ISSN: pISSN 2976-1344 eISSN 2976-1352
AMC Multidisciplinary Research (AMRJ)
Volume: 5 Issue: 1, Year 2026

Menstrual Taboos: Impact on Health and Education of Adolescent Girls in Surkhet

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DOI: https://doi.org/10.3126/amrj.v5i1.98037
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Article History: Received: Jan. 11, 2026, Revised: April 6, 2026, Accepted: July 9, 2026, Published: July 31, 2026

ABSTRACT

The qualitative study assessed menstrual taboos, their nature and impact on the physiological, psychological health and educational aspects of the lives of adolescent girls in Chaukune Rural Municipality of Surkhet, Nepal. The phenomenological study used total 24 participants of in-school and out-of-school adolescent girls of 15-19 age groups for the research. Three Focus Group Discussions (FGDs), five In-Depth Interviews (IDIs) and four Key Informant Interviews (KIIs) were conducted for the collection of qualitative data and triangulation purposes. Out of the total interviewees, two Female Community Health Volunteers (FCHVs) and two school health teachers were selected to generate institutional perspectives. The themes emerged from the study include menstruation associated with spiritual pollution restricting girls at home causing psychological stress leading to inferiority complex and poor self-image. The second theme centered around drying used sanitary pads in dark places like cowshed and under straws due to shame associated with menstruation leading to UTI and RTI where girls remained confined till period ended. The third theme focused on lack of institutional WASH facilities and negative atmosphere in schools shaming menstruating girls making them miss 4-5 days of school period every month. Breaking the intergenerational cycle of poverty by investing in adolescent girls, promoting SBCC strategies targeting adolescent girls, men, boys and community leaders can help address the issue. Local governments can promote gender responsive budgeting to install girl-friendly WASH facilities in rural schools.

Keywords: Menstrual Taboos, Reproductive Health, Rural Adolescents, Qualitative Research, Hygiene Practices, School Absenteeism

INTRODUCTION

Menstruation is considered to be an integral part of females' reproductive life cycle. According to World Health Organization (WHO), adolescence is the transitional period between 10 to 19 years of age (World Health Organization [WHO], 2022). Girls experience menarche as a part of their physiological development process occurring during the adolescence period. However, in several developing countries, the phenomenon of menstruation, which otherwise is a normal biological process, has turned into a taboo. In the context of Nepal, the social restrictions and taboos associated with menstruation are prominent in the rural areas. The local religious, cultural, and domestic beliefs consider menstruation to be some kind of manifestation of spiritual pollution, impurity, and shame.

Socio-cultural beliefs regarding menstruation appear to be more vigorous in the rural-urban continuum. In particular, in the western part of Nepal, in Karnali and Sudurpashchim Provinces. The local belief system has institutionalised a specific practice called Chhau-Padi. According to this belief, during the menstrual period, females are forced to stay in the particular huts called Chaura-Goths (Achyut & Bhatta, 2020). Although in the semi-urbanised areas this practice is gradually diminishing, the social institutionalisation of this practice has endured. For instance, in females' domestic domains, the female during the menstrual period is prohibited from entering the kitchen, touching the father or brothers, touching water resources, and visiting the temples (Baniya & Shrestha, 2019). Particular social restrictions are imposed on males, particularly on fathers and brothers concerning the menstruating sister or daughter (Baniya & Shrestha, 2019). Such restrictions concern

the entire domestic domain inhabited by the male members of the family.

