

**HAMARI KAHANI,
HAMARA MUSTAQBIL:
ADDRESSING
MENSTRUATION TABOOS
AMONG ADOLESCENT
GIRLS IN DISTRICT
RAWALPINDI,
PAKISTAN**



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Background

Menstrual health among adolescents in Pakistan is a complex subject, with shifting social, cultural, and economic patterns and constraints. A significant gap exists in comprehensive menstrual health education, particularly in rural areas and marginalized communities in urban slums, which contributes to misconceptions and poor hygiene habits, especially among adolescent girls. Consequently, inadequate menstrual hygiene management poses serious health risks, including reproductive and urinary tract infections, highlighting the need for addressing this issue for adolescents' overall well-being. Additionally, entrenched social stigma and cultural taboos surrounding menstruation contribute to feelings of shame and may resultantly hinder access to education for girls. By addressing menstrual health, stakeholders can mitigate health risks, promote gender equality in education, and challenge societal norms, thus fostering a healthier and more empowered adolescent population in Pakistan.

Introduction

Menstruation refers to a natural biological process where women and girls shed uterine lining every month through vaginal bleeding. The onset of menarche¹ is generally seen as the transition from adolescent girl to womanhood across most cultures and countries. Based on extensive literature from low and middle-income countries, there is a strong cultural stigmatization of menstruation which results in superstitions relating to witchcraft, restrictions on girls' mobility and socialization, and distancing from male family members after menarche, leading to young girls developing anxiety and negative experiences of menstruation. (Hennegan et al., 2019). Adolescent girls in resource-poor countries also have poor menstrual hygiene management (MHM)² practices due to cultural taboos, as well as the lack of affordability to purchase proper menstrual hygiene products, no privacy, and inadequate sanitation facilities in their schools and homes (Kuhlmann et al., 2017).

In Pakistan, like many countries across the globe, menstruation is perceived as a shameful and private matter, not meant to be discussed openly. Adolescent girls in Pakistan, due to this notion of shame and secrecy, lack accurate knowledge and awareness regarding menstruation. According to Shah et al. (2023), 51.7% of schoolgirls were not even aware of menstruation before their first period. Therefore, due to limited knowledge, many girls associate menarche with negative sentiments like anxiety, fear, and depression (Bashir et al., 2020). Additionally, several studies conducted in Pakistan highlight that girls often felt scared when they had their first period because they did not know what was happening to them (Arshad Ali et al., 2020; Michael et al., 2020; Shah et al., 2023).

¹ Menarche refers to the onset of menstruation for the first time

² MHM refers to the comprehensive approach to ensuring that women and girls can manage their menstruation safely, hygienically, and with dignity (Budhathoki et al., 2018)

These anxieties are further compounded by the cultural taboos that stigmatize menstruation and help propagate misinformation.

Furthermore, Pakistan's status as a lower-middle income country also exacerbates challenges towards proper MHM due to period poverty³. Young girls find menstrual products to be unaffordable, leading to the use of old pieces of cloth and rags instead of proper menstrual hygiene products like pads or tampons (Bukhari et al., 2023). Due to unaffordability and lack of knowledge, girls often adopt unhygienic practices like reusing cloth and not regularly changing the absorbent material which causes urogenital infections and rashes (Mubashra et al., 2021). Girls are also taught to hide their menstrual absorbents from men, so instead of drying their rags in the sunlight after washing them, they dry them in damp and dark places like closets, causing health problems, including recurrent infections, when they reuse them (Ali & Rizvi, 2010). This is amplified for adolescent girls living in rural areas, who have even more limited access to information. According to a recent study conducted in urban and rural regions of Sindh, 71% of girls in urban areas were found to have good MHM practices, compared to only 12% of girls in rural areas (Aziz et al., 2024).

