

Menstrual Myths and Restrictive Practices among Adolescent Girls in Community Schools

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Research Article

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Abstract

Menstruation is a natural and important part of reproductive life, which starts from the time of adolescence and ends after menopause. In the context of Nepal, menstruation is still considered an impure socio-cultural taboo and is associated with various restrictive practices. The main purpose of this study is to examine menstrual myths and restrictive practices among adolescent by different caste/ethnicity and their religion. This study was based on a quantitative research design with a census method. The tool used was a self-administered, closed-ended questionnaire administered among eight selected community schools located in Kirtipur Municipality of Kathmandu district. The sample size of this study included all eligible menstruating girls from grades 6–10, totaling 565 respondents. To determine the menstrual myths and restrictive practices, univariate, bivariate, and multivariate linear regression analyses were used. The findings indicated that there are still deeply rooted menstrual myths and restrictive practices that exist across different caste/ethnic groups and religions. The results further explain that the maximum percentage of restrictive practices is found particularly among Brahmin/Chhetri castes and followers of the Hindu religion compared to other case/ethnicities and religions. These kinds of bad practices negatively affect the health of adolescent as well as hamper their academic career. The results underscore an urgent need for comprehensive menstrual education to dispel myths, reduce stigma, and promote healthier, evidence-based practices across all social groups, with special focus on adolescent girls in their schools, their families and their community.

Background of the Study

Menstruation is a biological occurrence among females which is natural and inevitable. But young girls are still struggling with it owing to numerous myths and misguided information about it, as they are usually accompanied by stigma, shame, and silence, thus, preventing open communication and knowledge about menstrual health. Such myths and lack of access to correct information, cheap menstrual supplies and sanitation can affect the dignity of how girls handle their period, sometimes leading to embarrassment, absenteeism in school, and more severe effects on their well-being and education (Appiah-Agyekum et al., 2025). Adolescent girls' menstrual behaviors, such as shame, mood swings, pride, or embarrassment, are linked to cultural beliefs, their level of preparedness for menstruation they are for menstruation, and the support they receive from others (Ubochi et al., 2023).

Menstrual beliefs, perception and practices are regularly socio-culturally constructed in many societies. It is difference culture to culture. In some cultures, menstruation is considered a sign of physical maturity. However, in some, it is considered socio-cultural taboos, myth and impurity (Thapa et al., 2019). Nepal is a multilingual, multiethnic, multicultural caste/ethnicity, diverse country. The Constitution of Nepal has clearly addressed that any kinds of discrimination based on class, caste/ethnicity, religion, or a gender is illegal (Acharya, 2023). Menstrual practices are still shaped by socio-cultural taboos, and religious restriction. Traditional society discourages open discussion in menstruation, resulting adverse effect on their health and wellbeing and academic carrier (Sapkota et al., 2013).

Menstruation is still considered a social taboo and it often seen as culturally impure. Inadequate knowledge and lack of awareness affect girls' school performance and regular attendance (Crawford et al., 2014). In a similar way, Hennegan et al. (2021) also found that cultural and religious limitation cause shame and inability to discuss them openly. Adolescent girls too have the urge to show shame and bewildered and falls shame to demand menstrual product in schools that results in drop out and irregular attendance schools. Access to safe and clean drinking water, sanitation, and hygiene (WASH) in schools is an important factor in preventing diseases, improving student

health, increasing attendance, and enhancing academic performance. Nevertheless, in most schools, the inconvenience and absenteeism are due to inadequate WASH facilities and unavailability of menstrual products (Adhikari & Adhikari, 2023). Lack of proper WASH facilities poses problems to menstruating girls. Simply put, prevention disease requires access to the WASH facilities, clean and safe drinking water, sanitation and hygiene, and the use of unhygienic absorbent materials increases the likelihood of menstrual bleeding (Sharma et al., 2024).

Menstruation often leads many adolescent girls to feel shame, fear, and guilt about this entirely natural physiological process. A lack of adequate information and knowledge about menstruation results in the use of unhygienic absorbent materials. Menstrual taboos and cultural stigmatization might keep women and girls away of seeking proper support and information that can enable them to deal with their menstrual hygiene (Zahra et al., 2025). Girls and women often adhere to both visible and invisible restrictions during menstruation due to deep-rooted cultural taboos. These practices limit their access to accurate information about menstrual hygiene and reproductive health, resulting in the persistence of myths and misconceptions that may contribute to adverse health outcomes (Adhikari, 2025).