The socio-cultural restrictions and prohibitions have profound physiological, psychological, educational, and sociocultural impacts on the menstrual cycle. For instance, with regard to the physiological aspect, the restricted access to Menstrual Hygiene Management (MHM) not only poses immediate health hazards but also constitutes a crucial impediment to long-standing mental health issues. The stigma and shame associated with menstruation hinder the free accessibility to commercial sanitary napkins and open communication with parents regarding the issue. Therefore, the female adolescents resort to using unhygienic old rags (Acharya, 2018). Due to societal stigma and shame, the girls conceal such rags in dark places (Gautam, 2021). This poses the threats of bacterial infections (Yadav & Shrestha, 2021) and psychological distress and low self-esteem (Bhandari & Subedi, 2020; Maharjan, 2021). In addition, the absence of institutional WASH facilities and social stigma result in school absenteeism due to menstruation, affecting girls' 4-5 days of school time per month (Poudel & Nepal, 2021). As a result, the female students who experience stigma, shame, social isolation during their menstrual period are more likely to have poor academic performance, low literacy levels, and low attainment (UNICEF, 2023).

Although the national literature on the topic adequately addresses the issue, it mostly employs an aggregated level of analysis, focusing on the number of drop-out students or the percentage of girls using sanitary napkins. There is a need for conducting qualitative level of research to generate in-depth insights on the social restrictions, stigma, shame, and social isolation experienced by females during the menstrual period.

Therefore, the current study attempts to explore the phenomenon from a phenomenological perspective to generate comprehensive insights into socio-cultural restrictions and their impact on females' physiological, psychological, and educational aspects of life.

This study aims to achieve the following objectives in order to address the research problem:

1. To identify and explicate the nature of socio-cultural restrictions associated with menstruation in Chaukune Rural Municipality of Surkhet district.
2. To explain the physiological and psychological impact of social stigma and shame associated with menstruation among adolescent girls in the study area.
3. To analyse the impact of unsafe physical environment and social stigma on the educational status and attendance of menstruating students in the local schools.

By achieving the aforementioned objectives, this study contributes to a comprehensive understanding of the socio-cultural aspects of menstruation. This qualitative study will generate invaluable insights that can be used to design the appropriate policies and programs to address menstrual stigma, unsafe MHM, and related issues.

LITERATURE REVIEW

To provide a complete understanding of the research problem, this study reviews the literature on the relationship between socio-cultural restrictions and menstruation. The review examines three main areas: the direct cultural restrictions and resulting isolation, the physical risks linked to unhygienic practices, and how these factors affect educational opportunities and mental health.

Socio-Cultural Taboos and Isolation

The cultural beliefs and attitudes towards menstruation in rural Nepal present significant challenges for females during their menstrual period. In particular, the prevalent socio-cultural restrictions are reinforced by the strong religious beliefs. Existing literature demonstrates that in several remote communities of Karnali and Sudurpashchim provinces, the orthodox practice of Chhaupadi persists. Chhaupadi requires that the menstruating females should stay in the isolated huts called Chhau Goths (Achyut & Bhatta, 2020). This practice emanates from the superstitious beliefs about the impurity, pollution, and uncleanliness associated with menstruation. The families believe that the interaction of menstruating females with the domestic objects will bring misfortune to the household (Achyut & Bhatta,

2020). As a result, the family members restrict their interaction with the menstruating female and confine her in the Chhau Goth. It is noteworthy that with the increase in the number of the urbanised areas, the institutionalisation of this practice still persists although the physical existence of the Chhau Goths disappears.

The existing literature demonstrates that such social restrictions and limitations are reinforced across generations which make the practice seem normal (Baniya & Shrestha, 2019). The qualitative literature demonstrates that with the increase in the level of modernity, the Chhaupadi practice transforms although the social restrictions and limitations emanating from it endure (Achyut & Bhatta, 2020). In particular, the menstruating females are restricted from entering the kitchen, visiting temples, and interacting with the male members of the family. It denotes that the patriarchal social institution views the menstrual cycle as something dirty and shameful (Baniya & Shrestha, 2019). Such social restrictions and limitations are imposed on females even when the socio-cultural and economic level of the family is relatively high (Achyut & Bhatta, 2020). In other words, the level of socio-cultural capital does not affect the prevalence of the restrictions and prohibitions associated with menstruation.

Although the socio-cultural aspects of menstruation have significant long-standing mental health consequences, it is pivotal to explore the short-term physiological risks associated with unsafe Menstrual Hygiene Management (MHM) and related unsafe practices.

