

# **A Baseline Study of Menstrual Dignity for SRHR in all Diversities**



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Lochana Adhikari

Member, Radha Paudel Foundation

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### Abbreviations

ASRHR	Adolescents Sexual and Reproductive Health and Rights
CBS	Center Bureau of Statistics
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DMC Nepal	Dignified Menstruation Campaign Nepal
LGBTIQA	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning asexual
GBV	Gender Based Violence
KII	Key Informant Interviews
MD	Menstrual Discrimination
MoWSC	Ministry of Women, Children and Senior Citizen
NDHS	Nepal Demographic and Health Survey
NWC	National Women Commission
NWC	National Women's Commission
RPF	Radha Paudel Foundation
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations

## Table of Contents

Team of Baseline Study .....	II
Acknowledgement .....	III
Abbreviations.....	IV
List of Figures.....	VII
List of Tables .....	VIII
Executive Summary .....	1
Section I: Introduction.....	5
Objectives of the project.....	10
Research Questions .....	11
Section II: Methodology.....	12
Population and Sample .....	12
Data Collection Tools.....	13
Data Analysis .....	14
Quality Assurance .....	15
Ethical Standards.....	15
Section III: Key Findings and Insights.....	16
Respondents’ Demographic Profile .....	16
Understanding of Menstrual Experience at an Individual Level .....	16
Experience of Menstrual Discrimination during Menarche and Beyond at an Individual.....	19
Menstruation Experience at Home.....	30
Menstrual Experience at School .....	32
Menstrual Practices at Community .....	38

Understanding on SRHR .....	44
Gender Based Violence .....	46
Menstrual Dignity and SRHR services in Public Institutions/Community .....	52
Section IV: Key Findings, Conclusions and Recommendations .....	56
Recommendations .....	58
References .....	62
Annex .....	63
Observation Checklist .....	63
Key Informant Interview Guidelines.....	65
Survey Questionnaire .....	67

### List of Figures

<b>Figure 1:</b> Problem framework.....	9
<b>Figure 2:</b> Decision making at home. ....	32
<b>Figure 3:</b> Percentage of women know school curriculum has contents of menstruation and SRHR .....	33
<b>Figure 4:</b> Menstruation and SRHR message at School Premise.....	34
<b>Figure 5:</b> Types of menstrual management .....	35
<b>Figure 6:</b> Types of menstrual products.....	36
<b>Figure 7:</b> Percentage of girls' participation in the sports and outdoor activities in school .....	37
<b>Figure 8:</b> Understanding of menstrual blood.....	39
<b>Figure 9:</b> Educational level and understanding of menstrual blood .....	40
<b>Figure 10:</b> Causes of menstrual discrimination .....	41
<b>Figure 11:</b> Know about menstrual and SRHR policies .....	43
<b>Figure 12:</b> Knowledge about SRHR .....	44
<b>Figure 13:</b> School curriculum on menstruation and SRHR.....	46
<b>Figure 14:</b> Menstrual discrimination is a GBV .....	47
<b>Figure 15:</b> Knowledge of parents of respondents on legal age at marriage .....	47
<b>Figure 16:</b> Child marriage at community .....	51
<b>Figure 17:</b> Knowledge on SRHR.....	53

### List of Tables

<b>Table 1:</b> Sample Size.....	13
<b>Table 2:</b> District wise understanding of menstrual blood.....	16
<b>Table 3:</b> First Response while knowing/learning/hearing something about menstruation .....	18
<b>Table 4:</b> Living during Menarche (first menstruation).....	19
<b>Table 5:</b> Caste/Ethnic Composition of living status during Menarche .....	20
<b>Table 6:</b> District wise individual discrimination.....	21
<b>Table 7:</b> Restrictions during menstruation.....	21
<b>Table 8:</b> District wise composition of menstrual health issue during menstruation .....	27
<b>Table 9:</b> Types of menstrual health issues.....	28
<b>Table 10:</b> Safe conversation with health workers .....	28
<b>Table 11:</b> Perceived Impact of menstrual discrimination on health.....	29
<b>Table 12:</b> Understanding of women as menstrual discrimination is the violation of human right .....	30
<b>Table 13:</b> Conversation about menstruation at home.....	31
<b>Table 14:</b> District wise reporting of complain mechanism in school.....	37
<b>Table 15:</b> Naming menstruation.....	38
<b>Table 16:</b> Jingle from radio on menstruation.....	42
<b>Table 17:</b> Discussion of SRHR at home.....	45
<b>Table 18:</b> Child marriage in community .....	48
<b>Table 19:</b> Ethnic composition and child marriage .....	48
<b>Table 20:</b> Types of physical violence.....	49
<b>Table 21:</b> Ethnic composition on GBV .....	50
<b>Table 22:</b> Sexual violence in School.....	50
<b>Table 23:</b> Availability of menstruation and SRHR in health facilities.....	52
<b>Table 24:</b> GBV cases reported in local police cell.....	54
<b>Table 25:</b> SRHR services from local health center .....	54



## Executive Summary

Nepal has been engaging various national and international human rights instruments, movements, agreements, and policies against Menstrual Discrimination (MD). The continuation of MD is a critical aspect of not only Sexual and Reproductive Health and Rights (SRHR) but also preventing of GBV (Gender Based Violence) and promotion of human rights in all diversities in Nepal. Over the past 20 years, Nepal has made significant strides towards ensuring gender equality and ending gender-based discrimination and violence through policy and legislative measures. Nepal has signed more than 12 international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which it ratified in 1991, and the Optional Protocol, which it ratified in 2007.

MD refers to practices related to menstruation, including taboos, stigma, shyness, restrictions, abuses, violence, and deprivation of resources and services that associated with menstruation throughout the lifecycle of menstruators (people who born with uterus and ovaries; girls, women, transmen, queer). It is a form of sexual and gender-based violence (SGBV), particularly prevalent in the global south. MD violates constitutional and human rights and often contributes to other forms of GBV, such as child marriage. Menstrual dignity is an innovative and holistic approach to address all forms of menstrual discrimination including sexual health, sexuality education, and various forms of GBV. The project aims to dismantle menstrual discrimination from individual to policy levels, promoting dignified menstruation and ensuring SRHR and human rights.