Historically, menstruation was seen as taboo and dangerous. Such thinkers as Aristotle and Pliny the Elder considered that the menstrual blood possesses negative forces, killing the plants and animals and causing miscarriages and infertility (Johnson, 2019). So, harmful socio-cultural taboos and restrictive practices regarding menstruation continue to hamper the health and carrier of adolescent girls, which leads to absenteeism and dropout from the schools (Gautam, 2020). Such kinds of misconception, socio-cultural taboos, and restrictive practices relating to menstruation are observed worldwide, but different from one cultural to another (Pandey, 2020).

Socio-cultural norms and traditions affect Nepalese society. Therefore, studies show there are still restrictive practices and that menstruation is considered impure, shameful, and stigmatized, which creates misconception. As a result, many adolescent girls and women feel uncomfortable talking openly about their menstrual problems, and are confused in decision making about menstrual activities, experience fear, and take mental stress during their periods (Jena et al., 2021). Nepal is a patriarchal society where girls and women are generally subordinate to men in virtually every aspect of life. Men are still considered to be the leaders of the households and superior to women. They are also the owners of house property and rights. So, many girls and women still face different kinds of discrimination and restricted practices, which create the main obstacles to women's equal participation in socio-cultural and economic activities. That leads to the breakdown of the decision-making process (Bhandari, 2023).

Female education play important role for socio economic development of any nation (Belbase, 2024). Similarly, Scholars like Van Eijk et al. (2016) revealed that in most cultures there is a prevalence of religious practices during menstruation. Cultural norms are different from one cultural to another. Some cultural practices that force daughters to remain at neighbors houses, whereas others concentrate on supplying hygiene materials, proper facilities, including healthy food (Upadhya, 2025).

Therefore, female education of the menstrual period and adequate education, particularly among the adolescent girls is to be enhanced and a girl friendly atmosphere should be made in school. During the period, it is essential for raise awareness through correct and timely knowledge about safe and hygiene products and management facilities in schools, including safe and clean water, soap, bins, toilet with lock systems, and hand towels (Koskeniemi, 2023).

Research Design

This study is based on a quantitative research design to examine menstrual myths and restrictive practices among adolescent girls in selected community schools in Kirtipur Municipality, Kathmandu District. The data collection tool of this study was self-administered, closed-ended questionnaire, using the census methods.

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Ethics Approval and Consent to Participate

As a researcher, I ensured that all research ethics were carefully followed before, during, and after the study. Before the data collection of the study, written informed consent was obtained from all participants aged 18 years and above. For participants younger than 16 years, written informed consent was obtained from the school Head Teacher as they are the legal guardian while students are at the school. Participants were not offered any incentives i.e., money and any. In addition, permission was obtained from the respective school authorities to conduct the study. All selected respondents were provided with detailed information about the research objectives, methodology, and procedures and their informed consent was obtained. During the study, participants were treated with respect and dignity. After the study, the collected data was securely stored and used solely for research purposes, ensuring the findings were presented honestly and accurately.

Results and Discussion

Table 1

Demographic Characteristics of respondents

Variable	Category	N	Percent (%)
Religion	Hindu	447	79.1
	Buddhist	58	10.3
	Christian	43	7.6
	Others	17	3
Caste/Ethnicity	Brahmin	70	12.4
	Kshetri	163	28.8
	Janajati	255	45.1
	Dalit	48	8.5
	Madhesi	29	5.1

Table 1 explored the demographic profile of family including caste/ethnicity and religions. Table indicate that majority (79.1%) of respondents follow Hindu religion in these areas. Second largest (10.3%) religions are Buddhist followed by Christian (7.6%).

In terms of caste/ethnicity, nearly half percent (45%) of total population are Janajati, followed by Kshetri (28.8%) and Brahmin (12.4%). Dalit respondents accounted for 8.5% of the total sample, while Madhesi groups comprised the smallest proportion (5.1%). Overall, the distribution of demographic profile socio-cultural diversity among respondents.

