

Parental Behaviors During Menstruation among female students

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<p>Article info: Received: February 13, 2024 Revised: March 11, 2024 Accepted: April 2, 2024</p>	<p>Abstract: The study "Parental Behaviors during Menstruation among Female Students" embodies that good parental behavior involves talking openly about periods, giving girls the products they need, giving emotional support, and teaching them about staying clean and healthy during menstruation. How parents handle the stigma around periods also reflects their behavior. The purpose of the study is to examine the parental behaviors during the time of menstruation. Using quantitative and descriptive methods, the study selected 250 students by simple random sampling from the 650 enrolled on the two component sites. These campuses were chosen by convenience sampling from a pool of 22 in the Kathmandu Valley. Parents play a crucial role in providing emotional support, guidance, and education to their daughters about menstruation, empowering them to navigate this natural biological process with confidence and understanding. It examine that the diverse views on menstruation. While many respondent believed it as natural and don't limit activities, some follow traditional beliefs that restrict interactions with males and certain activities. Family practices also vary, from isolation to prioritizing hygiene. Such types of study can be done in affiliated campus and used qualitative research design.</p>
<p>Keywords: <i>Menstrual hygiene, higher education girls, disposal of pads, management of sanitary napkin</i></p>	

Introduction

Menstruation is a normal process that requires facilities and good cleanliness to ensure optimal health. Knowledge, proper cleanliness, and access to enough water are necessary. It's essential to have access to restrooms, clean water, and changing areas and disposal. Regrettably, prevalent beliefs and practices may have a negative effect on menstruation health. Hennegan and Montgomery (2016) argues that women and girls must be able to control their menstruation in a clean and effective manner in order to participate in society with comfort and dignity. Access to clean absorbents, together with facilities for replacing, washing, or discarding them as needed, and soap and water for cleansing the body and absorbents are essential components of effective menstrual hygiene management (MHM). Sachdeva et al. (2017) claims that menstruation, a natural physiological occurrence exclusive to females, commences during adolescence. Similarly, Santana et al. (2013) argue that the menstrual cycle is a regular, natural physiological occurrence. One of the most significant changes that occur in girls during their adolescent years is the onset of menstruation. Menstruation usually ends after menopause and happens during adolescence. Mahanta and Sneha (2020) also argues that menstruation is a natural process in the body that shows a girl is starting her reproductive life. Adhikari and Adhikari (2023) argue that the World Health Organization describes adolescence as spanning from ages 10 to 19, marked by significant physical, physiological, and behavioral transformations, indicative of swift growth and maturation. Dasgupta and Sarkar (2008) also believed that the menstrual cycle is a phenomenon specific to women. One of the biggest changes that girls go through in their adolescence is the commencement

of the menstrual cycle. With a mean age of 13, the first menstrual cycle, or menarche, happens between the ages of 11 and 15. Similarly, Paudel (2023) when girls become women, they start getting their periods around age 12, and this happens every month until they reach around 51 years old.

When we talk about periods, we also need to talk about menopause because they're connected. Periods and menopause are like two parts of the same thing. Parents' behavior can significantly impact their child's experience and understanding of this natural biological process. The support of parents play central role at the time of menstruation. Sahu and Wani (2022) explore that the way of parents raise their kids affects how children handle hard situations at the time of menstruation. When parents are supportive and understanding, children tend to handle problems better. But if parents are too lenient, kids might struggle more with coping. Similarly (Lee et al., 2006) also argue that to prevent the loss of valuable school time due to menstrual problems, it's crucial for parents, schools, and healthcare professionals to offer support. Sahu and Wani (2022) explore that many teenagers don't know much about periods when they first start menstruating. That's why it's important for them to get support from their family, friends, and especially their parents during this time. Since mothers often hold the primary knowledge on this topic, it's important for health professionals to include them in discussions about menstrual issues and their management. Many mothers feel unprepared to guide their daughters effectively, so by involving them in discussions and providing accurate information, they can better prepare to support their daughters. Mostly, mothers were the main ones who taught their daughters about periods (Santina et al., 2013). Similarly (Dasgupta & Sarkar, 2008) claim that educational TV shows, school nurses or health staff, enthusiastic teachers, and well-informed parents can all be very helpful in teaching young girls about proper menstrual hygiene. While existing literature emphasizes the significance of proper menstrual hygiene management (MHM) and parental support during menstruation, there remains a notable gap in understanding the specific behaviors of parents towards their daughters during menstruation. While studies have highlighted the importance of parental support in facilitating comfortable and dignified menstruation experiences for girls, there is limited research that focuses on the behaviors, attitudes, and communication patterns of parents, particularly mothers, in relation to menstruation. In this context, this study plays a vital role to fulfill the research gap by focusing the research on the parental behaviors towards their daughter during the menstruation. The objective of the study was to examine the experience of parental behaviors during the time of menstruation of bachelor levels girls.

