended religious functions like worshipping and much social function." (FGD, In School, Kailali, An Adolescent Girl*, *Sudurpaschim Province)*

Few adolescent girls from Province 1 and Province 2 had a culture of prohibition only in worshiping god. Hardly any adolescent girls from Gandaki Province and Province 2 even don’t have the restriction on worshipping god and attending social functions. Similarly, a small number of girls from different provinces 2 and Bagmati Province don’t feel the pressure of socio-cultural taboos in their family as they are allowed to do everything they want. Only one participant from Sudurpaschim Province said with their happy face that in her house, she could do anything. She could touch and eat food by herself.

*"There are no restrictions in anything either in-home or community." (FGD, Out of School Chitwan, An Adolescent Girls, Bagmati Province)*

*"In our community, there are no such restrictions except worshipping the god." (FGD, Out of School, Rupandehi, All Adolescent Girls, Gandaki Province)*

In the District of Province 1 restriction was so unusual as the adolescent girls were told not to put on makeup like lipstick and hair oil. They were also said not to comb hair but these girls denied these types of cultural practice.

*"Some people also tell us not to put on lipstick and not to comb our hair too. But we don’t care. We put it on and leave." (FGD, Out of School, Udayapur, Adolescent girls, Province 1)*

**Actual activities done during restriction**

Table 23: Actual activities done during restriction

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Actual activities done during restriction n (%)**  **n=3495** | | | | | | | | | | | | | |
|
| **Attend temple** | **Attend religious occasions** | **Do household puja** | **Touch male family members** | **Touch any adults** | **Touch plants/seeds** | **Go outside as much as normal** | **Lift the heavy loads** | **Cook/enter the kitchen** | **Sleep in the same house as the rest of the family** | **Sleep in the same bed that you normally sleep in** | **Take a bath, wash** | **Go to fetch drinking water** | **drink dairy products** |
| Province 1 | 53(12.4) | 138(20.8) | 50(10.5) | 330(63.2) | 338(65.2) | 234(44.7) | 390(72.1) | 286(53.1) | 319(59.0) | 346(63.3) | 442(83.7) | 485(89.2) | 327(63.4) | 439(82.9) |
| Province 2 | 107(20.5) | 180(38.2) | 98(20.9) | 373(81.6) | 375(81.6) | 305(64.0) | 347(75.4) | 184(38.0) | 403(88.2) | 321(71.6) | 391(84.2) | 427(91) | 367(79) | 400(86.7) |
| Bagmati | 43(7.7) | 106(20.7) | 50(8.8) | 323(62.5) | 324(61.6) | 268(52.2) | 389(78.1) | 207(44.0) | 288(58.2) | 289(56.5) | 404(82.9) | 450(91.3) | 310(62.1) | 413(84.0) |
| Gandaki | 22(4.5) | 56(13.6) | 23(3.8) | 268(50.4) | 312(59.1) | 248(51.0) | 375(74.2) | 222(38.1) | 204(38.2) | 215(41.5) | 337(65.1) | 474(92.1) | 224(42.9) | 382(75.4) |
| Province 5 | 70(14.9) | 141(24.3) | 46(11.2) | 338(63.4) | 337(61.8) | 312(57.4) | 349(71.0) | 263(49.9) | 248(48.8) | 272(54.4) | 382(70.4) | 495(90.4) | 246(51.7) | 420(79.1) |
| Karnali | 58(13.6) | 102(23.2) | 58(12.9) | 253(62.0) | 229(54.7) | 258(61.3) | 281(63.4) | 235 (50.8) | 173(45.0) | 196(45.6) | 262(61.3) | 363(85.1) | 209(50.1) | 265(65.7) |
| Sudurpaschim | 36(7.7) | 58(13.9) | 24(5.4) | 165(34.6) | 132(25.9) | 242(53.6) | 270(61.1) | 265(60.2) | 94(16.4) | 103(21.2) | 188(40.5) | 391(85.7) | 147(31.5) | 212(46.8) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Most of the girls doing religious activities and touching male members/adults during menstruation were found higher in province 2 and lowest in Sudurpaschim province. Additionally, most 389 (78.1%) of the girls from the Bagmati province went outside during the period in comparison to other provinces. Moreover, 265(60.2%) girls lifting heavy loads were higher in the Sudurpaschim province. Likewise, in province 2, most 403(88.2%) of the adolescent girls were involved in cooking and the minority 94(16.4%) girls were from the Sudurpaschim province.

**Activities to do if no obligation**

Table 24: Activities to do if no obligation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **If no obligation, activities done n (%)**  **n=3495** | | | | | | | | | | | | | |
| **Religious activities** | | | **Touching Prohibition** | | | **Household work** | | **Personal Activities** | | | | **Eating prohibition** | |
| **Attend Temple** | **Attend religious occasions (wedding, blessing, puja, bratabanda)** | **Do household puja** | **Touch male family members** | **Touch any adults** | **Touch plants/seeds** | **Cook/enter the kitchen** | **to fetch drinking water** | **Go outside as much as normal** | **Sleep in the same house as the rest of the family** | **Sleep in the same bed that you normally sleep in** | **Lift the heavy loads** | **Take a bath, wash** | **Eating or drinking dairy products** |
| Province 1 | 125(28.5) | 196(35.1) | 121(22.8) | 342(63.9) | 360(68.8) | 271(52.4) | 363(71.1) | 373(71.4) | 396(75.7) | 372(71.3) | 446(84.9) | 299(57.9) | 497(94.2) 460(88.2) | |
| Province 2 | 195(43.3) | 249(53.9) | 207(46.5) | 331(71.1) | 361(77.2) | 329(70.0) | 383(82.5) | 383(83.4) | 354(77.4) | 370(81.3) | 373(80.3) | 193(41.2) | 426(91.6) | 408(88.2) |
| Bagmati | 170(31.3) | 232(44.1) | 161(29.2) | 377(71.4) | 386(72.3) | 352(65.9) | 349(67.5) | 388(72.3) | 421(80.3) | 346(65.7) | 434(85.1) | 263(55.8) | 471(93.2) | 447(86.4) |
| Gandaki | 150(32.2) | 202(45.3) | 151(29.8) | 366(70.4) | 388(75.3) | 346(69.8) | 332(64.7) | 345(69.9) | 424(84.4) | 319(61.6) | 421(81.4) | 276(50.1) | 486(94.5) | 443(84.6) |
| Province 5 | 180(32.9) | 214(35.7) | 178(29.9) | 306(63.0) | 349(68.0) | 377(69.9) | 294(58.7) | 374(71.9) | 357(70.6) | 372(67.4) | 358(72.0) | 247(49) | 503(92.8) | 446(83.5) |
| Karnali | 144(37.5) | 227(50.6) | 144(36.7) | 312(73.3) | 298(70.5) | 335(74.7) | 266(64.3) | 301(72.3) | 325(72.4) | 281(63.4) | 339(77.6) | 243(59.3) | 403(92.3) | 332(75.7) |
| Sudurpacshim | 142(29.8) | 181(39.6) | 138(27.6) | 253(53.6) | 246(51.1) | 339(72.6) | 193(37.0) | 261(53.8) | 319(69.1) | 251(51.9) | 274(56.7) | 280(60.8) | 426(91.2) | 320(66.1) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Majority of the adolescent girls in each province would prefer doing activities like sleeping in the same house and in the same bed, taking bath and washing if no restriction were to be followed. In addition, most of them preferred doing household activities, and touching adults and male members. However, only less than half of the girls from each province stated that they would go to temple, attend household puja and other religious activities and it was found high among the girls in province with 2.195(43.3%), 249(53%) and 207(46.5%) respectively.

**Reasons of following restriction**

Table 25: Main reasons to follow restriction

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Main reasons to follow restriction n (%)**  **n=(3478)** | | | | | | |
| **Feels unwell** | **Fear divine retribution** | **Family don't allow these things** | **Feel it is the right thing to do** | **Fear of making period worse** | **Total** |
| Province 1 | 113(34.3) | 98(19.7) | 156(36.0) | 96(26.5) | 55(28.4) | 520 |
| Province2 | 184(47.3) | 34(14.5) | 60(26.6) | 115(30.3) | 72(17.9) | 465 |
| Bagmati | 110(37.5) | 62(18.3) | 191(43.4) | 104(20.0) | 50(27.6) | 517 |
| Gandaki | 53(25.8) | 93(25.4) | 226(51.5) | 74(18.1) | 69(35.4) | 515 |
| Province5 | 105(38.6) | 97(25.2) | 176(44.1) | 109(29.8) | 50(14.1) | 540 |
| Karnali | 109(33.8) | 102(31.6) | 141(46.8) | 40(19.4) | 55(29.1) | 447 |
| Sudurpachhim | 107(36.7) | 93(38.6) | 164(49.7) | 66(18.7) | 42(24.2) | 474 |
| ***Total*** | ***781(22.3)*** | ***579(16.6)*** | ***1114(31.9)*** | ***604(17.3)*** | ***393(11.2)*** | ***3478*** |

Additionally, of the 3478 who followed these restriction excluding 17 who did not follow any of the mentioned restriction were questioned about the reasons for following these restrictions and as shown in the table above, family's decision to follow the restrictions was the major reasons by most of the girls in each of the province except in province 2 where most 184(47.3%) of the girls stated not following the restriction makes them feel unwell. Moreover, in province 5 and province 2, most 109(29.8%) and 72(17.9%) of the girls responded following the restriction is the right thing to do and not following the restriction makes the period worse respectively.

But the qualitative finding also showed that some girls from province 1 and Gandaki Province were happy to follow such restrictions as they said that there was nothing wrong to practice these rituals. These girls also perceived the avoidance of cooking and housework as beneficial as they got enough time to rest, so they felt pleased with such restrictions. This gives a clear view that some restriction was also self-practice by the girls as they thought that restriction was convenient to follow and there wasn’t any malpractice in their community. They also believed that breaking social restrictions could harm them so they were satisfied with such kind of practices and beliefs.

*"I feel the trend of restriction during menstruation is fine as I feel pleased that we won’t have to enter the kitchen, prepare food, and also sweep the floor during menstruation. Although we sleep in a different bed, all these things provide me more rest." (FGD, In School, Parbat, Adolescent girls, Gandaki Province)*

*“We don’t think there are any wrong practices regarding restrictions, everything is good and there is nothing to change*. *If breaking restrictions can cause harm to you then we should not break them at all.” (FGD, Out of School, Taplejung, Adolescent Girls, Province 1)*

*“If breaking restrictions can cause harm to us then we should not break them at all.” (FGD, Out of School, Taplejung, Adolescent Girls, Province 1*

**People suggested following the restriction**

Table 26: People suggesting to follow the restriction

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Who asks to follow the restriction n (%)**  **n=3478** | | | | | | | | | | | | | | | |
| **Mother** | **Elder Sister** | **Grandparent** | **Auntie** | **Uncle** | **Sister** | **Brother** | **Mother in law** | **Father in law** | **Sister in law** | **Brother in law** | **Other relative** | **Whole family** | **Teacher** | **Friends** | **Priest** |
| Province 1 | 410(80.7) | 184(37.5) | 212(44.2) | 106(22.1) | 41(9.4) | 73(15.0) | 34(8.6) | 12(2.6) | 6(1.6) | 2(0.4) | 3(0.6) | 43(6.7) | 62(12.3) | 32(8.3) | 90(20.6) | 126(23.4) |
| Province 2 | 391(82.3) | 186(37.0) | 82(15.6) | 110(21.6) | 15(2.9) | 83(16.4) | 14(3.2) | 14(2.3) | 2(0.2) | 11(1.6) | 1(0.1) | 23(4.8) | 37(7.5) | 46(6.7) | 140(29.7) | 33(5.5) |
| Bagmati | 394(80.0) | 175(35.4) | 214(41.2) | 105(24.9) | 46(10.2) | 55(14.2) | 30(6.7) | 10(2.1) | 4(1.0) | 4(0.6) | 1(0.5) | 47(8.6) | 59(12.3) | 38(8.6) | 87(20.3) | 106(24.0) |
| Gandaki | 426(82.2) | 191(37.2) | 277(54.3) | 122(22.5) | 72(12.8) | 80(16.0) | 50(9.2) | 9(1.9) | 4(1.4) | 3(0.5) | 2(0.2) | 67(16.3) | 70(12.8) | 29(5.3) | 83(14.9) | 126(27.4) |
| Province5 | 368(68.2) | 150(27.0) | 213(38.9) | 61(15.3) | 19(3.5) | 40(7.6) | 8(2.0) | 9(1.1) | 1(0.6) | 4(1.1) | 0(0.0) | 49(10.5) | 112(22.7) | 20(3.6) | 71(13.7) | 65(12.7) |
| Karnali | 316(73.5) | 164(36.3) | 205(44.6) | 108(21.1) | 58(12) | 64(14.7) | 33(6.1) | 17(4.1) | 15(2.8) | 8(1.8) | 7(1.5) | 54(13.8) | 54(13.3) | 22(6.0) | 79(19.3) | 121(26.2) |
| Sudurpaschim | 325(64.6) | 167(32.3) | 231(54.1) | 143(28.2) | 82(16.2) | 103(19.0) | 34(5.8) | 23(4.5) | 17(3.7) | 17(2.8) | 12(2.0) | 61(11.2) | 89(21.3) | 26(6.8) | 115(23.9) | 147(33.4) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

As shown in the table above, in all the seven provinces, mother was responsible for making their girls follow the menstrual restriction. Moreover, their grandparents were found responsible for continuing the culture of the restriction among adolescent girls in all provinces excluding province 2, 186(37%) where elder sister made girls to follow the restrictions.

When asked by the interviewers, girls from other areas/ districts elaborated that restrictions were not initiated by themselves; female members of the family and society such as mother, sister were giving more importance to follow these types of unwanted restrictions. Most girls acknowledged that they could not do anything for cultural restrictions as their family followed them, so they had to follow their cultural practice.

*"I cannot do anything for cultural restrictions. My family follows them, so I had to follow them. When I am at home, I do not enter the kitchen and temple. I also do not touch the elder male members. Even today if we have puja at our home, during our menstruation, we should live away from home. We are not allowed to enter. I have also heard that girls should live at an unsafe place and heard rape cases and cases of snakebite during menstruation. There are a lot of wrong practices regarding menstrual restriction in our community." (IDI, Partially Visually Impaired, Bara, Differently-abled Adolescent Girl, Province 2).*

**Self-reliance in talking and doing things against the restriction and taboo at home**

Figure 2: Self-reliance in talking and doing things against the restriction and taboo at home

**Could talk or do things against restriction and taboo at home**

In total, more than half 1799 (51.7%) of the adolescent girls revealed that they could talk or do anything against the restrictions and taboos they were following at their homes. Out of which majority of the girls were from province 5, 295 (44.2%) followed by Karnali 250(47.4%) On the contrary, the minority of the girls belonged to province 2, 211 (25.1%).

**Ever talked or done anything against the restriction and taboos at home**

Figure 3: Ever talked or done anything against the restriction and taboos at home

A total of 1337(38.4%) have done things against restriction and majorities of the girls 234(57.2%) talking or doing things against restriction were from province 5 while the least of the girls were from province 2, 230(45.9%).

**Self-reliance in talking and doing things against the restriction and taboo in the community**

Figure 4: Self reliance in talking and doing things against the restriction and taboo in the community

In total, nearly half of the adolescent girls felt about talking or doing anything against restriction and taboos in the community. However, the majorities belonged to the Bagmati province 126 (53.6%) while the least of the adolescent girls belonged to Gandaki province 102(44.9%).

**Ever talked or done anything against the restriction and taboos in community**

Figure 5: Ever talked or done anything against the restriction and taboos in community

The above figure explicit that 742(21.2%) of the adolescent girls have done or said things against the restriction and taboos in the community. Moreover, most of the girls who had said or done anything against the restrictions belonged to Karnali province 156(35.6%) and few respondents were from the province 2, 86(18.8%).

## Section III: Practices regarding menstruation

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### Management of menstrual blood during menstruation

Table 27: Management of menstrual blood during menstruation

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Management of Menstrual blood during the last menstruation n (%)**  **n= (3495)** | | | | | | | | | |
| **Disposable sanitary pad (commercial)** | **Reusable sanitary pad** | **New cloth** | **Old cloth** | **Cotton wool** | **Tampons** | **Toilet paper** | **Underwear alone** | **No material used** | **No response** |
| Province 1 | 288(61.1) | 153(29.3) | 201(31.9) | 78(11.1) | 12(1.8) | 0 | 0 | 1(0.3) | 0 | 1(0.3) |
| Province 2 | 165(32.2) | 213(48.2) | 140(27.8) | 81(15.8) | 10(1.5) | 1(0.1) | 2(0.1) | 11(2.5) | 1(0.2) | 5(1.00) |
| Bagmati | 239(45.8) | 264(51.5) | 156(32.6) | 56(11.5) | 17(3.3) | 3(0.6) | 0 | 1(0.1) | 3(0.2) | 1(0.1) |
| Gandaki | 406(78.0) | 96(22.0) | 90(15.3) | 136(20.7) | 26(5.0) | 0 | 0 | 0 | 0 | 0 |
| Province 5 | 335(64.6) | 165(27.1) | 133(21.9) | 66(10.8) | 18(2.6) | 1(0.4) | 1(0.2) | 3(0.1) | 0 | 1(0.2) |
| Karnali | 158(31.7) | 173(45.7) | 234(52.8) | 99(21.2) | 16(5.1) | 0 | 2(0.5) | 1(0.2) | 0 | 0 |
| Sudurpaschim | 197(39.9) | 252(54.1) | 131(29.1) | 101(22.7) | 27(6.2) | 2(0.1) | 2(0.5) | 3(0.6) | 1(0.1) | 1(.0.5) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

**Preferred Menstrual materials**

Table 28: Preferred Menstrual materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **If you could choose to use anything to manage your menstrual blood would you choose to use the same thing n (%)**  **n=3495** | | | |
| **Same because happy** | **Same because don't know about any other options** | **Different** | **Total** |
| Province 1 | 335(62.8) | 43(10.5) | 144(26.7) | 522 |
| Province 2 | 325(73.6) | 77(16.2) | 63(10.2) | 465 |
| Bagmati | 375(72.5) | 49(8.1) | 97(19.4) | 521 |
| Gandaki | 403(80.8) | 70(12.7) | 45(6.5) | 518 |
| Province 5 | 356(65.5) | 72(12.7) | 115(21.8) | 543 |
| Karnali | 241(59.3) | 73(14.1) | 135(26.6) | 449 |
| Sudurpaschim | 269(50.9) | 84(20.9) | 124(28.2) | 477 |
| ***Total*** | ***2304(65.00)*** | ***468(14.2)*** | ***723(20.9)*** | ***3495*** |

Table 29: Different materials preferred to use

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **If different, types of materials to choose n (%)**  **n=723** | | | | | | | |  |
| **Disposable sanitary pads** | **Reusable sanitary pads** | **New Cloth** | **Old Cloth** | **Cotton wools** | **Tampons** | **No response** | **Total** | |
| Province 1 | 58(43.9) | 57(35.4) | 19(12.1) | 8(6.8) | 0 | 2(1.8) | 0 | | 144 |
| Province 2 | 19(25.7) | 25(45.7) | 14(20.4) | 0 | 5(8.2) | 0 | 0 | | 63 |
| Bagmati | 39(37.9) | 26(28.9) | 24(22.4) | 0 | 4(7.3) | 3(2.6) | 1(0.9) | | 97 |
| Gandaki | 14(45.8) | 25(45.8) | 2(1.4) | 4(6.9) | 0 | 0 | 0 | | 45 |
| Province 5 | 29(35.00) | 48(31.3) | 12(5.9) | 10(5.1) | 1(0.3) | 12(14.2) | 3(8.2) | | 11 |
| Karnali | 52(27.00) | 55(49.2) | 22(19.8) | 4(2.3) | 1(1.2) | 1(0.5) | 0 | | 135 |
| Sudurpaschim | 50(38.7) | 51(40.5) | 15(12.7) | 2(1.00) | 0 | 4(5.3) | 2(1.8) | | 124 |
| ***Total*** | ***261(36.1)*** | ***287(37.7)*** | ***108(13.00)*** | ***28(3.10)*** | ***11(1.6)*** | ***22(5.8)*** | ***6(2.8)*** | | ***723*** |

The uses of the sanitary material practice varied widely by province. For example, the use for disposable pad is highest in Gandaki province 406 (78%) and lowest in Province 2, 165(32.2%) Second most common method to manage menstrual blood is reusable sanitary pad, followed by new cloth. A significant proportion of girls 101(22.7) from Sudurpaschim province used old cloth, followed by the girls from the Karnali Province 99(21.2%).

Additionally, 20(0.6%) adolescents' girls revealed using underwear, out of them 16 girls used underwear during the last menstrual period as well as other menstrual material as adsorbents to manage their menstrual blood, while only six adolescent girls responded that they used only underwear in managing the menstrual blood. And 5(0.1%) of them whose response was 'didn’t use any material' also sometimes used other materials to manage their menstrual blood.

Moreover, if the adolescent girls could choose any other adsorbents to manage their menstrual blood the majority(2304(65%)of them in all the provinces were happy in using the same sanitary materials they were currently using followed by the girls stating that they use the same materials because they don’t know about any other options of adsorbents. However, 723(20.9%) girls would like to use different materials for the management of their menstrual blood.

Out of total participants, 723 adolescent girls who would like to choose different sanitary materials than the one they were currently using, 287(37.7%) would choose reusable sanitary pads which were most preferred method for the managing the menstrual blood as compared to the other absorbents for the management of menstrual blood.

The qualitative finding showed that management of menstrual hygiene and practice has been seen as one of the burning challenges in the context of Nepal especially when it comes to the availability sanitary pad. The unavailability of sanitary pads (commercial / disposable) has resulted in adolescent girls using the reusable pads made from pieces of clothes. Using clothes to soak blood during school hours have created various problems while changing the cloth because of lack of facilities to wash and dry the cloth at school.

*“We don't find pads easily so I also use cloth and reuse it every time.” (FGD, Out of School, Taplejung, An Adolescent Girl, Province 1)*

*“We don't have pads so I use cloth.” (FGD, Out of School, Sindhupalchowk, An Adolescent Girl, Bagmati province)*

*“We use homemade clothes pads when there is shortage of commercial sanitary pads.” (FGD, In School, An Adolescent Girl, Sudurpaschim Province)*

### Accessibility and availability of sanitary materials

**Reasons for not using preferred sanitary materials**

Table 30: Reasons for not using preferred sanitary materials

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Reasons for not using preferred sanitary materials n(%)**  **n=723** | | | | | | | | **Total** |
| **Shops too far away** | **Materials too expensive** | **Materials not available** | **Too embarrassed to buy** | **Family would not like it** | **Difficult to dispose of** | **Don't know how to use** | **Others** |
| Province 1 | 44(30.6) | 15(15) | 37(27.1) | 17(10.4) | 7(3.3) | 10(5.5) | 12(5.9) | 2(2.2) | 144 |
| Province 2 | 19(29.1) | 12(20.5) | 12(13.3) | 3(3.2) | 2(2.5) | 4(10.1) | 11(21.2) | 0 | 63 |
| Bagmati | 20(21.3) | 11(7.3) | 30(24.9) | 12(11.4) | 5(7.9) | 12(20.2) | 5(4.7) | 2(2.3) | 97 |
| Gandaki | 8(18.3) | 14(22.5) | 13(38.00) | 3(11.3) | 3(1.4) | 4(8.5) | 0 | 0 | 45 |
| Province 5 | 43(27.5) | 3(1.1) | 23(18.9) | 15(14.2) | 5(7.9) | 19(19.9) | 7(10.6) | 0 | 115 |
| Karnali | 45(36.6) | 22(15.2) | 18(16.1) | 19(15.4) | 1(1.2) | 25(11) | 3(2.1) | 2(2.6) | 135 |
| Sudurpaschim | 38(34.1) | 28(22.8) | 28(20.1) | 15(10.8) | 2(0.5) | 8(6.8) | 5(4.9) | 0 | 124 |
| ***Total*** | ***217(30.1)*** | ***105(13.00)*** | ***161(20.7)*** | ***84(11.7)*** | ***25(3.9)*** | ***82(12.3)*** | ***43(7.4)*** | ***6(.9)*** | ***723*** |

*Note: Others (specification) is not included in the table above.*

Out of 723 adolescent girls, in all the seven provinces, 217(30.1%) girls could not use the preferred materials from all provinces because of shops being too far and it was found high in karnali province 45(36.6%) compared to other provinces. This was followed by the unavailability of materials and materials being too expensive as a reason of not using the preferred materials. Among the girls having embarrassment in buying the sanitary pad, most of the girls 19(15.4%) feeling embarrassed to buy the preferred materials were from Karnali province

Moreover, a significant proportion of the girls 11(21.2%) from province 2 did not know the process of using materials, so they couldn’t use sanitary materials of their choice. Moreover, 2 girls said they felt fear of having health problems and other 2 felt uncomfortable to use the preferred materials.

However, the adolescent girls, who participated in the FGDs and interview, had different views regarding the affordability of sanitary pads. There were girls who used only pads, or only cloth or both of them during menstruation. Some girls found the price of sanitary material was affordable whereas most of them found it expensive. Some of the girls even shared that the price of the pad was affordable but since they had no income, they find it difficult to buy. This shows that the girls hesitate to ask money to their parents even for buying pads.

*“I don’t have any income. My grandfather gives me money sometimes. I save it to buy pads. The price of the pad is okay but it’s difficult to buy.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

Few of the girls who said pads were expensive had a practice of using both pads and reusable cloth because they could not afford to buy a commercial pad all the time. Some of the girls even though the price of the pad should be reduced but also they were scared that if the price is reduced the quality of materials used in pads will also decrease. This thought shows that they are obligated to buy pads at a higher price.

*“Pad is very expensive here and I couldn’t use it every time. So, I wear both pads as well as cloth.” (FGD, In School, West Rukum, An Adolescent Girl, Karnali Province).*

*“Pad is expensive and its rate depends on materials. I brought one packet of pad at 80 rupees.” (FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province)*

*“Price should be reduced a little but if the cost is reduced the quality is also decreased.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

Few of the adolescent girls and key persons of the community advocated that it is difficult for poor people to buy pads. An adolescent girl from Udaypur further advocated that the municipality should distribute sanitary pads in the whole village instead of distributing to school only. She added that there are families with weak financial situations who even struggle to have a proper meal. Such families cannot afford to buy pads. This situation shows that even though the pads are available, there are families who cannot afford them. So, the concerned authorities should bring programs so that the pads can be easily affordable by everyone.

