

**KNOWLEDGE, PRACTICE AND PROBLEMS ON THE MENSTRUATION
AMONG SCHOOL ADOLESCENT GIRLS IN PALPA**

(A Case Study Among Secondary School Girls In Khaliban VDC)

A THESIS

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DECLARATION

Except where otherwise acknowledged in the text, the analysis in this thesis represents my own original research.

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RECOMMENDATION

This is to certify that the thesis

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**Knowledge, Practice and Problems on the Menstruation
Among School Adolescent Girls in Palpa**

is Recommended for External Examination.

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VIVA-VOCE SHEET

We have conducted the viva-voce examination of the thesis

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and find that the thesis to be independent work of the student written according to the prescribed format. We accept this as the partial fulfillment of the requirements for Master of Arts in Population Studies.

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ABSTRACT

This study is based on primary data collected from the selected secondary schools of Palpa district, which includes 120 adolescent girls students as a sample. The information was collected with help of structured questionnaire. The main objective of this study is to analyze the knowledge, practices and problems of menstruation among adolescent girls.

The average age of respondents was 15/16 years and their average family size was 5-7 members. About 32 percent respondents father's educational level was SLC passed and the major occupation of their parents was agriculture. All respondents were unmarried and they had already knowledge about reproductive health. Majority of the respondents (83.3%) has knowledge about puberty and all respondents (100%) has known about menstruation.

The respondents of this area get knowledge about menstruations from their mother and elderly sister, media, book and their friends. This study shows that 98.3 percent respondents were experienced menstruation and the age of first menstruation was 12 years and above. All respondents says they feel uneasy and health problem in the period of menstruation. About 36 percent respondents were kept separate dark room and she can not go to school during the period of first menstruation i.e. 87.3 percent. Among all respondents followed the rule and regulations of their culture in the time of menstruation.

All respondents of this area say they had to need special hygiene and diet at the time of menstruation. About 75 percent respondents were used unhealthy home made pads. Unmarried respondents were face menstrual problem but they did not take advice from doctor, medicine and extra diet, they take rest and sleep during this period.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
DOHS	Department of Health Service
FPAN	Family Planning Association of Nepal
GU	Genito- Urinary
HIV	Human Immunodeficiency Virus
HLMC	Health Learning Material Center
ICPD	International Conference on Population and Development
MMR	Maternal Mortality Rate
MOH	Ministry of Health
NLSS	Nepal Livelihood Standard Survey
RH	Reproductive Health
RTI	Reproductive Tract Infection
STIs	Sexually Transmitted Infections
SLC	School Leaving Certificate
SPSS	Statistical Package for Social Science
TV	Television
T.U.	Tribhuvan University
UTI	Urinary Tract Infections
UNFPA	United Nation Population Fund
UNICEF	United Nation International Children Emergency Fund
VDC	Village Development Committee
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescence is the period of physical, psychological and social maturing and an important period of transition from childhood to adulthood. Generally, the term “adolescence” refers to persons between the ages of 15-24 years while “young people” cover the entire age range from ages 10-24 years (WHO, UNFPA, UNICEF, 1997). However in practice the adolescence period is divided broadly into two stages: early (10-14years) and late (15-19 years).

Though adolescence as an transition comes in late childhood, changes in physical traits might been seen in girls much earlier around ten years of age and sometimes even earlier than that. When a girl enters adolescence, her body begins to show maturity traits, body develops curves, breasts become sensitive and began to expand in volume and along with that pubic hairs began to grow around the pubic area and under the arms. Besides these changes, it is this period when menstrual cycle begins in girls (Hewison, 1996).

Menstruation generally begins between the ages of 10 to 14, sometimes earlier than that, when ovaries began to ovulate, once in every 28 days. The process of menstruation starts when the ovum produced by the ovaries is released. As soon as the ovary releases the egg, the uterus prepares itself for fertilization. And if it comes into contact with male sperm, the egg is fertilized in the uterus, which leads to pregnancy. However, when the female egg released does not get the male sperm it does not fertilize and is released once in a month in the form menstrual blood through the uterus (WHO, 1997).

Oxford concise dictionary defines menstruation as “the discharge of blood and fragments of endometrial from the vagina at intervals of about one month in women of childbearing age. Menstruation is that stage of the menstrual cycle during which the endometrium, thickened readiness to receive a fertilized egg

cell (Ovum), each shed because fertilization has not occurred. The normal duration of discharge varies from 3 of 7 days”.

Menarche is the onset of first menstruation. This signals the establishment of puberty, which is not yet complete. Menarche occurs between the ages of 10-16 years. The age of menarche and puberty depends on genetic and environmental factors and thus is influenced by them along with heredity, race, social class, diet nutrition and environment (Down, 1997).

Menstruation in girls begins about two years after their breast begin to bud. The menarche or beginning of menstrual functioning is the first real indication that a girl is entering womanhood. As a stage in adolescent girls, menarche is that point during puberty when monthly uterine bleeding called menstruation begins (Mc Cary, 1973). In various societies of Nepal, the term menstruation is known with various names such as *Mahinawari hunu*, *Bahira hunu*, *Masiksrad*, *Rajaswala*, *Chhaupadi*, *Parasarnu*, *Phohor Ragat Bagnu* etc.

Adolescents in Nepal often encounter problems that include lack of awareness and knowledge about sexual and reproductive health, early marriage, frequent child bearing, unsafe abortion, STD/ HIV/ AIDS and substance abuse. These problems are often exacerbated by social problems such as poverty, illiteracy, dropping out of school, child labour, gender discrimination, violence and abuse including girls trafficking and prostitution. These problems are further aggravated by poor health seeking behavior and inadequate access to information and services. Many of these problems not only affect the physical and mental health of adolescents but also their long-term emotional, economic and social wellbeing (Lamsal, 2005).

Adolescent population is about one fourth (5.46 million, 23.62%) of the total population of Nepal. Likewise 4.4 million (19.37%) are youth people and 7.4 million (32.40%) are young people, among the nearly half (50%) of adolescent girl are married (CBS, 2001) 21 percent of adolescents are already pregnant or have become mothers with their first child, 27.5 percent do suicide out of all

reproductive age group. A majority of adolescents (64%) had their first sexual intercourse of their age between 15-17 years (DOHS, 1999).

Nearly 40 percent of adolescents between 10-19 years of age are illiterate. The gross enrollment rate decreased from 86 percent to 39 percent at the primary level and by 11 percent at lower secondary and secondary level schools (NLSS, 1996). In Nepalese society, parents do not communicate sexual characteristics and timely changes in the organs with their grown up girls. Consequently, girls adopt unhygienic practices during menstruation, which causes RTI, UTI among other infections. In females, urethra, vaginal orifice and anus are in close contact, the female urethra is shorter than male so poor hygienic practice during menstruation leads to serious RTIs and ascending infection. Nepalese society does not permit to share such a feeling with their parents and thus have to suffer from it while trying to hide it from social and family members. This sometimes has counter effects physically too.

Considering this existing scenario, the present study focuses on exploration of knowledge, attitude and practice of late adolescents' on menstruation. The slogan of population day 2003 stated that "one billion adolescents; Right to Education, Information and Services". To fulfill this slogan the present study helps to disseminate the knowledge and practice of adolescent on RH.

1.2 Statement of the Problem

Specific health services for adolescents were virtually non-existent in Nepal before the International Conference on Population and Development (ICPD) in 1994. With the adaptation of ICPD (1994) agendas seconded by the the fourth International Conference on Women in Beijing (ICW) in 1995, the global community resolved to protect and promote the rights of adolescents' access to sexual and reproductive health information and services. Nepal is the signatory of the ICPD resolution and has been actively participating in other international conferences committed to improving the reproductive health of people.

Most of the adolescents remain unaware about the physical and psycho-sexual changes in their body. And coming to our own context in Nepal the conditions are even worse given the lack of guidance on such issues by parents. Furthermore lack of appropriate guidance and counseling practices at both family and social level has been depriving many adolescents from sharing their experiences and gain useful knowledge to handle their problems. Adolescent girl are both biologically and sexually vulnerable to dangers if they lack sufficient knowledge on proper hygienic practices and menstrual physiology.

As most of the parents do not communicate with their growing girls on the possible problems and process of menstruation, in their frantic efforts to cater knowledge on the issue, most of them acquire knowledge their from classmates. However, as knowledge of other girls is also limited and sometimes even impoverished most of these girls indulge in unhygienic menstrual practice. Result of this unhealthy and unhygienic practices leads to sexual problems and some times even reproductive tract infections. In the long run, it becomes one of the major factors behind increase in morbidity and high material mortality (Paudel, 2003).

In Nepal, conditions for girls going through 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 tradition beliefs and superstitions, most parents take serious exceptions to the unhygienic menstrual blood and isolate their daughters in their frantic effort to keep the 'dirty girl' away from the household things. During their menstrual cycle the daughters are not allowed to touch water, food items, trees of fruits and religious places among others. Some Nepalese cultures people believe that if girls passing through menstrual cycles touch trees they will be ruined and the places and people will be defiled. If they drink milk and eat milk products, the cow and buffalo will not give milk and will die. In some places they are not allowed to take water and both in common places, like water ponds and taps. They are not allowed to sleep with family

members or in their own usual bed. And at times they are forced to sleep in very neglected, dark and dingy rooms without good bed.

One of the major problems that adolescent girls face is gross carelessness at the familial and societal level in disseminating detailed information on facts and problems related to menstruation along with the whole of reproductive mechanisms. Girls are the future mothers. If we provide them with adequate information about reproductive health, it will assist in shaping knowledgeable and healthy women for the present and the future generations. Maturation is natural and simple, but it becomes a problem if not cared and understood in proper sense.

In Nepalese society, particularly the Brahmin and Chhetri caste girls are kept in isolation and they are not allowed to see or touch the males during their first menstruation. During this period, girls are kept in separate dark room.

In the western Nepal, there is a culture called “Chhaupadi” during the first menstruation of a adolescent girl, she is kept in the cow shed (Goth) for more than seven days. At this time, the girls are not allowed to see or speak to the males. They are not even allowed to move anywhere. Some sections of Brahmins, Chhetris, Thakuris and Dalit castes follow this tradition to these days also.

Menarche is the early sign of maturation in females and nocturnal emission in males. Menstruation is a normal cyclical phenomenon and the age span during which it occurs is called reproductive age. Despite being natural phenomenon its might come up with various problems like RTI, increase in the rate of morbidity and high maternal mortality rate among others in lack of proper knowledge about it. In lack of information and counseling girls in their initial mensuration period face various physiological and physical problems and adding to their woes social norms and values restrict them to discuss their problems with their peers and family members. In lack of openness in

discussing this phenomenon at times girls are misled into early sexual activities that are more insecure at social and medical level.