MD is a complex issue that affects individuals, families, schools, communities, and institutions, creating challenges for living a dignified life. Menstruators and non-menstruators (people who are born without uterus and ovaries) often learn about menstruation from family members or advertisements, experiencing restrictions related to touch, mobility, and eating. This discrimination contributes to power and patriarchy and is linked to various forms of gender-based violence (GBV). It also affects access to education and health services, with girls potentially missing school for two months per year.

The Radha Paudel Foundation (RPF) carried out a baseline study in November 9-17, 2023, in the clusters of Jumla, Kathmandu and Sarlahi, districts, by using mixed methods research design. A survey was conducted among 471 menstruators and 24 participants participated in a qualitative data collection where only nine were non-menstruators from the same age. The qualitative data was collected using the key informant interview with three non-menstruators and three menstruators in each district. Two participant observations were conducted at each site. Both qualitative and quantitative data were coded, analyzed and thematized.

Key findings of the study are thematized under the category of home, schools, community, SRHR, GBV and public institutions from both demand and supply side of the menstrual dignity and SRHR.

**Home:** This research showed that 'fear' or something related with fear, persist against menstruation that is outcome of socialization of menstrual blood as 'dirty', 'impure', 'toxic' and matter of 'silence' or 'shyness' irrespective to ethnicity and geography since very young age. Such socialization of menstrual discrimination at home created a conducive environment for construction and reinforcement of unequal power relationship and patriarchy. The menstrual discrimination itself a form of GBV and other forms of violence created a barrier at multiple levels to have a dialogue and to make decisions for SRHR services at home. Despite the belief that educational intervention could reduce this discrimination, the study found no relationship between education levels and practicing of menstrual discrimination e.g. almost all of them, stayed in separate place during menarche either in separate house or room or cowshed or relatives' house. Likewise, no link between urban and rural setting regards to menstrual discrimination. Most menstruators follow these restrictions, indicating less agency and dignity that influence for making decisions on bodily autonomy including SRHR.

**Schools:** The research found that school curriculum often lacked information about menstruation and SRHR, and schools rarely displayed these topics. Menstrual management was often inappropriate and discriminatory, with most menstruators using non-biodegradable pads. Menstruators practiced menstrual restrictions even at schools. The coining of menstrual discriminatory practices at home and school, menstruator's educational practice altered about 5

days in a months or 60 days in a year including participating in extracurricular activities e.g. sports. A significant number of respondents experienced GBV at school though few schools have ineffective complaint mechanisms against such issues. Thus, school itself failed to create enabling environment for dialogue on menstrual dignity, SRHR and GBV.

**Community:** The community often used ten different types' of euphemisms to describe menstruation, with a negative interpretation of the root being impure. More than two thirds of respondents believed menstruation discrimination was good because culture and religion were associated with menstruations. Almost all of them were unaware on menstrual policy/law whereas insignificant respondents aware about the policy on SRHR. Menstruators were unaware of the local municipality's scope to address menstrual discrimination and SRHR, leading to merely no allocation of budget for implementation of menstrual policy/law. The community has yet to acknowledge the emotional, sexual, and deprivation from services and resources as a form of GBV.

**Public Institution:** The research indicated three major concerns related with public institutions:

- a. the three months data of health facility showed that the only family planning and safe motherhood services utilized by menstruators. The rest of the elements of the SRHR were not informed as well as underutilized in the community. The menstrual health issues neither considered a serious health concern by health facility nor demanded by menstruators due to menstrual discrimination, b. Likewise, the three months data of local police station revealed that no menstruators filed the case against the menstrual discriminatory practices. Only the physical assault and quarreling or verbal abuse considered as GBV case for reporting at police office though the menstrual policy and law proclaimed since 2017 and c. the menstrual dignity and SRHR were not a priority for the local government. There was neither the information displayed in the premises of municipalities nor allocated the budget for menstrual dignity except distributing the non-biodegradable menstrual pad.

**Key recommendations:** menstrual discrimination is underlying cause for utilizing the services around SRHR and human rights. In order to create enabling environment for menstrual dignity and SRHR at home, need to initiate dialogue around it through various means such as

information, education and communication materials at local languages, engage boys, fathers, religious leaders, mothers, youths etc. Likewise, schools have to demonstrate the dignified space for having dialogue on menstruation, SRHR and human rights by having extracurricular activities for students, engaging parents, teachers, school management committee. School needs to demonstrate as dignified menstruation friendly school by creating a knowledge hub for menstrual dignity, SRHR and human rights, by incorporating these issues in to school curriculum, managing budgets etc. In order to create an enabling environment for menstrual dignity, SRHR and human rights, needs to mobilize various stakeholders in community such as faith healers/religious leaders, youth leaders, politicians, community leaders, journalist, CSOs, NGOs, private sectors etc. The health facilities need to create welcoming environment to menstruators and non-menstruators for utilizing menstrual health issues and SRHR services. It also needs to document menstrual health issues into Health Management Information Systems (HMIS) at all levels. Police offices also extends their knowledge and skills to address the menstrual discriminatory practices and reinforcement of menstrual policy and laws. Municipalities are equally responsible for dismantling menstrual discrimination, improvement of SRHR and preventing GBV therefore it needs to enhance its capacity in terms of human resources, allocating of budget and demonstrate the role modeling for dignified menstruation friendly municipality. The federal government also need to work seriously on menstrual dignity, SRHR and human rights. Ministry of Education must revise the menstrual pad policy, school curriculum according to the policies and laws around menstrual dignity and SRHR. Likewise, the Ministry of Health and Population needs to incorporate the menstrual dignity in to school health nurse program and revised the safe motherhood and reproductive act 2018 including HMIS.

## Section I: Introduction

Despite the national menstrual movements started in 2005 by the verdict of Supreme Court that Chhaupadi (a form of menstrual discrimination, visible with sets of invisible menstrual restrictions associated with) was a violation of human rights, other series of the actions were taking places till 2022 such as Chhaupadi Elimination Guideline (2008), National Dignified Menstruation Policy Draft (2017), Free Distribution of Menstrual pad in government schools (2019), Marked December 8 as Dignified Menstruation Day (2019), Conducted 1<sup>st</sup> International Conference on Dignified Menstruation in collaboration with Ministry of Women, Children and Senior Citizen and National Human Rights Commission (2020), mainstreamed the dignified menstruation in to Gender Equality Act (2021) and Inclusion of Dignified Menstruation in the Annual Plan by provinces and municipality such as Gandaki Province (2022). Such efforts contributed to set the dignified menstruation by eliminating MD.