Unhygienic Practices and Related Physiological Risks

The existing literature demonstrates that there is a strong association between unsafe MHM and the prevalence of reproductive tract infections (RTIs) and urinary tract infections (UTIs) among females. In particular, the qualitative studies conducted in the rural Nepalese context demonstrate that poverty, the high cost of sanitary napkins, and the lack of education contribute to females' inability to buy commercial sanitary napkins (Acharya, 2018). As a result, the females resort to using old rags and cloths as makeshift sanitary napkins. The use of rags as menstrual absorbents is not inherently injurious to health; however, the existing literature demonstrates that the prevalence of UTIs and RTIs among such females is alarming (Acharya, 2018). Research demonstrates that unsafe disposal and drying of the used rags contribute to the occurrence of such infections (Gautam, 2021). In particular, due to societal shame and stigma, the girls conceal the rags in dark places. As a result, the rags become the breeding grounds for various bacteria and pathogens which cause infections among the girls.

Therefore, the unhygienic and unsafe MHM and the unsafe practices of drying menstrual rags can lead to several reproductive tract infections. This denotes that these girls are at significantly higher physiological risk. A closer examination of the impact of such physiological risks on mental health can provide in-depth insights into the long-standing mental health consequences of unsafe MHM.

Educational Obstacles and Related Mental Health Consequences

One of the crucial aspects of unsafe MHM and the absence of institutional WASH facilities is the impact on female students' attendance and literacy levels. In particular, the qualitative literature on WASH facilities and female students' menstrual experiences can provide invaluable insights into the unsafe institutional environment and the associated mental health consequences. The available literature demonstrates that the lack of institutional WASH facilities constitute a significant obstacle in the way of female students' education (Poudel & Nepal, 2021). In particular, the absence of separate private toilets for females, the absence of soap, water resources, separate bins, and functioning door locks pose several challenges for female students. The inadequate institutional MHM facilities often prompt female students to absent themselves from schools during their menstrual period (Poudel & Nepal, 2021). In addition, the pervasive stigma and shame associated with menstruation contribute to the occurrence of several additional mental health concerns. In particular, the girls feel anxious and stressed about the possibility of leaking blood on their clothes while being at school and being judged by their classmates (Poudel & Nepal, 2021). As a result, the female students avoid attending school to ward off the stigma and shame associated with menstruation.

It is noteworthy that this mental health concern can exacerbate when the girl is subjected to social isolation during her menstrual period. In particular, the qualitative literature demonstrates that social restrictions result in girls' anxiety, panic, stress, and the inability to concentrate on their studies (Bhandari & Subedi, 2020). Such mental health concerns can have profound long-standing impacts on the girls' literacy levels, academic performance, and attainment. In particular, the phenomenon of social isolation and shame during the menstrual period is detrimental to girls' overall academic performance (Bhandari & Subedi, 2020). Similar findings come from the South Asian region regarding the impact of inadequate institutional facilities for menstruating students and social stigma on the number of school-going girls, their test scores, and overall attainment level (UNICEF, 2023). It is crucial to transform the institutional WASH infrastructure and conduct large-scale community sensitisation to mitigate social stigma to help girls pursue their education without any interruptions and hassles.

METHODOLOGY

Research Design

In order to fully comprehend the lived experiences and socio-cultural constraints of young female adolescents, this study has utilised a qualitative research design. In particular, this study adopted a phenomenological design to understand the phenomenon from the perspective of the participants. Such a design was selected because it allows the researchers to fully comprehend how the participants experience social isolation, unhygienic MHM, and related physiological and mental health risks.

