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Menstrual Health: Family Support and Household Practices among Bachelor Level Female Students

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Abstract

Menstrual health is an important part of women's well-being, and family support plays a key role during menstruation. This study aims to identify the situation of family support and household practices. A quantitative research approach with descriptive method was employed to survey 340 out of 2,294 randomly selected female students at Surkhet Multiple Campus. The findings highlight that families play a crucial role in helping ease menstrual discomfort by showing empathy, providing practical support and maintaining open communication. In that time, providing nutritious food, ensuring access to sanitary products and offering emotional support can significantly enhance the quality of life during menstruation. The study also revealed that traditional and cultural practices still influence household behavior towards menstruation. Ninety-four percent of respondents reported being restricted from activities such as attending religious ceremonies, entering prayer rooms and visiting temples. Additionally, sixty-nine percent of respondents faced restrictions from cooking food during their periods. Furthermore, eighty-two percent of respondents mentioned that menstruation is often viewed through the lens of social and cultural traditions, requiring them to follow customs like avoiding physical contact with men and staying out of the kitchen during menstruation. These findings underline the continued influence of cultural beliefs on menstrual practices and highlight the importance of education and family support to promote a more positive and supportive environment during menstruation.

***Keywords*:** Supportive environment, empathy, religious ceremonies, menstruation

Introduction

Menstruation is a natural monthly process experienced by women and girls of reproductive age, involving the shedding of the uterine lining. Despite being a normal part of life, it is often accompanied by stigma and misinformation. Adequate support and access to hygiene products are crucial for managing menstruation effectively. Addressing these issues can improve menstrual health and well-being. Promoting understanding and eliminating stigma around menstruation are essential for gender equality and health (Sood et al., 2020).

Family perspectives on menstrual care encompass the knowledge, restrictions and supportive measures provided during menstruation. Safe and supportive families, schools and positive peer relationships are crucial in helping menstruate girls reach their full potential and achieve the best health as they transition to adulthood (Santina et al., 2013). Mothers are the primary providers of information about menstruation and related hygiene management (Upadhya, 2024; Viner et al., 2012). When parents are supportive and understanding, children tend to handle problems better. However, if parents are too lenient, children might struggle more with coping. Supportive environment includes raising open communication with daughters, providing comprehensive menstrual health education and ensuring access to sanitary products. Open communication helps reduce stigma and empowers girls to discuss their concerns confidently.

Household practices during menstruation vary across cultures, religions and castes, often shaped by traditional beliefs. In some cultures, menstruating women face restrictions on activities like cooking or participating in religious rituals, reflecting views of impurity. McLaren and Padhee (2021) believed that to address cultural stigma surrounding menstruation, a holistic menstrual health approach should consider factors like tension, fatigue, stress and menstrual pain. Ensuring each girl and woman lives a dignified life involves recognizing menstruation as a human rights issue, encompassing freedom, health education, housing, environment, employment and non-discrimination. Similarly, Anant and Kamiya (2011) explored many customs surrounding menstruation negatively impact teenage girls. Menstrual practices are still surrounded in taboos and cultural restrictions, leading to a lack of proper knowledge about menstrual hygiene and the science behind menstruation among many girls. This can lead to health problems because myths and false beliefs take the place of accurate information. To solve this, it is important to include menstrual education in health lessons so that girls can learn how to take care of their menstrual health and overcome the stigma (Charan, 2017).

Girls and women often follow different visible and hidden restrictions during menstruation. However, it is difficult to report on these practices accurately. This

makes it hard to understand and address their impact (Gyawali, 2017). Menstruating women are often prohibited from preparing food, cleaning their homes, or touching children, clothing and certain plants; they are similarly restricted from entering temples, and from attending religious festivals and ceremonies (Healy, 2012).

Literature Review

Poor water, sanitation and hygiene facilities in school, inadequate puberty education and lack of Menstrual Hygiene Management (MHM) items (absorbents) cause girls to experience menstruation as shameful and uncomfortable (Eijk et al., 2016). The causes of poor menstrual hygiene are illiteracy, superstitions, poor sanitation and limited access to hygienic menstrual products. These situations weaken the education and health opportunities as well as the overall socio-economic status of women and girls around the world. As a result, millions of girls and women are lagging in their potential better first theoretical literature than empirical literature.