MD means the groups of practices related with menstruation includes taboo, shyness, stigma, restrictions, abuses, violence, deprivation from resources and services that associated with menstruation throughout the life cycle of menstruators [(Global South Coalition for Dignified Menstruation (GSCMD), 2019)]. It is a form of sexual and gender-based violence which has been practicing across the globe various names, forms, and gravity though more common and prevalence in global south. A practice of MD is violating dozens of constitutional and human rights. More importantly, it is a form of Gender-Based Violence (GBV) and often plays a role in cause and effect to other forms of GBV, e.g. child marriage, by creating and socializing unequal gender norms and power relations at home (GSCDM, 2022). 93 % of SGBV takes place at home by 82% of men from families (National Women Commission, 2020) where menstrual discrimination played a role in considering girls and women as inferior and disadvantaged. Girls and women limit themselves in making their choices due to MD; e.g. 28 % of women can't make decisions for their own health care, visit family or household work and 66% of women remained silent or not seek help when they have had physical or sexual violence, and only 24% made decision about family planning (Nepal Demographic and Health Survey (NDHS), 2016).

The ‘Dignified Menstruation’ movement led by the Radha Paudel Foundation (RPF) and GSCDM has been working to tackle such discrimination; RPF has been continuously striving and is the most vocal on dignified menstruation. Dignified menstruation refers to breaking stereotypes and changing gender roles. It promotes equity and equality. The project "Menstrual Dignity for SRHR in All Diversities” aims to bring changes in attaining SRHR by increasing awareness around SRHR and human rights through menstrual dignity to transform menstrual discrimination from individual to policy level.

As a result, the situation of SRHR was not much improved as expected because of deeply embedded and persistence of menstrual discrimination. The first national safe motherhood policy was formed in 1998 which was further consolidated in 2007 as Adolescent Sexual and Reproductive Health (ASHR) and Safe Motherhood and Reproductive Health Act in 2018. The argument insisted that such violation of SRHR continues because SRHR unlikely addresses the menstrual discrimination.

The poor SRHR and GBV intricately contribute to each other and violation of human rights at multiple levels that is associated and caused by menstrual discrimination at home, school, community and everywhere. Therefore, the innovative and holistic approach of ‘menstrual dignity’ works as the vehicle to address the existing discrimination not only around menstruation but also around SRHR and GBV. Menstrual dignity intends to dismantle the silence around SRHR and contributing to eliminating the GBV that augmented by SRHR or any other reasons as an entry approach.

The project addresses the discrimination existing at the individual level, youths, women, persons with disabilities and LGBTQI to transform sexual health, sexuality education, menstrual discrimination, various forms of GBV including sexual violence, child marriage etc. The project also creates an environment to advocate dignified menstruation in policy and practices, thereby ensuring SRHR and human rights. The main objective is to dismantle menstrual discrimination from individual to policy level along with other implementing partners.

Constitution of Nepal 20 September 2015 (2072.6.3); more than a dozens of Articles such as right to dignity (article 16), right to freedom (article 17), right to equality (article 18), right to non-discrimination (article 24), right to healthy environment (article 30), right to education (article 31), right to health (article 31), right to health (article 35), right to food (article 36), right to shelter (article 37), and right to women's right (article 38) closely connected to make equitable society. Rights of women declares that (1) Every woman shall have equal lineage right without gender-based discrimination, (2) Every woman shall have the right to safe motherhood and reproductive health. (3) No woman shall be subjected to physical, mental, sexual, psychological, or other forms of violence or exploitation on grounds of religion, social, cultural tradition, practice or on any other grounds. Such an act shall be punishable by law (3 months jail or NRS 3000 penalty), and the victim shall have the right to obtain compensation in accordance with law.

Over the past 20 years, Nepal has made significant strides towards ensuring gender equality and ending gender-based discrimination and violence through policy and legislative measures. Nepal is party to more than 12 international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which it ratified in 1991, together with the Optional Protocol thereto, which it ratified in 2007.

The United Nations (UN) Special Rapporteur on Violence Against Women has acknowledged that the new Constitution, which was adopted in 2015, brought "many progressive provisions with the aspiration of achieving an equitable society in accordance with the principles of inclusion and proportional participation of women." This is one of the most recent legal developments around gender equality and gender-based violence. Physical, mental, sexual, psychological, and other types of abuse or exploitation against women are prohibited by Article 38 (3) of the Constitution, regardless of the region, religion, social or cultural customs or practices, or any other reason.

In 2009, the Domestic Violence (Offence and Punishment) Act, 2066 prohibited any form of domestic violence including against women and makes provision for safe houses for survivors. It has also given the police powers to mediate a reconciliation in cases of domestic violence, and even though the choice for mediation is vested with women, police and courts

typically offer mediation as a first step. Additional significant changes to the legal system, such as the adoption of the National Penal (Code) Act of 2017 and the Sexual Harassment at the Workplace (Elimination) Act of 2015, which replaced the Civil Code, 1974 (2021) and made discriminatory practices based on caste, sex, and untouchability including forced marriage, child marriage, polygamy, incest, forced abortion, acid attacks, dowry, and menstrual discrimination, illegal. The National Women's Commission (NWC) Act, 2007 gives the NWC the authority to, among other things, investigate and mediate cases. The Act to Amend some of the Nepal Acts for maintaining Gender Equality, 2006 (2063) reviewed and amended several laws using a gender lens.

In addition to these laws, some policies and guidelines have been enacted for promoting gender equality and providing services to survivors of violence. The last National Strategy and Plan of Action for Gender Empowerment and Ending Gender-Based Violence (2012- 2017), has not yet been replaced by a new one, although the Ministry of Women, Children and Senior Citizens (formerly the Ministry of Women, Children and Social Welfare - MoWCSW) has drafted one-year Action Plan (2019-2020) for campaigns to be implemented by all the three tiers of the government (on ending violence against women. In this regard, local and provincial governments are in the process of drafting their own frameworks on gender equality and guidelines for services.