*“Municipality distributes pad only to the school. It’s not that everyone in the village can buy pads. The financial situation is very weak for some families. They’ll be struggling to eat a one-time meal or wear one pair of clothes, let alone buying a pad. So, the program of distributing pads should be brought to the village too, not just in schools.” (FGD, Out of School, Udaypur, An Adolescent Girl, Province 1)*

*“Families are poor at buying pads. Uneducated girls feel shy and go to the shop to buy pads.” (KII, Bara, Chairperson of Mother Group, Province 2).*

*“In the present day, in my community, it is even quite difficult to manage their basic needs daily. In this situation, it is impossible to buy and use pads.” (KII, Gulmi, School Teacher, Province 5).*

A community leader from Kailali mentioned that there are families with poor economic status in which the adolescent girls have problems even to manage pieces of cloth to use during menstruation.

*“Due to poor economic status, the girls do not have enough clothes. In addition, the washed clothes do not dry immediately.” (KII, Kailali, Community Leader, Sudurpaschim Province)*

The availability of commercial sanitary pads differs in different areas according to the programs implemented by the government, purchasing capacity of the people and availability of the pads in the market. In this study majority of the participants advocated that they have limited access to commercial pads. Few adolescent girls had no problems accessing the pads from shops nearby whereas most of the girls faced problems such as the market being far from their residential areas and limited stock of pads in the market. Likewise, few participants had proper and full access to commercial pads at school provided by the government whereas the majority of girls had no such facilities.

Some of the adolescent girls from Province 1, Province 5 and Sudurpaschim Province mentioned the facility of free pads provided by the school. This had made it easier for the girls to attend school even during their menstruation. In one of the schools of province 1, the municipality has distributed sanitary pads for encouraging the girls to attend classes during menstruation. This shows that only a few municipalities have focused on the menstrual health of adolescent girls by implementing such programs.

*“The rural municipality has brought us many pads. We told the female teacher to distribute enough pad to the students.” (KII, Okhaldunga, School Principal, Province 1)*

Some of the adolescent girls who dropped school even complained about the pads being provided only in school. This shows these girls want the pads to be distributed for them as well.

*“School students are benefited with the freely distributed pad but we who stayed at home, have to buy it ourselves.” (FGD, Out of School, Rupandehi, An Adolescent girl, Province 5)*

Most of the participants said that there were no facilities for providing sanitary pads at school. This results in girls facing problems such as wearing the same pad for the whole day, staining blood in the skirt, which makes them embarrassed in front of their friends, and ultimately, they return home missing the classes. Few of these girls added that even though the pads are not provided by the school, there should be a proper clean place to change pads with adequate water.

*“We cannot get sanitary pads from our school even if we need them. (IDI, Physically Impaired, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province)*

*“At school, we feel it is difficult to manage the menstrual period. School teachers don’t provide us pads. If there is pad distribution in school, it would be more easy, comfortable and safe.” (FGD, In School, Kailali, An Adolescent girl, Sudurpaschim Province)*

*“Even if the schools do not provide pad, there should be facilities of clean toilets and adequate water.” (FGD, In School, Chitwan, Adolescent Girl, Bagmati Province)*

Due to the unavailability of sanitary pads at schools, some of the girls from Bagmati Province had the practice of providing sanitary pads to each other during menstruation in case they forget to keep an extra pad with them. This shows that the girls help each other during menstruation.

*“If she hasn’t brought a pad and we have it, then we provide her pad.” (IDI, Partially Physically Impaired, Speech Difficulty, Dhading, Differently-abled Adolescent Girl, Bagmati Province)*

*“My friend’s house is near the school, so I usually get it from her. If today I take it from her then I will return the pad next time she needs it.” (IDI, Physically Impaired, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province)*

Most of the adolescent girls said that they get commercial pads from shops nearby.

*“Pads are easily available in the market.” (FGD, Out of School, Chitwan, An Adolescent Girl, Bagmati province)*

There are also some cases where the adolescent girls have mentioned that there was the unavailability of sanitary pads in markets. The girls could not access the pads easily since they had to walk up to market areas to buy the commercial sanitary pads.

*“Due to the lack of shops near here, it is difficult to find the materials that you need like sanitary pads and medicines.” (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

*“Girls have to walk to the market areas to buy the commercial sanitary pad.” (KII, Taplejung, Member of School Management Committee, Province 1)*

Few of the key persons shared their view regarding the unavailability of sanitary pads. They said that alternative measures should be taken where commercial pads are unavailable. They also added that the government has come up with a program to distribute sanitary pads at schools.

*“In many places, access to pads is limited, which is why the government has come up with a program to distribute sanitary pads in school.” (KII, Nuwakot, Public Health Officer, Bagmati Province)*

*“If market pad/ sanitary pads are not available then instructions related to the process of making reusable homemade pad should be given.” (KII, Tanahun, FCHV, Gandaki Province)*

**Frequency of changing sanitary materials**

Table31: Frequency of changing sanitary materials

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **During your last period, how often did you change your menstrual blood management materials (pad/cloth) in a day n (%)**  **n=3489** | | | | | | **Total** |
| **Never, it's not necessary** | **Never for another reason** | **Once** | **Twice** | **3 times or more** | **No response** |
| Province 1 | 14(3.3) | 10(1.3) | 82(11.6) | 218(40.5) | 197(43.2) | 1(0.1) | 522 |
| Province 2 | 26(5.6) | 10(2.2) | 55(12.3) | 162(34.5) | 204(44.9) | 3(0.5) | 460 |
| Bagmati | 12(1.8) | 3(0.7) | 56(12.8) | 186(37.6) | 261(46.9) | 2(0.2) | 520 |
| Gandaki | 7(0.8) | 10(1.7) | 46(8.0) | 279(56.7) | 176(32.7) | 0 | 518 |
| Province 5 | 12(2.1) | 8(0.4) | 61(8.2) | 214(41.1) | 244(46.8) | 4(1.3) | 543 |
| Karnali | 8(1.6) | 16(3.1) | 74(11.6) | 153(37.2) | 198(46.6) | 0 | 449 |
| Sudurpaschim | 37(9.3) | 5(1.2) | 91(18.0) | 183(38.1) | 161(33.4) | 0 | 477 |
| ***Total*** | ***116(4.00)*** | ***62(1.3)*** | ***465(11.9)*** | ***1395(39.7)*** | ***1441(42.6)*** | ***10(.0.50)*** | ***3489*** |

In total majority of the girls 1441(42.6) changed the sanitary pad thrice a day followed by the girls 1395(39.7%) changing the sanitary pad/cloth twice a day. However, frequency of changing the pad or cloth varied among the girl of each province. The girls changing the sanitary material thrice a day was similar in Bagmati province, province 5 and Karnali province accounting about 46%. Similarly, more than half of the adolescent girls from the Gandaki Province change the sanitary materials two times a day followed by the girls 214(41.1%) from the province 5. In contrary, there were also 116 (3.3%) girls from all seven provinces who stated they didn’t change the adsorbents, as it was not necessary for them to change.

### Accessibility and availability of WASH facilities

**Accessibility and availability of toilet facilities at home**

Figure 6: Accessibility and availability of toilet facilities at home

Table 32: Reasons for not changing menstrual materials at home

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **If not, reasons for not changing menstrual materials n (%)**  **n=261** | | | | | | **Total** |
| **Unclean Toilet facilities** | **Toilet facilities not available** | **No private place available** | **Water not available** | **No place for disposal** | **No enough material to Change** |
| Province 1 | 7(35.4.) | 3(11.00) | 3(4.7) | 4(8.7) | 6(18.1) | 10(22.0) | 33 |
| Province 2 | 15(32.9) | 12(27.7) | 2(6.1) | 2(3.00) | 6(18.2) | 5(12.1) | 42 |
| Bagmati | 13(46.5) | 1(2.3) | 2(11.6) | 0 | 5(19.8) | 2(19.8) | 23 |
| Gandaki | 3(5.2) | 1(5.2) | 6(19.0) | 2(1.7) | 11(43.1) | 5(25.9) | 28 |
| Province 5 | 4(45.1) | 6(9.8) | 6(21.8) | 0 | 4(8.3) | 8(15.00) | 28 |
| Karnali | 9(16.8) | 11(25.5) | 5(8.00) | 5(14.6) | 24(27.7) | 4(7.3) | 58 |
| Sudurpaschim | 8(12.1) | 6(10.9) | 10(21.8) | 1(0.5) | 14(36.1) | 10(18.6) | 49 |
| ***Total*** | ***59(25.2)*** | ***40(14.9)*** | ***34(14.4)*** | ***14(3.5)*** | ***70(25.7)*** | ***44(16.4)*** | ***261*** |

**Accessibility and availability of toilet facilities at school**

Figure 7: Accessibility and availability of toilet facilities at school

Table 33: Reasons for not changing menstrual materials at school

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Reasons for not changing menstrual materials at school n=(1564)**  **n=1564** | | | | | | |
| **Toilet facilities not clean** | **Toilet facilities not available** | **No private place available** | **Water not available** | **No place for disposal** | **Embarrassed or uncomfortable to at school** | **No enough materials to change** |
| Province 1 | 42(24.3) | 21(6.5) | 65(27.1) | 18(7.6) | 70(23.9) | 126(37.3) | 74(22.2) |
| Province 2 | 56(29.4) | 41(18.5) | 29(12.9) | 34(14.2) | 110(50.5) | 26(11.4) | 66(32.4) |
| Bagmati | 47(33.3) | 33(17.1) | 43(22.4) | 24(13.7) | 48(27.8) | 68(39.8) | 41(22.8) |
| Gandaki | 39(27.4) | 13(4.7) | 49(29.6) | 15(7.9) | 72(41.2) | 66(31.9) | 50(32.9) |
| Province 5 | 39(22.00) | 13(4.8) | 36(13.8) | 16(5.8) | 92(31.00) | 56(30.3) | 95(26.7) |
| Karnali | 55(30.3) | 49(17.5) | 74(30.9) | 59(17.00) | 59(25.4) | 69(35.2) | 60(22.2) |
| Sudurpaschim | 63(22.9) | 47(19.1) | 126(44.7) | 58(15.7) | 108(34.0) | 88(33.9) | 74(27.3) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

*Note: Others (specification) is not included in the table above.*

**Accessibility and availability of toilet facilities at home and school**

A total of 3228 (92.9%) adolescent girls of all the provinces were able to change their sanitary materials as often as they would like at home, however, in total 7.1 percent were not able to change pad as often if they like to change.

Out of 261 majorities 70(25.7%) of the girls from all provinces stated unavailability of the disposal site at home was the reason for not changing the sanitary materials followed by the unclean toilet facilities 59(25.2%) and not having enough material to change. Girls 11(43.1%) stating the unavailability of the disposal facilities at home were high from Gandaki Province and most of 13(46.5%) from Bagmati province stated unclean toilet facilities was the major reason for not being able to change the sanitary materials as often as they preferred.

Moreover, significant proportion 44(16.4)of the girls in total said they did not have enough materials so they did not change the sanitary materials as often as they liked to change.

Likewise, in total, 1564 adolescent girls from all the seven provinces revealed they were not able to change the sanitary materials as preferred in their school. Further, adolescent girls 126(44.7%) of Sudurpaschim province revealed the unavailability of private places as a major reason for not changing the sanitary materials as often as they preferred. Likewise, the girls from Bagmati province 68(39.8%) said that they were embarrassed or uncomfortable in changing adsorbents in school followed by the girls from province 1 126(37.3%).

Similarly, half 110(50.5%) of the adolescent girls from province 2, stated that unavailability of a place for the disposal was the major reason of not changing the sanitary pads. Further, 1 girl said unavailability of sanitary materials and the other 1 said she didn’t have suitable time to change.

During menstruation, access to proper toilet facilities is very important specifically for adolescent girls to maintain and manage their menstruation hygienically and confidently. Based on FGDs, KIIs and IDIs, the majority of the participants stated that there was the availability of toilets both at their home and in school as proper toilet, facility was their prominent need during their menses.

*“Nowadays toilet facilities are available in every house. Moreover, the toilet facilities of the school are even better. There is also the availability of water.” (KII, Taplejung, Member of School Management Committee, Province 1)*

*“I don’t feel any obstacle to go to the toilet at my home or in school.” (IDI, Mahottari, Partial Difficulty in Moving, An Adolescent girl, Province 2)*

*“Yes, toilets are available at school and they are very clean.” (IDI, Kaski, Physically Impaired, An Adolescent Girl, Gandaki Province)*

Few participants said that separate toilets for girls and boys were maintained in schools that made them comfortable to manage their menstruation. The local authorities also said that a girl's friendly toilet was built to reduce the rate of absenteeism in school. However, few girls reported of not having separate toilets in their school, which had led to difficulty in managing, and changing their pads in school, one of the most common concerns would be boys teasing them during menstruation or when they went to the same toilet. The girls reported that the need of having separate toilets at home was not as necessary as it was in school.

*“Toilet condition is good and there is a separate toilet for boys and girls in school.” (FGD, In School, Chitwan, An Adolescent girl, Bagmati Province)*

*“In our school, we have a girl's friendly toilet to decrease the absenteeism during this period.” (KII, Gulmi, School teacher, Gandaki Province)*

*“We have proper toilet facilities inside the home.” (FGD, Out of school, Udayapur, An Adolescent girl, Province 1)*

*"District Education Office Bajura has built girls-friendly toilets, where used / blooded pads can be disposed and buried". (KII, Bajura, School Teacher, Sudurpaschim Province)*

*“They demand separate toilets for females that help them during periods and there are no separate toilets for boys and girls which create difficulty during periods.” (KII, Rolpa, School Teacher, Province 5)*

“*There is no separate toilet for girls and boys. We feel ashamed if they see us and tease us when we go to the same toilet.” (FGD, In school, Jajarkot, An Adolescent Girl, Sudurpaschim Province)*

In line with the quantitative findings, qualitative data confirms that most community schools in the study areas lacked in the maintenance of toilet for proper sanitation facilities (including water. The adolescent girls stated that they would not attain the school or take half leave to go home to change their pads. Some of the girls also said that there was a lack of proper disposal facility inside the toilets causing difficulty during menstruation.

*“The toilet condition is not good at school so we go to the house of our close friends to change our pad.” (IDI, Hand Burn, Kathmandu, An Adolescent girl, Bagmati Province)*

*“We do have toilets in our school and home but there is no water facility. If our clothes get wet, we put it in our pocket and bring it home.” (FGD, In School, Jajarkot, An Adolescent girl, Sudurpaschim Province)*

*“There is no separate toilet and no dustbin in school.” (FGD, In school, Tanahun, An Adolescent girl, Gandaki Province)*

Some of the also girls reported that they had to go the river in the time of the need.

*“I don’t have a toilet at my house so I go to the river.” (FGD, School Dropout, Parsa, An Adolescent Girl, Province 2)*

*“We go to the river and look for the toilet place because of the unavailability of toilets.” (FGD, In School, Jajarkot, Adolescent Girls, Sudurpaschim Province)*

One of the notable experiences reported in Gandaki Province was the practice of menstrual restrictions. The adolescent girls mentioned not being able to use the toilet despite having its availability at their home. The girls said that they were not allowed to use the toilet because their family members use it and it was much more difficult during menstruation especially in winter.

*“We aren't allowed to go to the toilet, family members also have to share the same toilet so we aren't allowed to go there so we have to go outside.” (FGD, Out of School, Jumla, Adolescent Girls, Kailali Province)*

*“It is the same for us. If there are a toilet and bathroom, we could have bathed in the hot and we can go to the toilet as well where to go in the cold season.” (FGD, Out of School, Jumla, Adolescent Girls, Kailali, Karnali Province)*

**Availability of water**

The availability of the water was one such factor that highly influenced the menstrual practice of the adolescent girls. The absence or insufficiency of water would indicate that managing menstruation inside the home, in school, and in public places had becomes a challenging issue among many girls in Nepal. The majority of the research participants said that there was the availability of the water resources in school and in their homes as per their requirement to manage their menstruation.

*“We don't have to worry about water availability and there is no problem to clean it.” (FGD, Out of School, Taplejung, Adolescent Girls, Province 1)*

*“Water is available now and there is a good facility. We can get water in our homes now, because of which maintaining our hygiene and cleaning has become very easy. My mother also always tells me to clean myself so compared to our past now it is easy. People usually don’t pay attention to their cleanliness and are dirty because of which their health is also affected. For us, it is very good now.” (FGD, Out of School, Nuwakot, Adolescent Girls, Bagmati Province)*

*“Yes, we have sufficient water available at home and in school.” (FGD, In School, Gulmi, Adolescent Girls, Province 5)*

Some of the adolescent girls reported that even with the availability of water, it was not adequate at times, which created difficulty in their menses. The girls mentioned that water should be available at any time in their home and school whenever needed. It was noted that the girls had to use the water very wisely and in limited amounts to save the water because of the uncertainty of its availability. Few of the research participants also mentioned that the unavailability of water inside the toilet in a school and their home had been problematic as they had to carry the water whenever required.

*“Yes, a lot of hurdles. We don't have enough water sometimes during winter. It makes us difficult to manage. For example, we can’t take a bath at the end of menstruation and that feels unhygienic. Moreover, everyone wants hot water to take a bath in winters but we aren’t getting even cold water. Sometimes things like this happen. (IDI, Palpa, Visually Impaired, Adolescent Girls, Province 5)”*

*“No, we have to carry it from the tap to the toilet.” (FGD, Out of School, Rupandehi, Adolescent Girls, Province 5)*

*“Water supply in or near the toilet would be great.” (FGD, Out of School, Morang, Adolescent Girls, Province 1)*

*“At school sometimes, it (water) comes from the tap, otherwise we have to manage by ourselves.” (FGD, In School, Udayapur, Adolescent Girls, Province 2)*

*“I wish the water tap to be nearby. I wish help from others in times of need. When I cannot, I wish others could help in washing using soap and water.” (FGD, Out of School, Accham, Adolescent Girls, Karnali Province)*

It was also noted that most of the adolescent girls from various provinces relied on drinking warm or hot water to relieve their menstrual cramps. The girls said that drinking hot water and sleeping or taking rest helped them a lot to ease their physical problems during menstruation. This indicated the availability and various purpose of the usage of water by the research participants.

*“For my stomach pain, I drink lukewarm water and take rest.” (IDI, Bara, Adolescent Girls, Province 2)*

*“I drink hot water and sleep. I can’t just get up otherwise.” (FGD, In School, Lalitpur, Adolescent Girls, Bagmati Province)*

*“My stomach was hurting and I slept. My mother came to know about my condition so she prepared hot water and clothes for me.” (FGD, In School, Rukum, Adolescent Girls, Karnali Province)*

Menstrual restrictions due to cultural barriers were seen to one of the prominent factors affecting the menstrual hygiene management of the research participants. The girls reported that they were not allowed to use or even touch the water or water resources at the time of menstruation. Most of the adolescent girls reported that they were not allowed to touch the tap, drink water by themselves at home, and water the plants during their menstruations. These restrictions have created hurdles or barriers in the daily activities of adolescent girls.

*“They don’t allow watering the plants. They say that it would kill the plants. (IDI, Physically Impaired, Sakhuwasabha, Adolescent Girls, Province 1)*

*“I do not get to drink enough water when I am alone in the house during my period.” (FGD, In School, Chitwan, Adolescent Girls, Bagmati Province)*

*“In such a period, they need to depend on others for drinking water. They are not allowed to touch tap. If that happens how cleanliness can be maintained when they have to beg for drinking water. Cleanliness becomes a critical problem.” (KII, Kailali, Community Leader, Sudurpaschim, Province)*

The research participants, especially from the Karnali Province and Sudurpaschim Province reported that there is no availability and accessibility of water in their homes and in their schools, which has led to the utmost difficulty in managing their menstrual hygiene. Most of the participants stated that they had to either go to the river or walk far from home to use water or tap resources to perform activities such as washing clothes, cleaning to drinking water. Few of the adolescent girls mentioned not attending the school because of the unavailability of the water resources. One of the local authorities also mentioned the unavailability of toilets that restricted the availability of the water. This was seen to be one of the serious issues faced by adolescent girls in various provinces across the country. It can be said that one of the key components for the management of menstrual hygiene is the availability and accessibility of water without which the maintenance of personal hygiene during menstruation is very challenging for the adolescent girl.

*“Others are fine, we just have the problem of toilet and water, nothing has been done.” (FGD, Out of School, Sindhupalchowk, Adolescent Girls, Bagmati Province)*

*“If there are pad and water facilities in the school, we would go to school during our period also. That is all we need.” (FGD, In School, Jajarkot, Adolescent Girls, Karnali Province)*

*“On the third day of menstruation, we used to go to Bheri River, carrying all our touched things like bedsheets and clothes. But I wash the used piece of cloth in my own house because of the problem of water in the village.” (FGD, In School, Jajarkot, Adolescent Girls, Karnali Province)*

*We do have toilets in our school and home but there is no water facility. If our clothes get wet, we put it in our pocket and bring it home (FGD, In School, Jajarkot, Adolescent Girls, Karnali Province)*

*“We did not get proper facilities for washing clothes and drying them therefore we have to go so far for water. Also, we have to go near the river to bath.” (IDI, Jumla, Adolescent Girls, Karnali Province)*

**Sharing of the sanitary materials**

Figure 8: Sharing of the sanitary materials (cloth pad)

A total of 391(10.6%) adolescent girls of all the provinces shared the sanitary materials (cloth) with other members of their household and almost 14 percent of the girls from karnali province and province 2 shared the sanitary materials which was high compared to other provinces. while in province 1, least 33(4.4%) girls revealed that they share the sanitary materials with other members at their home.

**Usage of Reusable pads**

Table 34: Usage of Reusable pads

|  |  |  |  |
| --- | --- | --- | --- |
| **Province** | **Washing and reusing pads, cloths, or other sanitary materials n (%)**  **n=3489** | | **Total** |
| **Yes** | **No** |
| Province 1 | 229(37.5) | 293(62.5) | 522 |
| Province 2 | 170(34.3) | 290(65.7) | 460 |
| Bagmati | 245(56.7) | 275(43.3) | 520 |
| Gandaki | 214(35.3) | 304(64.7) | 518 |
| Province 5 | 206(39.5) | 337(60.5) | 543 |
| Karnali | 308(69.9) | 141(30.1) | 449 |
| Sudurpaschim | 238(51.4) | 239(48.6) | 477 |
| ***Total*** | ***1610(45.1)*** | ***1879(54.9)*** | ***3489*** |

Table 35: Reasons for not washing and reusing pads, cloths, or other sanitary materials

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Reasons for not washing and reusing pads, cloths, or other sanitary materials n (%)**  **n=1879** | | | | | **Total** |
| **Did not need to/ Use disposable clothes/Pads** | **No proper place to wash them** | **No water** | **Nowhere to dry them** | **No soap** |
| Province 1 | 258(91.1) | 21(5.7) | 1(0.1) | 12(2.7) | 1(0.4) | 293 |
| Province 2 | 217(78.7) | 56(16.3) | 4(1.4) | 12(3.5) | 1(0.1) | 290 |
| Bagmati | 254(90.3) | 12(6.4) | 1(0.3) | 4(2.1) | 4(0.9) | 275 |
| Gandaki | 290(96.9) | 11(2.5) | 0 | 3(0.6) | 0 | 304 |
| Province 5 | 316(94.6) | 129(3.3) | 4(1.1) | 2(0.5) | 3(0.6) | 337 |
| Karnali | 105(81.0) | 21(10.3) | 8(4.5) | 6(3.5) | 1(0.6) | 141 |
| Sudurpaschim | 168(63.8) | 40(18.3) | 14(7.5) | 15(9.5) | 2(0.9) | 239 |
| ***Total*** | ***1608(85.1)*** | ***173(9.2)*** | ***32(2.1)*** | ***54(3.2)*** | ***12(0.5)*** | ***1879*** |

A total of 1610 (45.1%) washed and reused the sanitary materials. However, more than half 1879(54.9%) of the adolescent girls from all the seven provinces did not reuse sanitary materials.

The uses of disposable sanitary materials were common among the adolescent girls 1608(85.1%) in all the provinces which were the main reason that the girls didn't need to wash and reuse sanitary materials. Other than that 173(9.2%) of the adolescents stated improper place of washing the pad and was high in Sudurpaschim province 40(18.3%). Very few girls in all provinces stated unavailability of soap as a reason for not washing and reusing the sanitary adsorbents.

**Place for washing of sanitary materials**

Table 36: Place for washing of sanitary materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **Place of washing the sanitary materials during the last menstrual period n (%)**  **n=1610** | | | **Total** |
| **River/Pond** | **Well/tap** | **Toilet** |
| Province 1 | 15(3.9) | 86(39.4) | 128(56.7) | 229 |
| Province 2 | 22(14.3) | 24(8.8) | 124(76.9) | 170 |
| Bagmati | 5(1.3) | 79(34.1) | 161(64.6) | 245 |
| Gandaki | 9(4.3) | 108(51.3) | 97(44.4) | 214 |
| Province 5 | 28(17.8) | 72(46.6) | 106(35.6) | 206 |
| Karnali | 56(13.00) | 129(40.3) | 123(46.8) | 308 |
| Sudurpaschim | 85(33.4) | 92(41.5) | 61(25.1) | 238 |
| ***Total*** | ***220(15.6)*** | ***590(37.7)*** | ***800(46.6)*** | ***1610*** |

*Note: Others(specification) is not included in the table above*

*Note: Others (specification) is not included in the table above*

In total majority 800(46.6%)of the girls washed the sanitary materials in toilet followed by the girls 590(37.7%) washing material in well / tap. Washing of sanitary material in the toilet was found high in Province 2, 124 (76.9%). Whereas, more than half 108(51.3%) of girls from Gandaki province stated they usually wash the sanitary materials in well/tap during their menstrual period. In addition, the significant proportion 85(33.4%) of the girls, washing sanitary material was seen high in Sudurpashim province as compared to other provinces.

**Time taken to reach place for washing sanitary materials**

Table 37: Time taken to reach place for washing sanitary materials

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Time taken to reach to the place for washing adsorbents and get back home n (%)**  **N= 1610** | | | | | | **Total** |
| **Very little time** | **15 minutes** | **30 Minutes** | **45 Minutes** | **1 Hour or more** | **Don't Know** |
| Province 1 | 178(77.8) | 38(16.4) | 8(4.0) | 1(0.1) | 3(0.8) | 1(0.8) | 229 |
| Province 2 | 84(48.2) | 43(24.7) | 19(14.8) | 5(2.3) | 6(3.00) | 12(7.0) | 169 |
| Bagmati | 185(81.6) | 45(14.2) | 9(2.7) | 2(0.2) | 2(0.8) | 3(0.5) | 246 |
| Gandaki | 147(71.6) | 53(21.5) | 5(3.1) | 3(1.5) | 4(0.8) | 2(1.5) | 214 |
| Province 5 | 111(66.9) | 65(23.6) | 20(7.00) | 1(0.6) | 1(0.5) | 8(1.4) | 206 |
| Karnali | 123(42.3) | 135(44.6) | 22(6.8) | 9(1.1) | 16(3.8) | 3(1.5) | 308 |
| Sudurpaschim | 115(49.2) | 81(33.4) | 20(10.2) | 6(2.4) | 6(2.3) | 10(2.5) | 238 |
| ***Total*** | ***943(60.5)*** | ***460(26.9)*** | ***103(7.5)*** | ***27(1.2)*** | ***38(1.8)*** | ***39(2.2)*** | ***1610*** |

A total of 1610 adolescent girls preferred to wash the sanitary materials in the place they usually wash.