1.3 Objective of the Study

The general objective of the study is:-

- To assess the knowledge, practice and problems of adolescent girls on menstruation.

The specific objectives of the study are:-

- i. To examine the knowledge of adolescent girls on menstruation.
- ii. To identify the menstrual practice and hygiene practices adopted by adolescents girls.
- iii. To find out reproductive health problems related to menstruation.

1.4 Significance of the Study

Reproductive health is one of the most sensitive and controversial topic as it is isolated from other areas of social life. There are only few studies that have been conducted on the issue of knowledge on sexual and RH of adolescents in Nepal. Issues related to menstrual hygiene, problem related in seeking services related to it, and nocturnal emission still exists as social taboos in Nepal.

Of the total of Nepal's population, one-fifth are adolescents (23.62%), so it is necessary to study their knowledge regarding reproductive and sexual health and their behavior and correspondence to them so that appropriate policies and programmers are formulated and implemented.

In a developing nation like Nepal, adolescents are occupied by traditional forms of myth about menstruation, different problems of menstruation, and face psychological and cultural harassment during menarche, early marriage, early intercourse, early and complicated pregnancy and worst of all are victims of sexual exploitation and prostitution, and subsequently are victims of various

STDs like HIV/AIDs and some face various types of gynecological and RIT problems in their later life. So, it is necessary to assess their awareness regarding RH and menstruation practices so that related physical and psychological problems could be deciphered and addressed by recommending appropriate laws in that direction.

1.5 Limitation of the Study

- This study is limited to the adolescent girls of two secondary schools of Palpa district.
- The study is based on girls attending schools, so the study might be not relevant to evaluate or assess the problems faced by girls who do not attend schools.

1.6 Organization of the Study

The analysis or the report of the study has been divided into six chapters. The first chapter is introduction and provides background of the study, statement of the problem, objectives, significance and limitations of the study.

The second chapter reviews theoretical background of the study. It provides theoretical and empirical literature and thus explicates on the theoretical and empirical grounding of the study.

Third section of the study solely focuses on the methodology of the study whereas the fourth one provides analyzes the background of the respondents.

The fifth chapter is devoted to the analysis of data on knowledge, practice and problems related to menstruation. And chapter six provides summary, conclusion and recommendations.

CHAPTER TWO

REVIEW OF LITERATURE

2.1 Theoretical Literature

According to the WHO, reproductive health is “a state of complete physical, mental and social well being and not merely the absences of diseases or infirmity in all matters relating to the reproductive system and its function and process.” Reproductive health therefore implies that people are able to have a satisfying and safe sex and that they have the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed of and to have access to safe, affective, affordable and acceptable method of family planning as well as other methods of their choice for regulation of fertility which are not against the law and right of access to appropriate health care service, that will enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant (ICPD, 1994).

Menstruation is the approximately monthly shedding of the uterine lining. The blood and tissue leave the body through vagina. Menstruation is normal natural process that occurs in all healthy adult women who have not reached menopause. Girl can menstruate at any time between eight and eighteen, women might reach menopause at anywhere between forty to sixty some women have their period every eighteen days, some every thirty six days some women bleed for two or three days, some for seven or eight days all these and everything in between are normal (HLMC, 1996, 26-27).

Down (1998) stated that menarche is the onset of first menstruation. This signal is establishment of puberty, which is not at complete the menarche occurs between the age 10-16 years. The mean age of menarche is 13.6 years. The age of menarche and puberty depends on the genetic factors and environment factors. Therefore the factors influencing menarche are family tree, race, social

class, diet, and environment. Menstruation is monthly uterine bleeding through vagina for 4.5 days every 28 days during reproductive life of women from menarche to menopause.

The various cultures of the world have taken a wide variety of attitudes to ward menstruation, seeing it as a secured time, an unclear time, and everything in between. Unfortunately, our society tends towards the “unclean” and of the spectrum. Menstruation is “the curse” something dirty, we can watch pad and tampon ads on TV, but we can’t let anyone know we’re actually using them (Wingfout, 2005).

Husney (2004) the first menstrual period is called menarche. It usually happens around age 12 but may start as early as age 9. Menstruation is a sign of a girl, is growing up and becoming a woman. Along with starting the period, body is changing and began to grows breasts pubic hairs, and underarm hairs and hips began to widen, menstruation also indicates if a girl has sex, she can get pregnant and can even get pregnant in the month before the first period starts.

Dutt (1997) described that puberty in girls as the period, which links childhood to adulthood. There are profound biological, morphological and psychological changes, which lead to full maturity and eventually fertility. Five important physical changes are evident during puberty but there is lot of variation in the timing of the events. The most common order is enlargement of the breast beds and the beginning of the growth spurt appearance of pubic hair auxiliary hair menstruation. Most of the changes are usually completed between the ages of 10-16 years. The peak time begins at 13 years. There is endometrium proliferation due to ovarian estrogen but when the level drops temporarily, the endometrium sheds and bleeding is visible.

Hewison (1996) analyzed that in most girls, menstruation occurs in 11-16 years. Irregular menstruation and low abdomen pain are common in most unmarried women but it has no bad effect. In this condition, high work and exercise are advantageous. Hot drinks massage of heating pad in lower

abdomen and keeping feet in hot water may relief. In menstruation, balance diet, light work, personal and perinea hygiene and clean pad using are important (Hewison, 1996).

WHO (1987) adolescents have unique reproductive health needs that constitute and vary from country to country. The legal framework governing RH care for adolescent is sometimes inadequate and at times neglected. Despite growing concerns about formulating laws that could provide assess to adolescents, some nations have failed to address this need. And in some countries even if minors are provided with protection and assistance by RH laws and policies, they fail to actually benefit from such laws due to existing socio-cultural settings. Without addressing these socio-cultural underpninings the problems of adolescents related to RH cannot be addressed effectively.

Menarche is the early sign that indicates the inception of the menstruation cycle in females and is similar to nocturnal emission in males that denote their entrance into adolescents. Menstruation is a cyclic phenomena and age span during which it continues to occur is called the reproductive age. Due to lack of proper knowledge, a female can face many problems related to different RT's, complications of pregnancy, irregular menstruation, hemorrhages, fetal death and even death of women. IMR, MMR etc. (Mary and Don, 1996).

Tracing cross-cultural perspectives on menstruation, some cultures believed that the moon controlled it and that the menstrual fluid was toxic. In modern times, it has been shown that menstrual fluid contains substance that enhances, uterine contraction, which is prostaglandin, dysmenorrheal. About 50 percent menstruating women are affected by dysmenorrheal and 10 percent have several symptoms necessitating time of school and work. The peak age of incidence is 20 to 22 year during which 90 percent experience symptoms within 2 years of menarche. The pain begins a few hours of just after the onset of menstruation and usually last 48 to 72 hours. The pain cramps and is usually stronger than general pain (IPPF, 1998).

In Hindu society, menstruation period is taken as impure period or stage. Therefore, a woman is secluded from the rest of the household members during her menstrual periods. It is customary among high caste Hindu family to keep females in their periods away from home. The rule applies strictly to adolescent girls for their initial couple of menstrual cycle. The seclusion of the girls from their family members during their first is based on superstitious belief that bares male members of a family to see the daughter of their family during her initial menstruation periods. In their initial menstruation period when girls are mentally and emotionally harassed, secluding her from her family members and their love further adds to the woes of girls in the Hindu community. In the far western and mid western regions 'chhaupadi' system (keeping away women in a lonely place during menstruating period) is quite common and widely criticized from both the modernist and the feminist camp (Adhikari et al, 2004).

2.2 Empirical Literature

Karki (1998) conducted a study among 809 adolescents in Kapilvastu and Baitadi about RH and reported that most of the adolescents (Kapilvastu 56.4% and Baitadi 59.8%) witnessed menstruations discharge of blood every month or bleeding from vagina. Approximately, one-third of the adolescents did not know how to express the meaning of menstruation and the information reveals that nearly 6 in 10 adolescents had fair concept of menstruation. The mean age at menarche was reported to be 13.6 years in Kapilvastu and 14.5 years in Baitadi. The mean day of menstruation cycle the adolescents was found to 29.2 in Kapilvastu and 21.66 in Baitadi. The study revealed that adolescents residing in Baitadi, a remote hilly region, had shorter intervals of menstruation than their equals in Kapilvastu, a flat and developing urban town. In both districts the girls mentioned slightly longer menstrual cycle than boys (Karki, 1998).

Vishwokarma (2001) studied Tharu community of Chitwan districts about RH. The range of menarche was reported between the age of 12-17 years. Among 56 observed adolescent 96.42 percent were found to have felt uncomfortable

during that. He notes that the out of the total respondents, forty four had received advice and were comforted by their parents whereas the remaining 12 complained of worst experiences during their initial menstruation period. Though, parents had felt discomfort at the menstruation of their daughter, 2 out of 12 parents were found to be co-operative. Of them, 2 girls admitted that they were isolated from their household during their menstruation period and 52 shared of being isolated and treated differently by even by their neighbors and friends during their initial menstruation period.

Adhikari (1999) in his study interviewed 289 adolescent girls of which 129 were taken from urban area while the rest 98 were picked up from rural settings. Of them, 129 complained on uneasiness during their initial period while the rest 81 denied to have experienced noticeable uneasiness during menarche.

Of them a majority 49 percent of the urban and 45.5 percent of the rural girls experienced cervical pain around the waist, tiring of legs and body pain among others during the period. Similarly the percentage of girls who experienced problem of vomiting, weakness, no interest in eating, difficulty in sitting was found 27.5 percent in urban and 33.1 percent in rural area. Five (5.1 %) of urban and 8 (6.6%) or rural respondents shared experience of having the problem of over bleeding. Likewise, those who were not interested to work, to travel to speak and feeling different from other were 14.3 percent in urban and 5.7 percent in rural. The 15 respondents, who were isolated, felt uncomfortable on staying in solitude and of not being allowed to meet relatives mainly male and to sleep in uncomfortable beds were 4.1 percent from urban setting and 9.11 from rural areas.

FPAN (2000) mentioned that the majority of the respondents (79.3%) mentioned that their menstruation started between 12-15 years of age during its survey conducted across five districts in 1881. The mean age of menarche was reported to be 13.7 years. About 65 percent of the boys and girl said that the

girls are kept in isolation at the time of their first menstruation. The practice was reported to be much higher in Achham (93.0%) and Kavre (80%) than other 3 study districts. Over one third of respondent said that the girls were not allowed to touch males during their menstruation period. About half (52%) respondents of both sexes believed that the life of males is shortened if a female experiencing her menstrual period touches a male and adding to it another 3 percent said that male would get sick if done so. However, about a quarter of respondents said that nothing would happen if a female touched a male during her menses.

