

**USE AND IMPACT OF TRADITIONAL REMEDIE AND MANAGEMENT FOR
MENSTRUAL HEALTH ISSUES AMONG SCHOOLGIRLS**

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Abstract: Background: Menstrual health related problems are common among young girls, and to manage the problems they face during menstruation are frequently used as home remedies.

Objectives: To assess the prevalence and see the perceived impact of traditional remedies among school going girls, and examine associations with menstrual health outcomes.

Methods: It was a cross-sectional study which was conducted among 107 schoolgirls using a structured questionnaire that covered socio-demographics, factors including trust in remedies, and reproductive health problems discussions. Descriptive statistics summarized the data, and Chi-square tests were used to assessed the associations ($p < 0.05$).

Results: The current study investigated the use of traditional remedies for menstrual pain among participants, with a usage rate of 63.6%. The most common methods employed were hot water bags (54.2%), herbal teas (39.3%), and warm oil massage (30.8%). Efficacy was perceived positively, as 45.8% of users reported moderate improvement. Safety profiles were favorable, with only 12.1% experiencing any form of side effects. The study demonstrates that traditional remedies for menstrual health are perceived as both effective and safe among the surveyed population, with statistically significant findings supporting these conclusions.

Keywords: Use, Impact, traditional remedie, Menstural, School girls

Introduction

Menstruation is when the lining of the uterus sheds and flows (or bleeds) out of vagina. This happens about every 28 days. It is a normal part of the menstrual cycle. The menstrual cycle prepares female body for pregnancy and is controlled by hormones such as progesterone and estrogen.

Menstruation, also known as menarche when it first begins, typically starts around puberty with a median age of 12.4.[1] Menstrual cycles cease at menopause, which has an average onset around age 51age.

School going girls are adolescence age group girls where as per World Health Organization [2], adolescence is a transitional period between childhood and adulthood, spanning the age range of 10–19 years [3]. This period is characterized by significant physical, psychological, and biological transformations as they move toward maturity. Young girls frequently struggle to manage their menstruation effectively [4]. Adolescence is marked by significant cultural and social changes, including increased peer influence, exploration of identity, and a desire for autonomy and independence.

It is a critical and unique phase in young women's lives, requiring special care, attention, and support. Adolescent girls often experience emotional distress during menstruation, including restlessness, irritability, mood swings, stress, shame, guilt, fear, and sadness [5]. Sexual and reproductive health issues present significant challenges on a global scale [6]. Sociocultural barriers are frequently exacerbated by inadequate knowledge about menstruation, feelings of shyness, and embarrassment [3]

Insufficient attention to menstrual hygiene can affect both physical and mental health conditions [7]. Therefore, it is essential to address this issue in the broader context of sexual and reproductive health initiatives. It has been estimated that approximately 1.8 billion girls experience menstruation each month worldwide [8]. However, a considerable number of these girls do not have adequate awareness and menstrual literacy to manage their menstrual cycles in a health-conscious manner [9].

Women are considered impure and untouchable during their menstrual cycle, leading to restrictions in their daily activities, including touching kitchen items, interacting with men, and consuming certain foods [10].

Challenges related to menstrual hygiene practices among young girls in low- and middle-income countries (LMICs) are influenced by religious, cultural, and sociocultural constraints [3,11]. Furthermore, girls residing in rural areas face additional obstacles including inadequate sanitation facilities, limited access to menstrual products, and the burden of stigma, poverty, and societal discrimination [12].

Methodology

A cross-sectional descriptive study was conducted among 107 schoolgirls respondents. Data were collected using a structured questionnaire reviewed from different literatures. Descriptive statistics summarized the data, and Chi-square tests were examined to find the associations. A p-value <0.05 was considered significant. Ethical approval was obtained from research board of the university and informed consent were obtained from individual students .

RESULT

Distribution of respondents according to their socio demographic Information

Age	Frequency(N=107)	Percentage(%)
10-12	24	22.4
13-15	81	75.7
16-18	2	1.9
Grade/class		
7	37	34.6
8	40	37.4
9	30	28.0

School Type		
Public	33	30.8
Private	66	61.7
Community	8	7.5
Religion		
Hindu	87	81.3
Christian	7	6.5
Kirat	5	4.7
Buddhist	8	7.5
Mothers education		
Illiterate	18	16.8
Literate	89	83.2
Fathers education		
Illiterate	15	14.0
Literate	92	86.0
Fathers occupation		
Agriculture	5	4.7
Other than agriculture	102	95.3
Mothers occupation		
Housewife	50	46.7
Other than housewife	57	53.3

The majority of participants were aged 13–15 years (75.7%), studying in grades 7 and 8 class. Most of the students attended private schools (61.7%), who were Hindu (81.3%), and had literate parents. Fathers predominantly worked outside agriculture, and almost half of mothers were housewives.

