



Status of Menstrual Health and Hygiene Management among Adolescent Girls in Nepal

Brief description of study

A survey on Status of Menstrual Health and Hygiene Management among Adolescent Girls in Nepal was conducted in all seven provinces of Nepal. The survey assessed knowledge, attitude and practice and psychosocial well-being of adolescent girls (10-19 years) in menstrual hygiene management. The study also explored the experiences of differently abled adolescent girls with regard to menstruation. Field work and data collection was conducted in Oct-Dec 2019.

Methods

The sample size for this cross-sectional survey was calculated considering the prevalence of psychosocial problems among adolescents (P) to be 30%, allowable error (L) to be 5% and Z value to be 1.96, design effect of 1.5 and adding 5% non-response. This gave a sample size of 340, the sample size per province was 510 and a total sample size across the country was 3570. With a plan to consider 35 participants from each selected primary sampling unit (PSU). 15 schools per province were selected randomly which gave a total of 105 PSUs in each province. Therefore, a total sample size of 525 in each province and 3675 across the country was considered to be taken for this study. Adopted version of MR-SSS (menstrual related stress and self-efficacy) tool was used to assess the knowledge, attitude and practice and psychosocial well-being of adolescent girls. All participants were interviewed after obtaining informed consent. Ethical approval for this study was obtained from Nepal Health Research Council.

Key Findings

KNOWLEDGE AND PERCEPTION

71.7%



OF ADOLESCENT GIRLS KNEW
ABOUT MENSTRUATION BEFORE
MENARCHE



SUDURPASCHIM

PROVINCE WITH LEAST KNOWLEDGE (47.4%)

50%



OF THE ADOLESCENT GIRLS
HAD NO IDEA ABOUT THE
PHYSIOLOGY OF MENSTRUATION AND PREGNANCY.



9

My mother came to know on her own and asked me, still I felt uncomfortable telling her. I shared it with her only on my second menstruation cycle.

- Adolescent girl, Sankhuwasabha, Province



59.2%



MORETHAN HALF OF ADOLESCENT GIRLS KNEW CHAUPADI IS ILLEGAL



0%



SAID IT IS **LEGAL** AND REST DID NOT KNOW

04



MOTHERS WERE THE
PRIMARY SOURCE OF
INFORMATION AS WELL
AS PROVIDING GUIDANCE
AT FIRST MENSTRUATION,
FOLLOWED BY ELDER
SISTERS



05 -

ADOLESCENT GIRLS FELT MOST COMFORTABLE TALKING ABOUT MENSTRUATION WITH MOTHERS, FRIENDS AND ELDER SISTER.

06

08



36%



REPORTED FEELING SCARED FIRST MENSTRUATION



38.4%

ADOLESCENT GIRLS HAD TALKED OR DONE ANYTHING AGAINST RESTRICTIONS AT HOME

IF THERE WERE NO RESTRICTIONS, ADOLESCENT GIRLS PREFERRED MOST TO TAKE BATH, EAT DAIRY PRODUCTS AND SLEEP IN THE SAME BED AS BEFORE WHILE THEY LEAST PREFERRED TO ENGAGE IN RELIGIOUS ACTIVITIES.



