



## **Menstrual Culture and Belief Systems: Understanding Traditional Perspectives and Changing Attitudes**

**Khimananda Bhandari**

Department of Health Education, Butwal Multiple Campus, Butwal

Tribhuvan University, Nepal

[khimananda.bhandari@bumc.tu.edu.np](mailto:khimananda.bhandari@bumc.tu.edu.np)

<http://orcid.org/0009-0004-5188-5328>

**Surendra Giri\***

Central Department of Health Education, University Campus Kirtipur

Tribhuvan University, Nepal

[surendra.giri2010@gmail.com](mailto:surendra.giri2010@gmail.com)

<https://orcid.org/0009-0008-5167-4079>

**Narayan Prasad Belbase**

Central Department of Foundation of Education University Campus

Tribhuvan University, Nepal

[dr.nbelbase@gmail.com](mailto:dr.nbelbase@gmail.com)

<https://orcid.org/0009-0006-7667-9306>

**Corresponding Author\***

Received: July 03, 2025

Revised & Accepted: August 25, 2025

Copyright: Author(s) (2025)



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

### **Abstract**

**Background:** Menstrual culture in Nepal is deeply rooted in traditional beliefs, particularly among adolescent girls. These beliefs often impact girls' education and social participation. This study examines menstrual culture and related attitudes among schoolgirls in Lumbini Province, focusing on traditional norms and shifting perceptions across social groups.

**Methods:** A descriptive cross-sectional research design was employed among 400 menstruating girls from Grades 9 and 10 in 20 government secondary schools in Rupandehi and Kapilvastu districts. A multi-stage random sampling technique was used. Data were collected through a structured questionnaire and analyzed using IBM SPSS version 25.



**Results:** The study found that 69.3% of participants perceived menstruation as a culturally significant phenomenon, primarily viewing it as a state of ritual impurity that required adherence to restrictions such as avoiding kitchens, temples, and public gatherings. The prevalence of such cultural beliefs was highest among Muslim girls (87.8%), followed by Hindu girls (68.3%), and lowest among Buddhist girls (14.3%). A significant correlation was observed between the father's level of education and occupation with girls' attitudes—those with highly educated fathers were less likely to follow traditional menstrual norms.

**Conclusion:** The findings underscore the enduring influence of cultural beliefs on menstrual attitudes, particularly among specific religious groups. However, increasing parental education, especially fathers', plays a critical role in challenging traditional practices and promoting healthier perspectives on menstruation.

**Novelty:** This study uniquely integrates socio-cultural dimensions with feminist and social justice theories, emphasizing the need for menstrual education and advocacy. It contributes valuable insights for developing culturally responsive interventions aimed at promoting gender equity in education.

**Keywords:** Menarche, menstruation, menstrual beliefs, menstrual culture, menstrual rituals

## **Introduction**

Culture is a dynamic and multifaceted system that shapes human experiences, beliefs, and behaviors. It encompasses both material aspects—such as socioeconomic conditions—and non-material dimensions, including ideas, knowledge, and belief systems ([Geertz, 1973](#)). Menstrual culture, as a subset of this broader framework, is deeply embedded in historical, religious, and social constructions. In Nepal, menstrual beliefs and practices are not isolated phenomena; rather, they are interwoven into social institutions such as family, education, and community norms ([Ranabhat et al., 2015](#)).

Although menstruation is a natural biological process, its interpretation has been heavily influenced by cultural and religious ideologies. In Nepal, traditional beliefs often associate menstruation with impurity, leading to restrictive practices that affect girls' daily lives and educational opportunities ([Gautam et al., 2019](#)). Practices like Chhaupadi, though legally banned, persist due to entrenched cultural norms and patriarchal structures ([Amatya et al., 2018](#); [Kandel et al., 2017](#)).

Menstrual taboos vary across caste, religion, and socioeconomic status. Brahmin and Chhetri communities tend to enforce stricter menstrual restrictions, rooted in Hindu notions of ritual purity ([Bennett, 2005](#); [Hangen, 2010](#)). In contrast, Janajati groups and Buddhist communities often adopt more flexible approaches, reflecting philosophical differences such as Buddhism's emphasis on impermanence and mindfulness ([Tuladhar, 2014](#)). Economic status also plays a role, with poorer families more likely to adhere to traditional beliefs due to limited access to education and modern resources ([Pokhrel & Mahat, 2020](#); [Thapa & Sivakami, 2017](#)).



Despite growing awareness of gender equality and menstrual health, Nepalese society continues to uphold strong cultural significance around menstruation. However, a shift is emerging—one that advocates for the reinterpretation of traditions in light of scientific understanding and human rights. This evolving discourse seeks to balance cultural heritage with progressive values ([Ranabhat et al., 2015](#)).

This study investigates the continuity of indigenous menstrual beliefs and the evolving attitudes toward menstrual culture among schoolgirls in Lumbini Province, Nepal. Specifically, it seeks to answer the following research questions: How do traditional menstrual beliefs influence the educational experiences of adolescent girls? What factors contribute to changing attitudes toward menstruation among younger generations?

## **Methods**

### **Study Design, Setting, and Sampling**

We employed a descriptive cross-sectional research design to examine traditional beliefs and changing attitudes towards menstrual culture and belief system. Employing data gathered at a single point in time, the design provided an accurate snapshot of the prevailing cultural beliefs, practices, and changing attitude regarding menstruation, allowing us to have comprehensive appreciation of these dynamics.