A major factor behind these poor practices is that there is little to no formal education imparted to girls regarding adolescent sexual and reproductive health. For many young girls in Pakistan, their mothers (53%) and teachers (27%) are their primary information sources regarding menstruation according to a nationwide poll conducted by UNICEF (2017). Another study conducted with teachers from the schools of the Hyderabad Directorate of Education found that 71.3% of school curriculums did not comprehensively cover menstruation and 56.8% of teachers also stated that they were not given special training on menstruation (Proff et al., 2023). Similar findings were reported from Balochistan, where 77.7% of school-going adolescent

³ Period poverty refers to the lack of access to sanitary products, menstrual hygiene education, washing facilities, waste management, and other essential resources needed for managing menstruation (American Medical Women's Association, 2019)

girls stated that no formal session on menstruation was ever organized in their school (Michael et al., 2020).

This lack of awareness is worse for girls who are not enrolled in school as their avenues for obtaining knowledge, such as through teachers and class fellows, are even more limited (Ali & Rizvi, 2010). Current estimates show that Pakistan has the second-highest number of out-of-school children in the world, numbering approximately 22.8 million, the majority of them girls (UNICEF, n.d.). It is traditionally believed that menstruation marks the transition from girl to woman, thereby shifting the focus of girls' families from education to marriage. The findings of an online poll demonstrated that 89% of mothers of adolescent girls believed that menarche indicated that a girl was ready to be married (Aurat Raaj, 2021a). This is not the sole factor behind girls' school dropout rates, however, as poor management of girls' menstrual hygiene is also one of the underlying causes. Several studies have found that during menstruation there is a significant percentage of school absenteeism among adolescent girls in Pakistan (Michael et al., 2020; Nawaz et al., 2017). Many girls feel very self-conscious when they are on their period and resultantly avoid any public setting due to fear of their menstruation being revealed to anyone else. According to a study, 91.3 % of girls stated that they feel worried if their period suddenly starts when they are in school and several girls miss school to avoid the embarrassment of stains (Proff et al., 2023). These fears primarily stem from sociocultural norms that stigmatize menstruation as a shameful matter. Simultaneously, many schools lack proper infrastructure for girls to manage their periods with dignity and hygienically. An estimated 1 in 3 schools in Pakistan do not have proper sanitation facilities, playing a major role in the drop-out rates of girls post-puberty (WaterAid, n.d.). Moreover, many schools in Pakistan lack gender-sensitive design in their toilets as they offer no proper means for the disposal of menstrual hygiene products and rag pads such as dustbins (Mumtaz et al., 2019). Additionally, public schools in rural areas often offer no privacy to girls due to the absence of locks, along

with severe deficiencies in WASH⁴ infrastructure including lack of running water, no soap, and no dustbins (Javeed, 2020). Combining all of these factors, girls are often left with no choice but to miss school.

For a developing country like Pakistan, ensuring that young girls can manage their menstruation with dignity, along with access to the proper resources and information, is crucial for their empowerment, academic success, and mental well-being. It is a cross-sectoral issue that intersects with several key development challenges including gender equality, health, education, and sustainable development. In this regard, *Figure 1* on page number 6 details how the effective MHM of adolescent girls is crucial to achieving the Sustainable Development Goals (SDGs)⁵. Therefore, it is imperative to develop multi-sectoral and gender-sensitive programming and policy recommendations that effectively address the root cause of the issue and can impart girls with the proper knowledge to empower themselves. As a result, SSSO has conducted qualitative research with adolescent school-going girls to generate evidence-based and data-driven recommendations that are “girl-led” and grounded in indigenous knowledge and data.

Objective of the Study

To assess the existing status of menstrual health awareness, practices, and challenges among adolescent schoolgirls in Rawalpindi district, with a focus on identifying gaps in adolescents’ health and well-being education, hygiene management, and societal attitudes with the aim to improve menstrual health outcomes.

⁴ Water, sanitation and hygiene

⁵ Developed by the UN, the 17 SDGs are a series of goals addressing key development challenges by 2030. Pakistan is also signatory to achieving sustainable development in light of the 17 SDGs.