Study Site and Participants

This study was conducted among the adolescent girls residing in Chaukune Rural Municipality of Surkhet district, Karnali Province, Nepal. In particular, the study includes the adolescent girls of 15-19 age groups fitting the inclusion criteria of this study. This site was selected because there is a dire need for conducting exploratory level of research in order to ascertain the extent to which the social restrictions affect the lives of these vulnerable populations. In particular, this study includes 24 participants selected through the purposive sampling technique. In particular, these participants were comprised both in-school and out-of-school adolescents. Out of the total number of participants, five were be selected to participate in the In-Depth Interviews (IDIs). In addition, in order to fully comprehend the institutional perspectives on the issue, this study enlisted the cooperation of four key informants. In particular, two Female Community Health Volunteers and two teachers were selected as key informants. In particular, the two FCHVs represent the community perspectives pertaining to this study. In addition, the study contacted two teachers from local schools willing to participate in the Key Informant Interviews (KIIs) in order to gain the institutional perspectives on the issue.

Data Collection Tools and Procedures

This study has utilised a mixed-methodology of Focus Group Discussions (FGDs), In-Depth Interviews (IDIs), and Key Informant Interviews (KIIs) in order to collect qualitative data. In particular, the study conducted three FGDs with approximately 6-8 participants in each discussion group. Such a tool was selected because it allows creating a conducive environment for participants to openly discuss the sensitive social issue without feeling judged. The study conducted five IDIs with the participants who have severe mental and physical discomfort associated with menstruation and its social restrictions. Since this is a sensitive topic, the interviews were held in complete confidentiality in order to assure participants that their voices were not used inappropriately. In addition, the study conducted four KIIs with the key informants in order to gain their perspectives on the issues at hand.

Prior to conducting interviews and group discussions, the participants were provided their verbal consent to record the procedure. In addition, extensive field notes were taken during the procedures in order to capture non-verbal behavior and the general atmosphere during the procedures.

Data Analysis Procedures

Once the data are collected, they were transcribed verbatim by the research team. After the transcripts are developed, the research team conducted multiple readings in order to thoroughly comprehend the lived experiences of the participants. Following the descriptive phase of the analysis, the study proceeded

to the inductive open-coding procedure in order to identify the overarching themes. Finally, the study utilises thematic analysis to report the study's findings. In particular, the findings of this study will be reported according to the following themes:

1. Social restrictions and isolation during the menstrual period
2. Unsafe MHM practices, stigma, shame, and social stigma
3. The impact of such social and institutional barriers on the mental health and educational status of the girls

Ethical Considerations

Due to the sensitive nature of this study, it is essential to conduct the research following ethical principles. In particular, this study adhered to the principles of informed consents, confidentiality, and anonymity. The objective was to assure the participants that their voices were represented ethically and transparently.

Firstly, the participants were provided with information about the objectives of this study in order for them to give informed consents. In particular, the verbal informed consents from the parents of the girls below 18 years were obtained. On the other hand, the participants aged 18 and above signed the informed consents.

Secondly, the anonymity of the participants was maintained by ensuring that no identifying information of the participants such as names and addresses were published without the consent of the participants.

RESULTS AND DISCUSSION

The qualitative results of the primary field data reveal the interconnected nature of the socio-cultural oppression, physical health hazards, and educational exclusion associated with menstrual taboos. The themes emerging from the analysis have been grouped into three primary categories below.

Theme 1: Socio-Cultural Restrictions and Their Impact on Mental Health

Familial Isolation and Restrictions

The primary field data on socio-cultural restrictions confirm that in the study villages of Chaukune, Surkhet, menstruation is attributed a status of social 'impurity' and 'shame', as opposed to being a normal physiological condition. Upon attaining menstruation, girls confront a sudden and restrictive alteration in their spatial behavior and interaction with the rest of the family. The primary data illustrates that as a result of menstruation, the girls are subjected to a 'physical isolation' within the household. This isolation mainly takes place in the kitchen (chulo), puja kotha, and drinking water sources, such as, taps and well.

