



Menstrual Hygiene Practices in Nepalese Schools and Communities

SUMMARY

The study 'Analysis of Menstrual Hygiene Practices in Nepal: The Role of WASH in Schools Programme for Girls Education', was commissioned by UNICEF Nepal in collaboration with the Health Research and Social Development Forum (HERD) in 2016 to explore the socio-cultural practices related to menstruation, its management and consequences pertaining to girls' education. The research and analysis in this report examines menstrual hygiene practices and management in Nepal; the role and effectiveness of WASH and WASH in School (WinS) programmes in rural Nepal; the impact this programme may have had on girls' education, including attendance; and to gain a better understanding of the challenges still faced by school-attending girls.

Introduction

In Nepal almost half the population are women between the ages of 15 and 44. Despite menstruation being a natural part of the reproductive cycle, it often remains stigmatized, impacting negatively on women's lives, their health and safety whilst also reinforcing gender inequalities and exclusion.

Undertaking both practical interventions and research, the Water, Sanitation and Hygiene (WASH) in Schools (WinS) programme is implemented in partnership with the Department of Water Supply and Sewerage (DWSS), the Department of Education, the Nepal Red Cross Society and the Federation of Drinking Water and Sanitation Users Nepal (FEDWASUN). This has been made possible with the generous support of the Government of Finland, the UK's Department for International Development (DFID) and UNICEF National Committees.

Description of Intervention

The school environment provides an excellent intervention site for researchers to explore issues

Key Points

- 1. Pain and discomfort, and fear of staining were the predominant reasons given for missing school by girls.*
- 2. Sustainable infrastructure improvements addressing privacy, the need for sanitary toilets and extended MHM facilities is a priority.*
- 3. Teasing is a universal concern and changing social norms is a priority. Older generations and mothers must be provided with accurate information that challenge negative social customs, including the practice of chhaupadi.*
- 4. High rates of absenteeism during menarche reveals a need for Sexual and Reproductive Health classes that provide information on the symptoms and causes of menstruation prior to menarche.*

related to adolescent boys and girls as they negotiate the physical and psychosocial changes that happen during puberty. By extension, access to adolescents allows access to communities, teachers and health professionals to better understand wider community



attitudes towards menstruation. This ‘Analysis of Menstrual Hygiene Practices in Nepal: The Role of WASH in Schools Programme for Girls Education’ was commissioned by UNICEF in 2016 to better understand the challenges faced by girls attending schools in the rural Nepalese districts of Parsa, Achham and Bajura.

The Study of MHM in Nepal

Through the UNICEF supported programme, around half a million children, in over 2,500 schools, were reached between 2014 and 2016 with either “soft” or “hardware” interventions. UNICEF’s support focused on “soft” components, such as the provision of education, information and awareness raising on menstrual hygiene, including the issues of health, hygiene, myths and taboos. UNICEF also advocate with the government to ensure the provision of “hardware” components, such as separate toilets for girls to ensure privacy and security and for adequate water supplies and facilities for the safe disposal of sanitary napkins.

Whilst many education programmes address MHM to some extent, greater attention in the WASH sector is being focused on evidence related to the negative impact that menstruation has on the school attendance rates of girls.

Unfortunately, numerous reports highlight the lack of scientific, causal evidence. The present study addresses this need for quantitative data, whilst also including the participatory focus group discussions with students, teachers and community members necessary to triangulate survey data and explore girls’ attitudes, knowledge and behaviour regarding menstruation and menstrual hygiene management.

WASH and Non-WASH Schools

UNICEF, in coordination with the WASH Thematic Working Group, approved by the Ministry of Education (MoE) in 2010, has been supporting investment for WASH programmes in schools through the education system. This includes improving WASH facilities,

training teachers and facilitating the provision of improved sanitation and MHM information to students.

Girls’ attendance is affected when schools cannot provide the facilities for them to comfortably manage their menstruation. This can be due to a lack of gender segregated facilities or privacy, inadequate

“I did not teach her anything. The only thing which I taught her was to sit carefully so that the blood does not get stained on the bedding.”

Bajura Mother

water supplies and/or places to safely dispose of sanitary products.