The stigma surrounding menstruation significantly impacts the human rights of women and girls by limiting their access to education, health care and participation in social and cultural activities. This stigma reinforces gender inequality, perpetuating discrimination and marginalization (Rapporteur, 2019)**.** In Nepal, menstruation is often seen as a temporary state of ritual impurity, leading to practices aimed at preventing the perceived ritual pollution of others. This belief influences social behavior and cultural practices, with restrictions placed on menstruating women and girls (Lotter & Parker, 2022).

Managing menstruation appropriately is important for women and girls to live with dignity and comfort. This means having clean materials to absorb the flow, a private place to change or dispose of them and access to soap and water for cleaning. When these needs are met, women and girls can manage their periods safely and confidently (Hennegan & Montgomery, 2016).

It is important to take extra care during menstruation by incorporating additional nutritious foods, ensuring to take plenty of rest and using hot water to soothe cramps. A balanced diet rich in fruits, vegetables and lean proteins supports overall health, while adequate rest and warmth can help alleviate discomfort and promote well-being (Upadhya, 2024). Personal hygiene during menstruation includes using sterile pads during the early, heavy flow period, bathing daily for comfort and freshness, keeping the perinatal area clean by wiping from front to back, and wearing cotton undergarments for better hygiene (Charan, 2017). Proper menstrual hygiene is crucial for the health and dignity of girls and women, preventing infections and promoting overall well-being. It also supports their education by reducing absenteeism and improving concentration in school. According to Mahapatra (2024)

claimed that The health and education of girls and women rely on proper menstrual hygiene, which is influenced by family economic conditions, cultural norms, and educational background. Good parenting styles play a crucial role in shaping children's coping behaviors. Supportive and understanding parents help children develop healthier coping mechanisms, enabling them to handle stress and challenges more effectively (Sahu & Wani, 2022)

Farage et al. (2014) believed that, many schools do not have proper toilet facilities. So, girls who have started their periods face a lot of problems. After puberty, it is hard for them to go to school because there is no private space, water, or a place to change their pads. In addition, there is no place to clean up or throw away used materials. This lack of good toilet facilities often stops girls from going to school. Sultan and Sahu (2017) revealed that many teenage girls lack accurate and complete knowledge about menstruation and hygiene. They usually get information from their mothers, TV, friends, teachers, and relatives. Proper hygiene during menstruation is crucial because it affects health and can increase the risk of reproductive tract infections (RTI). The above discussion clearly shows that there is lack of accurate knowledge and information regarding menstruation, as well as inadequate toilet facilities in school and campus, which adversely affect the carrier of girl's students. So family support play valuable role. The aim of this study is to identify the situation of family support and household practices of bachelor level girl students of Surkhet Multiple Campus.

Methods and Procedures

This study used a quantitative, descriptive research design conducted at Surkhet Multiple Campus. The records of Surkhet campus in academic year 2078/079 found that there were 2,294 female students at the bachelor's level, among them, 340 girl students were selected using random sampling. Cross and Belli (2004) stated that in quantitative survey studies, the main concern is to select respondents so that their responses represent the defined population of interest (p. 291. The researcher collected data using a self-constructed, closed-ended questionnaire, which was distributed in the classroom for primary data collection with assistance from some students. The sample size was determined based on the formula of N. The researcher personally visited the respondents on campus, and then collected primary data through face-to-face interviews. After the time of data collection, the gathered information was initially entered into Epi Data 3.1 software, and later transferred to SPSS software version 20.0 for analysis. Descriptive analysis was conducted, and the results were presented in tables (Adhikari, 2024). As a researcher, I ensure that all research ethics carefully followed before, during and after the study.

Results

Results and discussion are based on different titles. These are presented below.

