



# Key Influencer's Study on Menstrual Health & Hygiene Management in Nepal

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Prepared by Population Services International, Nepal

## ACKNOWLEDGEMENTS

This Key Influencers Study on Menstrual Health and Hygiene Management (MHM) in Nepal is one of the first of its kind in Nepal. Through this study, we identified the people who are the key influencers of MHM – the people whose beliefs, perceptions, and cultural value of MHM have powerfully shaped particular visions of this topic in Nepal.

This research was conducted as part of a three-pilot project in partnership with Cristina Ljungberg, a founding member of the Maverick Collective, a philanthropic and advocacy initiative of Population Services International, and Founder and Chairman of Giving Wings, a Swedish foundation focused on education and healthcare for women and girls with a specific interest in menstrual hygiene.

This project aims to identify the key influencers of adolescent girls and the key influencers' beliefs, roles and perceptions about menstrual health and hygiene management in Nepal. With this data, we seek to create the first girl-centered solutions to effectively address the barriers to improve MHM in Nepal.

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## **ABBREVIATIONS**

FGD	Focus group discussion
IDI	In-depth interview
INGO	International non-governmental organization
KI	Key influencer
MHM	Menstrual health and hygiene management
MIRA	Mother and infant research activities
NGO	Non-governmental organization
VDC	Village development committee

## EXECUTIVE SUMMARY

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. Yet effective solutions to improve menstrual health are lacking, as evidenced by girls' lack of knowledge and unhealthy practices. In Nepal, less than half of adolescent girls have adequate knowledge about menstruation, and only one in ten practices good menstrual hygiene. Adolescent girls' inability to effectively manage menstrual hygiene affects their education, physical health, psychological and emotional well-being, and general quality of life.

Adolescent girls in Nepal face many sexual and reproductive health problems and challenges, amidst gender disparity and other discriminatory social norms in Nepali society. Child marriage is legally prohibited, yet 17% of women aged 15-19 begin childbearing (DHS 2016). The adolescent fertility rate is 71 per 1,000 women aged 15-19 years with wider differences in urban and rural settings (33% in urban and 80% in rural). During menstruation, a majority of girls (89%) also experienced some form of restrictions or exclusion. One extreme form of menstrual seclusion practice is called *chhaupadi*, a common social tradition in the far and mid-western hills and mountains that requires menstruating women to leave home and live in a *chhau goth* (cowshed or hut). Menstrual restrictions and traditional beliefs vary by ethnicity; for example, Hindu ethnic groups such as Brahmin, Chhetri and Newar, have more restrictions than Janajatis (ethnic Nepalese).

There exists limited research on menstrual health and hygiene in Nepal, even though studies confirm that adolescent girls lack consistent access to education on sexual and reproductive health and menstrual health. With inadequate education, they lack even a basic understanding of the biological process of menstruation, such as knowing that the menstrual blood flows from the vagina. Poor sanitation facilities and unavailability of water supply has exacerbated poor menstrual hygiene among adolescent girls. Only 28% of public schools in Nepal have separate facilities with toilets for girls. In 2011, 38% of households did not have a toilet. In 2015, only 46% of the population in Nepal had access to improved sanitation facilities.

Safe and effective menstrual health management is a critical component of, and premise for, adolescent girls' sexual and reproductive 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. In this context, our intention for this report is to generate a comprehensive view of key influencers and their level of influence on menstrual health and hygiene management (MHM).

Many girls experience fears, confusion, and concern at the time of menarche. In Nepal, 83% of the menstruating girls use cloth while only 15% use pads. Mothers are the immediate source for information, and they provide support during menstruation, followed by sisters and female friends.

In a companion study to this one, we used a peer ethnography method to gain a deeper understanding of attitudes, beliefs and practices related to MHM. Peer ethnography enabled our research team to take an in-depth look not only at girls' lives but also at the roles that family, friends, and institutions play in shaping their feelings and experience about menstruation.

From that study we devised a list of what we called “key influencers,” people in the community whose opinions and actions carry considerable weight among adolescent girls regarding MHM and larger societal concerns related to female roles in the family and community. Examples of KIs range from mothers and aunts to local religious leaders and teachers. We interviewed KIs in six districts across Nepal to obtain a representative sample.

Talking in depth with key influencers – or KIs –whether through interviews or focus group discussions, helps delineate and understand the web of forces that come into play when thinking about improving MHM for girls and women.

Menstruation and its relationship to the social roles that girls and women are expected to play in Nepal is deeply enmeshed in a foundation of beliefs (most of them inaccurate) about the significance of menstrual blood (bad blood) and the importance of women's fertility to society. These beliefs have been passed down through generations and manifest themselves in a roster of restrictions that are imposed upon females when menstruating. Physically, these restrictions require seclusion and isolation from family and limit what girls and women can do and eat. As a result, girls and women often put themselves at risk for infection and other forms of sickness due to these deprivations.

Based on these interviews with KIs, we find that the true impact of these ancient menstrual restrictions is as much social and psychological as they are physical. Because of these harsh and complex codes of conduct that females are expected to follow during menstruation, they develop a sense of inferiority, an unhealthy relationship to their bodies, and an overbearing sense of responsibility for maintaining the health of their families and society. The price of these impacts in girls' lives is quite high, manifested through excessive absenteeism at school, long periods in isolation, and forced absenteeism from important cultural events.

Beyond these cultural concerns surrounding MHM, we also found many practical barriers to improving menstrual health, including the availability of sanitary pads, their affordability to many Nepalis, and the lack of proper facilities for girls and women to address MHM needs properly and with discretion.

These layers of unfair and discriminatory practices have limited girls' ability to enjoy life experiences equal to boys, and more importantly, have stunted their potential to grow and contribute to society.

However, within these interviews and focus group discussions, we also see the potential to change as people ask questions about MHM, about traditional beliefs, and about the status quo. As much as KIs can work to maintain the status quo, they can also be the champions of change that enable improved MHM for all women, and, in doing so, provide better future for all to enjoy.



# 1. BACKGROUND

Much has been written about the socio-cultural, psychological and other symbolic aspects of menstrual practices around the world. Toit (1998) cites Sir James George Frazer, in *The Golden Bough* (1945:606), who says in Europe menstruating women were expected to withdraw from the kitchen and related household roles due to the belief that they may cause misfortune to themselves and the family. Similarly, Furth and Shu-yueh (1992) find that the menstruating female in Taiwan was viewed as a powerful cultural marker of female gender inferiority that supported the patrilocal joint family system and masculine Confucian ideology in general. In Sri Lanka, Winslow (1980) explains that even though the category 'woman' was viewed differently in the three main religious traditions of the country – Hindu, Muslim and Buddhists all three have a pronounced focus on ritual cleanliness, protection from potential dangers, and demarcating adult female status. Similarly, in Indonesia, Pedersen (2002) writes that the ceremony for a girl at menarche was much more high-profile than for a boy at his passage into adolescence, which indicates, in Pedersen's opinion, a high level of respect for the woman's condition.

What we find, irrespective of the country of origin and the cultural group, the subject of menstruation revolves around notions of dirt, taboos and restrictions in various spheres of women's lives. It is also characterized by silence (lack of discussion) and the seclusion of female bodies. This serves to make the onset of menstruation a traumatic experience for girls.

In Nepal, the conditions around menstruation are not terribly different, marked by numerous restrictions and rituals embedded in traditional and (mostly erroneous) beliefs about menstrual blood and women's abilities. The current study was conceived to recognize the need to eliminate and eradicate embedded and harmful sociocultural practices related to menstruation. To date there has been no such research conducted in Nepal, particularly among key influencers and their authority over adolescent girls. To address this knowledge gap, we conducted an ethnographic study with adolescent girls' mothers and parents, teachers, traditional faith healers, religious leaders, and healthcare professionals across six provinces (12 districts) of Nepal. This study presents our findings.

## 1.1 Purpose of the Study

The purpose of this study was to identify the key influencers of adolescent girls and to understand the key influencers' beliefs, roles and perceptions on menstrual health and hygiene management.

The specific objectives were:

To understand how the key-influencers view adolescent girls' social situations and issues, and their menstrual health and hygiene;

1. To gain a deeper understanding on key influencers' roles on adolescent girls' knowledge and attitudes toward MHM, and their access to MHM products and services; and
2. To explore the norms, beliefs and practices that surround MHM in Nepal.

## 2. METHODOLOGY

### 2.1 Study Design

This study was the second part of a combined ethnographic study on MHM<sup>1</sup>. We employed focus group discussions and in-depth interviews among key influencers (KI), who were critical in influencing the knowledge, attitudes and behavior of adolescent girls. We identified key influencers from our peer ethnographic study, which was carried out prior to this study and the literature review. Key influencers were comprised of a vast group, including mothers, teachers, religious leaders, faith healers, traditional healers, social workers and health service providers. We conducted both focus group discussions (FGD) and in-depth interviews (IDI) with these KIs to explore more deeply the knowledge, attitudes, and practices related to menstrual health and menstrual hygiene management.

### 2.2 Study Setting, Site Selection, and Sampling

We conducted this study in 24 villages in 12 districts of Nepal, representing both urban and rural settings in three different ecological regions (Mountain, Hill and Terai), five development regions, and six federal provinces of Nepal. These districts were selected to capture a diversity of religious, geographic, socioeconomic, and sociocultural contexts for different castes and ethnicities across the country (Table 1).

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<sup>1</sup>The first study – Peer Ethnographic Study and Menstrual Health and Hygiene Management – is also available from PSI Nepal. The Peer Ethnography study employed young female researchers to provide rich descriptions of MHM through extended observation and interviews with their peers and their peers’ families and community.

**Table 1: Selected Districts, Caste/Ethnic Groups, and Sample Size**

Province	Ecological Zone			Comment	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)	Interviewed many urban poor in this area.	24	16
Western (Province 5)	-	-	Kapilvastu (Muslim)		6	4
Mid- Western (Provinces 5 and 6)	Mugu (Khas- Arya/Dalit)	Rolpa (Magar)	Dang (Tharu)	Chhaupadi is commonly practiced in these areas.	18	12
Far-Western (Province 7)	Baitadi (Khas- Arya/Dalit)	Achham (Khas- Arya/Dalit)	-	Chhaupadi is commonly practiced in these areas.	12	8
<b>TOTAL</b>					<b>72</b>	<b>48</b>

While selecting the study districts and caste/ethnic groups for our study, we also sought a representative sample of districts across a range of 2014 human development index scores (Table 2). At each study site in each selected district, we conducted four focus group discussions – two with only female participants, and two with only male participants. We also conducted six IDIs at each site – three females, three males. In the FGDs, participants ranged between 6 to 12 and each meeting last between one and two hours. The invited participants had been identified through our Peer Ethnography study and invited to sit for the FGD.

Our research team<sup>2</sup> collected the data in this report between 13 April and 17 May 2017. Altogether, we had 72 IDIs and 408 participants in 48 FGDs.

<sup>2</sup>A list of our individual research team members is available in the Annex to this report.

**Table 2: HDI 2014 Value of the Sample Districts**

HDI Value	Districts
<0.400	Achham, Mugu, Rolpa, Rautahat, Mohattari
0.400–0.449	Baitadi, Kapilbastu
0.450–0.499	Sindhupalchok, Khotang, Dang
500–0.549	Jhapa
>0.550	Bhaktapur

Source: *Human Development Report 2014*

PSI Nepal refined the interview tools through extensive pre-testing with mothers, religious leaders, teachers and health workers. The English question guides and checklists were translated into Nepali by bilingual researchers and translated back to English to check for accuracy. All the FGDs and IDIs were audio recorded and transcribed.