Review of Theoretical Literature

Menstrual discrimination serves to uphold patriarchal structures and reinforce unequal power dynamics between men and menstruates, including girls and women. Such discrimination fosters an environment where gender-based violence can thrive. These disparities limit equal access to resources and participation in decision-making for women and all menstruates, ultimately denying them their fundamental human rights. Therefore, it is crucial to engage men and boys in initiatives aimed at challenging detrimental social norms that perpetuate menstrual discrimination (Schweizer et al., 2023).

Mothers and teenage girls described a variety of menstruation-related social, cultural, and taboo practices for which they were unable to provide an explanation (Anant & Kamiya, 2011). Menstruation is natural process. It occurs at the age of 10-19 years. Many teenage girls, their first period can be scary and upsetting because it often happens unexpectedly, and they might not be prepared for it (Sultan & Sahu, 2017). Social, cultural, and religious influences wield significant sway over individuals' perspectives and convictions regarding menstruation (Nepal's Menstrual Movement, 2018). A menstrual cycle usually lasts around twenty-eight days, but it can differ for each person and from month to month. Because of this variability, menstruates often find themselves surprised by the start of their period (Johnson, 2019). Similarly Farage et al. (2014) argue that menstruation is often associated with physical and spiritual uncleanliness in many cultures, a concept that is not exclusive to third world

nations. Research on menstrual hygiene practices, parental behavior, and campus presence among higher-level girls in Nepal must be completed. Menstrual hygiene practices, such as pad change frequency and genital organ washing, were predictors of reproductive health issues. Anant and Kamiya (2011) claim that menstruation is shrouded in numerous myths and enigmatic beliefs. Among young girls and women, prevalent social and cultural norms often entail refraining from entering the puja room during menstruation.

Review of Empirical Literature

Bhusal (2020) explored that in many places, people feel uncomfortable talking about menstruation, including teachers. This means they often don't teach students about why periods are important or how to manage them. This can be a big problem for girls in developing countries, especially when they're at school. They might struggle to deal with their periods in a clean and healthy way because they lack information and resources. Johnson (2019) explores that in the past, people thought menstruation was scary and powerful. Some believed menstrual blood could harm plants and animals, even causing madness. In certain cultures, menstruating women were isolated because they were seen as weakening medicine or interfering with hunting luck. The majority of participants were from outside the Kathmandu valley and had moved there either permanently or temporarily. They claimed that compared to here, they were subject to more limitations in their former hometown. Kathmandu, where most of them live alone and without any kind of authority. They feel free here, in the metropolis (Gautam Ghimire, 2020). In social context people avoid talking about menstruation due to stigma or taboo, girls might not fully understand what's happening to their bodies. Parents' reluctance to openly discuss these topics prevents adolescent girls from getting the information they need (Sachdeva et al., 2017). Thérèse and Maria (2010) explores that women and girls disproportionately shoulder the burden of poor health, spend considerable time fetching water, and lack privacy for defecation and personal hygiene. As a result, they are frequently sidelined from meaningful participation in decision-making and management of WASH (Water, Sanitation, and Hygiene) programs.

Methodology

This study is being carried out in the Kathmandu Valley using a quantitative, descriptive research design. It focuses specifically on the Mahendra Ratna Campus in Kathmandu and the Sonothemi Campus in Bhaktapur, which are two of Tribhuvan University's constituent campuses. The selection of respondents aims to represent a defined population of interest, following the convenience sampling method (Bennett & Lapan, 2004). The participants are female students at the bachelor's level, with a total of 665 students on these campuses. A random sample of 250 students was selected using the formula process is guided by $n = \left(\frac{N}{1+Ne^2} \right)$ ensuring a systematic and well-calibrated approach to selecting participants. Applying a self-administered questionnaire, data was gathered. Data was personally gathered by the researcher from the campuses, initially entering it into Epi Data 3.1 software. This data was later transferred to Statistical Package for Social Science (SPSS) software version 20.0. The data were conducted descriptive and inferential analysis and presented in the table.

Socio-demographic Characteristics of Respondents

These socio-demographic traits are frequently utilized in market analysis, research, and policy-making to comprehend and cater to the demands and habits of particular groups. It is significant to remember that these traits might differ between ages, monarchical ages, marital status, geographical locations, and cultural backgrounds.

