

PEER ETHNOGRAPHIC STUDY ON MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN NEPAL



BACKGROUND

Menstruation signals a girl's entry into womanhood, sexual activity, and reproduction and as such, is a crucial time for adolescent girls to learn about their bodies and their health. When girls are more knowledgeable about their bodies and fertility, and able to effectively manage their menstrual hygiene, they may be more empowered and better equipped with the information, tools, and confidence necessary to manage their long term sexual and reproductive health, including family planning. A Peer Ethnographic Study was conducted among adolescent girls to learn about girls' experience of menarche and menstruation, their attitudes about the experience, the role that family, friends and institutions play, and the potential for making a positive change in Menstrual Health and Hygiene Management (MHM).

METHODOLOGY

In this study, ethnography was the primary research method, employing peers of adolescent girls to observe and interact with participants in their daily environment to capture the "lived" experience of MHM. Through this combination of participant observation (i.e., the central mode of ethnography), in-depth interviews (IDIs) and Focus Group Discussion (FDG) data were collected to present a more holistic and nuanced picture of MHM as an experience in Nepal. The data collection tools were developed in

English by the PSI Nepal team using the ecological framework for MHM research¹ and pre-tested in the field prior to finalization. The study protocol was approved by the Nepal Health Research Council Ethical Review Board.

KEY FINDINGS

Adolescent Girls' Individual Lived Experiences

• Adolescent Girls' Menarche (First Menstruation)

Girls' experience of menarche was characterized by a lack of preparation that exacerbates feelings of shame and discomfort. Rather than harness their initial curiosity about menstruation that might be cultivated into a healthy regard for the phenomenon, their experience was often one of surprise, confusion, and solitude. Most girls shared their experience with significant females in their lives – mothers, sisters, aunts, and friends.

• Experiences with Menstruation

Girls develop various coping strategies to deal with the abdominal pain, headaches, and paranoid feelings about being observed or teased about menstruation. Due to these physical and emotional stressors, combined with a lack of support, girls experience (sometimes intense) social detachment, often missing school and avoiding important cultural events in their communities. In some cases, the decision to visit a

Elected Districts, Caste/Ethnic Groups, and Sample Size

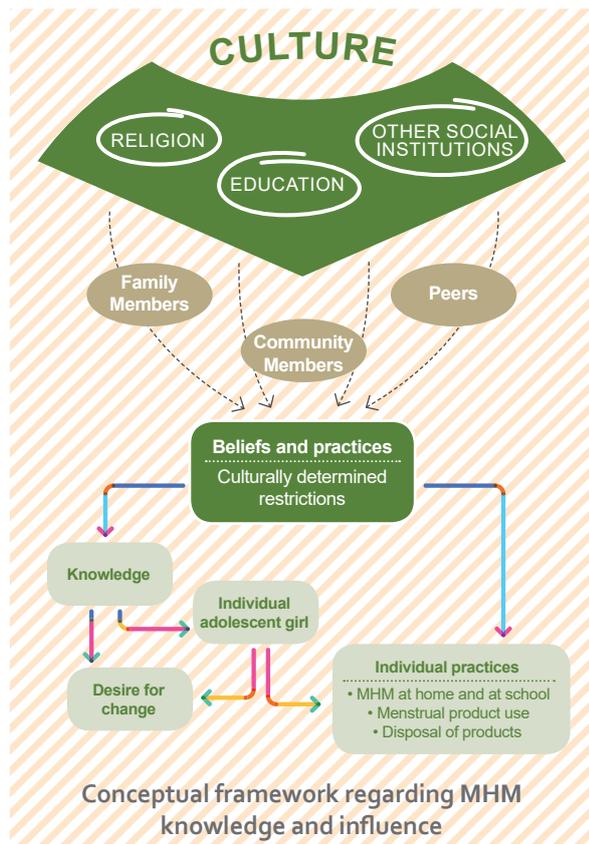
Province	Ecological Zone			IDIs	FGDs
	Mountain	Hill	Terai		
Eastern (Province 1)	-	Khotang (Rai/Kirat)	Jhapa (Rajbansi)	12	8
Central (Provinces 2 and 3)	Sindhupalchok (Tamang)	Bhaktapur (Newar)	Rautahat, Mahottari (Dalit/Madhesi- Mithila)	24	16
Western (Province 5)	-	-	Kapilvastu (Muslim)	6	4
Mid- Western (Provinces 5 and 6)	Mugu (Khas-Arya/Dalit)	Rolpa (Magar)	Dang (Tharu)	18	12
Far-Western (Province 7)	Baitadi (Khas-Arya/Dalit)	Achham (Khas-Arya/Dalit)	-	12	8
				72	48

1 UNICEF & Emory University, 2013

faith healer rather than a clinic may be an economic one, but more often, these decisions were made in line with prevailing ideas about the proper way to control the potential “effects” of menstruation on the adolescent girl, on her family, and on society.