It was conducted in Rupandehi and Kapilvastu districts of Nepal's Lumbini Province. These districts were strategically chosen from among the 12 districts of the province to ensure sufficient representation of dualistic socio-cultural contexts—rural/urban settings and diverse religious and caste backgrounds—thereby providing a comprehensive picture of menstrual culture and prevailing belief patterns.

A stratified multistage random sampling design was employed. In the first stage, Rupandehi and Kapilvastu districts were randomly selected. These two districts then served as the sampling strata. From each district's complete list of government secondary schools Rupandehi: 142; Kapilvastu: 99, ([District Education Profile, 2024](#)), 10 schools were selected using simple random sampling without replacement.

In the second stage, within each sampled school, separate rosters of menstruating Grade 9 and Grade 10 girls were prepared. Using a random number generator, 10 students from Grade 9 and 10 from Grade 10 were selected, yielding 20 participants per school. This procedure resulted in a target of 400 students (20 schools × 20 students each). Where a grade roster contained fewer than 10 eligible students, all eligible were included, and any shortfall was compensated from the other grade; such deviations were carefully documented. [Yamane's \(1976\)](#) formula was employed to determine the appropriate sample size and 400 menstruating girls were selected for the study.

Throughout the research process, ethical principles were strictly maintained. Informed consent was obtained from all participants and additional consent from parents or guardians in the case of minors. Participation in the research was made voluntary on all occasions, and participants were clearly informed about the purpose, procedures, risks, and benefits of the research.



Permission was duly secured from the participating head teachers and care was taken to maintain confidentiality and anonymity of all personal information. Because of cultural menstruation taboos, conversations were handled respectfully and with minimal intrusiveness, and participants were assured of withdrawal without adverse repercussions at any time. This strict adherence to ethical guidelines not only ensured the rights and well-being of the participants but also added credibility and integrity to the research results.

### **Survey Tool Construction and Data Collection Techniques**

The primary data were collected using a structured questionnaire. The questionnaire was initially developed in English and later translated into Nepali to minimize ambiguity and enhance cultural appropriateness. The items were constructed based on an extensive review of literature on menstrual culture, theoretical frameworks (Cultural Theory, Feminist Theory, and Social Justice Theory), and adaptation of relevant measures from prior validated studies. Content validity was established through consultation with three experts in gender studies and health education, who reviewed the items for relevance and clarity. A pilot test was conducted with 30 secondary school girls in Rupandehi district, and feedback was used to refine the language and flow of questions.

The tool comprised three main sections: (a) socio-demographic characteristics, (b) beliefs and attitudes toward menstrual cultural practices, and (c) educational impact of menstruation. Examples of items include: “Menstrual restrictions are important to maintain family honor” (belief in cultural significance), “Traditional menstrual practices should be changed to reduce girls’ discomfort” (attitude toward modification), and “I miss school during menstruation because of cultural restrictions” (educational impact). Most items measuring beliefs and attitudes employed a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), while behavioral and demographic items were recorded using multiple-choice and categorical options.

Reliability analysis indicated strong internal consistency, with Cronbach’s alpha coefficients for the belief and attitude scales ranging from 0.78 to 0.85. Data collection was carried out after obtaining formal permission from school administrations. The research team explained the purpose and significance of the study to all participants, and both oral and written informed consent was obtained. To ensure a supportive environment, questionnaires were administered in classrooms under the supervision of female teachers. Participants completed the tool individually and were provided clarifications when needed. Once collected, the questionnaires were systematically checked and edited before entry and analysis using IBM SPSS version 25. Tables, charts, and chi-square tests were used to present findings and examine associations between categorical variables.



## Results

**Table 1**

***Demographic and Menstrual Characteristics (N=400)***

Characteristics	Frequency (N)	Percentage (P)
<b>Grade</b>	-	-
9	200	50
10	200	50
<b>Age(years)</b>	-	-
13Years	4	1
14Years	74	18.5
15Years	171	42.8
16Years	117	29.3
17Years	29	7.2
18 Years	5	1.3
<b>Knowledge of menstruation before menarche</b>		
<b>Yes</b>	301	75.25
<b>No</b>	99	24.75
<b>Age of menarche</b>	-	-
12 years	196	49
13 years	131	32.8
14 Years	52	13
Above 14 Years	21	5.3
Total	400	100

The study included 400 adolescent girls equally distributed across Grades 9 and 10, ensuring balanced representation of secondary-level students. The majority of respondents were aged 15–16 years (72.1%), with 42.8% aged 15 and 29.3% aged 16. Only a small proportion were at the extremes of the age range (1.0% at 13 years and 1.3% at 18 years), indicating that most participants fell within the typical school-going adolescent bracket.

Approximately 75.3% of respondents reported having prior knowledge about menstruation before menarche, while 24.8% entered menarche without adequate information. This gap reflects both progress in awareness dissemination and the persistence of cultural taboos within families and communities, which may contribute to confusion, stigma, or anxiety at the onset of menstruation.

The age of menarche clustered around early adolescence: 49.0% reported menarche at 12 years and 32.8% at 13 years, together comprising over 81.8% of the sample. Only 5.3% experienced

menarche after age 14, suggesting an early onset trend consistent with global adolescent reproductive health patterns.