### 2.3 Socio-Demographic Details of the Study Participants

Four hundred and eight people participated in this study through 48 FGDs or 72 in-depth interviews (IDIs). FGD units were largely homogenous, comprised of mothers/women’s groups and prominent male members of the community, such as religious leaders, traditional healers, or social workers. The IDI interview participants (who had been identified as “key influencers” in our Peer Ethnographic study, available *here*) were selected from diverse backgrounds and a variety of social roles (Table 3).

**Table 3: 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

Most of the FGD and IDI participants were 36 years and older, and most were married and belonged to either an ethnic group or the Brahmin/Chettri caste. Most participants had no formal education, practiced Hindu religion, and made their livelihoods through agriculture. A fuller breakdown of these participants by various demographics can be found in Table 4.

**Table 4: Socio-Demographic Characteristics of Focus Groups and In-Depth Interviews Participants**

Characteristics	FGD (48)			IDI (72)		
	Female (n=207)	Male (n=201)	Total (n=408)	Female (n=38)	Male (n=34)	Total (n=72)
<b>Age (years)</b>						
21-25	5 (2.4)	5 (2.5)	10(2.5)	3(1.4)	1(0.5)	4 (5.6)
26-30	18 (8.7)	20 (10.0)	38 (9.3)	6 (2.9)	1 (0.5)	7 (9.7)
31-35	35 (16.9)	26 (12.9)	61 (15.0)	4 (1.9)	4 (2.0)	8 (11.1)
36-40	65 (31.4)	52 (25.9)	117 (28.7)	8 (3.9)	5 (2.5)	13 (18.1)
41-45	39 (18.8)	36 (17.9)	75 (18.4)	6 (2.9)	8 (4.0)	14 (19.4)
46-50	30 (14.5)	31 (15.4)	61 (15.0)	7 (3.4)	5 (2.5)	12 (16.7)
51 and above	15 (7.2)	31 (15.5)	46 (11.2)	4 (2.0)	10 (5.0)	14 (19.5)
<b>Current marital status</b>						
Married	207 (100.0)	201 (100.0)	408 (100.0)	33 (15.9)	34 (16.9)	67 (93.1)
<b>Caste/Ethnic Group</b>						
Brahmin/Chhetri	74 (35.7)	70 (34.8)	144 (35.3)	16 (7.7)	10 (5.0)	26 (36.1)
Janajati/Indigenous	89 (43.0)	83 (41.3)	172 (42.2)	15 (7.2)	14 (9.5)	34 (47.2)
Newar	11 (5.3)	8 (4.0)	19 (4.7)	2 (1.0)	1 (0.5)	3 (4.2)
Dalit	20 (9.7)	29 (14.4)	49 (12.0)	1 (0.5)	2 (1.0)	3 (4.2)
Religious minority (Muslim)	13 (6.3)	11 (5.5)	24 (5.9)	4 (1.9)	2 (1.0)	6 (8.3)
<b>Educational Status</b>						
No education/NFE	165 (79.7)	74 (36.8)	239 (58.6)	22 (10.6)	10 (5.0)	32 (44.4)
Primary (Grade 1-5)	12 (5.8)	18 (9.0)	30 (7.4)	1 (0.5)	2 (1.0)	3 (4.2)
Secondary (Grade 6-10)	15 (7.2)	49 (24.4)	64 (15.6)	2 (1.0)	5 (2.5)	7 (9.7)
School Leaving Certificate	8 (3.9)	21 (10.4)	29 (7.1)	5 (2.4)	2 (1.0)	7 (9.7)
Grade 11-12	6 (2.9)	19 (9.5)	25 (6.1)	2 (1.0)	3 (1.5)	5 (6.9)
Bachelor and above	1 (0.5)	20 (10.0)	21 (5.1)	6 (2.9)	12 (6.0)	18 (25.0)
<b>Religion</b>						
Hindu	152 (73.4)	141 (70.1)	293 (71.8)	30 (14.5)	26 (12.9)	56 (77.8)
Buddhist	20 (9.7)	23 (11.4)	43 (10.5)	2 (1.0)	2 (1.0)	2 (5.6)
Kirat	17 (8.2)	17 (8.5)	34 (8.3)	2 (1.0)	3 (1.5)	5 (6.9)
Islam	13 (6.3)	11 (5.5)	24 (5.9)	4 (1.9)	2 (1.0)	6 (8.3)

Christian	5 (2.4)	9 (4.5)	14 (3.4)	-	1 (0.5)	1 (1.4)
<b>Occupation</b>						
Farming/Agriculture	149 (72.0)	125 (62.2)	274 (67.2)	17 (8.2)	9 (4.5)	26 (36.1)
Current/retired service holder	22 (10.6)	13 (6.5)	35 (8.6)	2 (1.0)	4 (2.0)	6 (8.3)
Homemaker	13 (6.3)	-	13 (3.2)	9 (4.3)	12 (6.0)	21 (29.2)
Teacher	1 (0.5)	15 (7.5)	16 (3.9)			
Overseas employment	9 (4.3)	10 (5.0)	19 (4.7)	-	3 (1.5)	3 (4.2)
Self-employed (Carpenter, shoe-maker, small business)	5 (2.4)	13 (6.5)	18 (4.4)	-	1 (0.5)	1 (1.4)
Social work (community volunteers/politicians)	1 (0.5)	9 (4.5)	10 (2.5)	5 (2.4)	3 (1.5)	8 (11.1)
*Others	7 (3.4)	16 (8.0)	13 (5.6)	5 (2.4)	2 (1.0)	7 (10.0)
<b>Ecological region</b>						
Mountain (Mugu)	16 (7.7)	17 (8.5)	33 (8.1)	4 (1.9)	2 (1.0)	6 (8.3)
Hill(Khotang, Bhaktapur, Sindhupalchok, Rolpa, Achham, Baitadi)	113 (54.6)	113 (56.2)	226 (55.4)	19 (9.2)	17 (8.5)	36 (50.0)
Tarai (Jhapa, Mahottari, Rautahat, Kapilbastu, Dang)	78 (37.7)	71 (35.3)	149 (36.5)	15 (7.2)	15 (7.5)	30 (41.7)

\*Others:FGD: Labour 16, Driver-3, Student-2, Pharmacist-2; IDI: Labour-2, student-1, traditional faith healer-1, religious leaders-2

## 2.4 Data Analysis

Once collected, the audio recordings were transcribed into Nepali language and reviewed and analysed thematically by our field researchers using a framework method known as deductive content analysis (Elo and Kyngäs, 2008). All our researchers were trained in this method at a PSI-moderated workshop prior to data analysis.

The data were systematically reviewed to identify emergent themes. Transcripts were frequently revisited to develop an initial coding frame. Researchers then individually coded transcripts and discussed with each other regularly to review the coding frame and refine and add new codes as needed. These codes formed the final coding framework.

Transcripts were then coded line by line and a summary of the data were entered to the framework. The framework was then reviewed by all researchers to identify key themes and sub-themes and the relationships between these themes. We selected key quotes that the team felt accurately illustrated key themes. Finally, the eventual findings were validated with the field research teams to corroborate the accuracy of the analysis.

## 2.5 Ethical Considerations

The study protocol was approved by the Nepal Health Research Council (NHRC) Ethics Committee. Permission to conduct the study at each site was obtained from the relevant District Administrative Office and District Health Office and in each site, the village Secretary and local health facility staff were informed about the study, as required by the NHRC.

In a few cases when selected KIs were unable to participate in an FGD or IDI, we replaced them using the snowball sampling method (informed reference). Written voluntary informed consent was obtained from all participants. For those participants who could not read and write, consent forms were explained in detail about the study and its purpose and written consent was obtained. For those who were illiterate consent was given using the respondent's thumb print with an external observer as a witness.

Prior to data collection, all field researchers received intensive training on research ethics, including how to address sensitive issues like menstrual health and hygiene which are taboo subjects in the areas we conducted this study. No personal identifying details were recorded on interviews and transcripts. All the documents, including consent forms, audio recordings and transcripts were securely stored in locked filing cabinets and/or on password-protected computers accessible only to authorised members of the research team.



### 3. FINDINGS AND ANALYSIS

In this study, we seek to understand how perceptions of MHM are shaped and maintained by different forms of power as a means of maintaining the social order. To do this, we explore the knowledge, socio-cultural practices, and prevalent beliefs about MHM in Nepal and we do this by investigating the role of key influencers (KIs) in maintaining or challenging existing beliefs about MHM. What follows is primary data collected in focus groups and interviews (detailed in section 2) that attempt to unravel and explicate how knowledge and beliefs about MHM are transmitted, reinforced, or modified across generations and along lines of caste difference and ethnic divisions.

#### 3.1 Key Influencers' Knowledge

We identified key influencers (KIs) through our Peer Ethnography study to understand the most important disseminators of MHM knowledge to adolescent girls. The knowledge and attitudes that KIs hand down determine and shape these adolescent girls' future actions and beliefs about menstruation, how menstrual health should be maintained, and transmit many important messages about female roles in society.

Many key influencers cited menstruation as an important female health indicator. The Rajbansi in Jhapa understand menstruation as a compulsive health process called the “circle of creation” that necessarily occurs each month as a sign of good health. If menstruation arrives irregularly for two months or more, it is interpreted as “poor health.” Similarly, the Madhesi in Rautahat described prolonged menstrual bleeding as a “health problem.” The Tharu in Dang described how menstruation has importance for understanding when a woman can or cannot become pregnant. One KI from Kapilvastu said,

*"Up to 10 days is regarded as normal menstrual blood but if more than ten days the limit has passed. And the bleeding will be regarded as a disease."*

*(Male\_IDI\_Kapilvastu\_Muslim)*

Similarly, in Sindhupalchok and Jhapa, the Tamang and Rajbansi call menstrual blood “bad” when it is mixed with white or yellow discharge. They further understand that, if females have menstruation (*aangkoful*) before a monthly cycle is completed with excessive bleeding of black blood together with other symptoms like nausea, stomach ache, and loss of appetite, then they consider these phenomena a disease.