## **Problem**

Menstruation discrimination is a multifaceted and complex problem which affects individuals, families, schools, communities, and institutions, thereby creating several challenges to live a dignified life. Normally, a young girls and boys know something about menstruation for the first time in their life in their home via their mother, sister, grandmother, or any other family member or from the advertisement of the menstrual products. They experience a number of restrictions related to touch, mobility, eating etc. at their home. Menstrual Discrimination constructs the power and patriarchy. It's related to the different forms of GBV. Most young girls learnt about menstruation from their observations at home and in the community, where they experienced untouchability and several restrictions which affected their human rights. However,



they normalize the process they followed the social and cultural stigma. Still, individual girls and women used the negative connoted terms to refer to menstruation.

It also affected access to education and health services. Menstrual discrimination highly affects the access to educations and health services. Calculating the menstrual days ( $5 \times 12 = 60$ ) girls could have remained absent in school about sixty days per year. Cultural and religious beliefs play a role in reinforcing menstrual discrimination. Some societies associate menstruation with impurity and dirty or view it as a taboo subject. Local level institutions may lack appropriate policies or guidelines to address menstruation-related issues, contributing to the perpetuation of discrimination. Institutional barriers may exist in terms of implementing menstrual-friendly practices and providing necessary support.

**Figure 1:** *Problem framework*

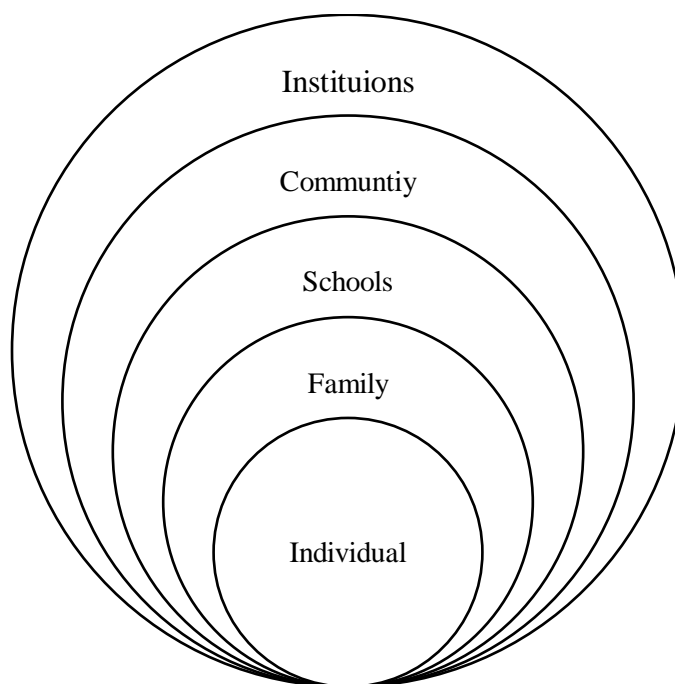


Figure 1 describes the layers of the problems of MD prevailing in the complex web of individual to local institutions. Every individual both men and women have problem, but these problems became the public issues which is the concerned for families, schools, communities, and local level institutions. Burrowing the ideas of C. Write Milles's sociological imagination, the MD has

created several aspects of problem among individual, but these practices became the public issues.

### **Research Site**

Geographically, this research has taken place in three project locations: Tatopani, Rural Municipality, Jumla (Himalayan region), Kathmandu Metropolitan City ward no 5, Kathmandu (hill) and Lalbandi Municipality, Sarlahi (Terai) and Jumla and Sarlahi represented rural, poor, conflict-affected, and most marginalized areas. Culturally, these locations are diverse by religion, ethnicity, customs, and social norms (Center Bureau of Statistics, 2020). The most common practice across all is MD, where over 95 % of households are practicing it, such as taboos, shyness, stigma, restrictions, and deprivation of resources and services (GSCDM, 2019). The menstrual discrimination called *Chhui* or *Chhaupadi practice*, a visible form of discrimination, is in Jumla, whereas at least 40 types of invisible forms of practices, including seclusion, are across the country (Period Matters, 2022). The COVID-19 excluded efforts on menstrual dignity. Politically, Jumla and Sarlahi represented Karnali and Madhesh provinces, respectively, whereas Kathmandu is the federal government's capital. The Gender Development Index of Jumla and Sarlahi showed that these districts have the highest degree of gender disparity (Human Development Report, 2020). The winning of conservative parties for parliament adds challenges to attaining full SRHR because they closed their lips to dismantle the menstrual discrimination.

### **Objectives of the project**

- a) To raise awareness around GBV, menstrual discrimination and its impact on SRHR and human rights
- b) To develop the contextual materials for combating gender norms, GBV, menstrual discrimination and SRHR
- c) To revise the policies around GBV and Dignified Menstruation to create enabling environment to obtain SRHR.
- d) To build the organizational capacity of Radha Paudel Foundation and its partners in alignment with SRHR

To assess the mentioned project objectives, the baseline study has focused on the following objectives.

- a. Assess the current level of awareness within the target population regarding menstrual discrimination, GBV, and their implications on SRHR and human rights.
- b. Identify gaps and areas of improvement in existing policies to ensure they promote a supportive environment for SRHR.

#### Research Questions

- a. What is the level of awareness among women aged 18-25 regarding menstrual discrimination and its impact on sexual and reproductive health and human rights?
- b. How do individuals of both menstruators and non-menstruators understand menstruation?
- c. What are the major areas that improve the existing policies and practices to ensure supportive environment for SRHR?

## Section II: Methodology

This study used a mixed methods approach to integrate quantitative and qualitative approaches to data collection, analysis, and interpretation. The purpose of using mixed methods research is to strengthen data reliability, substantiate the findings and suggest appropriate recommendations. In data collection, this study used 18-25 age groups female groups to find the level of understanding of menstruation discrimination. Similarly, this study used quantitative tools to measure the frequencies associated with the extent of awareness of sexual and reproductive rights and human rights.

For qualitative data collection, the research employed Key Informant Interviews (KII) with three male and three female participants in each district, purposefully selected to delve into their personal experiences with menstruation. This method facilitated a nuanced exploration of their perspectives and insights. In addition, participant observation was crucially incorporated, allowing the research team to gain an in-depth understanding of the subject matter by immersing themselves in the participants' homes and communities. This approach provided valuable context to the findings and enriched the overall qualitative analysis, uncovering subtle nuances and cultural dimensions associated with the participants' experiences with menstruation.