Further, majority 943(60.5%) of the girls in total reported that it took them very little time to reach the place where they usually wash the sanitary materials and come back home followed by the adolescent girls 460(28.6%) spending 15 minutes to reach the place for washing sanitary materials. In contrary there were also few girls 16(3.8%) girls from Karnali province who walked one hour or more to reach for washing sanitary materials.

**Usage of soaps in the washing of sanitary materials**

Table 38: Use of soap in washing sanitary materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **Use of soap in washing sanitary materials n (%)**  **n= 1610** | | | **Total** |
| **Yes, always** | **Yes, Sometimes** | **Never** |
| Province 1 | 219(95.3) | 7(2.9) | 3(1.8) | 229 |
| Province 2 | 150(89.00) | 13(6.5) | 7(4.5) | 170 |
| Bagmati | 237(98.2) | 3(1.00) | 5(0.8) | 245 |
| Gandaki | 209(97.7) | 5(2.3) | 0 | 214 |
| Province 5 | 177(80.6) | 27(17.3) | 2(2.1) | 206 |
| Karnali | 291(94.2) | 15(4.1) | 2(1.7) | 308 |
| Sudurpaschim | 225(93.4) | 12(6.4) | 1(0.3) | 238 |
| ***Total*** | ***1508(93.7)*** | ***82(7.2)*** | ***20(1.6)*** | ***1610*** |

Almost all girls 1508 (93.7 %)from seven provinces used soap to wash the sanitary materials. Moreover, overall 82 (7.2%) mentioned of using soap sometimes and it was high 27(17.3%) among the girls in province 5. There were also few girls 20(1.6%) who never used soap to wash the adsorbents used in each province except Gandaki province.

**Drying of sanitary materials**

Table 39: Drying of sanitary materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Province** | **During your last menstrual period, were the sanitary materials that you washed completely dried before each reuse n (%)**  **n= 1610** | | | **Total** |
| **Yes** | **No** | **Don't Know** |
| Province 1 | 225(97.7) | 4(2.3) | 0(0.0) | 229 |
| Province 2 | 146(86.7) | 16(9.4) | 8(3.9) | 170 |
| Bagmati | 240(98.9) | 4(1.0) | 1(0.1) | 245 |
| Gandaki | 206(96.4) | 6(2.3) | 2(1.3) | 214 |
| Province 5 | 181(86.5) | 19(10.7) | 6(2.8) | 206 |
| Karnali | 300(95.7) | 6(3.4) | 2(0.9) | 308 |
| Sudurpaschim | 213(90.4) | 17(6.4) | 8(3.2) | 238 |
| ***Total*** | ***1511(92.00)*** | ***72(5.9)*** | ***27(2.00)*** | ***1610*** |

*Note: others (specification) is not included in the table above*

Majorities 1511(92.00 %) of the adolescent girls of each province completely dried their sanitary materials before each use after they washed it. However, there were also few girls 72(5.9 %) from each province responding that they did not completely dry the sanitary materials before its usage. Few girls 27(2.00 %) from all provinces except from province 1 didn’t know whether the sanitary pads were dried or not before they reused it. Only one participant answered that she dried the sanitary material in the shadow place.

**Drying site of sanitary materials**

Table 40: Drying site of sanitary materials

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Place of drying the sanitary materials n (%)**  **n= 1610** | | | | | | |
| **Outside home in sunlight in the normal place where clothes are dried** | **Outside home in the sunlight in a place away from view** | **Outside home covered by other clothes** | **Inside a home in a normal place** | **Inside a home in a hidden place** | **By the fire** | **Dry using a hot iron** |
| Province 1 | 106(48.9) | 98(41.7) | 21(8.2) | 3(1.7) | 5(2.5) | 0(0.0) | 0(0.0) |
| Province 2 | 58(37.0) | 99(55.5) | 16(9.3) | 6(3.3) | 16(7.8) | 2(0.4) | 4(2.6) |
| Bagmati | 144(59.1) | 95(39.5) | 9(2.1) | 2(1.1) | 2(0.3) | 0(0.0) | 0(0.0) |
| Gandaki | 100(45.9) | 100(48.2) | 19(9.1) | 1(0.2) | 2(0.5) | 0(0.0) | 0(0.0) |
| Povince 5 | 107(47.6) | 78(45.00) | 19(6.7) | 3(1.9) | 2(1.2) | 0(0.0) | 1(0.4) |
| karnali | 208(67.5) | 92(30.9) | 14(3.4) | 6(1.7) | 4(1.2) | 1(0.5) | 0(0.0) |
| Sudurpaschim | 92(37.4) | 127(54.6) | 25(11.1) | 1(0.2) | 5(1.3) | 0(0.0) | 0(0.0) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Regarding the drying site for sanitary materials, most of the girls from Karnali province 208(67.5%), Bagmati province 144(59.1%) and province 1, 106(48.9%) dried the sanitary materials outside the home in sunlight where other clothes are dried. However, most of the girls from province 2, 99(55.5 %), Sudurpaschim province 127 (54.6%) and Gandaki province 100(48.2%) dried in the sunlight outside the home but away from the sight of other people.

Few girls in each province revealed that they dry it inside a home in a hidden place.

The qualitative finding showed that most adolescent girls in Nepal mostly prefer using sanitary pads or reusable pads made from cloth. The bloodstained cloth must be washed and need to be dried in direct sunlight. But due to the unavailability of drying sites or hesitancy in drying the cloth in open place girls prefer to dry the cloth where anyone can neither reach nor see. This means prior to knowing the consequences of not drying menstrual clothes in maximum sunlight, they are practicing inappropriate way because of limited place for drying and shame related to menstruation, hence for the availability of sanitary pads the government, local government and school authorities should introduce programs to distribute sanitary pads at schools to the adolescent girls. Likewise, awareness programs have to be introduced to aware the girls regarding the proper site to dry the blood-stained cloth after washing them.

Some of the adolescent girls who use pieces of cloth to soak the blood during menstruation face problems while drying the menstrual cloth. They believe that the cloth should be washed and dried secretly or in a hidden place so that it won’t be seen by others. The unavailability of proper drying sites makes the girls stressed during menstruation. Some of the adolescent girls from Sudurpaschim and Karnali Provinces complained about not getting proper open space to dry the cloth. They even added that they need clean spaces where they can dry in cloth in sunlight.

*“There should be the availability of places for drying washed clothes/pads under the sun.” (FGD. In-School, Kailali, An Adolescent Girl, Sudurpaschim Province)*

*“It would be good if there are good and clean spaces because, during the monsoon time, there are leeches.” (FGD. Out of School, Accham, An Adolescent Girl, Sudurpaschim Province)*

*“We don’t have proper facilities for washing clothes and drying them, so we have to go to a nearby river to take a bath and wash and dry the blood-stained cloth.” (IDI, Jumla, Differently-abled Adolescent Girl, Karnali Province)*

Also, even with the availability of drying sites most of the adolescent girls feel scared and hesitant to dry the cloth where there is frequent movement of people. All of these girls have adequate knowledge that the cloth has to be dried in maximum sunlight but still choose a secret place to dry the cloth where there is less movement of people. In some cases, where there are open spaces and people can see and reach easily, the girls cover the cloth with other cloth-like shawls.

*“I was scared of drying my washed cloth out in the open. I used to wash the blood-stained cloth and dry it by covering it with another cloth in the sunlight.” (IDI, Physically Impaired, Sankhuwasabha, An Adolescent girl, Province 1)*

*“I dry it in the sun always, but in a place where no one can see.” (FGD, Out of School, Nuwakot, An Adolescent Girl, Bagmati Province)*

*“We have to dry the cloth in the sunlight after washing, but we hesitate to dry it outside.” (FGD, In School, Bara, An Adolescent Girl, Province 2)*

*“I feel awkward and embarrassed to let the cloth sundry outside in front of everyone. I prefer to keep them in my house's balcony since many people cannot see them and I put a thin cloth to cover it.” (IDI, Visually Impaired, Palpa, An Adolescent Girl, Province 5)*

Some of the girls shared that their custom does not allow them to dry the cloth where it can be seen by others. This shows that the girls are still not aware of the drying site.

*“I dry the piece of cloth in my room because our custom does not allow us to show such clothes to male members.” (FGD, Out of School, Parsa, An Adolescent Girl, Province 2)*

Few of the girls from Bagmati province, Province 1, and 5 dried the cloth in open areas in maximum sunlight without fear of any other people seeing the cloth.

*“I dry the cloth in sunlight and in the place where other clothes are dried as well.” (FGD, Out of School, Rupandehi, An Adolescent girl, Province 5)*

*“I always clean the cloth properly and hang it outside in the sun to dry.” (FGD, Out of School, Nuwakot, An Adolescent girl, Bagmati Province)*

**Fear of others seeing sanitary materials**

Figure 10: Fear of others seeing sanitary materials

More than half of the girls of each province revealed that they were concerned that other people see their sanitary pads except in Karnali province.

Similarly, from the different FGDs, it was revealed that in some provinces there is also the belief that menstrual blood is dangerous and menstrual clothes should be hidden because a malevolent person can harm a menstruating girl by using black magic. There is also a belief that a girl can be cursed if another person sees the cloth because of the black magic. As a consequence, community people thought girls might suffer from severe menstrual pain. All these beliefs and myths give the concept that in Nepal educating people rightly about menstruation is crucial to overcome all the false beliefs and taboos concerning menstruation.

*“When the pain becomes unbearable during menstruation that’s when some people say that it is because of black magic and asks me if I had kept the cloth at a safe place. Sometimes I doubt the same too.” (FGD, Out of School, Udayapur, An Adolescence Girl, Province 1)*

*“I dry them in my room because our custom does not allow us to show such clothes to male members.” “It is always difficult for us to dry them; we cannot take them out and dry openly.” (FGD, Out of School, Parsa, Adolescent Girls, Province 2)*

**Frequency of bath taken during menstruation**

Table 41: Frequency of bath taken during menstruation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **During your last menstrual period, how often did you take a bath? n(%)**  **n=3495** | | | | | | **Total** |
| **Twice a day** | **Daily** | **On the first day** | **Only the fourth or fifth day** | **The first day and fourth/fifth day** | **Not at all** |
| Province 1 | 36( 4.70) | 298(65.80) | 24(3.60) | 81(13.00) | 80(11.7) | 3(1.20) | 522 |
| Province 2 | 44(8.20) | 311(67.80) | 24(5.10) | 33(6.80) | 51(11.5) | 2(0.50) | 465 |
| Bagmati | 38(6.20) | 202(45.00) | 23(5.80) | 124(18.60) | 125(22.6) | 9(1.90) | 521 |
| Gandaki | 26(4.40) | 135(31.80) | 43(9.00) | 125(24.80) | 187(29.6) | 2(0.30) | 518 |
| Province 5 | 41(6.80) | 188(35.90) | 28(5.00) | 136(26.00) | 150(26.3) | 0 | 543 |
| Karnali | 48(11.50) | 253(56.40) | 31(5.70) | 45(9.90) | 71(16.3) | 1(0.30) | 449 |
| Sudurpaschim | 25(6.50) | 324(71.90) | 9(1.40) | 66(10.40) | 52(9.6) | 1(0.20) | 477 |
| ***Total*** | ***258(6.9)*** | ***1711(54.1)*** | ***182(4.6)*** | ***610(16.0)*** | ***716(17.8)*** | ***18(0.5)*** | ***3495*** |

In overall, more than half of the adolescent girls took bath daily followed by the girls taking bath in the first day and fourth day during the menstruation 716(17.8 %). The girls taking bath daily were highest 324(71.90%) from the Sudurpaschim province and lowest in Gandaki province 135(31.80%). There were also few girls 18(0.5%) who revealed that they did not bath at all during their menstruation. Further, almost 4 percent used only water to take a bath while the majority. i.e. almost 96 percent used soap and water when bathing.

### Disposal of sanitary materials

Table 42: Disposal of sanitary materials

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Place for disposal of the sanitary materials n (%)**  **n=3489** | | | | | |
| **Flush/pour toilet** | **Latrine** | **Waste bin/trash bag** | **Burned** | **Burying** | **Bush, field** |
| Province 1 | 68(10.6) | 114(24.7) | 62(18.8) | 153(31.5) | 194(33.9) | 10(1.9) |
| Province 2 | 63(11.3) | 83(17.2) | 55(11.9) | 28(4.2) | 275(63.4) | 40(9.1) |
| Bagmati | 70(12.6) | 83(21.6) | 180(29.3) | 92(20.7) | 171(37.3) | 12(3.00) |
| Gandaki | 57(11.1) | 93(19.9) | 131(26.5) | 172(28.7) | 148(29.00) | 23(2.9) |
| Province 5 | 47(8.2) | 60(11.5) | 151(30.1) | 207(36.7) | 145(29.30) | 27(5) |
| Karnali | 51(11.8) | 65(18.2) | 30(7.4) | 130(29.00) | 199(43.00) | 34(5.9) |
| Sudurpaschim | 31(8.2) | 43(11.1) | 12(2.5) | 163(32.5) | 246(54.10) | 68(16.10) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Disposal for the sanitary material varied in all provinces. Majority of the girls buried the sanitary pad followed by burning. Most of the girls from province 2, 275(63.4%), Sudurpaschim province 246(54.10%) and Karnali province 199(43%) buried the used sanitary materials. While in province 5, most of girls 151(30.1%) threw the used adsorbents in a waste bin/trash bag. There were also few girls from the Sudurpaschim province 68(16.10%) throwing sanitary materials in the bush and field which is highest among all provinces. A lesser number of girls in Karnali province 30(7.4%) and Sudurpaschim province 12(2.5%) also used waste bin/trash bags to dispose the sanitary pad.

Qualitative findings showed that adolescent girls from Nepal usually dealt with their period by using two types of pad i.e. reusable pads, which were made from cloth, and other non-reusable pads that need proper disposal. The majority of the research participants said that inadequate facilities like a limited number of toilets and dustbin and the lack of favorable environment at school/home were major problems as well as stress factors in disposing of sanitary pads. When asked by the interviewer about the disposal of sanitary pads, different responses were recorded by the adolescent girls of Nepal. The majority of the adolescent girls reported that they were aware of the environmental effects of burning, burying, throwing pads in open fields, rivers, ponds, and roadside but they had to dispose of it anyway despite knowing the fact and using the pad for a long time because of the unavailability of the proper disposal site. Some of the adolescent girls from Gandaki and Sudurpaschim Province stated that they were not able to know appropriate methods of disposal specifically but they have been aware to dispose of it safely out of reach of human beings.

*“I know that it is not good to throw it anywhere but there is no proper place to dispose of it. If anyone sees us we will get scolded and they will know that we are in our period. That’s why we throw in such places where people can’t reach and see.” (FGD, Out of School, Jajarkot, Adolescent Girls, Sudurpaschim Province)*

*“In the hostel, I throw them in the dustbin. I feel tense when it comes to disposal issues at home, and sometimes it doesn't get burnt well so I feel confused while I have to dump the used pads. I think better management of these needs to be made by the concerned authority.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

In addition, some of the respondents from different provinces shared two methods for disposing of used sanitary pad i.e. either burying or burning. However, some of the adolescent girls from province 1, province 2 and Bagmati province said that they used to burn their pad during their time of menstruation. They usually collect the used pad in plastic or in the trash bin according to its availability for four to five days and then burn it.

*“Dustbin is not available all the time. I collect the entire used pad and I prefer burying sometimes I also burn it according to the situation. Also, I use to dispose of them at the riverside by burning” (IDI, Partially Visually Impaired, Bara, Differently-abled Adolescent Girl, Province 2)*

*“I collect all used pads in one place and burn them.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

On the other hand, the majority of the participants also considered burying the best way to dispose of the pad as they used to dig the hole in soil/ground and dispose of it. They also disposed of the pad in the household pit by wrapping in the plastic and paper.

*“I usually put used pad in plastic and bury in a pit which is near the house or I used to cover the pad by soil” (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

There was also a practice of throwing pads in open fields or anywhere by adolescent girls in Nepal. Less number of respondents confirmed that they throw their sanitary pads in open fields when nobody's looking. One of the respondents mentioned that she threw the pad anywhere just because she didn’t need to carry it back to her home.

*“I do use sanitary pads. It is very easy to use. I can use it at home and even when I am not at home. I can also dispose of it anywhere. That way I don’t need to carry it back to my home. Sometimes I search for places where no one goes or somewhere everyone is throwing their garbage. I never dispose of the pad near my house.” (FDG, Out of School, Nuwakot, An Adolescent Girl, Bagmati Province).*

Many adolescent girls from this study threw their pads in the water resources like ponds and rivers. Girls from Sudurpaschim province were most likely to display this kind of behavior because of the menstrual restriction and unavailability of proper disposal sites. Also, other girls from different provinces threw the sanitary pad in running water like a river, a small water canal, and stream.

*“I go to a river which is far from my house to take a shower. I then throw the pads in the river.” (FGD, Out of School, Accham, An Adolescent Girl, Sudurpaschim Province)*

*“We dispose of our pads in ponds, rivers, and sewage, etc.” (FGD, Out of School, Bara, Adolescent Girls, Province 2)*

A little number of adolescent girls wrapped their pads with plastic and threw in such a place where there were more trees, bushes, plants. Also, few girls from different provinces said that everyone around her threw their pad in the roadside and open space due to unavailability of dustbin in their house and school.

*“We used to throw the pads where there are a lot of trees and plants.” (FGD, Out of School, Udayapur, Adolescent Girls, Province 1)*

*“We used to wrap a sanitary pad with plastic and throw it on an open space.” (FGD, Out of School, Nawalpur, Adolescent Girls, Gandaki Province)*

Some adolescent girls considered throwing pads into the latrine to be the best disposal solution. This was common in province 1 and province 2. Few flushed their pad in the toilet, whereas others put the used pad on the window of the toilet. Some girls often threw the pad in a hole placed in one corner of the toilet or outside the toilet. While travelling to their relative's house, many girls faced the problem of disposal, therefore, they preferred flushing the pad by making small pieces which can be easily flushed.

*“I dispose of the pad by tearing it apart and flushing it in the toilet” (FGD, Out of School, Morang, An Adolescent Girl, Province 1)*

*“There was no dustbin in school. We disposed of the pad in a hole located in one corner of the toilet.” (IDI, Physically Impaired, Sakhuwashaba, Differently-abled Adolescent Girl, Province 1)*

Some girls managed their menstrual pads/materials by taking home or throwing them in the jungle or river. They said that there was no separate toilet for girls and boys. “We feel ashamed if boys see us and tease us when we go to the same toilet.” They usually took cloth pads to home and washed them in the river. When the clothes got old, they threw it in the river or burned it. It was also believed that girls could be cursed if another person saw the cloth because of the black magic. This highlights the fact that girls were dealing with periods stressfully. This made it crucial to find an appropriate place for disposal when they were unable to easily find disposal facilities.

*“If my clothes get wet, I put it in my pocket and bring it home. I also wear it until it is worn out or if it’s no longer in use, I burn it too or some time I throw it in the river” (FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province)*

*“I dry them in my room because our custom does not allow us to show such clothes to male members. “It is always difficult for us to dry them; we cannot take them out and dry openly.” (FGD, Out of School, Parsa, An Adolescent girl, Province 2)*

*‘Some people say that clothes should be hidden in a safe place otherwise black magic will affect menstruating girls”. (FGD, Out of School, Udayapur, Adolescent Girls, Province 1)*

Whereas few adolescent girls from province 2 stated that they didn’t have any problem regarding pad disposal. Few girls from the urban municipality of province 2, Bagmati province, Gandaki province and Karnali province stated that they collected the used wrapped pads in the garbage, ultimately moving it to municipality trash-collecting vehicles for further disposal.

*“I throw the used pad in the toilet or burn or dispose of it in the dump. I don’t have any problem regarding pad disposal.” (IDI, Partial Difficulty in Moving, Mahottari, Differently-abled Adolescent Girl, Province 2)*

*“I throw pads in the dustbin and dispose of garbage.” (FGD, In School, Dailekh, An Adolescent Girl, Karnali Province)*

The majority of the girls in Nepal wished for easy menstruation. Girls from the Karnali province and Sudurpaschim province faced more difficulty in comparison to other provinces due to cultural restrictions like entering toilets and touching tap. This reflected that they were deprived of using all the basic requirements that were needed for the safe and hygienic menstruation.

*“At least, if there would have been a specific place to dispose of blooded pads/clothes, it would be easier for us in our daily life.”* (*FGD, In School, , Adolescent Girls, Sudurpaschim Province)*

**Place for changing sanitary materials**

Table 43: Place for changing sanitary materials

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Place for often changing used pads, cloths, or other sanitary materials n (%)**  **n=3489** | | | | | |
| **Toilet** | **Sleeping room/bedroom** | **Backyard** | **No facility/bush/field** | **Others** | **No response** |
| Province 1 | 348(67.5) | 162(29.1) | 4(1.9) | 5(1.1) | 0(0.0) | 3(0.3) |
| Province 2 | 352(76.0) | 64(13.6) | 22(4.9) | 15(3.8) | 3(0.6) | 4(1.00) |
| Bagmati | 445(85.6) | 62(12.3) | 5(0.6) | 1(0.1) | 5(1.2) | 2(0.2) |
| Gandaki | 440(86.4) | 63(12.1) | 4(0.2) | 6(0.9) | 3(0.4) | 2(0.1) |
| Province 5 | 468(86.0) | 61(10.7) | 7(1.0) | 5(2.0) | 1(0.2) | 1(0.1) |
| Karnali | 324(74.3) | 108(21.8) | 5(1.2) | 7(2.2) | 5(0.5) | 0(0.0) |
| Sudurpaschim | 258(56.5) | 172(32.3) | 18(4.2) | 18(4.9) | 9(1.5) | 2(0.5) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

More than half of the girls of each province often changed their used pads, clothes, or other sanitary materials in the toilet followed by the girls changing the sanitary material in the sleeping room. Changing the Sanitary material in toilet was seen high 468(86%) in the Gandaki Province and low in Sudurpaschim province 258(56.5%) Also, changing the sanitary materials in the sleeping room or bedroom was high 172(32.3%) among the girls of Sudurpaschim province and low 61(10.7%) in Province 5. Few girls responded that they normally change the sanitary pads in bush/field and backside of their house which was seen high 18(4.2%) in Sudurpaschim province. Similarly, the girls changing pad in the backyard was seen high 22(4.9%) in Province 2.

**Condition of place for managing menstrual hygiene**

Table 44: Condition of place for managing menstrual hygiene

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Condition of place, while managing menstrual hygiene n (%)**  **n=3495** | | | | | |  |
| **Clean** | **Private** | **Safe** | **Able to be locked** | **Supplied with water** | **Supplied with soap** | **Total** |
| Province 1 | 514(98.3) | 478(93.8) | 518(99.0) | 500(95.0) | 448(82.9) | 429(79.8) | 522 |
| Province 2 | 447(96.6) | 336(70.8) | 430(91.4) | 429(92.9) | 444(95.9) | 410(87.7) | 465 |
| Bagmati | 514(98.6) | 448(90.2) | 511(97.1) | 508(97.4) | 509(97.4) | 498(95.5) | 521 |
| Gandaki | 507(97.8) | 442(85.3) | 513(99.3) | 505(98.5) | 500(95.2) | 467(91.3) | 518 |
| Province 5 | 517(96.6) | 470(86.00) | 522(97.1) | 503(92.2) | 504(94.5) | 487(89.8) | 543 |
| Karnali | 428(97.0) | 372(84.90) | 419(95.9) | 392(88.1) | 395(90.0) | 390(87.3) | 449 |
| Sudurpaschim | 455(95.0) | 354(76.30) | 447(94.8) | 414(88.0) | 389(82.1) | 403(85.0) | 477 |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

The adolescent girls were questioned about the condition of the place they usually use for the management of menstrual hygiene. It was found that almost all girls of each province stating that the place was clean. Regarding the privacy of the place, the majority 478(93.8%) from province 1 said that the available place was private. In contrast around 336 (70.8%) of girls of province 2 only said that the place had privacy. Majorities of the girls from all province stated that the place was safe, able to be locked, supplied with water and soap in all the provinces.

During FGDs only a few participants mentioned not having proper locks in the toilet which hindered their safety and wished to have proper locks to maintain their safety and reduce their fear of using the toilet.

*“We wish a toilet having a door with a lock.” (FGD, Out of School, Accham, An Adolescent girl, Sudurpaschim Province)*

*“There should be the availability of soap, water and lock in the toilet.” (FGD, School Dropout, Parsa, An Adolescent girl, Province 2)*

**Time interval to go for changing sanitary materials and reach back home**

Table 45: Time interval to go for changing sanitary materials and reach back home

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Time taken to go, change the sanitary materials and get back home n (%)**  **n=3489** | | | | | |
| **15 minutes or less** | **30 minutes** | **45 minutes** | **1 hour or more** | **Don't know** | **Total** |
| Province 1 | 471(91.5) | 16(2.9) | 3(0.6) | 3(0.8) | 29(4.2) | 522 |
| Province 2 | 361(78.1) | 48(11.2) | 3(0.5) | 4(0.9) | 48(9.3) | 464 |
| Bagmati | 448(87.8) | 15(3.00) | 2(0.3) | 3(0.7) | 52(8.2) | 520 |
| Gandaki | 484(95.3) | 12(1.4) | 7(0.5) | 5(0.6) | 10(2.1) | 518 |
| Province 5 | 502(91.5) | 14(1.4) | 1(0.1) | 2(0) | 23(6.9) | 542 |
| Karnali | 403(91.6) | 28(5.6) | 3(0.1) | 6(1.0) | 8(1.7) | 448 |
| Sudurpaschim | 400(86.1) | 22(3.8) | 5(0.8) | 4(0.9) | 44(8.3) | 475 |
| ***Total*** | ***3069(88.2)*** | ***155(4.2)*** | ***24(0.4)*** | ***27(0.6)*** | ***214(6.5)*** | ***3489*** |

Majorities 3069(88.2%) of the girls from all the seven provinces revealed that it took them less than 15 minutes to reach the place they normally go for changing the sanitary pads and get back to their home followed by the girls 27(0.6%) having no ideas about the time to go for the changing pad and return back home*.*

Moreover, some girls 27(0.6%) in each province revealed that it takes them one hour or more to reach to the place for changing sanitary materials and return back home.

