

## **Socio-Cultural Practices During Menstruation Among Adolescent Girls**

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### **Abstract**

Menstrual health is a stigmatized but critical concern in Nepal, where adolescent girls face numerous socio-cultural restrictions despite increasing education. The study tried to analyze the knowledge level and prevalence of restrictive practices at menstruation among adolescent girls in schools. This cross-sectional study investigates the awareness levels of menstrual hygiene and the prevalence of socio-cultural restrictions among 147 adolescent girls in grades 8 to 12 at Pragati Higher Secondary School, Hetauda-9, Nepal. Using stratified random sampling, data were collected through structured questionnaires to assess knowledge, practices and restrictive traditions associated with menstruation. Findings revealed that although the majority of girls possessed rudimentary knowledge of menstrual hygiene, socio-cultural restrictions were practiced everywhere, 87.8% avoided religious events, 61.9% stayed away from kitchen activities, and 62.3% practiced food taboos. While 91.8% hated these taboos, they still existed due to social pressures. ANOVA analysis showed no statistically significant variation in knowledge levels by socio-demographic variables such as age, grade, religion, or parental education. Comparative analysis with previous studies confirmed that awareness does not necessarily lead to practice. The discussion highlighted how deep-rooted patriarchal norms shape menstrual behaviors beyond individual knowledge. The study calls for institutional reforms and culturally sensitive interventions. Further research should include male perspectives and assess long-term impacts of educational efforts.

**Keywords:** adolescent, health, menstruation, socio-cultural practices, taboos, stigma

## 1. Introduction

Menstruation is defined as the shedding of the uterine lining (endometrium) through the vagina (Tan et al., 2024). As Smith (2018) state that this process occurs when a woman's egg is not fertilized, signaling the end of the menstrual cycle and the beginning of a new one. It is regulated by hormones (Barbieri, 2014), primarily estrogen and progesterone (Silberstein & Merriam, 2000), and occurs in a cyclic pattern (Mihm et al., 2011), typically once a month for individuals of reproductive age (Auerbach et al., 2020). Menstruation is the monthly shedding of the uterine lining through the vagina, marking a key aspect of female reproductive health. It typically begins at menarche, which occurs around the age of 12 to 13 years on average (Joffe, 2020). Adolescence, defined by the World Health Organization (WHO) as the age between 10 to 19 years, is a transformative period of physical, emotional, and social development (WHO, 2016). This stage, which bridges the gap between childhood and adulthood, is marked by critical physiological milestones, one of the most notable being the onset of menstruation. Among adolescent girls, the transition into womanhood is often accompanied by new challenges and responsibilities, particularly regarding reproductive health (Kirk & Sommer, 2006).

Socio-cultural Practices refers to the beliefs, customs, taboos, and norms shaped by society and culture that influence menstrual behavior. Often involve restrictions on daily activities such as cooking, worship, or social interaction during menstruation. Rooted in traditional, religious, and community ideologies passed down across generations. Can lead to stigma, limited menstrual hygiene management, and negative impacts on education and well-being (Garg & Anand, 2015).

Menstruation is a natural biological process, yet in Nepal, it is often surrounded by deep-rooted sociocultural practices and restrictions that significantly impact the lives of adolescent girls (Acharya, 2023). These practices, which include dietary restrictions, social isolation, and educational barriers, are influenced by cultural, religious, and traditional beliefs (Mukherjee et al., 2020). This response explores these practices in detail, drawing on insights from various studies conducted in different regions of Nepal. In Nepal, menstruation is more than a biological event; it is treated as a socio-cultural phenomenon. Deep-rooted traditional beliefs portray menstruating girls and women as impure, restricting them from religious practices, household activities, and even access to nutritious food (Sharma et al., 2021). Despite some positive shifts in perception, menstruation remains a sensitive and often unspoken topic at both the family and school levels in Nepal. This has led to poor awareness and the continuation of harmful practices among many adolescent girls (Thapa et al., 2020). Education has been shown to be a powerful tool in breaking down these myths, yet significant gaps in menstrual knowledge persist due to the absence of open dialogue and proper information dissemination (Chandra-Mouli & Patel, 2017).