### Population and Sample

The sample size was selected from the age group 18 years to 25 years for three reasons: a) This age group was in late adolescents in which they could have developed their critical self-reflexivity to understand menstruation, b) This age group provided independent informed consent, and c) This age group encountered distinct social and health challenges during menstruation.

The research team divided the study areas into clusters where the project was implemented. In this case, we took administrative wards as a cluster: Tatopani Rural Municipality (Ward No. 2 and 3, Jumla), Kathmandu Metropolitan City (Ward No. 5) and Lalbandi Municipality (Ward No. 7, Sarahi), and following the sampling process of the unknown populations, Sekaran (2003) the sample size was determined approximately below 500 where the samples were not broken into sub samples and none of the multivariate statistical analysis were made. The research used

only descriptive statistics as an initial step in data analysis, allowing researchers to explore and understand the fundamental characteristics of menstrual discrimination and SRHR. This exploration was crucial for formulating hypotheses and guiding more advanced statistical analyses in future. Table 1 gives an overview of the populations.

**Table 1:** *Sample Size*

<b>Cluster</b>	<b>Sample Size</b>
Tatopani Rural Municipality	152
Kathmandu Metropolitan City	156
Sarlahi, Lalbadni	163
Total	471

## Data Collection Tools

### Survey Tool

The research employed three tools, with the first being a survey questionnaire. This questionnaire was meticulously developed by the RPF through extensive literature review and synthesis, aiding in identifying research gaps. Subsequently, the questionnaire underwent a collaborative refinement process with implementing partners across three districts: Jumla, Kathmandu and Sarlahi. Valuable feedback was gathered and incorporated into the questionnaire, leading to its thorough revision and preparation for piloting. This iterative process ensured the robustness and relevance of the survey instrument in capturing the necessary data for the research study. The questionnaire was administered by using KOBO tool.

### Interview Guidelines for KII

Interview guidelines were developed specifically for Key Informant Interviews (KIIs), focusing on exploring individuals' experiences and practices related to menstruation for three boys and three girls from 18-25 years in the research sites. These guidelines were thoughtfully designed to elicit comprehensive insights from participants regarding their personal encounters and cultural practices associated with menstruation. The intention was to ensure that the KIIs yielded rich and

nuanced information, allowing for a thorough understanding of the varied aspects of menstruation experiences and practices among the participants involved in the research.

Key Informant Interview (KII) tools were employed to delve into young men and women's personal, school, local government, and communal experiences. Additionally, KII investigated the homes and communal as well as social practices aimed at enhancing dignified menstruation within the community. Moreover, the tools were carefully crafted with open-ended questions and organized systematically to facilitate a comprehensive exploration of the subject matter.

### **Participants Observations**

The researcher visited the village and conducted participant observations among the menstruating girls and women within homes to gain insights into the everyday life experiences of menstruation among the residents. This method involved actively observing and immersing oneself in the natural context of the participants, allowing for a firsthand understanding of the various aspects and challenges associated with menstruation within their daily lives.

### **Reports from Local Public Institutions: Health Centers and Police Station**

Three months data have been collected from the health centers and police station of two local government to find out the situation of the cases of menstrual discrimination and GBV reported to the police station and types of the health services delivered from the health centers.

### **Data Analysis**

In mixed methods research, the data analysis process involved integrating and analyzing findings from different sources, such as surveys, Key Informant Interviews (KIIs), and participant observations. The goal is to comprehensively understand the research question by triangulating data from various perspectives.

The research team organized the survey data by cleaning the data set by compiling all submitted data in KOBO tools. Then, the research team also transcribed and organized qualitative data and then generated themes from the qualitative data specially from KII and Participant observations.

Quantitative data was analyzed by using descriptive statistical methods to analyze survey responses by summarizing and presenting the descriptive statistics, such as frequencies, percentages, and averages. Usually, the research team conducted thematic analysis: Identify and analyze themes or patterns within the qualitative data. In doing so, we presented a short vignette for the representation of the narrative of the participants. In doing so, the research team also have a constant comparison for integration of findings.

### Quality Assurance

A detailed offline and online orientation training for enumerators was conducted by RPF with the help of the expert. The training session included technical aspects of the household survey as well as key informant interview and observation techniques, data quality, and research ethics. Field supervisors closely supervised enumerators during data collection. Any errors in data collection were recorded, and the enumerators were informed of the errors and suggested improvement measures in real-time. During the data analysis, efforts such as filter errors, data cleaning, out-of-range values, and other logical checks and balances, weighing, internal consistency measures, etc. were carried out to improve the quality of the study.

### Ethical Standards

RFP was very sensitive to the ethical standards to be followed during the research. The research team ensured that all the interviews and surveys were taken after the consent of respondents also provided the sensitivity of the research topic. The team also maintained the confidentiality and anonymity of the respondents. KII was conducted in a safe environment because menstruation could be taken as a sensitive topic in some communities. In doing so, the research team was aware of the cultural sensitivity.

### Section III: Key Findings and Insights

This section presents the key findings of the baseline survey based on the major themes: understanding the menstruation at an individual level including childhood experience, experience at home, experience at school, experience in the community, health services and facilities during menstruation and local government and sexual and reproductive right and human rights concerns.

#### Respondents' Demographic Profile

A total of 495 menstruators participated in research where 9 were non-menstruation and rest of them were menstruators. A total of 471 respondents participated in the survey. They were all menstruators from age 18-25 years. Among them 373 (79.2%) were married. 152 (32.3%) from Jumla, 156 (33.1%) from Kathmandu and 163 (34.6%) from Sarlahi. By ethnicity, majority of respondents were Brahmin/Chhetri (41.0%), followed by Janjati/Adibasi (38.9%) and 14.4% belonged with Dalit. Additionally, there were other groups also involved in study; 4.5% Madheshi, Dashnami 0.4% and 0.2% Muslim and 0.6% others. In terms of education, 346 (73.5%) were educated. Among them, 55.0% had secondary level education, 19.1% had primary, 19.1% had bachelor's and 2.5% had master's degree, and 4.2% could read and write.

#### Understanding of Menstrual Experience at an Individual Level

It is important to find out the situation of women's understanding of menstruation because menstruation is a natural and biological phenomenon that starts in adolescence and continues till adulthood. In the survey, women had a diverse understanding of menstruation. 81.7% of the respondents reported that they understood menstruation was a natural process. The percentages of women who understood menstruation was blessing of womanhood was very low (8.3%). 11% of women understood that it was as a curse, toxic, polluted and dirty.