### Availability of Medicines and Health services

**Management of menstrual pain**

Table 46: Management of menstrual pain

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Management of menstrual pain n (%)**  **n=3495** | | | | | | |
| **Take painkillers** | **Drink hot water** | **Hot water bottle** | **Tie cloth around stomach** | **Sleep more** | **Nothing but had pain** | **Nothing because no pain** |
| Province 1 | 80(12.3) | 146(28.8) | 21(6.7) | 64(10.7) | 92(13.90) | 69(11.7) | 199(42.3) |
| Province 2 | 108(23.8) | 85(18.3) | 8(2.2) | 37(8.3) | 102(22.1) | 79(16.5) | 148(30.4) |
| Bagmati | 58(12.1) | 263(45.1) | 57(11.0) | 84(15.6) | 67(12.9) | 78(15.9) | 126(26.8) |
| Gandaki | 37(7.4) | 219(42.9) | 47(9.8) | 86(15.1) | 92(20.1) | 67(13.1) | 189(37.6) |
| Province 5 | 64(9.3) | 138(22.3) | 43(9.7) | 47(9.2) | 69(14.2) | 138(24.7) | 213(40.9) |
| Karnali | 97(17.1) | 131(30.2) | 32(12.2) | 94(18.3) | 56(12.4) | 44(10.9) | 143(31.1) |
| Sudurpaschim | 118(25.2) | 109(20.2) | 23(3.8) | 84(13.7) | 58(13.1) | 71(14.4) | 206(46.4) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

**Were methods enough to manage menstrual blood**

Figure 11: Was methods enough to manage menstrual blood

Menstrual pain was not experienced by all the adolescent girls, but the girls from all provinces who experienced menstrual pain adapted different methods to ease the menstrual pain, as most of the girls 118(25.2%) from Sudurpaschim province took the painkiller and 263(45.1%) girls from Bagamti province drank hot water to get relief from menstrual pain. Similarly, girls from Karnali province tie cloth around the stomach to get rid from the menstrual pain, and the girls from the Province 2 preferred to sleep more as the menstrual pain management, whereas, girls 138(24.7%)from the province 5 didn’t prefer any method for the pain management during menstruation.

Furthermore, 1989 adolescent girls stated that the method they used for managing menstrual pain was enough to reduce the menstrual pain and it high among the girls of province 1, 238(85.3%) and low in province 5, 184(73.8%).

While during the FGDs and interviews it was found that adolescent girls suffer from different health problems such as stomachache, back pain and fatigue during menstruation. They prefer taking medicine or going to nearby health posts to get health services. Most of the adolescent girls prefer taking medicine for stomachache during menstruation. The majority of girls had no problem regarding accessibility and availability of medicines but some had problems such as no medicines at the health post, walking a long distance to reach health posts to buy the medicines.

The majority of the girls mostly from Province 1, Province 2 and Karnali Province mentioned that they had access to medicines and health services and were available at schools and health posts.

*“In school, teachers provide the medicine for stomach ache.” (FGD, Out of School, An Adolescent girl, Province 2)*

*“We don’t have much of a problem in accessing the health service.” (FGD, Out of School, Taplejung, An Adolescent girl, Province 1)*

*“If my stomach hurts, I go to the health post and take medicine.” (FGD, In School, West Rukum, An Adolescent Girl, Karnali Province)*

Some of the adolescent girls face various problems to take medicine, such as walking long distances to go to the health post to get medicines, no medicine available at the nearby health post and parents’ misconception when the girls take medicine for stomach ache.

*“It takes one and a half hours for me to reach the nearest health post.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Health post is near but no medicine is available.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

*“Even when I take medicine for stomach ache, parents think that I’m pregnant.” (FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province*)

The majority of adolescent girls from Gandaki province complained about the unavailability of medicines. Some of them even suggested that concerned authorities such as schools or the government should make medicines available to them.

*“There should be the availability of medicine at school for stomachache and body pain.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

*“Medicine of stomachache during menstruation should be freely distributed through government health facilities.” (FGD, In School, Tanahun, An Adolescent Girl, Gandaki Province*

**Involvement in other activities beside household work**

Table 47: Involvement in other activities beside household work

|  |  |  |  |
| --- | --- | --- | --- |
| **Province** | **Aside from your own housework, have you done any work in the last month? n (%)**  **n=3495** | | **Total** |
| **Yes** | **No** |
| Province 1 | 131(25.7) | 391(74.3) | 522 |
| Province 2 | 196(40.6) | 269(59.4) | 465 |
| Bagmati | 184(32.8) | 337(67.2) | 521 |
| Gandaki | 164(32.3) | 354(67.7) | 518 |
| Province 5 | 152(26.6) | 391(73.4) | 543 |
| Karnali | 188(42.8) | 261(57.2) | 449 |
| Sudurpaschim | 162(32.7) | 315(67.3) | 477 |
| ***Total*** | ***1177(32.5)*** | ***2318(67.5)*** | ***3495*** |

**Unable to attend work during menstruation**

Figure 12: Unable to attend work during menstruation

A total of 1177(32.5%) girls of all the seven provinces revealed that they had done other work besides their household work. Further, 714 (20.4%) girls from all the seven provinces missed their work during menstruation where most of the girls belonged to province 2, 145(28.4%) which is followed by the girls from Karnali province 116(25.8%). The least proportion 74(14.3%) of adolescent girls reporting unable to work during menstruation was from Gandaki province.

**Reasons for missing workdays during menstruation**

Table 48: Reasons for missing workdays during menstruation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province** | **Reason for missing the workdays due to menstrual period n (%)**  **n=714** | | | | | | | |
| **Pain** | **Tiredness** | **Family advise not to go or prevent from going** | **Heavy bleeding leading to fear of leakage** | **Fear of teasing** | **Toilet facilities inadequate for management** | **Nowhere to dispose of pads, cloths, napkin** | **Had to go and get sanitary materials** |
| Province 1 | 45(51.7) | 8(9.5) | 16(19.9) | 43(45.3) | 2(1.7) | 7(8.8) | 6(7.3) | 2(2.4) |
| Province 2 | 45(31.4) | 53(41.3) | 34(22.2) | 33(16.8) | 6(2.1) | 16(7.6) | 24(12.0) | 16(9.5) |
| Bagmati | 73(64.6) | 25(23.5) | 24(20.0) | 61(50.7) | 7(5.9) | 12(8.00) | 18(11.9) | 3(2.2) |
| Gandaki | 34(45.1) | 7(10.3) | 21(41.2) | 41(53.0) | 6(7.2) | 6(10.3) | 7(5.1) | 2(1.0) |
| Province 5 | 29(49.1) | 19(19.5) | 29(23.9) | 24(36.6) | 5(6.2) | 10(12.1) | 4(2.7) | 9(4.1) |
| Karnali | 56(49.1) | 17(13.8) | 30(22.6) | 49(39.8) | 11(10.1) | 13(16.9) | 9(3.9) | 10(6.1) |
| Sudurpaschim | 22(28.9) | 24(28.1) | 43(31.7) | 31(36.8) | 5(2.4) | 3(2.7) | 13(9.1) | 3(3.8) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Menstrual pain was the major reason of missed working days for the adolescent girls belonging to province 1, Bagmati province, Gandaki province, province 5 and Karnali province. While in province 2, most of the girls 53(41.3%) stated tiredness as a major cause for missing their work. Furthermore, the adolescent girls 21(41.2%) from Gandaki province revealed that their family members did not allow them to do work. Likewise, more than half of the girls from Bagmati province 61(50.7%) and Gandaki province 41(53%) said that they missed their working days because of the fear of leakage in their clothes while working. The least proportion of girls from each province reported of missing their workdays because of reasons such as fear of teasing, inadequate toilet facilities, and difficulty in disposing used sanitary products.

Similarly, in qualitative finding, it was also found that most of the adolescent girls decrease their social and daily activities at the time of the menstruation. Severe pain related to menstruation, heavy menstrual bleeding, premenstrual syndrome and physiological symptoms were the factors that limit their mobility which often led them to miss their classes and school. Physical symptoms during menstruation, particularly menstrual pain such as cramping of the abdomen, back, and leg were found to be common among adolescent girls during their period in Nepal. Similarly, research participants also reported fatigue, headache, nausea, vomiting, breast tenderness, and irritability before and during menstruation.

*“I have unbearable cramps that I won’t be able to stand up for three days during menstruation.” (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

The majority of the girls reported having heavy bleeding during menstruation which made them difficult to work. Some of them were unable to attend school, as they could not ride the bicycle during that period because of the heavy bleeding. Hence, heavy bleeding made them weak and uncomfortable to do any form of work.

*“I used to go to school via bicycle, due to heavy bleeding riding bicycles is hard for me, and I usually can’t attain school at the time of menstruation.” (FGD, In School, Sarlahi, An Adolescent Girl, Province 2)*

*“Stomach pain, body pain occurs. While carrying heavy loads, walking and milling rice heavy bleeding occur but we cannot change pad.” (FGD, Out of School, Achham, Adolescent Girls, Sudurpaschim Province)*

*“It’s difficult to work everywhere and I feel my uterus is going to fall because of pain in my lower abdomen.” (FGD, Out of School, Sindhupalchowk, An Adolescent Girl, Bagmati Province)*

Vomiting and loss of appetite were also prominent physical problems experienced by most of the girls during their menstruation in various provinces such as Bagmati and Karnali province. As a result, the girls had dizziness, fatigue and tiredness.

*“I experience less hunger, stomach cramp, vomiting during my periods. I feel irritated.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“In my past menstruation, there was stomach pain, back pain, laziness and loss of appetite.” (FGD, Out of School, Jumla, An Adolescent Girl, Karnali Province)*

Similarly, one of the differently-abled adolescent girls shared that menstrual pain had a severe effect on her life*.* Being disabled, it was hard to bear menstruation each time. Also, the pad changing process was time-consuming and worrisome for her. So, she wished for no menstruation.

*“During menstruation time, I have always suffered from a stomach ache so I think it would be better if menstruation stops because I can't even walk during menstruation time.” (IDI, Physically Impaired, Kaski, Differently-abled Adolescent Girl, Gandaki Province)*

Whereas, the major psychological problems faced by the majority of adolescent girls was mood swings. Similarly, irritation and aggression were the vital problems that the girls reported to have experienced during their menstruating days. Adolescent girls accompanied by restriction, during menstruation, also felt agitated and sad, it means not only hormonal imbalance occurred, the religious restriction was also the aggravating factor to create an emotional disturbance among adolescent girls.

“*The psychological problems like the stress of spilling the blood in college uniform are constant and I undergo awkwardness when others see me. I also feel bored and angry around people all the time so I feel like why are these people walking, talking, or making such noises. I get annoyed by all these.” (IDI, Visually Impaired, Differently-abled Adolescent Girl, Palpa, Gandaki Province)*

*“During menstruation, I suffer from stomach cramps, anger, and dizziness.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Restrictions are irritating. I feel irritation and aggression towards cultural restriction.” (FGD, Out of School, Taplejung, An Adolescent Girl, Province 1)*

Similarly, some girls also mentioned that increases in her frequent mood swings had sometimes led to unhealthy relationships between family members.

*“I feel very irritated during my periods and sometimes I make bad relations with my sister.” (IDI, Bara, Partially Visually Impaired, Differently-abled Adolescent Girl, Province 2)*

*“I feel irritated while other people talk to me.” (FGD, In School, Baitadi, An Adolescent Girl, Sudurpaschim Province)*

During periods, girls were prone to have breast tenderness as their breasts became too heavy and painful. Some adolescent girls also experienced chest pain, back pain, and headaches. Whereas, some girls had hands and feet cramp as well as whole body aches. This statement verifies that each individual experienced different forms of physical problems during menstruation.

*“I suffer from breast pain so badly and it became heavier than other times.” (FGD, In School, Udayapur, An Adolescent Girl, Province 1)*

*“I used to feel lazy, difficult, and uneasy. I didn’t like to do any sorts of activities. I had the ache in my whole body.” (FGD, Out of School, Rupandehi, An Adolescent Girl, Gandaki Province)*

Some girls also felt hassle just before their menses, it signifies that they also experienced premenstrual syndrome. But few adolescent girls revealed that they were lucky since they didn’t experience any form of pain and psychological problem throughout menstruation.

*“Whenever the date approaches or menses are near, I feel worried. I worry a lot.” (IDI, Hand Burn, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province)*

However, many adolescent girls wanted to have complete rest during their period as they got lazy and bored when menstruating. Besides this, some of the girls felt that they smelled very badly due to the filthy blood during menstruation.

*“I feel dirty and foul-smelling due to bleeding.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

Along with physical and emotional symptoms, the majority of the adolescent girls shared their problem of not being able to have desired food despite craving when menstruating. Due to cultural taboos, they were not able to enter the kitchen and get food. As a consequence, most adolescent girls felt sad and disturbed during menstruation.

*“I get mood swings, irritation, and craving for tangy food just before and during every period but we aren’t allowed to go to the kitchen and have different foods as we wish. It depressed me.” (IDI, Physically Impaired, Panchthar, Differently abled Adolescent Girl, Province 1)*

### Missing school/college during menstruation

Figure 13: Missing school/college during menstruation

A total of 932(26.7%) girls had missed their school over the past12 months during menstruation. Absenteeism was found highest in province 2 with 175(34.7%) followed by province 5, 175(32.3%) whereas it was lowest in Bagmati province with 124(18.8%).

**Reasons for not attending the school during menstruation**

Table 49: Reasons for not attending the school during menstruation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Reason for not attending the school/college n (%)**  **n=932** | | | | | | | |
| **Province** | **Pain any kind** | **Tiredness** | **Family advise not to go** | **Heavy bleeding leading to fear of leakage** | **Fear of teasing** | **Toilet facilities inadequate for management** | **Nowhere to dispose pads/cloths/napkin** | **Had to go and get sanitary materials** |
| Province 1 | 74(49.6) | 27(19.9) | 11(3.2) | 73(64.6) | 13(10.5) | 7(7.3) | 5(3.6) | 7(4.2) |
| Province 2 | 79(41.6) | 59(37.0) | 25(17.9) | 60(28.5) | 8(3.1) | 17(7.4) | 26(11.4) | 9(5.7) |
| Bagmati | 94(73.4) | 10(6.2) | 10(6.3) | 50(47.4) | 6(5.7) | 6(7.4) | 12(12.5) | 3(4.0) |
| Gandaki | 65(69.4) | 12(13.9) | 15(19.4) | 43(53.5) | 5(2.6) | 3(5) | 7(5.9) | 1(1.2) |
| Province 5 | 107(71.8) | 25(11.7) | 29(12.0) | 58(29.3) | 10(5.9) | 3(0.7) | 2(0.8) | 16(2.3) |
| Karnali | 48(45.2) | 19(16.7) | 18(12.3) | 66(51.5) | 11(11.5) | 14(12.1) | 4(1.9) | 6(3.8) |
| Sudurpaschim | 30(31.7) | 9(8.7) | 25(20.3) | 42(40.6) | 5(4.7) | 8(6.5) | 24(20.2) | 9(5.0) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

The reasons for being absent varied in each province, absenteeism related to pain (dysmenorrhea) was high 94 (73.4%) in the Bagmati province. Likewise, tiredness causing absenteeism was seen high 59 (37.0%) in province 2. In addition, more than 50% of girls absented themselves because of the fear of leakage due to heavy bleeding in province 1, Gandaki province and Karnali province. Almost one-fifth of the adolescent girls belonging to Sudurpaschim province (20.3%) and Gandaki province (19.4%) reported not attending school due to their family members' sugesstion.

During the FGDs and IDI, most of the adolescent girls reported having difficulties in going to school and attending the classes attentively as well as in performing daily work activities. It was also found that problems associated with menstruation such as physical, psychological, socio-cultural and managerial aspects of menstruation and hygiene management (MHM) at schools have influenced academic attendance, participation in school activities and daily activities in many adolescent girls. Also, many adolescent girls were still found to have a sense of shame, fear, and embarrassment in sharing and expressing their problems and issues associated with menstruation which certainly limited their social participation. Hence, in the long-term scenario, this influence, and limitation associated to menstruation on adolescent girls’ academic activities and daily activities might contribute to school dropout as well as in decreased academic and personal attainment jeopardizing their potentials in personal career development and social life

**Effect on Education**

Most of the adolescent girls complained about effects on their education mainly caused due to both physical and psychological problems by menstruation. Absenteeism, skipping of academic activities and co-curricular activities have affected adolescent girls’ school performance and achievements as seen in different provinces.

*“I didn't attend my class for 2-3 days because of my stomach cramps during that period. Hence, it affects my studies.”* (*FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

As per the adolescent girl and key informants, a variety of physiological problems associated with menstruation undermined the school attendance of the adolescent girls. Adolescent girls commonly cited menstrual cramps and discomfort such as heavy abdominal pain, excessive bleeding, weakness, body pain and backaches as the reasons for missing their school and academic activities.

*“I missed many of my school days. I used to have bad abdominal cramps and heavy bleeding due to which I couldn’t go to school.” (FGD, In School, Dhanusa, An Adolescent Girl, Province 2)*

*“I leave school whenever I feel extreme stomach pain during my periods. If there’s no pain, I feel easy to work and read. (FGD, Out of School, Dang, An Adolescent Girl, Province 5)*

The adolescent girls gave varied responses to the number of missed school days during their menstruation. Some of them said they missed their school days a lot whereas some said they didn’t go to school for a few days during their menstruation. So, the number of missed school days because of menstruation ranged from one day to a maximum of four days as reported by girls from all the provinces. Few of them even reported that they usually do not go to school during their menstruation which implied their regular absenteeism during those days.*“Absenteeism of adolescent girls is seen in our community due to menstruation.” (IDI, Bara, Chairperson of Mother Group, Province 2)*

*“I have to take absent leave for one- or two-day during my periods.”(IDI, Visually Impaired, Banke, Differently-abled Adolescent Girl, Province 5)*

*“I don’t come to school for 3-4 days, always during my menstruation.”(FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Usually, we do not attend school during menstruation.” (FGD, In School, Baitadi, Adolescent Girls, Sudurpaschim Province)*

It was also found that psychological reasons associated with menstruation for example inability to concentrate attentively at classes, fear of menstrual accidents like getting bloodstains on their cloth, sense of embarrassment, and humiliation like fear of boys teasing them, etc. are also aggravating factors to skip class. Some of the research participants, mostly from Province 1, Gandaki Province, Province 5 and Sudurpaschim Province stated their fears and embarrassments linked with menstruation.

They shared how they got bloodstains frequently and had to be afraid to be seen by other people during their menstrual periods. They reported it is an embarrassing condition that also compelled them to leave or miss their school. As a result, fear of blood leakage during menstruation affected the girls’ participation in the class and school activities.

*“I feel so weak due to heavy bleeding and also feel worried about what happens if somebody sees me in such a condition especially in school.”(FGD, In School, Parbat, Adolescent Girl, Gandaki Province)*

*“Yes, menstruation affects the school days, and sometimes if we get bloodstains over our clothes we need to leave earlier as well.” (IDI, Visually Impaired, Palpa, An Adolescent Girl, Province 5*)

*During school, mostly it becomes very difficult to concentrate in class. Sometimes I suffer from stomach pain and back pain. It becomes very difficult for me to do my homework and study. I live in my hostel, so I don’t have to do other work, but when I am at my home during menstruation, I cannot do any work.” (IDI, Partially Visually Impaired, Bara, An Adolescent Girl, Province 2)*

Likewise, few of the girls shared about how boys reacted and acted when they found they were in their periods. They reported having fear of menstrual accidents and boys knowing about their menstrual state and subsequently being teased and humiliated about it. This shows how the social stigma around menstruation persists in our society. This also implies the existing prevalence of male dominance in Nepalese society as women and girls are still being conscious of how males perceive them and their situation. Likewise, these adolescent girls feared being humiliated and embarrassed by the boys and compelled themselves to be very secretive when expressing about menstruation as well as when managing it.

*First of all, the boys should be scolded. They wait for us to get a period just to tease us. You should also give them a class on menstruation. Some of us who can fight back deal with the boys. Some of us who don’t speak, just sit on the bench from morning to evening until the bell rings and go home. (FGD, In School, Rukum, An Adolescent Girl, Karnali Province)*

*"My friends feared to return home from school because of the bloodstain in their clothes. So, we used to take off our jacket and give it to our friend to cover the stain. Boys used to tease girls when things like this happened in the school.”* (*IDI, Physically Impaired, Sankhuwasabha, An Adolescent Girl, Province 1)*

However, a few of the adolescent girls expressed how they kept on going to school even if they were in discomfort due to menstruation. They shared that they did not want to miss their school in any case. Few of them even said that they took medications in case of menstrual-related difficulties but they went to their school regularly. This showed how these adolescent girls included education in their priorities.

*“I am ready to lose my life but not school. I go to school even if the pain is worse during menstruation.”(FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province*)

*“I am unable to concentrate on my studies and I also don’t feel like studying during my menstrual periods but rarely have I left school on those days.”* (*FGD, In School, Jhapa, An Adolescent Girl, Province 1*)

*“I do not face so much difficulty going to school during my periods. If I face some discomfort and pain during menstruation, I take medicine but do not miss my school.” (FGD, In School, Chitwan, An Adolescent Girl,Bagmati Province)*

*“Whatever we face, we have to bear it. So, we cannot miss our school and we also have to do household chores during menstrual periods.” (FGD, In School, Kailali, Adolescent Girls, Sudurpaschim Province)*

Most of the girls from Sudurpashchim even reported facing difficulties in going to school because of the socially constructed restrictions and practices followed in their community. Adolescent girls from Baitadi and Bajhang revealed that they had to take a different path to a school than usual at the time of their menstruation due to reasons such as the construction of a temple on the roadway to their school and had to obey what the adults told them to do. As a result, they were also forced to skip their classes or school during those times.

*“We cannot attend school regularly when we are menstruating due to the construction work of temples at the roadside on the way to our school.”(FGD, In School, Baitadi, Adolescent Girls, Sudurpaschim Province)*

*“We need to walk in a different path than usual when we are menstruating and it is difficult for us to go to school ona different road.” (FGD, Out of School, Bajhang, Adolescent Girls, Sudurpaschim Province)*

Besides the effects on education, few of the participants also reported that doing extracurricular activities were hindered because of menstrual discomforts. While only one of the research participants stated that she didn’t have any problem in playing as usual during menstruation.

*"I couldn't attend a rally program conducted by the school once as I was having my menstruation."(FGD, In School, Jhapa, An Adolescent Girl, Province 1)*

*"We experienced discomforts while playing sports in the school during our menstruating days."(FGD, In School, Jhapa, An Adolescent Girl, Province 1)*

*“Contrary to all, I feel fresher and more active to play and run during menstruation.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

**Effect on daily work activities**

When asked by the interviewer, many adolescent girls reported that menstruation affected their work activities. They reported not being able to perform their tasks as usual at the time of their menstruation. They revealed that menstruation disturbed their daily work as they experienced difficulties in carrying woods from the forest, working in the field including cutting grasses, etc. because of the heavy bleeding and menstrual-related cramps. Likewise, commonly practiced menstrual restrictions such as menstrual separation, the prohibition to enter the kitchen, etc. also made the girls’ daily life difficult as reported by them.

Many of them shared that they were unable to perform their daily tasks due to the physical pain and discomfort such as stomach ache. Most adolescent girls also shared that they couldn’t perform heavy work such as lifting heavy loads as such kinds of work caused heavy bleeding and pain as reported by them.

*“Carrying woods from the forest was difficult during menstruation time. Because of the stomach ache, I couldn’t go to the field for work many times.” (FGD, Out of School, Parbat, An Adolescent Girl, Gandaki Province)*

*Of course, it is difficult to work, I have a stomach ache and can’t do any activities during menstruation.” (FGD, Out of School, Rupandehi, An Adolescent Girl, Province 5)*

*“I am unable to do regular home activity during my menses.” (IDI, Tanahun, An Adolescent Girl, Gandaki Province)*

*“I cannot work in the field when I am menstruating.” (FGD, Out of School, Bajhang, An Adolescent Girl, Sudurpaschim Province)*

Some of the girls shared that they had to perform their daily activities even when they did not want to do it or even when it was difficult for them to do it because of physical discomfort. For example, adolescent girls mostly from Gandaki Province, Karnali Province, and Sudurpaschim Province revealed they had to perform physical tasks such as collecting woods from the forest, doing fieldwork like cutting grasses, feeding animals, etc. even during their menstruating days beyond their wish.

*“We wish that during our menses we would not have to do any work at all. We wish no one would order us to do anything. We wish we wouldn’t have to work at all.” (FGD, Out of School, Nuwakot, Adolescent Girls, Bagmati Province)*

*“Even when we are having our periods we need to go outside or at fieldwork which includes cutting the grass and carrying firewoods. We also have to bring the water ourselves for bathing. During Poush and Magh (January and February), we are not allowed to enter the house so we need to burn the firewoods outside to keep us warm. So, we don’t get to relax and rest during our menstruation.” (FGD, Out of school, Adolescent Girls, Jajarkot, Karnali Province)*

*“I do nothing to manage pain because of menstruation as I have to do all the work myself.” (FGD, Out of School, Rupandehi, An Adolescent Girl, Province 5)*

Some participants said that they didn’t do household work not because they were unable to do it but because of restrictions imposed on menstruating girls to enter the kitchen and other parts of their homes. Some of the girls from Karnali Province and Sudurpaschim Province shared that they didn’t have to do indoor work due to menstrual restrictions but had to do outdoor work such as feeding animals, field works such as cutting grasses, collecting woods, etc.

*“Even when we are having our periods we need to go outside or at fieldwork which includes cutting the grass and carrying firewoods.” (FGD, Out of School, Jajarkot, Adolescent Girls, Karnali Province)*

*“We cannot do indoor work. We have to harvest crops during the time of harvesting even if we are menstruating. So, we work if there is any outdoor work during our menstruation.” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

Few of the adolescent girls also shared about their difficulties such as stress, mood swings, laziness, etc. which came along with their periods as barriers for them in their work activities.

*“I feel stressed when the pad creates uneasiness and it feels uncomfortable during work. I worry as it might cause leakage and fall off.” (FGD, Out of School, Rupendehi, An Adolescent Girl, Province 5)*

*“I have mood swings and don't like to talk or work.” (IDI, Physically Impaired, Sankhuwasabha, An Adolescent Girl, Province 1)*

*“It is easy in school but it is quite difficult to work during periods. I feel lazy when I menstruate. We have to do work such as household work like washing utensils and collecting wood.” (FGD, Out of School, Jumla, An Adolescent Girl, Karnali Province)*

Some of the research participants revealed that menstruation has not affected much in their school life and work life. They shared that they had no difficulty in going to school and performing their regular work activities because of menstruation.

