Research Brief

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





Background

World Vision International (WVI) Nepal and the Nepal Health Research Council (NHRC) conducted a national survey to assess knowledge, attitude and practice on menstrual health and hygiene management and psychosocial scores due to menstruation. The survey reached adolescent girls (10-19 years) in all seven provinces in Nepal. The study also explored the experiences of adolescent girls with disability during menstruation. Field work and data collection was conducted in October-December 2019.

Methods

The study adopted a mixed method design, two staged cluster sampling that included a population-based national representative survey of 3,495 adolescent girls aged 10-19 years who had experienced menarche. Total sample size was calculated using an estimation of 30% adolescents (P) with allowable error of 5% (L) and Z value of 1.96. Adopted version of MR-SSS (Menstrual Related-School Participation, Stress and Self-efficacy) tool was used to assess the knowledge, attitude and practice and psychosocial well-being of adolescent girls. Ethical approval for this study was obtained from the Nepal Health Research Council.

Key Findings

KNOWLEDGE AND PERCEPTION

0

71 7%

ADOLESCENT GIRLS KNEW ABOUT MENSTRUATION BEFORE MENARCHE AND PERCEIVED IT TO BE A NORMAL HEALTHY PROCESS. KNOWLEDGE WAS LEAST IN SUDURPASHCHIM PROVINCE (47.4%)



50%

ADOLESCENT GIRLS WERE UNAWARE OF THE PHYSIOLOGY OF MENSTRUATION THAT SETS STAGE FOR PREGNANCY



MOTHERS, ELDER SISTERS AND FRIENDS WERE THE MAJOR SOURCE OF INFORMATION WITH REGARD TO BOTH KNOWLEDGE AND GUIDANCE BEFORE AND AFTER MENARCHE, WHILE BOOKS AND MEDIA (RADIO AND TELEVISION) PROVIDED LEAST INFORMATION



36%

REPORTED FEELING SCARED AT FIRST MENSTRUATION

PRACTICE

PRACTICE OF CHAUPADI



8 7%

OF TOTAL PARTICIPANTS IN THREE PROVINCES PRACTICE CHAUPADI: LUMBINI (0.9%), KARNALI (20.5%) AND SUDURPASHCHIM (47.7%)

RESTRICTIONS INCLUDE RELIGIOUS ACTIVITIES (79.1%), HOUSEHOLD CHORES (51.9%), SOCIAL ACTIVITIES (46.1%) AND PERSONAL ACTIVITIES (36.95 %)



MAJORREASONS TO CONTINUE PRACTICE WERE FAMILY OBLIGATIONS (70.8%) AND FEARING DIVINE RETRIBUTION (13.7%)

MOTHERS IMPOSE THESE RESTRICTIONS FOLLOWED BY GRANDPARENTS AND FATHERS

MENSTRUAL HYGIENE MANAGEMENT PRACTICES



51 2%

OF ALL GIRLS USE DISPOSABLE SANITARY MATERIALS WHILE 37.7% USE REUSABLE SANITARY MATERIALS



AT HOME, 92.9% WAS ABLE TO CHANGE SANITARY MATERIALS AS OFTEN AS NECESSARY



26.7% GIRLS MISSED SCHOOL IN THE LAST 12 MONTHS DUE TO DYSMENORRHEA



65%

WERE HAPPY WITH THE CURRENT USE OF SANITARY MATERIAL



IN SCHOOL ONLY 55.2% WERE ABLE TO CHANGE SANITARY MATERIALS AND THREE MAJOR REASONS FOR NOT BEING ABLE TO CHANGE WERE: UNAVAILABILITY OF DISPOSAL MECHANISM (29.1%), EMBARRASSED (25.9%), NOT ENOUGH MATERIAL (23.9%)

WASH PRACTICES



46.6%

HAD ACCESS TO TOILETS FOR CLEANING PURPOSE, 37.7% WENT TO WELL/TAPS AND 15.6% WENT TO RIVER/PONDS





60.5% GIRLS COULD EASILY ACCESS WASHING PLACE (LESS THAN15 MINUTES' WALK) WHILE 1.8 % HAD TO WALK MORE THAN ONE HOUR



93.7%

HAD ACCESS TO SOAP FOR WASHING



DISPOSAL MECHANISM OF USED SANITARY MATERIALS WAS MOSTLY BURYING AND BURNING



PLACE FOR CHANGING SANITARY MATERIALS WERE TOILETS FOLLOWED BY BED ROOM

PSYCHOSOCIAL IMPACT

PSYCHOSOCIAL ATTRIBUTES OF SECRECY AND SHAME, ANNOYANCE, STRESS AND SELF-EFFICACY WERE MEASURED ON ADAPTED VERSION OF MR-SSS SCALE. IN ALL FOUR ATTRIBUTES, 42-45% OF ALL GIRLS RELATED TO HIGH SECRECY AND SHAME, HIGH LEVEL OF ANNOYANCE, HIGH MENSTRUAL STRESS AND LOW SELF-EFFICACY.

Experience of Adolescent Girls with Disability

Experience of adolescent girls with disability varied with the nature of their impairment. Major challenges were not having access to disposable sanitary materials, difficulties in disposal mechanisms, reliance on immediate female family members for changing sanitary material, reliance on female family member to oblige *Chaupadi* and absence of disabled-friendly WASH facilities outside home resulting in them staying home during menstruation.

Conclusion

Menstrual health and hygiene management is an important issue for adolescent girls. Findings reveal some areas of knowledge, perception and practice are quite encouraging, at the same time, much needs to be done to address the shortcomings. Adolescent girls continue to face challenges in form of cultural and religious restrictions. The psychosocial scales on secrecy and shame, annoyance, menstrual stress and self-efficacy requires attention and is an area for further research. The menstrual need of girls with disability are largely unmet. Targeted programmes in on menstrual hygiene management are relatively scattered and few.

Recommendations

- Government at all levels, should continue to make menstrual health and hygiene management a priority and allocate resources as part of reproductive health
- School as focal point for adolescent girls, should have comprehensive plan to address menstrual health and hygiene management
- Community should be responsive toward menstrual health and hygiene and management and adolescent health
- Family should create conducive environment for adolescent girls to thrive during menstruation
- Unmet needs of adolescent girls with disability should be addressed at all level



"When I first started menstruating, it was a very difficult situation for me. I was scared, nervous and unaware about how to manage it.

-An adolescent girl with disability, Tanahun Gandaki Province We have to dwell at Chaupadi hut for four days. Because I am visually impared, my sister accompanies me in the hut during night. But it is difficult during summer as the space is too small. There are lots of mosquitoes, hence we light fire for emitting smoke to chase mosquitoes and sleep. It gets very hot inside.

- An adolescent girl,