**Table 2:** District wise understanding of menstrual blood

Districts	Clean	Pure	Impure	Toxin	Dirty	Others
Jumla	29	19	18	0	103	5
Kathmandu	1	1	146	1	9	0
Sarlahi	41	87	77	29	121	2



Total	71	107	241	30	233	7
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The table 2 describes that a relatively small percentage of respondents considered menstrual blood as clean (15.1%). This indicated a positive and purity view of menstruation. A significant portion of respondents viewed menstrual blood as dirty (39%). Over half of the respondents (241) perceived menstrual blood as impure. In KII, women reported that religious and traditional factors contributed to develop such mindset of the people. A small percentage (6.4%) of respondents described menstrual blood as toxic. This perspective may be influenced by misconceptions or negative beliefs about menstruation.

*“I learned menstruation when I was 8 years old from sister due to her absence of school along with me. One day, I also had to stay at home due to the same reason, I was thinking. Later, I knew that my girlfriends used to hide the menstruation, pad and didn’t share anything with us/boys. We also thought that menstruation was not boy’s concern. Teacher’s explanation on menstruation and reproductive health was not sufficient and not making us responsible.” (KII-7\_Male\_Kathmandu)*

The understanding of impurity, dirty, toxic, polluted served the very negative connotation of menstrual blood. A notable portion of respondents considered menstrual blood as pure. This viewpoint contrasts with those who perceived it as impure or dirty and may reflect a more positive and accepting attitude toward menstruation.

Menstrual discrimination was manifested in various ways at home and in the community, affecting the childhood experiences of girls and women. These experiences varied across cultures and communities. In this study, the mean age was 10.5 years, at which girls knew or learnt something about menstruation for the first time in their life, which is higher than the average age of 6-9 years as claimed by GSCDM. The lowest age (6 years) of knowing was matched. This might be due to various reasons, such as the information being provided at a young age or not being memorable or do not getting the question properly. In this regard, the highest age was reported 18 and the lowest age was reported 6. Almost 75% of girls knew about menstruation from the age of 7-12 years.

This data suggested that a significant portion of girls and women (59.4%) learn about menstruation through conversations with their sisters regardless of their districts, ethnicity and education. A lesser percentage learn about menstruation through interactions with neighbors. This might indicate that community or neighborhood discussions play a role but are not as common as conversations within the family. More than half of the respondents learnt about menstruation through discussions with their mothers. This showed that menstrual discriminatory practices transfer generation to generation with secrecy or silence. It also entails the importance of engagement of mothers on course of menstrual dignity. A smaller percentage learn about menstruation through observation at home. This could involve seeing menstrual products or witnessing the experiences of other family members. Many women learnt about menstruation through peer interactions, suggesting that discussions among friends play a significant role in menstrual education. A small percentage of respondents (2.1%) did not remember how they learned about menstruation.

This provides insights that the girls and women before their menarche were taught by their parents and sisters about ‘do’ and ‘do not’ during the menstruation especially by the female members of family because of the stigma and taboos associated with menstruation.

Psychologically, it seemed to be important to know, learn and hear something about menstruation at first in their life. Women reported that they experienced multiple kinds of emotions. The existing menstrual understanding was leading to disempower women, without having bodily autonomy and self-respect or agency even before having menstruation.

**Table 3:** *First Response while knowing/learning/hearing something about menstruation*

<b>Reaction</b>	<b>Total</b>	<b>Percentage</b>
Confused	289	61.4
Afraid	265	56.3
Scared	127	27.0
Feel Impure and Dirty	110	23.3
Happy	27	8.9
Total	471	100

Table 3 indicated that a significant portion (61.4%) of the respondents expressed feeling confused. A substantial number (56.3%) of individuals reported feeling afraid. About a quarter (27.0%) of the respondents mentioned feeling scared. A notable portion (23.3%) of individuals reported experiencing feelings of impurity and dirtiness in relation to the given context. A smaller percentage (8.9%) of respondents expressed feeling happy. It seemed that those negative emotions such as confusion, fear, and feeling impure/dirty were prevalent among the respondents. On the other hand, a smaller proportion reported positive feelings, with happiness being the least frequently mentioned emotion the data showed that.

#### Experience of Menstrual Discrimination during Menarche and Beyond at an Individual

The survey showed that the mean age of menarche was 13.2 years. The highest and lowest age for menarche was 19 years and 10 years. Since menstruation varies from person to person due to various factors, including family environment, weather, nutritious diet, genes etc.

The deviance of the mean age menarche was higher because of the respondents lived in diverse geographical regions places, which could matter due to socio-cultural and economic values.

Overall, in the research sites, during the menarche, 50.8 % of girls and women lived in a separate room in the same house, 31.4 % lived in the cowshed, 8.2 % lived in a neighbor's house, and 9.6 % lived in separate houses.

*“A woman was on third day of her menstruation. She slept in her cowshed so she couldn't sleep well and felt sleepy while having conversation with field researchers. She followed almost all restrictions during menstruation.”* (Observation\_2\_Jumla)

Regardless of the district or socio-economic conditions, they all lived separately during menarche, mentioned in Table 4 showed that most girls and women in Jumla lived in the cowsheds and separate rooms in urban areas.

**Table 4:** *Living during Menarche (first menstruation)*

<b>Living during Menarche</b>	<b>Jumla (%)</b>	<b>Kathmandu (%)</b>	<b>Sarlahi (%)</b>
Separate room	2.0	80.8	67.5
Separate house	5.3	10.9	12.3

Relative/ Neighbor house	3.3	7.7	13.5
Cowshed	89.5	0.6	6.7

Likewise, 7.1% of respondents from Janjati/Adibasi had a separated house to stay during their first menstruation. Brahmin/Chhetri and Dalit ethnic backgrounds had significantly separated during their first menstruation. Even the educated respondents shared that they practiced discrimination during menstruation. Such separation was prevailing in Janjati and Adibasi family.

