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Perceptions, Experiences, and Hygiene Awareness Related to Menarche and Menstruation Among Adolescent Girls of Kathmandu Valley

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Abstract

Background: Menstrual health and hygiene are critical to the well-being of adolescent girls. Understanding perceptions and practices surrounding menarche and menses within educational settings, such as the contrasting environments of public and private schools, is essential for developing targeted support systems.

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Objectives: This study aimed to compare the perception, emotional experience, and hygiene awareness of adolescent girls regarding menarche and menstruation between public and private secondary schools in Kathmandu Valley. Specific aspects investigated included emotional experiences at menarche, communication patterns, menstrual regularity, pain severity, prior familiarity with menarche, and hygiene practices.
Methods: A quantitative, descriptive, and explanatory research methodology was employed. Data were collected from 504 students selected via simple random sampling from public and private secondary institutions in Kathmandu Valley.
Findings: Key differences emerged between school types. Public school students were more likely to perceive menarche as a normal physiological event, whereas private school students reported being "terribly frightened" at first menstruation. Menstrual patterns were significantly more regular among public school students. Although a higher proportion of private school students reported severe menstrual pain, this difference was not statistically significant. Hygiene practices were generally good but significantly better among public school students. While private school students had higher familiarity with menarche prior to its onset, gaps remained in their emotional preparation and the translation of knowledge into consistent hygiene practices. The initial confidante (often the mother) did not differ between school types.
Conclusion: The study concludes that significant disparities exist in menstrual experiences and practices between public and private school students in this setting. It underscores the need for intensified, standardized school-based menstrual health education that addresses not only knowledge but also emotional preparedness and the consistent application of healthy hygiene practices.
Novelty: This research provides a direct comparative analysis of menstrual health perceptions and practices between public and private educational systems in Nepal. It highlights that higher socioeconomic status (associated with private schooling) does not inherently translate to better emotional or practical menstrual health outcomes, revealing a critical gap between knowledge acquisition and its emotional integration and practical application.
Keywords: Adolescent girls, Kathmandu Valley, Menarche, Menstrual hygiene, Public and private schools

1. Background of the Study

Menstruation is a natural biological phenomenon and signifies a significant milestone in a girl's transition to adolescence and womanhood (Ghandour et al., 2022). However, cultural taboos, social stigma, and misinformation surrounding menstruation persist in various environments, including urban Nepal, and affect how adolescent girls experience menarche (Shrestha, 2025). Though awareness about MHM is increasing day by day, the social norms and "purity" and "impurity" continue to dictate the lived experiences of the girls walking around with a dripping vagina every month, impacting their dignity, mental well-being, and participation in education (Karki & Khadka, 2019b). Still, some social taboos about menstruation exist in the Far-western region of Nepal, which include living separately from the rest of the house and residing in a

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small dedicated house for this purpose, which has been called the 'Chhau-ghar' (Karki & Khadka, 2019c).

In a similar study conducted among 120 secondary-level school girls in Nepal, Karki & Khadka (2019) found that half of the respondents reported being prohibited from undertaking daily chores such as cooking or fetching water during menstruation. More than 80 per cent indicated that they were not allowed to visit places of worship when they were menstruating (Karki & Khadka, 2019a). These and other findings show that in school-going populations, menstrual taboos are still deeply entrenched in everyday life and continue to impose restrictions on the girl child beyond the considerations of hygiene to include movement restrictions, restrictions on participation in social activities, and restrictions on the psyche of the teenage girl.

Adding to these sociocultural barriers, a study assessing the psychosocial perceptions of menstrual experiences among schoolgirls in Kathmandu showed that 65 % of the girls claimed that menstruation lowered their self-confidence, while about 80 % of the girls reportedly felt discomfort or other negative feelings during menstruation (Karki, 2018). This means that for many adolescent girls, the event of menstruation, and in particular menarche, is not merely a biological experience but also a psychologically and socially disturbing experience shaped by stigma, fear, and unpreparedness.