These baseline findings underscore the importance of timely, school-based, and family-supported menstrual education. While awareness prior to onset is relatively high, cultural barriers continue to prevent a significant subset of girls from receiving adequate preparation. This context is critical for understanding how menstrual knowledge and timing intersect with educational experiences and gendered perceptions.

**Table 2**

*Belief Pattern in Cultural Significance of menstruation by Religion (N=400)*

Religion	Yes, I Believe (n=277)	No, I Don't Believe (n=65)	Not Sure (n=58)	Total (n=400)
<b>Hindu</b>	237 (68.3%)	58 (16.7%)	52 (15.0%)	347 (100.0%)
<b>Muslim</b>	36 (87.8%)	2 (4.9%)	3 (7.3%)	41 (100.0%)
<b>Buddhist</b>	1 (14.3%)	4 (57.1%)	2 (28.6%)	7 (100.0%)
<b>Christian</b>	3 (60.0%)	1 (20.0%)	1 (20.0%)	5 (100.0%)
<b>Total</b>	<b>277 (69.3%)</b>	<b>65 (16.3%)</b>	<b>58 (14.5%)</b>	<b>400 (100.0%)</b>

*Note:*  $\chi^2 (df) = 18.380, p = .005$ .

Table 2 reveals a clear association between religious affiliation and belief in the cultural significance of menstruation. Overall, a majority of respondents (69.3%) affirmed its cultural importance, primarily viewing it as a state of ritual impurity that required adherence to restrictions such as avoiding kitchens, temples, and public gatherings but the strength and direction of this belief varied notably across religious groups.

Muslim participants demonstrated the most unified stance, with nearly 88% recognizing menstruation as culturally significant and only a small minority expressing uncertainty or disagreement. This suggests a strong cultural and religious reinforcement of menstrual beliefs within the Muslim community.

Hindu respondents, who comprised a large portion of the sample, also showed a high level of belief (68.3%), though with slightly more variation than Muslims. This reflects the influence of Hindu traditions that emphasize ritual purity, which often shape menstrual attitudes and practices.

In contrast, Buddhist participants exhibited the most divergent pattern. A majority (57.1%) did not view menstruation as culturally significant, and only 14.3% affirmed its importance. This trend aligns with Buddhist philosophical principles that tend to be less prescriptive about bodily functions, suggesting a more relaxed or secular approach to menstruation.

Christian respondents presented a more balanced distribution, with 60% affirming cultural significance and the remaining 40% split evenly between uncertainty and disbelief. This indicates a more heterogeneous set of beliefs, possibly influenced by varying denominational teachings or exposure to modern perspectives.



The chi-square test ( $\chi^2 = 18.380$ ,  $p = .005$ ) confirms a statistically significant relationship between religion and menstrual belief systems. These findings underscore how religious identity shapes cultural attitudes toward menstruation, with Muslim and Hindu groups showing stronger adherence to traditional views, while Buddhist and Christian respondents reflect more diverse or progressive interpretations.

**Table 3**

*Belief Pattern in Cultural Significance by Caste (N=400)*

<b>Caste</b>	<b>Yes, I Believe (n=277)</b>	<b>No, I Don't Believe(n=65)</b>	<b>Not Sure (n=58)</b>	<b>Total (n=400)</b>
Brahmin	70 (66.7%)	20 (19.0%)	15 (14.3%)	105 (100.0%)
Chhetri	62 (72.1%)	16 (18.6%)	8 (9.3%)	86 (100.0%)
Dalit	10 (47.6%)	6 (28.6%)	5 (23.8%)	21 (100.0%)
Janajati	59 (67.8%)	12 (13.8%)	16 (18.4%)	87 (100.0%)
Muslim	35 (87.5%)	2 (5.0%)	3 (7.5%)	40 (100.0%)
Others	41 (67.2%)	9 (14.8%)	11 (18.0%)	61 (100.0%)
<b>Total</b>	<b>277 (69.3%)</b>	<b>65 (16.3%)</b>	<b>58 (14.5%)</b>	<b>400 (100.0%)</b>

*Note.*  $\chi^2$  (df) = 47.309,  $p < .001$

Table 3 illustrates a statistically significant association between caste affiliation and belief in the cultural significance of menstruation ( $\chi^2 = 47.309$ ,  $p < .001$ ), revealing how caste-based social structures shape menstrual perceptions in Lumbini Province.

Notably, belief in menstruation's cultural importance is strongest among Muslim respondents (87.5%), suggesting a deeply embedded cultural and religious framework that reinforces traditional menstrual norms. Among high-caste Hindu groups, such as Chhetri (72.1%) and Brahmin (66.7%), belief levels are also high, reflecting the influence of orthodox Hindu philosophies that emphasize ritual purity.

In contrast, Dalit respondents show the lowest level of belief (47.6%) and the highest proportion of disbelief and uncertainty combined (52.4%). This may indicate either a distancing from dominant caste narratives or limited access to cultural discourse surrounding menstruation. Janajati respondents mirror Brahmin belief levels (67.8%) but exhibit greater uncertainty (18.4%), suggesting more fluid or localized interpretations of menstrual norms.

The "Other" caste group presents a moderately high belief rate (67.2%) but also a notable level of indecision (18.0%), pointing to internal diversity within this category.