Symptom awareness is one of the key knowledge indicators prevalent in the domain of ethnographic research on health where many people develop varieties of signs and symptoms to manifest their specific psychophysical condition and the community response towards their bodily condition. In Rolpa, Jhapa, and Rautahat, Dang and Baitadi female respondents mentioned that by observing the pale, soft, and dry face of menstruating women, the symptoms of menstruation are clearly visible. They further mentioned that adolescents suffer from abdominal pain, headache, chest pain and loss of appetite. At a FDG in Bhaktapur, an elder

female said her daughter never complains about physical discomfort but does have heavy blood flow. The mother asks her daughter to rest,

*"I always try to convince my daughter to take menstruation as a natural process. If she experiences stomachache, then I tell her to drink hot water and to use hot water bag. If it still does not work, then I advise her to have hot soup and drink plenty of water..."(Female\_IDI\_Newar\_Bhaktapur\_Hindu)*

Respondents explained that due to the heavy blood flow, the bodies of those menstruating become weak, and one can then notice the changes in their daily activities. In addition, in some cases, the stain of blood is noticeable on their clothes. Further, they mentioned that menstruating women wash their private parts at separate stone taps and look weak and pale. However, some male respondents expressed different viewpoints in terms of menstruation. According to some male members of the Magar community in Rolpa because this particular community does not practice discrimination during menstruation, it is difficult to identify who is menstruating in the community until and unless menstruating adolescents share with their close family members and ties. One male told us,

*"...They don't tell. We only know about our wives. If our daughters mention about their menstruation, then only the men in the family would know about their menstruation. When they don't tell, no one will know whether they will have their periods in the beginning of the month or towards the end..."(Male\_IDI\_Rolpa\_Magar)*

Moreover, within the Newar community in Bhaktapur, people noticed the changing features of menstruating adolescent girls through their eyes and facial expression and in some cases the adolescents' complaints about breast pain to their mothers or sisters a few days before the initiation of menstruation. Likewise, in the Muslim community of Kapilbastu, it was found that menstruating adolescents do not tie or comb their hair. During Namaj (religious text) and eight days of Jummah (Friday as a special day), if they are having menstruation, then they take a bath only after Ajan (call to prayer). Although if they are not menstruating, they take bath before Ajan. Thus, the time in which women bathe in this community indicates when they are menstruating. Likewise, among the Tharu community in Dang, KIs mentioned that adolescents' manifest different symptoms of menstruation like stomach cramps, lower abdominal pain, lethargic feelings, and a resistance to performing household work. Like in the Maithili Brahmin community of Mahottari, KIs mentioned that adolescent girls who are menstruating do not look confident and feel irritated due to menstrual pain. They do not like doing anything either. Some of the adolescents develop a bad odour during menstruation. When menstruating, adolescent girls do not eat and touch pickles. They do not participate in any religious activities or fast. They maintain their simple appearance without makeup and jewelry. They do not put *tika* on the forehead or *sindoor* (Vermilion). While conducting FGD in Rautahat, one of the male respondents expressed his understanding as the following,

*"...During menstruation, there is flow of blood from the female's body. If there is no menstruation, their faces are soft and shiny, if they are menstruating, their faces go down. They become pale. It is because of the bleeding. That is why girls feel weak and feel dizziness. If there is heavy blood flow, then it affects them for seven to fifteen days and sucks their energy. It is difficult to regenerate all that blood in the body after such a heavy blood flow..." (Male\_FGD\_Rautahat\_Madhesi\_hindu).*

Similarly, respondents from the Tamang community in Sindhupalchok said that adolescents have expressed that initially they feel like they are gaining lots of energy, which they lose eventually when the blood comes out. Moreover, it has been noticed that adolescents from the Brahmin community of the far western district Baitadi must cope with a higher degree of sociocultural rigidity during menstruation. One female respondent said,

*"...If they are having periods for the first time, they cry a lot, one can see their reddish faces, due to headaches, back pain, and lower abdominal pains. You can notice it from their color of their faces. If the face is white, then you are not menstruating but if your face is red then you are menstruating...."*  
(Female\_IDI\_Baitadi\_Brahmin).

Similarly, in another far western district of Achham, respondents mentioned that during menstruation one does not comb their hair or stay outside; this way the family members come to know that they are having periods. A respondent from the Mountain district Khotang mentioned that after menstrual bleeding adolescent girls return home early from school and take bath so their menstruating condition is noticed right away. Additionally, if adolescents are having severe pain then the next day they will not attend school. A woman from Mugu told us,

*"...If our back and stomach do not hurt then the blood that comes out is clean. If we have terrible back and stomach pain, then the blood that comes out is dirty. When the black blood falls then back pain is less..." (Female\_FGD\_Mugu\_Chettri).*

This narrative shows that physiological change is directly associated with pathological outcomes and symbolic attributes of menstrual blood. Members of society develop layers of understanding in terms of clean and dirty and people relate these attributes to good health and bad health. Understanding these symbolic meanings helps us to develop a more nuanced view of the levels of understanding and awareness currently prevalent in society.

### **3.2 Key Influencers' Beliefs and Perceptions about Menstruation**

As we have discussed lightly to this point, the sociocultural beliefs and perceptions of key influencers themselves have been constructed by multiple factors having to do with cultural beliefs and attitudes about the proper role of women in society. We find that strong beliefs

about MHM are present in all caste and ethnic groups in Nepal, and these beliefs share conceptual similarities across groups with only cosmetic differences in terminology and other details (Table 5). Moreover, each caste and ethnic group maintains its own customs about recognizing and influencing MHM for women and girls.

**Table 5: A Selection of Commonly Used Terms to Describe Menstruation**

<b>Group (location)</b>	<b>Terms</b>
Tamang (Sindhupalchok)	<i>Lomate, aushipurne</i>
Magar (Rolpa)	<i>Purne, aunshi</i>
Brahmin (Mahottari)	<i>Rajaswal, maasik dharma, chhue, nachune</i>
Rai (Khotang)	<i>Buwa, aabhanka, hinpakhachhachha, hinpakhalajachha</i>

Many of the terms used to reference menstruation draw from ideas about flowers and growth. In Rolpa, menstruation is called *aanngkophool* or “flower of the womb.” People in Baitadi in western Nepal celebrate menarche (first menstruation) as a happy event commemorating their daughter’s fertility: *phoolphulyophallagcha* (flowers have bloomed, so will the fruit). At their first period, daughters are given tasty food, and on the fourth day, they receive new clothes and fruits.

Other terms describe menstruation as a flood, washing away fertile soil and potentially fatal if not managed properly. As a flood takes away soil, so heavy bleeding carries dirt away from the uterus. In the Tamang community and among Brahmins, we heard menstrual bleeding described as “bad blood” and “dirty blood.” A KI from Baitadi told us,

*"...If there is blood stuck, there would be abdominal pain and we will feel sick, if dirty blood comes out, abdominal pain would be taken as normal". (Female\_IDI\_Baitadi\_Brahmin).*

Another key influencer said that when a female menstruates, she becomes clean. According to him, the more river flows, the cleaner they become. Others focus on the “uselessness” of menstrual blood because it represents a failure to hold seed and reproduce. A woman from Mahottari said,

*"... The uterine wall is thick with capillary tubes, sperms are the food of those walls, but if sperm and ova do not conjugate those ova helplessly come out through the vagina. According to her, if during intercourse sperm and ova don't unite, then it falls into a bloodstream..." (Female\_IDI\_Mahottari\_Brahmin)*

Many believe that menstruation is related with impurity and health. The notion of impurity related to menstrual bleeding is prevalent in selected districts like Kapilbastu, Rautahat, Dang, and Khotang. In the Muslim community of Kapilbastu, they perceive menstruating adolescent girls and women as an impure for five days during menstruation. Unless they wash and clean themselves accordingly, they are not regarded as pure according to their religion. Likewise, in Rautahat they believe that on the one hand, menstruation is a “gift of god” and life becomes difficult without it, but on the other hand, they consider the female's body as defiled during menstruation. If someone touches the impurity, that is regarded as a sin and the gods could become angry; therefore, only "pure bodies" should pray to and worship the gods so that one can be assured a place in heaven. Because the female body is believed to be impure and dirty during menstruation, community believe they should practice temporary untouchability, for if they touch anything during menstruation, everything will go bad and die. Therefore, they are not allowed into the kitchen garden or fields; they may not touch the seeds of plants because vegetables and plants will decay. In Khotang, menstruating women are forbidden to touch seeds because they think the seeds will rot as a result. Similar kinds of perceptions have been explored in the Maithili Brahmin community of Mahottari where they think *Tulsi* (sacred plant) will dry up if touched by menstruating females. A Rai woman from Khotang said,

*"We believe that if menstruating females touch the worshipping materials, they become impure (jutho) which is not good for our ancestors (Kul)..."*

*(Female\_IDI\_Khotang\_Kirat)*

Further, in the same Khotang community, a man told us,

*"...It was practiced over the past. As I am a Bijuwa (Faith healer), I know just a few things. It is said that if the menstruating woman touches the faith healer or if the faith healer eats the food cooked by a menstruating woman then the (Bijuwa) falls ill..."*

*(Male\_IDI\_Khotang \_ Rai)*

A similar kind of perception exists in the Tamang community of Sindhupalchok where they think that menstruating women touching sacred things constitutes a sin (*paap*) which might anger the gods (*deutarishaunchan*). The concept of angering the gods is strongly embedded in the minds of many people in Achham, who believe that evil spirits will descend and physically disable people if menstrual restrictions are violated. In Achham, if a menstruating woman plays with toys (*putala*), hailstorms will cause destruction, and if they touch lactating animals such as buffalos or cows, those animals may stop giving milk or even die. A faith healer from Achham said,

*"...If menstruating girls touch the utensils knowingly or unknowingly, tigers and snakes may roam around the house. And if they were to offer anything to god, god gets angry and someone's face will be disfigured, and the person may become handicapped. If this restriction is not followed, we feel it will harm us..."*

*(Male\_IDI\_Achham\_Chetriya\_Hindu)*

As a faith healer has significant influence with many in a community, one can imagine the force of a belief such as this one, which serves to reinforce superstitions that justify restrictions for menstruating women and adolescent girls.

Evidence from far western districts such as Baitadi indicates that menstruating adolescent girls should not go to school, for they may pass a temple, which could anger the gods. Likewise, people from Brahmin castes believe that if they do not practice temporary untouchability (*chhuiyanta*), they will be exposed to mouth infections and bristles all over the body. Disobedient persons may become blind and dumb as well. Similarly, in Mugu, many key influencers said that if a menstruating female angers a god, the whole house will be cursed. A female key influencer from the Brahmin community in Bhaktapur cited the story of Lord Indra<sup>3</sup> who beheaded a Brahmin tainted by menstrual blood.

These religious beliefs are connected to respondents' thoughts regarding sexual contact during menstruation; nearly everyone expressed the idea that intercourse with a menstruating woman was forbidden and sinful. A male respondent from Mahottari told us,

*"According to classical consideration, one should not see the females during menstruation and should not sleep together. Otherwise it is considered as a sinful act..." (Male\_IDI\_Mahottari\_Brahmin\_Hindu).*

These feelings about sex during menstruation are also tied to Hindu mythology. In a well-known story, King Abhimanyu has intercourse with his menstruating wife before going to war. Days later, he is taken by his enemies and killed. Respondents spoke of other religious texts—such as the Garudpuraan—that suggest sexual intercourse during menstruation can lead to the birth of weak and handicapped children. In Baitadi, respondents said that sex during menstruation can bring bad luck upon the family in general. Among the Maithili Brahmin, the Naari Dharma says that men should not sleep with nor feed their spouses during menstruation, as it would shorten the man's lifespan.

A key influencer in Kapilbastu said,

*"One should remain away from women during the period of menstruation because it is a dirty thing and one has to wait until she is pure. If you go with women and have a sexual relation at that time, then that dirt could affect your health too. Inside this dirty blood, there are many harmful organisms (Jarasim) and if that goes inside your body then you will suffer from many diseases. Therefore, at that time men should protect themselves because females may be suffering from many types of diseases. So, it's not the time to meet each other..." (Male\_IDI\_Kapilbastu\_Muslim).*

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<sup>3</sup>The story of Lord Indra: <https://www.ancient.eu/Indra/>



Of particular interest in this passage is how MHM is reframed, or re-appropriated, as a concern for men or boys. The re-framing implies that MHM becomes an area deserving of interest and focus only when it has a negative impact for males. Taken together, what emerges strongly from the KI interviews and FGDs is a scenario in which the entire community becomes complicit in maintaining a patriarchal structure in which controlling girls and women is seen as essential to maintaining societal health.