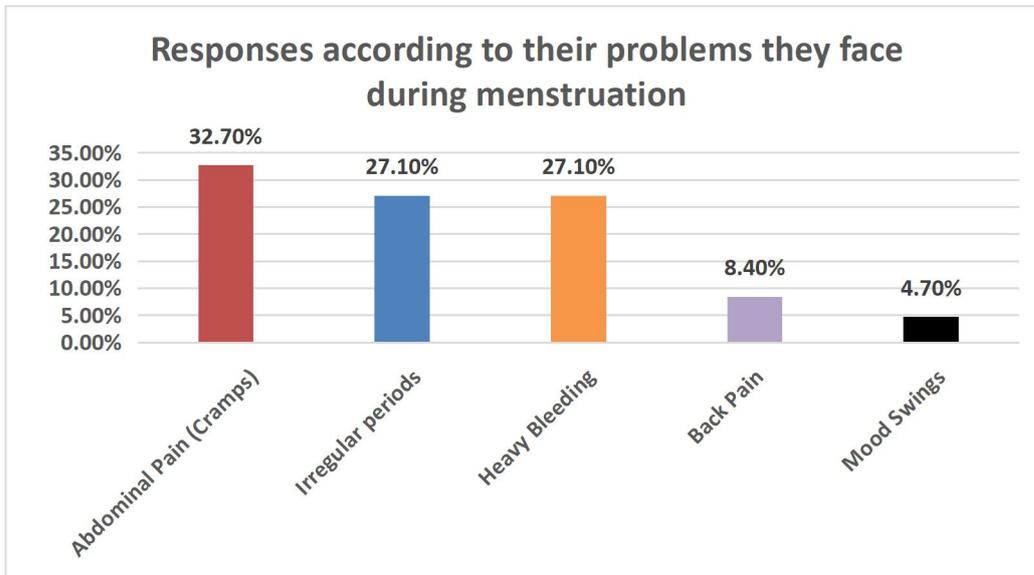
MENSTRUAL HEALTH STATUS

1. Distribution of respondent according to responses on at what age did you have your first period?

Age of 1st period	Frequency	Percentage
7-9	1	0.9
10-12	97	90.65
13-15	9	8.4

Most girls (90.7%) experienced menarche between 10–12 years, indicating typical onset age within this population.

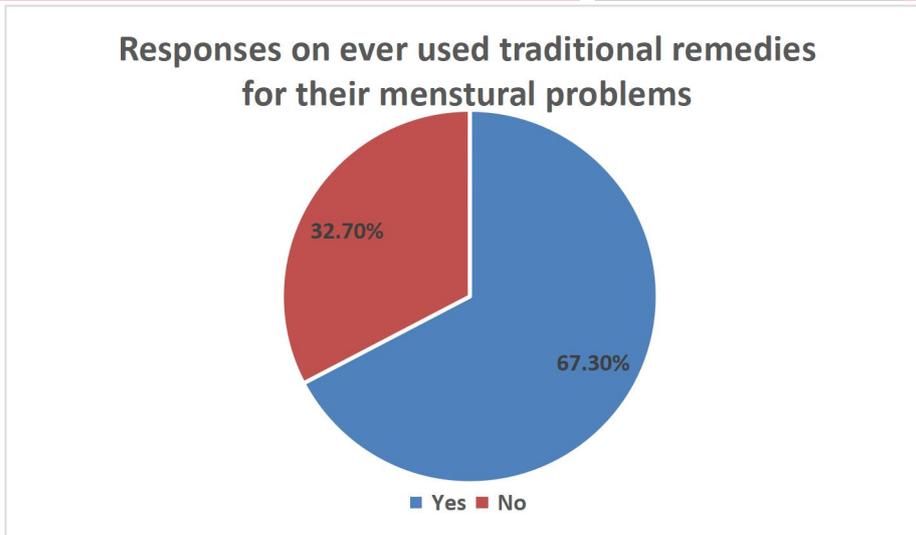
2. Distribution of respondents according to responses on do you experience any problems during menstruation.



Above figure shows 35(32.7%) girls going school face abdominal pain during their menstruation followed by 29(27.1%) said they experience irregularity during menstruation and heavy bleeding as well only 5(4.7%) said they feel mood changed during their menstruation as a problems.

