

Dignified Menstrual Practice among the Adolescent Girl Students

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131

– Kunti Pokhrel 2022

A Thesis Submitted to
Health and Population Education Department In
Partial Fulfilment of the Requirements for the Degree of Master in Health Education

By
Kunti Pokhrel

Tribhuvan University
Faculty of Education
University Campus
Central Department of Education
Kirtipur, Kathmandu
Aug., 2022

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Aug., 2022

Submission Date (AD): 13/08/2022

Viva Date (AD): 23/08/2022

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Declaration

I, here by, declare that the thesis entitled **Dignified Menstruation Practice among the Adolescent Girl Students** is the result of my original work. No part of the thesis was earlier submitted for the research degree to any university and educational institution. This thesis is the result of my own research work conducted in the study area. Whatever subject matter I have presented in this thesis is my own concept except some cited works/texts.

.....

Kunti Pokhrel

Date (AD): 13/08/2022



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Miss. Kunti Pokhrel is the student of M. Ed under the Health and Population Education Department, FoE, T.U. She has completed her thesis entitled **Dignified Menstruation Practice Among the Adolescent Girl Students** under my supervision. So, it is recommended this work to be submitted to the thesis evaluation committee for further execution.

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Approval Sheet

This thesis work entitled **Dignified Menstruation Practice Among the Adolescent Girl Students** submitted by Kunti Pokhrel in partial fulfillment of the requirement of the Masters Degree in Health Education has been approved.

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Acknowledgement

First and foremost, I would like to express my heartfelt thanks to my esteemed supervisor, professor Shanti Prasad Khanal, for his intellectual advice, high recommendations, and constant encouragement, collaboration, inspiration, valuable time, and support during this study. Without his help, this study would not have taken the current form.

Likewise, I would like to extend my heartfelt gratitude to the department's head, Mr. Pitambar Acharya, Head of Tribhuvan University's Health and Populations Education Department, for his insightful proposal and formal support. And, I would like to extend heartfelt gratitude to my respected external **Ass.** Prof. Ishwor Prashad Neupane, Mahendra Ratna Campus, Tahachal, for his scholarly advice. I also want to express my gratitude to all of my respected professors at the Central Department of Health and Population Education at T.U. Kirtipur for sharing their wealth of knowledge, information and advice.

Similarly, I would like express my warm and deepest gratitude to my respected parents, especially; this whole graduation goes to my father, whose encouragement and continuous support made this day possible. So, I also thank to my mother, brothers, sisters and my entire family members, all my well-wishers who encouraged, inspired and supported me to complete this study.

I am also grateful to the principal Mr. Narayan Parsad Tiwari and Vice-principal Mr. Chandra Bahadur Khadka of Shree Saraswoti Secondary School, Lekbesi municipality-6, Surkhet district, for their kindly co-ordination during data collection. Similarly, I would like to pay my utmost love, am indebted to all the respondent girl students and female teachers of the school who helped me by responding/answering and providing their valuable time in the process of data collection.

Last but not list, I would like to thank to my all colleagues for their support, feedback and kind co-operation during the study.

Date: 13/08/2022

Kunti Pokhrel

Abstract

This study entitled, Dignified Menstruation Practice among the Adolescent Girl Students, carried in Lekbesi municipaity, Surkhet district, aimed to find out and analyze knowledge and practice of DM, and relationship between DM practice and educational achievement among the adolescent girl students.

This study was based on the sequential explanatory study design. In this study, quantitative dominated and qualitative data (QUAN + qual) had used as a supportive data. Out of 246 total, 128 adolescent girl students were taken as the population of this study through census method for quan study and two female teachers and four girl students were taken for qualitative study. Questionnaires (closed and open ended) were used to collect quantitative and in-depth interview guideline was used to collect qualitative data.

The study found that the higher portion 41.4% of the respondents belonged to Class 9-10, of 14-15 years. And the average menarche age of the respondents, which was 12.96 years. This study found that the majority (25.3%) respondents belonged from class 11-12, whose knowledge about DM was far better than the respondent of 7, 8, 9, and 10 classes. Similarly, the highest (23.5%) respondents whose experience and practice on DM like using pad, menstrual cleanliness, pad management, used pad disposal and maintaining DM, had very good were belonged from class 11-12 in comparison to others classes, whereas the minority from class 7-8 and others' had somehow satisfactory. In this study, no relationship found between practice of DM and school regularity (0.37) and educational achievement (0.41).

Based on the results of this study, it is concluded that knowledge and practice of DM is not enough among the girl students of the school. Also, by looking at the situation of knowledge and practice, it can be concluded that the upper grade girls have better. Similarly, this study also concludes that there is no relationship between DM practice, school regularity and educational achievement of girl students. Thereby, it is recommended that the DM related interventions and education are needed to increase awareness and practice to all girl students.

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Abbreviations

DM	Dignified menstruation
FGD	Focus group discussions
GBV	Gender Based Violence
HBM	Health Belief Model
MHM	Menstruation hygiene management
PAR	Participatory Action Research
SDGs	Sustainable Development Goals
WHO	World Health Organization

Chapter I: Introduction

Background of the Study

Menstruation is a normal monthly flow of blood from reproductive tract for the discharge of expired ovum. First menstruation is called menarche (Husney, 2004). Menstruation is associated with puberty. It is one of the physiological and maturation that take place during puberty. Adolescent is the period of following the onset of puberty during which a young person develops from a child into an adult. Most of the females face some physical change in their life (Shrestha, 2019). During adolescence, a girl's body starts to undergo physical changes. This entails developing breasts, wider hips, and body hair and the girls also undergo emotional changes due to hormones. Girls normally begin their menarche between the ages of 10 to 14 and continue until they reach menopause usually between their late forties to mid-fifties. The cycle for the menstrual period normally takes around 28 days, but can vary from 21-35 days (Nahar & Amed, 2006). Menstruation if it is not managed effectively can interfere with the girl learner's school attendance and participation (Nagar, & Aimol, 2011).

WHO (2005) defines that adolescence as the period of life between 10 and 19 years of age. As distinct from the varied interpretation of who is considered an *adolescent* the word *teenage* is more easily defined. It describes a person who is 13 and 19 years of age. The numbers are staggering. Worldwide, nearly two billion individuals are of menstruating age and as many as 300 million will have their period on any given day (Zivi, 2020) Everyday approximately 237,250 women menstruate in Nepal (Mukherjee, Lama, & Shrestha, 2020).

Menstruation is considered 'impure' in many Nepali communities and women continue to suffer from menstrual isolation including being restricted from kitchens, water sources, temples and auspicious occasions that is not dignified. Because dignified menstruation (DM) occurs during menstruation, every girl should be treated with equity, respect, and freedom. Each girl deserves dignity during menstruation. That means she can do everything, whether she has periods or not (K.C., 2019). The issue of menstrual hygiene management (MHM) facilities is not only a health issue but also an issue of human rights. DM is a human right for every woman. It is necessary to break the silence on this matter as it concerns all women everywhere.

Stress-free and joyful menstruation is the right of every female, irrespective of their culture, age, and education (Ghimire, 2020).

DM gives so much essence, energy, values, to live with liberty, freedom like a butterfly or bird to girls/women, as a result, she built her confidence, determination as considered herself as equal, human being. More importantly, it gives important to acknowledge menstruation and values the existence of this universe as like water or air or entire nature (Poudel, 2019).

DM refers to a state of free from any forms of taboo, stigma, abuse, discrimination and violence associated with menstruation (Poudel, 2021). It greatly argues that we should observe the menstruation through the lens of equality, freedom and dignity. Menstruation is an initial phase of reproduction that begins at the age of puberty in girls. It is not any curse rather an innate, inevitable feature of human civilization. While raising the issue of DM, the three 'P's: principally, practically and psychologically should be focused. Principally, it deals with the principle of human rights. Menstruation should be seen through a human right lens in an alignment with national and international human rights. Similarly, practically, the social or ritual and sectoral practice during the menstruation, menstruates experiencing a series of consequences, both immediate and long term in various aspects of their lives. Hence, DM should be discussed through the approaches of womb to tomb or life cycle approach practices and inhuman practice and all kinds of discriminations upon women should be eliminated and they should be treated equal to men. Different sectors like education, health, environment, human rights and empowerment should be considered simultaneously by addressing multiple issues of menstruation (Poudel, 2021).

Globally, the dignity during menstruation is missing because it demands passion, knowledge and skills around menstruation, human right and policies. It's also a bit challenging to the actor whether she is practicing dignity or not in her personal and professional life. Gender-based violence or national domestic violence act, menstrual practice is creating various forms of abuses, discrimination, violence or harm or acts related with sexual, physical, political, economic, technological, environmental etc. and violated human rights of women. Thus, DM is meant to ensure the dignity, freedom and justice of a woman no matter whether she is in period or not (Poudel, 2020). Managing menstruation with dignity and comfort requires tailored

assets, services and spaces for girls and women. These include having information, confidence and awareness about how to manage their menstruation; an adequate supply of hygienic absorptive materials; safe and convenient sanitation facilities to change and dispose of materials with privacy and dignity; and sufficient water, soap and space for washing and bathing themselves and their menstrual materials. These are defined as the critical components of MHM. Menstruation is relevant to the sustainable development goals (SDGs). The ability of women and girls to manage their menstruation hygienically and with dignity is linked to the achievement of several of SDGs due to the multiple implications menstrual management has for their health well-being (Patker, 2012).

This study was conducted in Lekbesi municipality. It lies in a remote area of Surkhet district, where many people are still conservative and simply literate. The geographical structure of this area is difficult. To visit this area transportation facility is not appropriately managed. Daily life of people is not so easy. Most of the people depend on traditional agriculture (Lekbesi Nagarpalikako Bastugat Bibaran, 2017).

In a nutshell, DM refers to the menstruation practices in which women get no discrimination, no restriction, no taboo but equality, freedom, dignity and respect during menstruation, that's why, DM is rising as a great issue. Thereby, the practice of DM, awareness regarding to DM and experiences associated with DM in school girls had determined as the contexts of this study.

Statement of the Problem

DM denotes a state devoid of all sorts of menstrual taboo, stigma, abuse, prejudice, and violence (Poudel, 2021). It argues forcefully that we should see menstruation through the lenses of equality, freedom, and dignity. Menstruation is the first stage of reproduction in girls, beginning during puberty. It is not a curse, but a necessary component of human civilization. When considering DM, the three "Ps" (principally, practically, and psychologically) should be considered simultaneously. It primarily addresses the notion of human rights. Menstruation should be viewed through the perspective of human rights, in accordance with national and international human rights. Similarly, social or ceremonial and sectoral behaviors during menstruation lead menstrual women to endure a number of immediate and long-term effects in numerous parts of their lives. As a result, DM should be considered using

the womb to tomb or life cycle approach methods, and all forms of prejudice against women should be removed, and they should be treated equally with males. Different sectors like education, health, environment, human rights, and empowerment should be considered simultaneously by addressing multiple issues of menstruation (Poudel, 2021).

Girls are going through the menstrual cycle are even more difficult. Due to wide held practice of treating girls in their menstruation period as untouchable, they are deprived of daily facilities instead of getting extra care during this period. Due to traditional beliefs and superstitions, most parents take serious exceptions to the unhygienic menstrual blood and isolate their daughters. During their menstrual cycle, the daughters are not allowed to touch water, food items, trees of fruits and religious places among others (K.C., 2019).

My own experience, one day, when I was 12 years old, was in grade 7, for the first time felt a slight pain in my lower abdomen and felt bleeding through the vulva. I knew that my menstruation started. I wasn't too scared because some of my classmates were menstruated; found out from them that this happens for the first menstruation. This is similar with the finding by Subedi concluded (2016) showed that schoolgirls somehow informed about menarche and sex education. They get information from their mother, sisters and female friends. I didn't share it with anyone because of hesitation and shame of teasing my sister and brothers. I thought that, if I share with my family, my brothers and sisters will tease me. And the fear of what my father would say. Hence, no one knew about my first menstruation except me. It was bleeding for 3 days of my first menstruation. Every morning, every evening and every moment I had been frightening that someone would know about my menstruation, but no one knew. Nearly after a year, beginning of my first menstruation, it started to become unbearable pain in my lower abdomen during the menstruations. Once in the morning, before going to school, I was kept the homemade pads under the TV table, my mother had found that, washed and hanged in a rope. When I came home, she asked me not to hide the pads and put them secretly away from the sight of my father and brothers. I remained quiet at all. I felt shamefulness and couldn't see at mother's face. I went into my room and frighten thinking that what would others say if knew it. I was wishing that no one would know it at any cost, but my mother told it to all at home. It made me so ashamed, bad and so frightened, I felt so sad and began to think,

how my father, brothers and sister would treat me. This is similar with the finding by Dewan (2016), girls feel fear, worry and shy in their menarche. Looking at my experience like this, menstruation at that time was not dignified. What I have just come to know and still couldn't be the full dignity of menstruation.

The people of the study area where I reached to study said, "Menstruation is a result of sin, to which every woman has to face. It is a bitter curse of God and Goddess." Therefore, they believed that they should not touch temples, men, fruits, Kitchen room, kitchen tools, and water pots and should not eat milk products etc. during menstruation (Ghimire, 2020). When I was an adolescent, illiterate and old grandmothers of this study area believed that if menstruating girls do the above-mentioned activities, they have to face different problems like infertility, carries out pregnancy, paralyzing and so on due to the curse of God and Goddess. Such belief is still dominant among illiterate people of this study area (Dewan, 2016), that I noticed being an eyewitness of behave toward a menstruating granddaughters and daughter-in-laws.

I also traveled through such a dead/bad traditional religious and social practice but the present time has quietly changed in comparison to that dark past. But, this is postmodern era the notion of DM has come up and voices have been raised that DM should be encouraged and practiced. Thereby, I had selected a topic entitled on 'Dignified Menstrual Practice among the Adolescent Girl Students'.

Objective of the Study

The general objective of this study was to find out and analyze knowledge and practice of DM, and relationship between DM practice and educational achievement among the adolescent girl students. The general objectives of this study were as follows;

- To find out the knowledge of school girls regarding to dignified menstruation.
- To explore the experience of dignified menstruation practice among the adolescent girl students.
- To identify the relationship of dignified menstruation practice with school regularity and educational achievement among adolescent girl students.

Significance of the Study

The study, significantly, added a new dimension in the study of practice of DM. It was mainly focused on the DM practice among the school girls. Moreover, it would support in the understanding of different ups and downs, problems, sufferings and practices of school girls during menstruation. Menstruation is a natural process. In this period many changes and health problems occur like; shy, fear, happy, angry, uneasy, pain, tiredness etc. Girls suffer from poor DM practice which leads them toward health problems and poor educational achievement. This study would help to the girls to understand the situation, realize and adopt appropriate behavior during the menstrual cycle. In addition, the major significance of this study are as follows:

- This study can be useful for the girls to get knowledge about dignified menstruation and be aware of their menstruation related experience.
- This study would play crucial role for parents to achieve good knowledge about the situation of their daughters during menstruation.
- This study may helpful for policymakers, educators and planners.
- Accomplishment of this study provides guideline for further researchers and students.
- This study might be helpful to conduct study regarding different aspects of menstruation and menstrual problems.

Delimitations of the Study

As other studies, this study had its own delimitations due to limited time, budget, and resources etc. A systematic study could produce a fruitful result in terms of understanding the actual condition of any topic and event etc. But, such a systematic study needs an extensive area of study. This study is delimited to the following areas:

- This study was delimited within the Lekbesi municipality ward no. 6, of Surkhet district.
- This study was based on dignified menstruation practice among school girls.
- This study was delimited to find out the knowledge, experience, and relationship between dignified menstruation and educational achievement.
- The respondents were adolescent girl students and two female teachers.

Definition of the Key Terms

- Puberty:** The phase of life when a girl becomes sexually mature.
- Menarche:** The start of menstrual activity which occurs between ages of 10-14 years.
- Menstruation:** A normal monthly flow of blood from reproductive tract for the discharge of expire ovum.
- Menopause:** The end of menstrual activity which occurs between ages of 45-50 years.
- Dignified menstruation:** Free from any forms of taboo, stigma, abuse, discrimination, violence associated with menstruation.
- Hygiene:** The practices of keeping the vagina clean and dry during menstruation.
- Scared:** Being in a state of fear, fright or panic.
- Ashamed:** Feeling guilty or embarrassed about something.
- Chhaupadi/Chhau paratha:** Traditional practice of western Nepal in which girls and women are restricted from home during menstruation.
- Chhaughar:** A small hut or cowshed where the girls and women are kept during their menstruation.
- Adolescent girls:** Aged 12-19 years' girls studying in school.

Chapter II: Review of Related Literature

Literature review is the most important function to develop any research which provides deeper knowledge experience and other ideas to the researcher. One of the concerns of the study is journals, relevant books, article news bulletins and internet. Various studies stated that menstruation is a natural phenomenon which occurs in females at the age between 11-19 years, but at the time of first menstruation, girls fill a kind of fear of it. They got confusion at the first menstruation.

Theoretical Literature Review

Concept of DM. DM refers to a state of free from any forms of taboo, stigma, abuse, discrimination and violence associated with menstruation. It greatly argues that we should have observed the menstruation through the lens of equality, freedom and dignity. Menstruation is an initial phase of reproduction that begins at the age of puberty in girls. It is not any curse rather an innate, inevitable feature of human civilization (Poudel, 2020).

DM' is simply a holistic approach or comprehensive approach to encompass menstruation and mitigate discrimination against menstruation and the subsequent consequence. It is the way of perceiving menstruation as a human rights issue and holding all of us accountable to eliminate discrimination and assure dignity. Each individual deserves dignity during menstruation where there is no form of any discrimination, abuse, stigma, shame, restrictions or any form of harmful act during menstruation and inevitably outside of menstruating days too. Simply, it is a form of no differentiation between 25 days and 5 days in a month. It is the concept beyond hygiene, menstrual products, and clean infrastructure where health, education, water, sanitation, human rights, empowerment and environment have to simultaneously intersect (Poudel, 2019). Before the menstrual equity movement found its footing, rhetoric's surrounding menstruation primarily took up issues of hygiene and women's liberation. When women moved into the workforce and public life, they took their periods with them, and commercial menstrual products soon became available in the public market (Bobel, 2010).

Components of DM. Components refer to essential part of any system. Education, peace, awareness, empowerment, sanitation, water, environment and no respect etc. are the components of DM. DM is a matter of daily work of the life of an

individual, family and government due to intersecting the menstruation with health, education, peace, empowerment, water, sanitation, environment etc. (Poudel, 2019).

Menstruation is a natural process. In this period many changes and health problems occur like shy, fear, happy, angry, uneasy etc. due to lack of the components of DM . Knowledge or education, freedom, menstrual cleanliness, discrimination free culture, self-esteem and no restriction related to menstruation etc. the components of DM. Girls suffer from lack of component of DM like poor menstrual hygiene, originating from lack of knowledge, culture and tradition, and socio-economic and environmental constraints, leading to inconveniences, humiliation and stress. This leads to reduced school attendance and poor academic performance, or even dropouts, and ultimately infringes upon the girls' human rights (Lahme, Sterh & Cooper, 2016).

Health behavior change theory. WHO (1986) Any activity is undertaken by an individual regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behavior is objectively effective toward that end. Following the central elements of four of the most widely-used theoretical models of health behavior:

The health belief model. It illustrates relationship between belief and behavior of person. The core constructs of the HBM perceived susceptibility and perceived severity, perceived benefits and perceived barriers, cues to take action (behavior) to prevent, to screen for, or to control illness (champion & skinner, 2008). It deals with the six main constructs that influences people's decision in their health motivation behavior and the relationship between the constructs in the HBM.