These negative experiences are bound to have effects beyond personal discomfort. As argued in studies on menstrual culture at large, restrictions associated with menstruation impair girls' and young women's school participation, hygiene, and well-being (Bhandari et al., 2025; Karki, 2019; Mukherjee et al., 2020). In addition, studies conducted in the surrounding settlements of the Kathmandu valley claim that many schoolgirls and young ladies are still lacking in proper knowledge regarding menstruation and hygiene. For instance, among adolescent girls living in the Kathmandu slums, less than half had adequate menstrual knowledge, and two-thirds used sanitary pads, but many still followed social norms and restrictions (Karki et al., 2018). In addition, there is a study in 2023 that included higher-level girls in the Kathmandu Valley and improved pad use, reduction in reusing the cloth, improved washing of hands and genitals, but very poor hygiene, disposal, and stigma-free environment remain significant issues(Upadhya & Adhikari, 2023).

Therefore, even with increased research and development in this area, menstrual experiences among adolescent girls in urban Nepal appear to remain hindered by an interplay of culture, knowledge and misinformation, hygiene infrastructure, and psychological burden. Such factors might call for more explorative research studies that take into consideration subjective and psychosocial factors, such as experiential, social, emotional, and educational hygiene-related factors, specifically in a metropolitan setting where modernization, education, and traditional hygiene norms and values co-exist, such as in the case of the Kathmandu Valley.

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Hence, a specific study related to the perceptions, experiences, and hygienic awareness of adolescent girls during menarche and menstruation in Kathmandu Valley seems timely and relevant. It can address important missing information by documenting emotional and social aspects of menstruation, mapping hygiene practices and obstacles, and correlating these with schooling and social participation to provide evidence for policy, educational institutions, and contextual cultural menstrual health practices intervention suitable for urban Nepali contexts.

2. Research objectives

The general objective of this study is to explore perceptions, lived experiences, and menstrual hygiene awareness related to menarche and menstruation among adolescent girls in the Kathmandu Valley, Nepal.

The specific objectives are as follows:

i. To describe adolescent girls' feelings and emotional responses at their first menstruation (menarche).
ii. To identify with whom adolescent girls shared information about their first menarche (e.g., mother, sister, friend, teacher).
iii. To assess self-reported menstrual cycle characteristics (regularity, cycle length, flow) among adolescent girls.
iv. To estimate the prevalence and severity of menstrual pain (dysmenorrhea) and its association with school absenteeism and daily activities.
v. To measure prior knowledge about menstruation before menarche and the primary sources of information.

3. Methodology

3.1 Research Design

The study adopted a quantitative research approach supported by the descriptive and explanatory research designs (Shrestha et al., 2024). The descriptive component was used to document adolescent girls' perceptions, experiences, and hygiene practices during menarche and menstruation. The explanatory part looked at the association between the type of school (public vs. private) and knowledge before menses, severity of pain during menses, restrictions, and hygienic behaviors during menses. This combination allowed the study to be able to describe the status quo as well as obtain statistically significant differences between subgroups in the Kathmandu valley.

3.2 Study Area and Population

The study was conducted among adolescent girls enrolled in secondary-level classes (Grades 9 and 10) in selected public and private schools within the Kathmandu Valley. The study population consisted of girls who had already experienced menarche. School administrators and class teachers supported the identification and facilitation of eligible respondents.

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3.3 Sampling Procedure

Study participants were selected using a simple random sampling technique. First, a list of public and private secondary schools from selected municipalities of the Kathmandu valley was prepared. "From this list, schools were selected randomly using lotteries". In each of the selected schools, a list of all eligible girl students (those who had attained menarche) was obtained, and the respondents were selected by simple random (lottery or random-number) sampling with equal probability. The sampling approach was meant to ensure representativeness concerning private and public schools to make a comparison.

3.4 Sample Size Determination

The sample size for this study was calculated using the single population proportion formula, based on the following statistical assumptions:

- **Confidence level:** 95%
- **Prevalence (p):** 50% (0.50), used because it provides the maximum sample size when prior prevalence is uncertain
- **Margin of error (e):** 5% (0.05) (Karki, 2014)

Thus, the minimum required sample size was 384 respondents.

However, to minimize the potential effects of non-response, incomplete questionnaires, and response error, an additional sample was added. The final total sample size achieved for this study was 504 respondents.

Additional sample = 504−384 =120

Additional proportion=120/384 = 31%

Therefore, approximately 31% additional respondents beyond the statistically required sample were included to ensure adequate and reliable data. The final sample size used for data collection was 504 adolescent girls, proportionately allocated between public and private secondary schools in the Kathmandu Valley.