**Table 5:** *Caste/Ethnic Composition of living status during Menarche*

<b>Living during Menarche</b>	<b>Brahmin/Chhetri (%)</b>	<b>Adibasi/Janjati (%)</b>	<b>Dalit (%)</b>	<b>Thakuri/Dashnam (%)</b>	<b>Other</b>
Separate House	11.4	7.1	7.4	0.0	33.00
Cow Shed	49.7	4.9	58.8	50.0	
Separate Room	28.5	83.6	20.6	50.0	67
Neighbor	10.4	4.4	13.2	0.0	

Regardless of the variety of places, all were separately lived during menstruation. Living places or conditions signify the safety, security, accessibility of food, water, participation, equality and dignity of girls and women. Such separation impacted overall health and human rights too. More importantly, it is a form of menstrual discrimination.

39.1% (184) of respondents experienced menstrual discrimination monthly at an individual level. Among them, 46.7% of the respondents were from Jumla, 39.7% were from Kathmandu and 13.6% from Sarlahi.

*“A 23-year Dalit, eating her food separately. She had uncombed hair and untidy clothes. Few pieces clothes dried over bush nearby.”* (Observation\_6\_Sarlahi)

Among the experienced, by ethnicity, 56.5% represented Brahmin/Chhetri, 22.3 % Janjati/Adibasi, 19.0% Dalit and 2.2. % were Madhesi. Among the experienced 55.2% had

secondary education, 23.4% had bachelor, 14.7% had primary, 3.8% had master, and 2.7% could read and write. These data indicated that education had no significant value in experiencing menstrual discrimination.

**Table 6:** *District wise individual discrimination*

<b>Districts</b>	<b>Total</b>	<b>Percentage</b>
Jumla	86	46.7
Kathmandu	73	39.7
Sarlahi	25	13.6
Total	184	100.0

184 respondents shared they faced restriction during their menstruation where restriction can be in terms of mobility, participation, touching, eating and so on. 161 experienced restrictions on mobility or participation, 129 experienced restrictions on touching, and 72 experienced restrictions on food as their wish.

This data showed that denial of participation in social and cultural activities during regular menstruation was one of the major causes of menstruation discrimination. Among the surveyed, 70.7% (333) respondents did not participate in such activities at home and in communities.

*“A young Newari woman, greet us in her living room, wore clean clothes and tide too. However, she couldn’t go to the kitchen and worship places and can’t eat any spicy and sour foods.”* (Observation\_4\_Kathmandu)

‘The KII and informal meetings explore the varieties of restriction under these defined categories mentioned in table 7.

**Table 7:** *Restrictions during menstruation*

<b>Jumla</b>	<b>Kathmandu</b>	<b>Sarlahi</b>
<b>Restriction on Mobility</b>		
<ul style="list-style-type: none"> <li>• Not allowed to enter the house.</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to cook food.</li> <li>• Not allowed to go to temple or other religious places.</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to enter the puja room.</li> </ul>

<ul style="list-style-type: none"> <li>• Not allowed to enter the kitchen till purification on 4th day of menstruation.</li> <li>• Not allowed to go to temple.</li> <li>• Not allowed to go to my friend's house.</li> <li>• Not allowed to attend any ceremony or occasion.</li> <li>• Not allowed to cross the river.</li> <li>• Not allowed to go to water sources.</li> <li>• Not allow to go to the kitchen garden.</li> <li>• Not allowed to go to the school.</li> <li>• Not allowed to go the place where the religious people and family senior's members are there?</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to go in death ritual.</li> <li>• If menstruating girls went to a funeral, they have to sit separately without touching anything.</li> <li>• Not allowed to attend any functions like wedding, weaning, <i>barthabanda</i> etc.</li> <li>• Should stay far from their house, shouldn't see the roof of the house (stay in relative's house)</li> <li>• Not allowed to celebrate any festivals like <i>dashain</i>, <i>tihar</i>, <i>chhat</i>, etc.</li> <li>• Should live goat shed or cowshed during first menstruation.</li> <li>• Should live on the ground floor of the house with a separate bed.</li> <li>• Should not go near to water sources like wells or taps.</li> <li>• Should not go to kitchen.</li> <li>• Not allowed to go to school at first.</li> <li>• Not allowed to travel long distance during menstruation.</li> <li>• Not allowed to do any work inside of the house.</li> <li>• Not allowed to take part in any sports during menstruation.</li> <li>• If women are married, she should sleep separately from her husband.</li> <li>• Not allowed to play with boys.</li> <li>• Must come home early before sun set</li> </ul>	<ul style="list-style-type: none"> <li>• Should stay far from their house, shouldn't see the roof of the house (stay in relative's house)</li> <li>• Not allowed to go to the kitchen.</li> <li>• Not allowed to go wherever they like.</li> <li>• Not allowed to go to the field.</li> <li>• Not allowed to go to the temple.</li> <li>• Have to hide in the room for 12 days.</li> <li>• Should not cross the holy river.</li> <li>• Not allowed go to the storage room</li> <li>• Not allowed to be involved in good deeds or any ceremony.</li> <li>• Not allowed to do funeral activities.</li> <li>• Not allowed to celebrate festivals.</li> <li>• Not allowed to cook food.</li> <li>• Not allowed to engage in social activities.</li> <li>• Should not go on a tour for entertainment.</li> <li>• Should not take part in any sports.</li> <li>• Not allowed to go to the kitchen garden or sugarcane field.</li> </ul>
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<b>Restriction on Eat</b>		
<ul style="list-style-type: none"> <li>• Not allowed to have spicy food.</li> <li>• Not allowed to have sour food.</li> <li>• Not allowed to have food according to their will.</li> <li>• Not allowed to have rice for 3 days in Brahmin community.</li> <li>• Not allowed to have cow milk or dairy product made from cow milk.</li> <li>• Not allowed to have food e.g. soup of lentils, soup of vegetables</li> <li>• Not allowed to have food offer to God or goddess as <i>parsad</i></li> </ul>	<ul style="list-style-type: none"> <li>• Have to eat alone.</li> <li>• Should eat outside of the kitchen and wait for others to provide you with food.</li> <li>• Not allowed to have meat and meat products.</li> <li>• Not allowed to have dairy products.</li> <li>• Not allowed to have sour food e.g. lemon.</li> <li>• Not allowed to have spicy food.</li> <li>• Not allowed to have pickles.</li> <li>• Not allowed to have fruits.</li> <li>• should not eat salt containing food for 11 days and only allowed to have sweet foods.</li> <li>• Should not eat any food which is offer to God as <i>prasad</i></li> <li>• Use separate utensils for daily business</li> </ul>	<ul style="list-style-type: none"> <li>• Should not eat spicy food.</li> <li>• Should not eat sour food.</li> <li>• Fruits like papaya should not have during menstruation.</li> <li>• Should not have food that is made of cow's milk.</li> <li>• Should not have food which is offer to God and goddess as <i>Prasad</i>.</li> <li>• Should not take any medicine.</li> </ul>
<b>Restriction on Touching</b>		
<ul style="list-style-type: none"> <li>• Not allowed to touch anything related with God including books.</li> <li>• Not allow to touch brothers and any male members of the family.</li> <li>• Mothers do not touch their daughter during menstruation.</li> <li>• Should not touch <i>dhami jhakri</i></li> <li>• Should not touch cows and other animals.</li> <li>• Should not touch plants.</li> <li>• Should not water plants</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to touch or worship God and Goddess.</li> <li>• Should not touch religious person like <i>dhami jhakri, mata</i>, who wear holy thread.</li> <li>• Should not touch elderly people.</li> <li>• Should not touch or carry the baby.</li> <li>• Should not touch pregnant women, it will lead to miscarriage.</li> <li>• Should not touch trees, plants, and flowers.</li> <li>• Should not touch pickles.</li> <li>• Should not touch a cow.</li> </ul>	<ul style="list-style-type: none"> <li>• Should not worship/ touch God and goddess</li> <li>• Not allowed to study and touch religious books like <i>Geeta, Ramayan</i></li> <li>• Not allowed to touch any things during the festival.</li> <li>• Not allowed to touch seeds.</li> <li>• Not allowed to pluck flower for religious work like death anniversary, funeral in the community</li> <li>• Not allowed to touch religious plants like <i>varapipal, sami, tulsi</i></li> </ul>