Perceived susceptibility. It deals with a person's subjective perception of the risk of contracting a health condition which is an important factor of affecting in one's behavioral change. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.

Perceived severity. A belief concerning the seriousness of contracting of an illness or of leaving it untreated is known as perceived severity. There is wide variation in a person's feelings of severity, and often a person considers the medical consequences (e.g., death, disability) and social consequences (e.g., family life, social relationships) when evaluating the severity.

Perceived benefits. This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or disease). The course of action a person takes in preventing (or curing) illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial.

Perceived barriers. This refers to a person's feelings on the obstacles to performing a recommended health action. There is wide variation in a person's feelings of barriers, or impediments, which lead to a cost/benefit analysis. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous (e.g., side effects), unpleasant (e.g., painful), time-consuming, or inconvenient.

Self-efficacy. This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. This construct was added to the model most recently in mid-1980. Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior.

Cues to action. This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.) (Baidh et al., 2070).

Other variables. Some components like demography, social, psychological and structural directly affect in human perspective and indirectly in their behaviors. In such components age, gender, race and cast, class, education, personality, friends, pairs, neighbor, social norms and values are included. Among them education level, age, gender, socio-economical level and pre-knowledge greatly affect to human perception of susceptibility, severity, benefits and barriers (Pahadi, 2072).

The transtheoretical model/stages of change. Precontemplation, contemplation, preparation, action, and maintenance are the main components (Baidha, et al., 2070).

Social cognitive theory. Key constructs of social cognitive theory that are relevant to health behavior change interventions include observational learning, reinforcement, self-control and self-efficacy (Budhathoki, 2073).

The social ecological model. According to McElroy & Frnds, the mainly five elements are individual or intra- personal factors, interpersonal factors, institutional or organizational factors community factors and public policy factors. (Baidha et al., 2070).

Policy and legal aspect. DM is a human right concern as aligned with the principles of human right declaration 1948. It is holistic approach to address all kinds of violence, discrimination, abuses associated with menstruation from individual to nation, private to public and all (Poudel, 2020). There is, greatly, needed for global recognition and awareness of menstruation as a human rights concern. In order to prioritize menstruation, governments and other organizations should give global attention and celebration. Due to its direct relation to gender-based violence (GBV) and gender equity, it will be most impactful to end all forms of GBV as well as promote human rights (Poudel, 2019).

Having the objective to make menstruation dignified the Government of Nepal and non-governmental organizations have been working in the school. The government developed a draft policy on DM in July 2017 and started to implement it through various organizations. The reference book was prepared in line with the existing curricula for 4-10. That helps to the students for learning about different phases of menstruation and how it can make dignified also (Poudel, 2019).

Socio-cultural norms. *Chhauapadi* was criminalized in 2017 with fines and jail time, this legislative action comes after more than a decade of legal history, from an initial ban in 2006, to declaring it a form of violence against women in 2009 and finally, its criminalization in 2017. Expanding the levels of awareness regarding to the 2017 *Chhauapadi* criminalization, perception of the legal penalties, and whether or not criminalization will lead to behavior change are imperative next steps for informing the development of evidence based interventions targeting to the *Chhauapadi*. The National Plan of Action against GBV in Nepal recognized *Chhauapadi* as a harmful practice and a form of violence against women in 2010 (Government of Nepal, 2009). Ultimately, in August 2017, with implementation starting in August 2018, the Nepal

Parliament passed Criminal Code 2074, which criminalized *Chhaupadi* with a fine of 3,000 rupees and/or a 3-months jail sentence for anyone forcing a woman to follow the practice (Al Jazeera, 2017; Nepal Law Commission, 2017). After more than a decade of discussions regarding *Chhaupadi* legislation, the practice has moved from being banned in 2006 to criminalize in 2017, which is widely viewed as a positive step towards ensuring the safety and well-being of Nepali women and girls (Cardoso *et al.*, 2019). A growing number of organizations are working in collaboration with the Government of Nepal to address menstrual health, primarily through educational and awareness-raising programs focused on providing a basic orientation to menstruation (Karki, *et al.*, 2017); but less has been done regarding implementation of and raising awareness about the criminal code banning *Chhaupadi*.

Social activists suggest that criminalization may not be enough to persuade people to give up the practice (John, 2017), as the fear of ostracisation is predicted to be stronger than the fear of breaking the law (Jun & Jang, 2018). In the past, the Government of Nepal has taken similar legislative action to criminalize other harmful practices including caste-based discrimination, accusations of witchcraft and persecution and child marriage (UNFPA, UNICEF & UNRCO, 2019); however, these practices are still prevalent, demonstrating that legislative action has not been enough to end harmful practices. *Chhaupadi* criminalization is expected to face similar challenges.

Adolescent girls and boys are curious and eager to learn about the reproductive organs including the menstrual process and hygiene. The author himself taught reproductive considering the historic legislation criminalizing *Chhaupadi* in 2017, research is urgently needed to understand the levels of knowledge and intentions to change behaviors associated with the new criminal code among various stakeholders at community and district levels. This information is imperative for informing evidence-based intervention development to ultimately improve health outcomes for women and girls.

The government is set to bring National MHM Policy so as to place menstrual hygiene in the human rights framework. The new policy of the government aims to spread awareness, discourage superstition and cultural malpractices related to menstruation. The draft of the policy will soon be tabled in the Parliament. The new policy, if endorsed by the Parliament, will address long-term physical and mental

health problems related to menstruation health of women and give them easy access to sanitary pads and other things women need during menstruation. The policy will also help to end discriminatory practices against menstruating women. “The main aim of the policy is to help in the management of menstrual hygiene and improve physical and mental health status of women in the country,” said Dinesh Adhikari, assistant spokesperson, ministry of water supply and sanitation (Himalayan Times, 2018). The government of Nepal has announced, on May 3rd 2019 that all Nepali schoolgirls will have access to free sanitary pads at school. (The Rising Nepal, 2019).

Above mentioned policies and programs bring a great change in not only awareness level of people but also the regularity rate and educational/learning achievement of school girls. After the development of law and policies in order to make menstruation dignified, the participation of school girls is increasing in learning and extra activities. Available of pads, safe toilets, water and soap make easy girls to present in the school during menstruation too. It greatly helps to enhance the educational achievement of school girls.

Empirical Review

Dewan (2016) studied on Menarche and its psychological and physical effects among adolescent girls in Naya Baneshor, Kathmandu Metropolitan City. The objective of the study was to find out knowledge, physical effect and psychological problem during menarche. This study was based on descriptive research design with quantitative nature. Adolescence girls were the population of the study. There were total 128 girls in classes, among them 120 girls were selected for the sample by using the purposive sampling method. A set of questionnaire was the main tool of data collection. The researcher found that 56.66% girls felt uneasy to go to school and feared with friends, 11.67% girls were couldn't read even interested to read, 10% were didn't go to school and 26% girls had no effect in study. The common physical problems were found fever, anemia, vomiting and excess bleeding. Health education should include in the national policy to improve the menstruation problems of adolescence girls.

Rayamajhi (2016) studied on menstrual problems of adolescent girls and their management in Kashi Khanda Municipality Kavre. Objective of the study was to find out knowledge, menstrual hygienic practice and its management. This study was

based on mixed-method research design. The total number of the respondents, who got menstruation, was 408. The source of data of this study was primary which was collected through questionnaire and secondary data was collected through research reports and journals. This study found that most of the respondent girls faced many problems during their menstruation like headache, abdominal pain, excess bleeding. And, 45% girls took bath daily, whereas nearly one third respondents from the fourth days of menstruation. More than half 55.59% of the respondents used old cloths and 16.67% respondents used sanitary pads during menstruation. Solely, 1.79% respondents used water and ditol, whereas 76.19% respondents used soap and water to wash or clean homemade pads for reuse. This study was found that the knowledge on menstruation was not satisfactory.

Subedi (2016) reported problems related to menarche and its management by school girls of Tilapur municipality Kailali. Her research objectives were to study behavior and attitude during menarche. This study based on descriptive sample survey research design. Sample was done in, cluster sampling method, four government schools' girls. Data collections tools were secondary and primary data, interview schedule, open ended and closed ended questionnaires. The practice of untouchability was prevailed in the family of 48.30% respondents. Family members of the majority respondents 56.22%, did not touch them (girls) during menstruation due to religious and cultural beliefs. About 49.20% respondents experienced of menstruating in school. Similarly, 31.15% respondents had experience of classroom discussion during menstruation. Likewise, 26.64% respondents were involved in extracurricular activities during menstruation. However, the positive aspect of the respondents was that they shared their problems, related to menstruation, to nearer one like to mother, sister or female friends. Sex education should be focused to the students which helps them to understand in detail about menstruation.

Pokhrel (2017) reported on effect of menarche on physical, psychological and academic on girls in Rampur, Dang District. Her research objective was to explore the effects of menarche on knowledge, physical, psychological and academic activities among school girls. This study was based on descriptive research design with quantitative nature. Menarche girls were the population of this study, only 380 girl students were taken as the population size of the study. A set of interview schedule (open and close) questionnaires were the main tools of data collection. This study

clearly depicts about all of the selected girls, who had faced different types of emotional changes during menarche which were directly affected by human developmental stage. All of the selected girls were psychologically affected by different types of religious and socio-cultural myths. The study found that 35% girls were felt uneasy to go to school, in the study of 29.41% girls found no effect of menarche. Whereas, 21.31% girls couldn't read even interested and 14.28% didn't go to school during menarche. Parents and teachers should encourage, help and care to all the girls during their menarche period and they should create menarche friendly environment.

Yadav, (2017) reported entitled Knowledge, Attitude, and Practice on Menstrual Hygiene Management among School Adolescents of Doti District, Far-Western Nepal. Objective of the study was knowledge, attitude and practice of school adolescents on menstrual hygiene management. The cross-sectional study was carried out. This study was done among 276 students of class 7 and 8, of 11 schools. Self-administered structured questionnaire was used as tool of data collection. 67.4% respondents had fair knowledge and 26.4% respondents had good knowledge on menstrual hygiene management. However, out of 141 female adolescent respondents, only 40% were adopted good menstrual hygiene practices. Around half of the respondents had positive attitude towards menstrual hygiene management related issues. Although knowledge on menstrual hygiene management among school adolescents is fair, still attitude and practice need to improve.

K.C. (2018) reported on impact on social well-being of women due to the *Chhaupadi* tradition among the women of far western Nepal. The objective of the study was to find out impact on the social well-being of the Nepalese women due to the *Chhaupadi* tradition. This study was based on qualitative research design and associated to the form of observation study and the case study. This study included three age group of women (young, adult and women with new born baby), who were involved in the *Chhaupadi* tradition. Women, living under the *Chhaupadi*, faced several challenges including risk of illness, wild animals' attack, sexual abuse, social isolation and discrimination based on gender. The women were at high risk of physical illness, psychological stresses, social isolation, gender-based discrimination and accidental deaths in the Chhaughar. To achieve the women's social well-being and to reduce culture based gender discrimination, the government of Nepal, all the

national international organizations and lawmakers should involve in the development and implementation of rules, policies and laws must work collaboratively and in an organized way.

Shrestha (2019) studied about management of menstrual hygiene among adolescent girls in secondary school of Dhulikhel Kavre. The objective of this study was knowledge of menstruation and menstrual hygiene, practice and problems faced by adolescence girls during menstruation. This study was based on case study descriptive research design and quantitative method. A few qualitative information from in depth interview was included. For that, 134 respondents were taken as the sample size in this study through census method. Questionnaire was the main tool of data collection and in depth interview with a small number of girls and school principal for collecting qualitative data. All of respondent girls 63% got knowledge about menstruation was a normal phenomenon, 35% natural cycle meaning of menstruation. Similarly, 49.3% were take daily bath and 19% were take bath only 4th days during menstruation. 50% girls changing pad cleaned vagina and 3% of the girls never cleaned vagina. Most of the respondents clean the genitalia in between change and if excessive bleeding. Among them 51.3% of the girls used only water and only 8% of the girls used genitalia V-Wash. During menstruation 93.9% girls went to school and 15.2% didn't go school. During first menstruation most of the respondents felt fear, worried, shy but were found to be happy with a feeling of the matured women. Government should introduce the policy to educate the adolescent girls about menstrual hygiene properly in the school level curriculum.

Ghimire. M, (2020) reported to Menstrual Hygiene Management and Practices in Campuses. The objective of this study was to explore the current situation and practices of MHM among female students and teachers. This study was based on qualitative research design. The sampling population of this study was 6 female teachers from 3 campuses in Tribhuvan University and 6-7 students chosen from those who were present in the campuses on the days of visiting. In-depth interviews with six teachers and focus group discussions with six groups of students were included in this study. The researcher collected data by visiting the different campuses in their natural setting. It can be said that teachers and students have been facing a multitude of problems during menstruation in the campuses of Tribhuvan University and MHM has not been a priority area for the educational institution leaders.

Dignified menstruation is a human right for every woman. It is necessary to break silence on this matter as it concerns all females everywhere. She express gratitude to all of her research participants, the female teachers and students of the constituent campuses and affiliated campus of TU that she visited.

Ghimire, S. (2020) reported to Problems and Practice of Management on Menstruation by Adolescents Girls of Basic Schools of Chitwan, Nepal. Objective of this study was to explore the current practice and the problems that adolescent girls are encountering for MHM in the schools. This study adopted Participatory Action Research (PAR) as an approach that was encapsulated with the mixed method research design. The study was conducted on five purposively selected community schools. There were altogether 205 girl students involved in quantitative data collection procedure among whom only 79 girls had experienced menstruation. For the quantitative data, self-administrative questions were used whereas for qualitative information observation, focus group discussions (FGD) and field notes from the researchers were used. 59% of the adolescent girls had positive menstrual practices, like changing pads every four hourly, using soap, and taking nutritious diet during menstruation. Menstrual hygiene education, managing pads banks at school, proper ways of disposing used sanitary pads and provision of adequate sanitary facilities at school are some suggestions which the adolescent girls have identified that would help to improve their current practices for MHM.

Pokhrel (2020) reported on Knowledge and Practice Regarding Menstrual Health among Physically Disabled Women in Kathmandu, Nepal. The objective of the research was to assess the knowledge and practice regarding menstrual health of disabled women. Descriptive, cross sectional study was conducted among 151 participations. The researcher used Self-structured questionnaire and face-to-face interview were used as data collection tool and technique respectively. Most of participants knew 26-30 days were the normal menstrual cycle duration (80.13%). Only 31% of participants bath daily during menstruation. About 83% of participants used sanitary pad, 69.54% of participants changed pad twice a day. Maximum number (91.39%) disposed sanitary pad in dustbin. 76.82% of participants learned about menstrual hygiene from parents and friends. Disabled women were aware about normal duration of menstrual cycle and blood loss. Mother and peer groups could be the best choices of source of information to improve menstrual health and hygiene of differently able women.

In conclusion, many researchers were done their study on *chhaupadi*, management of menstruation, some others were done on the practice of menstruation and few studies done on the menstrual problems of girls and women in remote area of the country. Numbers of studies were done about menstrual hygiene in school girls and effects of menstruation in learning activities on school girls but no study could have found about DM practice among the school girls, yet. That's why, in this research, I studied about the practice of DM in school girls. Through this study, i explored the school regularity, participation in the learning activities and educational achievement of adolescence school girls during menstruation.

Conceptual Framework

Conceptual framework is the sketch of research work (Khanal, 2019). Generally, in this conceptual framework the researcher tries to clear the research related concept, subjects or variables and give the detail of interrelationship of research variables. Conceptual framework gives the clear meaning of the research as well as other what the researcher wants to study or find out. Therefore, conceptual framework is as follows:

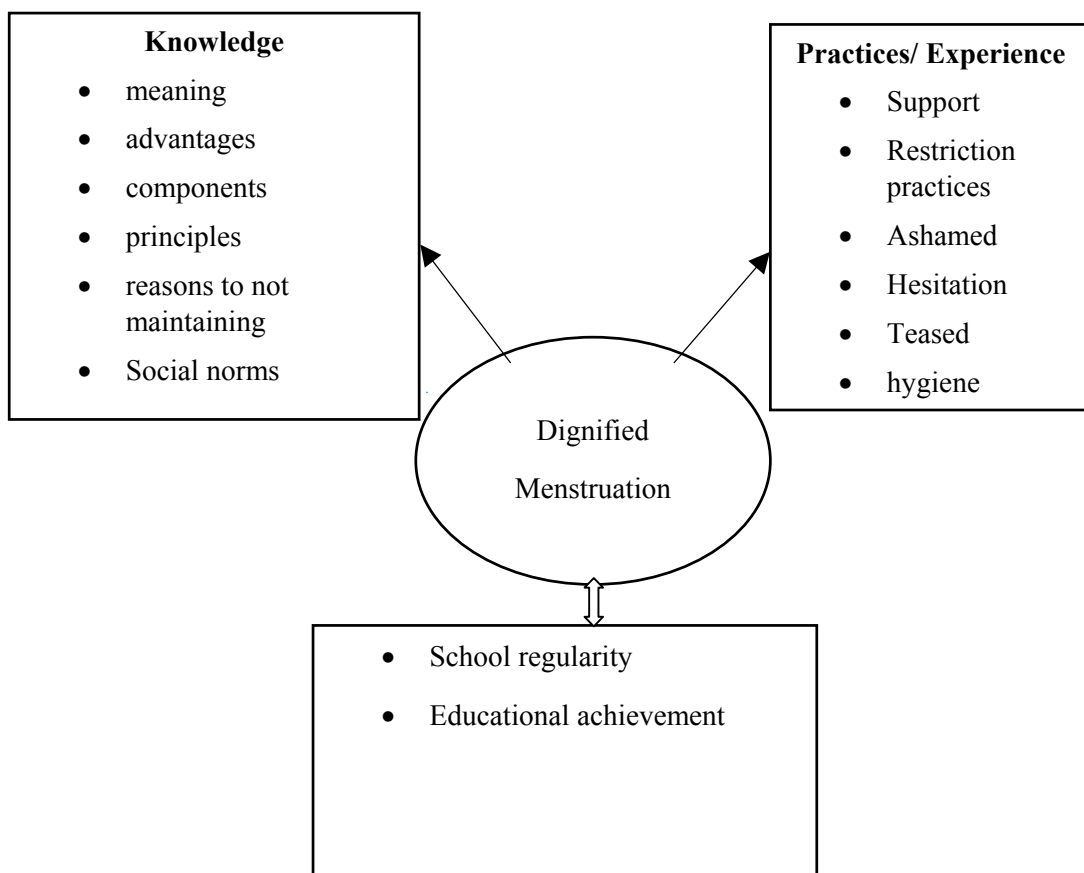


Figure 1

Conceptual Framework of the Study

This figure of conceptual framework shows the relationship between independent and dependent variables as well as research variables. Moreover, it clearly represents interrelationship between research variables and research work and research report. In this above conceptual framework which variables are sub-variables these are independent variables and which are main variables these are dependent variables. When the independent variables have good condition the main or dependent variables have also good condition because dependent variables are changing nature where as independent variables are affecting nature. Here, in this conceptual framework, the condition of DM practice is affecting factor of school regularity, educational achievement, participation in learning activities and menstrual hygiene. That's why; DM practice deals with independent variables and school regularity, educational achievement, participation in learning activities and menstrual hygiene are dependent variables.

Implication of the Reviewed Literature for the Study

The review of theoretical and empirical literature plays the pivotal role for the accomplishment of any study. The review of related literature is greatly significant to prepare the proposal that gives us information and idea about the related subject matters. The above mentioned theoretical and empirical literature reviews was highly useful and beneficial for constructing and preparing the background of the study, objective of the study, statement and significance of the study, respectively. It also enabled the researcher to design research methodology, develop the research tools and analyze/interpret data for the study.