USE OF TRADITONAL REMEDIE AND MANAGEMENT

1.Responses on ever used traditional remedies for their menstural problem



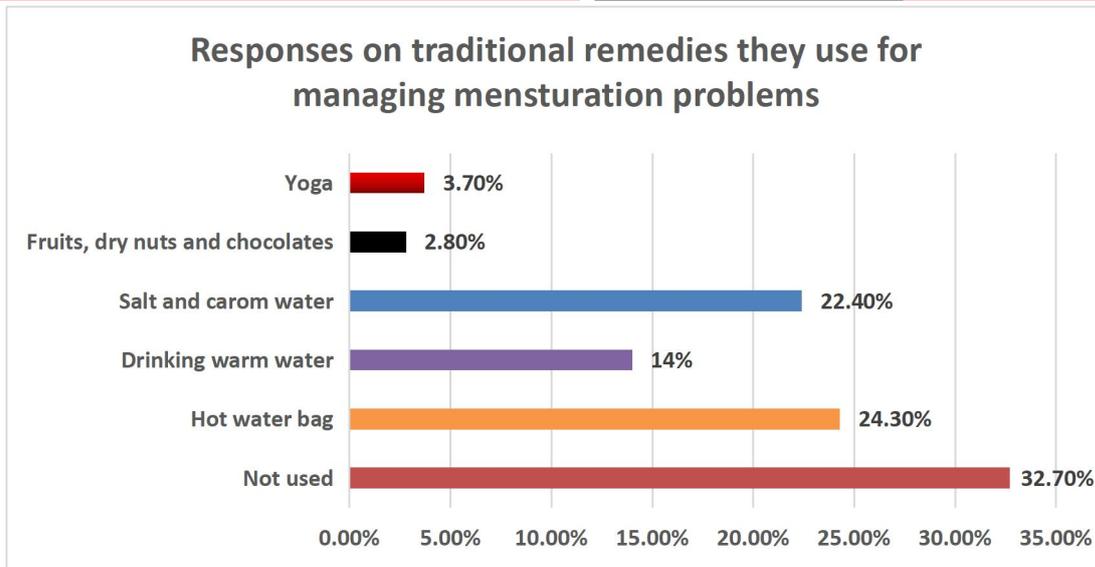
Above figure shows that majority 72(67.3%) of respondents have used some types of traditional remedies for managing their menstrual or reproductive health problem where as 35(32.7%) have never used any type of traditional remedies.

2. Distribution of respondents according to responses on who suggested the use of traditional remedies?

Responses	Frequency	Percentage
Not used	35	32.7
Mother	53	49.5
Grandmother	10	9.3
Friend	6	5.6
Traditional healer	3	2.8

Among the respondents, 49.5% reported that their mothers suggested the use of traditional remedies during menstruation, followed by 9.3% who were advised by grandmothers, 5.6% by friends, and 2.8% by traditional healers. A total of 32.7% of participants reported not using or receiving advice on traditional remedies

3. Distribution of respondents according to responses on what traditional remedies have you used?



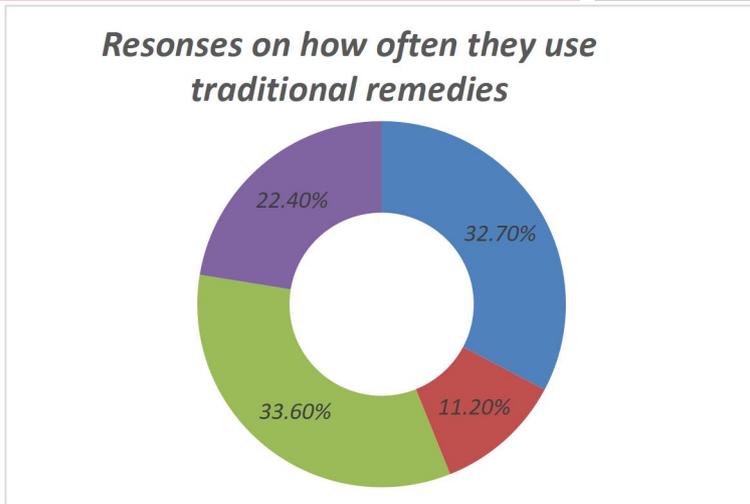
Above figure shows that 26(24.3%) use hot water bag for their pain during menstruation whereas 24(22.4%) uses salt and carom water for their problem similarly 15(14%) drink warm luke water for managing their pain and very less percentage of responses 4(3.7%) and 3(2.8%) does yoga and eats chocolates and dry nuts and fruits to manage their pain and other problems during menstruation.

