

The psychosocial and mental burden of menstruation on adolescent girls in Nepal

Introduction

Adolescence is a critical time for mental health, with many mental health conditions first emerging during this life stage(1). It is estimated one in seven adolescents in the world experience a mental health disorder. Among the total adolescents experiencing a mental health disorder, 88% of those live in LMICs(2).

Menstruation, a natural biological phenomenon marking the transition from childhood to adulthood is often misunderstood and stigmatized in many societies including Nepal. Despite being a normal physiological process, menstruation is viewed with misconceptions, taboos, and stigma, which have multiple negative impacts on the physical, mental, and psycho-social well-being of adolescent girls (3,4) These harmful norms and taboos surrounding menstruation can have negative consequences in different aspects of health (5–8). The effects of menstruation on mental and psychosocial health in particular can be considerable, ranging from hormonal changes, physical symptoms, premenstrual syndrome, menstrual-related disorders, or the stigma and shame associated with menstruation (9).

Evidence shows that menstrual pain leads to anxiety and school absenteeism among adolescent girls(7). Additionally, inadequate sanitary materials and infrastructure can exacerbate school absenteeism and limit physical activities(10).The fear of leaking or staining clothes during their periods also contributes to poor concentration, reduced classroom participation, school absenteeism, and limited physical activities (5,11–13).

The psychosocial and mental health outcomes of menstruation remain unexplored in countries like Nepal where taboos and socio-cultural restrictions are prevalent. Such taboos and stigmas directly impact psychosocial and mental health outcomes and can have immediate or long-term impacts. This paper aims to explore the psychosocial and mental health impacts of menstruation on adolescent girls in Nepal.

Methods

This paper draws on qualitative data from a longitudinal mixed-methods research project on menstrual justice being implemented in Nepal. This was the first round of qualitative data collection of this project to understand what matters most to adolescent girls regarding their menstrual experiences. 13 Focus Group discussions with 110 adolescent girls were conducted in Surkhet and Kaski districts between December 2023 and January 2024. All FGDs were audio recorded and transcribed in Nepali language. These transcripts were then translated into English and analyzed in NVivo 14 using thematic analysis.

These qualitative findings will be supplemented with the first round of quantitative survey which will include 2000 adolescent girls and will take place at the end of this year.

Findings

This study revealed that adolescent girls in both districts face a wide variety of menstrual restrictions. Common restrictions include barring them from entering religious spaces (pooja room), kitchen, touching plants, or consuming certain foods. The adolescent girls in Surkhet faced severe form of menstrual seclusion called Chhaupadi where a menstruating girl/woman were banished to a menstrual hut or animal shed. Such restriction led to mental stress or frustration for being sent off away from home during menstruation. They expressed their feelings of fear and anxiety about living in those huts due to several safety concerns like potential snake bites and sexual assaults. Adolescent girls also mentioned the poor infrastructure of the huts including inadequate lighting which made it difficult for them to study or complete their homework. This resulted in fear of being reprimanded in school due to incomplete homework.

“Sleeping outside in such a shed is not secure; it’s open and there’s fear of people, especially when men wander outside after drinking”

“And during menstruation, it becomes a hindrance to studying. We have to stay in the shelter or hut [“Chhaugoth”] which is dimly lit and there’s no light inside, such arrangement is also not possible during menstruation. So, so we cannot study when we need to”.

“If the light is not managed, then the homework won't be done, and the Sir gets angry and we don't know what to tell him”.

As a part of menstrual restrictions, some girls were prohibited from using common toilets and taps during their menstrual period. This was quite distressing for them as this compromised menstrual hygiene management. The restriction to celebrate festivals and other social functions during menstruation led to the feeling of isolation and discrimination. Some girls even expressed their regrets over being born as female and wished they were males.

“They can't use the common taps nearby. It's inconvenient. They can't bathe in the usual taps they generally used, and they can't sleep in their own rooms and can't use toilets anymore”.

“If you're menstruating during festivals, it feels really bad”

“Sometimes even if you are born as a girl, it feels like it would be better if you weren't. It seems like you are facing problems just because you are a girl”.

“Made me realize that just because you are a boy or a girl, there seems to be so much discrimination”.

Adolescent girls expressed their fear of staining clothes and the threat of being teased by their friends in schools. Some girls reported being unable to use the toilet during the class even in urgent situations like changing the pads. The girls also expressed embarrassment when they had to seek permission from a male teacher to go to the toilets to change pads. The inability to use the toilets to change the pads when needed further aggravated their fear of staining and negatively impacted their academic performance.