Chapter III: Methods and Procedures of the Study

Research methodology describes the method and process applied in the entire aspects of the study focus on data, data gathering and processing and methods of analysis. Research methodology is a way to systematically solve the research problem. Population and samples, sources of data, data gathering procedures, data processing procedures and analysis tools are included in the research methodology. The following methodology is adopted to fulfil the above-mentioned objectives and conduct the research scientifically and systematically.

Research Design

This study was based on the mixed type of research design. The study has based on the explanatory sequential study design. In this study, quantitative dominated and qualitative data (QUAN + qual) had used as a supportive data. The following figure clearly shows about the theoretical concept of the sequential explanatory design, in which this study was based.

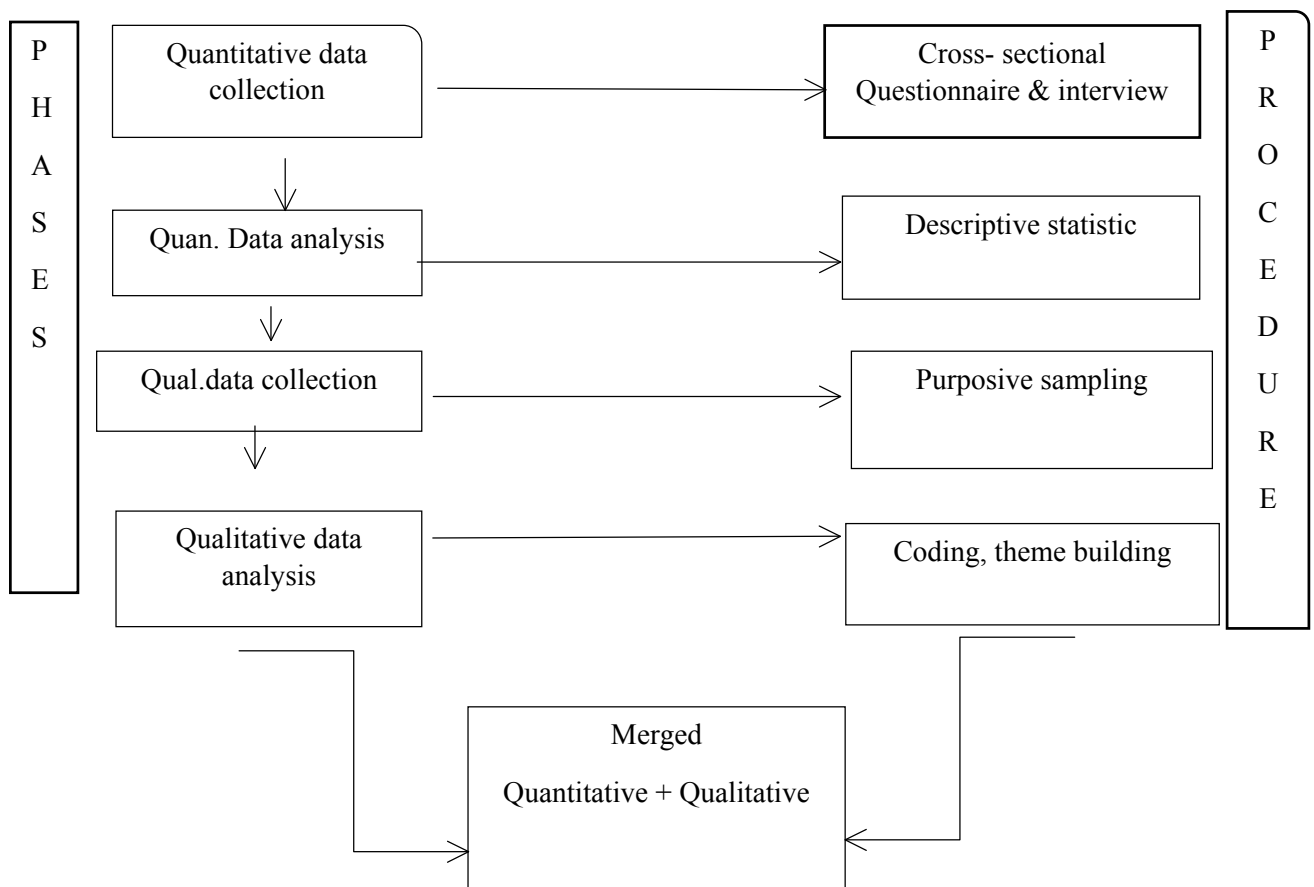


Figure 2

Overall Design of the Study

Study Area

Lekbesi Municipality lies in a remote area of the District of Karnali Province, Nepal. I had chosen to Shree Saraswoti Secondary School that lies in Lekbesi Municipality-6, Surkhet as the area of my study, where many students come from conservative and simply literate families (Lekbesi Municipality, 2017). To explore knowledge of DM, the situation of DM practice and relationship of DM practice and school regularity and educational outcome of such a rural area, I had selected this school. Moreover, I was familiar with this area that's why it had become easier to collect the information and data for the study. Therefore, I had selected the very school. The total literacy rate of this Municipality was 76.08% whereas, the woman literacy rate was 69.25% and 84.08% literacy rate of male. A primary health care center, five health posts and four community health units were there in Lekbesi Municipality, Surkhet, from where 30540 people took health facilities (Lekbesi Municipality, 2017).

The economic status of this municipality on the basis of household; 629 households were under the extreme poverty, 2328 households were poor, 931 households were medium and solely 134 households were rich (Lekbesi Municipality, 2017).

Population of the Study

This study was conducted among the adolescent school girls studying in grade 7 to 12 and female teachers of Shree Saraswoti secondary school that lies in Lekbesi Municipality-6, Surkhet. The total population of the girl students from class 7 to 12 is of 246 and the total population of female teacher is of six (School Record, 2021), but only 128 is the adolescent girl students' numbers and two female teachers were the universe of my study. I became unable to take data from 118 girl students because some of them were not presented in school during data collection time and menarche was not started in some others.

Sampling Procedure and Sample Size

All the adolescent girl students 128, who were presented in school and got menarche, were included through total sample method. Therefore, all 128 respondents were taken as the sample size in this study through census method.

Table 1

Sampling Method and Size of the Study (School Record, 2021).

Class	Total population	Selected (Sample population)
7	47	7
8	39	25
9	36	30
10	33	22
11	46	27
12	19	16
Total	246	128

Sampling for qualitative data. Two female teachers and four adolescent girls were taken for qualitative data using purposive sampling.

Data Collection Tools

Quantitative data collection tool. I had prepared a questionnaire based on the three objectives of my study, which had four sections. The first was demographic status, which included class, age, religion, caste, menarche age and marital status. Second; knowledge about DM, it had 18 items which included definition of DM, knowledge regarding to component, principles, advantages, challenges, of DM and menstrual hygiene. Third, DM practice; it also had 18 questionnaires which included practice of component, principal, advantages, challenges, of DM and menstrual hygiene. Fourth, relationship of DM practice and school regularity and educational outcome, that 7 questionnaires, which included regularity in school, participation in learning activities during menstruation, education and discussion about DM in school and effect of menstruation in educational outcome. The questionnaire was the main tool of data collection, it contained questions (closed and open ended) specially related to knowledge and practice of DM.

Qualitative data collection. Qualitative data was collected using in-depth interview as supportive data in second phase. The interview guidelines, including respondents' knowledge regarding to DM, experience and practice of DM, were made in order to collect qualitative data. Therefore, an in-depth interview with a small number of girl students in Lekbesi, Surkhet was done for merging of data. In-depth interview guideline was prepared to conduct it among the respondents.

Validation of the Tools

The selected interview schedule was pre-tested to the 10 adolescent girl students of Shree Laxmi Secondary School, Lekbesi Municipality-7, Surkhet by using purposive sampling method. Doing so, i found some difficulties in words, sentences and languages and specified, changed and corrected them as the understanding level of the respondents. Tools were finalized after consultation with the experts and approval by the guide of this study.

Data Collection Procedure

Quantitative data. For the collection of the data, I was visited personally to the school. I had to go to the school to interact with the adolescent girl student's age group of (12-19). I went to school and visited with principal with authorized letter of the Health and Population Education Department and told them in detail about the purpose of my visiting the school. After telling all they gave me permission to collect data from girl students. Then, with the help of two teachers, in the fourth period, I gathered to all adolescents in a hall and tried to make clear about DM. They were informed of the research objectives and procedures too. Then, I asked them to go to their own classroom, in the second last period. It was all about the first day. Then, in the second day, I started to take the data from class seven. I took only two respondents on a bench and questionnaires were distributed them and asked to return it after filling-up. I did not give them chance of talking and discussing while filling up the questionnaires, rather, I helped and facilitated them where they became confused. Similarly, I took data from the respondents of class 8,9,10,11 and 12 turn by turn and day by day. It took one week to take complete data for me from the respondents. All the sample respondents were assured of confidentiality of the research work.

Qualitative data. Qualitative has been collected to make the research study more reliable and valid. It was open ended, conducted in-depth face-to-face

interview. My qualitative data was supportive data. So, out of the total population, in the four girl students and two female teachers interview was contacted through an informal setting to know about their knowledge about DM, DM practice of DM practice with school regularity and educational outcome among them. In-depth interview guidelines are used to collect Knowledge, practice of DM and of school regularity and educational outcomes among the respondents regarding to DM were taken into account for qualitative data collection. In this process, I took interview with all four girl students and two female teachers turn by turn sitting in a peaceful room of the school. While doing so I took audio record in my mobile and later I transcribed that in copy. Doing so I collected the qualitative data from the respondent.

Data Analysis and Interpretation Techniques

Quantitative data analysis. All the data and information were analyzed and presented to fulfill the objectives. To ensure the quality a number of analytical tools were used. These are percentage, charts and diagrams which were presented to make the figure more attractive. Quantitative data were interpreted and analyzed in descriptive, cross-section way based on their numerical characteristic by using IBM SPSS Statistics 26. Chi square test was done to show relationship of DM practice and school regularity and educational outcomes.

Qualitative data analysis. I have merged all the collected qual interlinking with QUAN data. Finally, I have merged qual data with Quan in appropriate heading to reach a conclusion.

Ethical Considerations

The participants were not vulnerable to any risk during the study. Hence, the compensation was not provided. There were be no direct benefit to the participants though, they would be indirectly benefited by the identification of their problems and their solutions. If policy makers hand taken them seriously. The research tool was made as possible to the social, culture and values, informed consent will be taken verbally. The researcher had collected the information in the field.

Chapter IV: Results and Discussion

This chapter deals with the outcome/finding of the study on the basis of collected information and data from respondents. After collecting data, it is necessary to analyze and change its form in order to find fact because data are the raw form of research. We should build it through analyzing and illustrating interpreting those raw data to get actual result of the research. Hence, in this chapter, the researcher had presented the factual result of data. The sources of data had entered through SPSS. On the basis of the objectives of the study, this chapter had divided into the three sub-topics like; knowledge of respondents regarding to DM, respondents' experience of DM practice, and interrelationship among DM practice, educational regularity and educational outcomes.

Demographic Profile of Respondents

In this sub-heading age, class, caste, religion, menarche age and marital status had included. Generally, age and class had taken as sociological factor and educational factor, respectively. The age and class of respondents vary their level of thinking and practice regarding to various factors. This study was delimited with the respondents of age group of 12 to 19 years of 128 school girls for quantitative data and information. The respondents were from different class, caste, and religion and menarche age of this school. And, the qualitative data and information had collected from 6 respondents, among them 2 were female teachers and 4 were girl students.

Table 2

Social-demographic Profile of the Respondents

Variables	Categories	Number	Percentage (%)
Ages(yrs.)	12 -13	21	16.4
	14-15	50	39.1
	16-17	48	37.5
	18-19	9	7.0

Classes	7-8	32	25.0
	9-10	53	41.4
	11-12	43	33.6
Castes	Janajati	82	64.1
	Dalit	21	16.4
	Kshetri	25	19.5
Religions	Hindu	101	78.9
	Christian	20	15.6
	Sat guru	7	5.5
Menarche ages(yrs.)	11	7	5.5
	12	39	30.5
	13	43	33.6
	14	30	23.4
	15	9	7.0

This demographic profile table 2 depicts the overall aspects of the respondents which were needed for this research. On the basis of religion and caste/ethnicity, the data of this table represents that the majority of the population belonged to Hindu 78.9% and then Janajati 64.1% out of 128. Similarly, the very table shows that the minority of the population belonged to Christian 15.6%, Sat guru 5.5% whereas Kshetri 19.5% and Dalit 16.4%. On the basis of age group, the table shows that the majority and minority of the population were at the age of 14-15 years 39.1% and 18-19 years 7.0%, respectively. And the age group of 12-13 years 16.4% and 16-17 years 37.5% are amid population of majority and minority.

There are altogether three categories of class, in the above table, where the majority of population belonged 41.4% in class 9-10, 33.6% in class 11-12 and then

25.0% in class 7-8 out of 128. This table also shows menarche age and marital status of the population. The largest number of population of the menarche age is 13 years 33.6% and the lowest number of population of menarche age is 11 years 5.5%.

Knowledge of Menstruation and Dignified Menstruation

Knowledge is an important determinant factor of a person to adopt appropriate attitude and practice. Here is intended to measure and explore respondents' knowledge or understanding regarding to menstruation and dignified menstruation through different tables, Pie-charts and charts as per the different questionnaire and their interpretation.

Meaning of menstruation. Menstruation is a natural process. It is also known as regular or monthly discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. Normally, the bleeding lasts around 3 to 7 days, the menstrual cycle occurs due to the rise and fall of hormone. This cycle results in the thickening of the lining of the uterus and the growth of eggs.

Menstruation is a natural process in which a woman of discharging blood and other materials from the lining of the uterus at interval of about one liner month from puberty until the menopause, except during pregnancy (Oxford Dictionary, 2021).

Menstruation is one of the normal biological processes and a sign of growth and maturity. It is known by different names in the study area, like *impure period*, *Chhui hunu/Bahira sarnu/Nachhune hune/Pakha sarnu*. Knowledge plays pivotal role in human health. Solely, sound knowledge about menstruation can make ones' menstruation dignified. Thereby, knowledge is an important basis of human health.

Table 3

Respondents' Knowledge Regarding to Menstruation on the Basis of Class

Classes	Menstruation Knowledge					
	Regular blood discharge	Natural process	Monthly bleeding	Lower abdomen pain	Chhui hunu	All of the above
7-8	14(15.1)	20(21.5)	11(11.8)	21(22.6)	19(20.4)	8(8.6)
9-10	27(19.1)	33(23.4)	19(13.5)	24(17.0)	24(17.0)	14(9.9)
11-12	3 (4.2)	16(22.5)	19(26.8)	4(5.6)	15(21.1)	14(19.7)

Note: Parentheses () indicate the percentage.

This table 3 explores respondents' understanding about the menstruation on the basis of class and total frequency and percentages of the respondents' response. Moreover, it shows respondents' data who had answered/responded to the given questionnaires regarding to knowledge of menstruation.

The data of the table shows that the majority population of the respondents 22.6% of class 7-8 say lower abdomen pain, 23.4% of class 9-10 say natural process and 26.8% of class 11-12 say monthly bleeding. And minority population of the respondents 8.6% of class 7-8 and 9.9% say all of the above whereas 5.6% of class 11-12 say lower abdomen pain. The population of the respondents who have perceived about menstruation by the local name such as Chhui hunu 20.4% of class 7-8, 17.0% of class 9-10 and 21.1% of class 11-12 out of 128.

Meaning of dignified menstruation. Dignified menstruation refers to “a state of free from any forms of taboo, stigma, abuse, discrimination and violence associated with menstruation” (Poudel, 2021-page no. 74).

Dignified menstruation is a human right for every woman. It is necessary to break the silence on this matter as it concerns all females everywhere (Ghimire, 2020). Stress-free and joyful menstruation is the right of every female, irrespective of their culture, age and education (Ghimire, 2020). Dignified menstruation gives so much essence, energy, values, to live with liberty and freedom. More importantly, it gives important to acknowledge menstruation and values the existence of this universe as like water or air or entire nature (Poudel, 2019).

Table 4

Respondents' Knowledge about DM

Classes	Dignified Menstruation								
	Discrimination free menstruation	Justifiable menstruation	Respectful menstruation	Emancipate menstruation	Gender equality	Proper sanitation	Free from restriction	Free from misbehavior and violence	All of the above
7 - 8	5 (6.3)	6 (7.5)	20 (25.0)	8 (10.0)	9 (11.3)	16 (20.0)	6 (7.5)	7 (8.8)	3 (3.8)
9 - 10	14 (8.3)	13 (7.7)	36 (21.4)	18 (10.7)	18 (10.7)	31 (18.5)	13 (7.7)	20 (11.9)	5 (3.0)
11 - 12	14 (14.1)	3 (3.0)	25 (25.3)	15 (15.2)	8 (8.1)	6 (6.1)	7 (7.1)	19 (19.2)	2 (2.0)

Note: Parentheses () indicate the percentage.

The data of table 4 shows that majority of population of the respondents 25.0% of class 7-8, about 21.4% of class 9-10, and 25.3 % of class 11-12 said that dignified menstruation refers to the respectful menstruation.

This data shows that majority of the respondents had, somehow, proper perception of DM because the population saying others like free menstruation, justifiable menstruation, emancipate menstruation, gender equality, proper sanitation, free from restriction and free from misbehavior and violence is smaller in comparison to say respectful menstruation. Here, the minority of the population of all the three categories of class responded all of the above; 3.8% of class 7-8, 3.0% of class 9-10, and 2.0% of class 11-12.

When I asked to the health teacher of 29 years of Shree Saraswoti Secondary School, Lekbesi Municipality-6, Surkhet about the level of knowledge of DM of adolescent school girls of the school of all classes, she said, “Generally, *mostly adolescent girls know about menstruation from their mother, sisters, aunts and*

grandmother. I also got knowledge and skill about menstruation from them, very first. And as far I know, DM is deals with the respectful and discrimination free menstruation”

Similarly, I asked with another female teacher of 26 years of the very school about her own understanding regarding to DM and very frankly she said, *“Dignified menstruation refers to a state in which menstruators can do their all activities freely, without any discriminations, hesitations and restrictions during menstruation.*

Likewise, I asked, turn by turn, with four girl students of different class and caste to know about their perception regarding to DM. At first, I asked to a girl student of class 12 of 18 years, she said, *“To avoid menstruation related traditional norms and values and eliminate superstitious/ritual belief is called DM.”*

Then, I asked about the knowledge of DM with second respondent of class 11 of 17 years, she said, *“Discrimination free menstruation is called DM.”*

This was also reflected in-depth by a girl student of class 10 of 15 years, said, *“DM means a state of being free from all sorts of restrictions with full dignity is known as DM, where free from restrictions means no any kind of discriminations, hatreds, humiliations but love, respect and full support.”*

I ask about the understanding of DM with next respondent of class 8 of 13 years, she said, *“menstruation without discrimination and with full respect and dignity is taken as DM.”*

The entire respondents have good knowledge about DM. The sound knowledge about DM has found in 25.0% respondents of class 7-8, about 21.4% respondents of class 9-10, and 25.3% respondents of class 11-12 who had responded that dignified menstruation refers to the respectful menstruation. The information reveals that majority population of the respondents have good knowledge about DM.

Knowledge regarding to advantages of DM practice. Knowledge about the advantages of DM practice is associated to various advantages like to remove/break the restriction, superstition, misconception and bad traditional practices in order to make menstruation dignified. Doing practice of DM girls/women can make their menstruation healthy. To make menstruation healthy is also a precious advantage. The table below is illustrated about respondents’ understanding regarding advantages of DM practice.