To better understand the role of cultural factors and the status of physical infrastructure, the UNICEF zonal office compared schools that were included in the WASH in Schools (WinS) programme, with control schools (Non-WINS) that did not receive any WinS intervention. Criteria included gender segregated toilets, the availability of changing rooms, the availability of sanitary pads and products, a safe water supply and the existence of a handwashing station.

Outcomes

Knowledge of Menstruation

57% of girls in WinS schools and 66% of girls in non-WinS schools did not have any knowledge of the biological reasons behind menstruation at the onset of menarche. Of those that knew ‘something’ about menstruation before menarche, 24.3% of girls were from WinS and 17% from non-WinS schools.

Information usually came from mothers, however in WinS schools 27% of girls said that they received their information from teachers, compared to only 8% in schools (See figure 1).



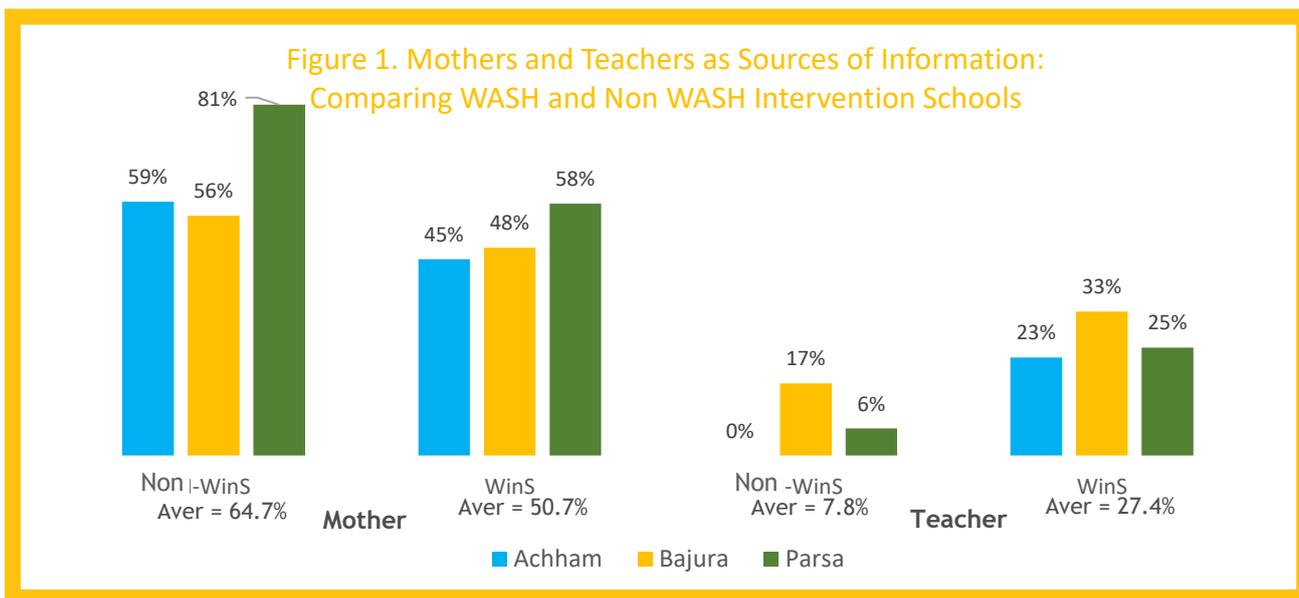
Many girls reported feeling scared, confused and embarrassed when their menstruation started, and many did not know what was happening to them. Some girls went as far as trying to hide their menstruation from family and friends. What was clear was that girls received very little information in the way of practical advice on managing their menstruation. Most said that they were only given information on the cultural restrictions they needed to observe, how they should behave and whom and what they should avoid. When a researcher asked: ‘What did you know about menstruation apart from not being allowed to touch plants?’, a common response was, ‘I knew that it was impure blood from the body coming out.’ The practical information received by the girls from their mothers or female

and 32.7% in non-WinS schools still did not know the physical reasons for menstruation.