“It is difficult when sir and madam donot allow to go quickly change our pads when there is heavy bleeding”

“Sometimes they (teachers) totally deny us to go to toilets”

“Sirs sometimes tell us to stand up and ask us questions. At that time, we get worried if the blood has already leaked and is showing through the clothes we wear”

Menstrual pain also contributed to stress, affected physical well-being, and interfered with academic performance in the classroom leading to school absenteeism. Girls were anxious about dysmenorrhea and underlying health conditions. Such fear is further exacerbated by limited understanding regarding the nature of menstrual pain. The girls also expressed their frustration when their close family and community members showed dismissal behaviors when they shared about their menstrual pain.

“They always say “Your stomach always keeps hurting”. They react annoyed and frustrated from it”

“They say, “everyone goes through it, you will be fine in a day or two”. They say it's just a minor issue”

Conclusion

This study highlights that menstruation and surrounding stigma, and cultural taboos are the substantial contributors to anxiety and stress among Nepalese adolescent girls. However, this association is often overlooked in menstrual health literature.

The practices such as Chhaupadi and other menstrual restrictions exacerbate feelings of isolation, personal safety concerns, and frustration. Furthermore, the fear of staining and poor menstrual management facilities in schools further contribute to anxiety, poor academic performance, and school absenteeism. The psychosocial effects are evident in the way menstruation reinforces gender inequality, leaving girls feeling inferior and regretful of their gender. The lack of awareness about menstrual pain and the dismissal of menstrual pain by community members only worsened their mental health outcomes, fueling anxiety and fear of potential underlying health issues.

This study underscores the need for societal change, improved menstrual hygiene infrastructure, and better education to mitigate the psychosocial and mental health outcomes. Further research to explore the immediate and long-term mental health outcomes and potential interventions to

improve menstrual health management and education in Nepal is necessary which the wider project intends to do.

References:

1. Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar De Pablo G, et al. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry*. 2022 Jan;27(1):281–95.
2. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*. 2022 Feb;9(2):137–50.
3. Thakur H, Aronsson A, Bansode S, Stalsby Lundborg C, Dalvie S, Faxelid E. Knowledge, Practices, and Restrictions Related to Menstruation among Young Women from Low Socioeconomic Community in Mumbai, India. *Front Public Health* [Internet]. 2014 Jul 3 [cited 2024 Aug 22];2. Available from: <http://journal.frontiersin.org/article/10.3389/fpubh.2014.00072/abstract>
4. Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue. *Am J Public Health*. 2015 Jul;105(7):1302–11.
5. Mason L, Nyothach E, Alexander K, Odhiambo FO, Eleveld A, Vulule J, et al. ‘We Keep It Secret So No One Should Know’ – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya. Molyneux C ‘Sassy’, editor. *PLoS ONE*. 2013 Nov 14;8(11):e79132.
6. Mathiyalagen P, Peramasamy B, Vasudevan K, Basu M, Cherian J, Sundar B. A descriptive cross-sectional study on menstrual hygiene and perceived reproductive morbidity among adolescent girls in a union territory, India. *J Family Med Prim Care*. 2017;6(2):360.
7. Tanton C, Nakuya K, Kansiime C, Hytti L, Torondel B, Francis SC, et al. Menstrual characteristics, menstrual anxiety and school attendance among adolescents in Uganda: a longitudinal study. *BMC Women’s Health*. 2021 Dec;21(1):410.
8. Barman P, Mahanta TG, Sharma H. Menstrual Hygiene Practices and Reproductive Tract infection among slum dwelling adolescent girls aged 15-19 years of Dibrugarh town, Assam. *jebmh*. 2017 Apr 26;4(34):2062–6.
9. Bobel C. *The managed body: developing girls and menstrual health in the Global South*. [Corrected publication]. Cham, Switzerland: Palgrave Macmillan; 2020.

10. MacLean K, Hearle C, Ruwanpura KN. Stigma of staining? Negotiating menstrual taboos amongst young women in Kenya. *Women's Studies International Forum*. 2020 Jan;78:102290.
11. Daniels G, MacLeod M, Cantwell RE, Keene D, Humphries D. Navigating fear, shyness, and discomfort during menstruation in Cambodia. Boeckmann M, editor. *PLOS Glob Public Health*. 2022 Jun 9;2(6):e0000405.
12. Betsu BD, Wall LL, Medhanyie AA, Gebrehiwet TG. "Menstruation is a Fearful Thing": A Qualitative Exploration of Menstrual Experiences and Sources of Information About Menstruation Among Adolescent Schoolgirls. *Int J Womens Health*. 2023;15:881–92.
13. Kuranchie A. The Tale of Adolescent Girls' Menstrual Challenges in Junior High Schools. *Journal of Education*. 2023 Apr;203(2):308–16.