Table 5

Respondents' Knowledge Regarding to the Advantages of DM Practice

Classes	Advantages						
	To make menstruation dignified	Remove restriction of menstruation	Remove superstitious	Remove bad traditional culture	Feel equality and freedom	Healthy menstruation practice	All of the above
7 - 8	8 (9.3)	11 (12.8)	15 (17.4)	15 (17.4)	19 (22.1)	14 (16.3)	4 (4.7)
9 - 10	16 (11.0)	17 (11.7)	26 (17.9)	26 (17.9)	33 (22.8)	17 (11.7)	10 (6.9)
11 - 12	5 (6.6)	6 (7.9)	14 (18.4)	12 (15.8)	12 (15.8)	3 (3.9)	24 (31.6)

Note: Parentheses () indicate the percentage.

The data of table 5 shows that the majority population of the respondents 81.92% said that the advantage of DM practice is to make feel equality and freedom, whereas the minority population of the respondents 37.12% said that the advantage of DM practice is to make menstruation dignified.

Similarly, the frequency of participants' response on the option all of the above is 48.64% and on the basis of class categories, the majority population of respondents 22.1% of class 7-8, and 22.8% of class 9-10, but the majority respondents 31.6% of class 11-12 said all of the above. This data of table 3 shows that the knowledge of respondents about advantages of DM practice is so good.

Components of DM. Generally, DM refers to a state of free from any forms of taboo, stigma, abuse, discrimination and violence associated with menstruation. Education, sanitation, awareness, and respect etc. are taken as the components of DM. These components are like organ of DM. When the very components run and manage steadily and effectively that greatly and boldly enhance the situation of DM.

Table 6

Respondents' Knowledge Regarding to the Components of DM

Classes	Component of DM							
	Sanitatio n	Educatio n	Freedo m	Respect	Awarene ss	Empow erment	Environ ment	All of the above
7 - 8	22 (22.9)	14 (14.6)	12 (12.5)	11 (11.5)	10 (10.4)	1 (1.0)	16 (16.7)	10 (10.4)
9 - 10	35 (20.6)	27 (15.9)	23 (13.5)	18 (10.6)	21 (12.4)	10 (5.9)	19 (11.2)	17 (10.0)
11 - 12	8 (11.3)	8 (11.3)	11 (15.5)	9 (12.7)	3 (4.2)	2 (2.8)	1 (1.4)	29 (40.8)

Note: Parentheses () indicate the percentage.

Table 6 shows that respondents have proper knowledge about the components of DM which is provided by the respondents of 71.68% out of 128, who said that the components of DM are all of the above. However, the majority of the population of the respondents 83.2% said sanitation can be taken as the component of DM.

Similarly, when we analyze data of table 4 on the basis of class category, it shows that mostly respondents 22.9% of class 7-8, and 20.6% of class 9-10 said that sanitation can be taken as the component of DM but the majority of the respondents 40.8% of class 11-12 said all the given options can be taken as the component of DM. This presets that knowledge the respondents of 11-12 regarding to component of DM is wider in comparison to the knowledge of the respondents of 7-8 and 9-10 class.

Principles of DM. Menstruation with full respect, dignity and special care is taken as principle of DM. Instead of that, to take menstruation as the boon of god not curse is also known as the principle of DM.

Every adolescence girl and their family members should know about the principle of DM because, it is very important for making menstruation dignified. To make menstruation dignified means menstruating girls/women live with full dignity.

Table 7

Respondents' Knowledge about the Principles of DM

Class	Principle of DM				
	Free from menstruation related discrimination	Menstruation is not curse but boon	Special care during menstruation	Special care in food during menstruation	All of the above
7 - 8	12(18.5)	7(10.8)	18(10.8)	14(21.5)	14(21.5)
9 - 10	24(22.2)	16(14.8)	30(27.8)	16(14.8)	22(20.4)
11 - 12	12(18.8)	6(9.4)	11(17.2)	11(17.2)	24(37.5)

Note: Parentheses () indicate the percentage.

The data of table 7 shows that majority of population of the respondents 10.8% of class 7-8, and about 27.8% of class 9-10 responded that special care during menstruation is the principle of DM whereas, 20.4% of class 11-12 said that all above mentioned options are the principle of DM. In this regard, the understanding of the respondents of class 11-12 is broad in the comparison to respondents of class 7-8 and class 9-10.

Likewise, the respondents of 10.8% of class 7-8, 14.8% of class 9-10, and 9.4% of class 11-12 responded that the principle of DM is menstruation is not curse of god but boon.

Factors that cause obstacles and challenges in DM. It is greatly challenging to make menstruation dignified at all in the developing countries like Nepal, but not impossible. There are various factors like personal factors, familial hindrance, socio-cultural factors and school factors that create challenges and obstacles in girls and women living in rural villages as like this study area Lekbesi municipality, Surkhet.

Personal factor means some girls and women are shy in their nature, they hesitate and feel shy to tell and share about menstruation to others. Due to the lack of education and conservative belief of family, they (girls) are restricted to enter in the

kitchen and praying room during menstruation, is family related hindrance. Restriction to go to temple and involving in any socio-cultural activities, due to menstruation, is associated to socio-cultural barriers. And, no water, no pads, no tap inside toilet, no discussion and education about menstruation in school etc. are the school related factors that may create challenges in DM of girls. So that, all aspects of school should be managed well to maintain DM in school girls.

Table 8

Respondents' Knowledge about the Factors that Create Obstacles and Challenges in DM

Classes	Factors have created obstacles and challenges in DM			
	Personal factors	Familial factors	Socio-cultural factors	School factors
7 - 8	19(40.4)	12(25.5)	11(23.4)	5(10.6)
9 - 10	38(44.2)	15(17.4)	23(26.7)	10(11.6)
11 - 12	15(24.6)	14(23.0)	30(49.2)	2(3.3)

Note: Parentheses () indicate the percentage.

Table 8 shows that, the majority population of the respondents 40.4% of class 7-8, and 44.2% of class 9-10 said personal factors creates challenges and obstacles in their DM whereas, the majority population of the respondents 49.2% of class 11-12 responded that socio-cultural barrier creates challenges and obstacles in their DM. The minority population of the respondents 10.6% of class 7-8, 11.6% of class 9-10, and 3.3% of class 11-12 said school factors create challenges and obstacles in their DM. Thus, the data of this table presents that, in different levels, all four factors have created challenges and obstacles in respondents' DM. Personal factors have created challenges in mostly respondents' DM whereas school factors in least.

Personal factors. Lack of education, poor economic status, lack of self-esteem, follow bad traditional belief, unable to communicate and lack of skills etc. come under the personal factors. All these personal factors create challenges in DM. In other sentence, personal factor means some girls and women are shy nature, they hesitate and shy to tell and share about menstruation.

Table 9

Respondents' Knowledge on Personal Factors

Classes	Personal factors					
	Lack of education	Poor economic status	Lack of self-esteem	Follow bad traditional belief	Unable to communicate	Lack of skills
7 - 8	18(17.8)	23(22.8)	12(11.9)	21(20.8)	13(12.9)	14(13.9)
9 - 10	37(20.9)	40(22.6)	24(13.6)	26(14.7)	24(13.6)	26(14.7)
11 - 12	14(16.7)	14(16.7)	13(15.5)	19(22.6)	9(10.7)	15(17.9)

Note: Parentheses () indicate the percentage.

Table 9 demonstrates the majority population of the respondents 22.8% of class 7-8, and 22.6% of class 9-10 said poor economic status comes under the personal factors whereas, the majority population of the respondents 22.6% of class 11-12 responded that to follow bad traditional belief comes under the personal factors. Here, the majority population of the respondents of class 7-8 and class 9-10 responded the same. In their understanding, lack poor economic status is closely related to personal factors. But the response of the majority population of class 11-12 is differ then the class 7-8 and class9-10. They said that to follow bad traditional belief is closely related to personal factors. Thus, this shows that the understanding of the all respondents is not the same, rather, it is different as their level/class.

Socio-cultural factors. The knowledge of socio-cultural factors regarding to menstruation plays vital role in DM. It helps to bring positive change in socio-cultural practices related to menstruation. Restriction to go to temple and participating in any social and cultural activities, due to menstruation, is associated to socio-cultural factors. Instead of it, to take menstruation as filth and grime, sin and curse of god, restriction to see the face of father and brothers and restriction to see the sun light come under the socio-cultural factors related to menstruation.

Table 10

Respondents' Knowledge about Socio-cultural Factors

Classes	Socio-culture factors					
	Social barrier	Take as filth and grime	Take as sin	Take as curse of god	Restriction to see face of father & brothers	Restriction to see the sun
7 - 8	23 (26.7)	12 (14.0)	12 (14.0)	14 (16.3)	11 (12.8)	14 (16.3)
9 - 10	41 (30.1)	20 (14.7)	16 (11.8)	28 (20.6)	18 (13.2)	13 (9.6)
11 - 12	28 (28.3)	14 (14.1)	21 (21.2)	14 (14.1)	17 (17.2)	5 (5.1)

Note: Parentheses () indicate the percentage.

The data of the table 10 shows that the majority population of the respondents 26.7% of class 7-8, 30.1% of class 9-10 and 28.3% of class 11-12 say said that Social barrier is the main socio-cultural factors that create challenges in DM. And minority population of the respondents 12.8% of class 7-8 responded restriction to see face of father and brothers is the socio-cultural factors of DM. Similarly, minority population of the respondents 9.6% of class 9-10 and 5.1% of class 11-12 said that restriction to see the sun light is a socio-cultural factors of DM. The above responses of the respondents clearly present their understanding of knowledge about socio-cultural factors of DM. Thus, this shows that the respondents have very good understanding about socio-cultural factors of DM.

Family related factors. As like other factors, knowledge of familial factors also plays an important role in DM. The knowledge or understanding about familial factors of respondents regarding to menstruation are measured in Lekbesi municipality, Surkhet.

In many parts of county, due to the lack of education and conservative belief, family restrict to enter in the kitchen and praying room to the girls and women during menstruation which is known as familial factors.

Table 11

Respondents' Knowledge about the Things that Come Under the Familial Factors

Classes	Familial factors					
	Poor familial education	Poor economic status	Lack of awareness	Follow traditional beliefs	Parents' suggestions	Lack of self-esteem
7 - 8	14 (14.6)	17 (17.7)	19 (19.8)	14 (14.6)	20 (20.8)	12 (12.5)
9 - 10	27 (16.4)	30 (18.2)	36 (21.8)	28 (17.0)	25 (15.2)	19 (11.5)
11 - 12	16 (15.4)	13 (12.5)	37 (35.6)	18 (17.3)	10 (9.6)	10 (9.6)

Note: Parentheses () indicate the percentage.

The table 11 represents the respondents' knowledge about familial factors regarding to menstruation. As the questionnaire given to collect the data/knowledge of respondents about familial factors, the majority population of the respondents 220.8% of class 7-8 responded that parents' suggestion comes under the familial factors, whereas, 21.8% of class 9-10 and 35.6% of class 11-12 said lack of awareness comes under the familial factor.

Regarding to knowledge of familial factors, respondents viewed on the all options as their understanding. The data of the table explores that the knowledge of respondents about familial factors regarding to menstruation is good.

School related factors. People call school by the name temple of knowledge, where we learn precious and beautiful knowledge, skills and behaviors that help to make our life happy. There are various factors like pads, sanitation (toilet, soap and

water), education and learning etc. are related to the school factor regarding to menstruation. If these factors of school manage improperly it adversely affects in DM.

Table 12

Respondents' Knowledge on Factors Regarding to School

classes	School factors					
	Cleanline ss classes	No availability of Pads	No education and learning	No priority of school	Shy teacher	No discussion
7 - 8	31 (34.8)	15 (16.9)	14 (15.7)	10 (11.2)	6 (6.7)	13 (14.6)
9 - 10	49 (33.6)	18 (12.3)	24 (16.4)	20 (13.7)	9 (6.2)	26 (17.8)
11 - 12	23 (24.5)	11 (11.7)	9 (9.6)	17 (18.1)	16 (17.0)	18 (19.1)

Note: Parentheses () indicate the percentage.

The table 12 shows that the majority population of the respondents 34.8% of class 7-8, 33.6% of class 9-10 and 24.5% of class 11-12 cited cleanliness/sanitation (toilet, soap, water) as the school factor, whereas, the minority population of the respondents 6.7% of class 7-8, and 6.2% of class 9-10 said shy/hesitate teachers to tell/teach about menstruation is school factor and 9.6% of class 11-12 cited that no education and learning about DM is school factors.

Above mentioned information shows that the knowledge of the respondents regarding to school related factors of DM is proper.

Role to make menstruation dignified. Menstruation is a natural process in which vaginal bleeding or discharge for 3 to 5 days, at the regular interval of 28 days at 12/13 to 45 years' age group of women. Joint effort of an individual, family, community and school can be fruitful to make menstruation dignified. Therefore, the

role of an individual, family, community and school is equally important for making menstruation dignified. They all should be equally responsible to make menstruation dignified.

Table 13

Respondents' Knowledge on Important Role in Making Menstruation Dignified

Classes	Important role to make menstruation dignified			
	Personal role	Role of family	Role of Community	Role of school
7 - 8	29(40.8)	12(16.9)	15(21.1)	15(21.1)
9 - 10	50(38.2)	27(20.6)	30(22.9)	24(18.3)
11 - 12	28(40.6)	17(24.6)	16(23.2)	8(11.6)

Note: Parentheses () indicate the percentage.

The data of table 13 shows that most of the respondents 40.8% of class 7-8, 38.2% of class 9-10, and 40.6% of class 11-12 responded role of individual/personal role is important to make menstruation dignified. Similarly, the least population of the respondents 16.9% of class 7-8 said that the role of family, 18.3% of class 9-10 and 11.6% of class 11-12 said that the role of school is important of making menstruation dignified.

According to the respondents' understanding/this data, an individual should be highly active and aware to make menstruation dignified.

Maintenance of DM. DM refers to the menstruation practices in which women get no discrimination, no restriction, no taboo and no stigma but equality, freedom, dignity and respect during menstruation. Bad/old traditional practices/norms/values and discrimination regarding to menstruation should break to maintain DM. Moreover, menstruation should include in the school curriculum and proper sanitation should be managed in school, home and public places too.

Table 14

Respondents' Knowledge on Maintenance of Dignified Menstruation

Classes	Maintain DM						
	No discrimination related to menstruation	Menstruation should include in curriculum	Availability of pads	Proper sanitation	Change traditional norms and values	Able to speak about menstruation	Create environment to communicate about menstruation
7 - 8	27 (18.8)	5 (3.5)	22 (15.3)	30 (20.8)	22 (15.3)	28 (19.4)	10 (6.9)
9 - 10	49 (17.1)	24 (8.4)	43 (15.0)	49 (17.1)	42 (14.7)	49 (17.1)	30 (10.5)
11 - 12	32 (18.6)	17 (9.9)	25 (14.5)	22 (12.8)	23 (13.4)	25 (14.5)	28 (16.3)

Note: Parentheses () indicate the percentage.

The table 14 shows that mostly population of the respondents 20.8% of class 7-8 said that proper sanitation should be done to maintain DM. Similarly, 19.4% and 18.8% respondents of this said that able to speak about menstruation and no discrimination related to menstruation are the ways to maintain DM, respectively.

Likewise, the majority population of the respondents 17.1% of class 9-10 expressed their views that no discrimination related to menstruation, proper sanitation and able to speak about menstruation are the measures to maintain DM. And, the most of the population of the respondents 18.6% of class 11-12 argued that environment of no discrimination related to menstruation should be done for maintaining DM. Similarly, the least population of the respondents 6.9% of class 7-8 said that to maintain DM there should create proper environment to communicate about menstruation, whereas, 8.4% of class 9-10 and 9.9% of class 11-12 said menstruation should include in curriculum.

Knowledge of menstrual health or sanitation. Sanitation is a compulsory part of human life. Sanitation plays pivotal role not only during menstruation but every moment of life. However, a special sanitation is necessary during menstruation. To adopt such special sanitation during menstruation one should need knowledge about it. Knowledge of menstrual health or sanitation deals to the ways/process of being neat and clean during menstruation. In other words, knowledge of menstrual health and sanitation refers to the ways or process of proper disposal of used pads changing of pads, bathing frequently and cleaning reproductive organ etc.

Table 15

Respondents' Knowledge on Menstrual Health or Sanitation

Classes	Menstruation health or sanitation					
	Frequently change of pads	Proper disposal of used pads	Bathing frequently	Cleanliness of reproductive organ	Put pads under the sunlight to make dry	All of the above
7 - 8	22(23.2)	12(12.6)	19(20.0)	23(24.2)	7(7.4)	12(12.6)
9 - 10	35(23.8)	26(17.7)	30(20.4)	30(20.4)	7(4.8)	19(12.9)
11 - 12	16(17.6)	19(20.9)	14(15.4)	18(19.8)	2(2.2)	22(24.2)

Note: Parentheses () indicate the percentage.

Table 15 presents that 24.2% and 23.2% respondents of class 7-8 argued that menstrual health or sanitation refers to cleanliness of reproductive organ and frequently change of pads, respectively. This is the majority population of the respondents of class 7-8. Similarly, 23.8% respondents of class 9-10 argued that menstrual health or sanitation refers to frequently change of pads, whereas, the majority of the population of the respondents 24.2% of class 11-12 said that menstrual health or sanitation refers to all options of the above.

Such as, this data shows that the knowledge of respondents regarding to menstruation is proper. That's why, they responded appropriately.

Knowledge of effective things to use during menstruation. The knowledge of what to use during menstruation helps to make menstruation dignified by maintaining proper sanitation. It means, proper sanitation, selection of effective things to use and its proper use during menstruation is possible through sound knowledge. Generally, it is said that sanitary pad is effective to use during menstruation. Reusable pad is also effective to use when pad is not available. When both the pads and reusable pads are not available it is not bad to use homemade pads or pieces of clean cloth.

Table 16

Respondents' Knowledge about Effective Things to Use during Menstruation

Classes	Use during menstruation				
	Sanitary pads	Reusable sanitary pads	Homemade pads	Pieces of cloth	Use nothing
7 - 8	14(19.4)	9(12.5)	25(34.7)	19(26.4)	5(6.9)
9 - 10	34(27.9)	20(16.4)	35(28.7)	27(22.1)	6(4.9)
11 - 12	24(38.7)	13(21.0)	21(33.9)	4(6.5)	0(0.0)

Note: Parentheses () indicate the percentage.

Table 16 shows that the majority population of the respondents 34.7% of class 7-8 and 28.7% of class 9-10 viewed that it is effective to use homemade pads during menstruation, whereas, the majority population of the respondents 38.7% viewed that using sanitary pads is effective during menstruation. Similarly, the minority population of the respondents 6.9% of class 7-8, and 4.9% of class 9-10 said that using nothing is effecting during menstruation. But no respondent of class 11-12 viewed on use nothing. Similarly, 26.4% of class 7-8, 22.1% of class 9-10, and 6.5% of class 11-12 viewed that using pieces of clean cloth is effective during menstruation.

In comparison to other options, mostly respondents of class 7-8 and 9-10 argued that using homemade pads is effective during menstruation, whereas, the mostly respondents of class 11-12 argued that using sanitary pads is effective during

menstruation. Thus, it shows that, respondents have proper understanding regarding to effective things to use during menstruation.

Knowledge regarding to ways of using pads. Knowledge about the ways of using pads deals to the interval of changing pads. Pads can change either as per the needs or in the interval of certain time/hrs. Using a single pad for long time may create problem like infection or allergy in reproductive tract. Thereby, it is necessary to change the pads as per the needs or in the interval of certain time.