Pokhrel (2002) assessed the knowledge possessed by 451 students studying in grade 8 and 9 in Nawalparasi district. Of them 86.3 percent of respondents possessed correct knowledge regarding menstruation while 5.1 percent were not clear about the whole phenomenon. About 71.4 percent said that they had first told their mother about menstruation and 6.9 percent said that they had first told to their friends. Similarly, 170 respondents complained about of abdominal pain, cramps, backache, vomiting. About 85.3 percent said that they use cloth while 13.5 percent said that they use sanitary pad as material for collecting menstrual blood during menstruation period. Likewise, 56 percent informed that they bathed once a week during the menstruation.

Bhatia and Swami (1999) conducted a comparative study among women in reproductive age (n=362), both married and unmarried in five randomly selected villages of Chandigarh, India. The prevalence rate 36.7 percent was found to have multiple symptoms of gynecological morbidity. Higher rate was observed among illiterate with vaginal discharge (16%), lower abdominal pain (15.5%), burning micturition (12.1%). Improper menstrual hygiene might be responsible for those infections and women did not take medicine mainly due to hesitation in communication.

VARG (1999) study on the knowledge of puberty and menarche found that when asked whether they had heard the term “Puberty” about three quarters

(73.3%) of the total adolescents replied in the affirmative while about a quarters 26.7 percent replied in the negative 96 percent of the total parents said they had not. A variety of definition of puberty were provided by the respondents, the commonly mentioned over is being growth of beard and mustache for boys and menstruation, growth of breast and body for girls.

A descriptive knowledge and practice of adolescents on menstrual hygiene in government high school of Kathmandu revealed that 92 percentage respondents defined menstruation as normal monthly flow of blood for 4 to 6 days, whereas 28 percentages claimed it to be a bodily waste (Pokhral, 2003). About 92 percentage of the respondent had received information on menstruation from their mother. 48 percentages used pieces of clothes as pads during menstruation and only 12 percentage used Sanitary pads. Many rituals were maintained during menarche, among them 66 percentage were not allowed to meet male family members. 30 percentage were kept in dark room, 34 percentage used to take bath on 4th day and 28 percentage used to take bath at an alternate day. About 94 percentage of respondents agreed that genitourinary problems are related with menstrual hygiene. 76 percentages of them answered that main genitourinary problems are burning maturation. 64 percentage answered white discharge and 55 percentages answered itching genitalia (Pokharel, 2003).

Paudel (2003), state that 66.67 percent received information on menstruation from school before they get menstruated. Irregular menstruation cycle was found common and number of fluctuation ranges was found higher between 6 to 10 days. Respondents were found aware about personal hygiene in both of the communities. It was found that of the total, 53.93 percent took bath daily, 21.6 percent used sanitary towel, 78.4 percent used cloth during bleeding as sanitary pads. 25.49 percent of respondents did not attend school during menstruation whereas 12.75 percentage voiced against restriction related to menstruation.

Lamsal (2005), elaborated that only about 30 percentage of his respondents provided correct definition of reproductive health and 65.7 percent said the meaning of puberty is “Physical Change with the appearance to secondary sex organs”. Of the total respondents, 91.7 percent said that menstruation is the periodic discharge of blood and mucus from the vagina. 81 percent of his respondents claimed to have experienced menstruation at the age 12 to 15 years. 47.6 percent respondents took daily bath during the period of menstruation. 67.1 percent used old clean cloth as pad at the time of menstruation. 78.7 percent said that they used clean pad with soap and water during menstruation. 60percent did not shared pad with other and 88 percent said that they cleaned genital before changing pad. 96 percent of respondents have faced problem during menstruation among them 58.2 percent complained backache; feeling of weakness and cramping pain during their menstruation period.

Tuitui (2004) studied about RH in Bhaktapur among 102 adolescent girls, all respondents were found to be well informed about menstruation as periodic discharge of blood and mucus. Most of the respondents (89.5%) had received information about menstruation before experiencing menstruation themselves. Of all the information sources mothers (65.3%) were the most common and reliable source, followed by friends (40%) and sisters (33.7%) and father and brother (1.1%) were the leastly refered source for the information. The reliable (89.5%) and magazine (24.2%) but the (6.3%) all respondents had experienced menstruation at the time of survey of which (33.68%) experienced it at the age of 13 years. (32.63%) felt fear during menarche, (47.4%) were worried during menstruation. Most of the respondents (46.3%) were isolated from family members and were isolated in dark, away from sun and (27.4%) kept in another house for certain days, 23.2 percent were not allowed to perform religious work.

Kantipur daily newspaper on 12 Asar (2062) published a report stating that school classes in Bhajang when the female teacher was going through

menstrual period. Due to absence of the teacher, study of teacher was badly affected. The locals had barred the teachers from entering the school when the teachers had menstruation claiming that they would defile the temple of Goddesses Saraswoti, established within the premises of the school Mahali Khati and Basanti Khati, teachers at the school, complained that they had to undergo such a humiliation every month and had to conduct classes on the banks of river without classroom materials like chalk, duster, blackboard every month during their menstrual cycle. Condition for the female students was even worse than that of the teachers. They were not allowed to attend schools during their menstruation period, seven days. (as cited Shiwakoti, 2006).

Thus lack of reproductive health care knowledge in adolescent girls have triggered serious physical and psychological effects on them. Due to the lack of reproductive health care knowledge, they have been facing many problems. For example cervical pain, pain around the waist, tiring of legs and hands body pain and socio-cultural taboos etc. Reproductive health education helps girls to manage health care during menstruation. On the basis of the literature considered in this study variables, research design, methodology and research tools have been selected.

CHAPTER THREE

METHODOLOGY

3.1 Selection of the Study Area

Palpa district, Khaliban VDC is selected for conducting this research by keeping in consideration the socio-cultural understanding of the researcher, who is a native to the area. Understanding of the cultural and social undercurrents of the society is expected to assist in assessing otherwise unassessable knowledge, factors hindering the emanation of knowledge on menstruation. The study has been carried on two government schools, which provides education to students from varied socio-economic background.

The study area is chosen purposively as Khaliban VDC of Palpa district. Palpa district lies in Lumbini zone of western development region of Nepal. In this district, there are 65 VDCs. Total population of this district is 268558 according to census 2001. Khaliban VDC is situated in the eastern part of Palpa far from headquarter. It is remote from black concrete road. The study is focused in this village.

3.2 Research Design

The study has been carried adopting descriptive research design. It is based on primary data obtained from two secondary schools situated in Palpa district.

3.3 Nature and Sources of Data

This study is fully related to primary sources of data which is collected by the field work. The information provided here is based on the information received through structured questionnaire have been indentified and analyzed. However, secondary sources of data have been used in reviewing relevant literature from published and unpublished books, journals, news paper, census, thesis and research studies in relevant areas.

3.4 Sample Size and Sampling Procedure

This study is based on the responses provided by 120 high school students belonging to two high schools of in Khaliban VDC of Palpa district. They were selected on the basis of their entry into the school registry. However as result drawn from sample cannot be generalized on whole population a census type survey for class 9 and 10 in two schools viz. Ganga Higher Secondary School and Bhanubhakta Higher Secondary School have been made for study.

3.5 Tools of Data Collection

Data for this study were collected through direct interview methods. The questionnaires were filled up in the field through direct interview with the respondents. The questionnaire were checked for consistency before being used as source for interviewing the respondents.

The questionnaire was broadly divided into three sections: Individual characteristic, Household characteristic and Knowledge, Practices and Problems on Menstruation.

3.6 Data Analysis and Interpretation

The study has adopted descriptive method for analyzing data accumulated from field research. After analyzing the data obtained from the field survey, it was processed and analyzed to interpret their implication. Interpretation of the data received was further classified using number of cases (simple frequency tables), Percentage distribution and cross tabulations.

3.7 Definition of the terms used

a. Puberty: Puberty is a transitional period in which a person is functionally capable of procreation and is characterized by physical and sexual maturation. It is the beginning of adolescence, and is characterized by mental and emotional maturation and some noticeable growth in physic of a person.

b. Menarche: It is the period during which a girl enters mensuration and generally occurs between the age of 12-15 years. However menstruation continues till 40 to 45 years of age at regular intervals except during pregnancy.

c. Reproductive age: The age between 15 to 49 years is generally accepted as the accepted age for reproduction. During this period a females can get pregnant provided other conditions necessary for it meet. During this period a female produces an ovum every month. If it fuses with sperm, it gets fertilized and the female is rendered pregnant. However if the ovum does not comes in contact of male sperm, it is degenerated and comes out of the vagina in the form of menstrual blood.

d. Menstruation: Menstruation is the periodic discharge of blood and mucous from the inner lining of the non-pregnant uterus. The discharge takes place through the vagina. It is under hormonal control and normally recurs at regular interval of 28 days except in pregnancy. However the period can vary from 24 to 35 days and some times more than depending on individuals. Menstruation continues from the menarche throughout the reproductive years, until the menopause.

CHAPTER FOUR

SOCIO-DEMOGRAPHI CHARACTERISTIC OF RESPONDENTS

This chapter is devoted to describing basic characteristics of the respondents. The subsequent section in this chapter deal with individual and socio-economic characteristics. Information received through structured interview has been analyzed using data analysis tool, underline earlier. A total of 120 secondary level students from two secondary school of Palpa district have been interviewed.

4.1 Individual Characteristics

4.1.1 Age Distribution of Respondents

The respondents selected for this study ranged from class nine (40) and ten (80). The age of the respondents ranged from age 14 to 17 year. Of them around 36 percent were of 16 years of age, followed by 15 years aged student (27.5%), 17 (23.3%) and 14 (13.3%) years old student respectively. Based on class, most of the respondents of class nine were from age 14 and 15 and comprised of 37.5 percent of the total students. Whereas in case of class 10 most of the respondents were of 17 years (35.8%).

