

**Socio-cultural Beliefs and Menstrual Health among the Women in  
Sanfebagar Municipality**

A Thesis

Submitted to Department of Health and Population Education in  
Partial Fulfillment for Master of Education in Health Education.

Submitted by

Ambika Kunwar

Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

2021

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Kirtipur, Kathmandu

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**Declaration**

I hereby, declare that to the best my knowledge, this thesis is my original work. No part of it was earlier submitted for the candidate of master degree to any university, college or educational institutions.

Ambika Kunwar

Date: Dec. 27, 2021



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शिक्षाशास्त्र संकाय

स्वास्थ्य तथा जनसङ्ख्या शिक्षा विभाग

TRIBHUVAN UNIVERSITY  
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Date: 27 Dec, 2021



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### Approval Sheet

This thesis entitled **Socio-cultural Beliefs and Menstrual Health among the Women in Sanfebagar Municipality** submitted by **Mrs. Ambika Kunwar** in Partial Fulfillment for Master of Education in Health education has been approved.

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**Ambika Kunwar**

### **Abstract**

This study aims to examine the socio-cultural beliefs and menstrual health among the women of Sanfebagar Municipality. This study followed a sequential explanatory research design. Out of 3948 total, 241 women were taken for this study using random sampling method. Questionnaire was used to collect quantitative and guideline In-depth interview was used to collect qualitative data.

The study found that the majority of the population belonged to chhetri (81.3%), 15-25 ages group and having secondary level education. Most women were known that menstruation is the natural phenomenon. The common practices were; not allowing entering temples and keeping women at a separate room during their menstruation period. Most (56.6%) were compelled to follow the practices due to family and society pressure and fear of God. Majority of the women used old pieces of clothes instead of sanitary pad changing on daily basis however only some of them used sanitary pad. Also, the materials used for cleaning were soap and water by (15 percent), 66% responders were treated as untouchable during period. Women were not allowed to pray or worship at temples (100%). In terms of data illiterate women ate normally daily food (94.7%). The respondents' taking bath during menstruation period was found satisfactory. As this study shows that the (2.9%) respondents having basic education faced different accidents, likewise, (3.3%) of the respondents having secondary education had such accidents, mostly (80%) snake bite incident and majority of the respondents (59.3%) perceived benefits.

However menstruation related problems were the major obstacles. Practices were affected by traditional, social and ritual myths of society which affect women/girls. Therefore, respondents were showing negative behaviors related to menstruation. In general respondents' level of perception risk was low, which should be wiped out through various interventions and awareness programs.

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### Abbreviations/Acronyms

COVID-19	:	Corona Virus Disease 2019
FGD	:	Focus Group Discussion
GoN	:	Government of Nepal
CDC	:	Centers for Disease Control and Prevention
HBM	:	Health Belief Model
HPE	:	Health and Population Education
KAP	:	Knowledge, Attitude and Practice
MoHP	:	Ministry of Health and Population
PBM	:	Precautionary Behaviour Measures
PHEIC	:	Public Health Emergency of International Concern
PHSM	:	Public Health and Social Measures
SARS-CoV-2	:	Severe Acute Respiratory Syndrome Corona Virus 2
SCT	:	Social Cognitive Theory
SMS	:	Social Distancing, Use of Mask and Sanitizer and Soap
SPSS	:	Statistical Package for Social Sciences
VOCs	:	Variants of Concern
VOIs	:	Variants of Interest
WGS	:	Whole Genome Sequencing
WHO	:	World Health Organization

## **Chapter I: Introduction**

### **Background of the Study**

According to the Oxford English Dictionary (1989), health is the state of being well and free from illness. The definition indicates that health is soundness of body and mind. It is the condition in which all the functions are duly and efficiently discharged. Similarly, WHO has defined health “as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity?” The two most important indicators of health situation of a country are life expectancy and the infant mortality rate. The bleak health situation in Nepal with respect to maternal and child healthcare can be assessed by the single fact that until the 2078 census reported for the first time that female life expectancy in Nepal was slightly higher than male life expectancy (67.44 years for women, 64.94 years for men). Nepal was one of the few countries in the world where a woman’s life expectancy was lower than that of a man. Another indicator of female vulnerability in Nepal is the persistence of higher infant and under-five mortality rates for girls than for boys.

Menstruation is a natural process. However, in most parts of the world, it remains taboo and is rarely talked about (House et.al. 2012). Menstruation is a natural biological phenomenon. It symbolizes that every healthy adolescent girl has entered into womanhood and is prepared for fertilization. Each girl and woman menstruates approximately 3000 days in her reproductive life and a quarter of them menstruate every month starting between the ages of 11-16 years and ending between the ages of 45-50 years (Ahmed & Yemen, 2008). WHO (2005) defines that adolescence as a period of life between 10 and 19 years of age. As distinct from the varied interpretation of the WHO is considered an “adolescent” the word “teenage” is more easily defined. It refers to the 13 to 19 years’ age group of people. In Nepal, according to Hindu culture, it is believed that menstruation is a curse given by God to women. But these days, it is clearly known that menstruation is the symbol of readiness for conception or fertilization if no fertilization occurs, if copulation doesn’t occur, or if sperm fails to reach the ovum, if the fallopian tube, blood with endometrial material, gets sloughed on through the vagina. The process is called menstruation, and it usually lasts about four days (Lioud, 1969).

A menstruating woman cannot touch anyone; if someone touches her, the person needs to be purified by taking a bath and drinking cow's urine. Specifically, she is not permitted to touch pregnant women and trees because of the idea that the "fruits" they are bearing will die or be malformed. Menstruating women are not permitted to participate in religious ceremonies, nutritious food is forbidden, and warm clothing is not allowed. Yet, they are still expected to participate in hard labor, carrying out the daily chores that they would normally do, such as working in the fields, fetching firewood, washing clothes, and so on (Sharma, 2010). It is believed that if the woman does not adhere to these practices, there could be any number of negative impacts: she could become sick or die; her bones could break; she could become infertile; others could fall ill or even die. She will become sexually dangerous and cause harm to her partner's genitals. A person could not have sex if the seclusion was broken. If these women were unable to maintain these traditions, their community would be shattered and they would no longer survive (Kandel, Bhandari & Lamichanne, 2015).

The social construction of beliefs, knowledge, and attitudes about menstruation varies from place to place, largely dependent on the socio-economic and cultural history of the area (Carvalho, 1997, Gergen, 2003). Menstrual exile, also known as menstruation, is a tradition of *untouchability* in far-western Nepal. Forbidden from touching other people and objects, women and girls are required to live away from the community, typically in a livestock shed, during menstruation. We assessed the lived experiences of menstruation among Nepalese adolescent girls in the far-western Achham district of Nepal (Amatya et al., 2018).

Menstrual hygiene management (MHM) is an essential aspect of hygiene for women and adolescent girls between menarche and menopause. Despite being an important issue concerning women and girls in the menstruating age group MHM is often overlooked. Further, there is limited evidence of menstrual hygiene management in humanitarian settings (BMC, 2018). Safe and effective menstrual health management is a critical component of, and premise to, adolescent girls' and women's sexual and reproductive health. When girls are more knowledgeable about their bodies and fertility, and able to effectively manage their menstrual hygiene, they may be more empowered and better equipped with the information, tools, and confidence

necessary to manage their long term menstruation, sexual and reproductive health (RH), including the effect of menstrual health. In this content, my intention for this study is to generate an existing social norm, belief, and effect on women's menstrual health and hygiene. Menstrual health is a need for menstruating women & girls. Although, there are some studies on menstrual health & hygiene management in Nepal, there is limited evidence on menstrual hygiene management especially on this topic. Therefore, I conducted this study to explore people's socio-cultural beliefs about women's menstrual health in the study area.

### **Statement of the Problem**

Nepal is a multicultural, multiethnic country that holds many superstitious beliefs. Many of these beliefs are hindrances to the development of the country. These violate many human rights as well. The victims of the belief comprise the entire womankind of the country. Among the many atrocities that the females are facing the inhuman behavior at the time of menstruation is too big to be ignored. Nepalese women, especially in the rural areas are treated as untouchables, they deprived of daily facilities instead of getting extra care during menstruation period. Due to traditional beliefs and superstitions, most parents take serious exceptions to the unhygienic menstrual blood and isolate their daughters. During their menstrual cycle the women are not allowed to touch water, food items, tree of fruits and religious places among others. In some Nepalese cultures, people believe that if women passing through menstrual cycle touch trees, they will be ruined and the 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, pond and taps. They are not allowed to sleep with family members or in their own usual bed (Shrestha, 2019). Thus, it is necessary to know about the problems faced by them to know about current situation.

Sanitation practice differs from community to community. Some communities achieve good health from their practices, and some lose health from their sanitation practices. Community people cannot develop every aspect of their lives without personal hygiene and a healthy environment. Personal hygiene and sanitation is essential for all the human beings. In Nepal, the distribution of pure drinking water is very poor in village areas as well as in town. Sewage system is poor. Most of the

people have not knowledge about community health and hygiene. This may be due to high percentage of illiterate people living in the community.

The word Hygiene is derived from Greek word 'Hegela' the Godness of health. Hygiene is in general defined as the quality of life, that enables the individuals to live most and physical activities of the body are adjusted satisfactorily to the environment. It can be imperialized either by doing or by neglecting to do certain things in accordance with the natural laws, pertaining to the body, mind and environment. These laws related to fresh air, sunlight, diet, exercise, rest and relaxation, sleep, cleanliness, illumination, right attitude of mind, good habit and others.

Hygiene is defined as science of health for healthful living which is close relative of epidemiology. Its aim not only at preserving health, but also to live in healthy relationship with the environment. Health and hygiene of every human being are vital in overall development of a country in large. The problems of health and hygiene are more in the third countries. As Nepal one of the least developed country, it faces many serious problems including health and hygiene.

In this modern Era, human beings have almost all types of unable things available to them and their wastage has become one of the greatest problems of modern human life. An increasing population has caused the loss of healthful living in every community and in every part of the country. People have been suffering from environmental pollution in the urban areas. It is considered that carelessness or negligence in producing noise, excreting, throwing wastage and carcasses everywhere are the causes of degradation. Rural areas are polluted day by day due to lack of health education. There is no systematic way of wastage disposal.

The biggest challenge is to break deep-rooted cultural beliefs around menstruation and other restrictions. So that girls eat nutritious foods such as milk. People are still not accepting these things. They believe that if menstruating women eat ghee or don't observe menstruation bad things will happen and their animals will die. These beliefs and taboos are very difficult to eradicate. Talking about menstrual products can be an entry point to talking about these issues and breaking the silence around them (Shrestha, 2018).

In Nepalese society, women get victimized by conservative and socio-cultural myths and beliefs in such a way that menstruating women experience psychological effects such as anxiety, fear, shyness, as well as physical effects such as backache, cramps, lower abdominal pain, vomiting and so on. Females seem to be suffered from emotional effects such as sadness, uneasiness, tiredness etc. Human activities are guided by their culture, education. In this way, menstruation is directly affected by norms, education, etc (Rayamajhi, 2017).

Thus, it is obvious that most of the menstruating girls and women are found to have been facing different kinds of physical, mental, psychological, and social problems in the rural or remote areas of Nepal specifically in Sudurpaschim Pradesh.

Among the above mentioned literatures and information, very few have given proper attention to the critical role of community engagement in sustaining menstrual health. Furthermore, current programs have not adequately redressed misconceptions, taboos, and harmful cultural and traditional practices surrounding menstruation. Until critically examine the socio-cultural context of menstrual health and hygiene, particularly the way gender is socially constructed and reinforced through MHM practices (or lack there of), we cannot conceptualize an accurate or holistic vision for unlocking better health practices for all.

The above mentioned literatures and facts show that in Nepali society, a poor menstrual health is a main problem. I could not found any researches and studies regarding to this issue. Thus, in order to find answers to questions such as what socio-cultural beliefs are prevalent, how study participants promote menstrual health, and how perception affects respondents' menstrual health, I have chosen a topic titled "Social-cultural beliefs on menstrual health among women for the study."

### **Objectives of the Study**

The specific objectives of the study are as follows:

1. To assess the existing socio-cultural beliefs of women on menstruation on the basis of education status.
2. To explore the practice of Menstruation hygiene on the basis of education status.
3. To appraise the risk perception of women regarding to menstrual health

### **Rationale of the Study**

This study mainly focuses on the effects of socio-cultural beliefs on the menstrual health of women. Menstruation is the natural process. In this period many changes and health problems occurs which cause fear, uneasy, unhappiness, shyness etc. The women were suffering from poor socio-cultural belief, which were leading to serious problems. So this study is trying to find out the menstruation hygiene and their social cultural belief. The study would be helpful for the community to realize them and to adopt appropriate behavior toward menstruating women. In addition, the major significance of this study is as follows.

1. After completion of this research work, the community would get the information of menstrual related social phenomenon and its consequences in the female health status.
2. This study can be effective to change the so-called superstitious beliefs regarding to menstruation and menstrual women.
3. This study plays a crucial role for policy makers, educators and planners.
4. This study can pave the way for further study related to this topic.
5. This study reflects the menstrual practices followed in the study area.

### **Delimitations of the Study**

This study is necessary to cover wider area for such a study, but time and resources are limited. Delimiting factor included the choice of objective variables of interest and the population researcher choose to investigate or study.

1. This study was delimited within the Kirtipur municipality, Panga in Kathmandu and Sanfebagar municipality wd. no.4 in Achham district.
2. The respondents were 15-49 age groups of women.
3. This study would be based on socio-cultural belief on menstrual health among the women.
4. This study covers ward no 1,2,3,4, and 9 of Sanfebagar municipality in Achham district.
5. This study was delimited to find out the menstrual practices in study area.

## Limitations of the Study

The limitations of the research area are as follow:

1. In this study, I had wanted to collect the data from Kirtipur municipality and Sanfebagar municipality and compare them to find the beliefs and practices of mensuration period but I couldn't collect data form this area due to COVID 19 pendemic. So that's the reason I had collected data only in Sanfebagar municipality ward no 1,2,3,4 and 9 Achham district.
2. In the period of COVID 19 all people were in tragic situation and banned wards, so I couldn't reach everywhere. Which place I couldn't reach I collected the data with the help of messenger & telephone communication.
3. In this study, the number of illiterates was lower due to a lack of education because they could not use mobile phones or social media. So I was unable to contact them.

## Definition of the Key Terms

**Chhaugoth:** away from main house different small house

**Hygiene:** it is practice of keeping the vagina clean dry during menstrual.

**Knowledge:** Adolescent understanding ability will facts, figures, situation and Phenomenon related to menstruation.

**Menarche:** Beginning of menstruation.

**Menstruation:** cycle endometrial shedding and discharge of blood fluid from the uterus and it occurs approximately 4 weeks interval.

**Menstruation:** menstruation women

**Reproductive age:** The age between 15-49 years at which in any time girls can be pregnant. She produces an ovum every month. If it with sperm it because fertilize and generative maturation occurs.

**Shed:** a simple and small roofed structure of a shelter for menstruation women.

## Chapter II: Review of Related Literature

Literature review is the most important function to develop any research which provides deeper knowledge, experience and other ideas to the researcher. The concerns of the study journals, relevant books, articles, news bulletin and the internet helps with research work. Various studies stated that it is a natural phenomenon that occurred in females at the age between 15 to 49 years, but at the time of effect of social cultural belief and menstrual hygiene on women in Achham.

### Theoretical Review

**Concept of menstruation.** Hunsey (2004) stated that the first menstrual period is called menarche and usually happens around the age of 12 but start as early as age 9. Menstruation is a sign of a girl growing up and becoming a woman along with starting the period, body is changing. It also indicates that if a girl has sex, she can get pregnant in the month before the first period starts.