### 1.1 Literature Review

Menstruation in Nepal is socio-culturally entwined, burdening the health, education, and social life of adolescent girls. Menstruating girls are labeled "impure" due to cultural and religious convictions, which leads to practices such as dietary restrictions, exclusion, and school dropout (Amatya et al., 2018; Acharya, 2023). The majority of girls are kept away from

dairy products, meat, and certain vegetables, further worsening nutritional deficiencies (Ranabhat et al., 2019). The harmful tradition of chhaupadi isolates girls to dirty sheds, putting them at risk of infection, animal bites, and psychological distress (Baumann et al., 2021; Thapa et al., 2017). Though criminalized in 2017, enforcement remains weak, particularly in rural areas (Sandbakken, 2011).

Menstruation also disrupts schooling, as the majority of girls miss classes due to unsanitary facilities, no sanitary materials, and shame (Yilmaz et al., 2021; Bhandari et al., 2024). Studies show that 22-40% of girls miss school during their menstrual days, affecting grades (Ranabhat et al., 2019). Schools lack gender-sensitive facilities and have open discussions about menstruation, and therefore the shame (Morrison et al., 2018).

Mitigating these problems requires policy enhancing, menstrual hygiene in schools, and community sensitization to dispel myths (Toldy et al., 2024). Involvement of local leadership and empowerment of girls through education can usher in long-term change (Rothchild & Piya, 2020). Without systemic measures, menstrual stigma will continue to exclude Nepalese girls from mainstream life, impacting their health and development.

Structural Functionalism is the most appropriate for this issue, as it examines how social norms and institutions support menstrual limitation in Nepal. Chhaupadi and food taboo practices under this framework exist to reinforce traditional gender roles, supporting patriarchal control over women's bodies (Durkheim, 2023). Religious and social rationales legitimize these limitations by declaring menstruation "impure," enforcing compliance by socialization (Parsons, 2013). But these norms disrupt girls' education and health, which are indicators of dysfunction in the social system. Adults must transform institutions (e.g., education, policy) to restore practices to conformity with current gender equity (Merton, 1968).

Although menstrual health has gained more awareness, limited information is available on the socio-cultural practices of Nepalese menstruation among adolescent school girls (Mukherjee et al., 2020; Thakuri, 2021). Earlier research has looked at overall menstrual hygiene and rural challenges with minimal focus on the distinct cultural taboos (Thapa et al., 2019), limitations, and school experiences among urban and semi-urban adolescents (Thakuri et al., 2021). Furthermore, too little is studied about the influence of socio-economic status and educational levels on these practices (Thapa, 2019). Furthermore, there has been limited research on socio-cultural practices related to menstruation among school-aged adolescent girls (Giri et al., 2023). This study attempts to fill these gaps through an examination of the socio-cultural expectations, issues, and support systems affecting Nepalese schoolgirls during menstruation.

## **1.2 Research objectives**

The main objective of this study is to assess the awareness level regarding menstrual hygiene and explore socio-cultural practices during menstruation among adolescent girls.

## **2. Material and Method Used**

The descriptive study was carried out among 147 adolescent girls studying in grades 8 to 12 at Pragati Higher Secondary School, located in Hetauda of Makawanpur district. The universe for this sampling method was the female students of class 8 to class 12 from Pragati

Higher Secondary School total adolescent girl 235. Sample Size calculator was used to calculate the Sample size in total and each strata sample size was also calculated. Total 147 adolescent girls from grade 8,9,10,11 and 12 of Pragati Higher Secondary School, Hetauda- 9, Makawanpur in which each strata sample size is grade 8 (35), grade 9 (32), grade 10 (40), grade11 (21) and grade 12 (19). Before the commencement of data collection, the students were clearly informed about the purpose of the study, and informed verbal consent was obtained from each participant to ensure voluntary participation. Data collection was carried out using a structured and pretested questionnaire, divided into three main parts: socio-demographic details, menstrual hygiene awareness (assessed using a 3-point Likert scale), and socio-cultural practices related to menstruation. Confidentiality and anonymity of the participants were strictly maintained throughout the process. After completing the questionnaires, participants were given the opportunity to clarify any doubts, and all their queries were addressed by the researcher. The collected quantitative data were systematically entered and analyzed statistically with descriptive statistics and inferential statistics using SPSS software Version 24.