Phenomenologically, the results suggest that although the practice of the chhaupadi huts or external isolation structures might have been discontinued, the domestic practices generate similar, adverse mental health outcomes for the girls. This is achieved by restricting the girls to darkened corners or sleeping on the floor. Moreover, the complete separation from the male members of the family and the prohibition of visiting any religious places emerged as critical sub-themes. The patriarchal social order appears to dictate that during the menstrual period the girl must not share the same sleeping and living areas with the father and brothers due to perceived impurity. During a focus group discussion, a respondent representing the FGD group of 17-year-old girls noted:

> When I get menstruation, I am forced to sleep on a separate bed in the dark room inside the house. I have to sleep on the floor. I should not meet my father and brother as it is believed that touching us will bring disease to them. I feel as if I am not living in my own house during my period. (FGD)

The results suggest that socio-culturally generated perceptions of shame around menstruation during the developmental ages of girls appear to inflict psychological distress and feelings of second-class citizenship in the domestic space. The results confirm that the restricted access to the public space, as well as the imposed domestic physical isolation, has the ability to trigger negative self-image and a sense of inferiority in young girls.

Emotional Distress, Inferiority Complex and Negative Self-Image

The results demonstrate that the emotional burden of the physical isolation from family members and

discriminatory practices during menstrual periods appears to adversely affect the emotional development of young girls. By interpreting menstruation as an impure physiological phenomenon, the girls are exposed to an inferiority complex and negative self-image around their natural body function. The negative perception appears to aggravate the adverse psychological outcomes associated with coming of age. Girls described feeling emotionally traumatized by the social isolation as well as experiencing fear around the anticipated event of menstruation each month. The results indicate that the girls are unable to confide in immediate family members about their emotional difficulties owing to the social stigma associated with menstruation. As a result, the emotional trauma has to be internalized with no support from family. During an In-depth interview, a respondent representing an IDI participant (a 17-year-old girl) stated:

> During my periods, I feel insulted as I am placed in a separate dark room. This is done so that I do not touch any objects so that the gods do not get angry at seeing my blood. I feel disgusted with myself and I only want to cry. It seems that being born as a female is a sin indeed. (IDI)

The results illustrate that the socio-cultural restrictions associated with periods appear to be significant contributors to the psychological distress, low-esteem, and sense of inferiority among adolescent girls.

The findings converge with the results generated from prior studies that demonstrate the adverse effect of social isolation on the psychological well-being of adolescents (Baniya & Shrestha, 2019). Similarly, the results echo the findings confirming that restricted social freedom and domestic isolation of girls during menstrual periods appear to raise the risks of developing long-term fears and depression during early adulthood (Bhandari & Subedi, 2020). Together, the findings highlight that the lack of access to scientific health education as well as conservative attitudes surrounding the physiology of menstruation are significantly detrimental to the mental health of young females in rural Nepal. It is necessary to create targeted social behavior change communication interventions to address the stigma associated with menstruation in order to improve the psychosocial status of adolescent girls.

Theme 2: Unhygienic Sanitation Practices and Their Impact on Physical Health

Social Stigma Around Blood, Privacy and Unsafe Drying Practices

The second set of results focuses on the impact of unhygienic sanitation practices on the physical health of the girls. The use of old cloth pieces as absorbents is not inherently unsafe when practiced with caution. However, the qualitative results demonstrate that the washing, drying, and storage procedures impose significant health hazards on the girls. In rural Nepal, the sight of a menstruating female or her menstrual rags is considered to be highly disgraceful and jeopardizes the honor of the family. Consequently, there is an extreme cultural obligation to protect this perceived honor by ensuring that no male member of the family or neighbor sees the girl's menstrual blood, rags, or any traces of it.

This aspect of the cultural taboo around menstruation seems to significantly compromise the physical health of the girls. Prior to the use of commercial sanitary napkins, it was customary to wash the old cloth and reuse them for the subsequent cycles. However, owing to the social stigma around menstruation, the girls described that they were obliged to hide the bloodstained rags in dark places with no access to sunlight. The girls appeared to adopt unsafe practices in terms of drying the sanitary napkins in unhygienic surrounding such as cow sheds and dark corners of rooms. It was evident that the fear of being seen by male family members or neighbors dictated the behavior of the girls. During an In-depth interview, a respondent representing an IDI participant (a 16-year-old girl) stated:

> I always hide my dirty cloth in the dark corner of the cowshed under the straw pile so that it is not visible to anyone in our family. Due to improper drying, I always get terrible itching and white discharge but I do not have the courage to inform anyone about it. (IDI)

As a result of the unsafe sanitation practices dictated by the cultural stigma, the girls appeared to suffer from numerous health complications due to infection. The results suggest that the girls were exposed to significant dangers to their physical health due to

unhygienic storage and improper drying of the menstrual rags.