4. Distribution of respondents according to responses on for what conditions /symptoms did you use these remedies?

Responses	Frequency	Percent
Not used	35	32.7
Menstrual pain	40	37.4
Irregular periods	16	15.0
White discharge	12	11.2
Delayed periods	3	2.8
Other	1	.9

Table shows the distribution of respondents according to the conditions for which they used traditional remedies. The majority of participants used these remedies for menstrual pain (37.4%), followed by not using any remedies (32.7%) and for irregular periods (15.0%). A smaller proportion reported use for white discharge (11.2%), delayed periods (2.8%), and other conditions (0.9%).

5. Distribution of respondents according to responses on how often do you use traditional remedies?



Above figure shows that 36(33.6%) respondents they use traditional remedies sometime whereas 24(22.4%) they use them rarely whereas 12(11.2%) uses them always whenever they face any menstrual problems.

IMPACT OF TRADITONAL REMEDIES AND MANAGEMENT

Questions	Responses	Frequency	Percentage
Improvement after using the traditional remedies	Not used	35	32.7
	Yes	47	43.9
	No	9	8.4
	Not sure	16	15.0
Any side effects from the remedies	Not used	35	32.7
	Yes	13	12.1
	No	59	55.1
Trust traditional remedies more than modern medicine?	Not used	35	32.7
	Yes	12	11.2
	No	8	7.5
	Both equally	43	40.2
	Don't know	9	8.4

Feel comfortable talking about reproductive health with family members?	Yes	60	56
	No	8	7.5
	Sometimes	39	36.5

The study found that 43.9% of respondents reported improvement after using traditional remedies, while 32.7% had not used them, 8.4% did not experience improvement, and 15% were unsure. Regarding side effects, 12.1% reported experiencing them, 55.1% did not, and 32.7% had not used the remedies. When asked about trust in traditional remedies versus modern medicine, 11.2% preferred traditional remedies, 7.5% did not, 40.2% trusted both equally, and 32.7% had not used them. Regarding comfort discussing reproductive health with family, 56% felt comfortable, 7.5% did not, and 36.5% sometimes did.

IMPACT AND SAFETY OF TRADITIONAL REMEDIES

Questions	Responses	Frequency	Percentage	X ²	p-value	Significance
Improvement after using remedies	yes	47	43.9%	10.08	0.0015	Highly significant
	Not sure	25	23.4%			
Side effects from remedies	yes	13	12.1%	29.39	<0.000001	Highly significant
	No	59	55.1%			

The survey results indicate that traditional remedies are perceived as both effective and safe. A majority of respondents (43.9%) reported improvement after use, a statistically significant finding (P=0.0015). Furthermore, side effects were reported by only a small minority of users (12.1%), which was also a highly significant result (<0.000001).

Discussion

Most participants were 13–15 years old, which is consistent with studies showing that early adolescents often face limited menstrual knowledge and rely on traditional practices. The majority studied in grades 7 and 8, a critical period for menstrual education [13].

More students were from private schools, similar to findings in urban Nepal where private-school girls have better access to menstrual information [14].

Although most parents were literate, traditional family norms—especially among housewives—may still guide girls’ menstrual practices, as noted in previous research [15]. Overall, demographic factors suggest a blend of modern education and cultural influences shaping menstrual health management among schoolgirls.

In this study, the majority of girls (90.7%) experienced menarche between 10–12 years, which is consistent with findings reported in Nepal and other South Asian countries. Previous studies show that the mean age at menarche in Nepal typically ranges from 11 to 13 years, reflecting improvements in nutrition and general health among adolescents [16,17]. Earlier onset of menarche observed in some populations has been associated with urbanization, increased body mass index, and lifestyle changes [18]. Global evidence also indicates that age at menarche is influenced by genetic, environmental, and socioeconomic factors, making it an important marker for adolescent reproductive health [19].

Abdominal pain was the most common menstrual problem (32.7%), consistent with previous studies identifying dysmenorrhea as the leading complaint among adolescents [20]. Irregular cycles and heavy bleeding reported by 27.1% of girls also reflect patterns seen in Nepalese school populations, often linked to hormonal and nutritional factors [21]. Only 4.7% reported mood changes, which is lower than global estimates and may reflect limited awareness of premenstrual symptoms [22]

Approximately two-thirds of participants relied on traditional remedies for menstrual management, reflecting strong cultural practices and family-based knowledge systems. Similar studies in Nepal and South Asia report high use of home remedies such as herbal teas, warm compresses, and rest, often preferred due to accessibility, affordability, and cultural acceptance [23,24]. This reliance may also indicate limited awareness or access to formal health services for menstrual problems [25].