### 3. Result and Discussions

#### 3.1 Result

##### 3.1.1 Menstrual health perceptions and practices by socio-demographic background

The analysis of variance (ANOVA) was conducted to examine whether there is significant variation in knowledge about menstrual health perceptions and practices among adolescent school girls based on their socio-demographic background. The results revealed that none of the socio-demographic variables under investigation; grade, age, religion, ethnicity, type of family, parental education and occupation, and family income support, showed statistically significant differences in knowledge levels (all  $p > .05$ ). Specifically, the variation by grade ( $F = 1.391$ ,  $p = .222$ ) and age ( $F = 1.232$ ,  $p = .293$ ) of the respondents did not indicate significant differences, suggesting that menstrual health knowledge remains consistent across different school levels and age groups. Similarly, no significant variation was found across religious ( $F = 1.051$ ,  $p = .395$ ) and ethnic ( $F = .984$ ,  $p = .439$ ) backgrounds, pointing to a general uniformity in knowledge regardless of cultural diversity.

**Table 1:** *Variation in level of knowledge by socio-demographic background*

| Variable                     | Source         | SS     | df | MS    | F     | p    |
|------------------------------|----------------|--------|----|-------|-------|------|
| Students according to grades | Between Groups | 14.423 | 6  | 2.404 | 1.391 | .222 |
| Age of the respondents       | Between Groups | 20.266 | 6  | 3.378 | 1.232 | .293 |
| Religion of the Respondents  | Between Groups | 3.222  | 6  | .537  | 1.051 | .395 |
| Ethnicity of Respondents     | Between Groups | 9.233  | 6  | 1.539 | .984  | .439 |

| Variable                 | Source         | SS    | df | MS    | F     | p    |
|--------------------------|----------------|-------|----|-------|-------|------|
| Types of Family          | Between Groups | 2.426 | 6  | .404  | 1.651 | .138 |
| Father's Education Level | Between Groups | .408  | 6  | .068  | .453  | .842 |
| Mother's Education Level | Between Groups | .197  | 6  | 0.33  | .152  | .988 |
| Father's Occupation      | Between Groups | 6.415 | 6  | 1.069 | 1.139 | .343 |
| Mother's Occupation      | Between Groups | 3.035 | 6  | .506  | .434  | .855 |
| Family Income Support    | Between Groups | 2.635 | 6  | .439  | .880  | .511 |

**N=147**

Furthermore, family structure ( $F = 1.651$ ,  $p = .138$ ), although approaching the conventional threshold of significance, still did not reflect a statistically meaningful difference. Parental education levels, both father's ( $F = .453$ ,  $p = .842$ ) and mother's ( $F = .152$ ,  $p = .988$ ), also did not significantly affect the menstrual health knowledge of their daughters. Likewise, neither father's ( $F = 1.139$ ,  $p = .343$ ) nor mother's ( $F = .434$ ,  $p = .855$ ) occupation had a notable influence. Lastly, family income support showed no significant association ( $F = .880$ ,  $p = .511$ ), implying that economic factors alone do not account for variation in menstrual health awareness.

In conclusion, the findings demonstrate that knowledge about menstrual health perceptions and practices among adolescent school girls does not significantly vary across different socio-demographic groups. This suggests a relatively uniform level of awareness, which may be the result of generalized interventions or common social narratives. However, it also implies that existing strategies may not be effectively addressing the deeper cultural or contextual factors that influence menstrual understanding. Therefore, future menstrual health programs should consider incorporating more tailored, context-sensitive approaches while continuing to strengthen broad-based education efforts across all demographic segments.