Table 17

Respondents' Knowledge about the Ways of Using Pads

Classes	Pads use during menstruation	
	As per the needs	Interval of 4 to 5 hrs.
7 - 8	26(81.3)	6(18.8)
9 - 10	41(70.7)	17(29.3)
11 - 12	33(75.0)	11(25.0)

Note: Parentheses () indicate the percentage.

The above table 17 shows the data of respondents who viewed the ways of using/changing pads as their understanding, in Shree Saraswoti Secondary school of Lekbesi municipality-6, surkhet. The majority population of the respondents 81.3% of class 7-8, 70.7% of class 9-10, and 75.0% of class 11-12 said that pads should use as per the needs during menstruation. Whereas, the minority population of the respondents 18.8% of class 7-8, 29.3% of class 9-10, and 25.0% of class 11-12 said that pads should use/change in the interval of 4 to 5 hrs. during menstruation. It means, most of the respondents of all classes viewed that pads should use as per the needs.

Disposal methods of the used pads. It is necessary to have proper knowledge of how to destroy/dispose used pads, because, without having proper knowledge about it no one can make her menstruation dignified. Proper knowledge about disposal methods of used pads is an important element of dignified menstruation. Some methods of disposing/destroying used pads are to bury and to burn properly.

Table 18

Respondents' Knowledge on Disposal Methods of the Used Pads

Classes	Pads destroy/dispose			
	Bury	Burn	Throw elsewhere	Others
7 - 8	17(43.6)	11(28.2)	2(5.1)	9(23.1)
9 - 10	34(45.9)	27(36.5)	2(2.7)	11(14.9)
11 - 12	21(38.2)	24(43.6)	2(3.6)	8(14.5)

Note: Parentheses () indicate the percentage.

Table 18 shows that the majority population of the respondents 43.6% of class 7-8, and 45.9% of class 9-10 argued that used pads should dispose by burying in proper way. And, the majority population of the respondents 43.6% of class 11-12 said that used pads should dispose by burning in proper way. Similarly, the minority population of the respondents 5.1% of class 7-8, 2.7% of class 9-10 and 3.6% of class 11-12 said that used pads should dispose/destroy by throwing elsewhere. Whereas, 23.1% of class 7-8, 14.9% of class 9-10 and 14.5% of class 11-12 said that used pads should dispose/destroy by other ways than to bury, burn and throw elsewhere.

However, the understanding of respondents regarding to disposal of used pads seemed good.

Knowledge regarding to ways of bathing during menstruation. Dignified menstruation demands proper sanitation and care during period. The way of bathing refers to the frequency of bathing during menstruation. Once in a day, twice in a day, once in two days and once during menstruation are the ways of bathing during menstruation.

Table 19

Respondents' Knowledge about the Ways of Bathing during Menstruation

Classes	Bath during menstruation			
	Once in a day	Twice in a day	Once in two days	Once during menstruation
7 - 8	16(40.0)	11(27.5)	10(25.0)	3(7.5)
9 - 10	29(42.6)	10(14.7)	21(30.9)	8(11.8)
11 - 12	31(68.9)	8(17.8)	3(6.7)	3(6.7)

Note: Parentheses () indicate the percentage.

Table 19 illustrates that the most population of the respondents 40.0% of class 7-8, 42.6% of class 9-10 and 68.9% of class 11-12 said that one should bath once in day. And the least population of the respondents 7.5% of class 7-8, 11.8% of class 9-10, and 6.7% of class 11-12 argued that one should bath once during menstruation.

Knowledge regarding to management of menstruation cleanliness.

Different activities like access of knowledge and information, access of safe menstruation, access of pure water, proper disposal of used pads, awareness, arrangement of information and training, and friendly rules regulations and behave etc. come under the management of menstrual cleanliness. Knowledge about the management of menstrual cleanliness is very important for all girls. It helps them to maintain proper sanitation during menstruation.

So, girls should have knowledge of menstrual cleanliness management to make menstruation dignified. The knowledge regarding to menstrual cleanliness management of the respondents is given below.

Table 20

Respondents' Knowledge on Management of Menstruation Cleanliness

Classes	Management of menstrual cleanliness							
	Access of knowledge & information	Access of safe menstruation	Access of pure water	Proper disposal of used pads	Awareness	Arrangement of information and training	Friendly rules regulations and behave	All of the above
7 - 8	19 (18.6)	18 (17.6)	24 (23.5)	16 (15.7)	12 (11.8)	4 (3.9)	5 (4.9)	4 (3.9)
9 - 10	32 (17.4)	38 (20.7)	41 (22.3)	29 (15.8)	14 (7.6)	13 (7.1)	14 (7.6)	3 (1.6)
11 - 12	15 (18.5)	10 (12.3)	20 (24.7)	13 (16.0)	3 (3.7)	3 (3.7)	1 (1.2)	16 (19.8)

Note: Parentheses () indicate the percentage.

Table 20 shows that the most population of the respondents 23.5% of class 7-8, 22.3% of class 9-10 and 24.7% of class 11-12 said that access of pure water comes under the management of menstrual cleanliness. Similarly, 18.6% of class 7-8, 17.4% of class 9-10, and 18.5% of class 11-12 argued that access of knowledge & information comes under the management of menstrual cleanliness. Likewise, 15.7% of class 7-8, 15.8% of class 9-10, and 16.0% of class 11-12 argued that proper disposal of used pads come under the management of menstrual cleanliness. And, only 3.9% of class 7-8, 1.6% of class 9-10, and 19.8% of class 11-12 argued that all the options above come under the management of menstrual cleanliness.

Practice and Experience of DM

The practice and experience regarding to DM are measured in adolescent school girls studying in Shree Saraswoti Secondary school, Lekbesi Municipality-6, Surkhet. It is measured to explore the condition of DM practice in school girls in order to complete this study. DM practice is an important aspect of a girl's or woman's life. Proper practice of DM enables life style of a girl or woman. Doing so, every girl and woman may have feeling of respect, dignity, equality and freedom. In this regard, this chapter is associated to respondents' DM practice and experience.

Ages menarche. This table no. 21 shows the data related to age of menarche:

Table 21

Mean of Menarche Age of the Respondents

Menarche age	Frequency	Percent	Average menarche age
11	7	5.5	12.96
12	39	30.5	
13	43	33.6	
14	30	23.4	
15	9	7.0	
Total	128	100.0	

The table 21 shows the average menarche age of the respondents, which is 12.96 years.

Adoption of DM. Menstruation is a natural process that happen among girls and women. The menstrual practice in which a menstruating girl/woman feel equality, freedom, dignity and respect with proper care and sanitation is taken as a good adoption of DM.

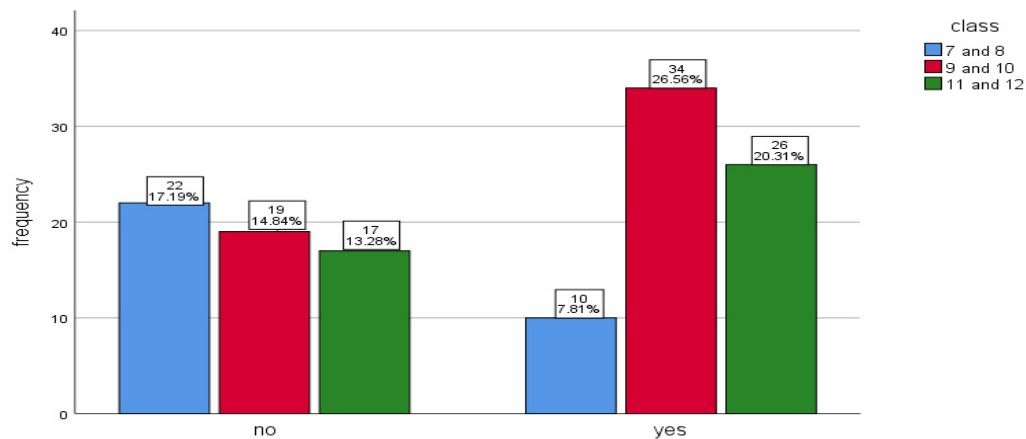


Figure: 1. Have you been adopted DM?

Figure 3

Respondents' Adaptation of DM

The figure 3 represents respondents' overall condition of the adaption of DM. The figure shows that, the 17.19% respondents of class 7-8, 14.84% respondents of class 9-10, and 13.28% respondents of class 11-12 responded that they don't have

adopted DM, whereas, the 7.81% respondents of class 7-8, 26.56% respondents of class 9-10, and 20.31% respondents of class 11-12 responded that they have adopted DM.

In this regard, this figure shows that the most of the respondents of class 9-10 and class 11-12 have adopted DM except the respondent of class 7-8. It represents that the adaptation condition of DM in the school girls of study area isn't so bad but it is necessary to improve.

A girl student of 13 years of class 8 said, *"I enter in the kitchen room do all kitchen chores and take food living together with all members of family but don't pray and enter in the praying room during menstruation."*

Next girl student of 15 years of class 10 said, *"There is no practice of DM at my home because all members of my family belief on god and goddess. There is restriction to enter in kitchen room, praying room, to touch to water pot and fruit plants/trees during menstruation."*

Similarly, a girl student of 18 years of class 12 said, *"When my family followed Hindu religion at that time I was restricted to enter in the kitchen room, praying room and touch fruits' plats. I was sent to relatives' home to hide from father and brothers. Because, my family believed on that we girls don't look at the face of father and brothers during the first menstruation. Disobeying to the parents, sometimes, I would had entered in the kitchen and praying room at that time they scolded me. But, now my family follow Christian religion and there is no restriction and discrimination during menstruation."*

Received benefits of DM practice. There are various benefits of DM practice. It helps to remove restriction, eliminate superstition, break traditional cultures and etc. related to menstruation. Moreover, it helps to make menstruation dignified.

Table 22

Respondents' Experience on Benefits of DM Practice

Classes	To make menstruation dignified	Remove restriction related to menstruation	Eliminate superstition	Break traditional cultures	Feel equality and freedom	All of the above
7 - 8	18(20.5)	12(13.6)	15(17.0)	21(23.9)	15(17.0)	7(8.0)
9 - 10	19(16.5)	14(12.2)	17(14.8)	22(19.1)	16(13.9)	27(23.5)
11 - 12	9(14.3)	5(7.9)	6(9.5)	7(11.1)	13(20.6)	23(36.5)

Note: Parentheses () indicate the percentage.

Table 22 shows that mostly population of the respondents 23.9% of class 7-8 argued that it became easy to break traditional cultures regarding to menstruation by the adoption of DM, whereas, the majority population of the respondents 23.5% of class 9-10, and 36.5% of class 11-12 argued that, through the adoption of DM it is easy to break, eliminate, above options and menstruation friendly make and maintain all of the environment. The data of this table tells that the experience of DM of the respondents is merely good.

18 years Pariyar of class 12 said, *“I do not know to discriminate me during menstruation at my home. I go everywhere and do all activities except worshipping god during menstruation. there is not strict restriction and discrimination in my family regarding to menstruation. But, when I know it menstruation is not a curse but boon and it’s a regular natural process than it helps to me to speak against them who try to discriminate while menstruating. The practice of DM helped to break traditional cultures.”*

Likewise, 17 years Gandarba of class 11 said, *“My family believe on that we girls shouldn't look the face of father and brothers during the first menstruation. It is said that if we don't follow such culture, the god curse us and the baby born from us become disable. Hence, when I was menstruated for the first time, kept in my relative's house for seven days. Then, in the 7th day they purified me sprinkling Goldwater at me. I was felt great hesitation and discomfort when I had hidden in my*

relatives' house at my 1st menstruation. But nowadays, I speak against such bad traditional practice and superstitions. The practice of DM helped me to break and eliminate traditional cultures and superstitions in my family. Nowadays, there is no restriction and discrimination in my family related to menstruation.”

Feeling of dignified menstruation (DM). DM is a menstrual condition, in which there is no restriction, barriers and discrimination (Poudel 2019). But, there are some barriers and restrictions regarding to menstruation in the many parts of the country. It's because that menstruation is, negatively, characterized in our society. So it also creates to make menstruation dignified. However, the understanding about menstruation of the society has been going on positively changing, nowadays. Here, it is measured that, whether the menstruation of school girls of this study area is dignified or not

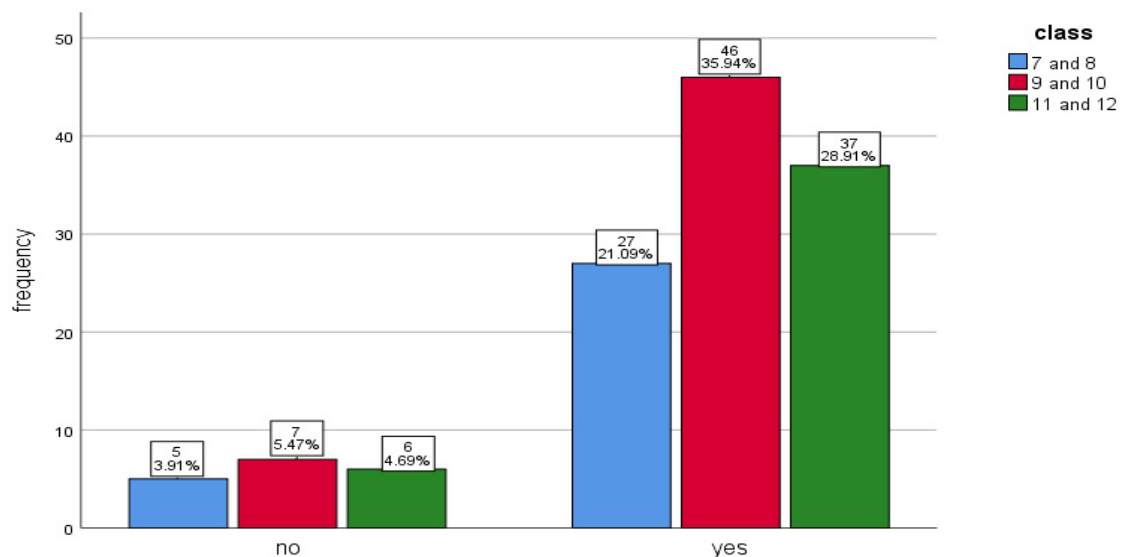


Figure: 2. Do you feel that your menstruation is dignified menstruation?

Figure 4

Respondents' Practice on Their Own DM

This figure 4 shows that, the majority population of the respondents 21.09% of class 7-8, 35.94% of the class 9-10, and 28.91% of class 11-12 responded positive experience, yes, to the question questionnaire no. 21, whereas, the minority population of the respondents 3.91% of class 7-8, 5.47% of class 9-10, and 4.69% of class 11-12 responded negative, no, to the very questionnaire. The highest population

of the respondents whose menstruation is dignified are belonged from class 9-10 in comparison to others classes.

Practice of elements of DM. Menstruation with full freedom and dignity is known as (DM). Different elements like education, awareness, equality, freedom and cleanliness etc. paly vital role to make menstruation dignified. The adoption of elements of DM by the school girls in Shree Saraswoti Secondary school, Lekbesi-6, Surkhet is measured in the table below.

Table 23

Respondents' Practice on Elements of DM

Classes	Factors of DM									
	Cleanlines s	Education	Freedom	Equality	Awarene ss	Empowe rment	No discrimi nation and restricti on	Friendly environ ment	Use of stander language	All of the above
7 - 8	24 (19.7)	11 (9.0)	13 (10.7)	6 (4.9)	18 (14.8)	12 (9.8)	10 (8.2)	11 (9.0)	9 (7.4)	8 (6.6)
9 - 10	43 (18.7)	26 (11.3)	31 (13.5)	21 (9.1)	27 (11.7)	24 (10.4)	24 (10.4)	16 (7.0)	11 (4.8)	7 (3.0)
11 - 12	15 (16.0)	11 (11.7)	11 (11.7)	9 (9.6)	3 (3.2)	6 (6.4)	8 (8.5)	6 (6.4)	2 (2.1)	23 (24.5)

Note: Parentheses () indicate the percentage.

Table 23 shows that 19.7% respondents of class 7-8, and 18.7% respondents of class 9-10 said that as an element of DM they have been followed cleanliness. Whereas, 24.5% respondents of class 11-12 argued that they have been followed all elements of DM like no discrimination and restriction, cleanliness, education, freedom, equality, awareness, empowerment, friendly environment and use of stander language etc. Similarly, the all factors followed respondents of class7-8 and class 9-10 are 6.6% and 3.0%, respectively.

This was also reflected in the depth study with an 18 years' girl student of class12, she explained, "*I have adopted cleanliness as a factors of DM. I take special*

care in cleanliness during menstruation. I take bath every day and properly use pads. I also take rest too when I fell extreme pain during menstruation.”

26 years a female teacher of Shree Saraswoti Secondary School, Lekbesi-6, Surkhet, said, “*Generally, menstruating for the first time, I felt a kind of fear and hesitation. Probably, I had shared to my mother but didn't get chance to know to my father and brothers because of hesitation and lack of awareness. As now, there was no facility of pads in schools and health post. I used homemade pads and kept that secretly while washing. It was shameful keeping that in open place. But it is greatly change now. And, I have adopted sanitation, freedom, respect, friendly environment, awareness and education as the elements of DM.”*

Adopted principle of DM practice. Slowly and gradually, the principles regarding to menstruation are changing from bad to good. It is supporting to female to make menstrual time more easy in comparison to log ago. Discrimination free menstruation, menstruation is not a curse but boon, special care during menstruation, special care in nutritious food during menstruation and appropriate sanitation are some principles of DM.

Table 24

Respondents' Practice on Principle of DM

Classes	Adopted of principle					
	Discriminat ion free menstrua- tion	Menstruati on is not a curse but boon	Special care during menstrua- tion	Special care in nutritious food during menstrua- tion	Appropriate sanitation	All of the above
7 - 8	13(15.1)	7(8.1)	14(16.3)	20(23.3)	23(26.7)	9(10.5)
9 - 10	24(16.1)	20(13.4)	25(16.8)	29(19.5)	35(23.5)	16(10.7)
11 - 12	7(9.5)	5(6.8)	11(14.9)	10(13.5)	12(16.20)	29(39.2)

Note: Parentheses () indicate the percentage.

Table 24 tells that the majority population of the respondents 26.7% of class of 7-8, and 23.5% of class 9-10 said that as the principle of DM they have adopted appropriate sanitation, similarly, the majority population of the respondents 39.2% of class 11-12 said that as the principle of DM they have practiced all the principles like discrimination free menstruation, menstruation is not a curse but boon, special care during menstruation, in nutritious food during menstruation and appropriate sanitation. The minority population of the respondents 8.1% of class 7-8, and 6.8% of class 11-12 argued that as the principle of DM they have adopted menstruation is not a curse but boon.

This shows that the practice of DM principles of the respondents of class 11-12 is better in comparison to the practice of DM principles of the respondents of class 7-8, and class 9-10.

Faced challenges to maintain DM at home and school. Menstruation is a critical period that regularly happens in female in the interval of every 28 days. Due to the various reasons like old/bad socio-cultural belief/practice, lack of education, and awareness girls have to face challenges to maintain DM in different places like home and school.

Table 25

Challenges Faced by the Respondents to Maintain DM at Home and School

Challenges faced to maintain DM at home and school				
Classes	Personal challenge	Familial hindrance	Socio-cultural barriers	School factors
7 - 8	21(52.5)	2(5.0)	13(32.5)	4(10.0)
9 - 10	39(51.3)	9(11.8)	23(30.3)	5(6.6)
11-12	18(26.9)	12(17.9)	28(41.8)	9(13.4)

Note: Parentheses () indicate the percentage.