Adolescent Girls’ Experience as Shaped by Others

Adolescent girls from all the districts had a certain level of knowledge and information in terms of menstruation with equal parts misinformation. The use of the words “impurity” and “harmful” indicated that the girls had already inculcated some negative ideas about menstruation. Adolescents perceived menstruation as



a healthy process and a matter of pride, but they also feared becoming infertile and stigmatized in case they do not menstruate. The knowledge about menstruation – factual and otherwise – was nearly wholly dependent on the sources of information.

• Sources of Information

Female family members and friends were the primary sources of information and support to girls about MHM. The rare exceptions mentioned learning through menstrual health discussions at school. Despite these sources of information, sufficient and accurate knowledge about MHM was not present in these communities. The misunderstandings and gaps in knowledge persist into early adulthood.

• Others’ Beliefs and Common Practices Regarding Menstruation

Adolescent girls’ attitudes and beliefs about menstruation were largely shaped by other people in their lives, whose mental investment in the existing beliefs and practices surrounding menstruation powerfully determine future attitudes about health and reproduction. High levels of cultural tradition and rigid adherence to it corresponded with high levels of menstrual restrictions, and that low levels of cultural rigidity corresponded with low menstrual restrictions.

• Generation to Generation

Across districts, restrictions during menstruation were common and always the result of ideas passed down over generations through family and important cultural figures, such as priests and shamans.

Adolescent Girls & MHM and MHM Products

The limited availability of sanitary pads and separate facilities for adolescent girls is a major impediment to improving MHM. Should pad use increase, proper disposal will remain a lingering challenge to overcome.

Signs of Change

Many adolescent girls expressed a strong desire to see coercive MHM practices and attitudes changed in their society. Some adolescent girls – whether through mass media, education, or awareness-raising programs – were becoming conscious of the arbitrary nature of many of the menstrual restrictions. While they may continue to observe these restrictions to satisfy family expectations, the reflections they shared about these restrictions indicate a welcome potential for promoting improved and secularized MHM practices.

STUDY LIMITATIONS

There were two primary limitations in this study:

• Language Differences

As Nepal is home to more than 100 ethnic groups, languages and dialects can pose occasional challenges. To minimize misinterpretation, participants were provided ample time to re-think and re-visit their answers and experiences.

• Data Collection Challenges

The various commitments of young girls to home, school, and family meant they had limited availability, usually in midday or evenings only. Many young girls did not want to talk about menstruation, so questions had to be repeated and re-framed. This challenge was addressed by allowing respondents ample time to consider what they were being asked and re-visiting questions to ensure consistency.

Recommended Citation

PSI/Nepal, MIRA, and Maverick Collective. 2017. Peer Ethnographic Study on Menstrual Health and Hygiene Management in Nepal. Kathmandu Nepal. <http://maverickcollective.org/wp-content/uploads/2018/04/PSI-Menstrual-Hygiene-in-Nepal-Peer-Ethnographic-Study-Upissue-2.pdf>



KEY INFLUENCER'S STUDY ON MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN NEPAL

BACKGROUND

Safe and effective menstrual health management is a critical component of, and premise for, adolescent girls' sexual and reproductive health. The knowledge and attitudes that key influencers hand down determine and shape the adolescent girls' future actions and beliefs about menstruation, how menstrual health should be maintained, and transmit many important messages about female roles in society. "Who" the key influencer is matters. "What" the key influencer knows (in terms of accuracy and empirical foundation) determines his or her attitudes about menstrual health and hygiene management (MHM). In this context, a comprehensive list of key influencers were enlisted and their level of influence identified.