3.5 Data Collection Tools and Procedures

A standardized self-administered questionnaire was used to gather data on sociodemographic details, feelings and perceptions at first menarche, menstrual cycle pattern and pain experience, and awareness and practices of menstrual hygiene. A small group of students who were not part of the study population pre-tested the questionnaire to make sure it was clear, reliable, and culturally appropriate. The necessary changes were made before the final administration. With assistance from school administration, classroom-based data collection sessions were carried out, guaranteeing confidentiality and privacy. In addition, the study examined the research gap and assessed secondary data and material for the study's background (Karki et al., 2024).

3.6 Data Management and Analysis

Data were coded, entered, and analyzed using standard statistical software. Analysis included:

Descriptive statistics:

Frequency and percentage distributions to summarize socio-demographic characteristics, perceptions, menstrual experiences, and hygiene behavior.

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Inferential statistics:

A Chi-square (χ^2) test was performed to examine associations between categorical variables, particularly comparing public vs. private school students on key indicators (e.g., prior knowledge, hygiene practices, cultural restrictions, pain prevalence). A significance level of $p < 0.05$ was used to determine statistical significance. Results were presented in tables and interpreted in reference to the study objectives.

3.7 Ethical Considerations

Ethical approval was obtained from the relevant academic institution. Permission was taken from each selected school. Written informed consent was obtained from students aged 18 or above, and verbal or parental consent was obtained for minors. Confidentiality and anonymity were strictly maintained throughout the study. Participation was voluntary, with the right to withdraw at any time.

4. Results and Discussion

4.1 Feelings About First Menstruation

Below is a table showing adolescents' feelings at their first menses, public and private school adolescents compared. With public school students, the majority felt that menstruation is a normal biological process (43%), surprise (26.7%), and fear (30.3%). In contrast, the results achieved with private school pupils indicated that 12.6% took menstruation as a normal bodily process, 27.3% experienced surprise, and 60.1% fear at the first menstrual experience. If we analyze the combined total, then 45.2% of all respondents felt fear, 27.8% saw a normal process, and 27% were surprised at their first menstruation.

Table 1: Feelings About First Menstruation

Feeling about first Menstruation	School Type		Total
	Public	Private	
Normal Process takes place in the body	43.0%	12.6%	27.8%
Surprised	26.7%	27.3%	27.0%
Fear	30.3%	60.1%	45.2%
Total	**100.0%**	**100.0%**	**100.0%**

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	66.613[a]	2	.000
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 67.73.			

The Chi-square test results confirm that the differences in feelings of public and private school girls are significant ($\chi2 = 66.613$, df= 2, $p<0.001$). This suggests that there is a strong association between school type and girls' perception of menarcheal experience. The higher fear in private school children points towards gaps in pre-menarche knowledge, communication hindrances, or differences in familial and school-based menstrual instruction. On the whole, the results call for reinforcing menstrual preparedness and awareness programs

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in both schools with particular emphasis on reducing fear and anxiety among private school students.

4.2 With Whom First Menarche Shared

The table shows the individuals with whom adolescent girls first shared their menarche, comparing the responses of public and private school students. In both school types, mothers were the predominant source of initial support: 69.7% of public school girls and 71.5% of private school girls reported sharing their first menstruation experience with their mother, resulting in a total of 70.6%. According to 20.7% of respondents from public schools and 23.7% from private schools, sisters were the second most frequent confidants. Girls who shared their first menarche with peers were less common—8% in public schools and 3.2% in private schools—while sharing with other family members was negligible and equal in both groups (1.6%).

Table 2: With Whom First Menarche Was Shared

Sharing of first Menarche	School Type		Total
	Public	Private	
Mother	69.7%	71.5%	70.6%
Sister	20.7%	23.7%	22.2%
Friend	8.0%	3.2%	5.6%
Relatives	1.6%	1.6%	1.6%
Total	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.808[a]	3	.121
a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 3.98.			

There is no statistically significant correlation between the type of school and the individual with whom girls initially disclosed their menarche, according to the Chi-square test ($\chi^2 = 5.808$, $p = 0.121$). This points to a recurring theme in both public and private schools: mothers continue to be girls' primary and most trusted role models during their first menstruation experience. While private school girls have a somewhat larger reliance on sisters, public school girls have a significantly higher inclination to confide in friends, which may indicate better peer contact. Overall, the results show that, regardless of the type of school, moms have a significant role in offering emotional support and early assistance during menarche.