Table 4.1: Distribution of respondents by Age

Age	Class				Total	
	Nine		Ten			
	Number	Percent	Number	Percent	Number	Percent
14	15	37.5	1	1.5	16	13.3
15	15	37.5	18	22.5	33	27.5
16	5	12.5	38	47.5	43	35.8
17	5	12.5	23	28.8	28	23.3
Total	40	100.0	80	100.0	120	100.0

Source: Field Survey, 2011

4.2 Social Characteristics

4.2.1 Caste / Ethnicity of Respondents

Caste/ethnicity plays an important role in context of Nepal to determine social factors affecting the attitude and standard of people (K.C., 1995). According to census 2001, more than 100 caste ethnic groups were recorded in Nepal. The caste/ethnic status of the respondents is presented in table 4.2

4.2: Distribution of Respondent by caste/ethnicity

Caste/Ethnicity	Number	Percentage
Brahmin	63	52.5
Magar	23	19.2
Newar	18	15.0
Dalit	9	7.5
Chhetri	4	3.3
Kumal	3	2.5
Total	120	100.0

Source: Field Survey, 2011

Table 4.2 provides information on caste/ethnicity status of the respondents. All respondents fell into a total of six caste/ethnic groups. Among them the highest chunk of respondents belonged to Brahmin caste (52.5%) followed by Magar (19.2%), Newar (15%), Dalit (7.5%), Chhetri (3.3%) and Kumal (2.5%).

However all of the respondents were Hindu.

4.2.2 Type and Size of Family

Family size sheds light on the quality of life and small family size is considered as an indicator of healthy and happy life. For finding out the size of the family the respondents were asked about their family size and the result has been provided in table 4.3

Table 4.3 reflects that majority of the respondents (74.2%) had a family size ranging between five to seven members. 17.5 percent of the respondents had a family size of eight to ten members and a least section of the respondents had a

family size of 5 members(8.3%) . Around 71 percent respondents were part of a nuclear family and 29 percent respondents belonged to joint family.

Table: 4.3 Distribution of Respondent by Type and Size of Family

Type of Family	Number	Percent
Single	85	70.8
Joint	35	29.2
No. of family members		
Less than 5 members	10	8.3
5-7 members	89	74.2
8-10 members	21	17.5
Total	120	100.0

Source: Field Survey, 2011

4.2.3 Head of Household

Most of the societies in Nepal are dominated by patriarchy. In these society, fathers are more active in taking family decision. Therefore father's determination and decision are mostly endorsed in the household. Table 4.4 shows that about 72 percent of the total respondent's family had fathers as head of their family. About 22 percent mother and 6.7 percent other family member found to be the head of household.

Table 4.4 Distribution of Respondent's Household

Respondent Head of family	Number	Percent
Father	86	71.7
Mother	26	21.7
Other family members	8	6.7
Total	120	100.0

Source: Field Survey, 2011

4.2.4 Parents Education

Education is an important factor that can bring change in the behavior of a person and ensures sharing of knowledge and ideas among family members. The given table (4.4) clearly shows that the illiteracy rate of respondent's

mothers has been very high as compared to their fathers. Most of the mothers were limited to primary level. The lower level of educational status of mothers is result of the poor due to socio-economic status, lack of female oriented awareness and female centered education.

Table 4.5: Distribution of Respondent According to Educational Status of Parents

Educational status	Father		Mother	
	Number	Percent	Number	Percent
Illiterate	6	5.0	25	20.8
Literate	114	95.0	95	79.2
Total	120	100	120	100
Literate level of education				
Non-formal Education	3	2.6	27	28.4
Primary	30	26.3	31	32.6
Lower Secondary	32	28.1	18	18.9
Secondary	13	11.4	9	9.5
SLC	26	22.8	10	10.5
Intermediate and above	10	8.8	-	-
Total	114	100.0	95	100.0

Source: Field Survey 2011

Most of the respondent's mother (28.4%) have received non-formal education at home and thus remain largely impoverished in socio-economic dynamics of the society. Moreover due to their ignorance about the hygiene and sanitary demands of young girls they are unable to deliver suggestions to their young daughters. Only few respondent's mother (10.5%) have SLC and few respondent's father (8.8%) have I.A. and above 20.8 percent mother are illiterate.

4.3 Economic characteristics

4.3.1 Parents occupations

Like in other rural parts of Nepal, where agriculture is the primary occupation, most of their respondents family in the study area have been following agriculture as their major occupation. Parent's occupation determines the

economic status of family and the economic status determines their education and subsequently their knowledge in other fields including pre-requisite knowledge on Reproductive Health.

Table 4.6 Distribution of Respondents by occupation of Parents Occupations

Occupation of Parents	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	59	49.2	34	28.3
Service	32	26.7	1	0.8
Business	11	9.2	3	2.5
Housewife	-	-	81	67.5
Foreign workers	18	15.0	1	0.8
Total	120	100.0	120	100.0

Source: Field Survey, 2011

As shown in the table, the study revealed that most of the respondents (about 50 percent) parent's primary occupation is agriculture, followed by service (26.7%), foreign workers (15%) and the lowest proportion (9.2%) reported business. Most of the respondent's mothers have been limited to domestic sphere working as housewife (67.5%). Involvement in other occupation is very low. The percentage of respondents whose mothers were involved in agriculture and business is 28.3 and 2.5 percentage respectively.

4.3.2 Types of House

Majority of the respondents informed that their house was made up of stone (60%) with mud joint, followed by stone with concrete joint (32.5%) and concrete (7.5%).

Table 4.7: Distribution of the Respondents by type of House

Type of House	Number	Percent
Stone with mud joint	72	60.0
Stone with concrete joint	39	32.5
Concrete	9	7.5
Total	120	100.0

Source: Field Survey, 2011

4.3.3 Household Facilities

Household facility includes the availability of communication means, electricity, modern fuel system among others. These factors play important role in providing additional facilities to girls in handling their menstrual problems along with providing knowledge on problems related to it. Communication equipments like media like television, radio, newspaper and others play vital role in disseminating awareness information.

Table 4.8: Distribution of Household Facilities

Facilities in the House	Number	Percent
Electricity	116	96.7
Telephone	104	86.7
TV/Radio	86	71.7
Bio-gas	65	54.2
Computer	2	1.7
Non of Above	3	2.5

Note: Total percent may exceed hundred due to multiple responses.

Source: Field Survey, 2011

Table 4.8, shows that most of the respondents family (96.7%) had facility of electricity, followed by (86.7%) having facility of telephone. Likewise 71.7 percent respondents have TV/Radio, 54.2 percent respondent had Bio-gas and very low percentages of respondents (1.7%) had computer facility at their home.

CHAPTER FIVE

KNOWLEDGE, PRACTICES AND PROBLEM ON MENSTRUATION

5.1.1 Knowledge on Reproductive Health

Respondents were asked about their knowledge on RH, sources for acquiring knowledge and meaning of reproductive health. All respondent (100%) have heard about reproductive health. Among the sources of getting information about Reproductive Health, table 5.1 shows that 60 percent heard the term RH from teachers, 55.8 percent heard from book/magazines and 42.5 percent heard from radio and others.

Table 5.1: Distribution of source of Knowledge on RH

Sources of Knowledge	Number	Percent
Teacher	72	60.0
Book/Magazine	67	55.8
Radio	51	42.5
Friends	14	11.7
Parents	9	7.5
TV	3	2.5

Note-total percent more than 100 due to multiple response.

Source: Field Survey, 2011

5.1.2 Knowledge about Puberty

Puberty is a transitional stage between childhood and adolescent and it is the sign of becoming mature. Respondents were asked about the meaning of puberty and their knowledge about it.

The table is clear that most of the respondents of 15 years of age (93.9%) knew about puberty, while 93 percent of those belonging to 16 years age and only 82.1 percentage of respondents of 17 years of age had substantial knowledge on puberty. However in total 17 percent respondents did not possessed about puberty.

Table 5.2 Distribution of Respondents about Knowledge Puberty by Age, Ethnic group, literacy status of parents and types of Family

Background characteristics	Knowledge about puberty				Total	
	Yes		No		Number	Percent
	Number	Percent	Number	Percent		
Age						
14.00	6	37.5	10	62.5	16	100.0
15.00	31	93.9	2	6.1	33	100.0
16.00	40	93.0	3	7.0	43	100.0
17.00	23	82.1	5	17.9	28	100.0
Ethnic group						
Brahmin/Chhetri	54	80.6	13	19.4	67	100.0
Janajaties	37	84.1	7	15.9	44	100.0
Dalit	9	100.0			9	100.0
Father literacy status						
Yes	97	85.1	17	14.9	114	100.0
No	3	50.0	3	50.0	6	100.0
Father level of education						
Non formal education	2	66.7	1	33.3	3	100.0
Primary	19	63.3	11	36.7	30	100.0
Low secondary	32	100.0			32	100.0
Secondary	8	61.5	5	38.5	13	100.0
SLC	26	100.0			26	100.0
Intermediate and above	10	100.0			10	100.0
Mother literacy status						
Yes	83	87.4	12	12.6	95	100.0
No	17	68.0	8	32.0	25	100.0
Mother level of education						
Non formal education	23	85.2	4	14.8	27	100.0
Primary	24	77.4	7	22.6	31	100.0
Low secondary	18	100.0			18	100.0
Secondary	8	88.9	1	11.1	9	100.0
SLC	10	100.0			10	100.0
Types of family						
Joint	33	94.3	2	5.7	35	100.0
Single	67	78.8	18	21.2	85	100.0
Total	100	83.3	20	16.7	120	100.0

Source: Field Survey, 2011

Classifying the knowledge of puberty across caste division 80.6 percent of Brahmnin/Chettri respondents possessed sound knowledge on it while 84.1 percentage of Janajaties and 100 percentage of Dalit respondents possessed knowledge about puberty.

On the basis of the family structure, 94.3 percentage of respondents belonging to joint family 9 and 78.8 percent respondents belonging to single family possessed knowledge about puberty.

Analyzing the knowledge on the basis of literacy status, 85.1 percent respondents, whose fathers were literate, reported that they possessed knowledge about puberty and 87.4 percentage of respondents whose mothers were literate reported that they possessed knowledge about puberty.

Table 5.3: Distribution of Respondents by mean is Puberty

What is mean by Puberty	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	percent
Change of time	9	37.5	9	11.8	18	18.0
Change in behavior	2	8.3	11	14.5	13	13.0
Change in situation	10	41.7	26	34.2	36	36.0
Stage of sexual maturity	3	12.5	29	38.2	32	32.0
Overlapping			1	1.3	1	1.0
	24	100.0	76	100.0	100	100.0

Source: Field Survey, 2011

Attitude of females towards puberty is an important factor that determines their behavior and actions in dealing problems related with it. Among the total respondents 37.5 percent of respondents from class 9 regarded Puberty to be change of time, followed by change in situation (41.7%), stage of sexual maturity (12.5%) and change in behavior (8.3%). Respondents from class 10 reported Puberty to be stage of sexual maturity (38.2%), change in situation (34.2%), change in behavior (14.5%), change of time (11.8%) and same have overlapping thoughts (1.3%)

5.1.3 Knowledge about Menstruation

As part of the study knowledge of the respondents on the meaning of menstruation was assessed in the study research. Though all the respondents

were found to be informed about the meaning of menstruation they had varied perspective regarding it. Out of total respondents, respondents from class 9 said that menstruation was periodic discharge of blood and mucus (57.5%), bleeding from uterus due to injury or infection, some gave other reasons (15.0%) and some didn't know about it (27.5%). Among total respondents from class 10, 78.8 percent regarded menstruation to be periodic discharge of blood and mucus, 12.5 percent said that it was bleeding from uterus due to injury or infection, 3.8 percent gave some other reasons and 5.0 percent didn't have any Knowledge about it. It was found that the normal age of menstruation 12 to 15 years.