Menstruation is a natural process. In our societies, the term menstruation is known by different terminologies, such as *rajaswala*, *nachune hunu*, *bahira sarnu*, *chauhunu*, *chuibhai*, *masik shrap*, *mahinawari*, etc. The introduction up until now proves that poor menstrual hygiene in developing countries has been sufficiently acknowledged problem. In several cultures, there are (cultural or religious) taboos concerning blood, menstruating girls and women and menstrual hygiene. Across the world, there is also structural gender inequality which continues to exist through the widespread preservation of preconceptions, stereotypes and cultural patriarchal attitudes, because of which the position of women as independent actors is being undermined daily (Tjon, 2012).

**Menstrual health and hygiene.** Menstruation signals a girl's entry into womanhood, sexual activity, and reproduction and as such, is a crucial time for adolescent girls to learn about their bodies and their health. Yet effective solutions to improve menstrual health are lacking, as evidenced by girls' lack of knowledge and unhealthy practices. In Nepal, less than half of adolescent girls have adequate knowledge about menstruation, and only one in ten practices good menstrual hygiene. Adolescent girls' inability to effectively manage menstrual hygiene affects their

education, physical health, psychological and emotional well-being, and general quality of life (Galli, 2017).

Menstruation is a naturally occurring physiological phenomenon in adolescent girls and pre-menopausal women. Menstrual Hygiene Management (MHM) is defined as ‘Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’. Menstruation necessitates the availability of material resources to absorb or collect menstrual blood, facilitate personal hygiene and dispose of waste, ideally with adequate privacy. Women and girls in low income settings have low awareness on hygienic practices and lack culturally appropriate materials for menstrual hygiene management (MHM) practices. Menstruation and associated activities are surrounded by silence, shame and social taboos that are further manifested in social practices that restrict mobility, freedom and access to normal activities in India and Nepal. For instance, drinking milk, preparing food, interacting with people or refraining from performing religious rituals are restrictions found in many cultures (BMC women’s health 2018).

In Hindu society menstruation period is taken as impure period or stage there for a woman kept distance during the period. It is customary among high caste Hindu families to keep away from home any early adolescent girls during the period of their first couple of menstrual cycles. It is because of the belief that their own father, brothers are not allowed to see the face of their daughter/sister during their first three menstrual cycle to follow. This practice newly menstruated psychologically harassed girls are sent to live in the house of relatives. In the far-western and mid-western regions, chaupadi system is a quite common and widely criticized from both modernization process and gender perspective (Adhikari, et.al.2004).

**The taboo of menstruation:** Menstruation pratha is a centuries old ritual of banishing Nepali women and girls during their monthly menstruation. This ritual is also practiced during and after childbirth. Throughout history, many cultures have practiced the same type of ritual and, today, the banishment ritual is still accepted and affects females from all levels of Nepali society. A menstruation shed or hut is a

simple stone, grass, or stick shelter. These menstruation sheds are also commonly used to shelter cows and goats; many have dirt floors, no windows, and no water, making the conditions inside the huts the epitome of unsanitary. During the winter months, temperatures can drop to 11 degrees Fahrenheit, and in the summer months they can reach 120 degrees Fahrenheit. In conjunction with the brutal temperatures and unsanitary conditions, women are left completely isolated, which brings about issues of life threatening situations. The taboo associated with this natural process for women has contributed to a widespread lack of knowledge about physical hygiene and female menstruation, especially in the rural areas of Nepal. “Nachhunu,” is the Nepali word for menstruation and also translates as “untouchable.” In Nepal, it is common for women who are menstruating to be considered impure and untouchable. This superstition includes everything that a woman touches during the time of menses (Mazzulo, 2013).

There are clear cultural reasons for these taboos and practices. When, a Hindu woman reaches maturity, she is kept in a dark room for thirteen days during her first and second menstrual cycle and four days of every other menstrual cycle (Kandel, Bhandari & Lamichanne, n.d.). When a girl has her first menstruation, she is sequestered from her family members for 11-15 days. In the case of a mature woman, she stays in shed for 5 days, while a married woman has to stay for only 4 days (Maharjan, 2010). This ritual regards women as “impure” during their menstrual cycle; it is known to have initially originated centuries ago from a belief that gods and goddesses become angry if any woman stays in her home during that time. Following the ritual, women are made to live in sheds outside their homes called “menstruation Goths” (Sharma, 2010).

In Nepal, millions of women and girls are believed to face a complex set of challenges relating to managing menstruation and deeply entrenched cultural and religious beliefs. These challenges can also have negative impacts on their health, education, and human rights. (German embassy in ktm Nepal) Although menstruation is a biological process that occurs for women of a sexually mature age, many cultures associate it with symbols that shape and affect women's lives within these societies. This thesis examines orthodox Hindu beliefs about the origin and meaning of menstruation, which are fundamentally viewed negatively (i.e., adharmically).

Drawing upon sources from the earliest to more recent Dharmasastra literature, the thesis demonstrates that orthodox Hindu menstrual taboos derive from menstruation's adharmic associations, which in turn affect attitudes towards women. The Dharmasastras also attempt to realign women with dharma by prescribing appropriate roles for them and act in tandem with the Hindu goddess tradition. The orthodox interpretations of Hindu goddesses configure these deities to serve as dharmic models "for" and of women, thereby transmitting dharma to women in ways that are perhaps more meaningful, accessible, and effective than the satiric literature alone (Hembroff, 2010).

In general, in each society there are socio-cultural norms and prescriptions regarding the knowledge, attitude, preference, behavior of people, etc. In Hindu culture, menstruation (a reproductive health element) is considered religiously impure and ceremonially unclean. There are many socio-cultural taboos are practiced by females during menstruation. Apart from their validity, these taboos help women maintain menstrual hygiene as a prerequisite to avoid reproductive health problems. Therefore, this paper attempts to examine such practices in the study area and the factors influencing their practice. The Socio-cultural taboo index was developed to classify women into three categories as low, moderate and high practice of social taboos. The results show that a very strong practiced attitude among the women is clearly evident in keeping them away from religious and ceremonial participation. Surprisingly, this practice is comparatively high among urban respondents. Except religious and ceremonial related taboos, women do not seem favorable to the practice of other social-taboos. Conclusion: At least a strong belief in "menstruation is religiously impure and ceremonially unclean" makes them practice menstrual hygiene (Selvi & Ramchandran, 2012).

Ghimere (2005) mentioned that the system of keeping women in filthy sheds during menstruation raises the risk of contracting infectious diseases, and many women suffer from respiratory and diarrheal illnesses. Malnutrition is a problem and regular social exclusion triggers severe depression. The regular isolation and social exclusions have triggered severe depression and various forms of reproductive health problems among women.

Kumar and Shrivastava(2011) attempted to find out the existing social and cultural practices regarding menstruation, awareness levels, and the behavioral changes that come about in adolescent girls during menstruation, their perception of menarche, how they treat it, and the various taboos, norms, and cultural practices associated with menarche. Cultural and social restrictions associated with menstruation, myth, and misconception; the adaptability of adolescent girls toward it; their reaction to it, reaction of their family; realization of the importance of menstruation; and the changes that have come in their lives after menarche and their resistance to such changes. The article also suggests strategies to improve menstrual health and hygiene among adolescent girls. The study concludes that cultural and social practices regarding menstruation depend on a girl's education, attitude, family environment, culture, and belief.

**Religious' beliefs and norms related to menstruation.** The average woman menstruates for almost a quarter of her fertile life. Yet there are many religions which, to this day, hold primitive ideas and beliefs regarding this common phenomenon. In this study, I have provided an overview of the views of menstruating women held by the four major religions of the world, including Nepal.

**Hindu philosophy.** Hinduism views the menstruating woman as “impure” (Chawla, 1992), or “polluted” (Apffel-Marglin, 1994). In fact, menstruation is referred to in some places as a “curse” (Sharma, Vaid, & Manhas, 2006). The impurity lasts only during the menses, and ends immediately thereafter. During their menstruation, women must leave the main house, and live in a small hut outside the village (Apffel-Marglin, 1994; Phipps, 1980). They must rest, and do no work; they cannot comb their hair or bathe (Apffel-Marglin, 1994). They are not allowed to partake in the Naulas, or traditional water springs. In other words, menstruating women do not have access to water when they need it for personal hygiene. They are not allowed to cook food (Joshi & Fawcett, 2001), and must keep separate utensils (Sharma, et. al., 2006). Women may not enter the pooja room (the prayer room within each home) and may not enter the temple (Chawla, 1992; Ferro-Luzzi, 1980; Phipps, 1980; Sharma, et. al., 2006). Women may not mount a horse, ox, or elephant, nor may they drive a vehicle (Whelan, 1975). Ferro-Luzzi (1980) also found various food restrictions during menstruation, including fish and meat. In particular, menstruation

is to be a private event. There is a strong taboo against menstruation being made known in a public sphere (Apffel-Marglin, 1994).

**Buddhism.** In Buddhism, menstruation is generally viewed as “a natural physical excretion that women have to go through on a monthly basis, nothing more or less” (Buddha Dharma Education Association, 2004). However, Hindu belief and practice has carried over into some categories of Buddhist culture. In Muslim cultures, “impure” (i.e., menstruating) women are to be avoided by men (Whelan, 1975). These laws are derived from the Qur'an (2:222), which reads, “They question thee (Muhammad) concerning menstruation. Say it is an illness so let women alone at such times and goes not into them till they are cleansed. And when they have purified themselves, then go unto them as Allah hath enjoined upon you.”

**Christianity.** Most Christian denominations do not follow any specific rituals or regulations related to menstruation. However, Western civilization, predominantly Christian, has a history of menstrual taboos. In early Western cultures, the menstruating woman was believed to be dangerous, and social restrictions were placed upon her. In fact, the British Medical Journal, in 1878, claimed that a menstruating woman would cause bacon to putrefy (Whelan, 1975).

**Islam.** Islam does not consider a menstruating woman to possess any kind of “contagious uncleanness” (Azeem, 1995). The Islamic law treats menstruation as impure for religious functions only (Engineer, 1987). In Taiwan, Buddhists characterized menstruating women as polluted, and restricted them with taboos. Women were taught that their menstrual periods were a dangerous vulnerability (Furth & Shu-Yueh, 1992). Menstrual blood, itself, was viewed as “dirt” or “poison” (Furth & Shu-Yueh, 1992). Japanese Buddhism, in particular, has been characterized by a persistent anti-feministic attitude (Jnanavira, 2006).

In conclusion, it is important to understand the different restrictions and views of menstruating women in different religions. One reason for this importance is the fact that there are many people who still follow these laws. For example, Hindus, Muslims, and Orthodox Jews still abide by these taboos. An understanding of these beliefs will help in dealing with people of these faiths.

## **Policy related to Menstrual Health**

### **A Neglected Condition for the Achievement of Several Millennium**

Development Goals: The problem concerning menstruation and participation in the higher forms of primary (grade 4 & 5) and secondary education has several aspects. Sanitary facilities and waste management at schools, including the hygienic disposal of sanitary napkins and other protection alternatives, are so poor and unsafe that girls and female teachers prefer not to use these during their menstruation period. Moreover, safe and effective protection alternatives, such as sanitary napkins, tampons, etc., are not available, and/or not affordable<sup>41</sup>, because they have to be imported or because of the high taxes being levied on these products (they are classed as luxury goods instead of necessary items). These problems are reinforced by local customs and cultural and/ or religious traditions and taboos concerning menstruation, especially in rural areas (Ten, 2007).

Social, cultural and religious factors play a strong role in, influencing attitudes and beliefs about menstruation. In the far and mid-western regions of Nepal, according to some religious and cultural beliefs, menstruating women are considered 'untouchable', dirty and impure and have to endure being separated and isolated from their families for the duration of their monthly period. Although this practice, known as menstruation, was declared illegal by Nepal's Supreme Court in 2005 and was criminalized in 2017, it still continues.

The Government of Nepal (GoN) has identified adolescents as an important and underserved population critical to achieving national health and development goals. In the past two decades, there have been increasing inter-sectorial collaborative efforts to develop and implement strategies to improve adolescent health, with an emphasis on sexual and reproductive health, as reflected in several national policies, plans, and strategies. In 2011, the GoN, through the Family Health Division, developed a national program based on what was learned from previous pilots to promote the sexual and reproductive health of adolescents at the national level. The legislature's 2005 ban on Menstruation also signals shifting attitudes and political commitment to improving menstrual hygiene. The 2015 draft national strategy on adolescent sexual and reproductive health calls for increased involvement of the private sector in meeting adolescent needs. The strategy specifically calls for

integrating menstrual health and hygiene (MHH) components with sexual and reproductive information and education on menarche, healthy menstrual practices and associated health benefits, increased access to menstrual aids such as sanitary napkins, and management of menstrual disorders.

The government is set to bring National Menstrual Hygiene Management Policy so as to place menstrual hygiene in the human rights framework. The new policy of the government aims to spread awareness, discourage superstition and cultural malpractices related to menstruation. The draft of the policy will soon be tabled in the Parliament. The new policy, if endorsed by the Parliament, will address long-term physical and mental health problems related to the menstruation health of women and give them easy access to sanitary pads and other things women need during menstruation. The policy will also help end discriminatory practices against menstruating women. “The main aim of the policy is to help in the management of menstrual hygiene and improve the physical and mental health status of women in the country,” said Dinesh Adhikari, assistant spokesperson, Ministry of Water Supply and Sanitation. (Himalayan times may 25, 2018).

The government of Nepal has announced recently, on May 3rd 2019 that all Nepali schoolgirls will have access to free sanitary pads at school (The Riging Nepal 2019).

**Health behaviour change theory.** A theory is a set of interrelated concepts, definitions, and propositions that explain or predict events or situations by specifying relations among variables (source E. 2016).

Following the central elements of four of the most widely-used theoretical models of health behavior:

***The Health Belief Model (HBM).*** The core constructs of the HBM Perceived susceptibility and perceived severity, perceived benefits and perceived barriers, Cues to action and Self-efficacy (added more recently) (Budhathoki, 2073)

***The Trans-theoretical Model/Stages of Change (TTM).*** Precontemplation, contemplation, preparation, action, and maintenance are the main components (Baidha, P & et al. 2070).

***Social Cognitive Theory (SCT).*** Key constructs of social cognitive theory that are relevant to health behavior change interventions include Observational learning, Reinforcement, Self-control and Self-efficacy (Budhathoki C.2073).

***The Social Ecological Model.*** According to Mcleroy & Frnds, the mainly five elements are Individual or intra- personal factors, Interpersonal factors, Institutional or organizational factors Community factors and Public policy factors. (Baidha. P & et.al.2070).

When applying theory, participatory program design, evaluation and research improve the odds of success. Also, health behavior change programs that address significant public health problems should strive to complement individually-oriented intervention models with strategies and models to develop healthier policies, systems and environments (source.E 2016). Thus, I used health belief model in my study.

## **Empirical Review**

### **Global context**

FPAN (4000) mentioned that the majority of the respondents (79.3 percent) mentioned between 12-15 years of age when girl's menstruation occurred was studies among 1881 in five districts. The mean age of menarche was reported to be 13.7 years. About 65 percent of the boys and girls said that the girls are kept in and isolation at the time of their menarche. The practice was reported to be much higher in Achham (93.0) percent and Kavre (80 percent) than in other three study district over one third of respondents said that the girls were not allowed to see any males. About half (52 percent) respondents of both sexes believed that it was painful to touch a male during menstruation and about one sixth said that it shorted. The life of the male would get sick. However, about a quarter of respondents said that nothing would happen if a female touched a male during her menses.