### **3.1.2 Prevalence of restrictive socio-cultural behavior during menstruation**

The data reveal the extent to which adolescent school girls are subject to various socio-cultural restrictions during menstruation. The findings highlight that while some restrictions have become less rigid, others remain deeply embedded in community practices.

A significant number of respondents (36.1%) reported facing restrictions in food consumption, indicating that dietary taboos during menstruation are still prevalent for over one-third of girls. The restriction is even more pronounced regarding religious activities, where 87.8% were not allowed to enter places of worship or pray, and 88.4% were not allowed to

participate in any religious activities, pointing to a strong cultural belief linking menstruation to ritual impurity.

**Table 2:** *Prevalence of restrictive socio-cultural behavior during menstruation*

| <b>Socio-cultural Practices</b>                          | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
|----------------------------------------------------------|------------|-----------|------------|-----------|
| Restriction in food during menstruation                  | n          | %         | n          | %         |
| Allowed to enter the places of worship and pray          | 53         | 36.1      | 94         | 63.9      |
| Allowed to sleep in your usual bed                       | 18         | 12.2      | 129        | 87.8      |
| Allowed to touch male members in the family              | 123        | 83.7      | 24         | 16.3      |
| Allowed to enter the kitchen                             | 94         | 63.9      | 53         | 36.1      |
| Allowed to cook food                                     | 61         | 41.5      | 86         | 58.5      |
| Allowed to involve in any religious activities           | 56         | 38.1      | 91         | 61.9      |
| Allowed to touch plants                                  | 17         | 11.6      | 130        | 88.4      |
| Allowed to touch water taps                              | 61         | 41.5      | 86         | 58.5      |
| Allowed to attend social gatherings                      | 140        | 95.2      | 7          | 4.8       |
| Allowed to eat with family                               | 102        | 69.4      | 45         | 30.6      |
| Liking the Menstrual Rituals Prevailing in the Community | 115        | 78.2      | 32         | 21.8      |
|                                                          | 49         | 33.3      | 98         | 66.7      |

**N= 147**

When it comes to physical space and domestic interaction, 83.7% of the girls were allowed to sleep in their usual bed, suggesting some relaxation of earlier taboos that required menstruating women to isolate themselves. Similarly, 63.9% were allowed to touch male family members, reflecting a relatively lower adherence to gendered avoidance during menstruation. However, restrictions within the household environment remain notable. 58.5% of the girls were not allowed to enter the kitchen, and 61.9% were not allowed to cook food. These findings suggest that traditional notions of impurity still influence domestic roles and responsibilities during menstruation.

Interestingly, in practices perceived to impact the environment, such as touching plants, 41.5% were allowed, indicating a split in beliefs surrounding environmental taboos. On a more positive note, 95.2% of the girls were allowed to touch water taps, showing that extreme restrictions on hygiene practices have diminished significantly.

Regarding social participation, 69.4% were allowed to attend social gatherings, and 78.2% were allowed to eat with family, indicating increasing normalization and social integration during menstruation. Yet, the perception of these practices remains divided, only 33.3% of girls liked the prevailing menstrual rituals in their communities, suggesting dissatisfaction or discomfort with these traditional norms.

The analysis indicates that although there have been notable improvements in certain areas such as access to hygiene, social participation, and co-sleeping restrictive socio-cultural practices still persist, particularly around religious participation, food taboos, and kitchen-

related roles. The data reflect a transitional phase in menstrual cultural norms, where some conservative beliefs are gradually weakening, but others remain deeply rooted. The fact that only a third of the respondents expressed appreciation for prevailing menstrual rituals points to a growing awareness and possible resistance to discriminatory practices. These insights highlight the need for culturally sensitive yet transformative interventions in menstrual health education, aiming to reduce stigma and promote dignity and equality for adolescent girls.