Many of these patriarchal norms are framed in a manner to convince adolescent girls and women that they are enforced “for her own good.” In Mahottari, respondents said that girls should stay home during menstruation because it would not look good if she were wandering about town with blood on her clothes. During those four days, they said, she could be safe and focus on self-improvement. Moreover, notably, those four days of menstruation are labeled as four different characters symbolically understood as low caste, impure, and looked down upon in society. One of the respondents explained,

*"...people perceive menstruating females in the form of 'Chandalini' (Hang women) in the first day of their menstruation. Second day they perceive as a "case" (Butcher), and in third day of menstruation, a woman is considered as "Doom" (Untouchable. Similarly, fourth day its "Dhobini" (Washer women)."*  
(Female\_FGD\_Mahottari\_Hindu\_Brahmin).

Moreover, in Bhaktapur people have attempted to re-frame the negative aspects of MHM restrictions by describing it as a holiday for females or good for women's health. A male respondent told us,

*"... It is an incubation time. If restrictions are followed, females are able to rest. They will get cooked food, they eat, and they wash their own dishes. She does not have to do hard work. She can go anywhere; it is like a holiday for them. Nobody gets angry, if they don't visit anyone, they just understand her as having periods..."*  
(Male\_IDI\_Bhaktapur\_Newar\_Hindu).

This narrative reflects a caring attitude of men towards their female family members; however, any form of menstrual seclusion ultimately positions females in a subordinate where they have to submit to such socio-cultural forms of control without consent. Such forms of control are deeply rooted in the patriarchal attitudes of society, which ultimately create harmful conditions for women to live, particularly during menstruation. Specifically, to justify the gendered social order, men re-define menstrual restrictions as a “holiday” for women and adolescent girls. What is notably not considered is that young women are then secluded from social and religious events and often miss school during menstruation. They are not actually able to “go anywhere” as they please.

Paradoxically, while women are believed to be weak, powerless, and unable to make good decisions for themselves, they are simultaneously believed to possess the power and capacity to bring destruction and harm to others. The social dynamics of blaming menstruating adolescent girls and women for causing “bad events” (such as calling wild animals or bringing natural disaster) play a powerful role in producing and reproducing existing value systems. A man from Mattohari said,

*"...if some incidents happen, people can easily connect it with menstrual impurity. Any kind of diseases or disability relates to misfortune of menses. For e.g. "heart attack" can occur at any time but if someone gets "heart attack" while worshipping then it is believed that menstruating women might have touched holy materials. It's easy to put blame on females..." (Male\_IDI\_Mahottari\_Brahmin)*

Respondents explained that when females menstruate, impure blood leaves the body, and the body becomes impure. The female's impurity forbids her from practicing religious and other sacred activities. Because the female is then removed from religious rites, it becomes easier to disregard menstruation as a natural process, and to justify demonizing the menstruating female and the “bad events” that take place.

Societal pressures to maintain these MHM restrictions become even more potent when menstruating females internalize this blame and begin to practice self-exclusion. Believing the mythical interpretations of menstruation and internalizing the concept of having an “impure body,” menstruating females become fearful that the gods might bring misfortunes onto them or their families. In the case of Kapilbastu, key influencers noted that adolescent girls are aware they are impure and cannot worship:

*"...neither religious teachers nor any guardians restrict her to go there but she develops the mentality that if she goes there then she is committing a sin. They have developed a concept that according to our religious book they are impure during menstruation for three to five or seven days, so they can't worship..." (Male\_IDI\_Kapilbastu\_Muslim).*

In many situations, powerful members of the society have insisted that it is females who create and practice such kinds of restrictions. A man from Mugu said,

*"...in the beginning they feel very shy but after 2-3 times they get used to sleeping outside during menstruation. It is not because of someone's pressure that women go outside but because of their own wish, they go outside to sleep. Women and girls when they menstruate they do not feel like going inside the house, they do not want to touch the water. Women themselves do not want to break the rituals and rules that have been prevalent since a very long time... (Male\_\_Mugu\_Chettri\_Hindu)*



According to the respondents, adolescents from these communities believe that the bad fate (*dosha*) must be felt during menstruation. In Khotang, a woman informed us,

*"... We have not restricted them to enter the puja room during menstruation. It is their own belief that they avoid entering inside thinking that the god would be angry. They think that their presence may spoil puja/worship..."*

*(Female\_IDI\_Jhapa\_Rajbanshi). (bolded words not in original)*

The notion of internalized stigma and blame is particularly strong in Rautahat: If a female fails to menstruate, she is regarded as infertile, which then justifies further stigmatization. One of the key influencers from Rautahat told us,

*"...if some girls do not menstruate, it's a big problem for them. Menstruation is like a flower. If the good flower doesn't bloom, then there will not be good fruit. People will say that she cannot do anything since she is infertile. Therefore, the people will laugh at her. The people will start calling her as Bhajhi (the humiliating term used to indicate infertility among woman). If boys know about such things at school, then they try to bully and make it a big issue. ..."* (Female\_FGD\_Rauthat\_Brahmin\_Hindu).

Because women's identities are constructed as intricately connected to the social construction of motherhood and her reproductive viability, infertility would inevitably lead to further self-blame. Blame not only comes from others, but menstruating women and adolescent girls must also take it upon themselves to believe in and practice these restrictions. If they do not, they are fully responsible for the dire consequences. Such internalization of socially constructed blame perpetuates a low sense of dignity, feelings of inferiority, and self-humiliation.

In sum, we find that beliefs, attitudes, and social norms around menstruation form a complex web of control that limits adolescent girls' and women's independence and seeks to strengthen the position of men in society by placing the burden of responsibility for managing menstruation on females, but without giving them a corresponding authority and freedom to manage it responsibly and in a healthy manner.

### **3.3 Key Influencers' and Socio-cultural Practices around Menstruation**

To develop better menstrual health and hygiene among adolescent girls, we must understand the roles that key influencers play in this process and the attitudes they express through their enforcement and maintenance of sociocultural practices about menstruation. After menarche, adolescent girls' menstruation become increasingly 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. We offer several examples of restrictive practices here, categorized into four themes: 1) responsibility to society, 2) shame,

3) imposed privacy, and 4) seclusion. It is important to note that none of these themes stands alone; in fact, they are deeply entwined just as the complex of norms and attitudes around menstruation form a sophisticated web that entraps, rather than liberates, adolescent girls.

### ***Responsibility to Society***

Many restrictions around menstruation, we found, served to inculcate adolescent girls and women with a sense that they bear responsibility for maintaining the health of the family and community, rather than men, or rather than the family and community bearing responsibility for females.

In the Chhetri community of Achham, adherents must follow the rules of god; therefore, men do not allow their wives and daughters to stay in the house for seven days, for fear of “bad things” that will be delivered on the home should they violate the rule. In the Brahmin community of Baitadi, respondents said they feared harm coming to valuable livestock if they allowed women in the home while menstruating. In this regard, community elders and religious figures hold particularly strong influence. A Chhetri female respondent from Baitadi said,

*“We are afraid of faith healers, intellectuals, senior men and women, spiritual healers and priests. Mothers also urge their daughters to follow the same rituals. We can't tolerate if menstruating females come inside our homes, our grandparents and in-laws also don't feel comfortable. Spiritual healers may blame us for negligence and for becoming over smart and not following the rules of god...”*

*(Female\_IDI\_Baitadi\_Hindu)*

Numerous respondents spoke of senior citizens pressuring families to maintain traditional practices like chhaupadi. In Mugu, elders do not allow women to receive fresh cloths while menstruating. In Rautahat, female parents who belong to the Madheshi community said they do not allow their daughters to travel long distances, do not allow them to go outside, and forbid them to enter the kitchen during menstruation. During the process, mothers and grandmothers of menstruating girls are more influential when imposing the rules and restrictions surrounding menstruation. A female respondent from Jhapa said,

*“During menstruation, we maintain strictness while worshipping our family/ethnic god, ‘Thakur Pranami.’ Going to temples and worshipping is not allowed. We have heard about past experiences that if anyone knowingly enters the places of worship / temples, bad events may occur...” (Female\_IDI\_Jhapa\_Rajbanshi).*

This same woman went on to say that violating these norms would create a “mess” of life. If a menstruating woman fears nothing, then it could never be certain she would grow up to be a proper woman. This narrative shows how key influencers cultivate fears in adolescent girls in order to control the mobility and freedom of new generations.

Perhaps, as a result of this environment in which menstruation is considered taboo, we also find families of different religions enforcing the same restrictions on mothers and daughters. Some Christian families said that menstruating women were not allowed to touch the pulpit in church, or they would have to kneel and pray for forgiveness. In the Magar community in Rolpa, respondents said they did not practice *chhaupadi*, but they had adopted practices regarding kitchen purity. Similarly, menstruating women were forbidden to call faith healers for fear of agitating their ancestors. Muslim families in Kapilbastu enforce restrictions on women during menstruation and consider a woman to be impure so long as she is bleeding.

The sense of discrimination is strong in Mugu where families of menstruating girls are scolded if their daughters touch or bathe in public taps, for fear of drying up the water source. This example alone shows the power of superstitions around menstruation. If a menstruating girl violates the restrictions in place, she risks depriving hundreds of people of water, which in Mugu is already a scarce resource in the winter months. Not only is the adolescent girl responsible for this possible outcome, but her entire family as well. In this context, it is not difficult to see how and why families enforce these restrictions, nor how it is rather easy for adolescent girls to internalize this overbearing sense of responsibility for maintaining the health and well-being of the community rather than herself.

### **Shame**

Shame was an often-repeated theme from respondents, particularly in the sense that menstruating girls were made to feel bad about menstruating at all. A male respondent from Mattohari said,

*"... when we were in school, perhaps pads were not available in those days. We used to see menstrual blood drop on a girl's bench. After that we boys used to tease that girl and she used to be absent from school for few days...."*

*(Male\_IDI\_Mahottari\_Hindu\_Brahmin)*

Teasing menstruating girls appears to be fairly common. In Jhapa, girls reported being embarrassed about staining their clothes for fear of attracting negative attention from boys. Some girls said if they arrived home with stained clothes they would be scolded by parents for “publicizing” what should be a private affair (menstruation), bringing shame upon the family. Key influencers from all districts reported perceiving menstruation as a matter of shame, and as such, they believed in the various forms of separation imposed on girls; to eat, sleep and wash separately. The shame of menstruation even convinced some girls to forego participating in the extracurricular activities they loved. One female respondent said,

*"...Apart from that girl or woman, only a husband should know about his wife's menstruation. However, the husband does not stay at home all the time. They must go abroad as they have to earn for the family. At that time no one would know about their menstruation, not even their in-laws..." (Female\_FGD\_Rolpa\_Magar).*

In Rolpa, respondents said they would layer larger cloths on top of smaller menstrual cloths that were lying in the sun to dry because they did not want gods to see them.