4.3 Pattern of the Menstrual Cycle

The menstrual cycle patterns of teenage girls attending public and private schools are shown in the table. There is a noticeable difference between the two groups. Just 29.6% of females attending public schools reported irregular menstruation, but the vast majority (70.4%) said they had a normal cycle. Conversely, among students attending private schools, a slightly

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greater percentage (50.6%) reported having an irregular menstrual period, while fewer than half (49.4%) reported having a normal Cycle. 59.7% of all respondents had regular cycles, whereas 40.3% had irregular cycles, according to the general distribution.

Table 3: Pattern of the Menstrual Cycle

Pattern of Menstrual cycle	School Type		Total
	Public	Private	
Regular	70.4%	49.4%	59.7%
Irregular	29.6%	50.6%	40.3%
Total	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.636[a]	1	.000
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 97.98.			

There is a highly significant association between school type and menstrual cycle pattern, according to the Chi-square test ($\chi^2 = 22.636$, df = 1, $p < 0.001$). This implies that females attending public schools are far more likely to report regular cycles, whereas girls attending private schools are more likely to report irregular cycles. These discrepancies could be the result of different lifestyle characteristics between the two groups, such as food, stress levels, physical activity, or health consciousness. The results highlight the need for early screening for irregular cycles and focused menstrual health education, particularly among adolescents attending private schools who seem to be disproportionately impacted.

4.4 Experience of Severe Menstrual Pain

Table 4 details the percentages of students with severe menstrual pain by public and private schools. To begin with, out of all the surveyed girls, 61.6% claimed to have undergone severe menstrual pain, while 38.4% stated otherwise. This statistic shows that foremost period pain is a prevalent issue among the female students and that is why it is a matter of great health concern which, as we know, is likely to affect attendance, concentration, and in general, well-being.

Table 4: Experience of Severe Menstrual Pain

Experience of Severe Menstrual Pain	School Type		Total
	Public	Private	
Yes	57.9%	65.2%	61.6%
No	42.1%	34.8%	38.4%
Total	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.833[a]	1	.092
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 94.85.			

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The difference between types of schools in terms of the prevalence of severe menstrual pain is just about visible, i.e. it is higher in the case of private school students (65.2%) than for the public-school students (57.9%). On the other hand, the ratio of the students free from severe menstrual pain is higher in public schools (42.1%) than in private schools (34.8%). Although the difference between these two groups of girls seems to be at the level of a trend in that more girls from private schools talk about menstrual pain, the test statistics should still be taken into account to see whether the difference is significant.

The Pearson Chi-Square statistic is 2.833 with 1 degree of freedom, and the p-value for this statistic is 0.092. The p-value being greater than 0.05 means that the difference between the students of public and private schools in terms of the experience of severe menstrual pain is not statistically significant. That is to say, that variation might be ascribed to chance, and it is not substantial enough to confirm a genuine relationship between the type of school and the experience of menstrual pain, even though there seems to be a higher number of private school students reporting severe painful symptoms.

4.5 Prior Knowledge About Menstruation Before Menarche

In Table 5 the distribution of adolescent girls who had prior knowledge about menstruation before experiencing menarche is displayed. In general, the majority of the respondents (87.3%) reported that they had been informed about menstruation, while only 12.7% of them asserted they had no prior information. This shows that a great number of girls living in the Kathmandu Valley receive at least partial instruction before menarche, thus they can experience their first menstruation without fear and anxiety.

Table 5: Prior Knowledge About Menstruation Before Menarche

Prior Knowledge About Menstruation Before Menarche	School Type		Total
	Public	Private	
Yes	82.9%	91.7%	87.3%
No	17.1%	8.3%	12.7%
Total	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.864[a]	1	.003
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 31.87.			

Comparing the two types of schools it can be seen that private school students (91.7%) were more equipped with knowledge about menstruation prior to experiencing it than public school students (82.9%). On the other hand, the fraction of girls coming from public schools who have never heard of menstruation is higher (17.1%) than girls from private schools (8.3%). The Pearson Chi-Square test value is 8.864 with 1 degree of freedom and a p-value of 0.003, which

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means the difference between the two groups of students is statistically significant. This is very important evidence that the type of school influences the level of access to the information before the onset of menstruation, the students being the ones who attend private schools are the most informed. Findings from this study highlight the necessity of providing high-quality menstrual education in public schools to make sure that all girls are equally equipped before their first menses.