Overall, while belief in the cultural significance of menstruation is prevalent across most caste groups, the degree of conviction and uncertainty varies considerably. These patterns underscore the role of caste identity in shaping menstrual attitudes and highlight the need for culturally nuanced approaches to menstrual health education and stigma reduction.

**Table 4**

*Belief pattern in Cultural Significance of menstruation by parent's Education (N=400)*

Educational Status	Mother				Father			
	Yes, Believe	I Don't Believe	Not Sure	Total	Yes, Believe	I Don't Believe	Not Sure	Total
Illiterate	74 (78.7%)	9 (9.6%)	11 (11.7%)	94 (100.0%)	32 (11.6%)	1 (1.5%)	4 (6.9%)	37 (9.3%)
Literate	171 (65.5%)	47 (18.0%)	43 (16.5%)	261 (100.0%)	173 (62.5%)	52 (19.0%)	48 (17.6%)	273 (68.3%)
Up to Class 12	24 (75.0%)	5 (15.6%)	3 (9.4%)	32 (100.0%)	49 (77.7%)	7 (10.8%)	5 (8.6%)	61 (15.3%)
Up to Bachelor	2 (66.7%)	1 (33.3%)	0 (0.0%)	3 (100.0%)	16 (5.8%)	1 (1.5%)	0 (0.0%)	17 (4.3%)
Up to Masters	6 (60.0%)	3 (30.0%)	1 (10.0%)	10 (100.0%)	7 (2.5%)	4 (6.2%)	1 (1.7%)	12 (3.0%)
<b>Total</b>	<b>277 (69.3%)</b>	<b>65 (16.3%)</b>	<b>58 (14.5%)</b>	<b>400 (100.0%)</b>	<b>277 (100.0%)</b>	<b>65 (100.0%)</b>	<b>58 (100.0%)</b>	<b>400 (100.0%)</b>

**Note.**  $\chi^2 (df) = 9.170, p = .328$  with mother's education and  $\chi^2 (df) = 21.972, p = .005$  with father's education

Table 4 explores the relationship between parental education and belief in the cultural significance of menstruation. The results reveal contrasting patterns between maternal and paternal education.

Mother's education shows no statistically significant association with menstrual cultural beliefs ( $\chi^2 = 9.170, p = .328$ ). Across all education levels—from illiterate to postgraduate—a majority of respondents reported belief in menstruation's cultural importance. This suggests that maternal education alone does not substantially influence menstrual attitudes. Instead, persistent cultural norms and intergenerational transmission of beliefs may play a more dominant role in shaping perceptions, regardless of formal schooling.



In contrast, father's education exhibits a statistically significant relationship with menstrual beliefs ( $\chi^2 = 21.972$ ,  $p = .005$ ). A clear downward trend emerges: as paternal education increases, belief in the cultural significance of menstruation declines. Respondents whose fathers had higher education (Bachelor's or Master's level) were markedly less likely to endorse traditional menstrual beliefs. This pattern may reflect greater exposure to scientific knowledge and modern gender norms among educated fathers, potentially leading to more critical views of cultural taboos.

Taken together, these findings suggest that paternal education may be a more influential factor in challenging traditional menstrual beliefs than maternal education. This divergence could be rooted in gendered roles within families, where fathers' educational attainment may correlate more strongly with shifts in household attitudes and openness to modern perspectives.

**Table 5**

*Belief Pattern in Cultural Significance of menstruation by Parent's Occupation (N=400)*

Parent's Occupation	Yes, Believe(n=277)	I No, I Don't Not Sure(n=58)	Total (n=400)
<b>Father</b>			
Government Employee	25 (86.2%)	2 (6.9%)	29 (100.0%)
Private Employee	15 (65.2%)	4 (17.4%)	23 (100.0%)
Business	68 (79.1%)	7 (8.1%)	86 (100.0%)
Daily Wages	5 (29.4%)	4 (23.5%)	17 (100.0%)
Foreign Employee	92 (60.5%)	36 (23.7%)	152 (100.0%)
Agriculture	68 (79.1%)	11 (12.8%)	86 (100.0%)
Others	4 (57.1%)	1 (14.3%)	7 (100.0%)
<b>Mother</b>			
Government Employee	3 (50.0%)	1 (16.7%)	6 (100.0%)
Private Employee	17 (100.0%)	0 (0.0%)	17 (100.0%)
Business	30 (73.2%)	4 (9.8%)	41 (100.0%)
Daily Wages	8 (57.1%)	3 (21.4%)	14 (100.0%)
Foreign Employee	20 (57.1%)	8 (22.9%)	35 (100.0%)



Agriculture	41 (87.2%)	5 (10.6%)	1 (2.1%)	47 (100.0%)
Housewife	158 (65.8%)	44 (18.3%)	38 (15.8%)	240 (100.0%)
<b>Total</b>	<b>277 (69.3%)</b>	<b>65 (16.3%)</b>	<b>58 (14.5%)</b>	<b>400 (100.0%)</b>

**Note.**  $\chi^2$  (df) = 38.223, and  $p < .001$  for father's occupation and  $\chi^2 = 32.490$ , and  $p = .0024$  for mother's occupation.

Table 5 highlights a statistically significant relationship between parental occupation and belief in the cultural significance of menstruation, with strong associations observed for both fathers ( $\chi^2 = 38.223$ ,  $p < .001$ ) and mothers ( $\chi^2 = 32.490$ ,  $p = .0024$ ).