METHODOLOGY

Key Influencers were identified following In-depth interviews (IDIs), Focus Group Discussions (FGDs) and literature reviews. Data was collected between 13 April and 17 May, 2017 and the study was conducted in 12 districts of Nepal (2 villages in each district) representing urban and rural settings from three ecological zones and five development regions. Altogether, there were 72 IDIs and 408 participants in 48 FGDs. Ethical approval was obtained from Nepal Health Research Council's Ethics Committee.

Table 1. Breakdown of Identities of Key Influencers

Key Influencer Identity	# Interviewed for This Study
Mothers	19
Fathers	2
Brother of Adolescent Girl	1
Sister of Adolescent Girl	1
Friend of Adolescent Girl	1
Teachers	18
Religious Leaders	9
Traditional Healers	9
Social Workers	7
Health Professionals	5

KEY FINDINGS

- Key influencers were comprised of a vast group, including mothers, teachers, religious leaders, faith healers, traditional healers, social workers and health service providers.
- Mothers were the immediate source for information, as they provided support during menstruation, followed by sisters and female friends.

Key Influencers' Knowledge

Key Influencers develop layers of understanding in terms of what is clean and dirty and people relate these attributes to good health and bad health. Understanding these symbolic meanings were essential to develop a nuanced view of the levels of understanding and awareness about MHM.

Key Influencers' Beliefs and Perceptions about Menstruation

Beliefs, attitudes, and social norms around menstruation forms a complex web of control that limits adolescent girls' and women's independence. These controls ultimately strengthens the position of men in the society by placing the burden of responsibility for managing menstruation on females. But the women are rarely given any corresponding authority or freedom to manage it responsibly and in a healthy manner.

Key Influencers' and Socio-cultural Practices around Menstruation

After menarche, adolescent girls' menstruation increasingly becomes subject to sanction and physical separation enforced by patriarchal attitudes regarding men's and women's roles. These attitudes and norms are often enforced by men and women alike on the premise that overall societal health depends on exercising this control over adolescent girls. Restrictive practices were categorized into four themes: 1) responsibility to society, 2) shame, 3) imposed privacy, and 4) seclusion. None of these themes stands alone; in fact, they were deeply entwined just as the complex of norms and attitudes around menstruation and



Focus Group Discussion with Key Influencers' - Bhaktapur

form a sophisticated web that entraps, rather than liberates, adolescent girls.

Key Influencers' Perspective on MHM Practices, Products and Services

School attendance was greatly impacted by the beliefs and restrictions surrounding menstruation. In some districts, parents do not allow their daughters to go to school during menstruation; instead, parents insisted daughters to take rest at home. Cost factors aside, barriers to access were found in many districts, where adolescent girls and women had to walk far from home to a market where sanitary pads were available.

Key Influencers' Perspective on Product Disposal

Apart from the availability and affordability of sanitary pads and MHM products, proper disposal was another issue, which was also influenced by existing beliefs and attitudes about menstruation, particularly the controversial issue of "seeing" menstrual blood. This issue was consistent across all districts in the study.

Ideas for Change

Despite the considerable obstacles – attitudinal and practical – many individuals had started to question the foundation and assumptions upon which many restrictions are premised. In some cases these questions emanate from economic concerns, while in others they were the result of external influences such as media, education, or awareness-raising programs. Together, these individuals represented potential points of intervention that could augur much-needed change in MHM and go a long way towards enabling adolescent girls and women to have much more secure and fulfilling lives.



Recommended Citation

PSI/Nepal, MIRA, and Maverick Collective. 2017. Key Influencers' Study on Menstrual Health and Hygiene Management in Nepal. Kathmandu Nepal. <http://maverickcollective.org/wp-content/uploads/2018/04/PSI-Menstrual-Hygiene-in-Nepal-Key-Influencer-Study-Upissue-2.pdf>

2017 SCOPING REVIEW AND PRELIMINARY MAPPING OF MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN NEPAL



BACKGROUND

Menstrual Health and Hygiene Management (MHM) is a wide-ranging issue that requires multi-sector involvement, but thus far, it has only been covered directly under the Ministry of Water Supply and Sanitation's Water, Sanitation and Hygiene (WASH) plans. Most policy documents do not prioritize MHM. Overall, there are various policies and programs under different sectors that mention multi-sector coordination and cooperation; however, there is little to no integration of policies and programs to foster coordination, collaboration, and resource mobilization for MHM. In this context, the report was generated with a comprehensive overview of existing policies, programs, and outcomes of MHM interventions in Nepal and to map out current and potential strategic partnerships that link MHM, Sexual and Reproductive Health (SRH), and family planning which could be applied to a broader context.