Table 1: Socio-demographic characteristics of the respondents

Respondent Characteristics		Numbers	Percentage
Age of the respondent	Less than 22 years	146	58.4%
	22 to 25 years	92	36.8%
	More than 25 years	12	4.8%
Age at Menarche	11 to 14 years	169	67.6%
	15-18 years	81	32.4%
Ethnicity of the respondent	Brahmin/Chhetri	148	59.2%
	Janajati	57	22.8%
	Newar	25	10.0%
	Dalit	11	4.4%
	Terai Caste	9	3.6%
Religion of the respondent	Hindu	232	92.8%
	Religion of the respondent	11	4.4%
	Christain	4	1.6%
	Other	3	1.2%
Marital Status	Married	77	30.8%
	Unmarried	173	69.2%

Table 1 indicates that majority of respondents i.e. 58.4 percentage fall were less than 22 years of age. Similarly there were 36.8 percentage of respondents from age group of 22-25 years of age and small proportion i.e. 4.8 percentage of respondents who were more than 25 years old. The data indicates that the age at which respondents experienced menarche (the onset of their first menstrual period) varies. The highest percentage of respondents were of the age group of 11-14 years (67.6%), followed by age group of 15-18 (32.4%).

Most respondents identify as Brahmin/Chhetri (59.2%) followed by Janajati (22.8%). A smaller percentage of respondents identify as Newar (10.0%), Dalit (4.4%), and Terai Cast (3.6%). The data shows that most respondents identify as Hindu (92.8%). A smaller percentage identify as Buddhist (4.4%), and Christian (1.6%). There were 1.2% of respondents who followed other religion. The data indicates that most of the respondents were unmarried (69.2%) while others were married (30.8%).

It is important to note that these conclusions are solely based on the collected data. Additional context and information about the survey methodology, sample size, and demographic characteristics would be necessary to understand these respondent characteristics comprehensively.

Family Characteristics of Respondents

It is important to note that families can differ significantly in their characteristics due to cultural, social, and individual factors. These traits are not exhaustive but provide a general framework for understanding family dynamics.

Table 2: Family characteristics of the respondents

Family Characteristics		Number	Percentage
Occupation of father	Farmer	194	77.6
	Business	38	15.2
	Job Holder	4	1.6
	Other	14	5.6

Education of father	Basic level (1-8)	130	52.0
	Secondary Level (8-12)	86	34.4
	University Level	34	13.6
Mother Occupation	Farmer	161	64.4
	Business	24	9.6
	Housewife	51	20.4
	Other	14	5.6
Education of the mother	Basic level (1-8)	191	76.4
	Secondary Level (8-12)	52	20.8
	University Level	7	2.8
	Total	250	100.0

Table 2 suggests that farming is a significant occupation for both parents, indicating its importance in their livelihoods. Most parents have education up to the primary or secondary levels, showing a potential gap in higher education.

These findings reveal the socio-economic background of the families surveyed, with farming as a common occupation and most parents having basic to secondary education. These factors can impact access to resources, economic opportunities, and educational support for the families. However, it's important to note that these conclusions are based solely on the provided data. To fully understand and generalize these findings, additional information about the sample population, location, and demographics would be needed.

Experience of Parental Behaviors

People have different experiences with menstrual periods. It depends on their culture, family background or personal reasons. It's important to know that each family may have different views on menstrual periods. Some people may have good experiences with support, while others might face difficulties or lack support. Everyone's experience is different. We should talk openly about periods to understand and support each other better.

Thinking about the Menstruation Cycle by Parents and Respondents

Both parents and respondents may approach the menstruation cycle with varying levels of knowledge, understanding, and cultural beliefs. Their perspectives can influence how they discuss, perceive, and manage menstruation within the family and broader social context.

Table 3: *Thinking about the menstruation cycle by parents and respondent*

Understanding of menstruation	Yes		No	
	Number	Percentage	Number	Percentage
It is natural, and no need to restrict any activities and take nutritious food	169	67.6	81	32.4
This is a long-term belief, so we need to follow and restrict touching male	80	32.0	170	68.0
As previously for follow all but need to restrict food preparation	60	24.0	190	76.0

Table 3 explores the parents and respondents have different beliefs regarding restricting activities and following certain practices. The majority (67.6%) believe it is natural and no need to

restrict any activities. In comparison, smaller proportions believe in the long-term belief of restricting touching males (32.0%) or restricting food preparation along with following previous beliefs (24.0%).