KOF and Reirdon (1995) reported early adolescent girls (n=224) understanding of menstruation. These girls were asked about their preparation for and an expectation about their preparation for and an expectation about menarche, their parent's role and their understanding of the biological basis of menstrual related physical and psychological change although girls viewed themselves as prepared for menarche and claimed that they had discussed it with their mother their exception of

menstruation reflected at best complete knowledge and more typically a variety of misconception and ignorance.

The article of Seinyal S. Ray s, entitled variation in the menstrual characteristics in adolescents of west Bengal and published in Singapore medical journal 4008 states that the menstrual cycle is a very important indication of woman's reproductive health and of their endocrine function. Hygiene related practices during menstruation are of considerable importance. This study assesses the existing level of knowledge on menstrual hygiene, and its compliance, among adolescent girls of selected slum areas in Kathmandu, Nepal. Methods: Descriptive cross sectional study design was applied and slums in Kathmandu district were selected conveniently as research site. There were 282 respondents for study. Less than half 121 (42.9%) had adequate knowledge related to menstruation and its hygiene. Twothird 185(65.6%) of the participants used sanitary pads, 183 (98.9%), washed hands after pad change, 271 (96.1%) cleaned perineal area during menstruation, 227(80.5%) were aware about the myth and 61.9% followed social norms and restriction related with menstruation. Age of the participant, their education level and the income sources were found statistically significant with their level of knowledge on menstruation. Conclusions: More than half of adolescent girls of slums in Kathmandu district had inadequate knowledge regarding menstruation and two-third practiced menstrual hygiene (Karki et al., 2018).

In Nepal, 48% of women and girls are between the ages of 15-44. Though menstruation is a natural process, it remains a taboo and is stigmatized, and in worst case scenarios promotes negative cultural practices impacting the lives, health, and safety of women and girls. UNICEF conducted a research to explore the socio-cultural practices related to menstruation and management and consequences pertaining to girls' education. The research indicated that despite availability of WASH facilities in schools, girls often struggled to manage their menstruation hygiene confidently and effectively. Many girls experienced shame, fear, confusion, teasing, lack of accurate information and advice. 15 to 22% of girls missed schools due to menstruation. The research found a significant impact of WASH Programme with 53% of girls in Bajura district using sanitary pads. The study recommends

multidimensional interventions to address the issues identified. This paper presents aimed at sharing the results from this study (Ahmad, 2018).

Menstruation, a natural biologic process is associated with restrictions and superstitious beliefs in Nepal. However, factual data on women's perspectives on menstrual practices and restrictions are scarce. Using a clustered random sampling, 1342 adolescent girls and women of menstruating age ( $\geq 15$  years) from three urban districts in the Kathmandu valley completed a survey related to menstrual practices and restriction. This was a cross-sectional survey study using a customized program allowing pull-down, multiple choice and open-ended questions in the Nepali language. More than half (59%) of the participants were aged between 15- < 25 years. The majority was Hindus (84.5%), reported not praying during menstruation (83.1%) and were encouraged by their mothers (72.1%) to practice a range of menstrual restrictions. Purifying either kitchen, bed, bed sheets or other household things on the fourth day of menstruation was reported by 66.1% of the participants, and 45.4% saw menstruation as a "bother" or "curse." There were differences among social classes, where participants of the Janajati caste, an indigenous group, were more likely to enter places of worship [OR (95%CI): 1.74 (1.06–2.86)] and pray [OR (95%CI): 1.79 (1.18–2.71)] while menstruating, compared to the Brahmins. Participants with a master's degree were more likely to pray while menstruating, compared to participants with less than a high school education. This study throws light on existing social discriminations, deep-rooted cultural and religious superstitions among women, and gender inequalities in the urban areas of Kathmandu valley in Nepal. Targeted education and awareness are needed to make changes and balance between cultural and social practices during menstruation (Mukharjee et al., 2020).

This study aims to assess the knowledge, attitude, and practices in relation to menstrual cycle and factors influencing the same. **Materials and Methods:** The present study is a cross-sectional study conducted in the rural field practice area under the department of community medicine. Two schools, one government and one private, were selected for the study. A pre-designed, pre-tested, and semi-structured questioner used for the collection of data by personal interviews method. Statistical analysis used: Percentages and Chi-square. A total of 226 girls were studied. Overall, the knowledge about menstrual cycle is very poor. Menstrual awareness was found in

35.8% of girls. Source of knowledge for most of the girls were mothers, followed by friends. 97% are using sanitary pads. Menstrual hygienic practices are found to be satisfactory but need improvement in disposal of menstrual waste. Conclusion: The knowledge about menstrual cycle is found to be very poor with schools playing no role in its improvement. Schools need to be encouraged in imparting right information and encouraging girls to speak. (Pooja et. al., 2018)

The study was cross sectional and used quantitative research methods. Semi-structured questionnaires were used to collect data from the female adolescent respondents aged 10-19 years. The study found that although awareness of menstruation was universal, the Likert scores showed that 67.5% had adequate knowledge of menstrual hygiene management. About a tenth (13.6%) of the adolescent female respondents had a positive attitude towards menstrual hygiene management and a third (31.1%) practiced good menstrual hygiene management. Older age and living with both View metadata, parents were the main predictors of knowledge of menstrual hygiene management ( $P < 0.05$ ). Similarly, age, staying with both parents, staying with mother only, access to funds and having adequate knowledge of menstruation were the main determinants of good menstrual hygiene management practice among adolescent girls in basic schools in Yendi Municipality ( $P < 0.05$ ). More than half of the respondents have adequate knowledge but their awareness and knowledge did not translate to positive attitude towards good menstrual hygiene management practices due to negative socio-cultural norms and practices among others that tend to stigmatize menstruation. (Akwasi and David, 2018).

In most girls, menarche occurs at 11-16 years of age, with irregular menstruation and lower abdominal pain being common in most unmarried women, but it has no bad effect. In this condition, light work and exercise are advantageous. Hot drinks, massage of heating pad in the lower abdomen and keeping feet in hot water may provide relief. Menstruation occurs only once a month, and diet, light work, personal and perineal hygiene, and clan pad use are all important.

Drakshyoni and Venkata (1994) in a study of menstrual hygiene, among rural adolescent girls proved that regarding the practice of menstrual hygiene, only 10 girls were using boiled and dried clothes as menstrual absorbents though almost all, 64

girls received advice regarding menstrual hygiene from different sources. Thus, the study shows that the mother of their girls was lacking knowledge and something was transferred to their child. Before making any change in menstrual practice, they should be educated about the facts of menstruation and its proper disposal. This can be achieved through education by teachers, parents, peer and from the mass media.

In the study of a focus on menstruation in Khowpa college, Bhaktapur by Tuitui (4006), she identifies that the mean age of menstruation is 13.5 years regarding the knowledge of menstruation. The most trustworthy person is a mother (55.3%), followed by a friend (40%), and the most common source is a book (89.5%).

### **National context**

Khanal (2018) discovered that 47.05% of inadequate, 83.82% of marginal, and 70.96% of adequately literate girl students used sanitary pads. The majority of adequate literate girl students had taken bath once during the period.

Kandel (2010) talked about menstruation is just other pieces of that continuing conversation. But don't wait until your daughter asks about menstruation before you begin talking about it. The girls emphasized the need for emotional support and assurance that menstruation was normal and health not bad frightening or embarrassing. Before bringing any change in menstrual practices they should be educated about the facts of menstruation and its physiological implications for girls. The girls should be educated about the significance of menstruation and the development of secondary sexual characteristics through the selection of a sanitary menstrual absorbent and its proper disposal.

Kandel (2010) found that most of the respondents experienced that the normal flow of blood during menstruation for 3-5 days. 63.5 percent and normal cycle is 25-30 days 55.9 percent. Most of the respondents (95.4 percent) go to school during menstruation and 78.9 percent schools have separate toilets for girls. If the girls need to change the pad in school 66.9 percent through pad in the dustbin, 49.5 percent of the respondents do not cook during menstruation, 91.7 percent did not visit religious places. Most of the respondents feel disturbances during menstruation. The most common feelings of disturbance are physical.

Subedi (2011) studied menstruation and its effect on adolescent girls in Sarlahi (Hariwan) among 120 secondary level adolescent girls. All the respondents were familiar about menstruation. The sources of information about menstruation were mother/sister 41.7 percent, friends 33.3 percent, textbook 12.5 percent and media 12.5 percent of the respondents. The average age of menarche was 13.35 years, of 93.3 percent respondents and they stayed in their own home and no-one stayed at cowshed. Similarly, 62.5 percent respondents reported that, they took bath daily during the menstruation. The common mental problems or effects were found as, worry/ anxiety in 63.74 percent and 37.5 percent of respondents were not interested to talk and work during the menstruation.

A study was done on knowledge and practices regarding Menstruation among school going adolescents of rural Nepal where the study found that 36.1 percent currently reported about Menstruation and more than half of the respondents (54) used sanitary pads and 50.8 percent of the respondents changed sanitary pads twice a day, which was the highest percent of the study. (Khand, Pokharal, Sapkota & Sharma, 2013)

A study on knowledge and practices regarding menstrual hygiene among adolescent's girls in India. Around 34 percent participants were about menstruation prior to menarche. Overall, 70.4 percent of adolescent girls were using sanitary napkins as menstrual absorbents, 25.6 percent were using cloths and sanitary napkins. Almost half of the nurse's participants dried the absorbents inside their homes (Kamath & Ghosh, 2013).

Parajuli, Paudel & Shrestha, (2016) three colleagues from a Kathmandu Medical College made a research to assess the knowledge and practices regarding menstrual hygiene among adolescent girls in 2016. In that journey, they found that majority (83.3 percent) of girls knew that menstruation is a physiological process 52percent knew that it is caused by hormone. More than half of the respondents (53.9 percent) were taught about menstruation by their mother. Only 33.3 percent of the respondents used sanitary pad during menstruation. Adolescent girls still have different type of restrictions during menstruation like not being allowed to cook food, not being allowed to visit holy places and sleep in own house during menarche.

Schmitt (2017) conducted a research for understanding the menstrual hygiene management challenges facing displaced girls and women in Myanmar and Lebanon. Key findings included that there was insufficient access to safe and private facilities for MHM coupled with displacement induced shifts in menstrual practices by girls and women. Among staff, there was a narrow interpretation of what an MHM response includes, with a focus on supplies; significant interest in understanding what an improved MHM response would include and acknowledgement of limited existing MHM guidance across various sectors; and insufficient consultation with beneficiaries, related to discomfort asking about menstruation, and limited coordination between sectors.

Gauli (2017), further says that during menstruation, a majority of girls (89%) also experienced some form of restrictions or exclusion. One extreme form of menstrual seclusion practice is called menstruation, a common social tradition in the far and mid- western hills and mountains that requires menstruating women to leave home and live in a Chhaugoth (cowshed or hut). Menstrual restrictions and traditional beliefs vary by ethnicity; for example, Hindu ethnic group such as Brahmin, Chhetri and Newar have more restrictions than Janajatis.

In a south African study conducted by Du toit (1988) found 85.7% of all participants felt that men had an advantage over women because they do not menstruate at all. Participants felt that men are not restricted in the practices of religion or sex, and they do not have the monthly bother of menstruation Du toit, (1988). It is also a common belief and practice to hide the fact that one is menstruating from other people, especially men, as it is shameful to reveal such things.

Different religions may have differing attitudes and beliefs towards the experience of menstruation. Different religious restrictions of the menstruating women may contribute to the largely negative attitudes and beliefs people have towards menstruation. Many world religions place prohibitions on and prescribe purifying rituals for menstruating women (Dunnivant & Roberts, 2013). Some of the restrictions include not being allowed to worship (Mmeora and Egwuatu, 2008; wong & khoo,2011), avoiding sexual intercourse, and avoiding certain foods during menstruation (shanbhag et al.,2012). Tiwari et al., (2006) found that 36.2% of respondents reported social restrictions being observed in their families, including the

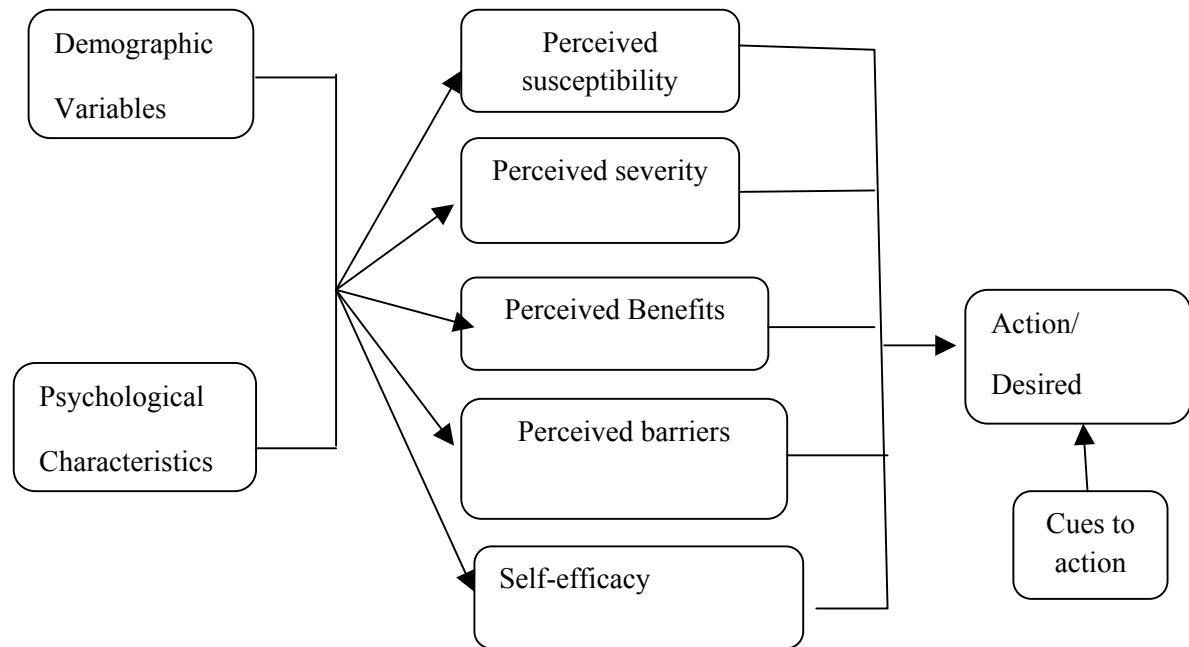
custom of not being allowed to hold prayers, go to the temple or enter the kitchen while menstruating.

Today, there are more than 1.2 billion young people ages 10-19 in the world, with more than 70% residing in developing countries. The opportunities available to them will shape the future of their families, communities, and our world. Adolescence is the period of physical, psychological, cognitive, and social maturing from childhood to adulthood. This transition phase is a natural time of discovery, learning, and formation of one's identity and aspirations. The onset of adolescence is characterized by the start of pubertal maturation leading to rapid physical and physiological growth, starting of menstruation in girls, activation of new drives and motivations, and a wide range of social, behavioral, and emotional changes. While the beginning of adolescence is observed mostly through biological changes, the end of adolescence is determined and defined by culture and society, and will range widely from context to context. It is critical to invest in scaled solutions for menstrual hygiene management (MHM) that are grounded in these varied contexts for the betterment of adolescent girls' health and as a fundamental right of girls (Galli, 2017).

In 2017, Nepal's government was forced into action after a spate of highly publicized deaths of women practicing menstruation. In just 10 months, three girls lost their lives while in staying in sheds, including one from a snake bite and another from smoke inhalation, after desperately trying to keep warm in the freezing winter.