METHODOLOGY

Scoping review and preliminary mapping was conducted from August to October 2016. The report includes a review of 34 published and unpublished documents, 28 consultations with concerned stakeholders working in adolescent SRH and/or MHM in different sectors, and nine key informant interviews with policy makers, program managers, non-state actors, and youth members.

KEY FINDINGS

Government Policies and Programs on MHM in Nepal

- The Government of Nepal's (GoN's) major policy documents, such as the National Health Policy (2014), the Health Sector Strategy (2015-2020), and the School Sector Development Plan (2016-2022), have given less attention to MHM. The policy documents under various departments within the Ministry of Women, Children and

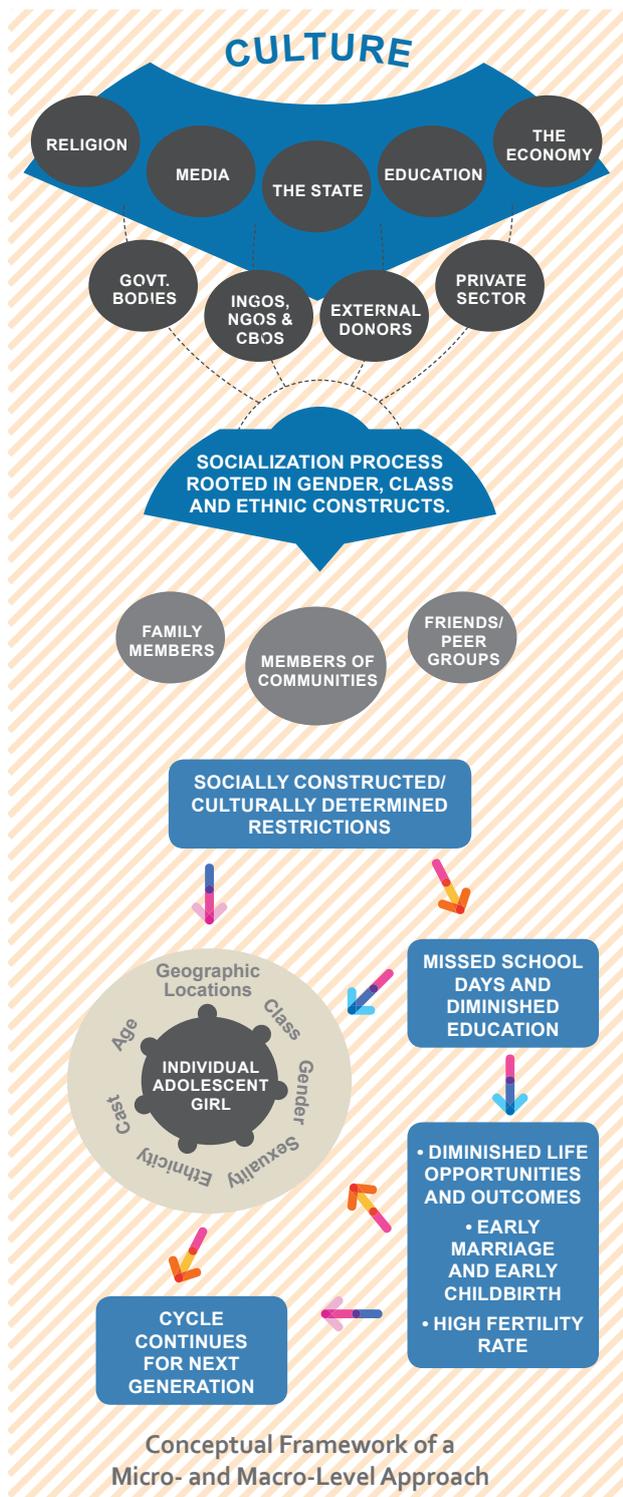
Social Welfare generally remain relatively silent on the issue.