Sexual and reproductive health (SRH) classes were held, but many girls were unhappy with the way their

“If we eat yoghurt or milk then the cows and buffalos will become impure and the gods will be furious.”
Girl in Bajura

classes were taught. Cultural taboos were evident, with teachers themselves becoming embarrassed and sometimes asking students to study from books by themselves. Mixed gender classes were often disorderly, with girls saying that boys were disruptive



relatives revolved around how to use cloth or other materials during menstruation, or how to sit ‘properly’ to avoid staining their clothes or the place where they sat. Girls received more information following menarche, yet over 50% of all girls, and as many as 76% in Parsa, still did not know the cause of menstruation. When asked what they now believed to be the cause of menstruation, 24.3% in WinS schools

and prevented them from learning. Despite this, in structured interviews, around 60% of girls still said they would prefer the class to be taught in mixed gender classes, possibly reflecting the fact that girls felt it important that boys also learn about menstruation.



Communities, Taboos and *Chhaupadi*

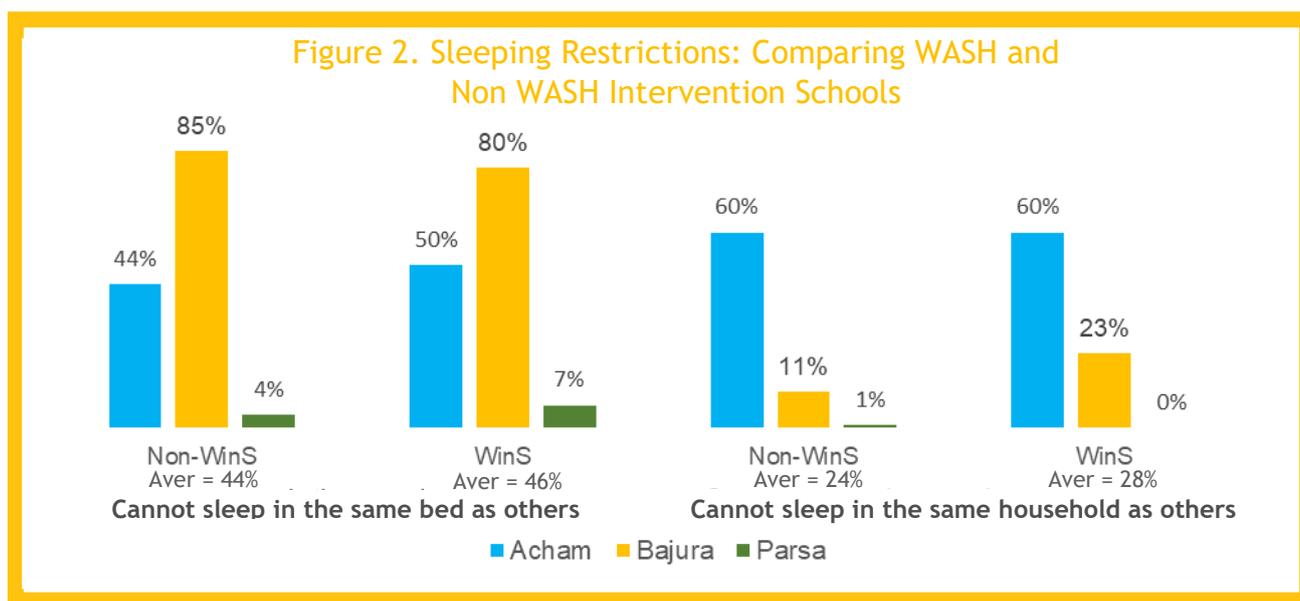
Chhaupadi dictates what a woman can eat, where she can sleep, with whom she can interact, where she can go and whom she can touch while she is menstruating. Despite being outlawed by the supreme court in 2005, the cultural belief that menstruation is a ‘dirty polluting process’ sees *chhaupadi* continued as a social practice. It was found that many girls wished to follow the prescribed cultural restrictions as a mark of respect towards their family traditions.

Encouragingly, it was found that traditions are gradually changing. Girls do not necessarily sleep in a separate building, but rather in a separate room

beliefs within districts appear more influential than basic WASH education, (See figure 2).

Taboos were more prevalent around menarche, as was evident in higher school absenteeism rates. Girls often reported that they missed a week of school the first time they menstruated. In all three districts, menarche traditionally signified the time when girls would get married and leave home and much of the teasing centered on people asking when they would be married.