*“Menstruation does not affect my educational activities. I regularly go to school.” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“I regularly go to school during the menstrual period. It does not affect my school days.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

*“Menstruation has not affected any of my work so I work like other normal days even I am having periods.” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

*"I have missed my school days a lot due to my menstruation however it hasn't affected my working time at home." (IDI, Panchthar, An Adolescent Girl, Province 1)*

**Comfort in doing different activities during menstruation**

Table 50: Comfort in doing different activities during menstruation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **When you are menstruating how comfortable do you feel doing each of the activities n (%)**  **n=3495** | | | | | |
| **Playing sports** | **Going to school** | **Reading or studying** | **Working in the fields** | **Doing housework** | **Going for other work** |
| Province 1 | 102(26.9) | 311(76.2) | 384(92.4) | 66(21.7) | 230(54.8) | 91(24.6) |
| Province 2 | 141(33.8) | 329(80.3) | 364(85.9) | 111(26.2) | 158(36.0) | 104(21.7) |
| Bagmati | 137(31.0) | 359(76.8) | 405(86.5) | 91(19.7) | 244(57.5) | 119(25.0) |
| Gandaki | 101(24.1) | 376(81.7) | 425(93.0) | 67(14.7) | 203(42.3) | 89(19.3) |
| Province 5 | 97(22.1) | 359(80.5) | 398(88.4) | 81(20.3) | 228(51.0) | 125(33.7) |
| Karnali | 108(27.4) | 310(81.4) | 324(87.9) | 73(18.2) | 142(37.3) | 81(19.6) |
| Sudurpaschim | 179(36.5) | 386(85.7) | 400(88.0) | 139(30.9) | 188(42.4) | 150(34.3) |

*Note: Total Percentages may sum to more than 100.0% because multiple responses were possible*

Majorities of the girls from each province revealed about being comfortable in reading or studying during menstruation, followed by the girls who felt comfortable going to school and doing housework. The highest proportion 376(81.7%) of girls from Gandaki province feels comfortable to read or study during menstruation. Almost one in four adolescent girls from each province mentioned feeling comfortable in playing sports and working in the field.

## Section IV: Psychosocial scales

### Secrecy and shame:

Secrecy and shame were scored on a scale of 0-33, with 0 and 33 indicating extremely low and high secrecy and shame respectively. 11 items were included in the scale. This includes different aspects adolescent girls had regarding menstruation like acceptable to talk or discuss menstruation with male members or in school with male friends, not hiding anything that showed the girls having menstruation. The mean secrecy and shame was 14. The response less than 14 was categorized to low secrecy and shame and above 14 to high secrecy and shame.

Figure 14: Menstrual Secrecy and Shame

It is revealed that more than half 1831(54.8%) of the adolescent girls had low level of secrecy and shame and almost half 1664 (45.2%) of them had high level of secrecy and shame.

Table 51: Secrecy and shame

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Secrecy and shame n(%)**  **N=3495** | | | |
| **Low secrecy and shame** | **High secrecy and shame** | **Total** |
| **Completed Age** |  |
| Early aged | 903(54) | 864(46) | 1767 |
| Mid aged | 851(55) | 748(45) | 1599 |
| Late aged | 77(60.3) | 52(39.7) | 129 |
| ***Total*** | ***1831(54.8)*** | ***1664(45.2)*** | ***3495*** |
| **Religion** |
| Hindu | 1566(55.5) | 1394(44.5) | 2960 |
| Buddhist | 144(48.2) | 158(51.8) | 302 |
| Christian | 46(55.1) | 34(44.9) | 80 |
| Kirat | 58(55.5) | 55(44.5) | 113 |
| Muslim | 17(41.6) | 23(58.4) | 40 |
| ***Total*** | ***1831(54.8)*** | ***1664(45.2)*** | ***3495*** |
| **Ethnicity** |
| Dalit | 213(46.9) | 277(53.1) | 490 |
| Disadvantaged Janajatis | 158(59.5) | 123(40.5) | 281 |
| Disadvantaged non Dalit Terai Cate Group | 119(47.8) | 144(52.2) | 263 |
| Religious Minorites | 13(41.9) | 18(58.1) | 31 |
| Relatively Advantaged Janajatis | 420(54.4) | 349(45.4) | 769 |
| Upper Caste groups | 908(57.7) | 753(42.3) | 1661 |
| ***Total*** | ***1831(54.8)*** | ***1664(45.2)*** | ***3495*** |
| **Current educational level** |  |
| Primary | 70(56.3) | 72(43.7) | 142 |
| Secondary | 1612(53) | 1531(47) | 3143 |
| Higher secondary | 149(73) | 61(27) | 210 |
| ***Total*** | ***1831(54.8)*** | ***1664(45.2)*** | ***3495*** |
| **Province** |
| Province 1 | 258(48.3) | 264(51.7) | 522 |
| Province 2 | 225(47.9) | 240(52.1) | 465 |
| Bagmati | 320(62.5) | 201(37.5) | 521 |
| Gandaki | 294(59.8) | 224(40.2) | 518 |
| Province 5 | 304(59.6) | 239(40.4) | 543 |
| Karnali | 177(40.2) | 272(59.8) | 449 |
| Sudurpaschim | 253(59.8) | 224(40.2) | 477 |
| ***Total*** | ***1831(54.8)*** | ***1664(45.2)*** | ***3495*** |

With concerns to age, more than half of the adolescent girls of each age group had low level of secrecy and shame. Further, moving onto the religion, almost 55 percent of Hindus, Christian and kirat adolescent girls had low secrecy and shame but more than half of the girls belonging to Muslim and Buddhist religion had high level of secrecy and shame.

Similarly, Ethnicity wise, it was found that more than half of the adolescent girls belonging to dalit, disadvantaged non-Dalit terai caste group and relatively advantaged janajatis had high level of secrecy and shame. Additionally, by education level, it was found 27 percent of girls from higher secondary school having high level of secrecy and shame followed by 43.7 percent of girls from primary level and 47 percent from secondary level.

Province wise classification showed that the girls from province 1 and province 2 had almost similar level of secrecy and shame but among all the seven provinces, less number of girls from Bagmati province had high level of secrecy and shame.

### Annoyance:

Twelve items were included in the scale of annoyance with all negative statements, which was reversed and were scored on a scale of 0-36, with 0 and 36 indicating extremely low and high annoyance respectively. Annoyance regarding menstruation includes different aggravating factors of girls that make menses painful, dirty, annoying, and difficult to live with a period. The mean annoyance was 19. The sum of response less than 19 were considered to have low annoyance and above 19 to high annoyance.

Figure 15: Menstrual Annoyance

The study revealed that more than half (54.6%) of the adolescent girls had low levels of annoyance and 45.4 percent of the girls had high annoyance level.

Table 52: Annoyance

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Annoyance n (%)**  **n=3495** | | | | | | |
| **Low annoyance** | | **High Annoyance** | | **Total** | |  | |
| **Completed Age** | | | | | | |  | |
| Early aged | 911(53.2) | | 856(46.8) | | 1767 | |
| Mid aged | 847(55.9) | | 752(44.1) | | 1599 | |
| Late aged | 72(55.1) | | 57(44.9) | | 129 | |
| ***Total*** | ***1830(54.6)*** | | ***1665(45.4)*** | | ***3495*** | |  | |
| **Religion** | | | | | | | | | |
| Hindu | 1556(54.4) | | 1404(45.6) | | 2960 | |  | | |
| Buddhist | 166(57.6) | | 136(42.4) | | 302 | |
| Christian | 46(58.7) | | 34(41.3) | | 80 | |
| Kirat | 43(42.4) | | 70(57.6) | | 113 | |
| Muslim | 19(56.7) | | 21(43.3) | | 40 | |
| ***Total*** | ***1830(54.6)*** | | ***1665(45.4)*** | | ***3495*** | |  | | |
| **Ethnicity** | | | | | | | | | |
| Dalit | | 242(53.2) | 248(46.8) | | | 490 |  | | |
| Disadvantaged Janajatis | | 169(62.3) | 112(37.7) | | | 281 |
| Disadvantaged non Dalit Terai Cate Group | | 161(59.1) | 102(40.9) | | | 263 |
| Religious Minorites | | 15(56.4) | 16(43.6) | | | 31 |
| Relatively Advantaged Janajatis | | 394(52.7) | 375(47.3) | | | 769 |
| Upper Caste groups | | 849(53.3) | 812(46.7) | | | 1661 |
| ***Total*** | | ***1830(54.6)*** | ***1665(45.4)*** | | | ***3495*** |  | | |
| **Current educational level** | | | | | | | | | |
| Primary | | 63(57.1) | 79(42.9) | 142 | | |  | | |
| Secondary | | 1649(57.1) | 1494(42.9) | | | 3143 |
| Higher secondary | | 118(56.2) | 92(45.7) | | | 210 |
| ***Total*** | | ***1830(54.6)*** | ***1665(45.4)*** | | | ***3495*** |  | | |
| **Province** | | | | | | | | | |
| Province 1 | | 231(49.1) | 291(50.9) | | | 522 |  | | |
| Province 2 | | 303(63.6) | 162(36.4) | | | 465 |
| Bagmati | | 295(58) | 226(42) | | | 521 |
| Gandaki | | 296(53.7) | 222(46.3) | | | 518 |
| Province 5 | | 317(60.2) | 226(39.8) | | | 543 |
| Karnali | | 172(45.3) | 277(54.7) | | | 449 |
| Sudurpaschim | | 216(45.7) | 261(54.3) | | | 477 |
| ***Total*** | | ***1830(54.6)*** | ***1665(45.4)*** | | | ***3495*** |  | | |

Further, Annoyance in concern to the age of the adolescent girls showed that more than half of the girls of each group had low annoyance levels. Likewise, more than half of the adolescent girls belonging to Hindu and Buddhist Muslim and Christian religions had low levels of annoyance. Moreover, more than 50 percent of the girls of each ethnic background had low level of annoyance. Girls from all 3 educational levels had almost similar level of annoyance (low) but comparatively, it was slightly lower among the girls of higher secondary level.

Majorities of the girls from Bagmati, Gandaki and province 5 had low level of annoyance. In contrast, Majorities of girls from Karnali and Sudurpaschim province had high level of annoyance.

### Menstrual Stress

Menstrual stress was scored on a scale of 0-32, with 32 indicating extremely high stress. 16 items were included in the scale, asking about the extent to which girls were worried about different aspects of dealing with menstruation. The questionnaire related to menstrual stress consisted of 16 questions enquiring about the girls being anxious on the start of their menses, leaking of blood, miss out on social events or school, being gossiped by others, availability and accessibilities of water, toilet, pad, disposal facilities in managing menstruation etc. The average mean score of menstrual stress was 10. It was taken as a cutoff point and those who score below 10 were categorized having low stress levels, while girls with scores above 10 were categorized to have high stress. These items of menstrual stress addressed the girl’s level of stress and their difficulties in dealing with their menstruation and its management.

Figure 16: Menstrual Stress

The majority 1998(57.5%) of the girls had low stress and 1497(42.5%) of the girls had high stress regarding menstruation.

Table 53: Menstrual Stress

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Menstrual Stress n (%)**  **n=3495** | | | |
| **Low menstrual stress n (%)** | **High menstrual stress n (%)** | | **Total** |
| Early aged adolescent | 992(56.5) | 775(43.5) | | 1767 |
| Mid aged adolescent | 917(57.1) | 682(42.9) | | 1599 |
| Late aged adolescent | 89(70.6) | 40(29.4) | | 129 |
| ***Total*** | ***1998(57.5)*** | ***1497(42.5)*** | | ***3495*** |
| **Religion** | | |
| Hindu | 1683(57.3) | 1277(42.7) | | 2960 |
| Buddhist | 169(59) | 133(41) | | 302 |
| Christian | 48(56.6) | 32(43.4) | | 80 |
| Kirat | 74(65.4) | 39(34.6) | | 113 |
| Muslim | 24(56.7) | 16(43.3) | | 40 |
| ***Total*** | ***1998(57.5)*** | ***1497(42.5)*** | | ***3495*** |
| **Ethnicity** | | |
| Dalit | 255(52.2) | 235(47.8) | | 490 |
| Disadvantaged Janajatis | 160(58) | 121(42) | | 28 |
| Disadvantaged non Dalit Terai Cate Group | 146(51.5) | 117(48.5) | | 263 |
| Religious Minorites | 20(59.2) | 11(40.8) | | 31 |
| Relatively Advantaged Janajatis | 472(61.1) | 297(38.9) | | 769 |
| Upper Caste groups | 945(58.7) | 716(41.3) | | 1661 |
| ***Total*** | ***1998(57.5)*** | ***1497(42.5)*** | | ***3495*** |
| **Current Education** | | |
| Primary | 81(63.4) | 61(36.6) | | 142 |
| Secondary | 1764(55.6) | 1379(44.4) | | 3143 |
| Higher secondary | 153(75.2) | 57(24.8) | | 210 |
| ***Total*** | ***1998(57.5)*** | ***1497(42.5)*** | | ***3495*** |
| **Province** | | |
| Province 1 | 298(51.9) | 224(48.1) | | 522 |
| Province 2 | 210(50.1) | 255(59.9) | | 465 |
| Bagmati | 319(66.7) | 202(33.3) | | 521 |
| Gandaki | 322(58.3) | 196(41.7) | | 518 |
| Province 5 | 343(58.3) | 200(41.7) | | 543 |
| Karnali | 243(60.5) | 206(39.5) | | 449 |
| Sudurpaschim | 289(59.7) | 188(40.3) | | 477 |
| ***Total*** | ***2024(57.5)*** | ***1471(42.5)*** | | ***3495*** |

This menstrual stress scale showed that the early adolescent girls, mid-aged adolescents girls had relatively both the low and high menstrual stress but the majority of them felt low stress in dealing with the menstruation. While, out of the girls who felt high menstrual stress, early aged adolescent girls experienced high stress 775(43.5%) and late adolescent girls experienced low stress. 40(29.4%).

Though the menstrual stress was found low in all religions, but among different religions, the menstrual stress was seen almost same in the girls belonging to the Hinduism 1277(42.7%), Christian 32(43.4%), Muslim 16(43.3%), Buddhism 133(41%), and except girls belonging to Kirat 39 (34.6%).

By ethnicity, menstrual stress was seen low in all ethnic backgrounds. However, 1497 (42.5%) of the adolescent girls had high menstrual stress. Almost half of the adolescent girls belonging to Disadvantaged non dalit terai caste groups had high menstrual stress compared to other ethnic groups.

With regard to the education level, menstrual stress was felt by all the adolescent girls, however majority 1998(57.5%) of the girls felt low menstrual stress. In addition, among those girls having high stress most of them from secondary level 1379 (44.4%) experienced menstrual stress in comparison to other. Likewise, in total no of the primary level adolescent girls, 81(63.4%) and 61(36.6%) had low stress and high stress respectively. Similarly, among the total of higher secondary, girls having low stress were 153(75.2) and high stress 57(24.8%).

By province, low menstrual stress was found among all participants from seven provinces except province 2, where out of total 465 adolescent girls more than half 255(59.9%) of them had high stress regarding menstruation while comparing to other provinces.

### Menstrual Self-efficacy:

This self-efficacy scale measured a girl's ability to comfortably manage menstruation with self-confidence. These 9 item scales were scored on the range of 0-27, with 27 indicating a low level of self-efficacy consisting their ability in asking help from the friend or adult for the menstrual blood management, pain management, confidently talk to an adult about menstrual-related queries, getting extra pad when needed, performing the regular activities normally as before and standing up against teasing and when being obligated in certain constraint. The average mean score of the self-efficacy was 6.

Figure 17: Menstrual Self-Efficacy

In the above-shown pie chart, more than half (1800(59.5%) of the adolescent girls had high self-efficacy, and least 1224(35%) had a low level of self-efficacy.

Table 54: Menstrual Self-efficacy

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Menstrual Self-efficacy n (%)** | | |
| **Low self-efficacy** | **High self-efficacy** | **Total** |
| **Completed age** |  |  |  |
| Early aged adolescent girls | 615(43.6) | 902(56.4) | 1517 |
| Mid aged adolescent girls | 567(37.5) | 829(62.5) | 1396 |
| Late aged adolescent girls | 42(35.1) | 69(64.9) | 111 |
| ***Total*** | ***1224(40.5)*** | ***1800(59.5)*** | ***3024*** |
| **Religions** | | | |
| Hindu | 1056(40.8) | 1531(59.2) | 2587 |
| Buddhist | 84(39.6) | 128(60.4) | 212 |
| Christian | 31(40.8) | 45(59.2) | 76 |
| Kirat | 41(36.9) | 70(63.1) | 111(100) |
| Muslim | 12(31.6) | 26(68.4) | 38(100) |
| ***Total*** | ***1224(40.5)*** | ***1800(59.5)***  ) | ***3024*** |
| **Ethnicity** | | | |
| Dalit | 163(36.9) | 279(63.1) | 442 |
| Disadvantaged Janajatis | 87(38.2) | 141(61.8) | 228 |
| Disadvantaged non Dalit Terai Caste Group | 103(45.2) | 125(54.8) | 228 |
| Religious Minorites | 9(31) | 20(69) | 29 |
| Relatively Advantaged Janajatis | 268(41) | 386(59) | 654 |
| Upper Caste groups | 594(41.2) | 849(58.8) | 1443 |
| ***Total*** | ***1224(40.5)*** | ***1800(59.5)*** | ***3024*** |
| Primary | 45(34.6) | 85(65.4) | 130 |
| Secondary | 1107(40.5) | 1627(59.5) | 2734 |
| Higher secondary | 72(45) | 88(55) | 160 |
| ***Total*** | ***1224(40.5)*** | ***1800(59.5)*** | ***3024*** |
| Province 1 | 222(45.60) | 265(54.40) | 487 |
| Province 2 | 152(43.20) | 200(56.80) | 352 |
| Bagmati | 155(39.90) | 233(60.10) | 388 |
| Gandaki | 168(37.40) | 281(62.60) | 449 |
| Province 5 | 181(36.80) | 311(63.20) | 492 |
| Karnali | 167(37.20) | 282(62.80) | 449 |
| Sudurpaschim | 179(44) | 228(56) | 407 |
| ***Total*** | ***1224(40.50)*** | ***1800(59.50)*** | ***3024*** |

All the aged group of adolescent girls had the high self-efficacy and among the girls having high self-efficacy, the late aged adolescent girls 69(62.2%) have the highest self-efficacy and early aged adolescent girl and mid-aged adolescent girl have similar (59%) high self-efficacy in managing the menstruation. Whereas, among the girls having low self-efficacy, early and mid-aged adolescents have the similar (40%) low self-efficacy and late aged group adolescents 42(37.9%) have the lowest self-efficacy while compared with the aged group having low efficacy.

The majority of the girls from each province have high self-efficacyin managing menstruation. Whereas, out of the total girls having high self-efficacy, the girls (62.60%) from province 4 had the highest self-efficacy. Also, among the girls with low self-efficacy, Karnali province girls (37.20%) had low confidence in dealing with menstruation.

With regard to religions, girls following all the religions had high confidence in achieving the different menstrual-related tasks. Among the girls with low self-efficacy, girls 12(31.6%) from Muslim religions have the lowest self-efficacy while comparing the girls of other religions having low self-efficacy.

All the girls from different ethnicity had the high self-efficacylevel and the girls of religious minorities group had highest 20(69%) and the upper cast group had lowest self-efficacy849(58.9%)

Whereas, among the girls with the low self-efficacy level, girls of the disadvantaged non-Dalit terai caste group have 103(45.2%) and religious minority have the lowest 9(31%) self-efficacy.

With concern to education level, girls belonging to all primary, secondary and higher secondary had high self-efficacy. Among the girls with high efficacy level, girls 85(65.4%) from primary have the highest and girls 88 (55%) from the higher secondary level have the lowest self-efficacy. Similarly, girls 45 (34.6) having low self-efficacy were from the primary education in comparison to other.

## Section V: Qualitative findings (Menstrual needs)

### Needs of adolescent girls for MHM management

The majority of the participants from the entire provinces said that their menstrual needs were mostly related to the management of menstrual. According to adolescent girls, availability of gender-friendly toilet facilities, safe and private places for the changing pad, medicine, nutrition foods, and adequate rest, family support was needed and would be very helpful to manage menstruation. Besides all, the participants also said that all the restrictions associated with menstruation were the barrier in daily life which made their menstruation difficult.

*“During menstruation, the most important need for adolescent girls is a nutritious food. Secondly, for hygiene management, availability of sanitary pad or clean cloth, clean toilet, dustbins for disposal is necessary. Except for these, soap and water are also required for maintaining personal hygiene.” (KII, Illam, Teacher, Province 1)*

The majority of the adolescent girls were in stress because of a shortage of pad in school. The girls from the Karnali province and Sudurpaschim province were dealing with much more difficult menstrual problems in comparison to other provinces. Many girls said that the provision of water and free pads at school was the most essential need for them during periods to have proper concentration and regular school. This gives the clear view that girls were deprived of the sanitation facilities in school which ultimately affect their education.

“*There are no proper facilities for water and pads in our schools. It is a big problem. We don’t change clothes and have to wear them for a whole day. If there are pad and water facilities in the school, we would go to school during our period also. That is all we need.” (FGD, In School, Jajarkot, Adolescent Girls, Karnali Province)*

Not only in school, one of the most important and crucial needs felt in two provinces, Karnali province and Sudurpaschim province, were their society and families didn’t let the girls use water resources and the same toilet available at their own home during their menstruating days. This can be seen not only at home but also in schools. With the sad face they revealed that even with the availability of those things, they could not make use of available resources. Some of the girls also wished to have warm water during the winter season as they had to wash clothes, bed sheets, bed cover used during menstruation. The girls also wished if they could wash their faces, bath and clean themselves with warm water and have some privacy to dry their clothes.

*“We don't go to the toilet for three days. After bathing, we take water by ourselves and then go there but don't touch the water. It would be more comfortable if we could use the toilet.” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

*“We desire to have a bath in warm water during the cold season. It is even hard to wash the face with cold water. Also wish for the place to dry cloth,” (FGD, Out of School, Jumla, Adolescent Girls, Karnali Province)*

Similarly, the girls from province 2 also highlighted that they wanted to wash their clothes in their own homes and private place to dry the cloth pad in sunlight. Also, they said that to reduce the potential health hazards from an infection they felt the importance of a separate place for drying clothes.

*“I should go to the river to wash my used clothes. I wish to wash it at my home.” (FGD, Out of School, Parsa, An Adolescent Girl, Province2)*

*“The most important thing is we need a sanitary pad because we feel uneasy to use cotton cloths which we have to tie in the sunlight after washing so we hesitate to dry outside which causes various kinds of infection.” (FGD, In School, Sarlahi, Adolescent Girls, Province 2)*

Furthermore, proper disposal of sanitary pads was found to be one of the essential needs of adolescent girls during their menses in all the provinces. They mentioned that it would be easier for them to dispose of their pads in school if provided with dustbins or other allocated disposal facilities.

*“Younger sisters in our school used to put their worn clothes which were for blood management, in the window of school toilets because they used to feel shy. Therefore, dustbins for disposal in toilets school is also necessary” (FGD, In School, Parbat, An Adolescent Girl, Gandaki Province)*

*“There should be a proper place for pad disposal and availability of dustbins.” (FGD, Out of School, Taplejung, An Adolescent Girl, Province 1)*

In addition to this, the importance of having separate toilet facilities for the girls was also considered as vital needs by the majority of the research participants and the local authorities. For example, in some schools, the common toilets for boys and girls with no water supply, no toiletries and even no locking system still existed. This emphasizes that basic essential needs for periods were lacking in Nepal.

*“Separate toilets for females were not maintained yet.” (KII, Rolpa, School Teacher, Gandaki Province)*

*“We need (girls) friendly toilet with well-equipped and disposal facilities for sanitary pads.” (FGD, In School, Kailali, Adolescent Girls, Sudurpaschim Province)*

In various provinces such as province 1, province 2, Bagmati province, Gandaki province and Sudurpaschim province, the supply and intake of an adequate and nutritious balanced diet was emphasized by both the adolescent girls and the authorities (teacher, community leader, etc.) as one of the major needs during the menstruation period.

*“I need to eat legumes, liquid soup and green leafy vegetables.” (FGD, Out of School, Accham, An Adolescent Girl, Sudurpaschim Province)*

*“During that time, they need cleanliness for their health. It is important to emphasize the proper meal during the menstruation period, unlike other days. In our community, there is a lack of enough nutrients and healthy soups and also public awareness. Similar kind of programs can bring positive changes” (KII, Kailali, Community Leader, Sudurpaschim Province)*

Sensitization along with training on menstrual hygiene management among adolescents’ girls was also felt as one of the crucial needs during one of the interviews. The need for proper management of pads and cloths which included the time interval of changing pads and correct ways of wearing pads and cloths were focused by the authorities. Most of the adolescents mentioned that there must be a reasonable price for the affordability of pads as their prominent needs during menstruation.

*“If there were training regarding hygiene, awareness and menstrual hygiene management for adolescent girls that would be helpful.” (KII, Taplejung, Member of School Management Committee, Province 1)*

*“In the context of Nepal, the cost of a pad is high. Many girls cannot afford it and have to use cloth. We can also use cloth in a proper manner. Its hygienic aspect, management and time should be focused and inform them. The majority of girls do not know the effect of using pads for more than six hours. So, proper management of pad and cloth is necessary.” (KII, Taplejung, Teacher, Province 2)*

*“During menstruation, we need neat and clean clothes along with extra pants. Mostly can’t afford the pads. So, it teaches how to use and when to use.” (KII, Janakpur, Public Health Nurse, Province 2)*

Apart from this, the provision of counseling services by female teachers related to health problems during menstruation among adolescent girls within their school hours was emphasized by the authorities during an interview in Bagmati Province. The need was felt to provide proper guidance specifically by female teachers to the girl’s parents on menstrual health, knowledge and management as per the comfort level of the school girls.

“*They also need counseling services. Sometimes they have problems like abdominal pain; health-related other problems may arise. So, if there are female teachers who can provide them with guidance on this matter, usually adolescent girls hesitate to openly talk about this matter.” (KII, Nuwakot, Public Health Officer, Bagmati Province)*

*“Raising awareness among parents by school teachers about menstruation and how traditional beliefs, taboos, restrictions will harm our health is necessary for us.” (FGD, In School, Kailali, Adolescent girls, Sudurpaschim Province)*

Few of the adolescent girls from various provinces also stated that there should be easy accessibility and availability of the medicines to relieve the menstrual cramps. The need for the adolescent sexual and reproductive health service had been also highlighted by some health personnel of Nepal.