Table 2

Believed of Menstrual Myths among Respondents

Myths related menstruation	Yes	Percent	No	Percent	Total	Percent
Bathing with cold water affect menstruation negatively	83	14.7	482	85.3	565	100.0
Bathing with hot water increase amount of menstrual blood.	50	8.8	515	91.0	565	100.0
Menstrual pain decreases after marriage	66	11.7	499	88.3	565	100.0
Drinking cold beverage affects menstruation badly	212	37.5	353	62.5	565	100.0
Drinking hot beverage decrease menstruation pain	386	68.0	179	31.7	565	100.0
Hard work affects badly during the time of menstruation	432	76.5	133	23.5	565	100.0
Hot milk or dairy product decrease menstrual pain	463	81.9	102	18.1	565	100.0
Carrying heavy object during menstruation causes uterus prolapse	486	86.0	79	14.0	565	100.0
Taking pain relief medicine during menstruation harmful menstrual cycle	486	86.0	79	14.0	565	100.0

Table 2 presents the belief regarding menstrual myths among respondents. The maximum (86%) of respondents believed that the pain relief medicine is harmful and carrying heavy object causes uterus prolapse during menstruation. Similarly, most proportion (81%) of respondent believed consuming hot milk and dairy products decreases menstrual pain. Additionally, higher percent respondents (76%) believed that hard work affects badly during menstruation. Respondents of (68%) believed that drinking hot beverage decrease menstrual pain and respondents of one third (37%) believed that drinking cold beverage affects badly. Likewise (14%) bathing with cold water affects menstrual badly, (11%) of respondents believed that menstrual pain decreases after marriage, and (8%) of respondents supposed that bathing with hot water increase the amount of menstrual blood.

Table 3

Experience of Respondents in their First- time Menstruation

Experience	N	Percent
Happy	98	17.3
Afraid	165	29.2
Normal shyness	118	20.9
Confused	140	24.8
Sad	44	7.8
Total	565	100.0

The table 3 shows the experiences of girls during their menarche. Out of 565 girls, more than one fourth (29%) were afraid, nearly one fourth (24%) of them were confused, one fifth (20%) were shy, nearly one fifth (17%) were happy, and a few respondents (7%) were sad during their first menstruation. Mostly, during the menarche, girls are found to be unaware and afraid. However, some of them were happy to have the first experience of menstruation.

Table 4

Menstrual Practices and Behaviour in Terms of Their Caste/Ethnicity

	Caste/ethnicity				
Restriction	Brahmin	Kshetri	Janajati	Dalit	Madhesi
Entering Kitchen	50	111	94	16	11
	71.4	68.1	36.9	33.3	37.9
Cooking food	51	112	92	16	10
	72.9	68.7	36.1	33.3	34.5
Touching male	39	79	76	17	8
	55.7	48.5	29.8	35.4	27.6
To participate in wedding ceremony	41	80	102	18	5
	58.6	49.1	40	37.5	17.2
Eat curd and milk	33	72	73	22	4
Total	47.1	44.2	28.6	45.8	13.8

The table 4 outlines menstrual restriction practices across various castes and ethnic groups, revealing notable differences in beliefs and behaviors. A significant percent of Brahmins (71%) and Kshetris (68%) avoid entering the kitchen during menstruation, while Janajati (36%), Dalit (33%), and Madhesi (37%) show much lower adherence, indicating a more relaxed approach.

In cooking, still maximum (72%) of Brahmins and 68 percent of Kshetris restricted themselves, compared to lower percent among Janajati (36%), Dalit (33%), and Madhesi (34%). Restrictions on touching males are less common, with 55 percent of Brahmins and 48 of Kshetris adhering, while Janajati 29 percent, Dalit 35 percent, and Madhesi 27 percent were restricted.

Participation in wedding ceremonies also varies more than fifty (58%) of respondents of Brahmins and nearly fifty (49%) of Kshetris restricted attendance, but only 17 percent of Madhesi. The consumption of curd and milk shows varied restrictions, with Brahmins nearly fifty (47%) and Kshetris (44%) avoiding them more than Janajati (28%), Dalit (45%), and Madhesi (13%). Overall, the data highlights a complex landscape of menstrual practices influenced by caste and ethnicity, with some groups evolving towards more relaxed attitudes.