Table 25 shows the data of challenges which the respondents have been facing while maintaining DM at home and school. It shows that the majority population of the respondents 52.5% of class 7-8, and 51.3% of class 9-10 said that personal challenge has faced by us to maintain DM at home and school, whereas, the majority population of the respondents 41.8% of class 11-12 said that socio-cultural barriers have faced by us as the challenges to maintain DM at home and school. And, the minority population of the respondents 5.0% of class 7-8 said that they have faced familial hindrance as the challenge to maintain DM at home and school, similarly, 6.6% of class 9-10, and 13.4% of class 11-12 said that they have faced school factor as the challenge to maintain DM at home and school. This represents that personal challenge has been greatly creating obstacles to maintain DM at home and school in the respondents of this study area.

Personal factors and practice of DM. When a girl becomes unable to make her menstruation dignified, she has to live under the different restriction and discrimination of family and society. The reason behind of it is personal factors like lack of education, poverty and lack of self-esteem etc.

Table 26

Respondents' Practice on Personal Factors

Classes	Obstacles in your DM					
	Lack of education	Economical ly poor status	Lack of self-esteem	Follow bad traditional beliefs	Unable to communicate	Lack of skills
7 - 8	7(10.0)	18(25.7)	11(15.7)	27(38.6)	2(2.9)	5(7.1)
9 - 10	23(17.3)	31(23.3)	24(18.0)	41(30.8)	5(3.8)	9(6.8)
11 - 12	15(17.0)	10(11.4)	14(15.9)	30(34.1)	8(9.1)	11(12.5)

Note: Parentheses () indicate the percentage.

Table 26 shows that the majority population of the respondents 38.6% of class 7-8, 30.8% of class 9-10, and 34.1% of class 11-12 said that the follow of bad traditional beliefs have created obstacles as personal factors in our DM. Similarly, the minority population of the respondents 2.9% of class 7-8, 3.8% of class 9-10, and

9.1% of class 11-12 argued that to become unable to communicate about menstruation has created obstacles as personal factor in our DM.

Socio-cultural factors and practice of DM. Socio-cultural factors have also created challenges in DM practice as like personal factors. Social barriers, to take menstruation as filth/grime and curse of god, restriction to see the face of father and brother and sun light etc. come under socio-cultural factors that creates challenges in DM practice. Here is measured the challenges created by socio-cultural factors in school girls of this study area.

Table 27

Respondents' Practice on Socio-cultural Factors

Classes	Sociocultural elements have created barrier in DM					
	Social barriers	Take as filth	Take as sin	Take as curse of god	Restriction to see father's & brothers' faces	Prohibition to see the sunlight
7 - 8	18(20.2)	19(21.3)	11(12.4)	16(18.0)	14(15.7)	11(12.4)
9 -10	36(31.0)	27(23.3)	13(11.2)	17(14.7)	14(12.1)	9(7.8)
11 - 12	31(31.6)	12(12.2)	18(18.4)	17(17.3)	14(14.3)	6(6.1)

Note: Parentheses () indicate the percentage.

Table 27 shows that most population of the respondents 21.3% of class 7-8 said that take as filth or grime of sociocultural factors have created barrier in our DM, whereas, 31.0% of class 9-10, and 31.6% of class 11-12 said that class social barriers of sociocultural factors have created barrier in our DM.

18.0%, 14.7% and 17.3% respondents of class 7-8, 9-10 and 11-12, respectively, said that to take menstruation as curse of god of sociocultural factors has created barrier in our DM. 15.7%, 12.1% and 14.3% respondents of class 7-8, 9-10 and 11-12, respectively, said that restriction to see the face of father and brothers during menstruation of sociocultural factors has created barrier in our DM.

Similarly, the least population of the respondents 12.4% of class 7-8 said that to take as sin and prohibition to see the sunlight of sociocultural factors have created

barrier in our DM and 7.8% of class 9-10, and 6.1% of class 11-12 said that prohibition to see the sunlight of sociocultural factors has created barrier in our DM.

Family related factors. Basically, poor education and poor economic status of family, lack of awareness in family, faith on traditional culture and parents' suggestions are included in familial factors that makes compel to girls to face different challenges while doing practice of DM.

Table 28

Respondents' Practice on Family Related Factors

Family related elements have created barriers in DM						
Classes	Poor education status of family	Poor economic status of family	Lack of awareness in family	Faith on traditional culture	Parents' suggestions	Lack of self-esteem
7 - 8	9(9.8)	18(19.6)	10(10.9)	24(26.1)	19(20.7)	12(13.0)
9 - 10	13(9.8)	30(22.6)	22(16.5)	35(26.3)	18(13.5)	15(11.3)
11 - 12	10(10.9)	11(12.0)	27(29.3)	23(25.0)	9(9.8)	12(13.0)

Note: Parentheses () indicate the percentage.

Table 28 shows that mostly population of the respondents 26.1% of class 7-8, and 26.3% of class 9-10 said that, as the family related factors, the faith of family on traditional culture has created barriers in our DM, whereas, 29.3% of class 11-12 said that, as the familial factors, lack of awareness in family has created barriers in our DM. Similarly, the lastly population of the respondents 9.8% of class 7-8, and 9.8% of class 9-10 said that, as the familial factors, poor education status of family has created barriers in our DM, whereas, 9.8% of class 11-12 said that, as the familial factors, parents' suggestions like should follow traditional norms, values and belief etc. has created barriers in our DM.

School related factors. School is the place from where we learn valuable knowledge, skill and qualification to transform the society from bad to good and old to new. But, still there are many factors like lack of sanitation, no education and learning, shy teacher, no discussion on DM and no availability of pads etc. in school that generates challenges in DM practice in school girls. It's a great unfortunate. Here, it has measured the challenges due to the school factors in DM practice in school girls of Shree Saraswati Higher Secondary school, Lekbesi-6, Surkhet.

Table 29

Respondents' Practice on School Related Factors

Classes	Elements of school have created obstacles in DM					
	Lack of sanitation	No pads	No education and learning	No priority of school	Shy teacher	No discussion
7 - 8	21(24.1)	9(10.3)	13(14.9)	11(12.6)	8(9.2)	25(28.7)
9 - 10	41(27.7)	12(8.1)	27(18.2)	22(14.9)	10(6.8)	36(24.3)
11 - 12	16(16.7)	15(15.6)	12(12.5)	14(14.6)	13(13.5)	26(27.1)

Note: Parentheses () indicate the percentage.

Table 29 shows the factors of school that has created obstacles in DM practice of respondents. The majority population of the respondents 28.7% of class 7-8, and 27.1% of class 11-12 said that, as the factors of school, there is no and never discussion on menstruation in school, whereas, 27.7% of class 9-10 said that, as the factors of school, there is lack of sanitation at school which have created obstacles in our DM practice.

Similarly, the minority population of the respondents 9.2% of class 7-8, and 6.8% of class 9-10 said that, as the factors of school, teachers feel shy and hesitation to teach and tell about menstruation and they do not make clear about such topics like menstruation, reproductive organ and etc. that has created obstacles in our DM practice, whereas, 12.5% of class 11-12 said that, as the factors, there is no education and learning regarding to menstruation in school has created obstacles in our DM practice.

This shows that above mentioned factors have created obstacles in DM practice in school girls of this study area.

Menstrual facilities that used and practiced in school. Here, it is measured the availability facilities in school in the study area. The availability of facilities like soap, water, proper privacy, well managed toilet for girls etc. in school are also greatly influence to DM practice of school girls.

Table 30

Respondents' Practice on Facilities Available in School

Classes	Facilities are available in school				
	Plenty of water	Proper privacy	Soap	Tap inside toilet	Water in tank
7 - 8	30(24.2)	22(17.7)	16(12.9)	30(24.2)	26(21.0)
9 - 10	52(23.6)	43(19.5)	28(12.7)	52(23.6)	45(20.5)
11 - 12	43(22.2)	37(19.1)	33(17.0)	43(22.2)	38(19.6)

Note: Parentheses () indicate the percentage.

The table 30 shows that the majority population of the respondents 24.2% of class 7-8, 23.6% of class 9-10, and 22.2% of the class 11-12 responded that there is facility of water and tap inside toilet in the school of this study area. 17.7% of class 7-8, 19.5%, and 19.1% of class 11-12 said that there is proper privacy in school.

Whereas, the minority population of the respondents 12.9% of class 7-8, 12.7% of class 9-10, and 17.0% of class 11-12 responded that the facility of soap is available in school.

In this regard, the availability of above mentioned facilities in the school is good except soap.

Role to make menstruation dignified. Role is a pioneer aspect to make menstruation dignified. Role of different sectors like home/family, society, school and persons etc. manage, maintain and create DM practice. If role become passive it is impossible to imagine about DM practice.

Table 31
Role to Make Menstruation Dignified

Classes	Role play			
	Personal role	Role of home	Role of society	Role of School
7 - 8	26(36.6)	23(32.4)	12(16.9)	10(14.1)
9 - 10	48(36.1)	39(29.3)	24(18.0)	22(16.5)
11 12	31(47.7)	17(26.2)	7(10.8)	10(15.4)

Note: Parentheses () indicate the percentage.

Table 31 shows that the majority population of the respondents 36.6% of class 7-8, 36.1% of class 9-10, and 47.7% of the class 11-12 responded they have played personal role to make menstruation dignified. And, 32.4% of class 7-8, 29.3% of class 9-10, and 26.2% of the class 11-12 responded they have played the role of home/family to make menstruation dignified. Whereas, the least population of the respondents 14.1% of class 7-8, and 16.5% of class 9-10 responded that they have played role of School to make menstruation dignified, whereas, 10.8% of class 11-12 said that they have played role of society to make menstruation dignified.

Activities to maintain DM. Different activities like to speak against the discriminations related to menstruation, ask to include DM in curriculum, use of pads, proper sanitation, change bad traditional norms and values, to speak about menstruation and to create friendly environment to communicate about menstruation can help to maintain DM practice.

Such activities to maintain DM practice of school girls in the study area is measured, which is presented in the table below.

Table 32

Respondents' Practice to Maintain DM

Classes	Maintain DM						
	Speak against the discriminations related to menstruation	Ask to include DM in curriculum	Use of pads	Proper sanitation	Change bad traditional norms and values	Speak about menstruation	Create friendly environment to communicate about menstruation
7 - 8	18(15.4)	8(6.8)	27(23.1)	29(24.8)	11(9.4)	11(9.4)	13(11.1)
9 - 10	37(16.7)	19(8.6)	47(21.2)	45(20.3)	22(9.9)	26(11.7)	26(11.7)
11 - 12	27(18.1)	16(10.7)	25(16.8)	25(16.8)	20(13.4)	20(13.4)	16(10.7)

Note: Parentheses () indicate the percentage.

Table 32 shows the majority population of the respondents 24.8% of class 7-8 and 21.2% of class 9-10 said that they have regularly and properly used pads while menstruating to maintain DM, whereas, 18.1% of the class 11-12 responded that they speak against the discriminations related to menstruation to maintain DM. Similarly, the minority population of the respondents 6.8% of class 7-8, 8.6% of class 9-10 and 10.7% of class 11-12 said that they ask to teachers and concern bodies to include DM in curriculum to maintain DM in practical life. 10.7% population of the respondents of class 11-12 also said that they create friendly environment to communicate about menstruation to maintain DM.

Practice of menstrual cleanliness management. Menstrual cleanliness is very important because it prevents from possible health risk and support to make menstruation dignified. Respondents were asked about the activities and ways to manage menstrual cleanliness which is shown in the table below.

Table 33

Respondent's Practice of Menstrual Cleanliness Management

Classes	Manage menstrual cleanliness							All of the above
	Use of knowledge and information	Follow safe menstruation	Use of pure water	Properly disposal of used pads	Awareness	Use of training and information	Helpful rules, regulations and behavior	
7 - 8	19 (23.5)	9 (11.1)	19 (23.5)	18 (22.2)	3 (3.7)	6 (7.4)	2 (2.5)	5 (6.2)
9 - 10	23 (15.3)	19 (12.7)	39 (26.0)	36 (24.0)	14 (9.3)	5 (3.3)	7 (4.7)	7 (4.7)
11 - 12	10 (11.8)	11 (12.9)	18 (21.2)	15 (17.6)	5 (5.9)	3 (3.5)	3 (3.5)	20 (23.5)

Note: Parentheses () indicate the percentage.

Table 33 shows that the majority population of the respondents 23.5% of class 7-8 and 26.0% of class 9-10 said that they use pure water to manage menstrual cleanliness. At the same time, 23.5% of class 7-8 also said that they use knowledge and information to manage menstrual cleanliness, whereas, 23.5% respondents of class 11-12 said that they do and use all above mentioned ways/options to manage menstrual cleanliness.

Condition of menstrual cleanliness. The most important aspect of menstruation is cleanliness. Proper cleanliness is essential to make menstruation dignified. Respondents were asked whether their menstrual cleanliness condition is good or not, that is presented in the Pie-chart below.



Figure 5

Respondents' Practice on the Condition of Menstrual Cleanliness

This figure 5 shows that the total frequency of the most respondents 158.72% out of 128, said that they have been properly adopting the ways of menstrual sanitation. Hence, they said their menstruation sanitation is good. Whereas, solely 5.12% respondents said that they do not have good menstrual sanitation.

In this way, the table presents that the menstrual sanitation of the school girl in Shree Saraswoti Secondary school is near about 100% but not 100%. However, the data of the figure 3 above shows that the menstrual sanitation of the school of this study area is somehow good.

Activities of menstrual cleanliness. Sanitary activities are very important during menstruation because it helps menstruating girls/females to stay clean and prevent from possible health hazards. There are various activities to be done during menstruation to keep oneself clean. They are; change the pads, bath twice a day, bath once in three days and use of clean clothes etc. The following table explores about the menstrual cleanliness activities which are practiced by the respondents.

Table 34

Respondent's Practice in Menstrual Cleanliness

Classes	Activities of menstrual cleanliness			
	Change the pads	Bath twice a day	Bath once in three days	Use of clean clothes
7 - 8	30(34.1)	9(10.2)	18(20.5)	31(35.2)
9 - 10	48(36.9)	12(9.2)	22(16.9)	48(36.9)
11 - 12	32(36.4)	16(18.2)	11(12.5)	29(33.0)

Note: Parentheses () indicate the percentage.

Table 34 shows that the majority population of the respondents 35.2% of class 7-8, and 36.9% of class 9-10 said that they use clean clothes in menstrual cleanliness, whereas, 36.4% of class 11-12 said that they regularly change pads in menstrual cleanliness. 34.1% of class 7-8, and 36.9% respondents of class 9-10 also said that they regularly change pads in menstrual cleanliness. Similarly, the minority population of the respondents 10.2% of class 7-8, and 9.2% of class 9-10 said that they bath twice a day during menstruation in menstrual cleanliness, whereas, 12.5% of class 11-12 said that they bath once in three days during menstruation in cleanliness.

Interval of time of changing pads. Normally, a menstruating girls can change pads as per the needs, it happens twice a day. Respondents were asked about the frequency of changing pads or cloth during menstruation, who had responded differently to the question. However, majority population of the respondents were found answering that they change the pads as per needs.

Table 35

Respondent's Practice of Changing Your Pads

Classes	Changing pads	
	Interval of 4 to 5 hrs.	As per need
7 - 8	5(15.6)	27(84.4)
9 - 10	19(35.8)	34(64.2)
11 - 12	9(20.9)	34(79.1)

Note: Parentheses () indicate the percentage.

Table 35 shows that the majority population of the respondents 84.4% of class 7-8, 64.2% of class 9-10, and 79.1% of 11-12 said they changing pads as per need, whereas, the minority population of the respondents 15.6% of class 7-8, 35.8% of class 9-10, and 20.9% of 11-12 said they change pads at the interval of 4 to 5 hrs.

From the data of above table, it can be pointed out that, most of the respondents have good practice of changing pads during menstruation.

Management of pads. Generally, pad is widely used during menstruation. In comparison to others, it is easy to use. But, it may difficult to the school girls to manage pads because neither they ever have money to buy nor they easily can ask for money to buy it. Respondents were asked about managing pads, whether manage oneself or school. Majority population of the respondents were found answering that they manage pads themselves during menstruation.

Table 36

Respondent's Practice of Pads Management

Classes	Manage pads	
	Oneself	School
7 - 8	29(70.7)	12(29.3)
9 - 10	48(75.0)	16(25.0)
11 - 12	41(89.1)	5(10.9)

Note: Parentheses () indicate the percentage.

Table 36 shows that the majority population of the respondents 70.7% of class 7-8, 75.0% of class 9-10, and 89.1% of 11-12 said they manage pads oneself, whereas, the minority population of the respondents 29.3% of class 7-8, 25.0% of class 9-10, and 10.9% of 11-12 said they school manage pads.

Absent in school due to menstruation. Menstruation is a natural and regular process. It can affect in someone's daily activities or not. There are many so many factors associated with menstruation such as cultural, social and religious. As a result, a menstruating girl can miss school and its activities.

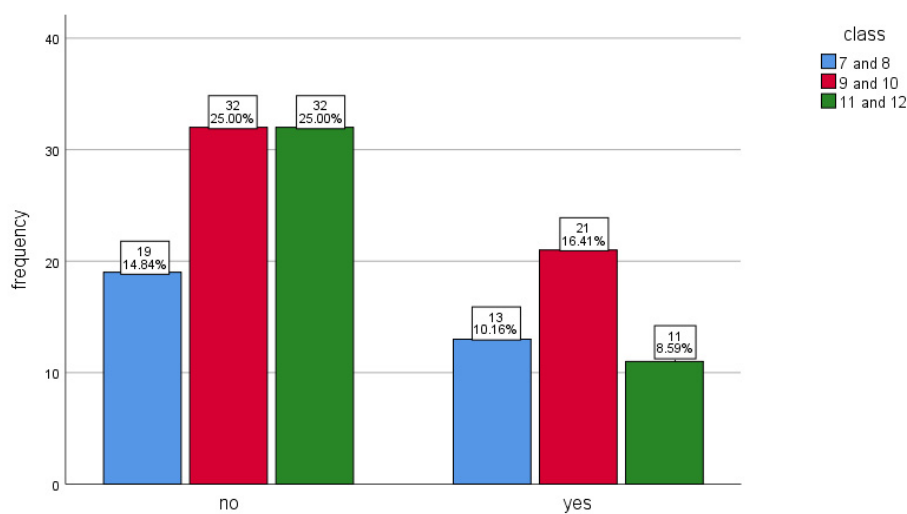


Figure 4. Have you ever been absented in school due to menstruation?

Figure 6

Respondent's Practice of School Regularity during Menstruation

This figure 6 shows that the majority population of the respondents 14.84% of class 7-8, 25.00% of class 9-10, and 11-12 said that they've never been absented in school due to menstruation, whereas, the minority population of the respondents 10.16% of class 7-8, 16.41% of class 9-10, and 8.59% of 11-12 said that they have absented in school due to menstruation.

This was reflected in depth study with an 18 years' girl student of class 12 and she said, *"I regularly present in school during menstruation too. And ask for pads with teachers but somehow feel hesitate and fear to ask pads to male teachers. I never leave class or school due to menstruation. But I have an experience of not participating in sports and games due to the pain and physical weakness of menstruation not of any restriction and discrimination."*

Once, there was running Rastrapati Running Sild in school but I couldn't participate in that competition because at that time I was in period. Otherwise, i, regularly, participating in and out activities of school."

Likewise, 17 years a girl student of class 11 said, *"I have no experience of being absented in school due to menstruation. If i get menstruation in school there is the facility of pad, so, don't have to leave school. And, my study and outcomes of the study is not affected because of menstruation"*

This shows that there is good relationship of DM practice and school regularity and educational outcomes among the adolescent school girls in the study area.