Among fathers, belief levels are highest in structured or traditionally respected occupations such as government service (86.2%) and business ownership (79.1%), suggesting that stability and social standing may reinforce adherence to cultural norms. Interestingly, fathers engaged in agriculture also show high belief rates (79.1%), likely reflecting the persistence of traditional values in rural and agrarian contexts. In contrast, children of daily wage earners report the lowest belief levels (29.4%) and the highest uncertainty (47.1%), pointing to possible marginalization from dominant cultural narratives or limited access to consistent health education. Fathers in private sector jobs and foreign employment exhibit more moderate belief levels, indicating a potential shift in attitudes among those exposed to diverse work environments or global perspectives.

Maternal occupation also plays a significant role. Notably, all respondents whose mothers work in private employment affirm belief in menstruation's cultural significance, though this group is likely small. Mothers involved in agriculture (87.2%) and business (73.2%) also show strong adherence to traditional beliefs, reinforcing the idea that occupational roles tied to community and tradition may perpetuate cultural norms. In contrast, government-employed mothers demonstrate lower belief levels (50%) and higher uncertainty (33.3%), suggesting that exposure to institutional diversity and policy discourse may foster more critical or varied perspectives. Daily wage laborers and housewives show moderate to strong belief levels, with housewives (65.8%) continuing to uphold traditional views—likely due to their central role in domestic cultural transmission.

Overall, the findings suggest that parental occupation—particularly when tied to traditional or community-based roles—can significantly influence menstrual cultural beliefs. Occupations that expose individuals to broader social networks or modern ideologies may contribute to more nuanced or progressive attitudes, especially among fathers.

**Table 6**

*Beliefs pattern in Conservation or Modification Menstrual Rituals by Religion (N=400)*

<b>Beliefs pattern</b>	<b>Hindu (n=347)</b>	<b>Muslim (n=41)</b>	<b>Buddha (n=7)</b>	<b>Christia n (n=5)</b>	<b>Total (n=400)</b>
They should be preserved	22 (6.3%)	1 (2.4%)	0 (0.0%)	0 (0.0%)	23 (5.8%)
They should be modified	193 (55.6%)	11 (26.8%)	3 (42.9%)	3 (60.0%)	210 (52.5%)
I don't have a strong opinion about it.	85 (24.5%)	18 (43.9%)	3 (42.9%)	2 (40.0%)	108 (27.0%)
It depends on the specific cultural practice	47 (13.5%)	11 (26.8%)	1 (14.3%)	0 (0.0%)	59 (14.8%)
<b>Total</b>	<b>347 (100.%)</b>	<b>41 (100.%)</b>	<b>7 (100.%)</b>	<b>5 (100.%)</b>	<b>400 (100.%)</b>

**Note.**  $\chi^2 (df) = 18.894, p = .026$ .

Table 6 reveals a statistically significant association between religious affiliation and attitudes toward menstrual rituals ( $\chi^2 = 18.894, p = .026$ ), suggesting that religious identity plays a meaningful role in shaping openness to cultural change.

A majority of respondents (52.5%) favor modifying menstrual rituals, indicating a growing shift toward reinterpreting traditional practices. This trend is most pronounced among Christians (60.0%) and Hindus (55.6%), with Buddhists (42.9%) also showing moderate support. Interestingly, while Muslim respondents show the lowest support for modification (26.8%), they also exhibit the highest level of indecision (43.9%), suggesting ambivalence or internal diversity in views.

Support for preserving menstrual rituals is minimal overall (5.8%), and almost exclusively concentrated among Hindu respondents (6.3%), reinforcing the notion that ritual conservation is most strongly upheld within Hindu traditions. The absence of preservation support among Buddhists and Christians further reflects a more progressive or flexible stance in these communities.

Additionally, 14.8% of respondents believe that the need for modification depends on specific cultural practices, indicating a nuanced and context-sensitive approach to menstrual traditions. This subgroup may represent a transitional mindset—neither fully conservative nor fully reformist, but open to selective reinterpretation.

Taken together, the findings suggest that while the majority of adolescents lean toward modifying menstrual rituals, religious affiliation significantly influences the degree of openness to change. Hindu respondents tend to uphold traditional norms more strongly,

whereas non-Hindu groups—particularly Christians and Buddhists—demonstrate greater receptivity to evolving cultural practices.

**Table 7**

*Beliefs Pattern about Conservation or Modification Menstrual Rituals by Caste (N=400)*

<b>Beliefs pattern</b>	<b>Brahmin (n=105)</b>	<b>Chhetri (n=86)</b>	<b>Dalit (n=21)</b>	<b>Janajati (n=87)</b>	<b>Muslim (n=41)</b>	<b>Others (n=60)</b>	<b>Total (n=400)</b>
They should be preserved	6 (5.7%)	0 (0.0%)	3 (14.3%)	8 (9.2%)	1 (2.4%)	5 (8.3%)	23 (5.8%)
They should be modified	55 (52.4%)	66 (76.7%)	10 (47.6%)	40 (46.0%)	11 (26.8%)	28 (46.7%)	210 (52.5%)
I don't have a strong opinion about it.	30 (28.6%)	15 (17.4%)	7 (33.3%)	21 (24.1%)	18 (43.9%)	17 (28.3%)	108 (27.0%)
It depends on specific cultural practice	14 (3.3%)	5 (5.8%)	1 (4.8%)	18 (20.7%)	11 (26.8%)	10 (16.7%)	59 (14.8%)
<b>Total</b>	<b>105 (100.)</b>	<b>86 (100.)</b>	<b>21 (100.)</b>	<b>87 (100.)</b>	<b>41 (100.)</b>	<b>60 (100.)</b>	<b>400 (100.)</b>

**Note.**  $\chi^2 (df) = 47.309, p < .001$ .

Table 7 demonstrates a statistically significant association between caste and beliefs about the conservation or modification of traditional menstrual cultural practices ( $\chi^2 = 47.309, p < .001$ ), underscoring the role of caste-based social structures in shaping cultural attitudes.