The findings indicate that family members, particularly mothers, play a key role in guiding the use of traditional remedies for menstrual management. Similar studies in Nepal and other South Asian contexts report that mothers are the primary source of knowledge regarding home-based menstrual practices, reflecting strong intergenerational cultural transmission [23,24]. Grandmothers and peers also contribute to guidance, though to a lesser extent, while formal healthcare advice appears minimal. This highlights the reliance on home-based interventions and the importance of culturally sensitive menstrual education to complement traditional practices [25].

The study shows that traditional and home-based remedies are commonly used to manage menstrual pain. A hot water bag was used by 24.3% of participants, salt and carom (ajwain) water by 22.4%, and warm lukewarm water by 14%. Fewer students practiced yoga (3.7%) or consumed chocolates, dry nuts, and fruits (2.8%) to relieve symptoms. Heat therapy, such as hot water bags, can reduce dysmenorrhea by relaxing uterine muscles [26]. Salt and ajwain water are culturally preferred remedies, believed to have antispasmodic effects [27]. Yoga and dietary approaches, though less used, have been shown to improve menstrual comfort [28,29]. These findings highlight the reliance on accessible and culturally accepted methods, emphasizing the need for education on safe and effective management strategies.

The findings indicate that menstrual pain is the primary condition for which schoolgirls adopt traditional remedies, aligning with previous studies highlighting dysmenorrhea as a common reason for home-based interventions [30,31]. Remedies for irregular menstruation and other reproductive symptoms were less commonly used, reflecting limited awareness or perceived efficacy of these practices [32]. The results emphasize the cultural reliance on accessible, non-pharmacological methods for menstrual health management and underscore the importance of providing adolescents with evidence-based guidance on safe and effective practices [33]

In this study, 33.6% of respondents used traditional remedies occasionally, 22.4% rarely, and 11.2% always for menstrual problems. This indicates that while traditional practices are still used, regular reliance is low, possibly due to changing attitudes and accessibility of modern alternatives [34,35].

These findings suggest that traditional remedies are moderately used and can provide perceived benefits for menstrual issues, though a significant portion of participants are either unsure or have not tried them. Side effects were reported by a small percentage, indicating relative safety, consistent with previous studies [36,37]. While trust in traditional remedies exists, many adolescents consider modern medicine equally, reflecting a trend toward integrated approaches in menstrual health management [38]. The majority felt comfortable discussing reproductive health with family, highlighting the importance of supportive home environments in promoting health literacy among adolescents [39].

The present study demonstrates that traditional remedies for menstrual health are perceived as both effective and safe among the surveyed population. A substantial proportion of respondents (43.9%) reported improvement following the use of these remedies, which was statistically significant ($P=0.0015$). This finding aligns with previous studies indicating that traditional practices can provide symptomatic relief and improve overall well-being in adolescents experiencing menstrual discomfort [40,41].

Regarding safety, only a small minority of respondents (12.1%) reported side effects, a result that was highly significant ($P<0.0000001$). This suggests that, when used appropriately, traditional remedies are generally well-tolerated. Similar observations were reported by Choudhary et al., who found low adverse event rates with herbal and home-based interventions for menstrual complaints [42]. However, despite these promising results, the variability in remedy composition and dosage emphasizes the need for standardized guidelines and further research to ensure both efficacy and safety [43].

Overall, these findings support the continued use of traditional remedies as a complementary approach to menstrual health management, particularly in settings where access to modern medical care may be limited.

Conclusion Traditional remedies are widely utilized and are perceived as effective approaches for managing menstrual health issues among schoolgirls. The high proportion of respondents reporting symptomatic improvement, coupled with the low incidence of reported side effects, underscores their perceived efficacy and safety. These findings suggest that traditional remedies provide a culturally acceptable, accessible, and cost-effective option for menstrual health management, particularly in communities with limited access to modern medical care. Traditional remedies are commonly used and perceived as effective measures to manage the menstrual health issues. But proper awareness of safe use of the materials and open discussion about menstrual health and its issues are essential for adolescent well-being.

Recommendations

To ensure adolescent well-being and maximize the benefits of these practices, several recommendations are essential

Promote Awareness of Safe Use: Educational initiatives should focus on the proper application and safe use of traditional materials (e.g., proper temperature for hot water bags, identification of safe herbal teas) to minimize potential risks or side effects.

Encourage Open Discussion: Healthcare providers, educators, and community leaders should foster open discussions about menstrual health and related issues. This helps normalize conversations, ensures adolescents feel comfortable seeking advice, and facilitates the integration of safe practices into overall well-being strategies.

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