Most respondents said that menstruation is a natural process and should not be associated with any restrictions or limitations on daily activities. They emphasize the importance of maintaining a healthy diet, including nutritious food, to support overall well-being during menstruation. Many respondents still adhere to traditional beliefs that advocate restrictions during menstruation, particularly regarding physical contact with males. This belief may stem from cultural or religious practices that associate menstruation with notions of impurity or taboo. These respondents consider it necessary to maintain these restrictions as a part of their cultural or traditional upbringing. Some respondents mentioned that while they follow certain traditional practices during menstruation, they focus specifically on restricting food preparation. This suggests that specific cultural beliefs or practices may be related to food handling and preparation during menstruation.

It is important to note that these findings reflect the perspectives and beliefs of the respondents in the study and may vary across different cultural, social, and religious contexts. The findings highlight the diversity of beliefs and attitudes toward menstruation. While a significant proportion of respondents have a progressive perspective that menstruation is a natural process and no restrictions are necessary, a notable percentage of respondents still adhere to traditional beliefs and practices that involve restrictions during menstruation, including restrictions on physical contact with males. Some respondents also specifically mentioned restrictions on food preparation. These findings emphasize the need for education, awareness, and open discussions surrounding menstrual health and cultural practices to promote a more inclusive and supportive environment for individuals experiencing menstruation.

Family Behavior During Menstruation

Family behavior during menstruation often reflects prevailing social norms and taboos surrounding menstruation. These norms can influence how families discuss menstruation, handle menstrual hygiene, and provide support, shaping perceptions and practices within the household.

Table 4: *Family behavior during menstruation*

Family Behave during Menstruation	Yes		No	
	Number	Percent	Number	Percent
Keep separate from Chaugoth	22	8.8	228	91.2
Keep to neighbor's house	82	32.8	168	67.2
Not allowed to see male and sun to keep in lock room	68	27.2	182	72.8
Provide separate cloth and provide food in the same room	113	45.2	137	54.8
Restrict to move out in a day	70	28.0	180	72.0

Table 4 examines that the family behavior during menstruation provides insights into the practices and restrictions imposed on individuals during their menstrual period. The findings reveal different approaches followed by families about menstruation. A small percentage of respondents (8.8%) reported being kept separate from others during menstruation, possibly in a designated area or room. This practice reflects a cultural belief or tradition associated with menstruation.

A higher percentage of respondents (32.8%) mentioned staying at their neighbor's house during menstruation. This practice may be driven by the belief that menstruating individuals should not remain in their homes during this time. A significant portion of respondents (27.2%) reported being prohibited from interacting with males and staying in a locked room during menstruation. This practice implies a higher level of seclusion and restriction during this period.

Many respondents (45.2%) stated they are provided separate cloth and food in the same room during menstruation. This practice shows an effort to maintain hygiene and ensure the well-being of individuals during their menstrual cycle. A significant proportion of respondents (28.0%) mentioned being restricted from moving out during the day while menstruating. This practice may be influenced by cultural norms or beliefs surrounding menstruation.

The data highlights the diversity in family behaviors and practices during menstruation. While some families follow practices that involve seclusion and restriction, such as keeping separate or staying at neighbors' houses, others prioritize providing separate cloth, hygiene, and ensuring access to food. These practices may be influenced by cultural, traditional, or religious beliefs and vary across different communities.

It is essential to recognize that these practices may positively and negatively impact individuals' experiences and overall well-being during menstruation. Cultural sensitivity, education, and open dialogue are crucial in fostering an environment that promotes menstrual health and addresses any potential negative consequences of restrictive practices.

It is worth noting that the conclusions are based on the provided data alone. Further research with a larger sample size and considering regional and cultural variations would provide a more comprehensive understanding of family behaviors during menstruation.

Restriction in household work during menstruation by the family

In some families, there are rules about not doing certain activities during menstruation, which are based on cultural beliefs, social norms, taboo and myths.

Table 5: *Restriction in household work during menstruation by the family*

Restriction during menstruation	Yes		No	
	Number	Percentage	Number	Percentage
Restriction on preparing food	136	54.4	114	45.6
Restriction on entering the kitchen	116	46.4	134	53.6
Restriction on touching male	68	27.2	182	72.8
Restriction on sleeping separately	77	30.8	173	69.2
Restriction on Rituals	190	76.0	60	24.0
Restriction on taking milk and milk product	33	13.2	217	86.8
Restriction on touching material used in the kitchen	110	44.0	140	56.0

The data of table 5 suggests that many respondents experience various restrictions during menstruation. The most commonly reported restrictions include restrictions on preparing food (54.4%), entering the kitchen (46.4%), following certain rituals (76.0%), and touching materials used in the kitchen (44.0%). Smaller proportions of respondents mentioned restrictions on touching males (27.2%), sleeping separately (30.8%), and consuming milk and milk products (13.2%).