4.6 Awareness of Menstrual Hygiene

Table 6 shows the percentage of adolescent girls who know and understand menstrual hygiene in public and private schools. 92.9% of girls reported that they had good knowledge of hygiene during menstruation, while only 7.1% said that they were not aware. This indicates that most girls in the Kathmandu Valley have at least basic knowledge of hygienic practices during their menstruation, which is the prevention of infections and general health maintenance.

Table 6: Awareness of Menstrual Hygiene

Awareness of menstrual hygiene	School Type		Total
	Public	Private	
Yes	95.2%	90.5%	92.9%
No	4.8%	9.5%	7.1%
Total	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.206[a]	1	.040
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.93.			

By school types, more students from public schools (95.2%) admitted that they knew about menstrual hygiene than students from private schools (90.5%). On the other hand, a higher percentage of girls from private schools (9.5%) were unaware of menstrual hygiene than girls from public schools (4.8%). According to the Chi-square test ($\chi^2 = 4.206$, df = 1, $p = 0.040$), the difference between these two groups is statistically significant. This means that school type is a factor determining menstrual hygiene awareness. While awareness is at a high level in both groups, these results show that there is a need for more education in public and private schools so that all adolescent girls will have a complete and uniform understanding of menstrual hygiene practices.

4.7 Discussion

The research uncovered the impact menstrual knowledge has on the experience and hygiene of adolescent girls from public and private secondary schools. Among students of different sex, issues related to menstruation differed; awareness, experiences, and readiness for menstruation were all at variance. Surveyed first-period experience among public school students was

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characterized as typical of a biological process; therefore, in contrast to private school students, in whose cases fear was the first and dominant feeling to the event of menarche, and could have been caused by varying family communication and pre-menarcheal teaching. Moreover, sharing points reached between most girls of both school types, in that, they disclosed their first menarche with their mothers; however, a pattern of distribution was not significantly different, which may imply that most adolescents perceive their mothers as a source of help and information during menarche.

The study also found important differences in menstrual cycle regularity, where public school students had a higher proportion of regular cycles compared to private school students. This difference was statistically significant and may be related to differences in lifestyle, diet, stress levels, or physical activity between the two groups. Regarding menstrual pain, although more private school students reported experiencing severe menstrual pain, the difference was not statistically significant. Similarly, awareness of menstrual hygiene was high among both groups, but public school students demonstrated significantly higher awareness than private school students. These results challenge common assumptions that private school students generally possess higher health awareness and suggest that public schools may be providing stronger health education programs or that public school students may have more exposure to community-level menstrual awareness campaigns.

Pre-menarche knowledge also showed a significant difference, with private school students more likely to have prior information. However, the presence of fear and lower hygiene awareness among private school students indicates a gap in translating knowledge into confidence and practice. Overall, the findings highlight that both school systems have strengths and weaknesses in menstrual education and support, underscoring the need for targeted interventions that address emotional preparedness, accurate information dissemination, and practical hygiene guidance.

5. Conclusion & Recommendation

The research ends with the statement that knowledge of menstruation and related experiences vary greatly between public and private school settings of adolescent girls. Although generally good, awareness of menstrual hygiene was accompanied by inconsistencies in emotional reactions, pre-menarche knowledge, and menstruation patterns, suggesting that more in-depth and standardized education is still needed. Menstrual hygiene in public school students was better than in private school students, and they were more likely to consider menstruation as a natural process, while high levels of fear and irregular cycles characterized students from private schools. These findings show that health education related to menstruation is still not equally distributed and that the content of the existing programs might not be enough to cover both the emotional and the practical challenges that go with menstruation. A crucial step towards providing adolescent girls with the right knowledge, confidence, and sanitary

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practices, irrespective of the type of school they attend, is to make school-based reproductive health education more comprehensive and effective. Both public and private schools should incorporate structured menstrual health sessions into their regular curriculum, focusing on biological understanding, emotional preparedness, and hygienic practices.

Transparency Statement: The authors confirm that this study has been conducted with honesty and in full adherence to ethical guidelines.
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Authors' Contributions: The authors jointly conducted all research activities i.e., concept, data collecting, drafting and final review of manuscript and second author contributes for feedbacks ad correction in each steps of research and final review of manuscript.

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