*“Due to the lack of shops near here, it is difficult to find the materials that you need (materials like sanitary pads and medicine” (FGD, Out of School, Dhading, Adolescent girls, Bagmati Province)*

*“There must be counseling facilities for adolescent girls in health posts and hospitals.” (KII, Surkhet, Community Medicine Assistance, Karnali Province)*

Another common need of adolescent girls in Basmati, Gandaki and Karnali province was the importance of taking rest during their menstrual period. The participants said that their families and school faculties must understand about them having physical weakness, provide them with the required comfort and rest to cope up with their physical problems.

*“Families must understand that we become weak in such periods so heavy work must be prohibited at home and in school, teachers must understand that it's not like our normal days so we must be treated well and taken proper care of.” (FGD, In School, Parbat, Adolescent girls, Gandaki Province)*

*“I need proper food, rest and pad (if not soft cloth) for the duration of menstruation” (FGD, In School, Chitwan, An Adolescent Girl, Bagmati Province)*

*“I hope no one scolds me and could take a rest during my stomach ache.” (FGD, Out of School, Parsa, An Adolescent Girl, Province 2)*

Moreover, the interesting need for adolescent girls observed in various provinces was the need to eradicate the menstrual restrictions. The girls reported that the eradication of menstrual restrictions such as not being able to live in the same house or being conscious of touching elderly people would aid them to be at ease during this period.

*“The rituals of being untouchable during menstruation are still prevalent in houses; it would be better if those can be eradicated.” (FGD, In School, Gulmi, Adolescent Girls, Gandaki Province)*

*“I miss my bed where I usually sleep; I want to sleep in the same bed and go to the kitchen*.” *(FGD, In School, Dailekh, Adolescent Girls, Karnali Province)*

*“In the period, girls need to depend on others for drinking water. They are not allowed to touch tap. If that happens how cleanliness can be maintained when they have to beg drinking water.” (KII, Kailali, Community Leader, Sudurpaschim Province)*

Participants also thought there was a need to educate their mothers, regarding menstruation which would help girls to comfort their menstruation by the mothers’ support. Similarly, most of the participants also reported that they needed especially fathers, brothers, male friends and male teachers, traditional healers and every one of the societies to be better informed to understand their experience, to improve attitudes towards menstruation, and to eliminate barriers in discussing menstruation

*“I feel that parents would behave as if it was not our menstrual days and act normal as any other days”. (FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province)*

*“First of all, boys should be scolded. They wait for us to get a period just to tease us.Grandparents, parents, and also boys should be involved in public awareness programs.” (FGD, In School, West Rukum, Adolescent Girls, Karnali Province)*

*“It is necessary to create an environment for talking freely regarding all the menstrual problems with their family members” (KII, Bajura, School Teacher, Sudurpaschim, Province)*

*“Family and society should be aware of the needs of adolescent girls during menstruation. (FGD, In School, Tanahun, Adolescent Girls, Gandaki Province)*

### Menstrual Needs of differently-abled adolescent girls

Differently-abled adolescent girls were found to have different menstrual needs of general girls in Nepal. Also, it was found that menstrual needs varied for differently-abled girls as per the nature of their impairment. Collectively, they shared that they often had to encounter different obstacles according to their disability in accessing adequate facilities related to menstruation. Furthermore, most of them expressed that to ease their menstruation family support, awareness program related to MHM, shop nearby house to buy pads and separate disabled-friendly toilets with sufficient water and soap were needed. Beside this, disability along with social stigma caused additional problems in their life because of their limited abilities in managing menstrual hygiene. As a consequence, these girls faced lots of discrimination by society which led to low self-esteem as well as compelled to put their life in danger by staying in *Chhapuadi* hut.

*“I feel it is difficult to wear a piece of cloth, wash and dry them. There must be a pad. I wish I could use pads so that I don’t have to wash clothes. There must be facilities for soap and water in the toilet. There must also be a bin to throw away the used pads.” (IDI, Physically Impaired, Rukum, Differently-abled Adolescent Girl, Karnali Province)*

*“There are no restrictions at hostel compared to home as cultural restrictions make it harder at the time of menstruation.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“We have to dwell at chhaupadi hut, Because of my visual impaired during night my sister sleep with me in chhaupadi hut but it is difficult during summer days due to presence of the mosquito so, we light a fire for emitting smoke and sleep ” (IDI, Visually Impaired, Night Blindness, Bajura, Differently-abled Adolescent Girl, Sudurpaschim Province)*

Moreover, adolescent girls with limited abilities in receiving assistance from family or relatives also appeared contrasting during in-depth interviews. Girls with severe disabilities were more likely to take assistance from immediate family members. For example, an adolescent girl with lower limbs paralyzed from Sudurpaschim province mentioned that without her mother’s support, she couldn’t do anything. Because she relied on her the most, she didn’t even care for privacy. It can be concluded that managing her blood during menstruation was much more important than her privacy. Furthermore, she also advocated for the conduction of awareness programs especially for differently-abled girls in her community so that such girls could be self-capable of performing their daily activities.

*“I am not able to do anything so my mother does it for me. If there will be the provision of certain awareness program for differently-abled, it will be better for us.” (IDI, Physically Impaired, Paraplegia, Kanchanpur, Differently-abled Adolescent Girl, Sudurpaschim Province)*

*“I used to wear a cloth pad. When I put a pad on by myself, I am worried if it might leak. I felt easy when my mother put it on for me. My mother told me to put it in a dustbin then she burns it. Sometimes she threw it away.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

*“If anything is needed, I get from my sister-in-law, during my period.” (IDI, Jumla, Differently-abled Adolescent Girl, Karnali Province)*

Some girls, who couldn’t physically change their pads, were going through lots of struggles to maintain their hygiene, wash their menstrual materials and dispose of them off safely. Depending on others for the cleaning and disposal developed the feeling of being incapable among girls with disabilities. Such struggles with menstruation made girls vulnerable and more distressed.

*“At home, my mother used to wash the used cloth, but in my hostel, I used to wash it with my feet. It is difficult for me. I feel it is difficult to wear a piece of cloth, wash and dry them. There must be a pad. I wish I could use pads so that I don’t have to wash clothes. (IDI, Physically Impaired, Rukum, Differently-abled Adolescent Girl, Karnali Province)*

*“My mother told me to put it in a dustbin then she burns it. Sometimes she threw it away.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

“*We feel it is difficult to reach the road for disposal, so we think there should be a disabled friendly place where even wheelchairs can go and dispose of the pad safely.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

However, some other differently-abled girls were self-capable and could manage menstruation more independently with a feeling of self-confidence. Such as, despite being visually impaired they were self-capable to wear pad, maintained hygiene, and washed cloth pad as needed. Although, they felt that they were practicing proper menstrual hygiene, the way they thought changed when they met the people with better knowledge regarding menstruation. It made them feel that there was a constraint in their knowledge regarding menstrual hygiene, being not able to use the proper knowledge and hygiene practice in their practical life.

*“I don't need any assistance in maintaining my menstrual hygiene. However, I need help from my friend while going outside, crossing roads, etc. Although, I feel like I am capable of managing my menstruation but after meeting knowledgeable people I feel like there are a lot of things to know and understand regarding safer menstruation. At the same time, I get clear in many things that I hadn't been practicing hygienic way before in managing menstruation and aren't applying in my behaviors.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“The knowledge which I already learned helped me very much during my periods. Being blind, we know how to use pads. If pads are not available, clean cotton clothes and then warm in the sun and then use.” (IDI, Visually Impaired, Banke, Differently-abled Adolescent Girl, Gandaki Province)*

*“I do not have such difficulties in managing menstruation by one hand. It is all easy for me.” (IDI, Hand Burn, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province)*

When menstrual management issues came to the school setting, the availability of pad, medicine, dustbin, disable friendly toilet with soap and water were felt major need by differently-abled girls which would overcome their stress. They also shared that a clean toilet was also essential to comfort their menstruation in both home and school. They also felt that if the school and government started providing free pads to needy people, it could help them in maintaining regular attendance in school.

*‘They shouldn't complaint like I can't go to school because of unavailability of the gender-friendly toilet” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“I feel that all menstrual related facilities should be readily available at their school. Some cannot even walk whereas some do not have a hand. It is hard for them.” (IDI, Physically Impaired, Kathmandu, Differently-abled Adolescent Girl, Bagmati Province)*

*“Except for provision of clean toilets with dustbins to dispose of the pad, water supply along with soap and availability of pads at school are needed to reduce the stress.” (IDI, Physically Impaired, Panchthar, Differently-abled Adolescent Girl, Province 1)*

*“I think the distribution of free pads and the availability of disabled-friendly toilets will be helpful.” (IDI, Physically Impaired, Paraplegia, Kanchanpur, Differently-abled Adolescent Girl, Sudurpaschim Province)*

Similarly, the majority of girls felt uncomfortable continuing their class due to stained blood over their dress. Some-time, several differently-abled adolescent girls with visual impairment were unknown if they had got blood spilled over their clothes. They also mentioned that they get embarrassed when an outsider sees menstrual blood stained in their clothes. Also, they shared that after each urination, they kept on flushing the toilet. Therefore, the majority of participants with limited bodily function wanted to ease their menstruation by requesting government/ concerned authorities for the easy accessibility and availability of pad at school and proper disposal site.

*“Sometimes blood gets spilled in our clothes. It’s very awkward when heavy blood flow occurs. In such cases, if any person who can see sees it comes and tells us that the cloth has been dirty otherwise, we can feel it ourselves sometimes.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“Some girls get their periods unpredictably and they have no preparation at all. If they start menstruation at school, when they have no preparation, it has a chance of spilling of the menstrual blood over clothes, if school starts providing free pads this can help in maintaining regular attendance of girls in school.”(IDI, Visually Impaired, Banke, Differently-abled Adolescent Girl, Gandaki Province)*

Some of them also felt that they needed psychological support, love, and care for comfortable menstruation. They also revealed that they felt relaxed when they were around with females like sisters, mothers in-home, similar peer groups, teachers, and hostel wardens at school. Most of the differently-abled adolescent girls wanted female teachers in managing health and hygiene while menstruating in school.

*“It would be easy for me if somebody provided me with hot water, love and care during my periods. Sometimes in my inability, my mother and sister help me. During my school time, I share my pain with female teachers and they let me take rest, hostel warden provides me warm water and takes care of me “(IDI, Partially Visually Impaired, Bara, Differently-abled Adolescent Girl, Province 2)*

*“Understanding and supportive teachers also along with awareness regarding the causes of menstruation, what to do, what to use and how to dispose of would reduce our stress” (IDI, Physically Impaired, Panchthar, Differently-abled Adolescent Girl, Province 1)*

*“I feel discomfort in class, I make up my mind to go home, I wish everyone would understand and help me during menstruation to make it easy and comfortable.” (IDI, Physically Impaired, Sankhuwasabha, Differently-abled Adolescent Girl, Province 1)*

In addition, few girls with disabilities said that their capability in managing menstruation heightened in school as they think they had to deal with menstruation anyhow which enhanced their autonomy trait in managing monthly periods. Whereas, some panic to leave their house and handle periods in school and public places due to the unavailability of disabled-friendly toilets and environment. Therefore, they said that they preferred to stay at home rather than to go outside.

“*My mother and sister help me while I’m at home. I don't need help in school.” (IDI, Partial Difficulty in Moving, Mahottari, Differently-abled Adolescent Girl, Province2)*

*“It is difficult when you step outside. We can’t get a disabled-friendly environment as we go out of our own home. Therefore, providing dustbins and toilets in every road within a short distance would make us easier.” (IDI, Visual Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

*“I usually don't leave my house because of the period.” (IDI, Visually Impaired, Jumla, Differently-abled Adolescent Girl, Karnali Province)*

*“Even when I don’t suffer from abdominal pain, I feel difficult to go to school when I bleed red.” (IDI, Physically Impaired, Rukum, Differently-abled Adolescent Girl, Karnali Province)*

Regarding privacy management, those who could maintain their privacy were self-satisfied with their independency. On the contrary, most differently-abled girls who had to rely on family members had no bigger issue in privacy management and did not hesitate with the female members especially mothers and sisters at home. On the other hand, they denied using the unfamiliar toilet of the public place as they thought it was unsafe and difficult to maintain privacy. But differently abled adolescent girls from the Sudurpaschim province wished to use the available toilet for privacy and safety as they were restricted to use toilets and touch water available in toilets.

*“I do all of the things myself related to menstruation. I change my clothes whenever I need and privacy prevails. My mother bought a pad for me. Sometimes, I use a pad, other times I use clothes for blood management.” (IDI, Speech Difficulty, Partially Physically Impaired, Dhading, Differently-abled Adolescent girl, Bagmati Province)*

*“While staying in rooms, we all friends are completely blind then there is no problem. But if there is someone who can see completely, then I take the pad from the room and change my pad in the toilet knowing that I am completely alone. I don't go to public toilets unless I can withhold. If I feel very difficult to hold, I confirm the safety first then only I use it. However, I would try to avoid using such toilets. (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Gandaki Province)*

“*When I need to change pad at night time, secretly mother does it for me. I also wish for separate toilet with privacy and safety,” (IDI, Visually Impaired, Night Blindness, Bajura, Differently-abled Adolescent Girl, Sudurpaschim Province)*

### Perception of community stakeholders

All the key informants participated in this study agreed on the need for menstrual health and maintaining hygiene. Most of them believed that the young adolescent girls hesitant to speak about menstrual health which could be due to lack of awareness regarding menstruation. They also added that the adolescent girls faced various problems such as irregular periods, heavy bleeding, stomachache which remain hidden due to their shyness. The participants further advocated on the various needs of adolescent girls during menstruation such as availability of sanitary pads, separate toilets with adequate water supplies, medicines, and a healthy nutritious diet.

Menstruation was regarded as one of the cultural and socially sensitive topics. This was the main reason that people felt awkward to talk about it. The health workers believed that the topic; ‘menstrual health’ still needed to be addressed by every community.

*“Menstrual health is a genuine topic to speak about but it has been in dimness in all sectors including health facilities, schools, and local government” (KII, Kaski, Health Post Incharge, Gandaki Province)*

The majority of participants agreed that the adolescent girls had inadequate knowledge regarding menstruation and its management, along with the knowledge regarding blood soaking materials, nutritious diet, cleanliness and hygiene maintenance, and menstrual problems as well.

“*The girls have inadequate knowledge regarding menstruation due to which they hide anything regarding menstruation.” (KII, Okhaldhunga, School Principal, Province 1)*

*“Cleanliness is important during menstruation but most girls do not have an idea regarding it including maintaining personal hygiene and cleaning the private parts of their body.” (KII, Chitwan, School Teacher, Bagmati Province)*

*“There is a lack of knowledge on hygiene management. Adolescent girls need to be taught regarding maintaining cleanliness and taking a proper nutritious diet.” (KII, Kailali, Community Leader, Sudurpaschim Province)*

Some of the participants explained the different menstrual problems faced by adolescent girls during menstruation such as lower abdominal pain, back pain, heavy bleeding problems and irregular periods. Other than that, most of the key informants also added the needs of adolescent girls during menstruation were nutritious food, hygiene, accessibility and availability of sanitary pads, access to health care, clean and separate toilets, and proper disposal facility for disposing of sanitary pads. This highlights that the needs of adolescent girls also differed from each other based on the problems they suffered and their surroundings.

*“During the menstruating, the most important need is nutrition. Secondly, it is hygiene. For the maintenance of hygiene, pads or clean cloth, soap and water facility in the toilet, clean toilets, and availability of dustbins for disposal of pads are required.” (KII, Illam, School Teacher, Province 1)*

*“The needs include pads, medicine, gender-friendly toilets, and availability of water, soap and dustbin.” (KII, Rukum, School Principal, Karnali Province)*

Likewise, most of the key informants pointed out that the adolescent girls felt shy and hesitated to speak about the problems and their needs with their mothers, family members and even school teachers. They also added that the girls were scared and worried during periods, so their mothers needed to be familiar with their daughter's physical problems during menstruation and needed to act accordingly. This gives the view that many key informants thought that there was no suitable environment where girls could discuss it openly.

*“In my opinion, looking at the present context, adolescent girls are afraid and hesitant during the menstrual period. They are ashamed to talk about their physiological changes.” (KII, Gulmi, School Teacher, Gandaki Province)*

*“The girls who suffered from these conditions become frightened and rarely share it with the family. The girls are afraid and worried during their period. They should not hesitate to tell their mother and sister about their menstrual condition. If they are in school, they should tell the teachers.” (KII, Bara, Chairperson of Mothers Group, Province 2)*

*“Firstly, girls should accept that menstruation is a natural process and is not a matter of hesitation. They should share their problems among the family members and especially mothers need to be familiar with their daughter's physical problems during menstruation and need to act accordingly.” (KII, Darchula, School Teacher, Sudurpaschim Province)*

*“There is a need for a suitable environment in school where the girls can speak up regarding their menstrual problems.” (KII, Surkhet, CMA, Karnali Province)*

Some of the key informants from Province 2 and Sudurpaschim Province focused that the knowledge on menstruation should be given from an early age, i.e. before menarche. They believed that learning about menstruation would prepare the girls mentally for their menstruation. A chairperson of the mother group from Bara district pointed out that most of the families were engaged in agriculture and didn’t have time to teach their children regarding menstruation. This resulted in the children being frightened and confused during their first menstruation.

*“Most of the families do not follow good practice during menstruation whereas most of the people are engaged in the agriculture field. They don’t have time to teach their children about menstruation. The children are frightened when they menstruate and they don’t know what’s happening.” (KII, Bara, Chairperson of Mothers Group, Province 2)*

*“I think it would be better if girls get proper knowledge regarding menstrual health at their early age of their life.” (KII, Baitadi, Nurse, Sudurpaschim Province)*

Some participants also focused on giving knowledge regarding menstruation before menarche. So, teaching the girls about menstruation before menarche can also help girls learn about the bad practices ongoing in the community.

*“What I have noticed in the community is that the young adolescents when they have their first periods they are scared and they first go tell their mothers. Then the first thing they hear in their first menstruation is that they cannot do this, they cannot do that. And these restrictions get printed in their minds and they catch it. So, we need to give them proper information before menarche so that they will bring change in their thoughts and the traditions as well.” (KII, Nuwakot, Public Health Officer, Bagmati Province)*

Few of the key informants also advocated about restrictions such as the girls could not enter the kitchen, cook food, worship god, or visit temples. They believed that these restrictions made girls scared and even wished for no menstruation. The key informants from Karnali province and Sudurpaschim Province pointed out on *Chhaupadhi* and its consequences. They mentioned that due to such traditions girls and women faced different problems such as they didn’t get proper nutritious food and lacked water facilities in toilets.

*“The girl child wishes for no menstruation. When the period of menstruation arrives, the girls are mentally distressed. They cannot drink milk and milk products. In addition, during winter, all the clothes or dresses that are used in the menstrual period, they are supposed to wash it and dry themselves.” (KII, Kailali, Community Leader, Sudurpaschim Province)*

*“Because of tradition, girls and women face a lot of problems. The basic needs of nutritious food, water facilities in washrooms are not met. There are so many death incidents that took place in chhaupadi ghot ghar.” (KII, Kalikot, Municipality Personnel, Karnali Province)*

Almost all the key participants agreed that the knowledge regarding menstruation was still inadequate. They further added that different programs had to be conducted to raise awareness regarding menstruation so that the adolescent girls get a suitable environment to discuss menstruation openly. They also said that the programs should be supported by health posts as well.

Some key informants’ participants mentioned that health education classes should be conducted. Education regarding the use and disposal of blood soaking materials, changing under-wares and maintaining cleanliness must be given. Most of the informants focused on organizing awareness programs which will help to increase knowledge regarding menstruation. They added the awareness programs to teach girls to make homemade pads which were needed. Some of the participants said that the government needs to bring different programs to help the adolescent girls fulfill their needs. They said that the government should provide sanitary pads free of costs and introduce programs for management and disposal of pads.

*“The government should also conduct an awareness program regarding making pads using cheap sterile cloths which are hygienic to wear and easy to make.” (KII, Bara, Chairperson of Mothers Group, Province 2)*

*“Awareness campaigns are required to bring changes in the mentality of people regarding menstrual negative practices, myths as well as behavioral changes.” (KII, Gulmi, School Teacher, Gandaki Province)*

Few of the informants advocated that only awareness programs were not enough to meet the needs of adolescent girls. They said that empowerment programs could also help to eliminate the misconceptions regarding menstruation.

*“The awareness program does meet the need to increase the knowledge level of students but is not adequate to meet the other needs of adolescent girls.” (KII, Illam, Health Population and Education, Teacher, Province 1)*

*“Empowerment programs in the community/society will help to eliminate taboos, malpractices, misconceptions associated with menstruation”. (KII, Bajura, School Teacher, Sudurpaschim Province)*

Some of the key informants added that training and health classes had to be provided. The training and classes should not only be provided to adolescent girls but also mothers, teachers and health personnel as well. The training such as proper disposal of sanitary pads, maintenance of personal hygiene, blood management and improving menstrual health was needed.

*“Mothers should be trained as the daughters speak openly with them and they can teach their daughters.” (KII, Okhaldhunga, School Principal, Province 1)*

*“Training related to personal hygiene during menstruation uses of the safe material for blood management and training to health personnel and some knowledgeable key personnel who can provide counseling and advice regarding issues at the irregular menstruation is needed.” (KII, Taplejung, Member of School Management Committee, Province 1)*

Few of the school teachers and health personnel focused on the needs for counseling sessions where the adolescent girls can speak freely regarding their irregular menstruation and other health problems. They also added counseling could help the girls to understand that menstruation was a natural process. This also gave the girls an environment where they could speak freely regarding their menstruation and other health problems without any fear and hesitation.

*“The girls must consult a counselor regarding menstruation and how it is a natural phenomenon for every girl. (KII, Gulmi School Teacher, Gandaki Province)*

*“They need counseling services. Sometimes they have problems like abdominal pain and health-related to other problems that may arise. At that time, they need someone to talk to.” (KII, Nuwakot, Public Health Officer, Bagmati Province)*

Few informants expressed that the various programs that had been conducted in the past were not continued so it became ineffective. They also said sustainable programs should be introduced. The programs that were introduced should not be temporary as it was not effective. One of the members of the school management committee of Taplejung added that lack of sexual and reproductive health education had resulted in ineffective programs.

*“The lack of sex and reproductive education and traditional sophisticated social bound are considered as the prime reason for the ineffectiveness of awareness programs.” (KII, Taplejung, Member of School Management Committee, Province 1)*

*“The problems that girls face won't be solved by one or two programs and events. There needs to be continuity of programs. Only then we will have good results. The previously conducted programs are more or less ineffective.” (KII, Kailali, Community Leader, Sudurpaschim Province)*

Hence, the key informants agreed that there is a need for menstrual health education programs since the adolescent girls still felt hesitant to speak about it. The girls had different needs during menstruation, so a suitable environment had to be created where the girls could speak freely. So, more and more sustainable awareness and encouragement programs should be introduced and these programs should be evaluated based on the effectiveness periodically.

### Programs and activities related to MHM

MHM interventions mostly include awareness programs, training and workshops, and education. School and community are significant settings where adolescent girls can receive MHM related information. However, in this research study, school-based interventions and programs were found to be the most common than community-based programs. The majority of the schools did not have a concrete and sustainable MHM program although few scattered activities were conducted in the schools with the support of municipalities, health posts, non-governmental organizations, child/youth clubs and key MHM focal persons. The MHM programs and activities of government, schools and non-government organizations were mostly limited to awareness programs on menstrual health and hygiene, basic orientation sessions on menstruation, training on preparing reusable sanitary pads, and distribution of sanitary pads at schools. Some of the local governments from the Province 1, Bagmati Province, Gandaki Province, Sudurpaschim Province provided sanitary pads to schools through their bodies such as health posts and ward offices. MHM programs and training had reached only some of the schools from all the provinces as reported by the key informants and participants of this study. Community-based MHM programs were found to be scanty or non-existent in all the provinces as reported.

So, this research study results imply that still there are many schools all over Nepal where there are no MHM programs despite the efforts made by concerned organizations. Also, many participants suggested that more attention was required in the part of strengthening, sustainability and evaluation of MHM programs as one-time conduction of these programs does not turn out to be effective in the long run. Similarly, the findings of this research study indicated the need for a greater number of community-based programs on MHM as community engagement and involvement of community influencers in MHM plays a vital role in ensuring the sustainability of these programs.

### Current MHM programs, projects and activities

The various awareness programs and training conducted on MHM were found to be focused on activities such as making reusable sanitary pads using local resources, menstrual health and hygiene management, disposal of sanitary pads, and distribution of sanitary pads. MHM programs and activities of government and schools were mostly limited to awareness programs on menstrual health and hygiene, basic orientation sessions on menstruation, training on preparing reusable sanitary pads, and distribution of sanitary pads at schools. In this research study, most of the adolescent girls and key informants from all the provinces reported that MHM programs were mostly conducted by health workers and volunteers such as ANM, AHW, HA, FCHVs, etc., and female teachers from schools. School teachers and health workers were the key stakeholders in imparting education on menstruation along with creating awareness. Also, government bodies such as municipalities, District Education Office, government health facilities such as health posts, public health offices providing adolescent-friendly services, etc., also provided and supported MHM programs and activities mostly at schools as reported by the key informants and research participants. Awareness programs and education have helped in increasing the knowledge level of adolescent girls on menstrual health and hygiene management. However, there is a need of incorporating MHM in the school curriculum in a comprehensive way so that the adolescent girls can gain knowledge on vast areas of menstruation such as harmful traditional practices, misconceptions and social taboos associated with it.

*“ANM, AHW and HA from health post conducts programs in schools once or twice in a month.” (KII, Okhaldhunga, School Principal, Province 1)*

*“One of the female teachers took training regarding pad making of the pad and menstrual hygiene and provided it to students.” (KII, Illam, Health and Population Teacher, Province 1)*

*“We do have some health programs at our school where teachers let us know about the benefits, positive aspects and negative aspects of menstruation.” (FGD, In School, Lalitpur, Adolescent Girls, Bagmati Province)*

*“The staff from the local health post give awareness along with training to the adolescent girls who have already menstruated. Similarly, the staff of the health section provide training, take classes regarding personal hygiene and cleanliness, and distribute pad at school.” (KII, Lamjung, Health Teacher, Gandaki Province)*

*“FCHVs are conducting menstruation-related classes once in a 6 month in a group of adolescent girls and we have the provision of the free pad in our school.” (KII, Darchula, Teacher, Sudurpaschim Province)*

*“The urban municipality brings programs from time to time regarding menstruation. In that program, the municipality makes pad available during menstruation.” (FGD, Out of School, Udayapur, An Adolescent Girl, Province 1)*

As reported, training was mostly given to adolescent girls and female teachers from the schools. As the school teachers were one of the primary influencers of MHM program, there is a need for the provision of rigorous training to teachers along with the adolescent girls. Some of the research participants also shared that the schools coordinated with health posts and local government in the provision of menstrual-related services and programs such as conduction of MHM training, distribution of sanitary pads, and educational orientation sessions on MHM. According to the key informants from Sudurpaschim province, the provision of sanitary pads was made by the local government through its bodies such as health posts and ward offices. Likewise, research participants from other provinces such as province 1, Bagmati province, Gandaki province also reported the provision of sanitary pads by the local governments. Few of the participants from Province 5, Karnali Province and Sudurpaschim Province also mentioned that the provision of sanitary pads was made by the schools themselves. Availability of sanitary pads in schools ensures a menstrual friendly environment for the adolescent girls which further aids in reducing school absenteeism, skipping of school activities, and school drop-out.