21.2%

ADOLESCENT GIRLS HAD TALKED OR DONE ANYTHING AGAINST RESTRICTIONS AT

COMMUNITY

PRACTICES

Menstrual hygiene management practices

01

Restrictions during menstruation





51.9%

IN HOUSEHOLD CHORES

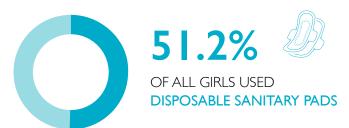
46.1%

IN SOCIAL ACTIVITIES

36.95%

IN PERSONAL ACTIVITIES

02



37.7%



OF ALL GIRLS USED REUSABLE SANITARY PADS

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

- Out-of-school adolescent girl, Jajarkot, Karnali Province



65%



OF ADOLESCENT GIRLS WERE **HAPPY** WITH THE **MATERIAL**



20.9%



SAID THEY WOULD PREFER A **DIFFERENT MATERIAL**

04



42.6% ###

OF THE GIRLS CHANGED PADS 3 OR MORE TIMES A DAY 39.7% OF GIRLS CHA

OF GIRLS CHANGED

9% OF GIRLS CHA

OF GIRLS CHANGED

05



92.9% 1



WERE ABLETO CHANGE SANITARY MATERIALS AS OFTEN AS NECESSARY AT **HOME**



55.2%



WERE ABLE TO CHANGE SANITARY MATERIALS AT **SCHOOL.** REASONS FOR OTHERS NOT BEING ABLE TO CHANGE WERE: UNAVAILABILITY OF DISPOSAL MECHANISM (29.1%), EMBARRASSED (25.9%), NOT ENOUGH MATERIAL (23.9%).



If my clothes get wet, I put it in my pocket and bring it home. I also wear it until it is worn out or if it's no longer in use, I burn it too or some time I throw it in the river.

- Adolescent girl, Jajarkot, Karnali Province

46.6%



GIRLS HAD ACCESS TO **TOILETS FOR CLEANING PURPOSE**

93.7%



HAD ACCESS TO SOAP FOR WASHING AND IT WAS AL-MOST THE SIMILAR ACROSS **ALL PROVINCES**

37.7%



WENT TO WELL/TAPS

15.6%



WENT TO RIVER/PONDS

92%



WASHED AND DRIED SANI-TARY MATERIALS IN SUNLIGHT **BUT AWAY FROM OTHERS** VIEW

54.1%



OF THE GIRLS TOOK A **BATH DAILY**

07



60.5%



GIRLS COULD EASILY ACCESS WASHING PLACE (<15 MINS)





HAD TO WALK MORE THAN **ONE HOUR**

08



DISPOSAL MECHANISM OF USED SANITARY MATERIALS WAS BURYING AND BURNING



PLACE FOR CHANGING SANITARY MATERIALS WERE TOILETS FOLLOWED BY BED ROOM. MAJORITY OF GIRLS STATED THAT THE PLACE FOR CHANGING ARE CLEAN, PRIVATE AND SAFE.

10



26.7%



GIRLS MISSED SCHOOL IN THE LAST 12 MONTHS WITH **DYSMENORRHEA** BEING THE HIGHEST REASON

Practices around Chaupadi

01



8.7%



OF ADOLESCENT GIRLS PRACTICE CHAUPADI

0.9% IN PROVINCE 5

20.5% IN KARNALI

47.7% IN SUDURPASCHIM

02



THE MAJOR REASON TO FOLLOW CHAUPADI WAS FAMILY DECISION

03



FAMILY MEMBERS WHO COMPEL ADOLESCENT GIRLS FOR CHAUPADI IS MOTHERS FOLLOWED BY GRANDPARENTS AND FATHERS

Staying and sleeping alone at night in a livestock shed is fearful and frightening. Family members can't even find if anything happens to us when we menstruate and it is a major problem."

- Out of School, Adolescent Girls,

04



75%



OF GIRLS SAID CHAUPADI IS BAD





FELT SACRED AND **ANXIOUS ABOUT THE PROCESS**

05



83.9%



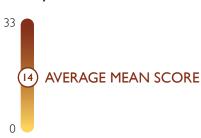
OF ADOLESCENT GIRLS THINK CHAUPADI SHOULD **NOT BE PRACTICED**



OF ADOLESCENT GIRLS FROM SUDURPASCHIM THINK THIS SHOULD BE CONTINUED

PSYCHOSOCIAL IMPACT

Secrecy and shame scale





45.2%



OF THE GIRLS RELATED MENSTRUATION TO HIGH SECRECY AND SHAME

Annoyance scale





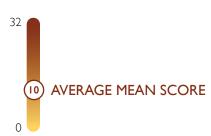
45.4%



OF THE GIRLS EXPERIENCED HIGH LEVELS
OF ANNOYANCE

03

Menstrual stress scale





42.5%



OF THE GIRLS EXPERIENCED HIGH MENSTRUAL STRESS

04

Menstrual self-efficacy scale





42%



OF THE GIRLS EXPERIENCED LOW SELF-EFFICACY

MENSTRUATION FROM DIFFERENTLY ABLED PERSPECTIVE

Experiences of differently-abled girls varied with the nature of their impairment. Major challenges were