Table 5.4: Distribution of Respondents mean by menstruation

Mean by menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Period of discharge of blood and mucous	23	57.5	63	78.8	86	71.7
Bleeding from uterus due to injury of infections	-	-	10	12.5	10	8.3
Other	6	15.0	3	3.8	9	7.5
Don't know	11	27.5	4	5.0	15	12.5
Total	40	100.0	80	100.0	120	100.0

Source: Field Survey, 2011

5.1.4 Information about Menstruation before Menstruation

The table 5.5 shows that most of the respondents did not have any information about menstruation before they actually had it. A huge chunk of the Brahmin/Chhetri respondents (69.2%) said that they did not had information of puberty beforehand. 38.6 percentage of Janajaties and 38.6 percentage of Dalit respondents said that they 66.7 also did not possessed this vital knowledge before they actually witnessed it in person.

Table 5.5 Distribution of Respondent information about menstruation before it
by Age and Caste/Ethnicity, Literacy status of parents and types of family

Background characteristics	Inform about menstruation before it				Total	
	Yes		No		Number	Percent
	Number	Percent	Number	Percent		
Age						
14.00	4	28.6	10	71.4	14	100.0
15.00	8	24.2	25	75.8	33	100.0
16.00	21	48.8	22	51.2	43	100.0
17.00	10	35.7	18	64.3	28	100.0
Ethnic group						
Brahmin/ Chhetri	20	30.8	45	69.2	65	100.0
Janajaties	17	38.6	27	61.4	44	100.0
Dalit	6	66.7	3	33.3	9	100.0
Father literacy status						
Yes	43	38.4	69	61.6	112	100.0
No			6	100.0	6	100.0
Father level of education						
Non formal education	2	66.7	1	33.3	3	100.0
Primary	10	33.3	20	66.7	30	100.0
Low secondary	13	40.6	19	59.4	32	100.0
Secondary	4	36.4	7	63.6	11	100.0
SLC	9	34.6	17	65.4	26	100.0
Intermediate and above	5	50.0	5	50.0	10	100.0
Mother literacy status						
Yes	39	41.9	54	58.1	93	100.0
No	4	16.0	21	84.0	25	100.0
Mother level of education						
Non formal education	10	40.0	15	60.0	25	100.0
Primary	12	38.7	19	61.3	31	100.0
Low secondary	6	33.3	12	66.7	18	100.0
Secondary	5	55.6	4	44.4	9	100.0
SLC	6	60.0	4	40.0	10	100.0
Total	39	41.9	54	58.1	93	100.0
Types of family						
Joint	8	22.9	27	77.1	35	100.0
Single	35	42.2	48	57.8	83	100.0
Total	43	36.4	75	63.6	118	100.0

Source: Field Survey, 2011

Literacy status of respondent's parents contributes as an important basis for developing knowledge of their children. With literate fathers only 38.4 percent respondents were not informed about the phenomena while in case of illiterate father, a huge chunk of respondents (61.6%) did not receive before-hand information on menstruation. About 41.9 percent respondents were informed about menstruation whose mothers were literate and only 16 percentage of respondents whose mothers were illiterate had received information about menstruation before they actually experienced it.

Among the respondents of joint family 22.9 percent had received information about menstruation before actually experiencing it, 77.1 percent of respondents did not receive that information being a part of the joint family while in comparison to that 42 percentage of respondents belonging to a single family had received that information and 58 percentage of respondents belonging to such family had not received that vital information.

Table 5.6: Distribution of Respondents by sources of knowledge about Menstruation

Source of information	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	percent
Mother	4	44.4	5	14.7	9	20.9
Sister	2	22.2	8	23.5	10	23.3
Friends	-	-	9	26.5	9	20.9
Health Personals	2	22.2	11	32.4	13	30.2
Media	1	11.1	1	2.9	2	4.7
Total	9	100.0	34	100.0	43	100.0

Source: Field Survey, 2011

Valid sources of information on menstruation in villages are very rare. However about 24 percentage of the respondents informed that they were informed of the phenomena by their sisters, while 30.2 percentage from health personals and 20.9 percentage of the respondents said that their mother and friends were the primary source of information about it.

5.2 Practices on Menstruation

5.2.1 Experience and Age of Menstruation

Being secondary girls, most of respondent girls were found having experience of menstruation. But the age of their first menstruation is recorded different which may be because of their experience. They responded on the ideal age of menstruation and ideal duration of menstruation according to their experience. Of the total respondents sample, 118 respondents had already experienced the menstruation by the time of survey and only two respondents had not experienced menstruation by the time of survey. Of the respondents who had experienced menstruation outlined varied ages for the occurrence of their first menstruation. The age of menarche has been different among the respondents as given in table 5.7.

Table 5.7: Distribution of Respondent's Experience and Age of first Menstruation

Experience of menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	percent
Yes	38	95.0	80	100.0	118	98.3
No	2	5.0	-	-	2	1.7
Total	40	100	80	100.0	120	100.0
Age of first menstruation						
12	1	2.6	11	13.8	12	10.2
13	15	39.5	19	23.8	34	28.8
14	20	52.6	23	28.8	43	36.4
15	2	5.3	25	31.3	27	22.9
16	-	-	2	2.5	2	1.7
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

As shown by table 5.7, it is clear that majority of the respondents (36.4%) said that they experienced first menstruation while they were 14 years of age, followed by those (28.8%) who experienced it at 13 years of age, and by those (22.9%) who experienced it at 15 years and lastly those (10.2%) who

experienced it at 12 years. Only 1.7 percent of the respondents had experienced their first menstruation cycle at the age of 16.

5.2.2 Factors for early and delay Menstruation

According to data as furnished in the table given below, most of the respondents belonging to age group 14 years (62.5%) were not aware about the factors affecting early and delay menstruation. The respondents of 15 years age group also gave same sort of view. However the 16 years age group regarded nutrition (58.1%) as major factor for early and delayed menstruation. Similarly respondents of age group 17 years also to regarded nutrition (53.6%) as the main factor for early and delay menstruation. On the basis of caste/ethnicity, majority of Brahmin/Chhetri communities (47.8%), Janajaties (47.7%) and Dalit (44.4%) said that nutrition was the main factor for early and belay menstruation.

Father's education is an important factor in determining the knowledge. The results are evident in assessing the knowledge of girls. Of those who had educated father, 49.1 percent alluded to nutrition as the main factor for delayed and early nutrition, while 6.1 percentage respondents claimed that environment was the vital factor, while 35.1 percent respondents did not had idea of the factor influencing the menstruation cycle.

Of those who had educated mothers, 49.5 percent respondents claimed referred to nutrition as the major factor and 7.4 percent respondents alluded to environment as the main factor of early and delay menstruation.

Table 5.8: Distribution of respondents alluding to factors for early and delay Menstruation by Age, Ethnic group, literacy status of parents and types of Family

Background characteristics	Factor for early and delay Menstruation								Total	
	Environment		Nutrition		Heridity		Don't know		Number	Percent
	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
Age										
14.00	3	18.8	3	18.8			10	62.5	16	100.0
15.00	3	9.1	14	42.4			16	48.5	33	100.0
16.00	2	4.7	25	58.1	7	16.3	9	20.9	43	100.0
17.00			15	53.6	4	14.3	9	32.1	28	100.0
Ethnic group										
Brahmin/Chhetri	1	1.5	32	47.8	6	9.0	28	41.8	67	100.0
Janajaties	7	15.9	21	47.7	3	6.8	13	29.5	44	100.0
Dalit			4	44.4	2	22.2	3	33.3	9	100.0
Total	8	6.7	57	47.5	11	9.2	44	36.7	120	100.0
Father literacy status										
Yes	7	6.1	56	49.1	11	9.6	40	35.1	114	100.0
No	1	16.7	1	16.7			4	66.7	6	100.0
Father level of education										
Non formal education	1	33.3	1	33.3			1	33.3	3	100.0
Primary	4	13.3	13	43.3			13	43.3	30	100.0
Lower secondary			23	71.9	5	15.6	4	12.5	32	100.0
Secondary	1	7.7	8	61.5			4	30.8	13	100.0
SLC	1	3.8	6	23.1	4	15.4	15	57.7	26	100.0
Intermediate and above			5	50.0	2	20.0	3	30.0	10	100.0
Total	7	6.1	56	49.1	11	9.6	40	35.1	114	100.0
Mother literacy status										
Yes	7	7.4	47	49.5	9	9.5	32	33.7	95	100.0
No	1	4.0	10	40.0	2	8.0	12	48.0	25	100.0
Mother level of education										
Non formal education	1	3.7	9	33.3	1	3.7	16	59.3	27	100.0
Primary	3	9.7	12	38.7	5	16.1	11	35.5	31	100.0
Low secondary	2	11.1	15	83.3	1	5.6			18	100.0
Secondary	1	11.1	5	55.6			3	33.3	9	100.0
SLC			6	60.0	2	20.0	2	20.0	10	100.0
Total	7	7.4	47	49.5	9	9.5	32	33.7	95	100.0
Types of family										
Joint	2	5.7	11	31.4	2	5.7	20	57.1	35	100.0
Single	6	7.1	46	54.1	9	10.6	24	28.2	85	100.0
Total	8	6.7	57	47.5	11	9.2	44	36.7	120	100.0

Source: Field Survey, 2011

Of those respondents were part of a joint family 5.7 percent respondents alluded to environment, 31.4 percent respondents eluded to nutrition, 5.7 percent alluded to heredity and 57.1 percent respondents expressed ignorance on the factors that determined early and delay menstruation. Similarly 7.1 percent respondents claimed environment as the main factor for early and delay menstruation, 54.1 percent alluded to nutrition, 10.6 percent claimed heredity and 28.2 percent respondents of single family says don't know respectively.

5.2.3 Feeling at first Menstruation

The menarche is a crisis phase for every female. It signifies the development of an ability to conceive. Menstruation is characterized by bleeding so it also creates physical and psychological problems to girls. The respondents of this study also felt various problems and had varied feelings of the phenomena during the time of menarche.