*“The Nepal Government introduced a policy on the provision of sanitary pads to adolescent girls intending to reduce school dropout because of menstruation. Girl students started leaving schools at that time so sanitary pad distribution programs were conducted firstly from ward level. Similarly, through the child clubs, we have conducted programs regarding menstruation. ward no-6.” (KII, Kailali, Community leader, Sudurpaschim Province)*

*“Menstrual health programs are not being conducted. However, this school has made the provision of sanitary pads services for adolescent girls at free of cost.” (KII, Gulmi, School Teacher, Province 5)*

*“Every Friday one of the health workers goes to the school to teach the students on health issues or share her knowledge and ask the students their health concerns. We have key people like female teachers to distribute pad to the adolescent girls from ward and municipality level.” (KII, Ramechhap, Ward Chairman, Bagmati Province)*

*“Our municipality in coordination with health department has been distributing sanitary pads in schools to help school-going adolescent girls.” (KII, Syangja, Deputy Mayor of Bhirkut Municipality, Gandaki Province)*

*“Previously, we conducted a program named ‘Janatasanga Pratinidhi (elected leader with people)’ and gave education to girls about menstruation. We are also distributing the free sanitary pads and conducting a program on preparing sanitary pads at the Kalikot Secondary School” (KII, Kalikot, Ward Member, Karnali Province)*

*“We have a provision of free sanitary pads in our school.” (KII, Darchula, School Teacher, Sudurpaschim Province)*

*“Now schools have also distributed pad to adolescent girls which have helped them but they hesitate to utilize it due to shyness.” (KII, Mugu, Chairperson of Nepal Rastriya Adarbhut Vidhyala, Karnali Province)*

*“In the present context, our medical staff nurse who had already taken training regarding menstrual health and hygiene have been taking classes in schools about menstrual health education. Those adolescent girls who visit our health post are also provided with counseling regarding menstrual hygiene.” (KII, Kaski, Health Post In-charge, Gandaki Province)*

*“District Education Office, Bajura provides training on how to use and how to make reusable clothes sanitary pads. Recently, from Adharbhut Swasthya Chowki, Kailasmandu, Bajura, one of the ANM distributed the sanitary pads. (KII, Bajura, School teacher, Sudurpaschim Province)*

### Involvement of non- governmental organizations on MHM activities

Many non-governmental organizations have been working in the area of MHM in Nepal to address the menstrual health and hygiene needs of the adolescent girls. However, the programs and activities carried out by these non-state organizations have lagged behind in incorporating community involvement in sustaining MHM. Also, the programs and activities conducted by these organizations have not been able to address other issues associated with menstruation such as harmful traditional practices, misconceptions, social taboos and stigmas. According to the reports provided by the research participants, various organizations such as Red Cross Society, Plan Nepal, Rose Bahini, Good Neighbors International, Panchtara, Srijansil Apanga Swabalamban Kendra’, Navajyoti Jagaran, HURREC, Peace Pin and WASH Nepal supported and conducted MHM programs and activities in different provinces. The majority of these organizations commonly carried out various awareness programs and training on MHM which were focused on activities such as menstrual hygiene and management, distribution of menstrual products, educational and awareness sessions, and making reusable sanitary pads using local resources.

According to the key informants from Gandaki province, an organization called Rose Bahini carried out activities such as awareness on menstrual hygiene and the distribution of menstrual-related materials at the school. Similarly, an organization called Srijanshil Apanga Swabalamban Kendra. supported disabled students by distributing sanitary pads to them as reported by the research participant from province 5.

*“Rose Bahini organization conducted an awareness program for adolescent girls. They had already sent the list of the materials so in the coming days we hope they will send the required materials to conduct the program related to menstruation hygiene.” (KII, Lamjung, Health Teacher, Gandaki Province)*

*“Almost all the disabled students studying in this campus reside in Srijanshil Apanga Swabalamban Kendra. This organization distributes sanitary pads for the girls.” (IDI, Visually Impaired, Palpa, Differently-abled Adolescent Girl, Province 5)*

Likewise, organizations such as Plan Nepal, Red Cross Society and Good Neighbors International carried out menstrual-related awareness programs and activities such as the use of menstrual products, menstrual hygiene and sanitation, etc. at schools from province 1, Bagmati province and Gandaki province respectively.

*“Last time Plan Nepal taught that we must use either pad or soft cotton cloth pads and should dispose of them either by burying, burning or in the dustbin. And used cloth should be washed by soap and water and can be reused.” (FGD, In School, Jhapa, An Adolescent Girl, Province 1)*

*“Red Cross Society shared knowledge about menstruation by keeping all students in the class.” (FGD, In school, Chitwan, An Adolescent Girl, Bagmati Province)*

*“Good Neighbors International has been teaching and providing training on menstruation for a long time. We are not only the students who received the training but our senior sisters in school also had a chance to attend their training.” (FGD, In School, Parbat, An Adolescent girl, Gandaki Province)*

Some of the key informants reported that activities and training were also given to the students regarding the preparation of reusable sanitary pads utilizing local resources by organizations like Panchtara, Peace Pin organization and HURREC in province 5, Karnali province and Sudurpaschim province.

*“Panchtara gave us training regarding reusable pads.” (FGD, Out of School, Jajarkot, An Adolescent Girl, Karnali Province)*

*“Peace Pin organization has provided training (2-3 times) to adolescent girls regarding menstrual health and hygiene management in partnership with our school. They taught about how to make reusable sanitary clothes pads by using home-made materials/ resources.” (KII, Bajura, School Teacher, Sudurpaschim Province)*

*“Once an organization named HURREC took six to ten classes and taught students to make the pads by local clothes. They had taken the classes on how to use and dispose of pads.” (KII, Rolpa, School Teacher, Province 5)*

### Self-initiated program/activities on MHM at the local level

Few of the key informants’ participants shared that they conducted MHM programs and activities on their own-expenses and initiation. These kinds of initiatives shown by individuals and groups on receiving support from governmental bodies and other organizations working in similar areas can help to sustain those initiatives as well as expand to a greater extent.

*Some time ago Sita madam used to share information regarding menstruation and distribute pads from her own expenses. But there are no such provisions and programs from particular organizations/offices. So, the current necessities are awareness programs and free distribution of sanitary pads. (KII, Surkhet, CMA, Karnali Province)*

*“We ourselves made a committee of women groups and gave health awareness classes in the community. (KII, Bardiya, Member of District Coordination Committee, Province 5)*

*“We teachers organized a rally to remove Chhaupadi sheds. But still, it is difficult to remove such malpractices. This practice is traditional and it’s a problem. Many awareness programs regarding Chhaupadi is being conducted which are aimed to educate and aware community.” (KII, Bajura, School Teacher, Sudurpaschim Province)*

*“Earlier there were lots of programs run by the woman and children welfare committee. There was this seven-day training session regarding the inclusiveness of the men and women. Then there was this program for adolescent girls who had left school, they had provided some funds for this group in every ward, there weren’t many girls who had left school in this ward. But this woman and children welfare committee has been providing a lot of the various training.” (KII, Taplejung, Member of School Management Committee, Province 1****)***

### Need for MHM programs

On the contrary, many of the key informants from Province 1, Province 2, Province 5, and Karnali Province reported that programs related to MHM have not reached their schools and communities. Some of the key informants also emphasized that they haven’t heard and participated in any type of menstrual health and hygiene management programs in their community conducted by both the government and non-government organizations. However, key informants and research participants revealed that primary influencers of communities and schools have tried to provide education on MHM through orientation sessions which are usually not comprehensive. So, there exists a clear need for an established program that focuses on the expansion of awareness and educational programs on MHM, involves the community and provides rigorous training to primary influencers such as teachers, FCHVs, women’s groups and community leaders along with students on MHM. Along with it, efforts should be made for and by schools to incorporate comprehensive MHM in their curriculums which will help to impart all the necessary knowledge and skills to adolescent girls. Similarly, there is a clear need for a greater number of community-based programs on MHM as community engagement and involvement of community influencers in MHM plays a vital role in ensuring the sustainability of these programs.

A more coordinated approach is required across different sectors and organizations to consolidate efforts in promoting and sustaining MHM interventions in Nepal.

*“There is no any specific type of menstrual health and hygiene programs in our community through weekly classes were conducted by local health workers in schools in the past.” (KII, Khotang, Health In-charge, Province 1)*

*“There have been no meetings or programs regarding menstruation done in our community.” (FGD, In School, Udayapur, An Adolescent Girl, Province 1)*

*“In this community, I have not heard about any kind of program related to menstruation. I have not received any training related to menstrual health.” (KII, School Teacher, Taplejung, Province 2)*

*“There are no such direct MHM programs on raising awareness in the community but we have such programs which are conducted through schools, health posts, and health professionals. Every week a health post arranges classes at school. Also, there is a focal teacher, especially female teachers appointed at school so that adolescent girls can express their problems and their needs freely.” (KII, Nuwakot, Public Health Officer, Bagmati Province)*

*“The other teachers informed us that no MHM related programs are conducted in our society.” (KII, Rolpa, School Teacher, Province 5)*

*“In fact, there are no events related to menstrual health and hygiene in our community and have no initiative for it.” (KII, West Rukum, School Principal, Karnali Province)*

Meanwhile, some of the school teachers also revealed their plans on conducting programs on MHM. Some of the research participants also expressed concerns that adolescent girls were not addressed and that there was a need for programs on MHM. Besides, some of them also shared their eagerness to contribute more to conducting such educational and useful programs for adolescent girls. The study findings also indicated the need of counseling programs covering menstrual issues for adolescent girls integrated along with the MHM program.

*“There is no program of such kind in our school nor this community in my knowledge till today. But one of our female teachers got 4 days' training on preparing reusable homemade pads. We are planning to conduct a training class on preparing homemade pads in school for female students after the vacation ends.” (KII, Illam, Health and Population Teacher, Province 1)*

*“The problems of adolescent girls are not addressed. Menstruation programs are not conducted yet but I feel it should be conducted as well. I also have some responsibility to contribute to menstrual knowledge and hygiene in the mother group meeting.” (KII, Bara, Chairperson of Mother Group, Province 2)*

*“There is a need for training related to menstrual health for adolescent girls, health personnel, and key persons at schools so that they can provide counseling and advice regarding menstrual issues.” (KII, Taplejung, Member of School Management Committee, Province 1)*

In overall, there is a need of strong and continuous collaboration of both the government agencies and non-state organizations directly with the school students and teachers for planning, organizing, implementing, monitoring, and evaluating of MHM programs and activities and students themselves to implement and sustain these programs effectively and efficiently.

# Conclusion

Menstrual Health and Hygiene were found to be a substantial issue among the majority of adolescents that need to be addressed at all levels in Nepal. Inadequate knowledge and misperception about MHM is common and deeply rotted among the adolescent girls and within the society. This is revealed by the fact that 28 percent of girls being unknown about menarche before its onset. Moreover, some of the girls believed menstruating was a curse, any kind of illness or it happens as a supernatural reason. Inadequacy of knowledge is echoed as more than two-thirds of the adolescent girls being unknown about the likelihood of being pregnant from one menstrual period to next.

Many barriers for good MHM both at home and school are prevalent. MHM practice affected adolescent girls in their study, work and overall development. Improper assumption and less awareness about menstruation among the school dropped adolescents and vulnerable girls emphasize that there is a need of education about physiological facts of menstruation.

The hurdles faced by adolescent girls in the form of restrictions, local customs, cultural and/or religious traditions are one of the challenging issues that adolescent girls have been facing since the time immemorial. Lack of security, safety, stigma and taboo are common but varied by province and other indicator. So, menstrual health and hygiene should be promoted not only among adolescent girls but also among their mothers, family, school and community to eradicate false taboos.

This study also revealed 45.4 percent of girls having high secrecy and shame and 42.5 percent adolescent girls still have high menstrual stress. Moreover, 42 percent of them have low self-efficacy regarding menstruation. So, it is very crucial to provide proper knowledge, opportunities to talk about menstruation freely and facilities among adolescent girls for the effective management of their menstrual health and hygiene.

It has been also observed that there is a huge gap in the supply and demand of menstrual hygiene services which includes the lack of accessibility and availability of low-cost sanitary pad, clean materials to absorb or collect menstrual blood, water and toiletries, comfortable toilet with privacy, a private place to change these materials as often as necessary and access to safe and convenient facilities to dispose of. All these have made a greater impact on regular activities, particularly school attendance and attending their workplace. So, priority should be given to address the gaps and challenges hindering the effective implementation and expansion of MHM activities and programs in schools and communities to meet the menstrual needs of adolescent girls. However, in this research study, the activities conducted related to the menstruation were found to be scattered and few. Community-based interventions were also found limited in Nepal. Therefore, MHM related holistic and evidence-based policy provision should be designed. The key priority should be on collaboration and coordination among all the MHM stakeholders focusing on encouragement of the active involvement of communities and families to strengthen the existing MHM efforts in a sustainable way. Despite many programs related to MHM in Nepal, obstacles concerning menstrual health and hygiene management are still under-recognized and not optimally managed. These obstacles varied with their age, culture, religion, geographical location, disability, economic status, and ethnicity. So, MHM interventions should be designed, tested and scaled up by considering all adolescent girls including differently able and vulnerable adolescent girls for their health, safety and dignified menstruation. Reframing menstruation as a question of rights can help to bring these various facets under one clear umbrella. A focus on rights emphasizes both the naturalness of menstruation and the individual girl or woman as a rights-bearing agent. This reorientation can help to begin to shed the stigma around menstruation, and also to act as catalyst to bring new voices into the global movement for better menstrual practices

# Recommendations

This study revealed the different understandings of adolescent girls on menstrual management and hygiene in Nepal. These perceptions are mostly influenced by cultural, religious, social and economic factors. It indicates that for the improvement of MHM in Nepal, evidence-based and effective approaches are required through the integration and coordination from various levels of government, stakeholders, and non-governmental organizations.

Health professionals, policymakers, community leaders, teachers and program managers must have a deeper sense of understanding of the issues that adolescent girls are facing in recent times to meet the objectives and needs of menstrual health management. Alternative ways must be developed to make effective mechanisms to reach out to adolescents for the establishment of lifelong conversations on menstrual health. Most importantly the adolescent girls must always be the center at every level of intervention and participation. The following points are recommended for the safe and effective management of menstrual hygiene in Nepal.

**For Government**

1. The government must make MHM a priority area and allocate a specific budget for the implementation of MHM-related programs as a part of reproductive health and SDGs.
2. Government should promote sustainable and low cost, affordable pad, pad distribution program to adolescent girls and ecological friendly MHM products throughout the country
3. There should be a supply of supportive items for menstrual hygiene and health more broadly such as pain relief materials, free pads and counseling facilities in health services at the local level across the nation.
4. School is the focal point for supporting adolescent girls on menstrual hygiene management. Thus, there should be efforts from the government such as allocation of budgets to establish girls-friendly (Chhatra Maitri) schools.
5. The government should take measures for the provision of WASH facilities including the provision of clean, lockable, age and gender specific toilets, waste disposal facilities in every school and public places.
6. The federal government should coordinate with the provincial and local governments for the abolishment of the Chhaupadi system by the formulation of policies and strategies and act strictly amongst those who follow those taboos.
7. Deliberate efforts must be made between the provincial and the local government for the formulation of plans, policies and strategies to overcome the gap in the menstrual health management directing towards the target group.
8. Conduction of large scale programs such as monthly menstrual hygiene health campaigns in every district and community in coordination with local government which includes actions on establishing facilities that cater to the needs of menstruating girls, raising awareness among the community, including among boys and men and with the objective of breaking the taboo and restrictions around menstruation.

**For Schools**

1. There should be gender segregated toilets comfortable toilet for differently-abled students in school with a regular maintenance.
2. Teachers should teach contents on reproductive and sexual health in schools with a conducive environment of sharing and learning among both boys and girls to aware them about menstrual health and hygiene from early age.
3. Health must be the compulsory subject for all classes. There should be Integration of the MHM content in school curriculum before the onset of menarche.
4. To address the needs through conducting MHM programs by providing training to the school teachers along with continuous monitoring and scrutiny to ensure whether the MHM topic is being covered sufficiently or not.
5. Enabling the environment for the adolescent girls to be self-concerned and confidently speak up for their menstrual health and problems both with male and female teachers to break the silence of menstrual issues.
6. Posters and Pamphlets presentation must be organized targeting the knowledge, attitude and practices of students including the proper way of sanitary pad disposal and reuse of homemade pad.
7. The school must conduct programs specific to adolescent girls on maintaining their menstrual health focusing on physical activity, intake of nutritious food and management of usage and disposal of pads.
8. School health services should include the provision and availability of health personnel during the school hours in case of menstrual counseling, management and other medical emergencies promoting healthy development and helping students to reach their full potential.

**For Communities**

1. There should be a health promotion awareness program focusing on adolescent girls, differently able and their mothers via FCHVs, mothers’ groups and health workers to eliminate superstitions and myths about menstruation including adverse health impacts of poor practices during menstruation.
2. Responsiveness towards community people through the organization of public awareness campaigns to educate people rightly and talk openly about menstruation and its management which includes the usage of the pad to the management of bleeding.
3. Sensitization and awareness campaigns should be conducted being age-specific such as providing pre-information and knowledge to the girls who have not menstruated yet and educating menstruating girls on maintenance and management of their hygiene.
4. Training on making reusable pads should be provided to either adolescent girls or to women creating employment for them for which municipality can buy those pads and supply them to adolescent girls in school.
5. There should be a constant exchange of information among social workers, community helpers, community people and leaders.
6. Community people must be made aware of the negative impacts of the *chhaupadi* system on the health and wellbeing of adolescent girls and women.
7. The community leader and people should act together to end the mentality of *chhaupadi* practice for eliminating myths about menstruation.
8. Awareness should be raised about menstruation health management including safe health practices, where and how to access the needs etc. through the advertisements in newspapers, broadcasting in different media such as TV, radio etc. as they could influence public opinions.
9. Religious leaders such as a priest, Dhami's living in the community is the crucial influencers having the ability to create an impact in the society so they must be motivated and made aware of the menstrual hygiene topic for the elimination of menstrual discrimination, myths and taboos.

**For family**

1. Family members should create a supportive environment for girls which allows them to talk freely about their menstrual health and problems.
2. They should provide girls with nutritious food, adequate water and proper rest during menstruation for their safety and comfort.
3. The family members must understand the negative effects of menstrual restriction on girls which can persist physically or mentally and refrain from practicing such taboos.
4. Female members in the house such as sister, mother and grandmother are the first point of contact for girls to talk about their menstrual health. Therefore, they must be made aware of proper information and knowledge on menstrual hygiene and advocate to eliminate menstrual restrictions in the home by the greater involvement of older generations
5. There should be awareness raised to make male members of the family to enable girls to openly talk about their menstrual health.

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# Annex

**Assessing the status of Menstrual Health and Hygiene Management among adolescent girls in Nepal**

**Consent form**

**Information sheet for the participant**

Namaste! My name is ……………………. I, along with team, are from Kathmandu, Nepal Health Research Council under the Ministry of Health and Population. NHRC has been conducting research on “Assessing the Situation of Menstrual Health and Hygiene Management among adolescent girls in Nepal”. I would like to inform you regarding this research and request you to participate in this research. If you are under 18 years of age, you should seek approval from your parents before making a decision. So, while giving information, you can pause any whenever you do not understand. I will explain it in a timely manner.

**Purpose:** The purpose to assess the situation of menstrual health and hygiene management among adolescent girls in Nepal.

**Selection of the participants:** In this study, 10-19 adolescent girls are selected scientifically.

**Voluntary Participation:** Your participation in this study will be entirely voluntary. You may leave this study at any time if you do not wish.

**Procedures and protocols:** You will not receive any funds for participating in this research. This Focus Group Discussion will take about 2 hours and interview will take 1 hours.

**Privacy and Sharing information:** The information found in this study will be kept confidential. Your information will be kept separate and no one will be able to see it except the researcher. Information related to you will be in number instead of your name. Only the researcher will know your number.

**Sharing results:** The information and data that you provide will help to formulate the health policy and rules regarding menstruation in Nepal

**Whom to contact**: If you have any questions or questions regarding this research, you can contact Nepal Research Council Office, Ramshahpath Kathmandu, Telephone No: 014227460

This proposal has been approved by the Ethical Review Committee (NHRC), whose responsibility is to ensure the safety of participants in the research.

**Consent form for participant**

**Province no:**

**District no:**

**Participation no:**

Everything about this study has been made known to me in a language which I understand. I understand everything and am satisfied with the information provided. My participation is voluntary and I am free to leave this study at any time without giving any reason. My information and data will help to formulate health policy rules related to menstruation in Nepal as well I am aware that it will be published in the national and international journal. I assure that the signature within this consent form is mine.

The information I provide is kept confidential and is used for research purposes only. I have participated in this study because of my desire and discretion. I was not under the influence of any drugs when signing this consent form.

Participant Name: .................................. Age: .......... Gender: ..............

Address: ........................................................ Contact No: ...................................

Participant’s signature: .......................... Researcher signature ……………………

For participants under 18years- (Parent only if required)

The above statement is valid for me. I give consent to my participation as a parent to participate in the study.

Parent Name....................................... Parent's signature ……………………..

Relationship with Participants........................................

**Parents who cannot read and write**

|  |  |
| --- | --- |
|  |  |

**Section 1: Background information**

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| --- | --- | --- | --- |
| **S.N.** | **Questions** | **Coding** | **Skip** |
| 101 | Age of the participant | ........../………./………DD/MM/YYYY |  |
| 102 | Completed years of age | years |  |
| 103 | Ethnic Background  (use HMIS classification of ethnicity) | Dalit …………………..………………………….1  Disadvantaged Janajatis ……………….2  Disadvantaged non-Dalit Terai caste groups ……………………………………………3 Religious minorities……………. 4  Relatively advantaged Janajatis…….5  Upper caste groups………………………..6  Refused………………………………………….88 |  |
| 104 | Religion of respondent | Hindu …………………..………………………..1  Buddhist…………………………………………2  Muslim…………………………………………..3  Christian…………………………………………4  Kirat …………………..………………………….5  Others specify………………………………..6  Refused………………………………………..88 |  |
| 105 | Current educational level | Primary …………………..……………………1  Lower Secondary………………………….2  Higher secondary and above……………………………………………..3 |  |
| 106 | Marital status | Unmarried …………………..………………..1  Married………………………………………….2  Refused………………………………………….88 |  |