Backgrounds of the Respondents

The respondents' characteristics include a range of ages, with varying ages at menarche that reflect different stages of pubertal development. Their caste, ethnicity and religion shape their cultural practices and beliefs regarding menstruation, while marital status may influence their access to resources and support for menstrual hygiene management.

Table 1

Characteristic of Respondent

Respondent Characteristic	Age	Number	Percentage
Age of the respondent	Below 20	110	32
	20-22	170	50
	23-24	60	18
	Total	340	100
Age at Menarche	10-13	199	59
	14-17	141	41
	Total	340	100
Caste/ethnicity of the respondent	Brahmin	124	36
	Chhetri	109	32
	Janajati	75	22
	Newar	7	2
	Dalit	25	7
	Total	340	100
The religion of the respondent	Hindu	318	94
	Buddhist	5	1
	Christian	17	5
	Total	340	100
Marital Status	Married	155	46
	Unmarried	185	54
	Total	340	100

Table 1 shows that thirty-two percent of the respondents are below twenty years, fifty percent are between twenty and twenty-two years, and eighteen percent are between twenty-three and twenty-four years. Regarding the age at menarche, fifty-nine percent of the respondents experienced menarche between ten and thirteen years, while forty-one percent experienced it between fourteen and seventeen years.

In terms of caste/ethnicity, thirty-six percent of the respondents are Brahmin, thirty-two percent are Chhetri, twenty-two percent are Janajati, two percent are Newar, and seven percent are Dalit. Regarding religion, ninety-four percent of the respondents identify as Hindu, one percent as Buddhist, and five percent as Christian.

Lastly, marital status data reveals that forty-six percent of the respondents are married, while fifty-four percent are unmarried. Overall, the data provides a comprehensive overview of the respondents' demographic profile, summing up to three hundred and forty respondents.

Family Background of Respondents

The respondents' family backgrounds reveal diverse socio-economic and educational contexts. Fathers' occupations range widely, potentially influencing household resources and support for menstrual hygiene. Mothers' occupations similarly impact the family's financial and emotional support systems. Educational levels of both parents are crucial, with the education of the father and mother potentially shaping their awareness and attitudes towards menstrual hygiene. Mothers' education, in particular, plays a significant role in providing informed guidance and support regarding menstrual health practices.

Table 2

Family Characteristics of the Respondents

Category	Sub-category	Number	Percentage
Occupation of father	Farmer	271	80
	Business	38	11
	Job Holder	17	5
	Other	14	4
	Total	340	100
Occupation of mother	Farmer	261	77
	Business	14	4
	Housewife	65	19
	Total	340	100
Education of father	Basic level (1-8)	130	38
	Secondary Level (9-12)	136	40
	Above class 12	74	22
	Total	340	100

Education of mother	Basic level (1-8)	161	47
	Secondary Level (9-12)	122	36
	Above class 12	57	17
	Total	340	100

Table 2 provides information about the occupation and education levels of the respondents' parents. Eighty percent of respondent's father occupation are farmers, which was eighty percent whereas only eleven percent involved in business. Similarly, father of respondents only five percent involved in job employed in jobs.

Similarly, in the case mother of respondents occupation of farmer occupied seventy seven percent, like wise business in only four percent and engages in the housewife was nineteen percent. In terms of education, the fathers' education levels are as follows: basic education (grades 1-8) is completed by thirty eight percent, secondary education (grades 9-12) by forty percent, and above grade 12 by twenty two percent. For the case of mothers, forty seven percent have completed basic education (grades 1-8), thirty six percent have completed secondary education (grades 9-12), and seventeen percent have education above grade 12.

This data provides clear insight into the socioeconomic background of the respondents, highlighting the predominance of farming as an occupation for both fathers and mothers and showing varying levels of educational attainment among the parents.

Family Behavior, Support and Households Practices towards Menstruation

Family behavior, support and households Practices towards menstruation varies significantly among respondents (Upadhya, 2024). Some families enforce strict separation, requiring menstruating individuals to stay in a designated room and avoid contact with males and sunlight. Others may confine them to a separate room within the household, with similar restrictions on contact and visibility. In some cases, menstruating individuals are provided with separate sleeping arrangements and restricted from entering the kitchen or interacting with males, though they may not be kept in a locked room. Likewise supportive role of parents also different in terms of their culture, religion and family background (Adhikari & Adhikari, 2023). These practices reflect diverse cultural norms and levels of adherence to traditional menstrual taboos.