Over the past several decades, there has been considerable attention on increasing schooling in developing countries. Girls' schooling may be particularly important since many studies suggest an effort of female schooling on health, wealth, empowerment and schooling. Developing countries like Nepal most of the girls missing the school at the time of menstruation because of lack of knowledge about menstruation that's why the missing school is increasing in this study as well.

Health education at school. School based health education helps adolescents acquire functional health knowledge and strengthens attitudes, beliefs, and practice skills needed to adopt and maintain healthy behaviors throughout their lives. Respondents were asked if the teachers give health education at school or not. Mostly population of the respondents were found answering that teachers do not give health education at school.

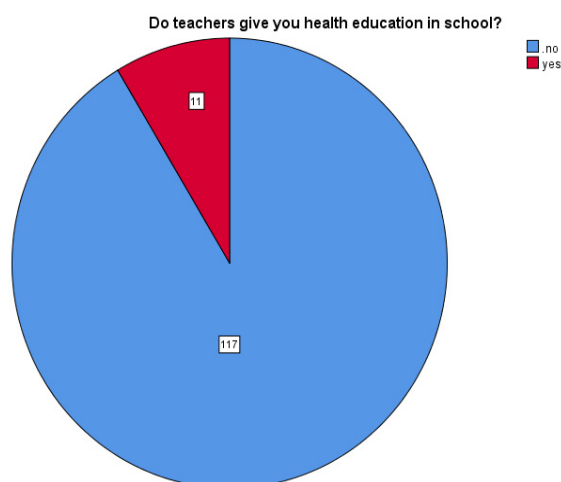


Figure 7

Respondent's Practice on Health Education at School

This figure 7 shows that the majority population 149.76% of the respondents said that the teachers do not give health education at school, whereas, solely 14.08% respondents said that the teachers give health education at school.

In this regard, the data of the figure shows that health education given by the teachers at school is not good. It seems that, the population of the respondents who responded positively to the question regarding to health education at school is very poor.

Help while menstruating at school. Menstruation is a girl's monthly bleeding, often called it "period" too. She needs help of friends and school while menstruating in school. The help of friends and teachers'/school family at a menstruating girl in school is measured in this study area.

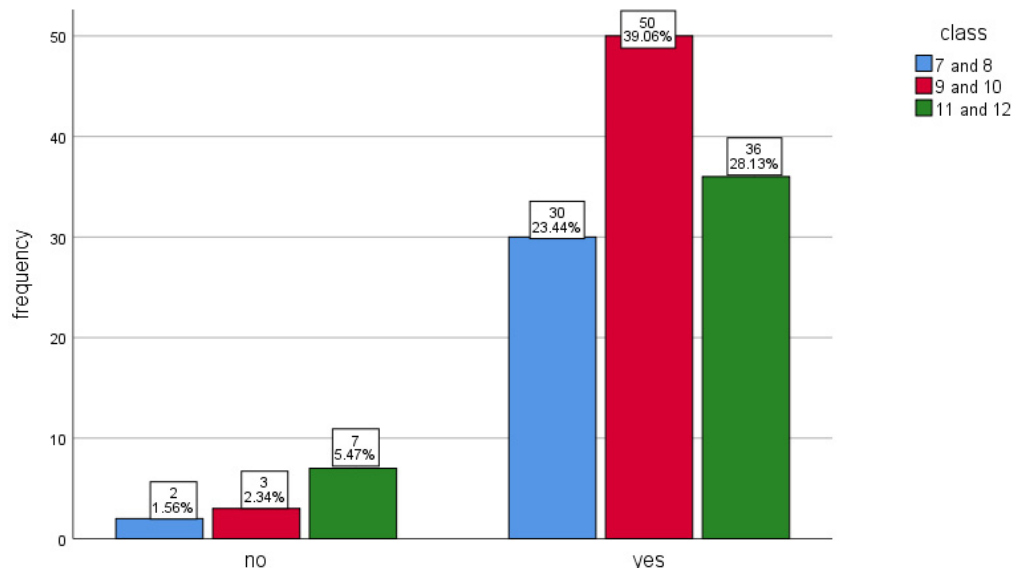


Figure: 6. Do the teachers and friends help while menstruating at school?

Figure 8

Respondent's Experience Regarding to Help While Menstruating at School

This figure 8 shows that the majority population of the respondents 23.44% of class 7-8, 39.06% of class 9-10, and 28.13% 11-12 said that the teachers help them while menstruating at school, whereas, the minority population of the respondents 1.56% of class 7-8, 2.34% of class 9-10, and 5.47% of 11-12 said that the teachers do not help them while menstruating at school.

Data of this table has pointed out that teacher/school family helps to the girls while menstruating in school.

Ask for pads in school. The free distribution of pads in school by the government has been helpful, in the very beginning, many girls hesitated and felt shy to ask for pads while menstruating in school due to the lack of awareness and education, but there is decreasing such situation day by day.

Table 37

Respondents' Practice of Asking for Pads in School

	Ask for pads		
	Classes		
	7 - 8	9 - 10	11 -12
No	5(35.7)	4(28.6)	5(35.7)
Yes	27(23.7)	49(43.0)	38(33.3)

Note: Parentheses () indicate the percentage.

The data of table 37 shows that the majority population of the respondents 23.7% of class 7-8, 43.0% of class 9-10, and 33.3% 11-12 said that they can ask for pads, while menstruating at school, whereas, the minority population of the respondents 35.7% of class 7-8, 28.6% of class 9-10, and 35.7% 11-12 said that they cannot ask for pads while menstruating at school.

Ask for whom. Lots of girl worry what to do if they get their menstruation at school, it's because our society still cannot talk openly and without any hesitation and shy about menstruation, in which society they grow. As a result, many girls hesitate and feel shy to ask for pads with all teachers while menstruating school.

Table 38

Respondents' Practice of Asking for Pads

Classes	If yes, ask for whom			
	Female teacher	Male teacher	With both	With school sister
7 - 8	28(80.0)	1(2.9)	0(0.0)	6(17.1)
9 - 10	47(77.0)	2(3.3)	3(4.9)	9(14.8)
11 - 12	35(76.1)	1(2.2)	5(10.9)	5(10.9)

Note: Parentheses () indicate the percentage.

The aforementioned table 38 presents that the majority population of the respondents 80.0% of class 7-8, 77.0% of class 9-10, and 76.1% of class 11-12 said that they ask for pads with female teachers. And, 17.1% of class 7-8, 14.8% of class 9-10, and 10.9% of class 11-12 responded that ask for pads with school sister, whereas, no respondents of class 7-8 ask for pads with both male and female teachers.

Similarly, the minority population of the respondents 2.9% of class 7-8, 3.3% of class 9-10, and 2.2% of class 11-12 said that they do not feel hesitation and shy to ask for pads with male teachers too.

Behave of boyfriends. There is still a kind of effect of gender inequality in May Nepalese societies. Hence, boys feel superior to girls and they look and behave at a menstruating girl differently than usual. But, this situation, slowly and gradually, is disappearing from the existence.

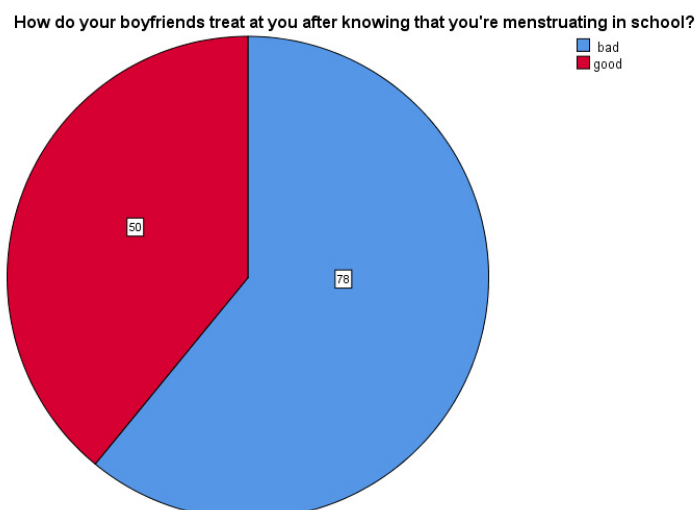


Figure 9

Respondents' Experience of Boyfriends' Behaves

The figure 9 shows that the majority population 99.84% of the respondents said that the boy friends treat not good at them after knowing any girl menstruating in the school, whereas, 64% respondents said that the boy friends treat good at them after knowing any girl menstruating in the school.

Bad languages. Bad languages refer to the language that makes one feeling bad, inhuman and sad. Schooling boys are curious in nature and they speak and do many activities in an immature way. They may tease, mock and insult to a menstruating girl seeing stain of menstruating blood in cloth. The bad languages of boys at a menstruating girl is measured in the study area, which is mentioned below in table.

Table 39

Respondents' Experience of Using Bad Languages from Their Boyfriends

Classes	Language			
	Insulting	Teasing	Looking badly	Use of bad language
7 - 8	25(42.4)	16(27.1)	12(20.3)	6(10.2)
9 - 10	34(40.5)	29(34.5)	15(17.9)	6(7.1)
11 - 12	20(42.6)	14(29.8)	11(23.4)	2(4.3)

Note: Parentheses () indicate the percentage.

Table 39 shows that the most population of the respondents 42.4% of class 7-8, 40.5% of class 9-10, and 42.6% of class 11-12 said that boys insult when they know about menstruating any girl, whereas, the minority population of the respondents 10.2% of class 7-8, 7.1% of class 9-10, and 4.3% of class 11-12 said that boys use bad language when they know about menstruating any girl.

This information suggests that most of the girls feel insulting language from boys. There may a number of reason but the lack of awareness and education about menstruation and no discussion in class/school about menstruation among the both girl and boy students etc. are the dominant reasons behind the using bad languages by boys at a menstruating girl.

Relationship between DM Practice and School Regularity and Educational Achievement

DM practice refer to those activities like proper cleanliness, proper rest, and performs all activities without any discrimination and restrictions, that helps to make one's menstruation dignified. The relationship between and among DM practice, school regularity and educational achievement is mutual. A good practice of DM helps to maintain school regularity, on the school regularity enhances educational achievement. The relation of DM practice and school regularity and education achievement among the adolescent girl students was measured an Saraswoti Secondary School, Lekbesi Municipality-6, Surkhet, which is presented in the table below:

Table 40

Relationship between DM Practice and School Regularity

Relationship between DM Practice and School Regularity	School regularity		Chi square value
	NO	Yes	
DM practice	No	39 (67.2)	19 (32.8)
	Yes	44 (62.9)	26 (37.1)
Total		83 (64.8)	45 (35.2)

Note: Parentheses () indicate the percentage.

Table 40 shows that the distribution of test statistic is chi-square distribution with 1 degree of freedom at 5% level of significance, the critical value is 3.5841 which is higher than the computed value 0.371(<0.5). Therefore, the practice of DM and school regularity among the adolescent girl students are not selected each other.

Table 41

Relationship between DM Practice and Educational Achievement

Relationship between DM Practice and educational achievement		Educational achievement			Chi square value
		Bad	average	excellent	
Practice of DM	No	18 (31.0)	33 (56.9)	7 (12.1)	0.41
	yes	28 (40.0)	25 (35.7)	17 (24.3)	
Total		46 (35.9)	58 (45.3)	24 (18.8)	

Note: Parentheses () indicate the percentage.

Table 41 shows that the distribution of test statistic is chi-square distribution with 2 degree of freedom at 5% level of significance, the critical value is 5.991 which computed value 0.41(<0.5). It shows that the critical value is higher than computed value. In this regard, the practice of DM and educational achievement among the adolescent girl students are not selected each other.

Summary of Major findings of the Study

Having analyzed and interpretation of the collected data and information, major findings were extracted which are presented as below:

The entire respondents had good knowledge related to DM. The sound knowledge about DM found in 25.0% respondents of class 7-8, about 21.4% respondents of class 9-10, and 25.3% respondents of class 11-12 who had responded that dignified menstruation refers to the respectful menstruation.

Mostly population of the respondents had proper perception about components of DM which is provided by the respondents 22.9% of class 7-8, and 20.6% of class 9-10 said that sanitation can be taken as the component of DM but the majority of the

respondents 40.8% of class 11-12 said all the given options can be taken as the component of DM. This presets that knowledge the respondents of 11-12 regarding to component of DM is wider in comparison to the knowledge of the respondents of 7-8 and 9-10 class.

About 24.2% and 23.2% population of the respondents of class 7-8 argued that menstrual health or sanitation refers to cleanliness of reproductive organ and frequently change of pads, respectively. Similarly, 23.8% respondents of class 9-10 argued that menstrual health or sanitation refers to frequently change of pads, whereas, the majority of the population 24.2% respondents of class 11-12 said that menstrual health or sanitation refers to all above mentioned options. The knowledge of respondents regarding to menstruation is proper.

Menstruation of the majority respondents 21.09% of class 7-8, 35.94% of the class 9-10, and 28.91% of class 11-12 is found dignified. The highest population of the respondents whose menstruation is dignified are belonged from class 9-10 in comparison to others classes.

Mostly respondents 52.5% of class 7-8, and 51.3% of class 9-10 have founded facing personal challenge, whereas, the majority respondents 41.8% of class 11-12 have founded facing socio-cultural barriers/challenges to maintain DM at home and school.

About 38.6% respondents of class 7-8, 30.8% respondents of class 9-10, and 34.1% respondents of class 11-12 have founded to create challenges due to bad traditional beliefs under the personal factor to maintain DM

The majority respondents 24.2% of class 7-8, 23.6% of class 9-10, and 22.2% of the class 11-12 responded that there is proper facility of water and tap inside toilet in the school. And, 17.7% of class 7-8, 19.5, percent and 19.1% of class 11-12 said that there is proper privacy in school.

The majority population of the respondents 23.5% of class 7-8 and 26.0% of class 9-10 said that they use pure water to manage menstrual cleanliness. At the same time, 23.5% of class 7-8 also said that they use knowledge and information to manage menstrual cleanliness, whereas, 23.5% respondents of class 11-12 said that they do and use all above mentioned ways/options to manage menstrual cleanliness.

All most of the respondents 158.72% have founded adopting the properly ways of menstrual sanitation. Hence, they said their menstruation sanitation is good.

The majority respondents 35.2% of lass 7-10, and 36.9% of class 9-10 have founded to use clean clothes, whereas, 36.4% of class 11-12 have founded to regularly change pads in menstrual cleanliness.

Few of the respondents 10.2% of class 7-8, and 9.2% of class 9-10 have founded to take bath twice a day, whereas, 12.5% of class 11-12 have founded to take bath once in three days during menstruation in menstrual cleanliness.

Mostly respondents 84.4% of class 7-8, 64.2% of class 9-10, and 79.1% of 11-12 have changed pads as per need, whereas, the minority respondents 15.6% of class 7-8, 35.8% of class 9-10, and 20.9% of 11-12 have changed pads at the interval of 4 to 5 hrs.

The majority respondents 14.84% of class 7-8, 25.00% of class 9-10 and 11-12 have never been absented in school, whereas, the minority respondents 10.16% of class 7-8, 16.41% of class 9-10, and 8.59% of 11-12 have absented in school due to menstruation.

This shows that there is good relationship of DM practice and school regularity and educational outcomes among the adolescent school girls in the study area.

About 149.76% of the respondents said that the teachers do not give health education at school, whereas, solely 14.08% respondents said that the teachers give health education at school.

The majority respondents 23.7% of class 7-8, 43.0% of class 9-10, and 33.3% of class 11-12 who can ask for pads while menstruating at school.

Among all the respondents 80.0% of class 7-8, 77.0% of class 9-10, and 76.1% of class 11-12 ask for pads with female teachers.

About 99.84% respondents said that the boy friends treat not good at them after knowing any girl menstruating in the school.

The distribution of test statistic is chi-square distribution with 1 degree of freedom at 5% level of significance, the critical value is 3.5841 which is higher than the computed value 0.371. Therefore, the practice of DM and school regularity among

the adolescent girl students are not selected each other. And the distribution of test statistic is chi-square distribution with 2 degree of freedom at 5% level of significance, the critical value is 5.991 which and computed value 0.410. It shows that the critical value is higher than computed value. In this regard, the practice of DM and educational achievement among the adolescent girl students are not selected each other.

Discussion

To fulfill the determined objectives of this study, it was selected 128 adolescent school girls and two female teachers and class, age, religion, and cast were taken as the main influencing variables on knowledge of DM, DM practice, and relationship of DM practice, school regularity and educational outcomes among the adolescent school girl. It was found that the overall knowledge of DM, DM practice, and relationship of school regularity and educational outcome were proper and good.

This study found that the mostly respondents defined DM by the term respectful menstruation 25.0% of class 7-8, about 21.4% of class 9-10, and 25.3 percentage of class 11-12. This result is similar with the definition of DM by Paudel, (2019) that found DM' is simply a holistic approach or comprehensive approach to encompass menstruation and mitigate discrimination against menstruation and the subsequent consequence. It is the way of perceiving menstruation as a human rights issue and holding all of us accountable to eliminate discrimination and assure dignity.

This study found that adolescent school girls in the study area had many social beliefs about menstruation, such as not being allowed to temple and praying room. This finding is also similar to Shrestha's, (2019) discovery. Some Nepalese cultures people believe that if women passing through menstrual cycle touch trees, they will be ruined and the people will be defiled/impure. This study found that few girls follow the restricting practice. Among them most are restricted from going to temple, participating in ritual activities and entering in praying room and worshipping the god. This finding is similar with the study conducted by Bhattarai, (2018) in Surkhet.

The distribution of test statistic is chi-square distribution with 1 degree of freedom at 5% level of significance, the critical value is 3.5841 which is higher than the computed value 0.371. Therefore, the practice of DM and school regularity among the adolescent girl students are not selected each other. And the distribution of test

statistic is chi-square distribution with 2 degree of freedom at 5% level of significance, the critical value is 5.991 which and computed value 0.410. It shows that the critical value is higher than computed value. In this regard, the practice of DM and educational achievement among the adolescent girl students are not selected each other.

This study found that respondents also practiced healthy habits like using sanitary pads, changing pads, bathing or cleaning with soap and water. This finding is consistent with the findings of Khanal, (2018) who discovered that the majority of girls used sanitary pads and bathed once during their period. A study conducted in Bajura district found that most of the girls used reusable cloths in all types of schools 74 - 83 %. Although many of the girls reported, they would like to use disposable sanitary pads (Ahmad, 2018).

This study found that almost all respondents were not absented in school. They were regularly presented in school during menstruation too. Their educational outcome also was not found affected by menstruation. But, some extracurricular activities like games and sports were missed by them due to the pain and physical weakness of menstruation.

Chapter V: Conclusion and Recommendations

Conclusion

The study concluded that all most respondents had proper knowledge about DM. They had good perception about components of DM, menstrual cleanliness, use of pads, used pad disposal, advantages of DM, challenges to maintain DM, and role to make menstruation dignified. Moreover, they had good understanding that menstruation is human right.

This study excavated that the practice of DM of almost all the respondents was good. The experience and practice of using pad, menstrual cleanliness, pad management, used pad disposal and maintaining DM, of the respondents were also somehow satisfactory. But, the experience and practice of entering to praying room, going to temple and worshiping god during menstruation were not so good. Their all experiences and practices were proper except worshiping the God during menstruation.

Respondents' school regularity during menstruation was so good. As other days, almost respondents were regular in school during menstruation too. However, the relationship of DM practice, school regularity and educational achievement was not seemed good.

Based on the results of this study, it is concluded that knowledge and practice of DM is not enough among the girl students of the school. Also, by looking at the situation of knowledge and practice, it can be concluded that the upper grade girls have better. Similarly, this study also concludes that there is no relationship between DM practice, school regularity and educational achievement of girl students. Thereby, it is recommended that the DM related interventions and education are needed to increase awareness and practice to all girl students.