## Theoretical background

I used the health belief model. The main theoretical construct of health belief model were given following figure



*Figure 1*

### Health Belief Model

Health Belief Model contains six key concepts that address why people will take action (behavior) to prevent, to screen for, or to control illness (champion & skinner 2008). It recognizes six main constructs that influence people's decision in their health motivation behavior & the relationship between the constructs in the HBM is shown in figure. These constructs are following:

**Perceived susceptibility.** It refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.

**Perceived severity.** It refers to a person's feelings about the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). There is wide variation in a person's feelings of severity, and often a person considers the medical consequences and social consequences when evaluating the severity.

**Perceived benefits.** It refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or

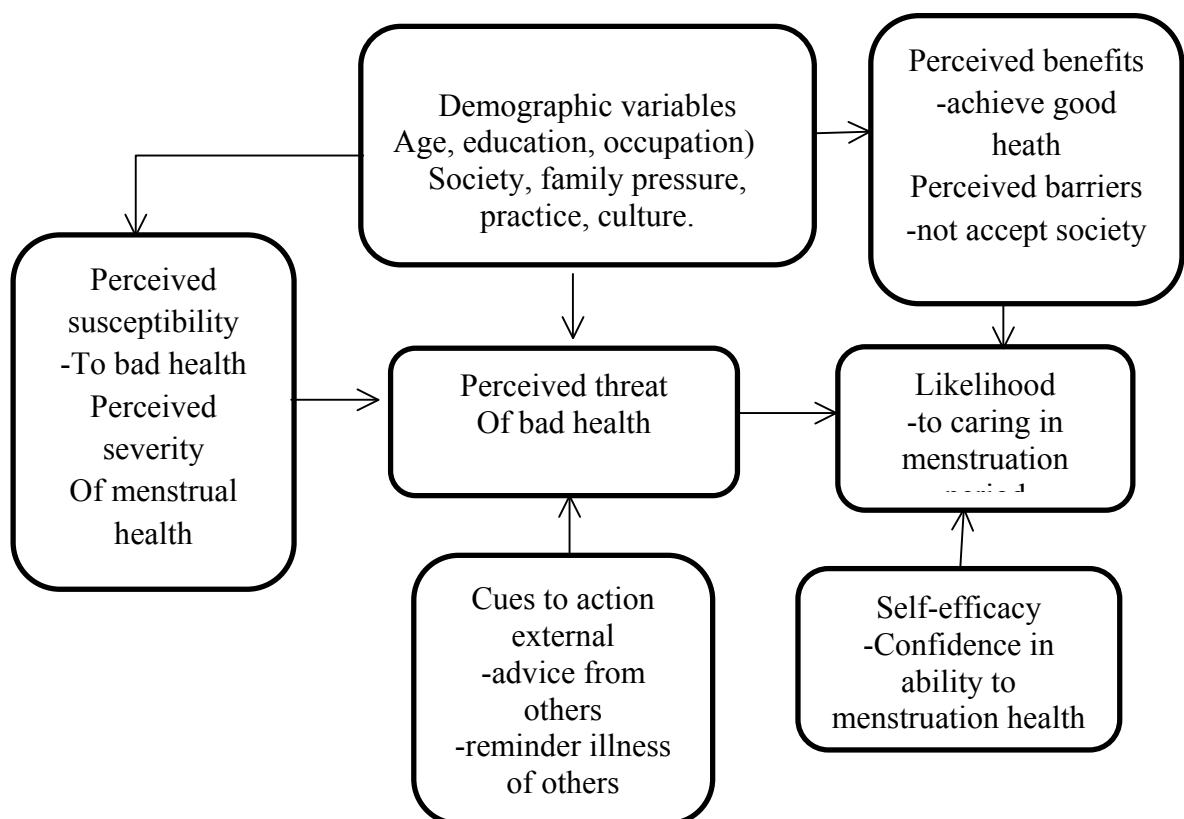
disease). The course of action a person takes in preventing (or curing) illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial.

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

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

**Cues to action.** This is the stimulus needed to trigger the decision-making process to accept a recommended health action (Baidh et al.2070).

I used following figure in this study.

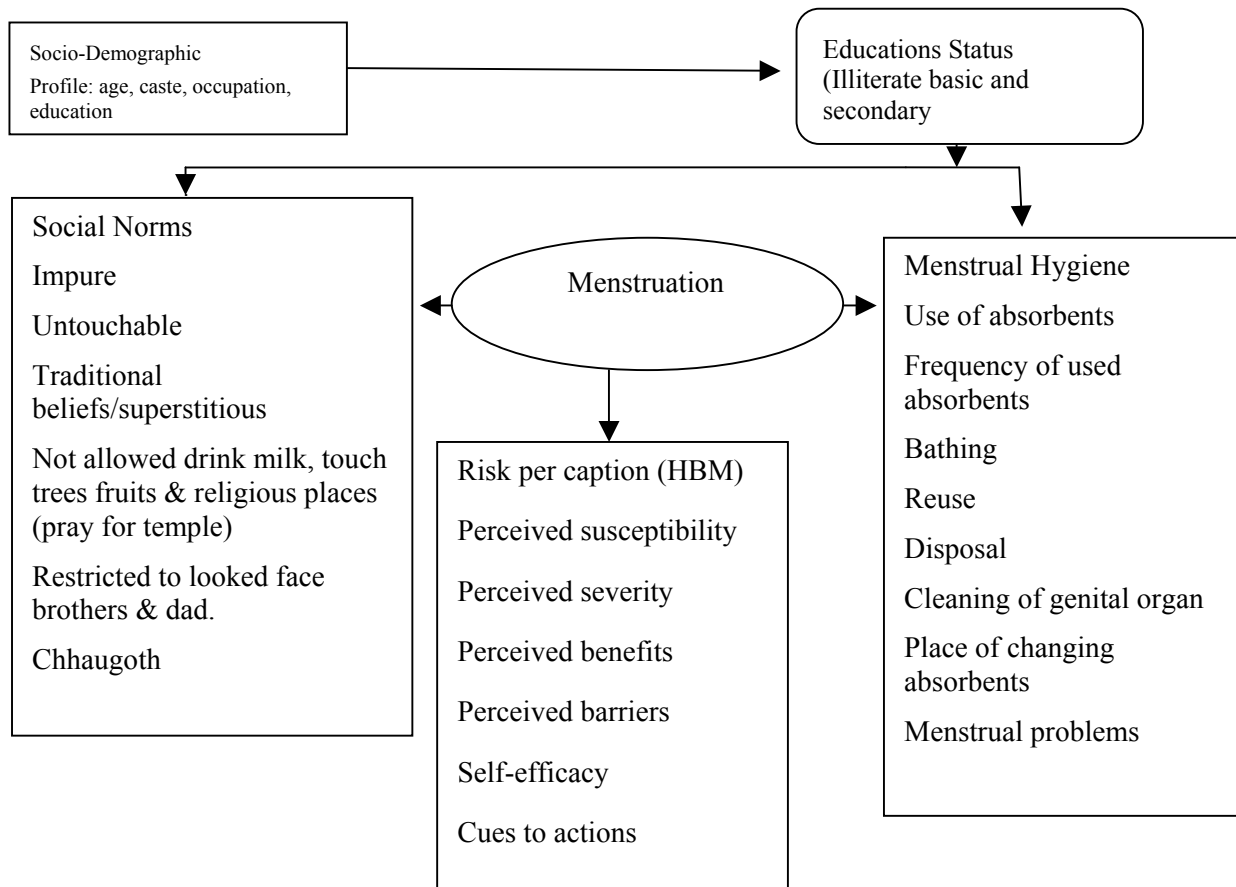


*Figure 2*

Health belief model frameworks

## Conceptual Framework of the Study

Conceptual framework is the sketch of research work generally, in which the researcher tries to clarify the research related concept, subject or variable and give the details of interrelationship of research variables. The conceptual framework gives the clear meaning of the research as well as what the researcher wants to study or find out. Therefore, the conceptual framework is as follows:



*Figure 3*

### Conceptual framework

The above conceptual framework has shown the relation between independent variables and dependent variables as well as research variables. Similarly, it has represented the interrelationship between research variables and research work as well as the research report. Moreover, this conceptual framework shows that which variables are dependent and which are independent variables. In this above conceptual framework, it is clearly mentioned that, which variables are sub variables or independent variables and which are main variables. These variables are dependent variables. When the independent variables have good condition, the main or

dependent have also good condition, it's because dependent variables are changing nature and independent variables are affecting nature. There are conditions of socio-cultural belief and menstrual hygiene. Affecting factors of socio-cultural belief and menstrual hygiene are dependent variables and other factors are independent variables.

### **Implications of the Review for the Research**

From the above-mention literature, it was helpful to prepare the given research. It was useful to learn about the impact of social, cultural, and menstrual hygiene of women in Achham. It was also helpful about the selection of problem, background of the study, objectives of the research, significance and limitation of the study respectively. It enriched the researcher to make a brief study about the research methodology where research design, source of data, tools and procedure for data collection etc. were identified and discussed. It helps in further analysis and interpretation of data that the effect of social cultural belief and menstruation hygiene among the women are better known.

## Chapter III: Methods and Procedures

### Research Design

All research designs guide the researcher for collecting the necessary data and building the argument and general information. In other words, it refers to the planned sequence of the processes involved in carrying out a research study. Many research designs but I selected explanatory sequential design under mixed method and descriptive type of study. So this study was based on explanatory sequential study design (QUAN+qual) under mixed method because, only quantitative data can't collect lots of original information. Quantitative data has been many errors, lacks and not reliable (Khanal 2072). Qualitative data is more reliable than quantitative data. There is no weakness in taking both data. In this design, as said by Cresswel (2012) the weakness of one is reduced by the other. This study was quantitatively dominated and qualitative data would be used as a supportive data. I also used health belief model in my study. I used the HBM sample to find out the whole responders' behavior, perception of menstruation and their social norms in the research area.

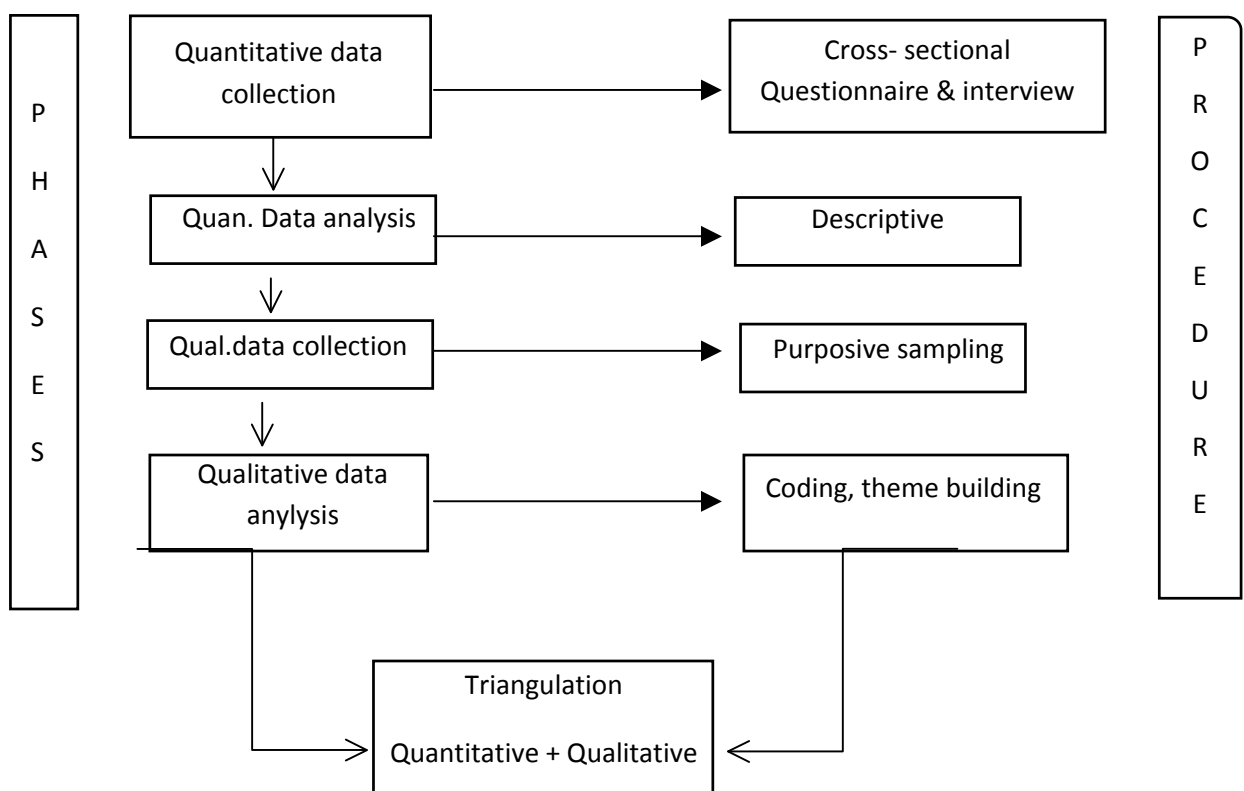


Figure 4

Research Design

## **Study Area**

Chhaupadi is a long held and widespread practice in the Far and Mid-Western Regions of Nepal among all castes and groups of Hindus. There are many societies which are still in practicing Chhaupadi system. As my experience, Sanfebagar municipality was also one of them. Like as other society Sanfebagar also suffering from such system. The municipality had demolished the shed after women died of suffocation in the shed. So Sanfebagar municipality of Achham district have been taken as research site.

## **Population of the Study**

This study was conducted on women of Sanfebagar municipality ward no.1,2,3,4 and 9 Achham. The total population of the Sanfebagar Municipality is 18239 of the total population, 9039 are males and 9200 are females. The mostly age groups are teenagers & young females group in this study area. The total population of responders in my research place Sanfebagar municipality (age group 15-49) from ward no. 1,2,3,4 and 9 is 3948 ((Nirdesika Sanfebagar Nagarpalika, 2074 BS) . So, this number of women is the universe of my study.

## **Sampling Procedure and Sample Size**

Firstly, 5 wards of the municipality were convenience sampled. After determining that the total study population is 3948 women, I determined the sample size using the Raosoft sample size calculator where 351 respondents for quantitative data using convenience sampling. But I had able to collect only 241 out of 351 due to lockdown and sealed down of other wards were sealed down due to COVID 19 risk. The respondents were selected by convenience sampling. So this survey was carried out from September 12 to November 30, 2020 at five villages in Achham. This study was done among 241 women's from five wards. Self-administered structured questionnaire was used to obtain information from menstrual women. Note: Due to COVID 19 not being able to take random data so took convenience.

Table 1

*Sample size of the Study (Municipality Nirdesika, 2074)*

Wards	Total population	Selected (Sample size)
1	446	26
2	593	35
3	1192	80
4	981	55
9	736	45
Total	3948	241

Only 6 women were taken for qualitative data using purposive sampling.

### **Data Collection Tool**

**Quantitative data collection tool.** I prepared a questionnaire based on the three objectives of my research, which had 4 sectors. The first was demographic status, which included age, education and occupation. Second socio-cultural belief, it had 14 items which included definition of menstruation, living style, allowed, touching, food practices. Third, practice on menstruation health hygiene; it had 10 questionnaires which included food type, bathing practices, absorbent type, using practices, and disposal, dry. Fourth, 8 items were included in the effect of social norms on menstrual health including health problems during menstruation, urinary problems. The questionnaire was the main tool of data collection, it was contained questions (closed and open ended) related to social and cultural believes on menstrual hygiene of women. To examine the risk perception of the women, I made a questionnaire including 32 items relating to six constructs of HBM. Perceived susceptibility (6 items), perceived Severity (5 items), perceived barriers (5 items), self-efficacy (6 items), benefit (6) and cues to action (4 items).

**Qualitative data collection.** qualitative data was collected using in-depth interview as supportive data. To reduce the weaknesses and to make the data more reliable for this, some guidelines were made which was attached in the annex. Therefore, an in-depth interview with a small number of women in Achham was done for triangulation of data. IDI guideline was prepared to conduct it among the respondents.