**Section 2: Knowledge and perception regarding menstruation**

*Thank you very much. Now I would like ask you few questions about menstruation*

*.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Question | Coding | | | | Skip |
| 201. | How old were you when you first  experienced menstruation? | Age in Years |  |  |  |  |
| Don’t know ……………………………………88 | | | |
| 202 | Did you know about  Menstruation before experiencing it for the first time? | Yes……………………….……………… 1  No………………………………………. 2  No answer ………………………….. 97 | | | | If 2 and 97 go to  208 |
| 203 | Where did you get that  Information from? (multiple option) | Mother ……………………………….….. 1  Older Sister ……………………………. 2  Older Sister in law ………………….. 3  Female cousin or other female  relative …………………………….……. 4  Male relative …………………………. 5  Friend …………………………………….. 6  Teacher …………………………………. 7  Book/magazine/health magazine .. 8  Health Worker/FCHV …………………… 9  Radio ……………………………………………. 10  TV ……………………………………………… 11  Internet …………………………………….. 12  Mentor/Young Champion ……………… 13  Others (Specify)…………………………….. | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 204. | Who helped you manage your  menstruation at first? (advised you what to do, advised you about what it was, advised you about what to use) (Single option  - focus on who helped the most) | Mother ……………………………………. 1  Older Sister ………………………………. 2  Older Sister in law ……………………… 3  Female cousin or other female  relative ………………………………………. 4  Friend ……………………………………….. 5  Teacher ………………………….……….. 6  Health Worker/FCHV ………….….. 7  Other (Specify)……………………….. |  |
| 205. | During your first menstrual  period were you expected to…  a) Stay in dark room ……………  b) Stay in a separate room ……... c) Stay in a shed far away from the house (Chhaupadi)…….  d) Not to look at the Sun ……….  e) Nothing …………………….  f) Others (specify)…………. | **Yes No**  1 2  1 2  1 2  1 2  1 2  1 2  1 2 |  |
| 206. | When you first started  menstruating, what did you believe was the cause of your menstruation?  If you have not started menstruating, what do you believe is the cause of menstruation?  *(multiple responses)* | Normal healthy process ……………… 1  Any type of illness ………………………. 2  Internal bleeding …………………………. 3  Curse ………………………………………….. 4  Bad blood being shed ……………….. 5  Supernatural reason ………………… 6  Don’t know ………………………………. 88  Others (Specify)………..……………… |  |
| 207. | How did you feel when you first  started menstruating? | Scared……………………………………. 1  Worried that something was wrong. 2  Worried about how to manage menstruation……………………………. 3  OK as knew it was a normal process. 4  Other (specify)…………………………….. |  |
| 208. | During your own puberty were  there (or are there) any physical issues that you are concerned about? | Slow physical development ………... 1  Irregular menstruation ……………... 2  Excessive bleeding ……………………. 3  Lower abdominal pain …………….…. 4  White vaginal discharge …………….. 5  Acne appears ……………………………… 6  Tender breasts …………………….…….. 7  No worries………………………….……. 8  Other (specify)\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 209. | Since you first learned about  menstruation, have you heard any more information? | Yes………………………………..……… 1  No………………………………..………. 2 | 211 |
| 210. | Where did you get that additional  information from?  *(multiple responses)* | Mother …………..………………………. 1  Older Sister …………..………………… 2  Older Sister in law …………………….. 3  Female cousin or other female  relative ……………………………………… 4  Male relative ……………………………….. 5  Friend ………………………………………… 6  Teacher ……………………….…………….. 7  Book/magazine/health magazine .. 8  Health Worker/FCHV ………………. 9  Radio ………..……………………….…….. 10  TV …………………………………………. 11  Internet ………………………………… 12  Mentor/Young Champion ………… 13  Other (Specify) |  |
| 211. | From one menstrual period to  the next, are there certain days when a woman is more likely to become pregnant? | Yes………………………………….………. 1  No…………………………………………… 2  Don’t know……………………………… 88 | 213 |
| 212. | Is this time just before her period  begins, during her period, right after her period has ended, or halfway between two periods? | Just before her period begins……... 1  During her period ………….……………. 2  Right after her period has ended … 3  Halfway between two periods ……. 4  Don't know ………………………..……… 88 |  |
| 213. | Now, what do you believe is the  Cause of your menstruation?  *(multiple responses)* | Normal healthy process ………….… 1  Any type of illness ……………………. 2  Internal bleeding ………………..……. 3  Curse ………………………..……….….….. 4  Bad blood being shed …………………. 5  Supernatural reason ……………..……. 6  Don’t know …………………………………. 88  Others (Specify)…………………………. |  |
| 214. | Who do you feel comfortable  talking to about your menstruation?  *((multiple responses, Probe for others)* | Mother …………………………..……..… 1  Older Sister …………….………..………. 2  Older Sister in law ………….…..…….. 3  Female cousin or other female  Relative………………..…………………….. 4  Male relative ……………………………… 5  Friend ………………………………………… 6  Teacher ……………………………………. 7  Health Worker/FCHV ………………. 8  Other (Specify)…………………….. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 215. | During your regular menstruation  what are you typically obligated  to avoid doing…?  Attend temple?  Attend religious occasions (wedding, blessing, puja, bratabanda)?  Do household puja?  Touch male family members? Touch any adults?  Cook/enter the kitchen?  Go outside as much as normal? Sleep in the same house as the  rest of your family?  Sleep in the same bed that you normally sleep in?  Lift the heavy loads? Take a bath/wash?  Go to fetch drinking water? Touch plants or seeds?  Eat or drink dairy products?  Other (specify)?....... |  |  | Yes | | No | | No response | |  | If all response no go to 224 |
| a. Temple | 01 | | 02 | | 97 | |
| b. Religious | 01 | | 02 | | 97 | |
| c. Puja | 01 | | 02 | | 97 | |
| d. Touch male | 01 | | 02 | | 97 | |
| e. Touch adult | 01 | | 02 | | 97 | |
| f. Cook | 01 | | 02 | | 97 | |
| g. Outside | 01 | | 02 | | 97 | |
| h. Sleep family | 01 | | 02 | | 97 | |
| i. Sleep bed | 01 | | 02 | | 97 | |
| j. Lift | 01 | | 02 | | 97 | |
| k. Wash | 01 | | 02 | | 97 | |
| l. Water | 01 | | 02 | | 97 | |
| m. Plants | 01 | | 02 | | 97 | |
| n. Dairy | 01 | | 02 | | 97 | |
| n. Other | 01 | | 02 | | 97 | |
|  | | | | | | | | |
| 216. | What do you actually avoid  doing?  Attend temple?  Attend religious occasions (wedding, blessing, puja, bratabanda)?  Do household puja?  Touch male family members? Touch any adults?  Cook/enter the kitchen?  Go outside as much as normal? Sleep in the same house as the rest of your family?  Sleep in the same bed that you normally sleep in?  Lift the heavy loads? Take a bath/wash?  Go to fetch drinking water?  Touch plants or seeds?  Eat or drink dairy products? Other (specify)? |  |  | | Yes | | No | | No respo nse |  | If all response no go to 223 |
| a. Temple | | 01 | | 02 | | 97 |
| b. Religious | | 01 | | 02 | | 97 |
| c. Puja | | 01 | | 02 | | 97 |
| d. Touch male | | 01 | | 02 | | 97 |
| e. Touch adult | | 01 | | 02 | | 97 |
| f. Cook | | 01 | | 02 | | 97 |
| g. Outside | | 01 | | 02 | | 97 |
| h. Sleep family | | 01 | | 02 | | 97 |
| i. Sleep bed | | 01 | | 02 | | 97 |
| j. Lift | | 01 | | 02 | | 97 |
| k. Wash | | 01 | | 02 | | 97 |
| l. Water | | 01 | | 02 | | 97 |
| m. Plants | | 01 | | 02 | | 97 |
| n. Dairy | | 01 | | 02 | | 97 |
| n. Other | | 01 | | 02 | | 97 |

13

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 218. | If there were no obligations,  what would you still avoid doing? Attend temple?  Attend religious occasions  (wedding, blessing, puja,  bratabanda)?  Do household puja?  Touch male family members? Touch any adults?  Cook/enter the kitchen?  Go outside as much as normal? Sleep in the same house as the  rest of your family?  Sleep in the same bed that you normally sleep in?  Lift the heavy loads? Take a bath/wash?  Go to fetch drinking water? Touch plants or seeds?  Eat or drink dairy products? Other (specify)? |  |  | Yes | No | No response |  | If all response no go to 223 |
| a. Temple | 01 | 02 | 97 |
| b. Religious | 01 | 02 | 97 |
| c. Puja | 01 | 02 | 97 |
| d. Touch male | 01 | 02 | 97 |
| e. Touch adult | 01 | 02 | 97 |
| f. Cook | 01 | 02 | 97 |
| g. Outside | 01 | 02 | 97 |
| h. Sleep family | 01 | 02 | 97 |
| i. Sleep bed | 01 | 02 | 97 |
| j. Lift | 01 | 02 | 97 |
| k. Wash | 01 | 02 | 97 |
| l. Water | 01 | 02 | 97 |
| m. Plants | 01 | 02 | 97 |
| n. Dairy | 01 | 02 | 97 |
| n. Other | 01 | 02 | 97 |
| 218. | What is the main reason that you  follow these restrictions?  *(select one)* | I don’t feel well …………………….… 1  I fear divine retribution …….….… 2  My family don’t allow these things.. 3  I feel it is the right thing to do…. 4  I fear I will make your period  worse…………………………… 5  Others (specify)…………………………. | | | | | |  |
| 219. | Are there any other reasons?  *(multiple responses)* | I don’t feel well …………………….….… 1  I fear divine retribution …….……….… 2  My family don’t allow these things.. 3  I feel it is the right thing to do…. 4  I fear I will make your period 5 worse…………………………..…..…..……. Others (specify)…………………………. | | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 220. | Can you tell me who in your  family and community expects you to follow these restrictions?  *(Multiple responses)* | Mother……………………………………….. 1  Father…………………………………………. 2  Grandparent……………………..……… 3  Auntie………………………………………. 4  Uncle…………………………….…..…….. 5  Sister………………………………..……… 6  Brother…………………………………….. 7  Mother-in-law………………………… 8  Father-in-law………………….………. 9  Sister-in-law ……………………………. 10  Brother-in-law………………………… 11  Other relative………………………….. 12  Whole family…………………………… 13  Teacher………………………………… 14  Friends…………………………………….. 15  Priest…………………………………….. 16  Others (specify)…………………….. |  |
| 221. | Have you ever said or done  anything against these restrictions and taboos about menstruation at home? | Yes………………………………………….. 1  No………………………………………….. 2 |  |
| 222. | Do you feel that you can say or  do anything against restrictions and taboos about menstruation at home? | Yes………………………………………….. 1  No………………………………………….. 2 |  |
| 223. | Have you ever said or done  anything against these restrictions and taboos about menstruation in the community? | Yes………………………………………….. 1  No………………………………………….. 2 |  |
| 224. | Do you feel that you can say or  do anything against restrictions and taboos about menstruation in the community? | Yes………………………………………….. 1  No………………………………………….. 2 |  |
| 225. | Do you practice chhaupadi? | Yes………………………………………….. 1  No………………………………………….. 2 | 227 |

|  |  |  |  |
| --- | --- | --- | --- |
| 226. | Who makes you practice  chhaupadi?  *(Multiple responses)* | Mother…………………………………….. 1  Father…………………………………….. 2  Grandparent…………………………… 3  Auntie…………………………………… 4  Uncle………………………………..….. 5  Sister…………………………………….. 6  Brother……………………………….. 7  Mother-in-law………………………. 8  Father-in-law……………………………. 9  Sister-in-law …………………………. 10  Brother-in-law……………………….. 11  Other relative……………………….. 12  Whole family…………………………. 13  Teacher………………………….……. 14  Friends………………………………… 15  Priest………………………………… 16  Nobody, just me………………. 17  Others (specify)……………… |  |
| 227. | How do you feel about practicing  chhaupadi? | Good……………………………………. 1  Scared/Anxious……………………… 2  Bad………………………………………… 3  OK……………………………………………. 4  Don’t know……………………………. 88 |  |
| 228. | Do you think that women and  girls should practice chhaupadi? | Yes…………………………………..…….. 1  No…………………………………….…… 2  Don’t know………………………….. 88 |  |
| 229. | Why do you think some women  and girls practice chhaupadi? | They fear divine retribution………….. 1  Their family make them………………. 2  They feel it is the right thing to do. 3  Other……………………………………….  Don’t know…………………………… 88 |  |
| 230. | Is chhaupadi legal or illegal in our  country?  NOTE: Tell them that it is now illegal after they have answered the question. There are some punishments now for enforcing chhaupadi including a fine and time in prison. | Legal…………………………………..… 1  Illegal………………………………………. 2  Don’t know…………………………….. 88  No response……………………………. 97 |  |
| 231. | Do you think people will be  Worried about practicing chhaupadi if they know that it is illegal? | Yes…………………………………….. 1  No……………………………..………… 2  Don’t know………………………….. 88 |  |
| 232. | Do you think people will stop  Practicing chhaupadi if they know that it is illegal? | Yes…………………………………….. 1  No…………………………………… 2  Don’t know………………………….. 88 |  |

**Section 3: Practice regarding Menstruation (ask only to those who have experienced of menstruation)**

*Thank you. Now I would like to ask you few questions regarding what you do, what don’t do during*

*menstruation and how you manage your menstruation etc.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Question | Coding | | | Skip |
| 301. | Are you currently menstruating? | Yes…………………………………….. 1  No…………………………………… 2 | | |  |
| 302. | When did your last menstrual  period start? | Days ago |  |  |  |
| Weeks ago  Months ago  Years ago  Before last birth …………....... 6  Never menstruated ………….. 7  No response...................... 97 | | |
| 303. | During your last menstrual period,  what did you use to manage your menstrual blood?  PROBE: Anything else?  Do not read options aloud. Select all that apply. | Disposable sanitary pad  (commercial) ................................ 1  Reusable sanitary pad ................. 2  New cloth ..................................... 3  Old cloth ...................................... 4  Cotton wool ................................... 5  Tampons ……………........................ 6  Toilet paper ................................ 7  Underwear alone ........................... 8  Other (specify)............................  No materials used ...................... 77  No response............................... 97 | | |  |
| 304. | If you could choose to use  anything to manage your menstrual blood would you choose to use the same thing you currently use or would you use something else? | Same, because happy……………… 1  Same, because don’t know of any  other options………………………….. 2  Different……………………………………. 3 | | | If 1and 2 go to 307 |
| 305. | If different then what would you  choose? | Disposable sanitary pad  (commercial) ....................……… 1  Reusable sanitary pad .....………. 2  New cloth ................................... 3  Old cloth ..........................………… 4  Cotton wool ................................. 5  Tampons ..................................... 6  Toilet paper ................................ 7  Underwear alone ....................... 8  Other (specify)...........................  No response................................ 97 | | |  |

17

|  |  |  |  |
| --- | --- | --- | --- |
| 306. | Why do you not use the material  that you would ideally like to use? | Shops too far away………………… 1  Materials too expensive……………….. 2  Materials not available………………. 3  Too embarrassed to buy………………. 4  Family would not like it………………. 5  Difficult to dispose of…………….. 6  Don’t know how to use………….. 7  Others (specify)……………………. |  |
| 307. | During your last period, how often did you change your  menstrual blood management materials (pad/ cloths) in a day? | Never, it’s not necessary……………… 1  Never, for another reason……………… 2  Once ………………………………………… 3  Twice……………………………………….. 4  Three times or more………………….. 5  No response………………………….. 97 |  |
| 308. | Were you able to change your  menstrual materials as often as you would like at home? | Yes…………………………………………. 1  No……………………………………… 2 | 310 |
| 309. | If no, then why were you not  able? | Toilet facilities not clean………… 1  Toilet facilities not available……. 2  No private place available……….. 3  Water not available……………….. 4  No place for disposal …………….. 5  Did not have enough materials to  change………………………………………. 6  Others (specify)………………………. |  |
| 310. | Were you able to change your  menstruation materials as often as you would like at school/college? | Yes…………………………………………. 1  No………………………………..………… 2  Not applicable………………….….. 3 | 312  312 |
| 311. | If no, then why were you not  able?  *(multiple responses)* | Toilet facilities not clean…………..… 1  Toilet facilities not available….…… 2  No private place available…….…… 3  Water not available…………………… 4  No place for disposal …………………. 5  Embarrassed or uncomfortable to do  so at school………………………………….. 6  Did not have enough materials to  change………………………….…………..  7  Others (specify)…………………….. |  |
| 312. | Do you share the sanitary  materials that you use with anyone else in the household? | Yes…………………………………………. 1  No……………………………………… 2 |  |
| 313. | Did you wash and reuse pads,  cloths, or other sanitary materials during your last menstrual  period? | Yes…………………………………………. 1  No……………………………………… 2 | 315 |

|  |  |  |  |
| --- | --- | --- | --- |
| 314. | If no why? | Did not need to/ Use disposable  cloths/pads…………………………………….. 1  No proper place to wash them ……. 2  No water ……………………..………………. 3  Nowhere to dry them ………………... 4  No soap …………………………….……….. 5  Other (specify)…………………………….. | 322 |
| 315. | If yes, where did you wash your  sanitary materials during your last period? | River/pond…………………….……… 1  Well/tap……………….……………….. 2  In toilet…………………………………… 3  Others (specify)……………………….. |  |
| 316. | How long does it take you to get  there and get back? About 15 minutes, 30 minutes, 45 minutes or more than an hour | Very little time………………………… 1  15 minutes…………………………….. 2  30 minutes…………………..……….. 3  45 minutes……………….…….……… 4  1 hour or more………………………… 5  Don’t know……………………………… 88 |  |
| 317. | Is this the same place that you  normally use for washing? | Yes………………………………..………. 1  No………………………….…………….. 2 |  |
| 318. | Do you always use soap to wash  the sanitary materials or do you only sometimes or never use soap? | Yes, always………………………………. 1  Yes, sometimes………………………………. 2  Never……………………………………………. 3 |  |
| 319. | During your last menstrual period,  were the sanitary materials that you washed and reused completely dried before each reuse? | Yes……………………………………………. 1  No……………………………………..………. 2  Don’t know………………………………. 8 |  |
| 320. | Where do you usually dry your  sanitary materials after washing? | Outside home in sunlight in the  Normal place where clothes are 1 dried …………………………………….….. Outside home in the sunlight in a 2 place away from view ……………….. Outside home covered by other 3 clothes …………………………………… 4  Inside home in a normal place … 5  Inside home in a hidden place ….  Inside home covered by other 6  clothes ……………………………….. 7  By the fire ………………………………… 8  Dry using hot iron ……………………. Others (Specify)……………………….. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 321. | Are you worried that your  sanitary materials will be seen by other people while washing and drying? | Yes…………………………………………….. 1  No…………………………………………… 2 |  |
| 322. | During your last menstrual period  how often did you take bath? | Twice a day……………………………… 1  Daily……………………………..……………. 2  Only first day………………………………. 3  Only fourth or fifth day……………… 4  First day and fourth/fifth day…….. 5  Not at all………………………………. 6 |  |
| 323. | What did you use while taking  bath? | Water only…………………………………. 1  Soap and water………………………. 2 |  |
| 324. | You mentioned that you used  [RESPONSES FROM 230] during your last menstrual period. Where did you dispose of these materials after use?  PROBE: Anywhere else?  Do not read options aloud. Select all that apply.  *(Multiple responses)* | Flush toilet ................................. 1  Latrine ..................................... 2  Waste bin/Trash bag ..........…… 3  Burning .................................…. 4  Burying…………………………………. 5  Bush/Field ............................... 6  Other (specify)……….................  No response ............................ 97 |  |
| 325. | Where do you most often change your used pads, cloths, or other  sanitary materials?  ***(Single response)*** | Flush/pour toilet ............................. 1  Ventilated improved pit latrine ....... 2  Pit latrine with slab .......................... 3  Pit latrine without slab/open pit ..... 4  Bucket toilet ................................... 5  Composting toilet ............................ 6  Hanging toilet/hanging latrine ........ 7  Sleeping area/bedroom .................. 8  Backyard .......................................... 9  No facility/bush/field ……………....... 10  Other ...............................................  No response.................................. 97 |  |
| 326. | While managing your menstrual  hygiene, was this place…  Clean? Private? Safe?  Able to be locked? Supplied with water? Supplied with soap? | Yes No Don’t  know  Clean 1 2 88  Private 1 2 88  Safe 1 2 88  Lock 1 2 88  Water 1 2 88  Soap 1 2 88 |  |
| 327. | How long does it take you to get  from your home to this place, change your sanitary materials and get back? | 15 minutes or less……………… 1  30 minutes………………………. 2  45 minutes……………………….. 3  1 hour or more………………….. 4  Don’t know…………………….. 88 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 328. | During your last menstrual period  what did you do to manage your pain? (multiple response) | Take painkillers………………………... 1  Drink hot water………….….……….. 2  Hot water bottle………….……….…. 3  Tie cloth around stomach……….. 4  Sleep more………………………….…… 5  Nothing, but I had pain……….……. 6  Nothing because I had no pain.… 7  Others (specify)………………….….. | 330 |
| 329. | Was this method enough to manage your pain? | Yes………………………………………… 1  No………………………………………. 2 |  |
| 330. | Aside from your own housework,  have you done any work in the last month? | Yes………………………………………… 1  No………………………………………. 2 | 333 |
| 331. | Due to your menstrual period,  were there any work days in the last month that you did not attend? | Yes………………………………………… 1  No………………………………………. 2 |  |
| 332. | If you missed any work days, what  were all the reasons? | Pain (any kind) ……………………..…… 1  Tiredness …………………………………. 2  Family advise not to go or prevent 3 from going …………………………………..  Heavy bleeding leading to fear of 4 leakage ………………………………….……. 5  Fear of teasing ……………………………..  Toilet facilities inadequate for 6 management (i.e. no water, no  soap, too dark, no lock etc.) ……… 7  Nowhere to dispose of pads/  cloths/napkins …………………………… 8  Had to go and get sanitary  materials. …………………………………….  Others (specify)………………………….. |  |
| 333. | Were there any school/college  days in the past 12 months that you did not attend due to menstruation? | Yes………………………………………… 1  No………………………………………. 2 | 335 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 334. | If you missed any school/college  days what were all the reasons? | Pain (any kind) ……………………………. 1  Tiredness ………………………………… 2  Family advise not to go/prevent  from going …………………………………… 3  Heavy bleeding leading to fear of  Leakage ………………………………….. 4  Fear of teasing …………………………… 5  Toilet facilities inadequate for  management (i.e. no water, no 6  Soap, too dark, no lock etc.) ……… 7  Nowhere to dispose of pads/  Cloths/napkins …………………………. Had to go and get sanitary materials Others (specify)…………… | |  |
| 335. | When you are menstruating how  Comfortable do you feel doing each of these activities? | Playing sports……… Going to school…… Reading or studying…… Working in the fields… Doing housework…… Going for other work… | Comfor Uncom table fortabl  e  1 2  1 2  1 2  1 2  1 2  1 2 |  |

**Section 4: Beliefs and Attitudes Regarding Menstruation**

In this community and elsewhere people have different opinions about menstruation. I would like to read out the few statements and I would like you to tell me whether you fully agree, partially agree, partially disagree or do not agree at all. There is no right or wrong answer.

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| --- | --- | --- | --- |
| No | Question | Coding | Skip |
| 4.1: Secrecy and Shame | | | |
| 401. | It is acceptable to talk about the  menstrual period with men | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 402. | It is important to discuss the topic of the  period at school/college with boys and girls together | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 403. | We girls must hide anything that shows  that we are having our periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |

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| --- | --- | --- | --- |
| 404. | It is important to buy sanitary pads  without being seen | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 405. | It is uncomfortable for us girls to talk  about our periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 406. | It is important that nobody knows when  a girl is having her period | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 407. | It is embarrassing when a man finds out  that a girl is having her period | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 408. | It is important to keep the period a  secret | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 409. | We girls should avoid talking about our  periods when there are men present | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 410. | It is important to discuss the topic of the  period at home openly | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 411. | Girls must stay away from men while we  are having our periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 4.2. Annoyance | | | |
| 412. | I think there are times when we girls  cannot stand our periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 413. | Periods are dirty | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |

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| --- | --- | --- | --- |
| 414. | We girls wish that the period would last  for just a few minutes | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 415. | We girls wish that we did not have our  periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 416. | The period is annoying | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 417. | The period is painful | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 418. | It is uncomfortable for girls to have our  periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 419. | The period is a big problem | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 420. | The period is something that we girls  have to bear | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 421. | It is hard to live with having periods | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 422. | It is annoying for us girls to have the  period every month | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |
| 423. | The period is really annoying | Fully agree……………………………. 1  Partly agree………………………… 2  Partly disagree…………………… 3  Fully disagree……………………… 4  Don’t know……………………….. 88 |  |

**Section 5: Psychosocial Scales**

*Now I will ask your opinion about different things and I want you to tell me what you think or feel about them. My intention is to ask about your opinion, so there are no right or wrong answers.*

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| **No** | **Question** | **Coding** | **Skip** |
|  | **5.1 Menstrual stress** |  |  |
| 501. | Do you worry about starting your  period? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 502. | Do you worry about where you will  sleep during your period? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 503. | Do you worry that you will miss out on things (social event )things during your period? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 504. | Are you afraid that boys will make fun  of you? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 505. | Are you afraid that other girls will gossip  about you? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 506. | Do you feel nervous about your period? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 507. | Do you worry that it will be painful? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 508. | Are you afraid of accidentally doing  something to make your period worse? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 509. | Do you worry about staining your  clothes? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 510. | Do you worry about what sanitary  materials you will use? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |
| 511. | Do you worry about how you will get  sanitary materials to use? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 |  |

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| 512. | Do you worry about using the toilet? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 | |  |
| 513. | Do you worry about not having enough  water to use in the toilet? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 | |  |
| 514. | Do you worry about how to dispose of  your pad? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 | |  |
| 515. | Do you worry about missing  school/college because of your period? | Yes, a lot …………………..…… 1  Yes, a little……………………… 2  Not at all………………………… 3  Don’t know…………………….. 88 | |  |
| 516. | Do you worry that boys may peek on  you when using the toilet? | Yes, a lot …………………..……  Yes, a little……………………… Not at all…………………………  D o n’t kno w… ………… ……… .. | 1  2  3  88 |  |
| **5.2. Menstrual self-efficacy** | | |  | |
| 517. | You are confident that you can ask a friend for help when needed | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 | |  |
| 518. | You are confident that you can get a  pad if you need one | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 | |  |
| 519. | You are confident that you could ask a  friend to lend you a pad | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 | |  |
| 520. | You are confident that you could talk to an adult (e.g. mother or sister) if you  have questions about your period | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 | |  |
| 521. | You are confident that you could ask an  adult for help if you stain yourself | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 | |  |

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| 522. | You are confident that you can ask an  adult for pain medication if you need it | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 |  |
| 523. | You are confident that you can stand up  for yourself if you are teased about menstruation | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 |  |
| 524. | You are confident that you can do  everything you normally do during your period | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 |  |
| 525. | You are confident that you can stand up  for yourself if someone tells you that you can’t do something you want to do during your period | Fully agree……………………… 1  Partly agree…………………… 2  Partly disagree………………. 3  Fully disagree………………… 4  Don’t know…………………… 88 |  |

**Guidelines for the focused group discussion/in-depth interviews with Adolescent girls, differently able adolescent girls and out-of-school adolescent girls)**

**Province:**

**Community:**

**Date:**

**Age group: 10-19 years**

**Participants (out-of-school adolescent mothers, differently able adolescent, adolescent girls of school)**

1. Have you heard/experience menstruation cycle? (If yes, probe for perception/their experience including memorable events around that)
2. How did you get the information about menstruation cycle? (Probe for sources of information)
3. How did you feel about your first menstruating?
4. How much you know about menstruation before started menstruating? (Probe for the preparation, restriction and causes)
5. Where and how would you get information about menstruation usually?
6. How is the information that you usually receive before you start menstruating?
7. How do you feel about the information of menstruation? ( Probe for useful , easy to understand )
8. What do you think that would make menstruation easier for girls at school / home?
9. Who do you feel comfortable talking to about your menstruation? (Probe for with friends, family members, neighbors, teachers etc)
10. How do you manage menstruation?( Probe for hygiene : frequency of the changing pads, availability of water , availability of the separate toilet , use of the material , disposal, )

Differently able: assistance, self-capable, privacy)

1. What difficulties do you face during the menstruation? ( Probe for : Psychological problems , Physical problems, Social and cultural restriction , accessibility and affordability of the materials, Access to health service, access of toilet and water use in school/home, separate toilet, place for disposal of pads etc)
2. How do you deal with the problems faced during the menstruation? ( Probe for : Psychological problems , Physical problems, Social and cultural restriction , accessibility and affordability of the materials, Access to health service )
3. During your last menstrual period, what did you use to manage your menstrual blood? (Probe: what did you use, where did you dispose etc)
4. Has your menstruation period have affected your schools days or working time at home? (Probe for school absenteeism, absenteeism in regular work etc)
5. What are your needs for managing your menstruation in safe healthy and comfortable manner? ( Probe for: Availability of sanitary pads- Access of separate toilet with availability of water ,Availability of place for drying washed clothes/pads

Access of room for changing pads/clothes, Availability of disposal sites for pads/clothes)

1. If you think that there is need to illuminate/remove some practices related to menstruation in your village/town, what can be done to remove wrong practices related to menstruation? (Probe for, by family members; by community leaders/religious leaders; by school/teachers; by health workers and by government)

**Guideline for the IDI for the community leaders/ teacher for accessing their perception regarding menstrual health and hygiene management of adolescent girls**

**Province:**

**Community:**

**Date:**

**Age group:**

**Participants: Teachers / Community leaders**

1. What are the program related to MHM in your community / school?( Probe for : advocacy , knowledge , health and hygiene, production , disposal )
2. Does the program adequately respond to the adolescent? If yes, how?

(Probe for if no, what sort of program can be designed to address MHM among the adolescent girls, how can be addressed?)

1. In your opinion what could be the needs of the adolescent girls regarding their menstrual needs?
2. Do you think those needs are being addressed? If yes how?

If no, what can be done to address those needs?

1. Have you been provided any sort of the training related to menstrual health? If yes, what types of training?

If no, is there need of any sort of training related to menstrual health?

1. Any further suggestion to improve menstrual health of the adolescent girls in your community?