Table 5.9: Distribution of Respondents feeling at first Menstruation

Feeling about the first menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	percent
Shy	3	7.9	17	21.3	20	16.9
Worried	32	84.2	39	48.8	71	60.2
Fear	3	7.9	16	20.0	19	16.1
Happy	-	-	5	6.3	5	4.2
Feeling oneself as a women	-	-	3	3.8	3	2.5
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

As shown in the table above, most of the respondents from class 9 (84.2%) and class 10 (48.8%) were worried during their first menstruation. Similarly, the respondents from class 9 and class 10 were also found to be a mixture of happiness, shyness, and fearfulness and some also felt oneself as a women. Classifying them further, 7.9 percent respondents from class 9 were shy and 7.9

percent were happy. While 21.3 percent respondents from class 10 were shy, 20 percent had fearful feeling, 6.3 percent were happy and 3.8 percent felt oneself as a women.

5.2.4 Social Attitude and Practice on First Menstruation

There are various attitude and practices prevalent in Nepalese society regarding menstruation. Family treated the respondents differently during their first menstruation according to their socio-cultural practices. As shown by table 5.9 most of the respondents from class 9 (39.5%) and class 10 (33.8%) were kept in separate dark room during their first menstruation. Other respondents (5.3%) from class 9 were not allowed to see and talk with males, while some (2.6%) were kept in another house for certain days, whereas (10.5%) not allowed to perform religious services, some (34.2%) had to follow all the above mentioned traditions and some of other respondents (7.9%) had some thing else to share about their experiences during their first menstruation.

Moreover respondents from class 10 were also not allowed to see and talk with male (8.8%), some of them (21.3%) were not allowed to perform religious works (21.3%), some of them (6.3 %) were kept in another house for certain days and some gave other points (2.5%) whereas some has to follow all of above traditions (27.5%). The table provided below explicates on the details of the above summary.

Table 5.10: Social Attitudes and Practice on First Menstruation

Social Attitude and Practice	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Keep separate dark room	15	39.5	27	33.8	42	35.6
Don't allow to see and talk with male	2	5.3	7	8.8	9	7.6
Keep in another house for certain day	1	2.6	5	6.3	6	5.1
Don't allow for religious work	4	10.5	17	21.3	21	17.8
All of the above	13	34.2	22	27.5	35	29.7

Source: Field Survey, 2011

5.2.5 Duration of Isolating during First Menstruation

Rural societies in Nepal do not recognize health hazards of keeping girls separate in unhygienic and staled conditions during their menstruation. Many societies do not allow menstruating female to touch many things such as usual bed, water, food and even do not allow to see the male relatives and sun. In order to assess prevalent social customs prevalent during menstruation respondents were asked about the duration of isolation society from the society from society during their first menstruation cycle.

Table 5.11 Distribution of Respondents by Duration of Keeping Separate on first Menstruation

Keeping Separate on First Menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
4 days	6	15.8	22	27.5	28	23.7
6 days	12	31.6	31	38.8	43	36.4
7-10 days	17	44.7	17	21.2	34	28.8
Above 10 days	3	7.9	10	12.5	13	11.0
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

Table 5.11 shows that most of the respondents from class 9 (44.7%) were kept separate for a period 7-10 days whereas most of the respondents from class 10 (38.8%) said that they were kept separate for 6 days during their first menstruation. Only few respondents from class 9 (7.9%) were kept separate for more than 10 days and some respondents from class 10 (12.5%) also shared experiences of having been kept in isolation for a period of ten days.

5.2.6 Hygiene during Menstruation

Perineal hygiene is most important during menstruation. So, before analyzing the practice on it, we should have the knowledge on necessity of perineal hygiene. Table 5.12 shows that all respondents considered that menstrual hygiene is most important because it prevents infection and preserves sexual and reproductive health.

Table 5.12: Distribution of Respondents by Knowledge on Necessity of Perineal Hygiene and Reason for Menstrual Hygiene

Reason for necessary	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Keep the part clean and comfortable	8	21.1	25	31.3	33	28
Prevent from infection	-	-	9	11.3	9	7.6
For health leaving	24	63.2	46	57.5	70	59.3
Don't know	6	15.8	-	-	6	5.9
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

All of the respondents were asked about the reasons for maintaining menstrual hygiene. Most of the respondents from class 9 (63.2%) and class 10(57.5%) answered that it was important for healthy living. Some of the respondents answered it was necessary for keeping the parts clean and comfortable and also to prevent from getting infected.

5.2.7 Frequency of Taking Bath during Menstruation

According to Nepalese culture, the women during periodic discharge (Menstruation) should take bath on third and fourth day. This has at least assisted them in remaining clean and thus maintain hygienic to some extent.. But not only on those days but also during the whole period it is imperative that they take regular bath i.e. a female experiencing menstruation should bath at least once a day. Respondents were asked about their practice of bath during periods which is presented below

Table 5.13: Distribution of Respondents by Frequency of talking Bath during Menstruation

Frequency of Bathing	Class				Total	
	9		10		Number	Percent
	Number	Percent	Number	Percent		
Twice a day	3	7.9	2	2.5	5	4.2
Daily	22	57.9	27	33.8	49	41.5
Alternate day	13	34.2	49	61.3	62	52.5
Fourth a day	-	-	2	2.5	2	1.7
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

It is persistent in the table 5.13 that majority of respondents from class 9 (57.9%) took bath daily and from class 10 (61.3%) took bath at alternative days during menstruation.

5.2.8 Types of Pad used during Menstruation

There are many materials to use for absorbing blood during menstruation. In the market, there are abundance of commercial sanitary pads also. The respondents of rural areas however do not have assess to commercial pads and even if they are available most of them don't use them as they cost much more than any domestic means to fulfill the purpose. They used homemade pads or any cloth available at home.

Table 5.14: Distribution of Respondents by Types of Pad used during Menstruation

Types of Pads	Class				Total	
	9		10		Number	percent
	Number	Percent	Number	Percent		
Old clean cloth	29	76.3	59	73.8	88	74.6
Commercial sanitary pad	9	23.7	19	23.8	28	23.7
Any available cloth	-	-	2	2.5	2	1.7
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

The table shows that 74.6 percent respondents were using homemade pads, which they were referred to by their peers or by their mothers, 23.7 percent used commercial sanitary pad which were available in the local market and 1.7 percent used any types of cloth which were available at home.

5.2.9 Frequency of Pad Change

Women should change the sanitary pads frequently in order to save them from infection and transmission of different disease. They should also use cotton and clean clothe which can be made of old torn cloth or sanitary disposal pad available in the market. Use of sanitary pads helps to maintain personal hygiene, cleanliness as well as assists in bares the blood from staining external and internal clothes. The change of pads vary among the women based on the discharge of blood they have and the day of menstruation as during first or second day discharge of blood is more than other days So, the pads should be changed frequently at least two-three times a days in the first two-three days. Respondents were asked about frequency of pad-change in a day or during first few days of menstruation until blood and mucus discharge from the vagina did not stop. The responses are tabulated in table 5.15.

Table 5.15: Distribution of Respondents by frequency change pad

Frequency of changing Pad	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Three times a day	7	18.4	26	32.5	33	28
Two times a day	9	23.7	41	51.3	50	42.4
Daily	22	57.9	13	16.3	35	29.7
Reuse your Pad						
Yes	29	76.3	59	73.8	88	74.6
No	9	23.7	21	26.3	30	25.4
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

Table 5.15 shows that about 30 percent respondents changed pads daily, 28 percent changed three times a day and 42.4 percent changed two times a day. The frequency of pad change indicates excessive amount of blood loss. Among the respondents 74.6 percent reused perineal pad because they used old clean clothes and 25.4 percent did not reused, as they disposed sanitary pads after single use.

5.2.10 Cleaning practice of used Pads

The most important aspect of menstrual hygiene is cleaning and drying practice of used pads. So, the respondents were asked whether they reused the pad or not.

Table 5.16: Distribution of Respondents according to cleaning and drying practice of pads

Way of cleaning used pad	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Soap	29	100.0	45	76.3	74	84.1
Surf	-	-	12	20.3	12	13.6
Water only	-	-	2	3.4	2	2.3
Total	29	100.0	59	100.0	88	100.0
Ways of drying used pad and penties						
Sun light	37	97.4	73	91.3	110	93.2
Dark place	-	-	5	6.3	5	4.3
Any place	1	2.6	2	2.5	3	2.5
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

Most of the respondents cleaned the re-used pad by soap water. Over 80 percent used soap and water and 13.6 percent used surf. While drying the reused pad and panties, 93 percent dried them in direct sunlight, 4.2 percent dry it in as usual place. Normally the pad should be dried on direct sunlight because sunlight acts as a sterilizer.

5.2.11 Cleaning of Genitals during Menstruation and Pad change

Genital hygiene is most important during menstruation because it prevents infection and various other health problems. Respondents were asked whether they cleaned the genitals also while changing their pads and were even further asked about the method used by them to clean their genitalia.

Almost all respondents washed their genital when they changed the pad. In total 84 percent respondents washed their genital when they changed pad but 16 percent respondents did not wash their genitals when they changed pad.

Among the respondents who cleaned the genitalia during pad change were asked the ways of cleaning the genitalia. Among them more than (93.9%)

cleaned the genitalia Anterior to Posterior, 3 percent followed the direction from posterior to anterior and 2 percent followed without any direction.

Table 5.17: Distribution of Respondents according to practice of cleaning the Genitalia in between pad change

Clean genitalia before changing pad	Class				Total	
	9		10		Number	Percent
	Number	Percent	Number	Percent		
Yes	28	73.7	71	88.8	99	83.9
No	10	26.3	9	11.3	19	16.1
Ways of washing genitalia in between pad change						
Anterior to posterior	27	96.4	66	93	93	93.9
Posterior to anterior	-	-	3	4.2	3	3
No direction applied hap	-	-	2	2.8	2	2
Other	1	3.6	-	-	1	1
Total	28	100.0	71	100.0	99	100.0

Source: Field Survey, 2011

5.3 Problem during Menstruation

Menstruation is a natural physiological monthly discharge of blood and mucus from uterus. And though society and its members should take girls the process easily girls nevertheless along with the whole lot of females face problems during the period. Of the female members of the society, adolescent girls usually need physical and emotional support during menstruation. There are various ritual practices that also aggravate the problems.

5.3.1 Menstrual Problem

Knowledge possessed by girls various problems and diseases arising from poor menstrual can be instrumental in promoting hygienic habits among them. In relation to this supposition, the study has put in efforts to assess their knowledge on the issue with special stress on possible on types of diseases that they think might develop due to poor menstrual hygiene during menstruation.