The findings indicate that cultural and traditional practices shape the restrictions imposed on individuals during menstruation. These restrictions are often rooted in societal beliefs and norms surrounding menstruation, which may vary across cultures and communities. While some of these restrictions may have historical or cultural significance, it is essential to critically examine their impact on individuals' well-being and overall menstrual health.

Restrictions on preparing food and entering the kitchen during menstruation may stem from the belief that menstruating individuals are considered impure or unclean. This practice aims to avoid the

supposed contamination of food or kitchen items. However, promoting evidence-based information and challenging notions that stigmatize menstruation or perpetuate harmful beliefs is crucial.

Restrictions on touching males, sleeping separately, and following specific rituals during menstruation reflect the perception of menstruation as a period of impurity or taboo. These restrictions may lead to isolation, shame, and a sense of being different or abnormal. Promoting inclusive and informed discussions around menstruation is essential, emphasizing that it is a natural bodily process and challenging discriminatory practices or beliefs.

Cultural or dietary beliefs may influence restrictions on consuming milk and milk products during menstruation. While no scientific evidence supports the need for such restrictions, it is essential to respect individual choices and cultural practices as long as they do not harm one's health.

Overall, the findings highlight the need for comprehensive menstrual health education that addresses menstruation's cultural, social, and individual dimensions. Challenging harmful restrictions and promoting a supportive and inclusive environment that fosters open discussions, dispels myths and misconceptions, and ensures individuals' rights to dignity, well-being, and equal treatment during menstruation.

The Person Provides Information About Menstruation

Parents' guidelines during menstruation are essential for providing crucial information on hygiene, emotional support, and empowerment. By openly discussing menstruation, parents help their children feel more comfortable and confident in managing their periods. This guidance fosters a healthy understanding of menstruation and empowers young people to take charge of their own health and well-being.

Table 6: *The person provides information about menstruation*

Information provider	Yes		No	
	Number	Percentage	Number	Percentage
Mother	177	71	73	29
Elder sister	97	39	153	61
Grand Parent	20	8	230	92
Friends	84	34	166	66
Teachers	10	4	240	96

Data of table 6 reveals that majority of respondents' most common sources of information about menstruation are their mothers (71%) and elder sisters (39%). Similarly, information receiving their friends reported (34%), smaller percentage reported information from their grandparents (8.0%). And teachers even fewer mentioned obtaining information (4%).

Discussion

In this study, mother play central role to supporting their daughter during menstruation. Which indicate (71%). Similarly Sahu and Wani (2022) agreed that provide proper education to both adolescent girls and their parents so they can effectively manage the menstruation issues and problem. This education ensures they can handle menstruation-related problems and seek help if needed, ensuring they're not left to deal with them alone. In family, Grandparents' also involvement in providing information about menstruation which is relatively low compared to other family members. This could be attributed to various factors, such as generational differences, cultural norms, or limited interactions between grandchildren and grandparents. However, it is worth noting that grandparents can still play a valuable role in addressing questions and concerns related to menstruation, drawing upon their life experiences.

Friends also emerge as an essential source of information, with many respondents reporting that they receive information from their peers. Friends can provide a supportive environment for open discussions, sharing personal experiences, and exchanging knowledge about menstruation. Peer interactions can help normalize the topic and reduce the stigma surrounding menstruation.

It is crucial to acknowledge the influence of these different sources of information and their potential impact on individuals' understanding and attitudes toward menstruation. Comprehensive menstrual health education should not only focus on formal channels, such as schools or healthcare providers but also consider the vital role that family members and friends can play in shaping individuals' perspectives.

Conclusion

This study provides valuable insights into the beliefs, practices, and sources of information surrounding menstruation among female students at Mahendra Ratna Campus in Kathmandu and Sonothemi Campus in Bhaktapur, both constituent campuses of Tribhuvan University. The findings highlight the diversity of perspectives and experiences regarding menstruation within parents. Addressing the restrictions surrounding menstruation as impure or taboo requires promoting inclusive discussions and challenging discriminatory practices. Embracing menstruation as a natural bodily process is essential for fostering gender equality and social cohesion. So, family practices during menstruation vary widely. These practices are influenced by cultural norms and can affect individuals differently. In this study, family members, especially mothers and elder sisters, play a crucial role in educating girls about menstruation, drawing from their own experiences to offer guidance and support.

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