### ***Imposed Privacy***

The notion of maintaining privacy and 'self-exclusion' has emerged as a common theme. However, it is curious to note that this privacy is not one of adolescent girls' choosing, but rather imposed upon them in accordance with the attitudes and beliefs surrounding menstruation. The restrictions that teach girls their responsibility to society combined with a heavy sense of shame create an environment where females internalize the idea that menstruation should be a private, hidden affair. A female KI from Khotang said,

*"...Yes, I think that we should hide our menstruation from everyone. It should not only be hidden from our maternal family but also from our friends, neighbors and other people. We should not even share the secret with our closest friends. We must hide it as much as we can..." (Female \_IDI\_Khotang\_Kirat)*

In Rautahat and Mahottari, Brahmin women and adolescent girls described protecting their used cloths during menstruation. A few respondents said witches would use stained cloths of unwed girls and make them infertile. Interestingly, this punishment was only delivered upon women who had yet to bear children.

Likewise, in Baitadi, people told us that if someone sees menstrual blood, it will cause harm to the menstruating girl or woman (*bigaridinchan*). These kinds of beliefs pressure girls to hide menstruation for fear of self-harm.

### ***Seclusion (chhaupadi)***

The most common practice, perhaps most well-known thanks to increasing media attention, is seclusion, or as it is called in Nepal, *chhaupadi*. *Chhaupadi* is the sequestering of menstruating girls and women apart from the family in an animal shed to protect the family from the immediate and long-term consequences that may arise should a menstrual restriction be violated. *Chhaupadi*, it is important to note, is more than the physical seclusion of females. The effects and presence of the practice ensure a symbolic isolation and subjugation of girls and women as well.

In Baitadi, females told us that during *chhaupadi* they are not allowed to go into kitchens nor touch certain foods like milk and yogurt. Instead, they must eat separately from the family, using separate utensils. They must stay away from water taps and other water sources. During *chhaupadi*, menstruating females are forbidden from going to temples, and attending marriage ceremonies and other important cultural events. For four days, menstruating females are not allowed to see their brothers' and father's faces. After four days, women must be sprinkled with cow urine or gold water to become 'pure' enough to enter the house again. Some menstruating girls undertake an annual fast to cleanse themselves of sins committed during menstruation in the past year.

In Achham, menstruating females are forbidden to drink milk and curd during menstruation and are not allowed to come near the home for seven days. They must spend nights in a menstrual hut outside where they risk exposure to snake bites and attacks by wild animals. In a Kuntibandaali village, menstrual huts were small and ramshackle, and menstruating women could be seen sitting above them in makeshift tents.

In Mugu, *chhaupadi* is practiced, but many women told us that custom was changing slowly, and more women were starting to stay indoors. However, they were still not permitted in the kitchen until after the 7<sup>th</sup> day, provided they had bathed on day 6. Women in Mugu expressed understanding that staying in a cowshed could have negative effects on menstruating women. Nevertheless, men in our FGD disagreed,

*"...in our home there are shamans.... We cannot allow menstruating females to stay inside the house. God will punish and if the God punishes then our eyes will swell and there will be problems in everyone's life. If they bleed from a wound then there is no problem, but it is menstrual blood we consider as 'impure'..."*

*(Male\_FGD\_Mugu\_Chetriya\_Hindu)*

Taken together, we can see that *chhaupadi* is the physical practice of enforcing mental barriers before women and their physical health. While community members frequently cite important religious and cultural reasons for isolating women during menstruation, we can see that these practices serve a hidden social order that maintains a long-standing status quo for men.

### 3.4 Key Influencers' Perspectives on MHM Practices, Products and Services

To this point, we have explored the social and cultural foundations for the MHM practices we have observed in our study. Now we turn to KI's perspectives on these practices, including their thoughts on menstrual products and services.

In many districts, KIs said senior citizens were not used to wearing undergarments during menstruation. They used to wrap dirty cloth between their legs to absorb menstrual blood. In Rautahat and Sindhupalchok, parents said that practice had changed with the last generation, and now they gave their daughters undergarments and taught them how to use them. Some women said they continued to use cloth, but their daughters had switched to pads. In Dang, Tharu KIs said adolescent girls use pads, or homemade cloth pads, which they wash with soap, dry in sunlight, and then reuse. Respondents from several districts also mentioned that adolescent girls prefer pads to cloths. However, some parents noted that only well-educated and prosperous people can afford pads. A woman from Mugu told us,

*"... We always teach them that these ready-made pads are very expensive and cannot be worn everyday... They also prefer to wear the local pads available in the market, [but it] is not always accessible and [is] expensive too."*

*(Female\_IDI\_Mugu\_Chettri\_Hindu).*

Cost factors aside, in Mugu, adolescent girls and women might have to walk far from home to a market where pads were available. Similar barriers to access were described in the other districts. A female KI from Rolpa said,

*"...The main cause is financial. If people are rich, then they use hygienic pads. It costs 60-70 rupees for one pack; it contains 5-7 pieces in single pads. Some people may require 2-3 pads every day. How can poor people afford this kind of luxury?"*  
(Female\_FGD\_RolpaMagar)

Respondents from Mahottari and Mugu noted that because pads are not easily available in the village, it would be better if girls developed the habit of using cloth. Pads must be purchased and disposed, but cloth can be washed and reused.

However, water shortages in the hill communities have made even cloth pads a less desirable option. A Tamang woman in Sindhupalchok told us,

*"... The most important thing is water that is needed. It helps to keep up the hygiene. We need water supply in our tap. If there is no water, how can we clean ourselves? That is why we need water supply. If the tap was closer to home, she could even wash her used cloth at night. There would be no need to go to the spring water. That piece of cloth is very easy to use. However, they must be washed each time, but there is no facility." (SI\_FGD\_Sindhupalchok\_Tamang).*

Even when there is access to water, a KI in Mattohari told us that many families prohibit their daughters from bathing in the river because they think during menstruation the vagina remains open and may become infected by impurities in the water.

Many KIs expressed understanding about the potential dangers of *chhaupadi*, where adolescent girls lack sufficient water and hygienic materials like clean undergarments and soap. One woman in Mugu said,

*"...It would be better if the beds are made for the girls to sleep during 'chhau' considering that it is not a good idea to sleep on the floor. They are forced to sleep on floors often due to poverty. It would have been easier for them if water and light were made available and managed properly." (Female\_FGD\_Mugu\_Chetriya\_Hindu)*

School attendance is 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 insist daughters take rest at home. The lack of separate facilities for girls and access to MHM and menstrual products also contributes to high rates of absenteeism for



adolescent girls. In Mahottari, Jhapa, Baitadi, Sindhupalchok and Rautahat, where pads are sometimes available in school, adolescent girls feel too shy to ask for those pads, especially if there are only male teachers at a school. In other cases, schools do provide separate facilities, but they do not have soap and pads available. In Bariyapur, a teacher claimed said their school had managed separate toilets for girls, but it was later observed that the girl-friendly toilets were locked. A female teacher from Rautahat said,

*"...Still we are not able to manage a rest room where the girls could rest during the menstruation. There is unavailability of medicines. If there is management of pads, then they do not have to leave the class. What if they suffer from emergency? If they do not go to the school for three to four days, then they miss many classes. If there is a proper management of taking rest, changing pads and availability of pads then, the girls would not have to leave the school and go home...."*

*(Female\_IDI\_Rautahat\_Hindu).*

Such conditions create an unfriendly environment for adolescent girls who feel it would be easier and less embarrassing to manage their menstruation away from school. However, these frequent absences have a compounding negative effect on girls, as their education is diminished and future ability to success impacted.

### **3.5 Key Influencers' Perspectives on Product Disposal**

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

In Bhaktapur, it is difficult for many adolescents to find a place to discard used pads – cloth or disposable; they believe that if dogs eat those used pads, adolescents or menstruating females may lose weight. An adolescent girl in Khotang said that bad things would befall anyone who touched a used pad (*bidhya le sath didaina bhanthe*). In Rautahat, the Madheshi community believes that one should not throw used pads in the field because people with evil eyes can search for those pads and use them to influence the fertility of the disposer. Many believe that rivers are holy; therefore, menstrual pads should not be washed in this water. Again, it is adolescent girls' future fertility that stands at risk,

*"...Those who do not have children think it is dangerous for them. They suppose that one cannot have a child. If I am sterile and I take your cloths, burn it and eat that, then I will have a child, but you don't..." (Female\_IDI\_Rauthat\_Madheshi\_Hindu)*

Given these fears, adolescent girls tend to clean cloth pads at home, and if the pads need to be discarded, they bury these pads in the ground out of view.

Some said that environmental organizations are blaming adolescents and women for discarding pads haphazardly. Instead, these organizations are teaching girls to make homemade pads using 'phalatin' cloth. KIs from Rolpa and Bhaktapur have mentioned that even in school there is no proper dustbin to throw away used pads, so it creates big problems for the adolescent girls, as they cannot carry used pads along with them every time. One KI – a faith healer – told us,

*"I think untouchability during menstruation should be removed from the society. But throwing things carelessly, here and there in roads where everyone can see and walking with a foul smell of menstruation that does not add to dignity..."*

*(Male\_IDI\_Bhatapur\_Brahmin\_Hindu)*

In spite of these inconveniences when it comes to disposable pad use, many KIs expressed a preference for pads over cloth – for reasons of improved hygiene and absorption. In Jhapa, KIs said they prefer pads when they must travel long distances. Women in Rolpa said if they do not use pads during travel, they could not be certain the blood will not leak and attract flies. In the Muslim community in Kapilbastu, a KI said Allah (god) does not have any disagreement on using pads so long as they are wrapped in plastic and disposed properly after use. In the case of schools, a Maulana (religious teacher) told us,

*"... We collect them in polythene every 4-5 days. And we dispose them either in the jungle or ponds, even in farms and fields where dogs and cats cannot feed on them..."*

*(Male\_IDI\_Kapilbastu\_Muslim)*

It is important to note that these beliefs are not uniform across the districts. Respondents from Sindhupalchok and Baitadi said they throw used pads in the river because this is the easiest way to ensure that no one will see their menstrual blood. In Baitadi, respondents said adolescents in their community throw used pads in the forests and fields to decompose.

### **3.6 Signs of Change**

While much of the stigma surrounding adolescent girls', menstrual health can be characterized as negative and neglectful, we did find many examples in which girls were treated with empathy and understanding as they reached adulthood. A teacher from Mahottari said she would try to focus on the feelings and irritation of girls that emerged due to menses. If girls complained about abdominal pain, they could leave school and stay at home. In Baitadi, parents mentioned they provide water, cloths, and other necessary materials during menstruation. One female respondent from Mahottari said when her daughter-in-law suffers from abdominal cramps, she allows her to sleep calmly. If she is unable to do household work, she will not be forced to do anything; she will let her sleep and rest. Likewise, a teacher from the same district said if she learned a student was uncomfortable due to menstruation, she would suggest that girl to take medicine if the pain was bearable or go home if it was unbearable.



Many respondents told us menarche was treated as a time for celebration, an auspicious event to mark a girl's passage into adulthood and reproductive fertility. In Mugu, a female FGD participant said,

*"When you menstruate for the first time, parents show caring attitude towards their daughters. They give meat and give curd to us. They give us Sagun (auspicious gift). They say that from that day the flower within will grow and they will become very happy..." (Female\_FGD\_Mugu\_Chettri\_Hindu).*

And in a few cases, we did hear from men who were willing to step outside prescribed roles to provide aid and comfort to their daughters. In Rautahat, male respondents said they provide their daughters with new cloths during menarche. Men think menstruating girls should wear new cloths, or they might suffer from different illnesses from the menstrual flow spreading harmful microorganisms. A man in Bhaktapur said he helps with household chores if he learns that a female in the house is menstruating, taking responsibility for cleaning, cooking, and fetching water.