Table 3

Family Behavior during Menstruation

Family Behave during Menstruation	Yes		No	
	Number	Percent	Number	Percent
Keep separate from Chhaugoth	42	12	298	88
Keep to neighbor's house and not allowed to see male and sun to keep in lock room	286	84	54	16
Keep own house of lock room and not allowed to see male and sun	158	46	182	54
Keep own house not lock room and provide separate cloth to sleep and restrict entering kitchen and touching male	288	85	52	15

Table 3 illustrates various family behaviors and restrictions imposed on respondents during menstruation. Twelve percentage of respondents are kept separate from the Chaugoth, while the majority of respondents such as eighty-eight percent are not subjected to this practice. A significant eighty-four percent respondents are sent to a neighbor's house, where they are not allowed to see males or the sun and are kept in a locked room, whereas sixteen percent did not experience this. Similarly, forty-six percent respondents are kept in a locked room in their own house with the same restrictions, while fifty four percent did not. Additionally, eighty-five percent of respondents were kept in their own house but not in a locked room, provided with separate cloths to sleep, and restricted from entering the kitchen or touching males, compared to fifteen percent who were not subjected to these specific practices. This data highlighted the prevalence of various restrictive cultural practices surrounding menstruation among the respondents.

Family Support and Household Practices

Family support during menstruation varies, with some families offering enhanced care beyond the usual. This support may include providing medicine for menstrual cramps and headaches, ensuring access to additional nutritious food, and allowing extra resting time. Additionally, hot water might be offered to help alleviate discomfort, demonstrating a comprehensive approach to managing menstrual health and providing comfort.

Table 4

Support Provided During Menstruation by the Family Member

Support during Menstruation by providing	Yes		No	
	Number	Percentage	Number	Percentage
More than usual take care	232	68	108	32
Medicine during cramp	208	61	132	39
Medicine during headache	59	17	281	83
Additional nutritious food	288	85	52	15
Resting time	272	80	68	20
Hot water	155	46	185	54

Table 4 provides that an overview of the received support respondents during menstruation. It reveals that sixty eight percent of respondents received more than usual care, while thirty-two percent did not. Medicine for menstrual cramps is provided to sixty one percent of respondents, whereas thirty-nine did not receive this support. Only seventeen percent of respondents received medicine for headaches, leaving eighty three percent without this assistance. A significant eighty five percent were given additional nutritious food, while fifteen percent did not. Resting time is afforded to eighty percent of respondents, but twenty percent did not receive this accommodation. Lastly, forty-six percent of respondents are provided with hot water, while fifty four percent did not. This data indicated that while many respondents receive considerable support during menstruation in terms of care, nutritious food, and rest, there are notable gaps in the provision of headache medication and hot water.

Household Restrictions during Menstruation

Household restrictions during menstruation imposed by families vary widely. Common restrictions include prohibitions on preparing food, entering the kitchen, and touching males, which are often based on cultural or religious beliefs. Additional restrictions may involve not sleeping in common areas, avoiding religious activities such as vratbandha, puja, or temple visits, and refraining from consuming milk and dairy products. Some families also restrict touching kitchen materials or handling plants and fruits, reflecting diverse practices and beliefs regarding menstrual hygiene and religious observances.