Figure 1: Why MHM is essential for Pakistan to achieve the SDGs



Methodology

1. Research Design

A qualitative research design was used for this policy brief to gain an in-depth understanding of the knowledge, attitudes, and practices of adolescent schoolgirls in Pakistan, especially in the context of cultural taboos. Qualitative research is particularly beneficial for policy research to extract rich data covering multiple angles of an issue and is also instrumental in collecting the varied lived experiences of groups whose voices are not usually part of mainstream discourse (Sofaer, 1999). This approach enabled the direct collection of responses from adolescent schoolgirls to formulate recommendations for gender-inclusive programming and policy formulation for NGOs, the education sector, government, and policymakers in the domain of MHM, WASH, and adolescent sexual and reproductive health education.

2. Data Collection

An interactive qualitative research session was conducted at a private school in the Rawalpindi district in October 2023 to assess the perception of adolescent schoolgirls regarding menstrual health and hygiene. The girls were selected using purposive sampling, specifically focusing on girls in grades 6 to 8 who had experienced menarche. The participants ranged between 11 to 14 years of age, with a total of 36 girls taking part. In qualitative research, a sample size of 9-17 interviews is generally when data saturation occurs based on the most recurring themes (Hennink & Kaiser, 2022). For data collection, a female facilitator from SSDO held an interactive session with the girls on basic hygiene and nutrition to make them comfortable, which was then followed by a short narrative on menstruation. To ensure that the students would not hesitate in partaking in the data collection, the facilitator and research team were women, who also shared their own menstruation experiences to develop a rapport with the girls. In addition, the session was held in

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Girls fly paper airplanes as part of the data collection activity

a closed classroom giving full privacy to the participants. After the interactive session, girls were then asked to anonymously write down menstrual taboos and practices on a piece of paper, which they folded into paper airplanes and flew across the room as part of a game. Each girl read the information on the airplane she caught and a group discussion on the content followed. Notes and jottings of the discussion were taken by the research team. The use of a game and anonymously writing down the responses made the girls more comfortable in disclosing their true thoughts and perceptions without fear of any judgment.

3. Data Analysis

The responses and notes were translated from Urdu into English and after transcribing were compiled into a Microsoft Excel database. To

analyze the data, thematic analysis was used to identify the recurring themes and patterns. Codes were generated and then assigned to different themes and subthemes. The subthemes were then compiled into the overarching main themes of the data.

4. Ethical Considerations

As the participants of this research were minors, informed consent was obtained from their guardians and the school administration. Additionally, assent⁶ was taken from the schoolgirls who were informed of the details and objectives of the study. They were also assured that they could revoke their assent at any time and could refuse to answer any question. Furthermore, all responses collected from the students were anonymous and no additional information was collected including age, grade, or any other identifier.

⁶ Assent is the agreement of someone not able to give legal consent to participate in the research. This includes children.



Findings demonstrate that adolescent girls associate feelings of shame with regards to their period and have internalized several harmful myths and misconceptions

Key Findings

1. Knowledge and Awareness of Adolescent Girls Regarding Menstruation

Limited knowledge and understanding

Overall, the majority of the schoolgirls exhibited limited in-depth and factual knowledge regarding menstruation, especially when it comes to distinguishing between scientific facts and cultural myths. On the surface level, they knew that the menstrual cycle involved regular monthly vaginal bleeding after menarche and viewed it as a normal biological process. However, most could not explain the reason behind the menstrual cycle. Some vaguely associated menstruation with women's health, but their knowledge did not extend much further. Additionally, a minority of schoolgirls still referred to menstruation as a "disease" and "weakness", even deeming it "a bad thing". This ties into a larger framework of Pakistan's socio-cultural fabric that deems menstruation and sexual health to be a private and shameful matter, where young girls are often discouraged from asking questions and engaging in discussions about these matters, thereby limiting their knowledge and understanding.