One man in Mahottari argued that restrictions on menstruating women were unwise because it left him with a disproportionate amount of work. He said,

*"Nothing is there in religious books; in addition, if it is a compulsion then we have to compromise. Although females have menstruation, males cannot do all the work alone, who will cook food? Who will wash clothes? I have not washed my clothes until this day. Therefore, during that time too females have to work..." (Male\_IDI\_Mahottari\_Madhesi\_Hindu).*

This male interviewee is so inconvenienced by menstrual restrictions that he even goes as far as to cite that there is no religion evidence for supporting menstrual restrictions, simply because he does not want to have to wash his own clothes. In this case, restrictive practices during women's and adolescent girls' menstruation are not beneficial to him, so this key influencer is opposed to the practice. Rather than show opposition to the practice because it violates women, he seems opposed because it burdens him with work.

Together we can see that many people are starting to question, and, in some cases, transgress these traditional beliefs about menstruation. While changing beliefs and attitudes forged over centuries takes considerable time, we might view these examples as positive signs that improved MHM is possible and proximate.

### **3.7 Key Influencers' Ideas for Change**

Accepting that traditional norms surrounding menstruation are being challenged, we find several examples of individuals questioning these norms, and these individuals may play a key role in bringing about long-lasting change.

Whether by media, education awareness raising, or his own self-reflection, this man in Achham found the strength to violate the rules surrounding *chhaupadi* in the face of social disapproval,

*"...When there is no one in the house, menstruating woman also had to take cattle to the fields to graze.... I became sick last night; I don't think I touched menstruating women anywhere. I didn't blame menstruating women for it. I have already touched menstruating woman during treatment of muscle cramp. Nothing happened to me...People boycott me because I kept my wife in my house during her periods, and I told them nothing will happen, and it is better to keep her in the house rather than keeping her in fields for 5-6 days...I don't think Chhaupadi is practiced by our ancestors. All these superstitions are created by the old people. Nowadays, we youths don't care..." (Male\_Achham\_Chettri\_Hindu)*

While the need to improve MHM is immediate, many respondents suggested that change would have to be incremental. A woman from Bhaktapur said,

*"...The change should be brought little by little from the society itself. So, what happens if we eat with our own children in their menstruating condition? I say it is not necessary to follow the menstrual restrictions. I think nothing will happen even if they enter in any sacred places. People are following since a long time and believing this. They are scared and think that not following menstrual restrictions may cause harm. So, if you do with good heart, nothing will happen...."*  
(Female\_Bhaktapur\_Brahmin\_Hindu)

Some KIs noted that pads enable adolescent girls to improve hygiene as well as manage their menstruation with discretion, thus limiting the amount of shame or disapproval they might feel using cloths. A woman from Mugu echoed this idea,

*"...if we talk about earlier periods, there were no soaps and detergents. We used to wash our cloths with the help of pina (outcome of mustard oil) which was not effective to wash away all the dirt. Now our daughters and daughter in laws are able to wash cloths and re-use it easily. They are taught many things that are supportive for them to make their lives easier. But in the past, we didn't even know about the petticoat. We used to face the problem of visibility of blood due to its over flow..."*  
(Female\_Mugu\_Chettri\_Hindu)

Through narrative examples like these, and many others presented in this study, we can see that people are starting to question the foundations of the practices that affect the state of MHM

in Nepal today. In Table 6, we attempt to summarize the roles of various key influencers by their current position in society and their potential to create positive change for improving MHM.

**Table 6. Contextual Analysis of Key Influencers and MHM in Nepal**

<b>Key Influencer</b>	<b>Current State</b>	<b>Changes Needed/Actions to be Taken</b>	<b>Preexisting Assumptions &amp; Constraints to Change</b>	<b>Degree of Influence and Power</b>	<b>Potential Outcomes</b>
Adolescent Girls Themselves	As the most affected group of people, loss of educational and other opportunities and loss of dignity without MHM.	They could be change agents. By sharing their stories, they would contribute to setting new cultural understandings of menstruation.	They have little to no voice or power to effect change.	With the most to gain but with little or no power, adolescent girls do not hold much agency in their own lives.	With more influence and agency in their own lives, adolescent girls could experience increased reproductive health, greater likelihood for family planning, increased dignity, and enhanced opportunities.
Friends of Adolescent Girl	As females themselves, they, too, are the most affected group of people and experience loss of educational and other opportunities and loss of dignity without MHM.	They could be change agents. By sharing their stories, they would contribute to setting new cultural understandings of menstruation.	They have little to no voice or power to effect change.	Adolescent girl tends to confide in her friends, so they hold influence; however, as females themselves, they have the most to gain but with little or no power, and do not hold much agency in their own lives.	With more influence and agency in their own lives, adolescent girls and their friends could experience increased reproductive health, greater likelihood for family planning, increased dignity, and enhanced opportunities.
Sisters of Adolescent Girl	As females themselves, they, too, are the most affected group of people and	They could be change agents. By sharing their stories, they would contribute to setting new	They have little to no voice or	Adolescent girl tends to confide in her sisters, so they hold influence; however, as	With more influence and agency in their own lives, adolescent girls and their sisters

	experience loss of educational and other opportunities and loss of dignity without MHM.	cultural understandings of menstruation.	power to effect change.	females themselves, they have the most to gain but with little or no power, and do not hold much agency in their own lives.	could experience increased reproductive health, greater likelihood for family planning, increased dignity, and enhanced opportunities.
Brothers of Adolescent Girl	Without MHM firmly in place, their sisters, female family members, and partners are profoundly affected.	They could also be change agents by creating a supportive environment and raising awareness.	* They are heavily influenced by the patriarchy of the culture and traditions.  * They believe that MHM does not affect them directly.	They have very little power.	Adolescent boys could see enhanced reproductive health for female partners, greater likelihood for family planning, and improved dignity and health of the females in their families.
Mothers of Adolescent Girl	* As females themselves, they, too, are the most affected group of people and experience loss of opportunities and loss of dignity without MHM.  * As a parent in a family, they face rising rates of illnesses related to reproduction and menstruation in family members and as well as increasing out-	They could be change agents. By sharing their stories, they would contribute to setting new cultural understandings of menstruation.	* They have only some voice or power to effect change.  * They are heavily influenced by the patriarchy of the culture, traditions, and existing system.  * They often lack awareness and knowledge about how to effect change.	Adolescent girl might confide in her mother, so they hold influence; however, as females themselves, they often do not hold much decision-making power.	They could experience improved health and productivity for not only themselves but also all family members, especially women and girls. Moreover, girls would have more opportunities for education.

	of-pocket expenditures.				
Fathers of Adolescent Girls	As a parent in a family, they face rising rates of illnesses related to reproduction and menstruation in family members and as well as increasing out-of-pocket expenditures.	They could also be change agents by creating a supportive environment within the family.	<p>* They are heavily influenced by the patriarchy of the culture, traditions, and existing system.</p> <p>* They lack awareness and knowledge about how to effect change.</p>	They are typically the key decision makers in the family.	They could experience improved health and productivity of all family members, but especially women and girls. Moreover, girls would have more opportunities for education.
Local Service Providers: Social Workers and Health Professionals	They experience increased burdens and costs of reproductive health-related illnesses.	They could be instrumental for implementing MHM policies and programs effectively.	<p>* They are limited by a lack of support for MHM policies and programs on a national level.</p> <p>* MHM-related products are expensive and/or unavailable.</p>	They are considered trustworthy by community members.	They might see a decrease in the number of cases or patients related to menstrual health issues.
Religious Leaders and Traditional Healers	Harmful practices continue, as they encourage people to follow (or enforce the following of) traditions in the name of religion and culture.	They could be potential change agents if equipped with information and motivated through awareness raising.	<p>*They are heavily influenced by the patriarchy of the culture and traditions.</p> <p>* They assume MHM is a responsibility of the family or adolescent girl herself.</p>	They are typically trusted and influential in their communities.	By changing their own mindsets regarding menstruation, they would then discourage harmful traditional practices within their communities.
Teachers	Teachers confront:  *adolescent girls' absenteeism during their	They could be instrumental in rolling out MHM programs at schools,	* They are heavily influenced by the patriarchy of the culture and traditions.	They are trusted and respected in the communities,	With more information and gender awareness training, teachers could:

	<p>menstrual periods.</p> <p>*adolescent girls' dropping out of school at a higher rate than adolescent boys.</p> <p>* Poor performance of adolescent girls in school in comparison to boys.</p>	<p>including MHM products and services and product disposal.</p>	<p>* Most men teachers teach health classes and are often hesitant to broach (or lack the knowledge to teach) the topics of MHM and SRH.</p> <p>*They assume MHM is a responsibility of the family or adolescent girl herself.</p>	<p>especially men teachers.</p>	<p>* offer comprehensive sex education in school, and thereby increasing girls' participation in education.</p> <p>*promote gender-friendly schools.</p>
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## 4. CONCLUSIONS

From Table 6 in the previous section, we take away this summary of ideas: WHO the key influencer is matters. WHAT the KIs knows (in terms of accuracy and empirical foundation) determines his or her attitudes about MHM. We find that patriarchal norms about women's role in society still hold a dominating position in people's attitudes regarding MHM. These norms are primarily responsible for the current roster of restrictions that are enforced upon menstruating females (though with some variance in degree by site). However, the potential for change is apparent with many individuals, but these change-seekers will need support to overcome those in positions of power (male politicians, religious leaders, and heads of households) for whom MHM is currently not a priority.

Across sites, we noted that KIs describe menstruation in terms of purity and pollution, good (fertility) and bad (barrenness and contamination). Colloquial phrases like “flowers of the womb” and the equating of menstrual blood with sin send mixed messages to adolescent girls at a time in their lives that is fraught with physical and psychological uncertainty and change. The narrow rationality of these categories (pure v. pollution) inherently limits debate and the freedom to develop one's mind and body according to his or her own wants. This narrowness is especially true for girls in Nepal who often find their lives conscripted, many years before adulthood, to domesticity and reproduction.

These narrow parameters through which many in Nepal view menstruation also influence adolescent girls' feelings about their own bodies, especially in how they perceive themselves to be sexual beings. KIs from many districts talk about the need to refrain from sex during menstruation – for physical and cultural reasons. Conceptualizing menstruation as impure leads women to think of it as an “unwanted biophysical phenomenon,” whereas men can easily ignore and avoid this event. Females, by contrast, are compelled to isolate and keep themselves secluded as much as possible. Empirical findings show that this kind of narrow rationality among males ultimately fails to understand females' subjectivities and the suffering they must endure during menstruation.

Similarly, we find that discussions about menstruation are confined to the female sphere in such a way that adolescent girls learn to keep this information away from men. In our study, numerous KIs talked about seeking out other women – female family and friends – to discuss menstrual issues, but also said they deliberately kept this information from men in their lives.