**Finalization of the tools.** The selected interview schedule was pre-tested to the 20 women of Ridikot ward no 6, Achham by using simple random sampling method and find out the weakness and solve that. Tools were finalized after consultation with the experts and approval by the guide of study. The first part of the questionnaire consisted of demographic data; present age, education and occupations. Second, 14 questionnaires were used to assess socio-cultural beliefs; third, 10 questionnaires were used to assess health and hygiene practices; and finally, 8 questionnaires and an HBM statement were used to assess the effect of social norms on menstruation.

### **Data Collection Procedure**

**Quantitative data.** For the collection of the data, the researcher was visited personally and directly. I had to go to the villages to interact with the Chhaupadi (menstrual) women age group of (15-49). The epidemic of COVID-19 had created panic in the community. It was not too easy to talk meet to anyone. Many people were coming from India. Some wards were sealed. Wherever I could, I went and collected the data myself. Where I could not, I took the help from my sister to collect the data. She collected data from the place where I could not present myself. While collecting the data she used the questioners that I provided. I searched and got some responders' contact numbers and collected the data by phoning. It was conducted among the women. They were informed of the research objectives and procedures. All the women were assured of the confidentiality of the research work. They were distributed with the questionnaire and told to return it after filling it out.

**Qualitative data.** Qualitative has been collected to make the research study more reliable and valid. It was open ended, conducted in-depth face-to-face interview. My qualitative data was supportive data. So, out of the total population, 6 women

were contacted for an informal setting to know about the social cultural belief and menstrual health hygiene in the community. IDI guidelines were made socio-cultural beliefs regarding menstruation were taken into account for qualitative data collection. The guidelines are attached in annex A.

### **Data Analysis and Interpretation Techniques**

**Quantitative data.** All the data and information were analyzed and presented to fulfill the objectives. To ensure the quality a number of analytical tools were used. These are percentage, charts and diagrams which were presented to make the figure more attractive. Quantitative data were interpreted and analyzed in descriptive, cross-section way based on their numerical characteristic by using SPSS 2020.

**Qualitative data.** I have analyzed all the collected quall data through thematic analysis. Finally, I have merged QUAN and quall data to reach a conclusion.

### **Ethical Considerations**

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

## Chapter IV: Results and Discussion

This chapter is mainly concerned with the results or findings of the study collected from the respondents. After collecting the data, it is necessary to change its form to get facts because data is the raw form of research. We should develop it through analyzing and interpreting raw data to get actual results of the research. So, in this chapter, the researcher presented the result of the data. The different sources of data were entered through SPSS. On the basis of the objectives of the study, this chapter is divided into four sub-topics like demographic profiles of responders, socio-cultural belief, menstruation practice, social norm on menstrual health & hygiene practice and risk perception.

### Demographic Profiles of Respondents

In this sub-heading, age, cast, education, and occupation were included. Age is one of the sociological factors. The age of respondents varies their level of thinking and their practice regarding various factors. This study was delimited to the respondents' age group of 15 to 49 years. The residents of this municipality are from different castes, education and occupation groups.

Table 2

#### *Social Demographic Profile of the Responders*

S. n.	Variables	Categories	No.	Per (%)
1	Age	15-25	125	51.9
		26-35	76	31.5
		36-45	32	13.3
		46-49	8	3.3
		Total	241	100
2	Caste	Chhetri	196	81.3
		Brahmin	10	4.1
		Dalit	35	14.5
		Total	241	100

The data of this table no 2 shows that the majority of the population belonged to Chhetri (81.3%), some were Dalit (14.5%) & very few were Brahmin (4.1%). The table 1 shows that out of 241 respondents majority (51.9%) of the respondents were 15-25 age group, (31.5%) 26-35 age group, (13.3 %) 36-45 age group where is remaining (3.3%) were 46-49 age group. The above table shows the data of caste/ethnic group of responders mostly (81.3%) Chhetri, (14.5%) Dalit and (4.1%) Brahmin.

Table 3

*Social Status of the Respondents*

Education	Illiterate	19	7.9
	Basic education	69	28.6
	Secondary education	153	63.5
	Total	241	100
Occupation	Study	156	64.7
	Agriculture	72	29.9
	Teacher	9	3.7
	Health education	4	1.7
	Total	241	100

This table shows that 7.9% women were illiterate, 28.6 % women were simply literate & 63.5% women had secondary education. Thus 64.7 % women involved in study, 29.9% women were engaged in agriculture, 3.7% women were teacher & 1.7% women were health person.

There are many occupations in developed countries and communities, but there are few jobs where there is poverty. The majority of the populations in this study were school age girls because at that age girls go to school and women were found in

the community. Therefore, generally the main occupation of women here is agriculture.

### **Socio-cultural Beliefs of Women on Menstruation**

Though the people have developed a lot of cultural practices and removed conservative beliefs in order to bring change and eliminate gender discrimination. If we compare it with our grand-parents and the generation before them, we also found that honor couldn't be brought into the thought process of people regarding menstruation. The attitude of society hasn't changed though the generation has changed. Rather it has been passed to the next generation where girls cannot talk about menstruation with their fathers or to anyone else openly. Parents hesitate to talk and mostly choose not to talk about the physical changes and sexuality with teenagers and such a scenario can be seen in most of the houses in Achham.

In this regard, this chapter includes socio-cultural beliefs on menstruation like knowledge and social definition of menstruation, menstrual women's living practices, and being treated as untouchable during menstruation. Although the local government has launched a campaign to demolish the cowsheds, it has not been successful.

**Social meaning of menstruation.** Menstruation is a natural process. The process, in women, of discharging blood and other material from the lining of the uterus at intervals of about one liner month from puberty until the menopause, except during pregnancy (oxford dictionary 021).

Menstruation is one of the normal biological processes and a sign of growth. There are different names for menstruation in the study area, like *impure period*, *chhui hunu*, and *bahira hunu*. Knowledge is basis of human health. For the human health, we can stand on different factors. Especially, for women during their period, a woman should pay attention to the behavior of family members.

Table 4

*Social Meaning on Menstruation of the Respondents*

Education Status	Natural process (%)	Impure period (%)	Chhhui hunu (%)	Bahira sarnu (%)	Pakha lagnu (%)
Illiterate	19 (100)		11 (6.2)	8 (20)	-
Basic education	59 (85.5)	10 (14.5)	54 (30.5)	10 (25)	5 (20.8)
Secondary education	132 (86.3)	21 (13.7)	112 (63.3)	22 (55)	19 (79.2)
Total	210 (87.1)	31(12.9)	177(73.4)	40(16.6)	24(10)

The above table shows the data of women who defined the menstruation as their understanding, in some communities of Achham. All women (100%) known about menstruation. Menstruation was defined as a natural process by 210 women, and an impure period by 31 women. The respondents defined menstruation by local names such as *Chhui hunu/ nachhuune hunu (73.4%)*, *bahira Sarnu(16.6%)*, *Pakha lagnu(10%)*.

My qualitative data show that, while all of the respondents were aware of menstruation, but they were not well informed about. Even educated women, who also called menstruation is an untouchable time. One participant from in-depth interview reported as same as in their own language that menstruation means. An uneducated woman of ward no.1 age 45 stated:

*“chhui bhayaka bela hamra hadaudahi phohor ragat bagdo chha tyo ragat bish jastai hudo chha,tesaile chhau vayaka baikinilai 3 din samma xuttai rakhnya chalan bhagwanle nai banayako ho vani sanai dekhi gharkale nai*

*sikayoko ho. 3 din chhaupadi nataddya paxi vagwan risauda chhan devi chhal garnichhan tei vayara 4 dinka dini hadmud dhui latta kapada dhui gobar matale sutyako basyako thau lipghas garera chokhinu parchha vanne puranai chaliaayako manneta ho. aila sarkarle j garyata pana paxi hamle yasko pap dherai vognu parnya ho. Yakna yak din hamlai vagwanle yasko asar dekhaunyachhan ra hamle tyo papko sajaya vagatnu parnyachha ”.*

According to this statement, “dirty blood flows from a woman’s body during menstruation. That blood is like *bish* (poison) so the custom of keeping the menstrual period separate for 3 days is made by God. After bathing and washing the clothes in the 4<sup>th</sup> day, cows and dungs are used to clean the sleeping area”.

**Living practice during menstruation.** Most of the Chhaupadi women I have talked with were living at the home different room far from every sleep room like other Nepalese women, the majority of the women don’t have to cook food for the family. Menstruating women are not permitted to participate in religious ceremonies. They have to bath every day and wash clothes using cold water.

Table 5

*Living Practice on Menstrual Women*

	Where were you kept when you get menstruation?		Total (%)
	Separate room (%)	Together with family (%)	
Illiterate	14 (73.7)	5 (26.3)	19 (100)
Basic education	63 (91.3)	6 (8.7)	69 (100)
Secondary education	138 (90.2)	15 (9.8)	153 (100)
Total	215 (89.2)	26 (10.8)	241 (100)

Table 5 data shows that out of 241 respondents (89.2%) lived in separate rooms during their menstruation period, while 108% lived with their family members during those times. It also represents that even literate women are incapable of convincing their family members during menstruation period. As a result, they also have to live in separate rooms, just like illiterate women. This finally shows the ancient generations' domination even in the new generation in far the western development region (Achham Sanfebager). In the KII, I got the women, basic education holder that separate room use while menstruation occurs. Many of the women also sit together with illiterate women. An educated woman, ward 9, age 27 said:

*pahila sabaika ghara ghara goth thiya. Nagarpalikale chhau goth vat kayapaxi sabai ghara basna lagyau goth kasaika aaxina. Ghara vitra aka kunathi chokhkhai gari bastaxau, ghar sagudo chha, chhuttai kotha chhaina, bahira vitra gadda laspas hudo, goth vat kayara jhan jhal vayako chha.*

When I asked to the women about menstrual living practice, they said, “After the municipality demolished the shed, everyone started living in the house. The shed is not in anyone’s house. Their house is narrow; they live in a corner inside the house. When they suffer from period, they face many problems getting in and out of their home”. In such period, they felt new experiences and got new trends after the event of 2075 B.S.

**Treated as untouchable during menstruation.** The situation of women living in the rural areas of Nepal is terrible. The practice of isolating women during their period exists across the country in differing forms. In some places of Achham district, women are not allowed enter into their own homes. While in others, women can be in the house but not in the kitchen and worship room. They are also forbidden from touching other people (especially male members of the family), cattle and growing fruit and vegetables. The most extreme form of seclusion is practiced in the western part of the country. Humans had have touched ability since uncivilized times in terms of purity, caste, and behavior. In this regard, women were thought to be inferior in comparison to men. But according to a male's behavior, a woman can do the best.

Table 6

*Treated Untouchable during Menstruation*

Education status	Are you treated untouchable during menstruation in yours family & society?			If yes, what are the causes			
	Yes (%)	No (%)	Total (%)	Issue of sin or curse (%)	Family & society pressure (%)	The cause of God anger (%)	Total (%)
Illiterate	12(63.2)	7(36.8)	19(100)	7(58.3)	5(41.7)	-	12(100)
basic education	50(72.5)	19(27.5)	69(100)	22(44.0)	24(48.0)	4(8.0)	50(100)
secondary education	97(63.4)	56(36.6)	153(100)	32(33.0)	61(62.9)	4(4.1)	97(100)
Total	159(66)	82(34)	241(100)	61(38.4)	90(56.6)	8(5)	159(100)

The table 6 shows that 66% responders were treated as untouchable during the period. The majority of women (56.6%) cited family and social pressure as the primary reason for being treated as untouchable during menstruation, while 5% were treated out of fear of God.

Out of 100%, most women are untouched during menstruation. While questioning about menstrual discrimination with women in Sanfebagar, a group of women who got secondary level education, answered no in 34%, basic education holder 36.6 % and illiterate 36.8% but in response to yes, basic education holders are 72.5% and secondary education holders are 66%.

Analyzing the response of Sanfebagar women, they look about menstruation that they depend upon cultural belief. The education doesn't play role to eliminate random belief regarding the misconception of menstruation.

Menstruation is taken as a sin/curse regarding this question 58.3% women accepted while they are illiterate but secondary education holders answered that family/social pressure is the main cause of menstruation as a bad process in women. An Educated girl, ward no. 4 age 22 expressed:

*“Sarkarle ghara basnya niyam lagaya pana hamlai ajhai pani khanya dhara jana had dhuna gaya pachhi gali gaddachhan. Ghara vitra janya aaunya bela chhuiyo gari vani bajyai gali garnichhan. Asti amba(pear) pakyako thiyo meri bhau ra mu chhau vayaka thiyau tei bela rukha lagera aaphai amba tipikhayo ani paktai kuhidai huna lagyo vani bajyai bajyaule gali garnuvayo.”*

Even though the government had forced us to stay at home, and we were still not allowed to go in the stream of water, we were not allowed to go to the fruit trees.

It is clear from this, that the practice of untouchability and barrenness is still prevalent in many families even at home. Women cannot attain the modern practice due to such traditional thought

**Feeling when treated as untouchable.** Menstruation in women is also called *Nachhunehunu* in some local languages in Nepal where *Nachhunehunu* means untouchable. It is long practice in chhuipratha that causes lonely feelings among the female which may be the cause of psychological problems. Some cultures and traditions are very old, having been in practice for thousands of years, and people still follow them for a lot of years. As a result, the following information identifies the locations where menstruating women are not permitted to go.

Table 7

*Response of Women during Menstruation Regarding Behavior*

Education status of responders	Are you allowed to touch during menstruation?		If no, how did you feel when you are treated as untouchable?	
	Yes (%)	No (%)	Feel bad (%)	Nothing (%)
Illiterate	5(26.3)	14(73.7)	8(57.1)	6(42.9)
Basic education	24(34.8)	45(65.2)	26(57.8)	19(42.2)
Secondary education	55(35.9)	98(64.1)	67(67.7)	32(32.3)
Total	84(34.9)	157(65.1)	101(63.9)	57(36.1)

The table 7 demonstrates the responder's touchable/untouchable condition during the mensuration period. Among the data, the women who got secondary education (35.3%) are allowed to touch more than the women with basic education (34.8%) and illiterate ones (26.3%). Similarly, the women who were less illiterate and basic education feel less bad during mensuration period when they were not allowed to touch than women with secondary education (67.7%) of secondary education holder women feel bad when they were not allowed to touch than basic education (57.8%) and illiterate (57%) of total women. Similarly, illiterate women (73.7%) are not permitted to touch anything during the menstruation period, whereas basic-educated women (65.2%) and secondary-educated women (64.1%).

When I asked about their feelings of discrimination during menstruation the response of women was that, it made us feel bad. Especially, those who got the secondary level education feel some extra pressure because they have to understand the both bad and good behavior of males and societies. They can separate about their position in the family.

**Allowed place during the period.** Women are not permitted to go to certain places like, temple, kitchen and praying room, during the menstruation. On the basis of sanitation, civilization and culture all women should be given equal rights.