In the case worshipping the God and entering religious places, all respondents were strictly restricted.

Table 5

Menstruation Behaviour During the Time of Menstruation in Terms of Religion

Menstrual Practices	Religion							
	Hindu		Buddhist		Christian		Others	
	N	P	N	P	N	P	N	P
Entering Kitchen	253	56.6	11	19	10	23.3	8	11.1
Cooking food	251	56.2	13	22.4	9	20.9	8	11.1
Touching male	191	42.7	12	20.7	9	20.9	7	9.7
To participate in wedding ceremony	203	45.4	23	39.7	13	30.2	7	9.7
Eating curd and milk	167	37.4	14	24.1	15	34.9	8	11.1
Total	447		58		43		72	

Source: Field Survey, 2081

The table 5. presents the menstrual practices regarding restrictions imposed on respondents from different religions. It reflects the differences in their behavior during menstruation. The religion of Hindus respondents faced the highest rates restriction to entering the kitchen which was more than fifty (56%) and cooking food (56%), touching male less than fifty (42%), wedding ceremony nearly fifty (45%), eating curd and milk more than one third (37%) and all of the respondents worshipping the God and entering religious places was strictly restricted. Similarly, Buddhists religion reported the lower restriction of participation that is entering kitchen, nearly one fifth (19%), cooking food more than one fifth (22%), touching male (20%), and eating curd and milk (24%) but in case of weeding ceremonies more than one forth (30%), of respondents were restricted.

Christian respondents faced comparatively fewer restrictions, including entering the kitchen which was more than one third (23%), cooking food (20%), touching males (20%), attending wedding ceremonies one third (34%), and consuming curd and milk (8%). However, worshipping God and entering religious places remained strictly prohibited.

Table 6

Menstrual behaviour in terms of Educational Qualification of Mother

Restriction	Illiterate	Basic level_1-8	Secondary level_9-12	Higher level	Total
Entering Kitchen	55	123	82	19	279
	52.9	48.4	51.6	43.2	
Cooking food	53	127	80	19	279
	51	50	50.3	43.2	
Touching male	44	104	54	16	218
	42.3	40.9	34	36.4	
To participate in wedding ceremony	48	111	72	14	245
	46.2	43.7	45.3	31.8	
Eat curd and milk	37	96	57	13	203
	35.6	37.8	35.8	29.5	
Total	104	254	159	44	561

Source: Field Survey, 2081

The table 6 examines menstrual practices based on mothers' educational qualifications, showing notable trends. Among illiterate mothers, more than fifty (52%) restricted their daughters from entering the kitchen during menstruation, with this percent slightly decreasing for those with basic education (48%) and more than fifty percent secondary education (51%). However, it drops significantly for university-educated mothers (43%). In cooking practices, more than fifty (51%) of total population illiterate mothers and half of total population (50%) of those with basic education impose restrictions, while this remains consistent at 50 percent for secondary education and falls to 43 percent for higher educated mothers. Restrictions on touching males are lower overall, with 42 percent of illiterate mothers enforcing this practice.

For participating in wedding ceremonies, more than one third (46%) of illiterate mothers restrict their daughters, with slightly lower percent among those with basic (43%) and secondary education (45%). University-educated mothers show a decrease in restrictions (31%), while no restrictions are reported for MPhil graduates.

In contrast, all respondents, regardless of education, report strict restrictions on worshiping God and entering religious place, reflecting a universal adherence to these religious practices. The consumption of curd and milk showed varied restrictions, with more than over (35%) of illiterate mothers and more than one third (37%) of those with basic education imposing limits, decreasing to 29 percent of respondents among university-educated mothers. Overall, while higher education is linked to less stringent menstrual practices, religious observance remains consistently restricted across all groups.