In all districts, we found that KIs were willing to support current MHM beliefs according to their position in society. In other words, they were more likely willing to maintain beliefs and attitudes that supported the status quo if they were people who benefited from the status quo. While we might expect that these beliefs would fall strictly along lines of male or female, we found that the level of “religiosity” in a community played a stronger role. Where Brahmins and Chhetris were dominant in community affairs, we found a stronger enforcement of menstrual restrictions and a stronger belief in the necessity of those restrictions for maintaining social health. Women and adolescent girls are burdened (often by other females) with the responsibility of observing these restrictions for their own good and the good of the community.



Such power articulates masculinized, patriarchal and sexist attitudes that predominate in society.

In all districts, KI perspectives on sociocultural practices are rooted in cultural and religious beliefs (manifested through practices) that operate as a guiding force to control individual freedom. Arbitrary notions of impurity play a role in pathologizing the normal biophysical process that occurs in a female's body and thus provide grounds for violating her right to privacy and dignity.

Beyond the normative belief structure that undergirds the current state of MHM in Nepal today, we find that many practical obstacles to improved MHM exist as well in the form of availability, affordability, and lack of proper facilities. Many KIs expressed favorable attitudes towards pads and understood the advantage of these pads beyond immediate hygiene concerns (e.g., independence, greater feelings of security). Ultimately, price, absence from local markets, and few places (particularly in school) to change and dispose pads properly are inhibiting greater adoption of this product. The subjective construction of “shyness” has created additional layers of sociocultural barrier to many adolescents in terms of managing the by-products of menstruation.

Despite these considerable obstacles – attitudinal and practical – we find many individuals starting to question the foundation and assumptions upon which many restrictions are premised. In some case these questions emanate from economic concerns (During menstruation, why should not my wife be able to contribute labor needed to preserve our livelihood?), while in others they may be the result of external influences such as media, education, or awareness-raising programs. Together, these individuals represent potential points of intervention that could augur much-needed change in MHM and go a long way toward enabling adolescent girls and women to have much more secure and fulfilling lives.

## **SUGGESTIONS PROVIDED BY KEY INFLUENCERS FOR IMPROVED MHM**

Based on our research, in this section, we present 15 recommendations devised based on the ideas offered by KIs in this study.

1. ***Adolescents should be provided with MHM knowledge in their homes.*** Community-based programs targeting parents, grandparents, and other family members could help improve awareness about MHM while challenging long-held beliefs that threaten adolescent girls' safety and standing.
2. ***Awareness raising should target men in particular so that MHM issues do not remain isolated as a “women’s issue.”*** This development would help dissipate some of the secrecy and shame surrounding menstruation.
3. ***Female community health volunteers (FCHV) should be properly trained to counsel adolescents regarding their anxieties and problems related to menstruation.*** Mother groups can also effectively spread awareness and education related to MHM.



4. ***Audio visual materials like short films, documentaries, televisions, local FM radios, pamphlets, posters, and drama should be used to educate and create awareness regarding MHM.***
5. ***Organizing a door-to-door campaign (ghardailo karyakram) at least once a month could effectively sensitize the knowledge related to menstrual health and hygiene management.*** Priority should be given to those clusters in every village where it may be known that menstrual restrictions are more strongly enforced.
6. ***Government should provide trained experts, information, education, communication materials, and other support to educate people in the community about MHM issues.*** Moreover, female counselors should be available to adolescent girls to discuss MHM.
7. ***Girls that are more senior should be mobilized to educate younger peers regarding MHM.***
8. ***Attempts should be made to garner support from priests, faith healers, or Maulana to discuss MHM more openly in the community.***
9. ***Government health posts should be equipped to address the concerns related to MHM.*** Staff should be trained to counsel and directly address the health problems of adolescents during menstruation. School MHM-focused programs should be regularly conducted by government health posts.
10. ***Schools should provide MHM facilities for menstruating girls.*** As documented in this study, schools without proper facilities for girls to address menstruation compel many girls to avoid school altogether. Teachers should play supportive roles in order to care the issues related to menstruation.
11. ***Knowledge related to MHM should be incorporated in school curricula so that one can study in school and then educate their siblings, peers, and family members.***  
Multisectoral collaboration among NGOs, INGOs, schools, health posts, and other government institutions should collaborate to develop focused MHM education.
12. ***Communities should build and manage public toilets and separate bathing spaces with sufficient water, so adolescents can easily address MHM properly.*** This includes making pads available in public places.
13. ***Every village should establish fixed places to dispose used pads, and adolescents should be given proper awareness regarding pad disposal.***
14. ***Social organizations should lobby and advocate for improved MHM through the appropriate government offices.***

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## Annex 1 – Personnel Associated with the Key Influencer Study

### List of field researchers with their assigned districts

SN	Field Researchers	Assigned District	Sampled VDCs
1	Deuma Kumari Bhat	Achham	Kuntibandali Basti
2	Durga Sapkota	Kapilbastu	Maharajganj Sisawa
3	Shweta Karna	Mahottari	Matihani ParsaPataili
4	Rita Shrestha	Rautahat	Dharampur Bariyarpur
5	Mamita Ghising	Jhapa	Panchgachhi Korobari
6	Pabitra Thapa Magar	Rolpa	Ares Tebang
7	Lalita Bashyal	Mugu	Karkibada Rowa
8	Beenita Chaudhary	Dang	Materiya Gangadi
9	Tulashi Shoti	Baitadi	Bhumeswor Gurukhola
10	Goma Rai	Khotang	Baksila Sungdel
11	Parbati Lamichhane	Bhaktapur	Jhoukhel Manohara Slum
12	Manju Gurung	Sindhupalchok	Bhotenamlang Lagarche

## **PSI/Nepal**

Principal Investigator-Dr. Lhamo Yangchen Sherpa

Dr Yadav Gurung, Co-investigator

Machhindra Basnet, Co-investigator

## **Researchers affiliated with MIRA**

Dr Sachin Ghimire, Co-investigator

Dr Laxmi Tamang, Co-investigator

Radha Paudel, Co-investigator

Dr Suresh Tamang, Co-investigator

## **MIRA program staff**

Dr. D.S. Manandhar - Executive Director

Mr. Jyoti Raj Shrestha – Program Coordinator

Mr. Bidur Thapa – Finance and Logistics Officer

## Annex 2 – Full list of quotations by theme

### Knowledge

*"Up to 10 days is regarded as normal menstrual blood but if more than ten days the limit has passed. And the bleeding will be regarded as a disease." (Male\_IDI\_Kapilvastu\_Muslim)*

*"I always try to convince my daughter to take menstruation as a natural process. If she experiences stomach ache, then I tell her to drink hot water and to use hot water bag. If it still does not work, then I advise her to have hot soup and drink plenty of water..."(Female\_IDI\_Newar\_Bhaktapur\_Hindu)*

*"...They don't tell. We only know about our wives. If our daughters mention about their menstruation, then only the men in the family would know about their menstruation. When they don't tell, no one will know whether they will have their periods in the beginning of the month or towards the end..."(Male\_IDI\_Rolpa\_Magar)*

*"...During menstruation, there is flow of blood from the female's body. If there is no menstruation, their faces are soft and shiny, if they are menstruating, their faces go down. It becomes pale. It is because of the bleeding. That is why girls feel weak and feel dizziness. If there is heavy blood flow, then it affects them for seven to fifteen days and sucks their energy. It is difficult to regenerate all that blood in the body after such a heavy blood flow..." (Male\_FGD\_Rautahat\_Madhesi\_Hindu).*

*"...If they are having periods for the first time, they cry a lot, one can see their reddish faces, due to headaches, back pain, and lower abdominal pains. You can notice it from their color of their faces. If the face is white, then you are not menstruating but if your face is red then you are menstruating..." (Female\_IDI\_Baitadi\_Brahmin).*

*"...If our back and stomach do not hurt then the blood that comes out is clean. If we have terrible back and stomach pain, then the blood that comes out is dirty. When the black blood falls then back pain is less..." (Female\_FGD\_Mugu\_Chettri).*

*"...During menstruation blood keeps coming out that is why it is considered as a bad situation. Other than those four days, intercourse can be done but not in those four days, it is because females are in bad shape during those days. According to classical consideration, one should not see the females during menstruation and should not sleep together. Otherwise it is considered as a sinful act..." (Male\_IDI\_Mahottari\_Brahmin\_Hindu).*

### Beliefs and Perceptions

*"...If there is blood stuck, there would be abdominal pain and we will feel sick, if dirty blood comes out, abdominal pain would be taken as normal". (Female\_IDI\_Baitadi\_Brahmin).*

*"... The uterine wall is thick with capillary tubes, sperms are the food of those walls, but if sperm and ova do not conjugate those ova helplessly come out through the vagina. According to her, if during intercourse sperm and ova don't unite, then it falls into a bloodstream..." (Female\_IDI\_Mahottari\_Brahmin)*

*"We believe that if menstruating females touch the worshipping materials, they become impure (jutho) which is not good for our ancestors (Kul)..." (Female\_IDI\_Khotang\_Kirat)*

*"...It was practiced over the past. As I am a Bijuwa (Faith healer), I know just a few things. It is said that if the menstruating woman touches the faith healer or if the faith healer eats the food cooked by a menstruating woman then the (Bijuwa) falls ill..." (Male\_IDI\_Khotang\_Rai)*

*"...If menstruating girls touch the utensils knowingly or unknowingly, tigers and snakes may roam around the house. And if they were to offer anything to god, god gets angry and someone's face will be disfigured and may get handicapped. If this restriction is not followed, we feel, it will harm us..." (Male\_IDI\_Achham\_Chetriya\_Hindu)*

*"According to classical consideration, one should not see the females during menstruation and should not sleep together. Otherwise it is considered as a sinful act..." (Male\_IDI\_Mahottari\_Brahmin\_Hindu).*

*"One should remain away from women during the period of menstruation because it is a dirty thing and one has to wait until she is pure. If you go with women and have a sexual relation at that time, then that dirt could affect your health too. Inside this dirty blood, there are many harmful organisms (Jarasim) and if that goes inside your body then you will suffer from many diseases. Therefore, at that time men should protect themselves because females may be suffering from many types of diseases. So, it's not the time to meet each other..." (Male\_IDI\_Kapilbastu\_Muslim).*

*"...people perceive menstruating females in the form of 'Chandalini' (Hang women) in the first day of their menstruation. Second day they perceive as a "case" (Butcher), and in third day of menstruation, a woman is considered as "Doom" (Untouchable. Similarly, fourth day its "Dhobini" (Washer women)." (Female\_FGD\_Mahottari\_Hindu\_Brahmin).*

*"... It is an incubation time, if restriction is followed, females get rest. They will get cooked food, they eat, and they wash their own dishes. She does not have to do hard work. She can go anywhere; it's like a holiday for them. Nobody gets angry, if they don't visit anyone, they just understand her as having periods..." (Male\_IDI\_Bhaktapur\_Newar\_Hindu).*

*"...if some incidents happen, people can easily connect it with menstrual impurity. Any kind of diseases or disability relates to misfortune of menses. For e.g. "heart attack" can occur at any time but if someone gets "heart attack" while worshipping then it is believed that menstruating women might have touched holy materials. It's easy to put blame on females..." (Male\_IDI\_Mahottari\_Brahmin)*

*"...neither religious teachers nor any guardians restrict her to go there but she develops the mentality that if she goes there then she is committing a sin. They have developed a concept that according to our religious book they are impure during menstruation for three to five or seven days, so they can't worship..." (Male\_IDI\_Kapilbastu\_Muslim).*