Table 5.18 Distribution of Respondents face problem during Menstruation by Age, Caste, Types of Family's and Literacy status of parents

Background characteristics	Face problem during menstruation				Total	
	Yes		No		Number	Percent
	Number	Percent	Number	Percent		
Age						
14.00	1	7.1	13	92.9	14	100.0
15.00	18	54.5	15	45.5	33	100.0
16.00	31	72.1	12	27.9	43	100.0
17.00	20	71.4	8	28.6	28	100.0
Ethnic group						
Brahmin/ Chhetri	36	55.4	29	44.6	65	100.0
Janajaties	28	63.6	16	36.4	44	100.0
Dalit	6	66.7	3	33.3	9	100.0
Total	70	59.3	48	40.7	118	100.0
Father literacy status						
Yes	66	58.9	46	41.1	112	100.0
No	4	66.7	2	33.3	6	100.0
Father level of education						
Non formal education	3	100.0			3	100.0
Primary	16	53.3	14	46.7	30	100.0
Low secondary	27	84.4	5	15.6	32	100.0
Secondary	8	72.7	3	27.3	11	100.0
SLC	9	34.6	17	65.4	26	100.0
Intermediate and above	3	30.0	7	70.0	10	100.0
Total	66	58.9	46	41.1	112	100.0
Mother literacy status						
Yes	57	61.3	36	38.7	93	100.0
No	13	52.0	12	48.0	25	100.0
Mother level of education						
Non formal education	11	44.0	14	56.0	25	100.0
Primary	17	54.8	14	45.2	31	100.0
Low secondary	18	100.0			18	100.0
Secondary	7	77.8	2	22.2	9	100.0
SLC	4	40.0	6	60.0	10	100.0
Total	57	61.3	36	38.7	93	100.0
Types of family						
Joint	15	42.9	20	57.1	35	100.0
Single	55	66.3	28	33.7	83	100.0
Total	70	59.3	48	40.7	118	100.0

Source: Field Survey, 2011

According to the table 5.18, 72 percent respondents from 17 years age group said that they faced problem during menstruation and from the 14 years age group 7.1 percent only said that they faced problem during menstruation. Similarly 67.00 percent Dalits, 64.00 percent Janajaties and 55.00 percent Brahmin/Chhetri respondents claimed that they faced problem during menstime.

Only 43.00 percentages of respondents belonging to joint family said that they faced problems, and 66.00 percentages of respondents belonging to single family said that they faced problems during menstruation. Out of the total (118) respondents, most of the respondents belonging to 16 to 17-years-age categories faced problems during menstruation. In comparison teenagers belonging to the 14 years faced minimum menstrual problems. When the prevalence of the menstrual problem was assessed among caste and ethnic Lines, most of Dalits and Janajaties faced in tense menstrual problems. Relatively, the Brahmin and Chhetri girls faced lower level of problem during them menstrual cycles.

Educated parents can better attend to the nutrition and health demands of their offspring. Research data justifies this statement as the total respondents who said that they had faced problem them fathers were comparatively less educated that of those who faced less pain in menstrual cycle.

However against common conception that a educated mother can better understand and fulfill the demands of her family and children, research data shows that girls, whose mother is uneducated faced relatively lower degree of problems in comparison to those whose mothers were educated.

The research has assessed the types of menstruation problems faced by the respondents who went for the affirmative while responding earlier on the issue. As shown by table 5.19, a quarter (25.7 percentage) of the respondents said that they had itching around genitals, 11.4 percent while vaginal discharge and 2.9 percent felt that it caused burning micturation.

Table 5.19: Distribution of Respondents by type of Menstrual problem

Types of problem	Class				Total	
	9		10		Number	Percent
	Number	Percent	Number	Percent		
Itching around genitals	-	-	18	38.3	18	25.7
White vaginal discharge	-	-	8	14.8	8	11.4
Burning maturation	-	-	2	3.7	2	2.9
Other	16	100.0	26	48.1	42	60.0
Total	16	100.0	54	100.0	70	100.0

Source: Field Survey, 2011

5.3.2 Consulting Person and Management of Problem during Menstruation

Every problem has a solution. This statement of far-fetching consequences is relevant in rural settings in this context. Remedial management adopted by the girls who faced the problem has been assessed by this study. Though the remedial management adopted by them has been different, nearly three quarters (73.9%) consulted their mother to solve their problem and on being questioned about the reason for referring to their mother in such situation, most of them said that mother is primary doctor for any ailments and the best counselor than one can have. However the result is not new, previous researches Karki (1998), Pokharel (2003), also had reached similar results.

Besides mother, 12 percent consulted their sisters and 7.6 percent discussed and consulted with friends. However only 6.5 percent consulted doctor for managing their ailments.

Table 5.20: Distribution of Respondents as per the their choice of Consultants and method for Managing Problem during Menstruation

Problems of menstruation	Class				Total	
	9		10		Number	percent
	Number	Percent	Number	Percent		
Yes	20	52.6	72	90.0	92	78
No	18	47.7	8	10	26	22
Consulting person						
Mother	20	100.0	48	66.7	68	73.9
Sister	-	-	11	15.3	11	12
Friends	-	-	7	9.7	7	7.6
Doctor	-	-	6	8.3	6	6.5
Manage the problems						
Taking rest and sleep	15	75.0	46	63.9	61	66.3
By taking medicine	2	10.0	18	25.0	20	21.7
By taking hot water bag	-	-	7	9.7	7	7.6
Doing exercise	3	15.0	1	1.4	4	4.3
Total	20	100.0	72	100.0	92	100.0

Source: Field Survey, 2011

Above three quarters (78 percentages) of the respondents faced health problems during menstruation while only a small faction (22 percent) informed of not having any menstrual problems.

Most of the respondents (66.3 percentages) said that they resorted to sleeping and resting as a tool to manage their menstrual problems. However 21.7 percentage of respondents said they were provided with medicine, while 7.6 percent said that they used hot water bags and 4.3 percent said that resorted to exercises for mitigating the health problems.

5.3.3 Place of staying during menstruation

Place of stay for girls in rural parts of Nepal has often been a problem as most of them face isolation from their usual surroundings. This study investigated the place of residence chosen or forced to choose by the respondents during their menstrual cycles.

Most of the respondents (49.2%) stayed with family. 33.9 percent said that they were kept in in separate room, 2.5 percent said that they had to live in cowshed and 14.4 percent respondents said that they were transferred to a relatives house.

Table 5.21: Distribution of Respondents by place of staying during menstruation

Place of staying during menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Family	19	50.0	39	48.8	58	49.2
Cowshed	-	-	3	3.8	3	2.5
Separate room	19	50.0	21	36.3	40	33.9
Other	-	-	17	21.3	17	14.4
Total	28	100.0	107	100.0	135	100.0

Source: Field Survey, 2011

5.3.4 Types of food during Menstruation time

Menstruation simply refers to bleeding. During the entire period of menstruation, there is bleeding among females, which causes weakness. It is imperative that females are provided with nutritious food during their period. However it does not means that nutritious food should be limited to that period only. As part of the study, types of food offered to female has been assessed and tabulated below:-

Table 5.22: Distribution of Respondents of food during Menstruation time

Types of food during menstruation	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Usual	24	63.2	33	41.3	57	48.3
More than usual	14	36.8	41	51.3	55	46.6
Less than usual	-	-	2	2.5	2	1.7
Don't know	-	-	4	5.0	4	3.4
Total	38	100.0	80	100.0	118	100.0

*Usual Food: Dal, Rice, Vegetable

*More than usual: Dal, Rice, Vegetable, Fish, Meat, Egg, Milk

Source: Field Survey, 2011

Analysis reflects that most of the respondent girls (48.3 percentage) were provided with more than usual food, while another dominant numbers (46.6 percent) of girls said that they consumed Usual food items during their period and only a small number of participating girls (1.7 percentage) said that they consumed comparatively lower quality of food than usually provided with during their menstrual problems.

5.3.5 Bed Separate during Menstruation

Girls have special stay arrangements during their menstruation period. Of the total respondents interviewed (75.4 percentage) said that they were kept in separate places while around a quarter (24.6 percentage) claimed that they were allowed to use their usual bed during menstrual period as well. Most of the respondents complained that it was really hard for them to sleep as they were deprived of good beds, pillows and clothes by the family members. Furnishing reasons for not allowing sufficient clothes during their period, most of them said that their family members believed that using clothes during menstruation defiled their sanctity.

Table 5.23: Distribution of the respondents by Bed appropriate during Menstruation

Separate bed during menstruation period	Class				Total	
	9		10		Number	Percent
	Number	Percent	Number	Percent		
Yes	33	86.8	56	70.0	89	75.4
No	5	13.2	24	30.0	29	24.6
Total	38	100.0	80	100.0	118	100.0

Source: Field Survey, 2011

5.3.6 School Attendance during Menstruation

As discussed in reviewing literature for the study, most of the respondents said that they were barred from attending schools during their menstruation. With a major portion (87.3 percent) of respondents responding that they did not attend

schools during their menstruation the social discrimination against girls experiencing menstruation is found to be high. Only a meager (16.7 percentage) of students attended school during menstruation period.

While elaborating on the causes for not attending schools during periods, most of them said that their parents barred from attending schools while some alluded to health problems while some other

Table 5.24: Distribution of Respondents by Absent and Reasons during Menstruation

Attend school	Class				Total	
	9		10			
	Number	Percent	Number	Percent	Number	Percent
Yes	5	13.2	10	12.5	15	12.7
No	33	86.8	70	87.5	103	87.3
Total	38	100.0	80	100.0	118	100.0
Reason for not going school						
Due to stomach pain	2	6.1	14	20	16	15.5
Due to back pain	11	33.3	3	4.3	14	13.6
Due to headache	2	6.1	5	7.1	7	6.8
Parents didn't allow to go	18	54.5	48	68.6	66	64.1
Total	33	100	70	100	103	100

Source: Field Survey, 2011

As per the collected research data, tabulated in table 5.24, a majority (64.1 percentage) of students said that their parents bared them from attending schools while 15.5 percent respondents did not go to school because of stomach pain, 13.6 percent respondents did not go because of the back pain, them to go and 6.8 percent did not go due to headache.

5.3.7 Regularity of Menstruation

The normal cycle of menstruation is 28 days. But, all respondents were not found to have been experiencing their periods regularly. Period-duration fluctuation has been found to a common problem the respondents. Table 5.25

shows that 52.6 percent of the respondents from class 9 were having regular menstruation cycles where as 47.4 percent of them had irregular menstruation. Similarly, 60 percentages of respondents of class ten from class 10 said that they were having their periods regularly while 40 percent complained of irregular menstruation period.