Physical Health Complications and Social Stigma

The results indicate that the inappropriate handling of the menstrual cloth poses significant health hazards to the girls. It was evident that the girls practiced unsafe sanitation procedures without any awareness of the adverse effect it may entail. The participants discussed that as a result of improper drying, they frequently experienced severe itching and infection. During the interviews, the girls revealed that they suffered from frequent vaginal discharges, excruciating pain in the lower abdomen area, and severe boils that prevented them from engaging in any physical activity. The participants identified a foul smell emanating from their vaginal discharge, which was an indication of leukorrhea.

Notably, the results suggest a pattern of avoidance among the girls when dealing with the consequences of their poor menstrual hygiene practices. Prior to consulting available healthcare services, the participants attempted to hide their infection and related discomfort from their parents. During the In-depth interviews, the girls appeared to be reluctant to discuss the issue due to the social stigma surrounding menstruation. As a result of their social isolation and lack of support from immediate family members, the physical health concerns were not addressed in time. The results converge with the assertions that poor menstrual hygiene practices contribute to numerous physiological complications ranging from severe infections to sterility (Poudel & Nepal, 2021). It appears that the girls were at significant risk of developing potentially life-threatening conditions such as Pelvic Inflammatory Disease.

It is noteworthy that direct exposure to sunlight during the drying process can prevent a range of infections. The symptoms of itching and leukorrhea experienced by the girls are significant indicators of physiological complications due to unsafe menstrual practices. The results further reveal that owing to the cultural prohibitions surrounding menstruation, the girls lacked access to basic healthcare facilities due to the social stigma associated with the topic. These findings align with the literature indicating the prevalence of reproductive tract infections stemming from improper menstrual hygiene in the rural parts of Nepal (Poudel & Nepal, 2021). Moreover, the results support the claims that a reduction in reproductive tract infections is only possible when women are granted access to safe menstrual hygiene management and the opportunity to dry the sanitary napkins under direct sunlight (Yadav & Shrestha, 2021). Notably, WHO (2022) indicates that cultural taboos around menstruation appear to have a significant impact on the health status of females across South-East Asia. It is essential to acknowledge that the 'culture of shame' around menstruation creates conditions for poor menstrual hygiene practices and physiological complications. It is crucial to recognize that the provision of commercial sanitary napkins is insufficient to address the issue. Instead, it is vital to implement targeted social behavior change communication interventions to tackle the cultural barriers surrounding menstruation.

Theme 3: School Environment and its Impact on Education

Impact of Poor WASH Facilities on School Attendance

The final set of results explore the relationship between inadequate WASH facilities and the interruption of the girl's education. During the course of the qualitative exploration, it became evident that the school environment played a crucial role in determining the likelihood of a girl continuing her education. The participants identified that the majority of the public schools did not possess appropriate WASH facilities required to accommodate the needs of menstruating students.

The primary issue appeared to be the absence of adequate privacy during the menstrual period. The participants noted that the doors to the school toilets were broken or lacked locks altogether. Additionally, it was reported that the school had no incinerators or specific bins for the disposal of used sanitary napkins. Finally, it was revealed that the water supply was often irregular or unavailable altogether and there was no soap available to maintain hygiene. During the focus group discussions, the participants articulated their rationale behind skipping school during their periods. When asked if they were able to go to school during their periods, the participants responded:

> As the school toilets are not suitable, we do not prefer to go to school during our periods. Those who do not have this option have to use a single pad or cloth throughout the day which is extremely uncomfortable as we have to bear it for 8-10 hours. (FGD)

As a result of poor WASH facilities, the girls appeared to experience excruciating discomfort during their school hours. In addition to the lack of privacy, the girls were forced to spend long hours in the same cloth or pad which posed serious health hazards to them.