Table 8

*Not Permitted Place during Menstruation*

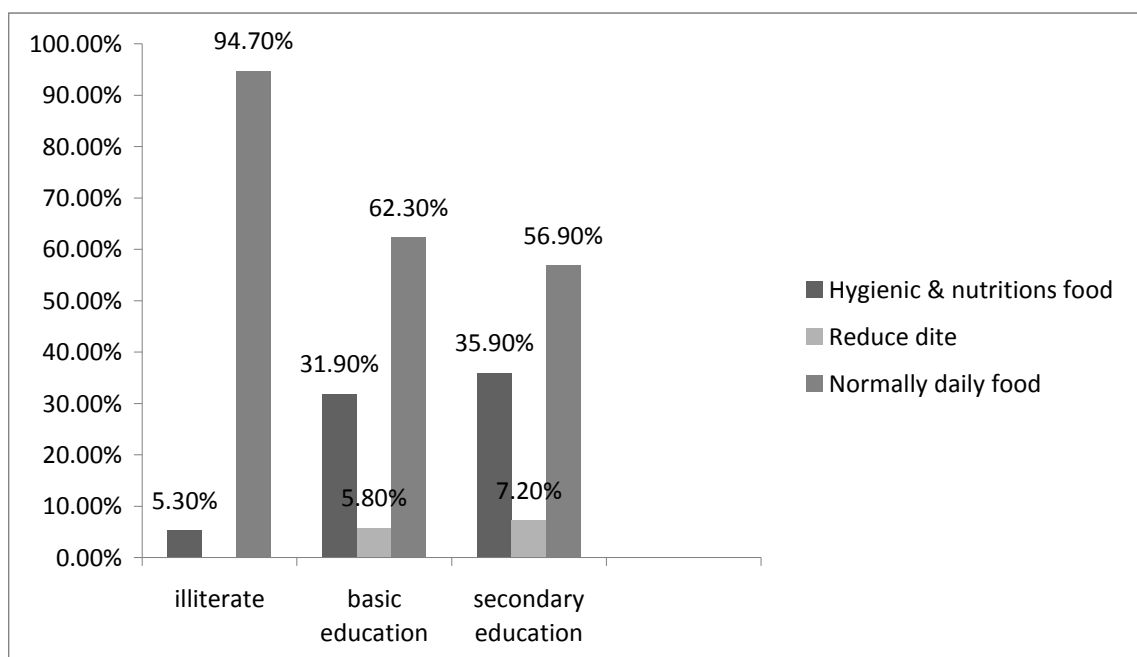
Education status of responders	What kinds of things are not allowed to touch during menstruation?						Total	
	temple (tools worship)		Kitchen		both side		No.	%
	No.	%	No.	%	No.	%		
Illiterate	16	84.2	1	5.3	2	10.5	19	100
basic education	37	53.6	25	36.2	7	10.1	69	100
secondary education	74	48.4	70	45.8	9	5.9	153	100
Total	127	52.7	96	39.8	18	7.5	241	100

Table 8 depicts the responders' activities as well as the items/things that are and are not permitted to be touched during menstruation. Among the illiterate women (84.2%) of responders were not allowed to pray in temple, (53.6%) of basic educated women not allowed to pray/worship than secondary education (48.4%). Similarly in kitchen, secondary education holder women are allowed to do kitchen work (45.8%) than basic educated (36.2%) and illiterate (5.3%) only.

When a woman is under menstruation, she is not allowed to enter the temple and kitchen. During this period, they are said to sit outside and be safe. During this period, in Sanfebagar, 84.2% illiterate and 48.4% Secondary education holders are not allowed during menstruation.

Society and family should be responsible for such a risk because cultural practice doesn't matter to any religious process. It is defined randomly.

**Taking of food during menstruation.** Due to the excessive discharge of blood during menstruation, there is a loss of energy. Nutritious diet plays a vital role in maintaining the regularity of menstruation. The women having proper balanced diet are found to have regular and less painful period. Because of bleeding, the weakness of body wants different vitamin but society doesn't allow the sophisticated food to the period going on women. Balance food should be arranged according to the women's height and weight as new trend.



*Figure 5*

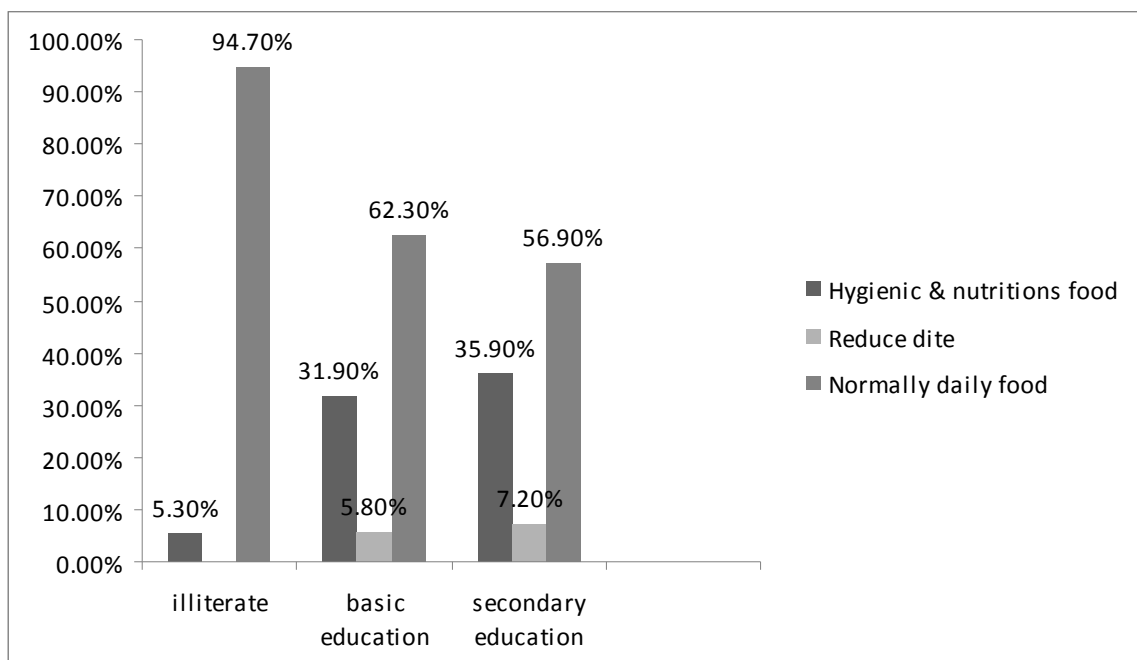
Taking food during the period by the respondents

The figure 4 represents the responders' condition of care during menstruation period by their family members' interns of hygiene food, diet, daily food etc. Interns of data illiterate women eat normally daily food (94.7%) than hygiene/nutritious food(5.3%). similarly the women with basic education (62.3%) eat normally daily food, (5.8%) of reduce diet and (31.9%) eat nutritious food and women with secondary education eat more nutritious food (35.9%) among others women with reduce diet (7.2%) and (56.9%) of normally daily food as well.

Much of the biological process that endangers and comes under risk during the menstruation of women, but nutrition can somehow help. For this, such time is

sensitive to intake food. In this period, in Sanfebagar, hygienic food is taken by 35.9% women but 7.2% women reduce diet, 56.4% women take normal diet. In this balance food is necessary as well as additional vitamin and minerals are required for women. But Sanfebagar is deprived of such additional packages of foods.

**Daily activities during menstruation.** The majority of the menstruating women I've spoken with were going about their daily activities/lives. They have participated in hard labor around the house, such as working in the fields, fetching firewood, washing clothes and so on. They don't have to cook food for the family. Menstruating women are not permitted to participate in religious ceremonies & worship. The following table shows the face change of women duty to daily activities during menstrual.



*Figure 6*

Status of work during menstruation of respondents

The figure 6 represents the responders' overall mentality toward changes they faced in daily activities during their menstruation period. The figure shows that, illiterate women were more unable to do household work (57.9%) than basic-educated women (50.7%) and secondary-educated women (35.9%). Similarly, (15.8%) of illiterate women were allowed to stay at home than basic educated (43.5%) and (58.2%) of secondary educated women. This is similar to how (26.3%) of illiterate

women were denied participation in worship compared to illiterate women (5.8%) and secondary-educated women (5.9%).

Most of the women become unable to do housework during their menstrual period but some educated and uneducated women also focused on housework and worshipping during their menstruation. They stay at home with other women. Puja of Sanfebagar, aged 28 years, married, put her own view that whether we are inside of home, we feel guilty because our seniors don't allow us to work out, as well as the community stigmatizes such work-doer during period. Similarly, in public work, festivals and ceremonies, we ourselves feel a bit uncomfortable participating.

In this period, basic education holders also find that weakness in their bodies and inability of doing tasks.

**Social practiced.** The practice and culture are measured in Sanfebagar. Menstruation is a natural phenomenon among women, people have feeling of impurity. The researcher included touching with milk, plants, and working in the kitchen among the 241 respondents, and many work place and social functional programs touch avoid, restricted, and not permitted are taken as follows:

Table 9

*Social Practiced of the Respondents during Menstruation*

S.N	Social practices		Illiterate		Basic education		Secondary education		Total	
			No.	Per.	No.	Per.	No.	Per.	No.	Per.
1	Enter temple	Yes	-	-	-	-	-	-	-	-
		No	19	100	69	100	153	100	241	100
2	Enter kitchen	Yes	4	21.1	10	14.5	18	11.8	32	13.3
		No	15	78.9	59	85.5	135	88.2	209	86.7
3	Touch food /water/ papad/pickle	Yes	4	21.1	25	36.2	59	38.6	88	36.5
		No	15	78.9	44	63.8	94	61.4	153	63.5

4	Avoiding touch fruit plants	Yes	12	63.2	45	65.2	83	54.2	140	58.1
		No	7	36.8	24	38.4	70	45.8	101	41.9
5	Not allowed to sleep in bed	Yes	9	47.4	30	43.5	47	30.7	86	35.7
		No	10	52.6	39	56.5	106	69.3	155	64.3
6	visiting avoid neighbour	Yes	7	36.8	44	63.8	80	52.3	131	54.4
		No	12	63.2	25	36.2	73	47.7	110	45.6
7	Allowed long journey	Yes	17	89.5	59	85.5	123	80.4	199	82.6
		No	2	10.5	10	14.5	30	19.6	42	17.4
8	Complete isolation in home	Yes	17	89.5	57	82.6	129	84.3	203	84.2
		No	2	10.5	12	17.4	24	15.7	38	15.8
9	Avoid eating sour	Yes	15	78.9	52	75.4	113	73.9	180	74.7
		No	4	21.1	17	24.6	40	26.1	61	25.3
10	Avoid attending marriages	Yes	16	84.2	57	82.6	117	76.5	190	78.8
		No	3	15.8	12	17.4	36	23.5	51	21
11	Allow moon seen	Yes	19	100	69	100	153	100	241	100
		No	-	-	-	-	-	-	-	-
12	Allow touch male	Yes	19	100	69	100	153	100	241	100
		No								
13	Allowed go to school	Yes	19	100	68	98.6	149	57.4	236	97.9
		No			1	1.4	4	2.6	5	2.1
14	Avoid milk	Yes	7	36.8	37	53.6	101	66	145	60.2
		No	12	63.2	32	46.4	52	34	96	49.8

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The table 8 represents the respondents' entering into the temple, but while during menstruation they fully disagree to go to temple. As I asked regarding touching the food, I got that 64.1% in favor and 54.2% in against of that. In job of kitchen, 38.6% person does not go to do tasks but other works out. In job of kitchen, 38.6% person does not go to do tasks but other works out. Fruit plant and sleeping in regular bed is 54.2% and 30.7% doesn't accept during the menstruation.

For long journey, 80.4% women allow for visiting and eating sour food by 73.9% women. 100%. Women works and talks, 66% woman only take milk.

Chaupratha is being practiced for a long time in the far-western region of Nepal. Although it has been eradicated from some area it is still being practiced in the study area. Since the women of the practicing Chhau, they have different attitude. Chhau is believed as a social cultural. Due to the lack of knowledge awareness women were found to be forced to practice menstruation despite their interest.

The researcher included the statement “ Do you Perform rituals during Chhaupadi period like worshiping god/goddess, marriage ceremony, death ritual, birth initiation and festival etc.” to examine the experience among the respondents regarding the menstruation. Following qualitative data shows. Educated girl, Ward no.3, age18, and ward no. 9, 47 year old uneducated women was said:

*One girl said her feelings, ma daiko bihema bahira vaya malai bihema janya kati rahar thiyo gharakale jana diyana.mulai kati dukha lagyo. Biheko dinvari royara base. Next women said mandirma chhau vayaka bela janu hudaina,gotha pada hani hudo chha(gothma gai bakhra birami hunchhan, bana bag lagdo chha, ghara manxe birami huda chhan). Debi risauni chhan.*

In this way, the most educated women also don't leave the traditional belief and continue the blind tasks with risks. Susmita (name change) changed one respondent once shared her experience that she was interested to attend in marriage ceremonial but because of being menstruated, she was not given permission. I fully passed being wept. Similarly, next, women shared that she was not allowed to go to temple because they believed randomly that god gets angry, cattle many die family member may get sickness. Such tradition causes that practice in living in cowshed goes on.

### Practice of Menstruation Hygiene

Health is such property that should be rechecked. Menstruation is a part of women's health process. Even she is illiterate. Personal hygiene is most important during menstruation. Women need to take proper food, care, and maintain health hygiene during menstruation.

In this regard, this chapter includes practice on menstruation health and hygiene like food practice, bathing practice, use of absorbents hygiene practice, cleaning vagina changing absorbent.

**Eating practice.** Food is the backbone for energy. To energize the body, the role food is significant. In terms of menstruation, heavy, nutritious and balance food is required to women because much energy is needed to maintain as usual for body system. The following table shows the food practice of the respondents.

Table 10

*Eating Practice of the Respondents during the period*

Education status of responders	Are you proper food during menstruation?		
	Enough (%)	Usual food (%)	Total (%)
Illiterate	5(26.3)	14(73.7)	19(100)
basic education	39(56.5)	30(43.5)	69(100)
secondary education	100(65.4)	53(34.6)	153(100)
Total	144(59.8)	97(40.2)	241(100)

Table 10 presents the food practice during menstruation. Proper food is given during period. But illiterate women are given 26.3% enough food, 73.7% usual food, basic education holder gets 43.5% usual food but 65.4% enough food but secondary

education holder in Sanfebagar women gets 59.8% enough food but 40.2% usual food.

Regarding menstruation, the role of food plays significant, in terms of health, creative mind, imagination and ability to do must be as usual even though educated women do not pay attention on food for their body. For this we must aware them. In terms of cultural and biological process woman must be careful. Food is a key element to signify the body.

**Bathing practice during menstruation** Sanitation is the best form of menstruation. It helps to minimize infection and STD the communicable disease. Menstruation is sensitive period. That time we need lots of caring for health. Bathing practices of respondents following.

Table 11

*Bathing practice during Menstruation of the Respondents*

Education status of responders	How often do you bath during menstruation?		
	Daily (%)	Twice on the day 1 time (%)	Total (%)
Illiterate	19(100.0)	0	19(100)
basic education	51(73.9)	18(26.1)	69(100)
secondary education	104(68)	49(32)	153(100)
Total	174(72.2)	67(27.8)	241(100)

The table 11 also shows the data related to bathing practices of women during menstruation. According to the majority of data females with a secondary education bathed less frequently (68%) than those with a primary education (73.9%) but more frequently than illiterate females (100%). In this way we can say that the cleanliness during menstruation looks more satisfactory.

Sanitation maintains the cyclic period but during menstruation, it also focuses on the high process of body (external and internal process). An educated woman, ward 2 aged 32 said:

*pani ka jhal chhan. chhau vayaka bela had dhuna gada(khola) janu paddo chha gad tadha chha. Dinkadina had dhuna gada jana tadha vayakale 2 dinko yak din gada hadmud dhuna lattakapada dhuna jado chhu. Phagun dekhi jeth pani napadda samma panika dukha chhan hajur tei vaikhenda khanaki panika dukha chhan, chhau padilai dinkadin hadmud dhuna kapada dhuna kahai paunu.”*

An educated respondent, Sita aged 32 of ward no. 2 of Sanfebagar municipality paid attention during menstruation that we have not sufficient water. For sanitation such water is needed but we get trouble for water, river is also far away. It is not possible to wash daily because the river is farther. In Falgun to Jestha, there is shortage of drinking water as well as they questioned that how we can sanitize our bodies.