### 3.2 Discussion

The findings of the present study contribute to the literature on menstrual health by reaffirming the knowledge-practice gap among the schoolgirls who are adolescents. Yadav et al. (2017) also reported that while 26.4% of the girls had good knowledge and 67.4% had fair knowledge about management of menstrual hygiene, only 40% practiced good hygiene. Similarly, in our study, even though a high proportion of the participants showed elementary knowledge regarding menstrual health, this was not converted into visionary practice. As an example, 62.3% of the participants had dietary restrictions, 61.9% were unable to cook, and 87.8% avoided religious beliefs during menstruation. This also aligns with the finding of Yadav et al. that there exists a high knowledge-practice gap based on limiting socio-cultural norms.

Our results are also in line with Jolly et al. (2020), which in the Kathmandu Valley found that 89.4% of women avoided religious practices, 60.7% avoided going into kitchens, and 45.7% avoided consuming certain foods during menstruation. These results are highly similar to ours, indicating that even in semi-urban or urban areas, menstrual taboos override personal knowledge or preference. Additionally, 25.9% of our sample excluded male family members, as opposed to 37.4% in Jolly et al.'s report, reflecting little deviation but rigid adherence to gendered prohibition. Despite increased availability of education and resources, data alone appear not to be enough to modify behavior driven by convention and social coercion.

Interestingly, while there was no noteworthy socio-demographic heterogeneity in menstrual knowledge established by our study, Yadav et al. (2017) emphasized the importance of closing gaps both in knowledge and implementation. Our findings refute the hypothesis that socio-demographic factors are strong predictors of menstrual knowledge and instead reveal cultural norms to play a stronger role.

The affective gap between practice and knowledge is also significant. In our study, 91.8% of the girls did not like existing restrictions, referring to them as superstitious or risky. This discontent is echoed in Jolly et al. (2021), where qualitative results among adolescent girls in Bangladesh, India, and Nepal showed psychological distress linked with menstrual restriction. The analogy is supporting both researches illustrate how while girls possess sufficient knowledge to oppose restrictive practices, they are nonetheless bound by social norms, leading to emotional suffering and feelings of powerlessness.

Still further comparison with Shrestha (2020) supports this contention. Amongst her research in rural Nepal, 68% of the interviewees were barred from cooking meals on menstruation. Our finding of 61.9% supports that the practice persists even at semi-urban levels, confirming that social norms transcend geographical and educational boundaries. Similarly, Soni et al. (2020) in rural Rajasthan found 75% excluded from religious activities, 68% from food preparation, and 60% from social events, figures validating our findings and

evidence towards the widespread phenomenon of menstrual exclusion in South Asia. Notably, Soni et al. also noted the psychological consequences of such restriction, with adolescent girls feeling isolated, shameful, and stressed, which is consistent with the emotional response reported by our sample.

#### 4. Conclusion

This study identifies that despite increased awareness of menstrual health among teen girls, restrictive behavior such as avoidance of kitchens (61.9%), religious sites (87.8%), and specific food items (62.3%) are prevalent. From a Structural Functionalism perspective, these restrictions serve to maintain gender roles and patriarchal dominance by stigmatizing menstruation as "impure" (Durkheim, 2023; Parsons, 2013). Social institutions such as family, religion, and education confirm these restrictions through socialization. However, their negative implications on girls' schooling, health, and emotional well-being suggest dysfunction in the social system (Merton, 1968). In this case, where norms are harmful rather than fostering social integration, institutional reform is necessary. Schools, community customs, and policies need to be altered to redirect cultural functions to contemporary gender equity. Countering such long-standing norms is the only means society can regain balance and guarantee adolescent girls' well-being.

Further research should examine how boys and male kin reflect on menstrual norms and how community-led interventions can shatter harmful taboos. Longitudinal studies can also ascertain if education reforms lead to long-term behavior change across generations.

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