Often girls were not allowed to touch or prepare food during menarche. 96% of girls in Achham and 98% in Bajura were not allowed to enter the kitchen and



within the home. There were wide differences found between districts, whilst Achham (47%) and Bajura (83%) had high rates of seclusion, Parsa did not, with only 6% reporting some type of restriction on where they could sleep. Indeed, in the Parsa WinS group, none reported being unable to sleep in the home, and only 1 girl in the non-WinS group said that she was unable to do so. With very little difference in the responses of girls from WinS and non-WinS schools,

cook food. In Parsa, the proportion was lower, with 28% of girls reporting restrictions. Girls in Bajura told researchers: ‘If you go into the kitchen to eat some food, then you will be possessed by the gods there.’

Girls were also restricted in what they could eat. 80% of girls in Achham and 90% of girls in Bajura said that there was some form of restriction on the foods they could consume. Again, this number was lower in Parsa (47%). Worryingly, over 79% of girls in Achham, and 89% in Bajura, said that they could not choose any of



their own food during menstruation. Quantitative data analysis shows that girls feared heavy bleeding or becoming unwell if restricted foods were eaten.

Limits were also placed on the girls' movements while they were menstruating. Beliefs ranged from

"We have to stay at home while menstruating. We have to sit still in our rooms. We cannot go anywhere, even nearby. If we go out, then we are worried. There are temples. The roads may lead to temples, the roads might lead to a water source and people get angry if you walk in these roads, so they do not let you go there."

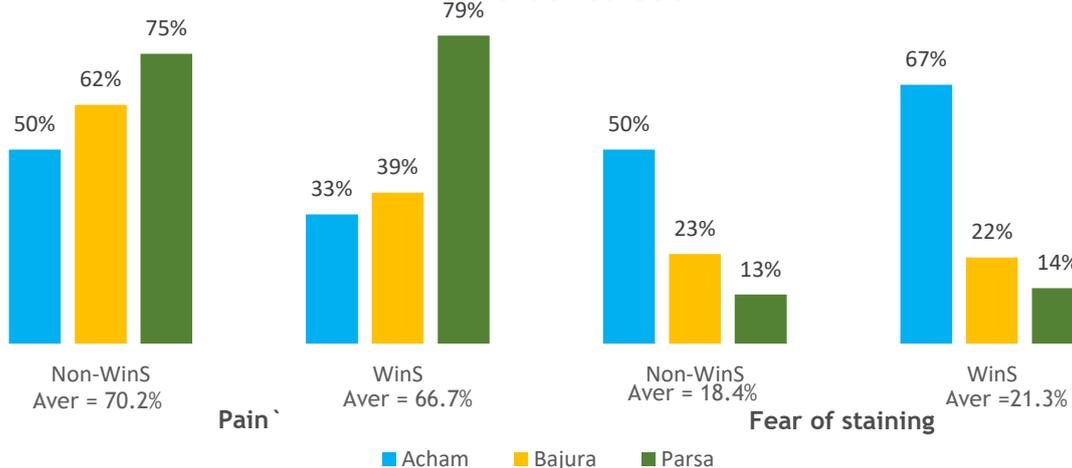
Achham Girl

women's presence offending males and holy men, their presence affecting crops or the wellbeing of livestock, through to the more serious concerns of

lowering to 6% in Parsa. These girls feared that the people they touched would become unwell or that, if they worshipped gods during menstruation, that divine retribution would befall them or their families. There was also the fear that stains due to leakage of menstrual blood would be noticed by other people and this would lead to teasing or some kind of 'gossip'. Such was the intensity of feelings of shame that many girls resorted to burying, burning or disposing of their sanitary products away from their homes.

Restrictions on worship or household *puja* (blessing) and attending religious ceremonies was common across the districts, especially Parsa (61%). The fear of divine retribution was the most prominent reason given, with girls fearing that a 'curse' would lead to them failing exams, that they would become infertile, be possessed by an evil spirit or that they would be the cause of a family member falling ill.