Inadequate menstrual health education

The current educational curriculum in Pakistan does not comprehensively address adolescent sexual and reproductive health, leaving young girls inadequately prepared for proper MHM and dismantling widely prevalent cultural taboos. All respondents stated that there were no formal lectures, classes, or sessions organized by their schools to educate them about menstruation and good menstrual hygiene practices. Many girls reported that prior to their first period, they were utterly unaware that such a phenomenon existed, leading to them mistaking it for some sort of infection or disease. Therefore, the onset of menarche had significant ramifications on their mental health, causing anxiety and stress as they struggled to understand the changes their bodies were undergoing. Moreover, the lack of proper scientific knowledge also led

to them internalizing harmful myths and taboos, such as bathing and dietary restrictions, improper use and cleaning of menstrual hygiene products, and being confined to their homes during menstruation. This led to stress, poor hygiene practices, school absenteeism, health risks, social isolation, low self-esteem, and reinforcement of gender inequality.

Misconceptions and misinterpretations

"Some people around me say that if a girl doesn't get her period, then they are skeptical of her character and morals."

Adolescent schoolgirl, aged 11-14

The findings demonstrated that respondents held a wide variety of misconceptions regarding menstruation. Some believed that menstruation and a woman's character were correlated, associating the absence of a period with women of *"bura kardaar [bad character]"*. Similarly, some girls stated that those girls who do not experience menstruation were not *"real women"* and had *"gender issues"*, signifying that they believed menstruation to be an integral part of womanhood and gender identity. In terms of misconceptions regarding menstrual health, when discussing menstrual cramps and pain, some girls believed that any dysmenorrhea⁷ was abnormal and indicative of poor health. They also held the notion that women and girls who did not experience menstrual pain were somehow healthier, even describing them as *"powerful"*. While excessive pain during menstruation does call for attention, it is important to note that some degree of dysmenorrhea is normal, with previous research conducted in Pakistan indicating that around 91.5% of women and girls experience it (Ullah et al., 2021). Once again, this demonstrates the need for the integration of adolescent sexual and reproductive health into the curriculum.

⁷ Pain during the menstrual cycle



Girls anonymously write down their thoughts about menstruation and associated taboos, which they then folded into paper airplanes

2. Attitudes Towards Menstruation: Cultural Taboos and Myths

Menstruation is dirty and impure

"Whenever we are on our period, we should maintain a distance from our father and brothers because menstruating women are impure. Therefore, if we get too close to them, then the bodies of our father and brothers would also become impure."

Adolescent schoolgirl, aged 11-14

The word most commonly used to describe menstruation was that it was a "dirty" thing, coupled with the assumption that a menstruating woman was deemed to be impure. Furthermore, it was believed that this alleged impurity could be transferred to others through physical contact or even being near to others. Consequently, these young girls were subjected to a slew of restrictions, refrained from touching certain items, and were instructed to maintain a distance from their male family members in particular. This contributes to the stigmatization of menstruation, perpetuating negative stereotypes and sentiments in young girls.

Menstruation is shameful and private

Girls associated a degree of shame and embarrassment with regard to menstruation, disclosing that they were taught to believe it is an entirely private matter and should not be openly discussed with anyone, especially men. The girls stated that they would take utmost care to ensure that they would not stain their clothes and that they would always keep sanitary pads easily accessible in their bags, so they would not need to ask for pads from anyone, especially from strangers. Furthermore, the shame and stigma around menstruation were also evidenced by many girls refusing to refer to their menstrual hygiene products directly by their names, instead choosing to refer to them through euphemistic terms such as "emergency items", "the thing you use during your period", and "your personal things". This avoidance of direct terminology highlighted their embarrassment and internalization of menstrual stigmas.

Fear of stains

Due to the embarrassment associated with menstruation, adolescent schoolgirls exhibited a great fear of staining their clothes, which they equated to a public announcement that they were on their period. Their elders also heavily discouraged wearing white clothes, pushing them to wear dark colors to help conceal any potential marks. Therefore, they stated that they would take meticulous care to ensure discretion. Resultantly, they would become anxious and hyperaware of their surroundings and be extra vigilant with even the slightest movement, constantly checking their clothes for stains every time they stand up and sit in fixed, uncomfortable positions. Fear of stains is also a major factor behind school absenteeism for many girls, especially those without access to proper menstrual hygiene products. (Nawaz et al., 2017). This exemplifies the discomfort and anxiety that girls feel due to cultural taboos that stigmatize menstruation.