A clear trend emerges among Brahmin and Chhetri respondents, who show strong support for modifying menstrual practices to reflect modern values and gender equality. This may indicate a growing openness within higher caste groups to challenge traditional norms, possibly influenced by greater access to education and public discourse.

In contrast, Dalit and Janajati respondents are more inclined to preserve traditional menstrual practices, suggesting that marginalized or indigenous groups may maintain cultural rituals as a form of identity or continuity. However, this adherence may also reflect limited exposure to alternative narratives or health education.

Muslim and “Other” caste respondents present a more heterogeneous set of beliefs. While many favor modification, a substantial proportion remain undecided or support preservation, indicating internal diversity and possibly competing influences between tradition and modernity.

Indecision is notably high among Muslim and Janajati respondents, with many expressing uncertainty or conditional views (“It depends on the specific cultural practice”). This ambivalence may reflect transitional attitudes, where individuals are navigating between inherited customs and emerging perspectives.



Overall, the findings suggest that caste identity significantly influences menstrual cultural beliefs, with higher caste groups leaning toward reform, marginalized groups showing stronger ties to tradition, and others occupying a middle ground. These insights are critical for designing culturally sensitive interventions that respect diversity while promoting menstrual health and equity.

## **Discussion**

The findings of this study offer critical insights into menstrual culture and belief systems, revealing how traditional perspectives are being reinterpreted in the context of education, occupation, caste, and religion. Among the most striking results is the significant influence of paternal education on menstrual cultural beliefs. While maternal education showed no statistically significant impact, higher paternal education was associated with a marked decline in belief in the cultural significance of menstruation ( $\chi^2 = 21.972$ ,  $p = .005$ ). This suggests that fathers may play a more decisive role in shaping household attitudes toward menstruation, potentially due to patriarchal decision-making structures that position men as gatekeepers of cultural and behavioral norms. From a Feminist Theory perspective, this finding underscores the need to engage male figures in menstrual health discourse to challenge gendered power dynamics and promote equitable attitudes. Similarly, Social Justice Theory highlights how unequal influence within families can perpetuate or dismantle taboos, depending on who holds educational privilege.

Another unexpected finding is the 100% belief rate among children of mothers employed in the private sector. While the sample size for this group may be limited, the result is notable and warrants further exploration. It may reflect a unique intersection of economic empowerment and cultural adherence, where mothers working in structured environments maintain strong cultural beliefs while navigating modern roles. Alternatively, it could suggest that private-sector employment does not necessarily correlate with exposure to progressive menstrual discourse, especially if workplace cultures remain silent on such topics. This complexity invites further research into how occupational environments shape maternal influence on adolescent attitudes.

Demographic data confirms that most respondents were mid-adolescents (42.8% aged 15 and 29.3% aged 16), aligning with previous studies that identify adolescence as a critical stage for menstrual awareness ([Chandra-Mouli & Patel, 2017](#)). The age of menarche clustered around 12–13 years, consistent with South Asian norms ([Sommer et al., 2015](#)). However, nearly half of the respondents (47.8%) reported becoming aware of menstruation only after age 9, reflecting cultural taboos that delay open discussion. This late awareness can contribute to anxiety, misinformation, and stigma ([Sumpter & Torondel, 2013](#)).

Belief in the cultural significance of menstruation remains widespread (69.3%), particularly among Muslim (87.8%) and Hindu (68.3%) respondents. In contrast, Buddhist participants showed the lowest belief rate (14.3%), reflecting more liberal religious teachings ([Thapa & Sivakami, 2017](#)). Caste-based differences were also significant ( $\chi^2 = 47.309$ ,  $p = .000$ ), with



Dalits reporting the lowest belief levels (47.6%), possibly due to socio-economic marginalization and reduced exposure to dominant cultural narratives ([Mahon & Fernandes, 2010](#)).

Parental occupation further shaped menstrual beliefs. Children of government-employed fathers (86.2%) and farmers (79.1%) showed strong adherence to traditional views, while those with fathers in daily wage labor (29.4%) exhibited lower belief rates and higher uncertainty. Among mothers, those engaged in agriculture (87.2%) and business (73.2%) upheld strong cultural beliefs, while daily wage laborers (57.1%) showed more variability. These patterns suggest that economic stability and traditional occupational roles reinforce cultural norms, while precarious or transitional employment may foster more diverse perspectives ([McMahon et al., 2011](#)).

Attitudes toward menstrual rituals reveal a growing inclination toward change. Over half of respondents (52.5%) favored modification of traditional practices, with Hindus (55.6%), Christians (60.0%), and Buddhists (42.9%) showing progressive leanings. Muslims, however, exhibited higher indecision (43.9%), indicating internal diversity or ambivalence. A significant portion of respondents (14.8%) believed that modification depends on specific cultural practices, reflecting a nuanced and context-sensitive approach.