Recommendations

Based on the study's findings, the following recommendations for improvement, policy level, and future research are proposed.

Recommendations for improvement. On the basis of the findings, following recommendations are developed for improvement of these situation.

- a. Schools should provide proper DM management for adolescent girl students.
- b. Teachers should be frank and friendly to teach or tell about menstruation.
- c. Parents should have good knowledge and skills of possible menstrual problems and their solution.

Recommendations for the policy

- a. Government/concern body should make a lesson about DM and include it in school level curriculum.
- b. Local level government should introduce the policies and conduct awareness program regarding to DM.

Recommendation for further study. This study solely looked at DM knowledge and practice among adolescent girl students. However, it did not incorporate knowledge, practice, and experience of DM in women of all ages. Similarly, no DM history was included in this investigation. Therefore, it is recommended for further study based on the following considerations.

- a. History of the DM practice in developing country like Nepal.
- b. Comparative study of DM practice among literate and illiterate girls in Nepal.

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म त्रिभुवन विश्वविद्यालय शिक्षाशास्त्र संकाय अर्न्तगत स्वास्थ्य शिक्षामा एम.एड. गर्दै गरेकि र शोधपत्र लेख्दै गरेकि विद्यार्थी हो । मैले विद्यालय छात्राहरुमा मर्यादित महिनावारीको अभ्यास भन्ने शिर्षकमा अध्ययन गर्न लागि रहेकि छु । त्यसैले प्यारा विद्यार्थी बहिनीहरु तपाईंहरुले यहाँ भएका प्रश्नहरुको उत्तर दिइ मलाई सहयोग गरीदिनुहुन अनुरोध गर्दछु । तपाईंहरुको नाम ठेगाना सबै गोप्य रहने छ ।

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Appendix -I

प्रश्नावलीहरु

नाम:

धर्म:

ठेगाना:

मेनार्कि उमेर:

कक्षा:

बैवाहिक स्थिती:

उमेर:

मोबाइल नं.

जात:

email id:

मर्यादित महिनावारी सम्बन्धि ज्ञान

क) महिनावारी भनेको के हो ?

नियमित रक्तश्राव प्राकृतिक चक्र

मासिक रक्तश्राव

तल्लो पेटको दुखाइ

छुइ हुनु माथिका सबै

अन्य भएमा किटान गर्नुहोस

ख) तपाईंको विचारमा मर्यादित महिनावारी भनेको के हो ?

पूर्ण विभेद रहित महिनावारी न्यायोचित महिनावारी

सम्मान जनक महिनावारी स्वतन्त्र महिनावारी

लैङ्गिक समानता सरसफाई व्यवस्था

कुनैपनि प्रकारको प्रतिवन्धबाट मुक्त भएको अवस्था

कुनैपनि प्रकारको दुर्व्यवहार र हिंसाबाट मुक्त भएको अवस्था

माथिका सबै

अन्य भएमा किटान गर्नुहोस

ग) तपाईंको विचारमा मर्यादित महिनावारीको अभ्यासबाट तलका मध्ये के फाइदा हुन सक्छ ?

महिनावारीलाई मर्यादित गराउन महिनावारीका बेला हुने बन्देज हटाउन

अन्धविश्वासलाई हटाउन रुढीवादी चलनलाई हटाउन

समानता र स्वतन्त्रता महसुस गर्न स्वस्थ महिनावारीलाई अभ्यास गर्न

माथिका सबै

अन्य भएमा किटान गर्नुहोस

घ) तपाईंको बुझाइमा तलका मध्य कुन कुरालाई मर्यादित महिनावारीको तत्वको रूपमा लिन

सकिन्छ?

सरसफाई शिक्षा

स्वतन्त्रता सम्मान

सचेतना सशक्तिकरण

वातावरण माथिका सबै

अन्य भएमा किटान गर्नुहोस

ड) तलका मध्ये मर्यादित महिनावारीका सिद्धान्तहरु कुन कुन हुन् । तपाईंलाई लागेको उत्तरमा ठिक लगाउनुहोस ।

महिनावारी सम्बन्धि कुनैपनि प्रकारका विभेदबाट मुक्त हुनु

महिनावारी श्राप नभई वर्दान हो

महिनावारीको समयमा विशेष ध्यान दिनु

महिनावारीको समयमा खानपानमा विशेष ध्यान दिनु

माथीका सबै

अन्य भएमा किटान गर्नुहोस

.....

च) तपाईंलाई मर्यादित महिनावारीमा बाधा वा चुनौती गर्ने तत्वहरु के के हुन् जस्तो लाग्छ ?

व्यक्तिगत तत्व पारिवारीक बाधा

सामाजिक, संस्कृतीक बाधा विद्यालयीय तत्व

अन्य भएमा किटान गर्नुहोस

.....

छ) व्यक्तिगत तत्व अन्तर्गत कुन कुन कुरा पर्दछन् ?

शिक्षाको अभाव आर्थिक अवस्था कमजोर

आत्म सक्षमताको अभाव परम्परागत विश्वास मान्नु

संचार गर्न नसक्नु सीपको अभाव

अन्य भएमा किटान गर्नुहोस

.....

ज) सामाजिक संस्कृतीक तत्व अन्तर्गत कुन कुन कुरा पर्दछन् ?

सामाजिक छेकवार (मन्दिर जान, पुजा गर्न, भान्सामा जान रोक्नु)

फोहोरको रुपमा लिनु पापको रुपमा लिनु

भगवानको श्रापको रुपमा लिनु बुवा, दाजुभाईको मुख हेर्न नदिनु

घाम हेर्न नदिनु

अन्य भएमा किटान गर्नुहोस

.....

झ) पारिवारीक बाधा अन्तर्गत कुन कुन कुरा पर्दछन् ?

पारिवारीक शैक्षिक स्थिति कमजोर कमजोर आर्थिक अवस्था हुनु

चेतनाको कमी परम्परागत विश्वासहरु मान्नु अभिभावकले दिने सरसल्लह
आत्म सक्षमताको अभाव

अन्य भएमा किटान गर्नुहोस

.....

ब) विद्यालयसंग सम्बन्धित तत्व अर्न्तगत कुन कुन कुरा पर्दछन् ?

सरसफाइ (चर्पी, पानी, साबुन अभाव) प्याड नहुनु

शिक्षा र सिकाइ नदिनु विद्यालयको प्राथमिकतामा नपर्नु

शिक्षक लजाउनु छलफल नहुनु

अन्य भएमा किटान गर्नुहोस

.....

ट) तपाईंको विचारमा महिनावारीलाई मर्यादित गराउन तलका मध्य कस्तो भूमिका महत्वपूर्ण हुन्छ ?

व्यक्तिगत भूमिका घरको भूमिका

समुदायको भूमिका विद्यालयको भूमिका

व्यक्तिगत भूमिकामा के के हुन सक्छ ?

.....

घरको भूमिकामा के के हुन सक्छ ?

.....

समुदायको भूमिकामा के के हुन सक्छ ?

.....

विद्यालयको भूमिकामा के के हुन सक्छ ?

.....

ठ) तपाईंको विचारमा मर्यादित महिनावारीलाई कायम राख्न के - के गर्नु पर्छ होला ?

महिनावारी सम्बन्धि कुनैपनी विभेद नहुनु

पाठ्यक्रममा मर्यादित महिनावारीलाई समावेश

विद्यालयमा प्याडको व्यवस्था हुनु

व्यवस्थित सरसफाइ

परम्परागत मुल्य मान्यता परिवर्तन

महिनावारीका बारेमा बोल्न सक्नु

महिनावारीका कुरा सञ्चार गर्ने वातावरण सिर्जना हुनु

ड) तपाईंको विचारमा महिनावारी स्वास्थ्य वा सरसफाई भनेको के हो ?

पटक पटक प्याड परिवर्तन गर्न

प्रयोग गरिएको प्याडको उचित व्यवस्थापन गर्नु

पटक पटक नुहाउनु

प्रजनन अंगको सरसफाई गर्नु

प्याडलाई सुख्खा बनाउन घाममा सुकाउनु

माथिका सबै माथिका कुनै पनि होइन

ढ) तपाईंको विचारमा महिनावारीको समयमा के प्रयोग गर्दा प्रभावकारी हुन्छ ?

स्यानिटरी प्याड

पुन प्रयोग गर्न सकिने स्यानिटरी प्याड

घरमा बनाएको प्याड

कपडाको टुक्रा

केही प्रयोग नगर्ने अन्य

न) महिनावारी हुँदा कसरी प्याडको प्रयोग गर्नुपर्छ, तलका विकल्पमा टिक लगाउनुहोस् ।

आवश्यकता अनुसार

४ देखि ६ घण्टाबो फरकमा

प) प्रयोग गरेको प्याडको वा कपडाको विसर्जन कसरी गर्नु पर्छ ?

गाड्ने

जलाउने

जथाभावी फ्याक्ने

अन्य

फ) महिनावारी हुँदा कसरी नुहाउनुपर्छ, तलका विकल्पमा टिक लगाउनुहोस् ।

दिनको एकपटक

दिनको दुईपटक

दुई दिनको एकपटक

पिरियडमा एकपटक

ब) तपाईंको विचारमा महिनावारी सरसफाई व्यवस्थापन भित्र के-के कुरा पर्दछन् होला ?

सुचना र ज्ञानको पहुँच सुरक्षित महिनावारीको पहुँच

स्वच्छ पानीको व्यवस्था प्रायोग गरिएको प्याडलाई व्यवस्थित तरिकाले नस्ट गर्नु

सामाजिक, सामुदायीक, पारिवारीक तथा व्यक्तिगत सचेतना

सुचना र तालिमको व्यवस्था सहयोगी निति, निर्देशन तथा व्यवहार

माथिका सबै

मर्यादित महिनावारी सम्बन्धि अभ्यास

क) तपाईंको महिनावारी कति वर्षको उमेरबाट सुरुवात भएको हो ?

.....

ख) के तपाईंले मर्यादित महिनावारी अवलम्बन गर्नु भएको छ ?

छ छैन

ग) यदि गर्नु भएको छ भने कसरी ?

.....

घ) यदि गर्नु भएको छ भने त्यसबाट तपाईंलाई के फाइदा भएको छ ?

महिनावारीलाइ मर्यादित गराउन महिनावारीका बेला हुने बन्देज हटाउन

अन्धविश्वासलाइ हटाउन रूढीवादी चलनलाइ हटाउन

समानता र स्वतन्त्रता महसुस गर्न माथिका सबै

ङ) के तपाईंलाइ आफ्नो महिनावारी मर्यादित महिनावारी भएको लाग्छ ?

अ) लाग्छ

आ) लाग्दैन

लाग्दैन भने, किन?

.....

च) तपाईंले मर्यादित महिनावारीको कुन कुन तत्वलाई अवलम्बन गर्नुभएको छ ?

सरसफाई शिक्षा स्वतन्त्रता

सम्मान सचेतना सशक्तिकरण

भेदभाव र बहिसकरण नहुनु वातावरण उच्च भाषाको प्रयोग

माथिका सबै

छ) तलका मध्ये मर्यादित महिनावारी सम्बन्धि कुन कुन सिद्धान्तलाइ तपाईंले अवलम्बन गर्नु हुन्छ ?

विभेदरहित महिनावारी महिनावारी श्राप नभई वर्दान हो

महिनावारीको समयमा विशेष ध्यान दिनु

महिनावारीको समयमा खानपानमा विशेष ध्यान दिनु

उचित सरसफाइ माथीका सबै

ज) तपाईंको घर र विद्यालयमा मर्यादित महिनावारी कायम हुनको लागी के के चुनौतीहरु सामना गर्नु भएको छ ?

व्यक्तिगत चुनौति पारिवारीक बाधा

सामाजिक, संस्कृतीक बाधा विद्यालयीय तत्व

भ) व्यक्तिगत तत्व अर्न्तगत कुन-कुन तत्वले तपाइको मर्यादित महिनावारीमा बाधा गरेको छ ?

शिक्षाको अभाव आर्थिक अवस्था कमजोर आत्म सक्षमताको अभाव

परम्परागत विश्वास मान्नु संचार गर्न नसक्नु सीपको अभाव

त्र) सामाजिक संस्कृतीक तत्व अर्न्तगत कुन कुन तत्वले तपाइको मर्यादित महिनावारीमा बाधा गरेको छ ?

सामाजिक छेकवार (मन्दिर जान, पुजा गर्न, भान्सामा जान रोक्नु)

फोहोरको रुपमा लिनु पापको रुपमा लिनु

भगवानको श्रापको रुपमा लिनु बुवा, दाजुभाईको मुख हेर्न नदिनु

घाम हेर्न नदिनु

अन्य भएमा किटान गर्नुहोस

ट) पारिवारीक बाधा अर्न्तगत कुन कुन तत्वले तपाइको मर्यादित महिनावारीमा बाधा गरेको छ ?

पारिवारीक शैक्षिक स्थिति कमजोर कमजोर आर्थिक अवस्था हुनु

चेतनाको कमी परम्परागत विश्वासहरु मान्नु अभिभावकले दिने सरसल्लह

आत्म सक्षमताको अभाव

ठ) विद्यालयसंग सम्बन्धित तत्व अर्न्तगत कुन-कुन तत्वले तपाइको मर्यादित महिनावारीमा बाधा गरेको छ ?

सरसफाइ (चर्पी, पानी, साबुन अभाव) प्याड नहुनु

शिक्षा र सिकाइ नदिनु विद्यालयको प्राथमिकतामा नपर्नु शिक्षक लजाउनु

छलफल नहुनु

ड) तँपाइएको सकूलमा तलका मध्य के कस्तो कुविधा छन टिक लगाउनुहोस् ।

पयाप्त पानीको व्यवस्था छ छैन

उपयुक्त गोपनियता कायम छ छैन

(ढोका, चुकुल, ळ्याल, छाना)

साबुनको व्यवस्था छ छैन

चर्पी भित्र नै धारा छ छैन

पानी कन्टेनमा जम्मा छ छैन

अन्य भएमा किटान गर्नुहोस्

ढ) तपाईंले महिनावारीलाइ मर्यादित गराउन कुन पक्षले भुमिका गर्नु भएको छ ?

व्यक्तिगत वा आफ्नोभुमिका घरको भुमिका

समुदायको भुमिका विद्यालयको भुमिका

अन्य

आफुले के-के गर्नु भएको छ ?

घरका के गर्नु भएको छ ?

समुदायका के गर्नु भएको छ ?

विद्यालयका के गर्नु भएको छ ?

अन्य भएमा भुमिका लेख्नुहोस्

ण) तपाईंले मर्यादित महिनावारीलाइ कायम राख्न के के गर्नु भएको छ ?

महिनावारी सम्बन्धि हुने विभेदबारे बोल्नु

पाठ्यक्रममा मर्यादित महिनावारीलाइ समावेश हुनु पर्ने कुरामा बोल्नु

विद्यालयमा उपलब्ध हुने प्याडको प्रयोग व्यवस्थित सरसफाइ परम्परागत
मुख्य मान्यता परिवर्तन महिनावारीका बारेमा बोल्नु महिनावारीका कुरा
सञ्चार गर्ने वातावरण सिर्जना गर्नु

त) तपाईंले महिनावारी सरसफाइ व्यवस्थापन गर्न के-के कुराहरु गर्नु हुन्छ ?

सुचना र ज्ञानको प्रयोग सुरक्षित महिनावारीको अवलम्बन

स्वच्छ पानीको प्रयोग प्रायोग गरीएका प्याडलाइ व्यवस्थित तरिकाले नस्ट

सामाजिक, सामुदायीक, पारिवारीक तथा व्यक्तिगत सचेतना

सुचना र तालिमको प्रयोग सहयोगी निति, निर्देशन तथा व्यवहार

माथिका सबै

थ) तपाईंको महिनावारी सरसफाइ कस्तो छ ?

राम्रो नराम्रो

द) तपाईंले महिनावारी सरसफाइमा के-के कुराहरु गर्नु हुन्छ ?

प्याड परिवर्तन गर्नु दिनमा २ पटक नुहाउने

३ दिनमा नुहाउनु सफा कपडाको प्रयोग गर्नु

महिनावारी कपको प्रयोग गर्नु

ध) तपाईंले प्याड कति-कति समयको अन्तरालमा परिवर्तन गर्नु हुन्छ ?

४-६ घण्टाको फरकमा (ठिक वेठिक)

आवश्यकता अनुसार (ठिक वेठिक)

न) तपाईं महिनावारी भए पछि प्याड आफै व्यवस्थापन गर्नु हुन्छ की विद्यालयले गर्छ ?

आफै

विद्यालयले गर्छ

प) महिनावारीको कारणले तपाईं विद्यालयमा अनुपस्थिति हुनु परेको छ ?

छ

छैन

फ) विद्यालयमा स्वास्थ्य शिक्षा दिन्छन् कि दिदैनन् ?

दिन्छन्

दिदैनन्

ब) विद्यालयमा महिनावारी भएको बेला सहयोग गर्छन् कि गर्दैनन् ?

गर्छन्

गर्दैनन्

गर्छन् भने कसरी ?

.....

भ) विद्यालयमा महिनावारी भएको बेला प्याड माग्नु हुन्छ कि हुदैन ?

सक्छु

सक्दिन

म) माग्नु हुन्छ भने को संग माग्नु हुन्छ ?

महिला शिक्षिका संग

पुरुष शिक्षक संग

दुबै संग विद्यालय सहयोगी संग

य) विद्यालयमा तपाईं महिनावारी भएको कुरा थाहा पाएपछि तपाईंका केटा साथीहरुले कस्तो व्यवहार गर्छन् ?

राम्रो

नराम्रो

र) नराम्रो भन्नाले कस्तो व्यवहार गर्छन् ?

गिजाउने जिस्काउने

नराम्रो नजरले हेर्ने विभिन्न भाषा प्रयोग गर्ने

विभिन्न भाषा प्रयोग गर्ने भन्नाले कस्ता शब्द प्रयोग गर्छन् उल्लेख गर्नुहोस ।

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धन्यवाद !

Appendix -II

प्रश्नावलीहरु

नाम:	धर्म:
ठेगाना:	मेनार्कि उमेर:
कक्षा:	बैवाहिक स्थिती:
उमेर:	मोबाइल नं.
जात:	email id:

- क) मर्यादित महिनावारी भनेको के हो ? मर्यादित महिनावारीलाई व्यवस्थित गर्नको लागि मुख्य भूमिका खेल्ने महत्वपूर्ण तत्वहरु के-के हुन सक्छन् ?
- ख) के तपाईंले स्कुल र घरमा महिनावारी भएको वेला कुनै त्यस्तो प्रतिबन्ध वा निषेध गरेको, डर र त्रासको अनुभव छ ? (पुरक प्रश्न)
- ग) धेरै केटिहरुले सड्कोच र लाजको कारणले गर्दा आफ्नो महिनावारीको बारेमा भन्न वा व्यक्त गर्न चाहदैनन् । के तपाईंले पनि आफ्नो महिनावारीको बारेमा भन्न त्यस्तै कुनै लाज वा सड्कोचमहसुस गर्नु भएको छ ? यदि छ भने को संग र किन ?
- घ) विद्यालयमा र घरमा तपाईंको मर्यादित महिनावारीको अनुभव कस्तो छ ?
- ङ) के तपाईंले कहिल्यै महिनावारीको कारण विद्यालय अनुपस्थित हुनु परेको छ ? महिनावारीको कारणले तपाईंको शैक्षिक उपलब्धीमा कस्तो प्रभाव पारेको छ ?

धन्यवाद !