Exclusion of men from menstrual discourse

"We should not discuss our period or any issue related to that with boys. If we tell them something, they'll turn it into a joke and tell everyone. This will only make us feel even more embarrassed."

Adolescent schoolgirl, aged 11-14

The predominant consensus was that menstruation is a "woman's issue" and should never be discussed with men, even if they are family members. Girls were expected to keep their menstruation private, as it is associated with modesty, because of the perception that it is something "good girls" do. Traditional gender roles and societal expectations encourage gender segregation, which significantly impacts discussions about menstruation and reinforces these cultural norms. This is also reflected in the anxieties that young girls in school experience during their menstrual cycle. They are afraid that in case of any incident, such as staining or other visible indicators of their period, their male class fellows would ridicule them instead of helping them. Due to the absence of any sexual and reproductive health education in the curriculum, young boys lack a nuanced

understanding of menstruation, contributing to this behavior towards menstruating girls. Even at the family level, girls stated that their mothers instructed them to maintain a distance from their male relatives.

Reliance on mothers and teachers for guidance

Mothers emerged as the primary source of information for young girls regarding menstruation and it was observed that they had full confidence that their mothers would guide them correctly. Essentially, the level of awareness of their mothers formed the basis for the girls' awareness and attitudes.

"We should always listen to our mothers because they want the best for us."

Adolescent schoolgirl, aged 11-14

However, the findings demonstrated that mothers played a reactive role, not a proactive one. Girls were generally not introduced to menstruation until their mothers noticed that they started menarche. Another key finding was that after their mothers, girls looked to their female teachers as a source of guidance and information. This reliance on teachers was encouraged by their mothers, who instructed them to look to their teachers for support in case of any issues or surprises. In fact, it has been documented that supportive and positive attitudes of teachers toward menstruation result in good MHM practices and academic well-being among Pakistani schoolgirls (Farooq & Khan, 2022). Thus, mothers and teachers can play a crucial role in imparting factual information to girls regarding menstruation.

3. Practices, Behaviors and Restrictions

Menstrual hygiene products

The most commonly used menstrual products were disposable sanitary pads and cotton cloth. The cloth was washed and discarded, with very rare instances of them reusing it. Girls also generally kept pads handy in their bags when going to school to avoid any untoward circumstances. In terms of hygienic practices, their knowledge of how often they should change their pad varied, with some citing that pads

had to be changed every 4-5 hours, while others stated that 8-9 hours would be the maximum timeframe.

Bathing and hygiene

The majority of the girls believed that bathing during their period was detrimental to their health. However, by not bathing and washing themselves, girls can put themselves at an increased risk for UTIs⁸ and other infections (Mirghafourvand et al., 2024). The widespread misconception was that bathing could result in increased cramps and discomfort, as well as stopping blood flow altogether. Some girls would refrain from bathing in the initial days, while others avoided bathing during the entirety of their period. Conversely, some girls voiced the opposite opinion and believed that special attention must be given to cleanliness and hygiene during menstruation, advocating for regular baths.

Dietary practices and restrictions

Myths and superstitions surrounding menstruation also extended to girls' food preferences and eating habits. Findings demonstrated that their elders would forbid them from having cold foods such as soft drinks and ice cream, believing that it would negatively affect their menstrual cycle. Moreover, girls were also told to use natural and homemade remedies to alleviate menstrual cramps, by consuming boiled eggs, hot drinks, and warm and turmeric-infused foods. This underscores the significant importance girls place on generational knowledge passed down from their mothers and grandmothers.

Refraining from physical activity

During their period, girls markedly limited their mobility and physical activity, adopting a more sedentary lifestyle. The extent of this limitation varied, as some of them refrained from more high-intensity sports, exercises, jumping, and running, whereas others chose to eschew any form of physical activity, even walking. Some of it stemmed from a belief that excessive movement would be detrimental to their health and aggravate their cramps. However,

⁸ Urinary tract infections

engaging in exercise may provide relief against dysmenorrhea (Armour et al., 2019). More importantly, it was also observed that fear of stains was also a major factor, further restricting their physical activities.