- MHM is typically incorporated as a soft component of WASH programs and does not receive adequate attention. Most documents that include MHM as a major component have yet to be endorsed by the Government. These documents include the Adolescent Health and Development Strategy (2015), Integrating Menstrual Hygiene Management into School Health Program (2015 training package), Water Supply, Sanitation and Hygiene Sector Development Plan (2016-2030), and others.
- The existing MHM programs have typically been implemented within the larger frameworks of Adolescent SRH- and/or WASH-related programs, but overall, existing government programs and activities have given insufficient attention to MHM.

Organizations' Programs, Interventions, and Activities on MHM in Nepal

- Education and awareness programs were the most common MHM interventions carried out by a majority of non-governmental organizations (NGOs) that participated in this study (93% out of 28 organizations).
- Out of 28 organizations, only 14% were working in developing policies, guidelines, and program development, while just 21% were working in advocacy.
- Another major activity among organizations was the construction and renovation of separate toilet facilities for girls and boys. 29% percent of organizations were developing MHM-friendly sanitation facilities, along with raising awareness on MHM and hygiene in general.
- Only 7% of organizations were providing sanitary pads, but there were further challenges associated with demand creation – regular supply of raw materials, production of quality products, and product acceptance and utilization.

- Overall, very little research exploring MHM in Nepal had been carried out to date.
- Very few organizations have given proper attention to the critical role of community engagement in sustaining MHM.
- Current programs have not adequately redressed misconceptions, taboos, and harmful cultural and traditional practices surrounding menstruation.



To analyze the context of the stakeholders and their partnerships requires taking both a micro-level and macro-level approach. At the macro-level, society operates within the context of culture, religion, and other social institutions (e.g., the political system, the economy, and education). Infused in each are the social forces of larger social constructions of social class, gender, sexuality, and ethnicity. Also at play at the macro-level are the entities of government bodies, International NGOs and NGOs, the private sector, and external donors. Interactions and socialization processes take place at the micro-level for the adolescent girls themselves, families, and communities (and the intersecting identities of social class, gender, sexuality, geographical location, ethnicity, and caste of each individual therein).

Until organizations and agencies critically examine the socio-cultural context of menstrual health and hygiene, particularly the way gender is socially constructed and reinforced through MHM practices (or lack thereof), conceptualizing an accurate or holistic vision for unlocking better health practices may not be possible.

By linking the micro and the macro together, and by grounding the analyses in the specific socio-cultural context of the adolescent girls themselves, a user-centered solution to improve the menstrual health and hygiene of Nepali adolescent girls and women can be developed.

STUDY LIMITATIONS

- The time period allotted for data collection was a bit short, so only representatives from organizations and governmental agencies working out of or based in Kathmandu were interviewed.
- Some of the studies, policy documents, and research reports were not available for review.
- Because this was a preliminary effort to identify the key actors, stakeholders and programs related to MHM, this report may not necessarily reflect all of the projects and activities of every organization working throughout Nepal.
- While scoping reviews and mapping both have their methodological limitations, these methods were best suited for examining current MHM programs and policies as well as identifying the key stakeholders and potential partnerships for future MHM collaborations.

Recommended Citation

Karki, K. B., Poudel, P. C., Rothchild, J., Pope, N., Bobin, N. C., Gurung, Y., Basnet, M., Poudel, M., Sherpa, L. Y. SCOPING REVIEW AND PRELIMINARY MAPPING Menstrual Health and Hygiene Management in Nepal (pp. 1-96). <http://maverickcollective.org/wp-content/uploads/2017/06/Scoping-Review-and-Preliminary-Mapping-of-Menstrual-Health-in-Nepal.pdf>

MARKET LANDSCAPING OF MENSTRUAL HEALTH AND HYGIENE MANAGEMENT PRODUCTS-NEPAL

BACKGROUND

Many adolescent girls in Nepal lack hygienic sanitary materials and disposal options, access to a private place to change sanitary cloth or pads and clean water to wash their hands, bodies, and (if used) reusable sanitary products. This study focuses on the supply side aspects of Menstrual Health and Hygiene Management (MHM) products in terms of the market size of the various MHM products, key players, distribution channels, sales values and pricing of the various MHM products in order to understand the market and the possible solutions to remove the supply gaps in ensuring safe menstrual hygiene.