Caste-based variations in ritual beliefs were also evident. Chhetris (76.7%) and Brahmins (52.4%) favored modification, while Dalits (33.3%) and Muslims (43.9%) showed greater uncertainty. These findings align with Cultural Theory, which posits that societal norms and group identities deeply shape attitudes toward bodily functions and rituals ([Douglas, 1992](#)). They also reinforce Social Justice Theory, which advocates for dismantling taboos that disproportionately affect marginalized groups ([Fraser, 1997](#)), and Feminist Theory, which calls for the redefinition of menstrual practices to empower girls and challenge gender-based restrictions ([Bobel, 2020](#)).

## **Conclusion and Recommendations**

This study provides significant insights into menstrual culture and belief systems, emphasizing both enduring traditional perspectives and emerging shifts in attitudes. The findings reveal that menstrual beliefs are deeply embedded in cultural, religious, and socio-economic structures, shaping adolescent girls' perceptions, behaviors, and educational experiences. While parental education and occupation influence these beliefs to some extent, religious affiliation and caste identity remain dominant forces in shaping menstrual attitudes and practices.

Statistical analysis shows that although a majority of respondents support modifying menstrual rituals, a substantial proportion still adhere to traditional norms—particularly within Hindu and Muslim communities. This reflects a slow but ongoing cultural transformation, driven by generational change, increased awareness, and exposure to modern education. The study reaffirms Cultural Theory by illustrating how entrenched societal norms perpetuate menstrual taboos ([Douglas, 1992](#)), while Social Justice and Feminist theories advocate for dismantling these restrictions to promote equity and empowerment ([Fraser, 1997](#); [Bobel, 2020](#)).





Given these findings, several actionable recommendations emerge:

- For policymakers: Interventions should be tailored to communities with strong religious and caste-based adherence to menstrual taboos. Policies must prioritize culturally sensitive menstrual health programs that respect tradition while promoting dignity and scientific understanding. Legal enforcement against harmful practices like *Chhaupadi* must be paired with community-based education to ensure sustainable change.
- For educators: Schools should integrate comprehensive menstrual education into curricula by Grade 6, ensuring that girls receive accurate information before menarche. Special attention should be given to engaging male students and teachers to foster inclusive attitudes and reduce stigma.
- For public health practitioners: Outreach efforts should actively involve fathers and male community leaders, especially in patriarchal settings, as the study shows paternal education significantly influences menstrual beliefs. Community workshops and peer-led dialogues can help reshape norms and encourage supportive environments for adolescent girls.
- For civil society and NGOs: Programs should focus on economically marginalized groups, such as daily wage laborers and Dalit communities, where uncertainty and adherence to traditional beliefs are more prevalent. Leveraging Buddhist perspectives on bodily autonomy may offer culturally resonant alternatives to rigid practices.

In sum, while cultural transformation is underway, targeted, inclusive, and context-sensitive strategies are essential to accelerate progress. By engaging key influencers—especially men—and respecting the diversity of belief systems, Nepal can move toward a more equitable and informed approach to menstrual health and dignity.

### **Acknowledgements**

We acknowledge the full support from schools, especially headmasters and ladies teacher for granting us this opportunity. Our sincere gratitude also goes to the participants and parents of our participants who consented to data collection and their contribution.

### **Conflicting Interests**

The authors declare no potential conflicts of interest concerning the research, authorship, and/or publication of this article.