Exclusion from the public sphere

"Growing up, we've always heard that girls shouldn't go outside their homes when they're on their period. If it is absolutely necessary to go to school or college, then they must wear a burqa when they go out."

Adolescent schoolgirl, aged 11-14

In some extremes, girls would be prohibited from leaving their homes by their elders, even to go to school. Due to social norms rooted in patriarchy, their elders associated hiding menstruation with modesty, wanting to minimize the chances of there being any public signs of menstruation such as visible stains. In other cases, since menstruation is seen as a sign of transition from girlhood to womanhood, girls were now perceived as adults and instructed to stay at home to maintain *purdah*⁹. If it was an absolute necessity for them to go out, they were instructed to wear black abayas and burqas, to ensure that any indication of menstruation remained concealed. This imposed exclusion of girls from the public sphere every month can severely limit girls' participation in family, educational and community activities, affecting their self-esteem, psycho-social development and mental well-being.

⁹ The seclusion of women from men by limiting interaction with them, staying at home, and covering themselves when they go out

How to empower adolescent girls to manage their menstrual health and hygiene?

Add menstrual hygiene in school curriculum

Adolescent sexual and reproductive health should be part of school curriculum for both girls and boys



Ensure gender-sensitive and WASH-friendly school bathrooms



Menstrual hygiene products



Toilet paper and dustbins



Soap and running water

Train school faculty and administration

Teachers must be capacitated on how to inform students, both girls and boys, in a sensitive, scientifically-correct and age-appropriate manner



Mass awareness campaigns

General public can be made aware through television, radio, social media, newspapers, and billboards



Educate and empower communities to dispel myths and taboos

Special focus must be given to educating mothers, as they are the biggest influencers for adolescent girls when it comes to menstruation



Educate men and boys

Considering men are often the decision-makers in Pakistan, awareness sessions must be held to transform their thinking patterns and beliefs



Policy Recommendations

1. Education Sector

- **Development and integration of comprehensive adolescent sexual and reproductive health into the school curriculum.** The curriculum should be science-based, covering menstrual health, MHM practices, reproductive health, and nutrition, which will eliminate myths and misinformation. It should also be aimed at both girls and boys.
- **Develop age-appropriate IEC material to inform young girls and boys on menstruation and effective MHM.** Through the development of audio-visual content like documentaries, cartoons, and comic books, children can learn in a more fun and appealing way.
- **Create designated safe spaces and support groups for girls inside their schools.** Some girls might be more comfortable discussing menstruation with their peers, as compared to their elders. This will allow girls to openly share their experiences with each other, giving them a platform for sharing advice, information and resources.
- **Develop training programs for school faculty and administration on educating students on MHM.** Teachers must be capacitated on how to inform students, both girls and boys, in a sensitive, scientifically-correct and age-appropriate manner, as well as answer any questions or concerns they may have.
- **Ensure a WASH-friendly and gender-sensitive sanitation infrastructure in schools.** All schools must designate separate toilets for girls and boys. Girls' toilets must be equipped with proper locks, toilet paper, soap, and proper disposal mechanisms for their menstrual hygiene products.
- **Provide access to menstrual hygiene products in schools.** Teachers, school nurses and admin staff can be assigned the responsibility to keep these products available in

their desks to provide pads to girls in case of any emergency. It is especially essential for students coming from low socioeconomic backgrounds who cannot afford quality menstrual hygiene products, making them more susceptible to infections and school absenteeism.

- **Establish hygiene clubs in schools to promote healthy behaviors.** Students will be able to actively participate in promoting self-hygiene through peer-to-peer activities such as seminars, posters, plays, sports, and other extra-curricular activities.
- **Impart knowledge about the use of environment-friendly menstrual hygiene products.** In contrast to sanitary pads, reusable products like cloth pads, period panties and menstrual cups, are not only more eco-friendly but also more economical in the long term. Additionally, to reduce menstrual waste, girls should be made aware of how to properly dispose of single-use menstrual hygiene products. For this, schools must also provide dustbins in girls' toilets specifically designated for menstrual waste only.