Figure 3. Key Reasons for Absence: Comparing WASH and Non WASH Intervention Schools



young girls being attacked by wild animals or being vulnerable to violence or rape. 60% of girls in Achham and 62% of girls in Bajura said that that they would not touch male family members while menstruating,

Absence from School

Diaries were given to girls to record how many days they were absent, in full or part, from school due to



menstruation. In total 479 (80%) of the diaries were completed and analysed and a statistically significant difference between girls in WinS and non-WinS schools and missing classes was found. This difference was largely driven by results from girls in Parsa who, more than other districts, reported missing a whole or part of a day of school while menstruating. In all WinS and non-WinS schools across the three districts,

“Everyone saw the blood on her bench. The boys made fun of her a lot. I saw her crying after she was teased a lot by all the boys.”

Girl from Achham WinS

menstrual pain and fear of staining were the main reasons given for absenteeism. WinS schools reported fear of staining at a slightly higher rate (21.3%) than non-WinS schools (18.4%). This was reversed for pain as a cause of absence, with non-WinS schools reporting at a rate of 70.8% and WinS schools at 66.7% (See figure 3). Only in Achham was there a large disparity between WinS (67%) and non-WinS schools (50%) when citing pain as a major concern. Teasing was common and qualitative data showed that girls in all districts were fearful of ridicule from classmates, particularly boys. An equal number of girls in both WinS and non-WinS schools (44%) worried about being teased and although girls confirmed that teasing had declined, those having their first menstruation were still likely to be teased. Some girls handled the teasing by talking back, but for girls who were less confident, teasing was a very unpleasant experience.

Facilities and Sanitary Products in Schools

Lack of privacy, poor hygiene, a lack of water or places to dispose of used sanitary materials contribute to discomfort and absenteeism. Girls in WinS schools in Bajura reported changing at school more than other schools, with as many as 98% of girls saying that they were able to use the toilet during breaks most of the time.

Twelve of the observed schools had a toilet, yet only half of these had a functioning lock on the door. No toilets had soap and water facilities nearby and only three toilets in WinS schools and two in non-WinS schools had a child-friendly water tap. Only five toilets in WinS schools and three in non-WinS schools could be classified as clean. Only five toilets in WinS schools, and three in non-WinS schools, were inward facing from the school compound and so could not be considered private.

Where recent improvements to toilet facilities had been made, girls appreciated them and were especially pleased if there were separate toilets for girls. All girls wanted a separate and private place to change, a desire that was acknowledged by teachers. Girls said that the main factor that would make a difference to the state of the toilets was a regular water supply to keep them clean and usable. Teachers were an important contact point for girls needing sanitary products, with 47% in Achham and 40% in Bajura asking teachers for sanitary materials.

“The toilet has not fulfilled the needs of girls. They are having trouble changing their pads as the toilets were very dirty. So instead they just go towards the forest to change”

Health teacher, Achham

Unfortunately, supplies were sporadic, and many schools had to ask students to contribute financially.

Teachers in schools that supplied sanitary products were clearly proud of the fact that they could support their students. One teacher commented, ‘We provide sanitary pads and medicines from this school and we have also formed a separate committee for the management of adolescent reproductive health where funds are raised and deposited in the account of one of the teachers who formed this committee. Pads and medicine needed for menstruating girls are provided by this committee.’



Given the prevalence of societal taboos, it was not surprising for girls to say that they felt uncomfortable asking male teachers for pads or assistance if they were having problems with their menstruation.

‘Sometimes I feel a little shy. When I have to say that I am menstruating and I need a sanitary pad when our ‘mam’ is not there or on the days she is on leave, it is very difficult for me to ask for one from ‘sir’. I feel very embarrassed asking ‘sir’ [male teacher].’

Lessons Learned

Pain, discomfort, and fear of staining clothes were the predominant reasons given for missing school. This was evident in the lower rates of absenteeism in Bajura, where the WinS programme had seen the construction of gender segregated toilets with a regular water supply. Girls in Bajura also had greater access to sanitary products than in other districts, again contributing to its lower rates of absenteeism.

The need for privacy, sanitary toilets and extended MHM facilities is clearly a priority. Girls appreciated infrastructure improvements, but many of these facilities quickly fell into disrepair. A sustainable approach to maintenance, so that girls can rely on having access to these facilities is a necessity. Schools supplying sanitary products showed improved attendance rates and a clear policy understood by students, teachers and parents for supplying sanitary items, including pain medications, should be implemented.