Table 5

Restriction in Household Work during Menstruation by the Family

Restriction during menstruation	Yes		No	
	Number	Percentage	Number	Percentage
Restriction on preparing food	236	69	104	31
Restriction on entering the kitchen	155	46	185	54
Restriction on touching male	95	28	245	72
Restriction on sleeping commonly	295	87	45	13
Restriction on vratbandha, puja room and temple	320	94	20	6
Restriction on taking milk and milk product	33	10	307	90
Restriction on touching material used in the kitchen	110	32	230	68
Restrict to touch male, cooking food and touching plants and fruits	70	21	270	79

The data reveals various restrictions imposed on respondents during menstruation. A significant majority of respondents, sixty nine percent, were restricted from preparing food, while thirty-one did not face this kind of restriction. Similarly, forty six percent were restricted from entering the kitchen, whereas fifty-four were not. Restrictions on touching males affected twenty- eight percent of respondents, leaving seventy two percent without this limitation. The most common restriction is on sleeping arrangements, with eighty-seven percent being restricted from sleeping commonly, while only thirteen percent were not. Religious restrictions are also prevalent, with ninety-four percent of respondents were restricted from entering vratbandha, puja rooms, and temples, and only six percent were not. A smaller proportion, ten percent, were restricted from consuming milk and milk products, compared to ninety percent respondents who were not. Additionally,

thirty-two faced restrictions on touching kitchen materials, while sixty-eight percent did not. Lastly, twenty-one percent responds were restricted from touching males, cooking food, and touching plants and fruits, whereas seventy nine percent of respondents did not face these combined restrictions. This data highlights the various cultural and social limitations experienced by respondents during menstruation, with a notable emphasis on food preparation, kitchen access, sleeping arrangements, and religious activities.

Information Providers for Menstrual Health

Sources of information about menstruation for individuals often include a range of family members and external resources. Mothers and elder sisters typically provide personal guidance and support, while fathers and brothers may offer additional perspectives. Grandmothers and friends also contribute knowledge and advice. Teachers play a significant role in educational settings, and media sources such as TV can provide general information. Reading materials, including books and articles, are also valuable resources for gaining a comprehensive understanding of menstruation.

Table 6

Person Providing Information about Menstruation

Information provider	Yes		No	
	Number	Percent	Number	Percent
Mother	265	78	75	22
Father	95	28	245	72
Grand mother	55	16	285	84
Elder sister	230	68	110	32
Brother	50	15	290	85
Friends	215	63	125	37
Teacher	65	19	275	81
T.V.	70	21	270	79
By Reading material	60	18	280	82

Table 6 presents that the sources of information provided to respondents regarding menstruation. The majority of respondents such as seventy eight percent received information from their mothers, while twenty-two percent respondents did not. Likewise father also play crucial role to provide information their daughter. Seventy-two percent respondents received information from their fathers. Whereas seventy-two percent respondents did not receive information from their father Twenty-eight percent of respondent received information to their father. Similarly, sixty-eight percent respondents said that their source of information of menstruation

was elder sister. While thirty-two percent did not receive information from their elder sister. Additionally sixteen percent respondents took menstrual information their grandmothers were as eighty-four percent did not. Likewise fifteen percent respondents received menstruation from their brothers whereas eight five percent did not. Friends were a significant source of information, such as sixty-three percent of respondents got information while thirty seven percent did not receive information from friends. Nineteen percent of respondents received information from their teacher. Whereas eighty-one percent did not get. Television was a source for twenty one percent of respondents, whereas seventy nine percent did not get information from TV. Lastly, reading materials informed eighteen percent of respondents, while eighty two percent did not receive information from this source. This data highlights the varied sources from which respondents receive information about menstruation, with mothers, elder sisters, and friends being the most common sources.

Perceptions of the Menstrual Cycle Respondent

Respondents' understanding of the menstrual cycle reflects a mix of biological awareness and cultural beliefs. While recognizing menstruation as a natural biological process, many still adhere to cultural taboos and myths that impose restrictions, such as avoiding contact with males and not entering the kitchen. These practices are often rooted in long-standing social and cultural traditions. However, there is a growing awareness that such restrictions and discrimination are not beneficial and should be challenged. Some respondents believe that while traditions have been followed for generations, it is essential to question and adapt these practices, noting that changes in attitudes are already occurring.