NOT HAVING ACCESS TO **DISPOSABLE SANITARY MATERIALS**



DIFFICULTIES IN DISPOSAL MECHANISMS



RELIANCE ON IMMEDIATE FEMALE FAMILY MEMBERS FOR CHANGING SANITARY MATERIAL



RELIANCE ON FEMALE FAMILY MEMBER TO OBLIGE CHAUPADI



ABSENCE OF **DISABLE FRIENDLY WASH FACILITIES** OUTSIDE HOME
RESULTING IN THEM STAYING HOME
DURING MENSTRUATION



At home, my mother used to wash the used cloth, but in my hostel, I used to wash it with my feet. It is difficult for me. I feel it is difficult to wear a piece of cloth, wash and dry them. There must be a pad. I wish I could use pads so that I don't have to wash clothes.

- Differently-abled Adolescent Girl, Rukum, Karnali Province I think the distribution of free pads and the availability of disabled-friendly toilets will be helpful.

- Adolescent girl with paraplegia, Kanchanpur, Sudurpaschim Province) General needs of differently abled adolescent girls were to have access to disposable sanitary materials, disable friendly disposal mechanisms, disable friendly WASH facilities in school, distribution of free pads from government and care and support both at home and school



We have to dwell at chhaupadi hut, Because of my visual impaired during night my sister sleep with me in chhaupadi hut but it is difficult during summer days due to presence of the mosquito so, we light a fire for emitting smoke and sleep.

- Visually impaired adolescent girl, Bajura, Sudurpaschim Province

Conclusion

- Adolescent girls' knowledge around menstruation is inadequate as one quarter are unware about menstruation before menarche and one half are unaware of the link between menstruation and pregnancy. This may have direct implications on the level of reproductive health knowledge among adolescent girls and subsequent reproductive health programs.
- Adolescent girls continue to face restrictions during menstruation ranging from restrictions in religious activities, issues of touchability to food consumption. Mothers are the primary source of information and guide for menstrual management as well as major bearers to continue restrictions during menstruation.
- Chaupadi continues to be practiced in three of seven provinces with Sudurpaschim practicing most. Three fourth of adolescent girls know chaupadi is bad but cultural practice is deep rooted.
- Menstruation management among adolescent girls were found to be good: majority had access to disposable sanitary materials, half of the girls were able to change pads thrice or more per day, more than 90% had access to soap for washing and was able to dry menstrual materials, majority had a safe and private place to change. However, home was more comfortable place for menstruation management compared to schools.
- One quarter of girls missed school due to menstruation related issues.
- Menstrual needs of differently abled adolescent girls is largely neglected. Their needs are related to availability of menstrual material and disable friendly WASH beyond home. Their needs are largely fulfilled within household only.
- Majority of girls felt sacred during their first menstruation. Almost half of the girls experienced high menstrual stress,
 high annoyance and low self-efficacy.

Recommendation

- Deliberate efforts must be made between the provincial and the local government for formulation of plans, policies and strategies to overcome gaps in the menstrual health and hygiene management directed towards the target group.
- Government should promote sustainable, low cost, affordable and eco-friendly sanitary materials and its distribution to adolescent girls throughout the country.
- Government must intensify monitoring and supervision of MHM related government programs for example, the free pad distribution initiative.
- Government should allocate budget to establish girl-friendly (Chhatra Maitri) schools and take empowerment and engendered approach to capacitate adolescent girls, making them self-concerned and confident to speak up for their own menstrual health needs with everyone at school including male students and teachers.
- Health promotion awareness programs need to prioritize adolescent girls both in school and out-of-school, differently
 abed adolescent girls and their mothers via FCHVs, mothers' groups and health workers to challenge superstition, myths
 and ill practices that adversely impact menstrual health.
- Government should take measures for girl friendly and MHM friendly WASH provisions with proper waste disposal facilities in all schools and public places.