Schools were important sources of information about menstruation for both girls and boys. The high rates of absenteeism during menarche, even in those schools with Sexual and Reproductive Health classes, shows that enabling teachers to provide information on the symptoms and causes of menstruation in an understandable manner prior to menarche is a necessity.

Whilst it is important that boys also better understand the causes of menstruation, it may well

be more productive for classes to be held in only-girls or only-boys settings so that girls feel more comfortable asking questions and exploring issues related to their experiences.

Although *chhaupadi* is on the decline, the taboos surrounding menstruation permeate communities. Indeed, many researchers felt that the increased focus on eradicating *chhaupadi* may have made girls feel less comfortable in admitting to its practice, leading to its underreporting.

Whilst seclusion may have been on the decline across all ages, it was still widely practiced during menarche and led to girls being absent from schools for up to a week. Girls of all ages were also still restricted in their movements, their religious practice and contact with food and males for fear of ‘polluting’ others or being the cause of some form of divine misfortune, or even causing their own infertility.

Equally distressing for girls was the teasing and ridicule they were subjected to by boys. The potential ‘shaming’ of girls shaped wider community practices with community members, particularly older female household members, often enforcing restrictions on the movement of girls. Fear of staining from menstrual blood and ‘not feeling well’ at school was closely linked to the potential embarrassment at others becoming aware of their menstruation. This further impacted upon girls’ ability to engage in school activities, with large numbers feeling unable to write on the board, sit at the front of the class or even raise their hand to respond to teachers’ questions.

Next Steps

Based on the recommendations of this study, UNICEF has prepared an action plan which will be implemented under a new country programme (2018-22). This will be undertaken in partnership with other stakeholders under the leadership of the Ministry of



Education in close coordination with the focal Ministry for WASH.

Key activities will include rolling out ‘WASH in Schools Guidelines’, which advocate for separate toilets for boys and girls and for the provision of MHM facilities. UNICEF will also provide technical support for the implementation of the School Sector Development Plan (2016-2030) with its strong WASH in Schools component. UNICEF will continue its advocacy efforts to universally achieve the highest level of WASH service standard in schools, the Three Star Approach, including compliance to MHM requirements.

Changing social norms is a priority, especially among older generations. Mothers, who are often the main source of information, albeit of a cultural nature, need to be provided with accurate information on the physical causes of menstruation. By extension, greater involvement of the older generation is needed in challenging and changing negative social customs, including the practice of *chhaupadi*.

Even in WinS schools, social taboos were prevalent, this was reflected in the difficulties faced by girls during Sexual and Reproductive Health Classes. Much as in the wider community, many classes centred on cultural restrictions and reinforced negative ideas about menstruation being a dirty and polluting process.

Girls felt unable to ask questions openly in class but were keen to seek information on menstruation, its related pain, as well as materials to manage their menstrual flow. This will require extended support and resources to build the capacity and confidence of teachers in answering questions and in providing accurate information.

Additionally, there should be a review of the age at which SRH and MHM classes are conducted. Currently the classes are conducted between school years 6 and 9, but it is crucial that the classes are conducted before the onset of menarche. Furthermore, with

girls reporting difficulties in discussing menstruation with male teachers or asking them for sanitary materials, more female teachers, or at least a permanent trained fulltime female staff member, is needed to provide support to the girls.

Physical infrastructure improvements are a priority. Girls in all districts, in both WinS and non-WinS schools, described clean, private toilets with a reliable water supply as very important, yet none of the schools inspected met these expectations. UNICEF, with the WASH thematic working group must work to ensure that accessible, clean, private, secure, age- and gender-specific toilets with a dependable water supply, soap and handwashing facilities, along with waste disposal facilities are available in all schools.

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Photo Credits

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About the Series

UNICEF's water, sanitation and hygiene (WASH) country teams work inclusively with governments, civil society partners and donors, to improve WASH services for children and adolescents, and the families and caregivers who support them. UNICEF works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices. This publication is part of the UNICEF WASH Learning Series, designed to contribute to knowledge of best practice across the UNICEF's WASH programming. The documents in this series include:

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