Table 5.25 Distribution of the Respondents by Menstruation cycle

Menstruation cycle	Class				Total	
	9		10		Number	Percent
	Number	Percent	Number	Percent		
Regular	20	52.6	48	60	68	57.6
Irregular	18	47.4	32	40	50	42.4
Total	38	100	80	100	118	100

Source: Field Survey, 2011

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

This chapter has summarized main findings of the study along with the characteristics of the respondents, and their knowledge, attitudes and practices regarding menstruation. Menstruation is one of the serious concerns of reproductive health as it is directly related to the personal life and has profound effect on physiological and psychological changes of the subjects.

Nepalese culture has different prescription and attitudes, towards first and regular menstruation.

The overall objective of the study is to shed light on the knowledge, practices and problems of menstruation among school adolescents girls in hilly districts of Nepal by generalizing findings reached by conducting research in Palpa district. This study has selected high-school 120 adolescent girls students from two high schools of Palpa.

The major findings of this study are summarized below:

- Respondents included in the survey were between the age of 14 to 17.
- Forty respondents from class nine and eighty respondents from class ten were included in the research.
- All of respondents (100%) followed Hindu religion.
- The respondents belonged to to six castes and ethnicities. Of the total respondents 52.5 percentage were Brahmin 2.5 percentage Kumal and the rest were from Magar, Newar, Chhetri and Dalit.

- Most of the respondents were third child of the parents (32.5%) followed by second (27.5%), first (20.8%) and rest were fourth or above that child of their parents.
- Most of the (71.7%) respondents' family was headed by father. Rest of the respondent's families were headed by mother, brother and other members of the family.
- All the respondents possessed their own land.
- Most (60%) of the respondents' house were made of stone with mud joint house, followed by houses made of concrete joint (32.5%) and last concrete (7.5%) as well.
- Most of the respondent's mother's were literate (79.2%) where as some were illiterate (20.8%).
- Almost all the respondents' fathers were literate (99.5%).
- About half (49.2%) of respondent's fathers were involved in agriculture and most of the mother (67.5%) were involved in house hold works. The other occupations adopted by the respondent's parents were business, services and others (foreign employments).
- Respondents households were found to be equipped with more or less modern facilities like electricity, telephone, radio, television, Bio-gas, computer in their daily life. Out of the total only only 2.5 percentage of respondents lacked them.
- All respondents had heard about reproductive health. And bigger chunk (60%) of them had heard it from their teachers while the rest had heard about it from sources like radio, TV, books, friends and others.

- With about 84 percent of respondents possessing sound knowledge on puberty only 36 percentage of them termed it to be a change in physical situation.
- All the respondents possessed sound knowledge about menstruation.
- Most of the respondents believed menstruation to be a period during which blood and mucous is discharged.
- Out of the total 118 respondents only two respondents had not experienced menstruation by the time of survey. The age of menstruation ranged between 12 to 16 years.
- Of the total, 47.5 percent respondents regarded nutrition to be an important factor for early and delayed menstruation.
- Most of the respondents (63.6%) did not have any knowledge about menstruation before they experienced it personally. Only few (36.4%) were informed about it earlier. Their main source of information was health personal. The other sources were mother, sister, friends and media.
- Regarding attitude, 60.2 percent were worried about experiencing menstruation while 2.5 percent felt being a women. Some of them were shy, fearful and some felt happy about it.
- About 35.6 percent respondents were kept in separate dark room during first menstruation. Most of the respondents were kept for 6 days.
- Many respondents regarded menstruation hygiene as keeping private parts dry and clean. While some others regarded it as protecting genitals from infection through proper use of appropriate pads and cleaning habits.

- More than half of the respondents (59.3%) said that menstrual hygiene is necessary during menstruation for healthy living. Some said that it was important for keeping the parts clean and comfortable, for protecting against infection while some were ignorant about the concept itself.
- Among the respondents 41.5 percent took daily bath, while 52.5 percent took bath on alternative days but 1.7 percent took bath only once in four days.
- The respondents used different types of pads and of them 74.6 percent used old clean cloth, 23.7 percent used commercial sanitary pads and 1.7 percent used clothes available at home.
- About half (42.4%) of the respondents changes their pad twice a day, 29.7 percent changed once a day and 28 percent changed three times a day.
- About 75 percent reused the pads and while 25 percent did not do so.
- All the respondents cleaned their reused pad by cleaning them. A majority (84.1%) used soap and water for that purpose while 13.6 percent of them used surf and water and lastly a small fraction (2.3 %) used only water to clean their pads. Most of dried panties in direct sunlight while a small fraction dried them in dark and shadowy places.
- Most of the respondents knew that poor menstrual hygiene leads to genital urinary problems. Eighty four percent washed the genital after changing the pad. The best way of cleaning is anterior to posterior which was done by 94 percent. The respondents knew problem like itching around genitals, burning sensations while menstruation are common reactions if hygiene is poor.

- Most (73.9%) of them referred to their mothers for resolving problems related to menstruation, while 12 percent of them referred to sister (12%), friends (7.6%) and health personal (6.5%).
- During menstruation, most of the respondents had problems. They managed their problems mainly by taking rest and sleeping (66.3%) and some by taking medicine, by using hot water bag and some by doing exercise.
- During the menstruation most of the respondents (49.2%) were kept along with their family members, while some were kept in separate rooms (33.9%), cowshed (2.5) and others (14.4%).
- Nutritious food is very important during menstruation. But almost half of the respondents (48.3%) were provided usual food, 46.6 percent were provided more than usual, 1.7 percent less than usual and 3.4 percent didn't have any information on that topic.
- All the respondents were unmarried and 75 percent have appropriate bed facilities during menstruation as well.
- Most of the respondents (83.3) needed to have more of information on menstruation but 16.7 percent respondents were very much aware about the topic.
- Most of the respondents (87.3%) didn't go to school during their first menstruation. Only (12.7%) respondents attended school during their period as well.
- Stomach pain (15.5%), headache (6.8%), back pain (13.6%) and others (64.1%) were some of the major causes due to which they couldn't go to school.

- Menstruation cycle was regular among (57.6%) of the respondents whereas (42.4%) of the respondents were worried about their irregular menstruation.
- Every respondent reported that they have proper toilet facilities in their school.

6.2 Conclusion

The respondents were from rural background. But still they were more or less equipped with modern facilities like electricity, telephone, radio, computer and newspaper. Most of the respondents were found to have single family system. Respondent's father was more educated than mothers. It shows the high status of male members in the entire Nepalese society. Similarly, the main occupation of their parents was agriculture which signifies their economic status as well. Most of the mothers were house wives. Their level of education was not satisfactory but still many of them were literate.

Family background plays a vital role in the all round development of any individual. The study found that the respondents possessed sound information on puberty and menstruation. Their main source of information was mother, sister, friends, health personal and media as well.

Bleeding and stomach pain were the prime symptoms, which made the respondents recognize that they were having the signs of menstruation. During their first menstruation, most of the respondents felt worried, fearful, shy and some were happy with a feeling of being a women.

Many respondents faced problems like itching around genitals, white vaginal discharges, during menstruation and others. Common problems like stomach pain, back pain, vomiting, headache etc. were found among the respondents. Regular menstrual cycle was found common among the respondents.

It was found that, at the first menstruation, most Brahmin and Chhetri respondents were kept separately in a dark room and were not allowed to talk

to others as a social practice. They were not allowed to see and talk with male members and were also not allowed to participate in any kind of religious works.

This study shows that school going girls have good knowledge on RH, puberty and menstruation. They were aware about puberty, pubertal change, meaning of menstruation, ways of cleaning and drying the reused pads and ways of cleaning the genital. Attitude towards menstrual hygiene seems to be superficial. Almost all adolescents faced menstrual problems and they managed them on their own. The most common source of information on the topic was found to the mother figure.

Similarly, the most common ways of managing menstrual problems were by taking rest and sleep, taking hot water bag, medicines, and doing exercise.

Menstrual hygiene plays a very important role in the healthy living of an individual. Thus, the respondents were also found to have adopted the ways the menstrual hygiene by keeping their private parts clean and dry, by protecting genital from infection, through appropriate use of pads and many others. Bathing at proper intervals was also regarded important. Regular change of pads, appropriate bed facilities and toilet facilities were also considered in this study.

Most of the girls are still not aware about menstruation, its problem and hygiene management during this period. This shows there is more necessarily of education on RH and menstruation from lower secondary classes. Medias like: radio, television, etc. can also play an important role. Parents must provide proper guidelines to their daughters about such topics so that they could prepare themselves for such a situation.

6.3 Recommendation

Menstruation somehow signifies the capability of giving birth among the females. So we can say, today's adolescent's girls are mothers of tomorrow. A

positive attitude towards menstruation is to be developed for healthy maternity and happy sex life. There were and still are various traditional beliefs and practices in the name of menstruation. In this study various social and personal problems were found to be prevalent among the respondents. Thus, a strong program should be planned and implemented in rural communities for rooting out traditional practices and conservative thinking on menstruation.

After the completion of this study, it is recommended that:-

- The secondary level school syllabus should have in depth analysis in the textbooks of secondary level of schools.
- Sufficient knowledge on menstruation and RH should be included in the text books.
- There are various unhealthy practices in existing society. Several programs and policies should be launched to remove such traditional thoughts and practices.
- Mass media should organize regular program for imitating information on RH in adolescents per group.
- Expand community level education activities on RH issues.
- The RH and menstruation should be kept as the main component of primary health care.

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29. If yes what type of problems do you face?	a. Itching around genitals b. White vaginal discharge c. Burning micturation d. Other
30. Do you have any problems during menstruation?	a. Yes b. No
31. Women do you consult while having such problem?	a. Mother b. Sister c. Friends d. Health personnel e. Others
32. How often do you mange the problem?	a. By taking medicines b. By taking hot waer bag c. Doing exercise d. Taking rest and sleep
33. Where do you kept during menstruation?	a. With family b. Cow shed c. Separate room d. Others
34. What kind of food do you get during menstruation?	a. As usual b. More than c. Lees than usual d. don't knew
35. Did you get appropriate bed during this period?	a. Yes b. No
36. Are you married?	a. Yes b. No
37. What was yur age of marriage	Years:
38. Do you need the education about menstruation/	a. Yes b. No
39. Have you gone to school at your first menstruation?	a. Yes b. No
40. why you don't go to school?	a. Due to stomach pain b. Due to headache c. Due to back pain d. Others
41. Is your menstruation cycle regular?	a. Regular b. Irregular c. Can't say
42. Do you have toilet facilities in your school?	a. Yes b. No