Table 7

Understanding of Menstruation Cycle by the Respondent

Understanding of menstruation	Yes		No	
	Number	Percentage	Number	Percentage
Menstruation is natural, biological process but there is cultural taboo and myths so we face restrict and discriminate some activities.	340	100	0	0
This is a long-term social and cultural belief, so we need to follow and restrict touching male and entering kitchen for cook food.	280	82	60	18

It is natural so no need to restrict any kind of activities expect entering puja room	80	24	260	76
It will bad if this is not done because it is tradition that has been passed down from generation to generation.	45	13	295	87
Restriction and discrimination is not good practice. So it has to necessary to change it. We can see it has changed more than before.	290	85	50	15

Table 7 provides a comprehensive view of respondents' perspectives on menstruation and associated cultural beliefs. All respondents hundred percent recognized menstruation as a natural biological process, yet acknowledge the presence of cultural taboos and myths that lead to restrictions and discrimination in various activities. A significant majority of respondents, eighty-two percent feel that these beliefs are deeply rooted in long-standing social and cultural norms, which necessitates adhering to practices like avoiding touching males and entering the kitchen for cooking during menstruation. In contrast, a minority twenty-four percent of respondents believed that menstruation should not restrict any activities except entering the puja room, emphasizing a more liberal view towards menstrual practices. A smaller group only thirteen percent of respondents thirteen percent of respondents views adherence to these traditions as important, considering them integral to their cultural heritage and identity. Encouragingly, a substantial majority eighty-five percent of respondents perceive restrictions and discrimination related to menstruation as outdated practices that need to evolve, indicating a growing acceptance of change compared to previous generations. This data highlights the complex interplay between traditional beliefs and evolving attitudes towards menstruation within the cultural context of the respondents.

Discussion

The present study reveals that a significant majority of respondents seventy-eight percent of respondents received their information about menstruation from their mothers. This finding is consistent with research by (Upadhya, 2024) identified that mothers as the primary source of menstrual health education for many individuals. The study also found that ninety four percent of the respondents identified as Hindu, and as a result, they are subject to cultural restrictions such as not entering vratbandha, puja rooms, or temples during their menstrual periods. Anant and Kamiya (2011) noted that in Hindu culture, menstruation is frequently

associated with various restrictions, including exclusion from religious rituals and temple visits. These practices are deeply rooted in traditional beliefs about purity and impurity, although the extent to which they are observed can differ among various communities.

Furthermore, the study highlights that pervasive myths and taboos about menstruation persist in Nepalese society, which have adverse effects on the health and well-being of adolescents. For instance, eighty-four percent of the respondents reported that during their menstrual periods, they were confined to a neighbor's house and were not allowed to be seen by men or the sun. This seclusion reflects longstanding cultural taboos that can impact menstrual hygiene and overall health. Scholar like (Farage et al., 2014) have similarly noted that cultural beliefs create numerous restrictions for menstruating women, with specific taboos varying from one culture to another. These beliefs not only reinforce stigma but also contribute to the social isolation and restricted access to resources that menstruating individuals often face. Addressing these issues requires a nuanced understanding of cultural practices and their impact on menstrual health. Efforts to challenge and revise restrictive norms, combined with enhanced education and support, are essential to improving menstrual health and breaking down the stigma associated with menstruation.

Conclusion

Family support is essential for all menstruating girls. Supportive family members always want to help their daughter during the time of menstruation, which alleviate menstrual discomfort by providing essential support and care, such as nutrition food, sanitary products and medication. Likewise Positive household practices, such as open communication and empathy, reduce stigma and create a safe environment for discussing menstrual health. By providing accurate information and fostering open discussions about menstruation, societies can begin to dismantle harmful taboos and promote a more supportive environment for menstruating individuals. The majority of respondents received information from their mothers, this kind of support not only reduces menstrual discomfort but also helps in reducing stigma and improving the overall well-being of menstruating women. Initiatives should focus on integrating cultural sensitivity with health education to create solutions that respect cultural contexts while addressing the negative consequences of restrictive practices.

Ultimately, breaking down the stigma associated with menstruation and improving access to resources will contribute to better menstrual health and well-being. This multifaceted approach will help ensure that menstruation is recognized as a natural and manageable aspect of life, rather than a source of social exclusion and health challenges.

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