Peer Stigma, Social Exclusion and Absenteeism

The results further demonstrate that the 'culture of shame' around menstruation extended to the school environment. Similar to the domestic space, the girls experienced significant stigma around the occurrence of their period at the school. As a result, the participants revealed that they felt extremely anxious around accidental leakage and staining of their clothes. The girls feared that leaking would result in severe teasing and mockery from male peers. As a consequence of this apprehension, the girls preferred to skip school altogether during their periods. During a Key Informant Interview with a local Female Community Health Volunteer, the respondent stated:

> Girls do not have access to separate and safe toilets at school. Hence, if they have to change pads during the day, they have to go back home. Moreover, girls fear that in case of staining, the boys will tease them. Therefore, girls prefer staying at home for 4-5 days every month during their periods so that they do not have to bear this embarrassment. (KII)

The results suggest that an absence of institutional support as well as the social stigma around menstruation appear to contribute to female student absenteeism from school. The primary concern for the girls was the fear of being ridiculed by male peers. As a result, it was apparent that the girls opted to miss school for several days each month. From a quantitative perspective, the findings suggest that the lack of institutional support around menstrual hygiene resulted in a significant number of female students losing approximately 40-50 days of education every year. As a result of this disruption in the continuity in education, it could be expected that the girls would experience poorer academic performance and hence, lower pass percentages and higher dropout rates.

Together, these results converge with the findings from the extant literature highlighting the influence of poor institutional support on female education in Nepal. The themes explored in the study reflect the concerns raised by female students as well as female health volunteers who stressed on the detrimental effect of unavailability of separate and secure toilets at school (Poudel & Nepal, 2021). The findings further corroborate the evidence from related studies that emphasize the lack of WASH facilities as a significant contributor to gender inequality in education in Nepal (UNICEF, 2023). Overall, the results provide compelling evidence on the ways in which the school environment and social stigma around menstruation adversely affect the right to education for female students.

CONCLUSION

The results from the qualitative study confirm the prevalence of socio-cultural barriers around menstrual hygiene that contribute to the development of long-standing psychosocial and physical health concerns for the young females in Chaukune Rural Municipality, Surkhet. Overall, the findings suggest that the traditional perceptions of impurity and shame surrounding menstruation negatively impact the overall well-being of young females. It seems that the domestic restrictions and isolation imposed on females during their periods appear to inflict psychological distress and feelings of worthlessness. Additionally, the cultural beliefs around menstruation appear to exacerbate the physical health risks associated with the use of cloth for menstrual hygiene. Lastly, the results suggest that the institutional environment of the public schools appeared to be unsuitable for students to manage their periods comfortably owing to the absence of WASH facilities. The findings from the study provide significant policy insights into the multi-level barriers affecting female education in Nepal.

Firstly, the findings imply that the girls experience significant psychological distress as a result from being isolated from the family during their menstrual periods. This distress tends to stay with the females and can lead to the development of long-standing emotional trauma. Secondly, the girls tend to

adopt unsafe sanitation practices and as a result, they are exposed to health risks such as infection and sterility. Finally, the girls are forced to stay at home owing to the lack of institutional support and as a result, miss out on valuable educational time. The results indicate that the culture of shame around menstruation appears to negatively impact the physical, educational, and psychological aspects of the female population in rural Nepal. Clearly, menstrual taboos cannot be dismissed as personal health concerns but ought to be tackled at the community and institutional levels. It is essential to invest in effective social behavior change communication strategies aimed at engaging local adult males, adolescent females and males, and religious leaders to challenge these long-standing cultural norms. It may be necessary for the local government to enforce gender-responsive budgeting policies to ensure that funds are allocated to improving WASH facilities at the public schools.

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