*"...in the beginning they feel very shy but after 2-3 times they get used to sleeping outside during menstruation. It is not because of someone's pressure that they go outside but because of their own wish, they go outside to sleep. Women and girls when they menstruate they do not feel like going inside the house, they do not want to touch the water. Women themselves*

*do not want to break the rituals and rules that have been prevalent since a very long time... (Male\_ Mugu\_ Chettri\_Hindu)*

*"... We have not restricted them to enter the puja room during menstruation. It is their own belief that they avoid entering inside thinking that the god would be angry. They think that their presence may spoil puja/worship...." (Female\_IDI\_Jhapa\_Rajbanshi).*

*"...if some girls do not menstruate, it's a big problem for them. Menstruation is like a flower. If the good flower doesn't bloom, then there will not be good fruit. People will say that she cannot do anything since she is infertile. Therefore, the people will laugh at her. The people will start calling her as Bhajhi (the humiliating term used to indicate infertility among woman). If boys know about such things at school, then they try to bully and make it a big issue. ..." (Female\_FGD\_Rauthat\_Brahmin\_Hindu).*

*".... If someone having a period touches me, the goddess appears and tremors through my body. Kids nowadays also must follow all restrictions during their periods. If we teach kids our culture, then they will follow or else they won't follow. I don't even like being touched during my menstruation. Nearly 20 years back, god came into me and now I am even more careful on following these restrictions..."(Female\_IDI\_Bhaktapur\_Brahmin\_Hindu).*

*"...They can involve in praying, can listen to the holy story but should not touch anything. According to my conscience, if anyone asks me then I tell them; do not pray, you can adore god during that period, you can listen to others reading but do not offer flowers or "akchhyata" to god. After four days you can worship with your own hands again...." (Female\_IDI\_Mahottari\_Brahmin\_Hindu).*

*"Firstly, we practiced restriction only for four days but later we came to know according to Sastra that the mouth of vagina is open for seven days, and from then we started restricting for seven days. My father-in-law is a priest and he said that according to "Shastra", the vaginal mouth is opened for seven days...." (Female\_FGD\_Mahottari\_Brahmin\_Hindu).*

*".... I belong to the family where we practice these cultural and social beliefs. Therefore, I think we should follow restrictions. It is a practice followed over generations, and that we are not supposed to touch things that are used for worshipping gods. Earlier, our daughters and females were not even allowed to cook food. Now, we do not have such practice but in the case of worshipping god, we have been practicing it. (Female\_IDI\_Rauthat\_Madhesi\_Hindu).*

*"...in our Muslim society, a woman can cook food and serve it to the whole family which is just the opposite of Hindu religion. According to our religious book, she has to take rest, if she is with her family. We don't have any kind of discrimination..."(Male\_IDI\_Kapilbastu\_Muslim*

*"...during the first time, menstruating girls are not even allowed to see the roof of the house. She is not allowed to enter her own house for nine days and she will be kept at someone else's house and her mother must provide necessary requirements like clothes to change. Even during monthly periods, girls must follow restrictions because we have to offer only pure things to our ancestors and clan deity. I have a granddaughter and she is quite big. We don't let her do anything for five to seven days and if she touches anything, we don't eat it..." (Female\_IDI\_Bhaktapur\_Brahmin\_Hindu).*



"... We must obey our forefathers because if something happens we have to remember them. We can't give birth to normal babies if we don't care about the 'chhaupadi' and our life would be destroyed. Our forefathers have been thinking for our good. So, we are unable to do as per our wish. We have a fear to keep in our minds that our negative deeds may make our forefathers unhappy, gods and goddesses would be angry, the house would catch fire and cows, oxen, goats would be eaten by tigers. Therefore, we restrict females from entering the house during menstruation...."(Male\_Chetriya\_Accham\_Hindu).

## **Sociocultural Practices around Menstruation**

"We are afraid of faith healers, intellectuals, senior men and women, spiritual healers and priests. Mothers also urge their daughters to follow the same rituals. We can't tolerate if menstruating females come inside our homes, our grandparents and in-laws also don't feel comfortable. Spiritual healers may blame us for negligence and for becoming over smart and not following the rules of god..." (Female\_IDI\_Baitadi\_Hindu)

"During menstruation, we maintain strictness while worshipping our family/ethnic god, 'Thakur Pranami.' Going to temples and worshipping is not allowed. We have heard about past experiences that if anyone knowingly enters the places of worship / temples, bad events may occur..." (Female\_IDI\_Jhapa\_Rajbanshi)

"... when we were in school, perhaps pads were not available in those days. We used to see menstrual blood drop on a girl's bench. After that we boys used to tease that girl and she used to be absent from school for few days...." (Male\_IDI\_Mahottari\_Hindu\_Brahmin)

"...Apart from that girl or woman, only a husband should know about his wife's menstruation. However, the husband does not stay at home all the time. They have to go abroad as they have to earn for the family. At that time no one would know about their menstruation, not even their in-laws..." (Female\_FGD\_Rolpa\_Magar).

"...Yes, I think that we should hide our menstruation from everyone. It should not only be hidden from our maternal family but also from our friends, neighbors and other people. We should not even share the secret with our closest friends. We must hide it as much as we can..." (Female\_IDI\_Khotang\_Kirat)

"...in our home there are shamans.... We cannot allow menstruating females to stay inside the house. God will punish and if the God punishes then our eyes will swell and there will be problems in everyone's life. If they bleed from a wound then there is no problem, but it is menstrual blood we consider as 'impure'..." (Male\_FGD\_Mugu\_Chetriya\_Hindu)

"...Look I am happy with anything being done but any of this doesn't mean that I can keep menstruating women directly inside the house. I can keep them near the house or in the courtyard..." (Male\_FGD\_Achham\_Brahmin\_Hindu).

"...my mother and my maternal aunty also used to tell me to follow the practices. The tradition that has been followed since a long time should be respected. We are scared about anything that might happen if we do not follow the tradition. However, until now, I have not seen women in my community following the restrictions. They cook food and feed to family during menstruation..." (Female\_IDI\_Jhapa\_Rajbanshi).



*"... We do everything. We do not have restrictions and we do all kinds of works. We do not have any restriction to enter the kitchen and Samela Gamela... We milked them even when we had our periods. There is no problem if a woman during her menstruation put the seeds of maize after the land is cultivated. There is no problem, she can..." (Female\_IDI\_Rolpa\_Magar)*

## **Perspectives on MHM Practices, Products and Services**

*"... We always teach them that these pads are very expensive and cannot be worn everyday... They also prefer to wear the local pads available in the market, [but it] is not always accessible and [is] expensive too." (Female\_IDI\_Mugu\_Chettri\_Hindu)*

*"...The main cause is financial. If people are rich, then they use hygienic pads. It costs 60 Rs-70 Rs for one pack; it contains 5-7 pieces in single pads. Some people may require 2-3 pad every day. How can poor people afford this kind of luxury?" (Female\_FGD\_Rolpa\_Magar)*

*"... The most important thing is water that is needed. It helps to keep up the hygiene. We need water supply in our tap. If there is no water, how can we clean ourselves? That is why we need water supply. If the tap was closer to home, she could even wash her used cloth at night. There would be no need to go to the spring water. That piece of cloth is very easy to use. However, they must be washed each time, but there is no facility." (SI\_FGD\_Sindhupalchok\_Tamang).*

*"...It would be better if the beds are made for the girls to sleep during 'chhau' considering that it is not a good idea to sleep on the floor. They are forced to sleep on floors often due to poverty. It would have been easier for them if water and light were made available and managed properly." (Female\_FGD\_Mugu\_Chetriya\_Hindu)*

*"...Still we are not able to manage a rest room where the girls could rest during the menstruation. There is unavailability of medicines. If there is management of pads, then they do not have to leave the class. What if they suffer from emergency? If they do not go to the school for three to four days, then they miss many classes. If there is a proper management of taking rest, changing pads and availability of pads then, the girls would not have to leave the school and go home..." (Female\_IDI\_Rautahat\_Hindu).*

*"...I guess pads are more beneficial while traveling because if we use clothes, it will be difficult to wash and dry them (clothes). Pads are easy to dispose as well. Nevertheless, when I am at home, clothes are more comfortable to use..." (Female\_IDI\_Rolpa\_Magar)*

## **Product Disposal**

*"...Those who do not have children think it is dangerous for them. They suppose that one cannot have a child. If I am sterile and I take your cloths, burn it and eat that, then I will have a child, but you don't..." (Female\_IDI\_Rauthat\_Madhesi\_Hindu)*

*"I think untouchability during menstruation should be removed from the society. But throwing things carelessly, here and there in roads where everyone can see and walking with a foul smell of menstruation that does not add to dignity..." (Male\_IDI\_Bhatapur\_Brahmin\_Hindu)*

*"... We collect them in polythene every 4-5 days. And we dispose them either in the jungle or ponds, even in farms and fields where dogs and cats cannot feed on them..."*  
(Male\_IDI\_Kapilbastu\_Muslim)

*"...When the girls of 14-15 years leave the school without informing Maulana, we will understand immediately, and other students also will also know that they left due to menstruation. We have toilets, but the houses of girls are nearby Madrasa, so they go to their home immediately after the initiation of their period..."* (Female\_IDI\_Kapilvastu\_Muslim).

## **Signs of Change**

*"When you menstruate for the first time, parents show caring attitude towards their daughters. They give meat and give curd to us. They give us Sagun (auspicious gift). They say that from that day the flower within will grow and they will become very happy..."* (Female\_FGD\_Mugu\_Chettri\_Hindu).

*"Nothing is there in religious books, in addition, if it is a compulsion then we have to compromise. Although females have menstruation, males cannot do all the work alone, who will cook food? Who will wash clothes? I have not washed my clothes until this day. Therefore, during that time too females have to work..."*(Male\_IDI\_Mahottari\_Madhesi\_Hindu).

*"...When there is no one in the house, menstruating woman also had to take cattle to the fields to graze.... I became sick last night, I don't think I touched menstruating women anywhere. I didn't blame menstruating women for it. I have already touched menstruating woman during treatment of muscle cramp. Nothing happened to me...People boycott me because I kept my wife in my house during her periods, and I told them nothing will happen, and it is better to keep her in the house rather than keeping her in fields for 5-6 days...I don't think Chhaupadi is practiced by our ancestors. All these superstitions are created by the old people. Nowadays, we youths don't care..."* (Male\_Achham\_Chettri\_Hindu)

*"...The change should be brought little by little from the society itself. So, what happens if we eat with our own children in their menstruating condition? I say it is not necessary to follow the menstrual restrictions. I think nothing will happen even if they enter in any sacred places. People are following since a long time and believing this. They are scared and think that not following menstrual restrictions may cause harm. So, if you do with good heart, nothing will happen...."* (Female\_Bhaktapur\_Brahmin\_Hindu)

*"...if we talk about earlier periods, there were no soaps and detergents. We used to wash our cloths with the help of pina (outcome of mustard oil) which was not effective to wash away all the dirt. But now our daughters and daughter in laws can wash cloths and re-use it easily. Now they are taught many things that is supportive for them to make their lives easier. But in the past, we didn't even know about the petticoat. We used to face the problem of visibility of blood due to its overflow..."* (Female\_Mugu\_Chettri\_Hindu)