## References

- Amatya, P., Ghimire, S., Callahan, K. E., Baral, B. F., & Poudel, K. C. (2018). Practice and lived experience of menstrual exile (Chhaupadi) among adolescent girls in far-western Nepal. *PLOS ONE*, 13(12), e0208260. <https://doi.org/10.1371/journal.pone.0208260> [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/30208260/)
- Bennett, L. (2005). *Gender, Caste, and Ethnic Exclusion in Nepal: Following the Policy Process from Analysis to Action*. World Bank.
- Bista, D. B. (1991). *Fatalism and development: Nepal's struggle for modernization*. Orient Blackswan.
- Bobel, C. (2020). *The Managed Body: Developing Girls and Menstrual Health in the Global South*. Palgrave Macmillan.
- Budhathoki, S. S., Bhattachan, M., Castro-Sánchez, E., Sagtani, R. A., Rayamajhi, R. B., Rai, P., & Sharma, G. (2018). Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal. *BMC Women's Health*, 18, Article 33. <https://doi.org/10.1186/s12905-018-0527-y> [link.springer.com](https://link.springer.com)
- Chandra-Mouli, V., & Patel, S. V. (2017). Mapping the knowledge and understanding of menarche, menstrual hygiene, and menstrual health among adolescent girls in low- and middle-income countries. *Reproductive Health*, 14(1), 30. <https://doi.org/10.1186/s12978-017-0305-5>
- Dahal, D. R., Sah, R. B., & Shrestha, P. (2022). Menstrual restrictions in Nepalese society: A sociocultural analysis. *Reproductive Health*, 19(1), 10-21. <https://doi.org/10.1186/s12978-022-01075-8>
- EDCU .(2024). *District education profile*. Education Development and Coordination Unit, Rupandehi.
- EDCU (2024). *District education profile*. Education Development and Coordination Unit, Kapilvastu.
- Douglas, M. (1992). *Risk and Blame: Essays in Cultural Theory*. Routledge.
- Fraser, N. (1997). *Justice Interrupts: Critical Reflections on the "Post socialist" Condition*. Routledge.
- Garg, S., & Anand, T. (2015). Menstruation-related myths in India: Strategies for combating it. *Journal of Family Medicine and Primary Care*, 4(2), 184–186. <https://doi.org/10.4103/2249-4863.154627>
- Gautam, P., Adhikari, A., & Bhusal, C. L. (2019). Menstrual practices and school attendance among adolescent girls in Nepal. *Journal of Health Research*, 33(2), 99–108. <https://doi.org/10.1108/JHR-02-2018-0015>
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. Basic Books.
- Ghimire, M., Pant, P. D., & Baral, K. (2020). Caste-based menstrual practices among Nepalese women. *International Journal of Sociology and Anthropology*, 12(4), 33-47. <https://doi.org/10.5897/IJSA2020.0851>
- Hangen, S. (2010). *The Rise of Ethnic Politics in Nepal: Democracy in the Margins*. Routledge.
- Haque, M. A., & Rahman, M. S. (2020). Religion and menstrual hygiene: Cultural practices among adolescent girls in South Asia. *Culture, Health & Sexuality*, 22(5), 598–613. <https://doi.org/10.1080/13691058.2019.1591616>
- Johnston-Robledo, I., & Chrisler, J. C. (2013). The menstrual mark: Menstruation as social stigma. *Sex Roles*, 68(1-2), 9–18. <https://doi.org/10.1007/s11199-011-0052-z>
- Kadariya, S., & Aro, A. R. (2015). Chhaupadi practice in Nepal – analysis of ethical aspects. *Medicolegal and Bioethics*, 5, 53–58. <https://doi.org/10.2147/MB.S83825>
- Kandel, P., Bhandari, R., & Lamichhane, J. (2017). Menstrual hygiene management among adolescent girls in Nepal. *Journal of Family Medicine and Primary Care*, 6(4), 889–895. [https://doi.org/10.4103/jfmpe.jfmpe\\_128\\_17](https://doi.org/10.4103/jfmpe.jfmpe_128_17)
- Karki, K. B., Joshi, D., Khadka, S. R., & Maharjan, P. (2019). Menstrual beliefs and behaviors in Nepalese society. *Journal of Social Research*, 10(2), 99-114. <https://doi.org/10.3126/jsr.v10i2.32045>



- Karki, K., Subedi, P., & Basnet, P. (2017). The impact of parental education on menstrual beliefs in Nepalese adolescents. *Asian Journal of Social Sciences*, 15(3), 250-265. <https://doi.org/10.1016/j.ajss.2017.03.002>
- Kirk, J., & Sommer, M. (2006). Menstruation and body awareness: Linking girls' health with girls' education. *Royal Tropical Institute Special on Gender and Health*, 3(1), 10-12. ISSN 1387-8600
- Mahon, T., & Fernandes, M. (2010). Menstrual hygiene in South Asia: A neglected issue for WASH programmes. *Gender & Development*, 18(1), 99-113. <https://doi.org/10.1080/13552071003600052>
- McMahon, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu, E. A., & Rheingans, R. D. (2011). 'The girl with her period is the one to hang her head' reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*, 11(1), 7. <https://doi.org/10.1186/1472-698X-11-7>
- Pokhrel, S., & Mahat, A. (2020). Social and cultural determinants of menstrual practices among adolescent girls in rural Nepal. *International Journal of Social Sciences*, 8(3), 14–23. ISSN 2229-4333
- Puri, M., Tamang, J., & Shrestha, P. (2020). Modification of restrictive menstrual practices in Nepal. *Sexual and Reproductive Health Matters*, 28(1), 1785379. <https://doi.org/10.1080/26410397.2020.1785379>
- Ranabhat, C., Kim, C. B., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015). Chhaupadi culture and reproductive health of women in Nepal. *Asia Pacific Journal of Public Health*, 27(7), 785-795. <https://doi.org/10.1177/1010539515602743>
- Shah, V., Nabwera, H. M., Sosseh, F., Jallow, Y., Comma, E., Keita, O., ... & Secka, D. M. (2019). A rite of passage: A mixed methodology study about knowledge, perceptions, and practices of menstrual hygiene management in rural Gambia. *BMC Public Health*, 19(1), 277. <https://doi.org/10.1186/s12889-019-6596-9>
- Sommer, M., Sahin, M., & Caruso, B. A. (2016). *A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools*. PLOS Medicine, 13(2), e1001962. <https://doi.org/10.1371/journal.pmed.1001962>
- Sumpter, C., & Torondel, B. (2013). A systematic review of the health and social effects of menstrual hygiene management. *PLoS ONE*, 8(4), e62004. <https://doi.org/10.1371/journal.pone.0062004>
- Thapa, S., & Sivakami, M. (2017). Factors associated with menstrual hygiene practices among adolescent girls in Nepal. *Journal of International Women's Studies*, 18(4), 112–126. ISSN 1539-8706
- Tuladhar, S. (2014). *Menstrual Practices and Their Cultural Dimensions among Nepalese Women*. Tribhuvan University.
- Yamane, Taro. (1967). *Statistics: An Introductory Analysis*, 2nd Edition, New York: Harper and Row. (n.d.). <https://www.sciepub.com/reference/180098>