METHODOLOGY

A two pronged approach was used to provide an overall view of the MHM market in Nepal. The first was the usage of retail measurement data for sanitary pads which is a syndicated data collected for sanitary pads in urban Nepal market by Nielsen. The information on the other MHM products like panty liners, menstrual cups and tampons was gathered from discussions with various stakeholders engaged in MHM in Nepal. The second approach was qualitative in nature and assessed key market constraints from the perspective of the existing manufacturers, importers, the distribution channel as well as non-government organisations (NGO) engaged in the provision of MHM products and services in Nepal.

KEY FINDINGS

Sanitary Pads

- The urban volume in terms of units of sanitary pads sold in Nepal urban market was 91 million pads annually representing about 60-65% of the total market.
- The hospitals and health posts account for 7 million pads (approx. 5%), large departmental stores account for 14 to 15 million pads while rural areas account for about 30 million pads (20-25%).
- Altogether, 140-150 million pads were sold in Nepal through various distributors and retailers. Everyday approximately 290,000 women and girls

menstruate in Nepal. Hence, the total volume was far below what would be required to reach millions of women and adolescent girls in need for MHM products every month.

- The issue was not limited to supply but also to the subdued demand for such products owing to low awareness and financial constraints.
- Standard guidelines in product specifications such as materials used, specified sizes, manufacturing specification and absorption requirements, disposability, pH values were unavailable in Nepal.
- Local manufacturers were unable to compete with international brands due to high tariffs on importing materials. Sanitary pads were not considered pharmaceutical items and hence the import duties were higher than pharmaceutical items.

Menstrual Cups

- The target consumers were usually age group of 20 years and above, specially those women who were aware of the product or were willing to use new products and take informed decisions.
- The information and awareness was limited to affluent sections of the society and among women who were aware of menstrual products and could afford buying the same.
- In relation to cup size, usually the focus was more on the normal cup size as the women who were willing to experiment were usually those who were aware of their menstruation and reproductive health usually after pregnancy.

Tampons

- The presence of Tampons and their availability could not be observed in the traditional channels although a few Chemists did report occasional stock holding.



Reusable Cloth Pads

The sale of reusable MHM products like reusable cloth pads was an affordable option which also addressed the issues of disposal, and was promoted by various NGO initiatives. Reusable pads were sold by women trained in making these pads under various NGO programs as an income generating activity. Many community based organizations (CBOs) which had entered into production of reusable cloth pad were localized businesses with a catchment area in and around the shops where these pads were made. They had no marketing support other than selling to women's /mothers' groups and schools in rural areas.

From the supply perspective, the market needs to be segmented based on demographic, geographic, psychographic, and behavioral approaches towards MHM products. At present the marketers have their own basis of segmentation based on the purchasing power of consumers and feedbacks from their retail and sales partners. Investments on MHM market development are limited to large companies who promote their brands, but do not invest on raising consumers' awareness on menstrual hygiene. Therefore, the options available to consumers, especially at the bottom of the pyramid, are limited. In order to produce affordable as well as commercially viable MHM products, incentives to manufacturers either in the form of reducing import costs, production of pads in Nepal and tie ups with the Government to promote the same is required. There were many products in the market which did not meet the quality standards owing to the lack of any regulatory

framework for standards of sanitary pads in Nepal. Therefore, the Nepal standards must be documented, notified and implemented in order to avoid low quality products in the market. As multiple agencies were working on localized solutions trying to provide a local livelihood, the challenge was to expand the reach and convert the total market through massive investments in awareness supplemented by product innovations. The MHM market players would require going beyond serving the commercial interests alone, and ensuring reach at price points acceptable to consumers.

STUDY LIMITATIONS

- Out of five, only two local manufacturers and one of the importers could be interviewed for the study. Relevant details of the remaining two brands had to be gathered from the distributors and retailers and informal discussions due to refusals.
- There were no manufacturers of menstrual cups, panty liners and tampons in Nepal and hence the information regarding the marketing constraints faced by the other MHM products could only be inferred from the retail and trade partners.
- Reusable pads were produced by local entrepreneurs and CBOs supported by international agencies, however their penetration in the formal trade was still in its early stages and could not be ascertained from the trade channels.

Recommended Citation

Singh, G., Bartaula, S., Dhakal, N., Gurung, Y., Shrestha, S. K., Basnet, M., Poudel, M., & Sherpa, L. Y. (2017, December 15). Market Landscaping of Menstrual Health and Hygiene Management Products in Nepal.