Table 7:

Menstrual Behaviour in terms of Family Structure

Restriction	Types of family				
	Nuclear family		Joint family		Total
	N	Percent	N	Percent	
Entering Kitchen	185	47.3	97	55.7	282
Cooking food	186	47.6	95	54.6	281
Touching male	151	38.6	68	39.1	219
To participate in wedding ceremony	173	44.2	73	42.0	246
To worship God	391	100.0	174	100.0	565
Entering temple	391	100.0	174	100.0	565
Eat curd and milk	139	35.5	65	37.4	204

Source: Field Survey, 2081

This table 7 presents about the menstrual practices in terms of family structure. All the respondents of both; nuclear and joint family restricted to worshiped God and enter religious place during their menstruation. Likewise, in terms of entering in the kitchen, nearly half (47%) of nuclear family and (55%) of joint family were restricted, 47 percent of respondents from nuclear family and more than half (54%) of total population from joint family were restricted to touch male. Moreover, one third (44%) of respondents belonging to nuclear family and (42%) belonging to joint family cannot participate in wedding ceremony and 35 percent from nuclear family and 37 percent from joint family are restricted to eat curd and milk during their menstruation.

Discussion

This study finds that the most common restriction imposed on girl during menstruation was restriction from attending religious functions. This finding aligns with the results of Mahapatra (2024). Who also reported that the most common restriction faced by girls during the time of their menstruation is the prohibition to participate in the religious activities.

According to this study majority of Brahmin/Chhetri respondents reported restrictive practices during menstruation. Which reflected socio-cultural taboos, stigma, myths and misconception that hinder open dialogue and contribute to limited understanding of menstrual health. This finding is consistent with a study conducted by Farage et al. (2014) . In present study, explored there is restrictive practices in various caste/ethnicity and religious places, which is similar to another study conducted by (Sultan & Sahu, 2017). The present study found that in Nepal there are persistent socio-cultural taboos, misconceptions, and stigma surrounding menstruation. Kind of perception and thought regarding menstruation, significantly hinder many girls and women from managing their menstruation hygienically, leading to considerable challenges in both daily life and health outcomes this results is similar to the study conducted in semi-urban and rural secondary schools in Enugu State Nigeria (Ubochi et al., 2023).

This study found that many adolescents reported that their first menstrual is very negative experience, characterized by fear and confusion. The findings are consistent with the study conducted by Pandey (2014).

Conclusion

This study shows that the experiences of adolescent girls of the selected community schools are still shaped regardless of increasing awareness and educational creativities, restrictive practices and menstrual myth. The behaviors of the family structures, caste or ethnic groups and education background are influenced by the cultural taboos, religious beliefs and misinformation that are deeply rooted.

These programs should aim on dispelling the myths and adopting open exchange of ideas so as to normalize menstruation. The dignified menstruation can be ensured and there can be dismantle of enduring stigma surrounding menstruation by the combination of educational reform, community engagement and policy support.

Particularly, a significant proportion of respondents contribute to scientifically unfounded beliefs such as the idea that pain relief medication is harmful or that physical exertion can lead to uterine prolapse. These misconceptions anxiety, fear, and confusion, particularly during menarche, indicating a significant gap in menstrual education and awareness.

The data further show that religious analyses also demonstrate variation, with Hindu respondents facing stricter controls compared to their Buddhist and Christian complements.

Overall, the findings emphasize the urgent need for menstrual health education programs in schools and communities.

Declarations

Ethics Approval and Consent to Participate The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical approval and permission to conduct the study were obtained from the concerned school authorities in Kirtipur Municipality, Kathmandu, Nepal. Research Committee of the Central Department of Population Studies approved the study. Oral informed consent was obtained from all participants aged 18 years and above. For participants below 16 years of age, oral informed consent was obtained from the respective school Head Teachers as legal guardians during school hours. Participation was voluntary, and no incentives were provided. Confidentiality and anonymity of all participants were strictly maintained.

Abbreviations

Not applicable.

Ethics approval and consent to participate

As a researcher, I ensured that all research ethics were carefully followed before, during, and after the study. Before the data collection of the study, in accordance with the principles of the Declaration of Helsinki. Written informed consent was obtained from all participants aged 18 years and above. For participants younger than 16 years, written informed consent was obtained from the school Head Teacher as they are the legal guardian while students are at the school. Participants were not offered any incentives i.e., money and any goods.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the author, Shanta Upadhya Adhikari, on reasonable request.

Competing interests

The author declares that there are no competing interests.

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Authors' contributions

Shanta Upadhya Adhikari conceptualized the study, designed the methodology, collected and analysed the data, and drafted and revised the manuscript.

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