2. Government

- **Formulate and implement policies that mandate the inclusion of adolescent sexual and reproductive health into the school curriculum.** Federal and provincial governments must mandate age-appropriate, scientifically grounded, and culturally sensitive sex-ed curriculum for both public and private schools at primary, middle and high school levels.
- **Allocate budgetary resources for effective MHM and WASH infrastructure in schools.** This must encompass funds for curriculum development, sex-ed resources, teacher training, providing free menstrual products in low-income schools, and construction of proper toilets.
- **Implement tax reforms on menstrual hygiene products.** The luxury tax on menstrual hygiene products must be

removed as they are basic necessities. The lowered price will make quality menstrual hygiene products accessible to girls from poorer backgrounds as well.

- **Subsidize and incentivize local industries to produce low-cost menstrual hygiene products.** To produce budget-friendly products and foster the economic growth of local industry, incentives should be given to develop low-cost and environment-friendly menstrual products made with local raw materials.
- **Allocate budget for the distribution of free menstrual hygiene products.** Schools and basic health units in rural and low-income neighborhoods must provide free menstrual hygiene products for girls.
- **Develop community-driven interventions to dispel menstruation taboos and misconceptions.** The government should partner with NGOs to conduct mass awareness drives that dismantle the negative cultural attitudes and taboos around menstruation, while also promoting hygienic practices.
- **Integrate MHM awareness into public health initiatives.** Health Departments at the provincial and district levels must ensure MHM is an integral component of public health service delivery in their respective domains.
- **Ensure constant monitoring and evaluation of MHM policies and programs.** Quantitative and qualitative indicators should be set up against key development milestones to measure the progress and effectiveness of the government's initiatives to promote MHM.
- **Mass awareness campaigns should be organized to raise awareness of MHM and dismantle taboos.** With the support of NGOs and media, the general public can be made aware through television, radio, social media, newspapers, and billboards.

3. Non-governmental Organizations

- **Conduct awareness campaigns, open forums and community workshops to educate the community at the grassroots level.** Considering men are often the decision-makers in Pakistan, they must be part of these dialogues to dispel menstruation-related taboos. Special focus must also be given to educating mothers, as they are the biggest influencers for adolescent girls when it comes to menstruation.
- **Design and implement girl-led initiatives to raise awareness of MHM and empower girls.** Girls and young women must be at the center of MHM project interventions, and their voices should be integral to program design and implementation.
- **Develop interventions that are culturally sensitive and community-owned.** Effective solutions are implemented by understanding the cultural contexts, incorporating indigenous knowledge, ensuring community mobilization, and working with community influencers such as religious leaders, teachers, and women’s rights activists.
- **Provide support to the government and foster public-private partnerships.** NGOs can help provide financial resources and training opportunities to the public sector, which is often overworked and underfunded.
- **Carry out distribution drives to distribute free menstrual hygiene products.** NGOs must provide free-of-cost menstrual hygiene products such as sanitary napkins and reusable cloth pads to girls living in slums, squatter settlements, and displacement camps, as well as schoolgirls from low-income backgrounds.
- **Conduct research and data collection to inform future programmatic interventions.** Through monitoring and evaluation, feedback from beneficiaries can help inform best practices.

Conclusion

Despite increased access to electronic and social media platforms, cultural taboos, beliefs, and misinformation about menstruation persist among adolescent schoolgirls in Pakistan. As a result of the stigmatized belief about menstruation, there have been poor hygiene practices, low self-esteem, increased anxiety, and social isolation. These issues are exacerbated by Pakistan's broader developmental challenges, such as gender inequality, widespread poverty, inadequate school infrastructure, and limited access to healthcare facilities. As a result, empowering adolescent girls in Pakistan requires a combined effort from government institutions, non-governmental organizations, the education sector, and other key stakeholders. It is critical to create and implement girl-led, community-owned, evidence-based awareness campaigns on menstruation in schools and colleges to dispel stereotypes, educate communities, and empower young girls to manage their menstruation with confidence and participate with their full potential in their schools and communities.

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