**Use of absorbents.** Hygiene practice is necessary. Hygiene is helpful to woman's health to stop risk of infection. For sound, body and mind, we can maintain ourselves. Menstruation Hygiene may include type of using absorbents, cleaning, washing, changing, dry, disposal etc. The most important aspect of menstrual hygiene is cleaning practices of used pads and cloth pieces carry germs, bacteria. Following the data shows the practices of respondents.

Table 12

*Use of absorbent of the Respondents during the Period*

education status of responders	What absorbents do you use during menstruation?			Do you re-use your cloths piece?		If yes, how do you clean it?	Where do you dry your absorbents	as	How you disposal your absorbents	Why you don't use sanitary pad				
	Sanitary pad	cotton piece	any cloth pieces	Yes	No	Water & shop	direct sunlight	usual place	Burnt with material	Bushes through with other waste	Expensive easy to use	not easily available		
Illiterate	4 (21.1)	11 (57.9)	4 (21.1)	17 (89.5)	2 (10.5)	19 (100)	15 (78.9)	4 (21.1)	4 (21.1)	13 (68.4)	2 (10.5%)	10 (52.6)	2 (10.5)	7 (36.8)
basic education	34 (49.3)	31 (44.9)	4 (5.8)	55 (79.7)	14 (20.3)	69 (100)	64 (92.8)	5 (7.2)	16 (23.2)	49 (71)	4 (5.8%)	26 (37.7)	30 (43.5)	13 (18.8)
secondary education	74 (48.4)	71 (46.4)	8 (5.2)	132 (86.3)	21 (13.7)	153 (100)	133 (86.9)	20 (13.1)	42 (27.5)	105 (68.6)	6 (3.9%)	47 (30.7)	73 (47.7)	33 (21.6)
Total	112 (46.5)	113 (46.9)	16 (6.6)	204 (84.6)	37 (15.4)	241 (100)	212 (88)	29 (12)	62 (25.7)	167 (69.3)	12 (5.0%)	83 (34.4)	105 (43.6)	53 (22)

The aforementioned table clearly shows that the majority of the respondents have positive practices. The use of absorbents in hygiene practice with illiterate, basic education, and secondary education holder female respondents during their menstruation period revealed that females with basic (49.3%) and secondary education (48.4%) use more potent sanitary pads and occasionally cotton pieces of cloth than illiterate females who use the most rottenly cotton pieces of cloth (57.9%). The reason for not using sanitary paid is the unavailability in rural area. Respondents who are educated dry and wash their absorbents on a regular basis and dispose of them in business or burn them. They all use soup to wash them properly.

**Clean vagina before changing absorbents.** Genital hygiene is the most important during menstruation because it prevents infection disease and other menstrual related problems. Respondents were asked whether they clean the vagina during menstruations. They were asked about the ways of the cleaning vagina which is shown in below table.

Table 13

*Maintained Self-hygiene of the genital during the Period*

Education status of responders	Do you clean your vagina before changing absorbents?		
	Yes (%)	No (%)	Total (%)
Illiterate	17 (89.5)	2 (10.5)	19 (100)
basic education	46 (66.7)	23 (33.3)	69 (100)
secondary education	89 (58.2)	64 (41.8)	153 (100)
Total	152 (63.1)	89 (36.9)	241 (100)

The aforementioned table represents the respondents' physical health cleanliness during menstruation period the most important part (vagina) before changing absorbents. Among the data the female with basic education (66.7%), secondary education (58.2%) clean/wash their vagina before changing the absorbents more than the illiterate ones as the table shows that.

**Effect of Social Norms on Menstrual Health**

They adhere to Chhaupadi norms on occasion, and it is believed that they cause premature death and sudden accidents. The local belief system associates health, illness, and death with the Chhaupadi tradition, both abiding and not abiding. There are many stories of snake bite, death of buffalos, premature death of girls and other harm due to the cause of not abiding by Chhaupadi rules.

In this regard, this chapter includes problems like, health problems, accidents and many difficulties faced by women while living in Chhaughar and cow shed during their menstruation.

**Problem face during menstruation.** Menstruation is associated with lots of problems that create physical, psychological and mental. Many women have common problems like headaches, abdominal pain, fear & anxiety, backaches, feeling weird, laziness, too much sleep during their menstrual period. Respondents were asked about the problems faced by them during menstruation period. The response is given below.

Table 14

*Types of Problems Faced by the Respondents during Menstruation*

Educational status	Do you have any problem during menstruation?		If yes, what type of problem have you faced		
	Yes (%)	No (%)	Headache (%)	Lower abdomen pain (%)	Fear & anxiety (%)
Illiterate	10(52.6)	9(47.4)	2(20)	8(80)	0
Basic education	23(33.3)	46(66.7)	3(13)	16(69.6)	4(17.4)
Secondary education	40(26.1)	113(73.9)	7(17.5)	25(62.5)	8(20)
Total	73(30.3)	168(69.7)	12(16.4)	49(67.1)	12(16.4)

The mentioned table 14 demonstrates the effects of social norms on menstrual health and the data. Mostly all the respondents feel some kind of problem during menstruation period but most often the illiterate, basic education and secondary education holder female have headache, lower abdomen pain 20%. When a woman is

under menstruation, she suffers from physical problems. According to them, most of the women suffer from pain of lower abdomen. They also feel headache because the bleeding of the body cause the vitamin and mineral becomes unusual.

**Health problem during menstruation.** Every human being's health and hygiene play a vital role in the development of country. The problems of health and hygiene are more common in the least developed countries like, Nepal. It faces many serious problems including health and hygiene.

Table 15

*Physical Problem Faced by the of Respondents*

Education status of responders	Have you ever faced vaginal or urinary problem.		If yes, what type of problem			What kind of reason		
	Yes (%)	No (%)	Itching genital organs (%)	Excess bleeding (%)	Back pain (%)	Lack of nutrition (%)	Live shed (%)	Lack of sanitation (%)
Illiterate	8(42.1)	11(57.9)	4(50)	0	4(50)	2(10.5)	2(10.5)	15(78.9)
basic education	8(11.6)	61(88.4)	3(37.5)	3(37.5)	2(25)	9(13)	26(37.7)	34(49.3)
secondary education	16(10.5)	137(89.5)	6(37.5)	2(12.5)	8(50)	25(16.3)	65(42.5)	63(41.2)
Total	32(13.3)	209(86.7)	13(40.6)	5(15.6)	14(43.8)	36(14.9)	93(38.6)	112(46.5)

Table 15 shows the aforementioned data elicits the respondents' problems they faced with vaginal or urinary system during the time of menstruation. The illiterate female respondents faced vaginal and urinal problems during menstruation period. 42% of total one, similarly, 50% faced itching genital organs (50%) with excessive bleedings (50%) with back pain and the main live shed nutritive food and sanitation. In the same way basic and secondary educated respondents do also face vaginal and

itching problem during the time of menstruation respectively (11.8% and 10.5%) lower than the illiterate ones. At the same time, they do also have (37.5% and 12.5%) of excessive bleeding, back pain and itching genital organs.

The main reason behind them is also the lack of nutritive food, poverty. In this way we are unknown that the prevailing social customs, norms, values, beliefs have the greatest impact on females during the time of menstruation.

Table 16

*Faced Accident during Live Shed*

Education status of responders	Have you ever faced accident during live shed?		If yes, what happened		
	Yes (%)	No (%)	Snake came or bite (%)	To suffocate (%)	Death (%)
Illiterate	0	19 (100)	0	0	1 (100)
Basic education	2 (2.9)	67 (97.1)			
Secondary education	5 (3.3)	148 (96.7)	4 (80)	1 (20)	0
Total	7 (2.9)	234 (97.1)	4 (66.7)	1 (16.7)	1 (16.7)

The aforementioned table represents the responder's experience of accidents they faced during menstruation period while living in live shed\cow shed. As the data shows, the illiterate responders faced (0%) of accident and other types of problem in those condition whereas the basic educated responders do faced accident (2.9%) in terms of secondary education responders (3.3%). Mostly snake incident (80%). A uneducated women, age 43, ward 4, said:

*yak barsa mu chhau vayara chokhyaki 4 dinka dini mera gharaka jhyalani sap aayako dekhyaa, paxi herauna gaya dhamile chhuichhai vayara deutale chhal*

*garyako ho galti vaya aba dekhi gardaina vani veti rakhera 7 dinka dini kuldewatalai diyo batti garyai vanyo tessai garya 4 din dekhi 7 din samma gharvari sap(snake) paxi xodyo aauna”.*

Answering my question what type of accident facing ? The khanti auuji (name changed) has stated that if they follow Chhaupadi norms for a period of time, it is believed that they will die prematurely and in an accident. The local belief system associates health, illness, and death with the Chhaupadi tradition, both abiding and not abiding. There are many stories of snake bite, death of buffalos, premature death of girls and other harm due to the cause of not abiding Chhaupadi rules.

### **Risk Perception**

To further refine the study and the women’s concerns about their health, their behavior, various factors, including its impact barriers, I made statement on 6 constructs of HBM. Which attitude was retained as an option? Data were collected by creating six statements about perceived susceptibility, five about perceived severity, five about perceived barriers, six about self-efficacy, and four about cues to action.

Using the health belief model in the responders of my study area, the results of this category is shown in appendix I

**Risk Perceptions of Women regard Menstrual Health.** Using health belief model, I test the candidates of Sanfebagar to conclude the perceived susceptibility, perceived benefits, perceived barriers, self-efficacy and cues to action. While using this model, 33% women are worried when menstruation happens. They do not pay attention to hygiene during infectious body, and they strongly disagree that they became infected at that time, but they agree that social norms and values are incorrect because women do not behave equally under the perception of severe problems. Women strongly agree with this 38.6% women accept. On time, the menstruation brings sound health but late period cause problem. In this step 76.3% women agree with same statement while talking perceived benefits, 33.6% women due to hygienic menstruation agree but nutritional food during period makes safe. 80.9% women agree with such practice. Pad (a cloth) is necessary for period but it is expensive. According to women 22% women present their opinion that pad is too expensive. Meantime the society behavior is also a factor to move ahead for women. 43.6%

agrees with this step of society. For independence, many women use pad themselves. For this, 40.7% of women use it, and 57.3% strongly agree with this self-work step.

After some barriers are removed, some women decide to take action for their health. Among of them, 22% women proceed strongly work out for awareness of nutrition during menstruation. Meantime 62.2% women work for motivation. In this health belief model all respondent according to their teaching, behavior and physical status react to me during menstruation.

In terms of perceived susceptibility, 42.7% of women find it through HBM, but only 20.7% find it for their health. In addition, while 55.6% of women perceived severity for health reasons, only 32% perceived risk in the body. The women get benefit according to their level 59.3 only get such privileges to body but 29.9%. Women can't understand. The barriers for woman 36% ignored but 31.1 get high obstacles.

In this way, at present time, a woman doesn't get surprised, fearful or suspense during her menstruation period. The woman is given a narrow space in a corner of the house to live in during her period. Such as, one should face different accidents during this time.

Table 17

*Level of Perception of Risk among the Women regards Menstrual Health*

Constructs	Low		Medium		High		Mean.
	Num.	Per. (%)	Num.	Per. (%)	Num.	Per. (%)	
Perceived Susceptibility	103	42.7	88	36.5	50	20.7	1.7801
Perceived severity	134	55.6	30	12.4	77	32	1.7635
Perceived benefits	143	59.3	26	10.8	72	29.9	1.7054
Perceived barriers	87	36.1	79	32.8	75	31.1	1.9502
Self-efficacy	88	36.5	83	34.4	70	29.0	1.9253
Cues to action	85	35.3	74	30.7	82	34	1.9876

The above table shows that the level of perception risk is lowest of all. The responder perceived susceptibility perceived severity perceived benefits, perceived barriers, self-efficacy and cues to action all level of perception risk low.

### **Major Finding of the Study**

In this study, we provide an overview of the views of menstruating women held by Sanfebagar municipal, wards 1, 2, 3, 4, and 9 in Achham.

- The majority of the population belonged to Chhetri (81.3%) ,15-25 age group, (31.5%).
- All women (100%) were familiar with menstruation. However, only 210 women said menstruation is a natural process, and 31 said it is an impure period.
- Sixty six percent responders were treated as untouchable during their menstruation. The majority of women (56.6%) cited family and social pressures as the primary reason for being treated as untouchable during menstruation, while 5% were treated with fear of god and goddess.
- The women with a secondary level education (35.3%) are allowed to touch more than the women with basic education (34.8%) and those who are illiterate (26.3%).
- Similarly, secondary education-holder women (57.8%) feel bad when they are not allowed to touch the basic education (57%) and illiterate (57%) women.
- Among the illiterate women, 84.2% of the respondents said they were not allowed to pray or worship in temples. According to the data, 53.6% of the respondents who got basic education and 48.4% of the respondents who got secondary level education were not allowed to pray or worship. Similarly, 36.2% of respondents with a secondary education, 45.8% with a basic education, and only 5.3 % with no education were allowed to do kitchen chores.
- Interns of data illiterate women eat normally daily food (94.7%). Among others women with reduce diet (7.2%) and (56.9%) of normally daily food as well.

- The responders' practice regarding to the menstrual period is varies during menstruation; staying at home, going to neighbor's houses, temples, working in kitchens, going for journey, sleeping in bed at home, touching males, attending marriages, going to school, or having domestic animal products while in their menstruation period.
- The responders' cleanliness during menstruation has seemed more satisfactory. According to the data, the secondary education holders' females bath daily (68%). In this way we can say that, the cleanliness during menstruation in the study area is satisfactory.
- Respondents who got basic and secondary level education are more likely to use sanitary pads and sometimes cotton pieces of cloth than illiterate females who use any piece of cloth. The reasons for not using sanitary pads are the unavailability and costly in rural areas.
- The responders' experiences of accidents they faced during the menstruation period while living in live sheds or cow sheds. The basic educated responders (2.9%) and secondary education responders (3.3%) faced fear of wild animals, snake bites and difficulty spending time in a narrow cowshed or Chhaughar as like a dark cave/den during their menstruation. Mostly faced snake incidents (80%).
- Using health belief model, I tested the candidates of Sanfebagar to conclude the perceived susceptibility, perceived benefits, perceived barriers, self-efficacy and cues to action. While using this model, 33% women are worried when menstruation happens.
- The risk perception level was very low, and those who perceived risk also perceived benefits.

## **Discussion**

To fulfill the objective of this study, some selected educational, economic, and demographic variables were taken as the main influencing variables on knowledge and practice of menstruation and hygiene. It was found that the cultural and social

effects of menstruation and hygiene status were not in a satisfactory condition. Because their women's knowledge was high and their practices were low.

This study found that the respondents defined menstruation by local names such as *Chhui hunu/ nachhuune hunu* (73.4%), *bahira Sarnu*(16.6%), *Pakha lagnu*(10%). This result is similar to the finding as Tjon(2012) that found Hinduism views the menstruating woman as “impure” (Chawla, 1992), or “polluted” (Apffel-Marglin, 1994). In fact, menstruation is referred to in some places as a “curse” (Sharma, Vaid, & Manhas, 2006). The impurity lasts only during the menses, and ends immediately thereafter. Menstruation is termed in different way such as *rajaswala, nachune hunu, bahira sarnu, chauhunnu, chuibhai, masik shrap, mahinawari* etc. This finding is different than other findings in the study conducted in Nepal which found (73.6%) of the girls did not have knowledge about menstruation and menstrual hygiene (Yadav et al., 2017).

This study found that the responders are live-in houses but cornered on the inside and they burn for 4 days during menstruation period. This result is the opposite of the previous research works. The percentage of people experiencing restrictions during menstruation is 79%, (World Vision, 2020).

This study discovered that women in the study area had many social beliefs about menstruation, such as not being allowed to temple, make food, touch water, food items, fruit trees, or drink milk. This finding is also similar to Shrestha's (2019) discovery. Some Nepalese cultures people believe that if women passing through menstrual cycle touch trees, they will be ruined and the people will be defiled. In some places they are not allowed to take water and both in common places like water, pond and taps. This study found that most girls follow the restricting practice. Among them most are restricted from making food and worship. This finding is similar with the study conducted by Bhattarai (2018) in Surkhet.

This study found that respondents also practiced healthy habits like using sanitary pads, changing pads, bathing or cleaning genitals with soap and water. This finding is consistent with the findings of Khanal (2018), who discovered that the majority of girls used sanitary pads and bathed once during their period. A study conducted in Bajura district found that most of the girls used reusable cloths in all

types of schools (74 - 83 %). Although many of the girls reported, they would like to use disposable sanitary pads (Ahmad, 2018).

This study found that the illiterate female respondents faced more vaginal and urinal problems during their menstruation period. In the same way basic and secondary educated respondents do also face vaginal and itching problem during the time of menstruation respectively (11.8% and 10.5%) lower than the illiterate ones. At the same time, they do also have (37.5% and 12.5%) of excessive bleeding, back pain and itching genital organs. This result is similar to Rayamajhi, (2017) as physical effects such as backache, cramps, lower abdominal pain, vomiting and so on. Females seem to be suffered from emotional effects such as sadness, uneasiness, tiredness etc. A study conducted by Kansal, Shing and Kumar (2016) found the similar finding that the difference between following hygiene practice and reproductive tract infection was not found statistically significant.

This current found that hygiene, as maintained, seems to be very good logic, but the impurity system (stigma) is not good. In this vulnerable period for women, human behavior appears impolite. The practice of untouchability and barrenness is still prevalent in many families, even at home.

## **Chapter V: Conclusions and Recommendations**

### **Conclusions**

The study concluded that although respondents have high knowledge of MH, according to their knowledge, they have even less practice due to social beliefs regarding menstruation. In this study, almost all the respondents felt disturbed by physical and extra work burdens during menstruation. It can be concluded that menstruation and practices of these study areas need to be improved through awareness programs related to the ministrations. It should be promoted by community members, schools, and local social forums, and unscientific cultural practices and myths should be dispelled in order to promote healthy menstrual hygiene and develop knowledge about women. Social beliefs have impacted in many aspects of menstrual health like menstrual hygiene practice as risk perception. So, empowerment program should be conducted in the grass route level of the study area.

### **Recommendations**

This study marked many existing problems in menstrual hygiene in women. The researcher has focused on the following recommendation to overcome the problems.

#### **Policy Related Recommendations**

- The government is set to bring National Menstrual Hygiene Management Policy so as to place menstrual hygiene in the human rights framework.
- The new policy of the government aims to spread awareness, discourage superstition and cultural malpractices related to menstruation. The draft of the policy will soon be tabled in the Parliament.
- The draft talks about problems faced by women during menstruation, taboos and misconceptions related to menstruation, and presents strategies of the government needs to adopt to solve the problems.
- The main aim of the policy is to help in the management of menstrual hygiene and improve the physical and mental health status of women in the country.

- Education programs for all women in this area should be provided because education plays a vital role in decision-making and empowering personalities.

#### **Practice Related Recommendations**

- Bottom to top approach of health programs should be launched to integrate the community.
- The government should try to establish the school as a "girls-friendly" environment, which helps to promote the courage of menstruated girls in school.
- Advocacy and awareness campaigns should be identified to affect Value customs and norms undermine discrimination against women especially during that period.

#### **Recommendations for Further Study**

This study did not show the relationship between various dependent and independent variables using co-relation, regression, queasy experimental and other statistical tools. So, it can be carried out and analyzed by using this statistical tool to find accurate solutions.

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## APPENDIX 1

### Risk perceptions of women regard menstrual health

Perceived susceptibility	Strongly Agree(%)	Agree(%)	Neutral (%)	Disagree(%)	Strongly disagree(%)
I think if social norms are wrong, my health condition may deteriorate	77(32.0)	162(67.2)		2(0.8)	
I am worried that if I do not pay attention to hygiene during menstruation, I may get an infection	80(33.2)	158(65.6)		3(1.2)	
I think the society can't change if the practice of chhaupadi is not ended	74(30.7)	61(25.3)		88(36.5)	18(7.5)
I Feel lonely and depressed during the days of menstruation	5(2.1)	61(25.3)	5(2.1)	144(59.8)	26(10.8)
I think, Chhhaupratha could not be eliminated from our society. It is likely I will get sick from unhygienic menstrual practice sometime during my life	9(3.7)	123(51.0)	4(1.7)	105(43.6)	
I feel weak when I don't get good food during menstruation	19(7.9)	118(49.0)	12(5.0)	92(38.2)	

Perceived severity

superstitious social beliefs can cause my menstrual problem and uterine rupture

53(22.0)	132(54.8)	12(5.0)	43(17.8)	1(.4)
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if the practicing of chhaugoth continues then it may various types of incidents can be create

93(38.6)	148(61.4)			
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Chhaupadi tradition may cause of barrier in all-round development of adolescent

68(28.2)	167(9.3)	3(1.2)	3(1.2)	
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If girls are happy due to their late periods but they are unknown that is harmful for reproductive health

49(20.3)	184(76.3)	2(.8)	6(2.5)	
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If women practices unhygienic chhaupadi tradition then they get infected

75(31.1)	162(67.2)		4(1.7)	
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Perceived benefits

Due to hygienic menstruation practice, my health condition can be good

81(33.6)	158(65.6)		2(.8)	
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All women will get relief if chhaupadi tradition is boycott from society	73(30.3)	159(66.0)		9(3.7)	
If we eat required nutritional food during periods then we can be safe from being sick	44(18.3)	195(80.9)		2(.8)	
Parents interaction improves confidence level in a girl during menstruation	45(18.7)	192(79.7)	3(1.2)	1(.4)	
0.565 Mothers should be responsible to teach their daughters on safe menstrual practices	61(25.3)	133(55.2)	6(2.5)	26(10.8)	15(6.2)
Perceived barriers					
The society will make me feel shame if I don't follow the superstitious chhaupadi custom	29(12.0)	105(43.6)	2(.8)	83(34.4)	22(9.1)
I want to stay at home during my menstruation but my family are don't accept.	12(5.0)	66(27.4)		123(51.0)	40(16.6)
I feel awkward to ask questions about periods	46(19.1)	52(21.6)		112(46.5)	31(12.9)
Pad is too expensive for me	53(22.0)	63(26.1)		63(26.1)	62(25.7)

God will get angry if I don't follow chhaupadi custom		37(15.4)		115(47.7)	89(36.9)
Family force is high to adopt menstrual rule		52(21.6)		146(60.6)	43(17.8)
The advertisements regarding sanitary pads are too shameful to watch with parents		23(9.5)		168(69.7)	50(20.7)
It is important to buy sanitary napkins without being seen		23(9.5)	3(1.2)	149(61.8)	66(27.4)
A girl feel embarrassed when teacher speaks on menstruation in class in front of other gender	46(19.1)	79(32.8)	3(1.2)	74(30.7)	39(16.2)
Self-efficacy					
I can use pad by myself	98(40.7)	138(57.3)			5(2.1)
I can dispose pad by myself.	88(36.5)	127(52.7)		24(10.0)	2(.8)
I will try to eradicate chhaupadi custom from my home	64(26.6)	132(54.8)	4(1.7)	41(17.0)	
I have confidence to talk about menstruation	27(11.2)	101(41.9)	6(2.5)	48(19.9)	59(24.5)
I have skill to make sanitary pad	12(5.0)	56(23.2)	13(5.4)	68(28.2)	92(38.2)

I can reject the family cultural rules related to menstruation	26(10.8)	112(46.5)	14(5.8)	80(33.2)	9(3.7)
Cues to action					
I will convince my family to allow me to stay home during period	47(19.5)	131(54.4)	5(2.1)	52(21.6)	6(2.5)
I will provide motivation on to end chaupadi custom by staying at home during menstruation	49(20.3)	150(62.2)	10(4.1)	32(13.3)	
I will create awareness regarding required nutrients during per menstruation	53(22.0)	148(61.4)	22(9.1)	18(7.5)	
I have talked with health personal about the risks of unhygienic menstrual hygiene and shared to relatives, friends and others	41(17.0)	144(59.8)	39(16.2)	17(7.1)	

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- 1.9 What kind of things is not allowed to touch during menstruation?  
 a) Temple (tools worship) b) kitchen c) both
- 1.10 Do you touch kitchen during menstruation?  
 a) Yes b) no
- 1.11 If no, why don't do?  
 a) Family pressure b) fear with god c) sinful work
- 1.12 What kind of care you have got during your menstruation from your parents & family?  
 a) Hygienic & nutritious food b) reduce diet  
 c) Normally daily food
- 1.13 What kind of changes have you faced in daily activities due to menstruation?  
 a) Unable to do house work b) stay home (normal)  
 c) Unable to do outdoor work
- 1.14 Which of the following are practiced in your society?
- 1.14.1 To enter into temple Yes No
- 1.14.2 To Enter in to kitchen
- 1.14.3 To touch food/water/papad/pickle in kitchen
- 1.14.4 Avoiding touch fruits plants
- 1.14.5 Not allowed to sleep in bed
- 1.14.6 Avoid visiting neighbor
- 1.14.7 Avoiding long journey
- 1.14.8 Complete isolation in home
- 1.14.9 Avoid eating sour food
- 1.14.10 Avoid attending marriages
- 1.14.11 Avoid going out in full moon and new moon
- 1.14.12 Avoid touching male members of the family
- 1.14.13 not allowed going to school
- 1.14.14 Avoid eat milk

**2. Practice on menstruation health & hygiene.**

- 2.1 Are you proper food during menstruation?  
a) Enough                      b) no enough                      c) usual food
- 2.2 How often do you bath during menstruation?  
a) Daily                      c) twice on the day 1 time                      c) on the last day
- 2.3 What absorbents do you use during menstruation?  
a) Sanitary pad                      b) cotton piece                      c) any cloth pieces
- 2.4 Do you re-use your cloths piece?  
a) Yes                      b) No
- 2.5 If yes, how do you clean it?  
a) Water only                      b) water & soap                      c) water, soap & Detol
- 2.6 Where do you dry your absorbents?  
a) Direct sunlight                      b) as usual place                      c) damped place
- 2.7 Do you clean your vagina before changing absorbents?  
a) Yes                      b) no
- 2.8 Why you don't use sanitary pad?  
a) Expensive                      b) not easy to use                      c) not easily available
- 2.9 How you disposal your absorbents?  
a) Burnt with material                      b) Bushes                      c) through with other waste
- 2.10 Why menstruation hygiene is very important?  
a) To feel safe & comfortable                      b) prevention from infection  
c) Keep the par clean

**3. Effect of social norms on menstrual health.**

- 3.1 Do you have any problem during menstruation?  
a) Yes                      b) no

- 3.2 If yes, what type of problem have you faced?  
a) Headache b) Lower abdomen pain c) fear & anxiety
- 3.3 Have you ever faced vaginal or urinary problem during menstruation?  
a) Yes b) no
- 3.4 If yes, what type of problem have you faced?  
a) Itching genital organs b) excess bleeding  
c) Burning menstruation
- 3.5 What kind of reason?  
a) Lack of nutrition b) live shed c) lack of sanitation
- 3.6 have you ever faced accident during live shed?  
a) Yes b) no
- 3.7 Why you didn't stay your home during menstruation?  
a) God fire b) ghost come c) family & society pressure

## Appendix III

### HBM Scale

HBM construct		S.D.	D.	N.	A.	S.A.
4.1 Perceived susceptibility	4.1.1	I think if social norms are wrong, my health condition may deteriorate.				
	4.1.2	I am worried that if I do not pay attention to hygiene during menstruation, I may get an infection.				
	4.1.3	I think the society can't change if the practice of chhaupadi is not ended.				
	4.1.4	I Feel lonely and depressed during the days of menstruation.				
	4.1.5	I think, Chhhau pratha could not be eliminated from our society. It is likely I will get sick from unhygienic menstrual practice sometime during my life.				
	4.1.6	I feel weak when I don't get good food during menstruation.				
4.2 Perceived severity	4.2.1	Superstitious social beliefs can cause my menstrual problem and uterine rupture.				
	4.2.2	If the practicing of chhaugoth continues then it may various types of incidents can be create.				

	<p>4.2.3 Chhaupadi tradition may cause of barrier in all-round development of adolescent.</p> <p>4.2.4 If girls are happy due to their late periods but they are unknown that is harmful for reproductive health.</p> <p>4.2.5 If women practices unhygienic chhaupadi tradition then they get infected.</p>					
<p>4.3 Perceived benefits</p>	<p>4.3.1 Due to hygienic menstruation practice, my health condition can be good.</p> <p>4.3.2 All women will get relief if chhaupadi tradition is boycott from society.</p> <p>4.3.3 If we eat required nutritional food during periods then we can be safe from being sick.</p> <p>6.1.4 Parents interaction improves confidence level in a girl during menstruation.</p> <p>6.1.5 0.565 Mothers should be responsible to teach their daughters on safe menstrual practices.</p>					
<p>4.4 Perceived barriers</p>	<p>4.4.1 The society will make me feel shame if I don't follow the superstitious chhaupadi custom.</p> <p>4.4.2 I want to stay at home during my menstruation but my family are don't accept.</p>					

	4.4.3	I feel awkward to ask questions about periods.				
	4.4.4	Pad is too expensive for me.				
	4.4.5	God will get angry if I don't follow chhaupadi custom.				
	4.4.6	Family force is high to adopt menstrual rule				
	4.4.7	The advertisements regarding sanitary pads are too shameful to watch with parents.				
	4.4.8	It is important to buy sanitary napkins without being seen.				
	4.4.9	A girl feel embarrassed when teacher speaks on menstruation in class in front of other gender.				
4.5Self efficacy	4.5.1	I can use pad by myself.				
	4.5.2	I can dispose pad by myself.				
	4.5.3	I will try to eradicate chhaupadi custom from my home.				
	4.6.4	I have confidence to talk about menstruation				
	4.6.5	I have skill to make sanitary pad.				
	4.6.6	I can reject the family cultural rules related to menstruation.				

<p>4.6 Cues to action</p>	<p>4.6.1 I will convince my family to allow me to stay home during period.</p> <p>4.6.2 I will provide motivation on to end chaupadi custom by staying at home during menstruation.</p> <p>4.6.3 I will create awareness regarding required nutrients during per menstruation.</p> <p>4.6.4 I have talked with health personal about the risks of unhygienic menstrual hygiene and shared to relatives, friends and others.</p>					
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## **Appendix 4 Guideline for In-depth interview**

### **❖ Socio-cultural beliefs on menstruation.**

- Where should you stay during the Chhau?
- Do you Perform rituals during Chhaupadi period like worshipping god/goddess, marriage ceremony, death ritual, birth initiation and festival etc?
- Do you think you are impure during Chhau and gods are really angry for you?

### **❖ Practice on menstruation health & hygiene**

- What type of food do you eat during Chhaupadi period or not?
- What type of absorbents do you use during menstruation?
- Why menstruation hygiene is very important?

### **❖ Effect of social norms on menstrual health.**

- What are the consequences of the problem of chhaupadi system in health have you ever seen to other?
- Why you restricted from are touching the things like cow, fruits plant, temples?
- How much burden of work do you have during Chhaupadi?