<ul style="list-style-type: none"> <li>• Should not touch water sources.</li> <li>• Should not touch a baby who is less than 6 months.</li> <li>• Should not touch male who wear holly thread.</li> <li>• Should not touch lower caste people.</li> <li>• Should not touch foundation of house.</li> <li>• Should not touch main gate of house.</li> <li>• Should not sleep with husband or any other female members of family.</li> <li>• Not allowed to have new blanket.</li> </ul>	<ul style="list-style-type: none"> <li>• Should not touch books since books are worship as Goddess of wisdom (<i>Sarswoti</i>)</li> <li>• Not allowed to touch holly books like <i>Geeta, Ramayan</i></li> <li>• Should not water the plant.</li> <li>• Should not pluck flowers, fruits or vegetables.</li> <li>• Should not touch water reservoirs.</li> <li>• Should not touch Gas stove.</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to touch sick people.</li> <li>• Should not touch people wearing holly thread.</li> <li>• Should not touch people who are fast.</li> <li>• Should not touch pickles.</li> <li>• Should not touch/use nail polish.</li> <li>• Not allowed to hatch eggs.</li> <li>• Not allowed to touch cow's dung.</li> <li>• Not allowed to plant any flowers, fruits.</li> <li>• Not allowed to touch things, used to worship God</li> </ul>
<b>Others</b>		
<ul style="list-style-type: none"> <li>• Not allowed to wash the clothes of family members.</li> <li>• Not allowed to wash the utensils used by other family members.</li> <li>• If by mistakenly menstruating girl touch anything it should be purify by spraying gold water (water that dibbed with any jewelry made from gold)</li> </ul>	<ul style="list-style-type: none"> <li>• Not allowed to see the sun.</li> <li>• Not allowed to see the roof of the house.</li> <li>• Should wear separate clothes.</li> <li>• Should wake up early in the morning and clean up before anyone wakes up.</li> <li>• Have to take bath on 4<sup>th</sup> day and clean all the surrounding and wash clothes, bed sheets etc. by herself.</li> <li>• Have to take bath every day from 4th to 7th day before anyone wakes up.</li> <li>• Purify the house by sweeping it with cow's dung.</li> <li>• Used menstrual cloth pad have to dry under the</li> </ul>	<ul style="list-style-type: none"> <li>• Should not dry clothes which are worn during menstruation in the sun.</li> <li>• Have to take a bath in irrigation water cancell.</li> <li>• Should not wear makeup.</li> <li>• Red and yellow colors should not be worn.</li> <li>• Should not milking the cow, if menstruating woman milk the cow that milk will not use inside the house.</li> <li>• Should not do heavy work.</li> </ul>



	<p>shadow by hiding from others in order to prevent from attack of witch.</p> <ul style="list-style-type: none"> <li>• Should follow ritual called <i>Rishipanchami</i> in order to get rid of sin that occurred due to intentional and unintentional touch with restricted place, person and things during menstruation.</li> <li>• Postponed the engagement or marriage if the girl menstruates accidentally.</li> <li>• If by mistakenly menstruating girl touch anything it should be purify by spraying gold and water</li> <li>• Menstruating women should not speak in loud voice (their voice should not be heard by male members of family)</li> <li>• Should not use lipstick in normal days which is used during menstruation.</li> <li>• Should not wear new clothes or any new thing till the 4th day of menstruation.</li> <li>• Not allowed to do new works (new start)</li> <li>• Felt ashamed and humiliated to talk about menstruation with my own parents.</li> <li>• Have to take bath daily.</li> <li>• Illegible for fasting for religious purpose</li> </ul>	
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The KII and observation showed that these restrictions were prevailing throughout the five days of menarche as well as monthly menstruation. Such restrictions violated constitutional and

human rights in a multiplier manner. More importantly, these restrictions also fall under the various categories of SGBV as defined by UN 1993 (GSCDM, 2019).

*“When I was 8 years old, I found out that my mother was not mingle with us. Later, I knew that was due to menstruation. When I noticed the blood on my body, I cried by thinking the restrictions imposed for menstruating girl. It was forbidden to touch the temple, enter the house, stay in the neighbor's house, due to fear of God. It is said that if the deity is bad, they will die prematurely, and their children will be born with disabilities. It is customary to feel ashamed to talk about menstruation even with health workers. I vividly remember that I forbidden to touch house because I slept with my menstruating mother. I was eligible only after shower. I was 15 years old when I got my first menstruation. I had abdominal pain, body aches. I was terrified, what should I do, what should not I do, who to tell. I was ashamed to tell others and I hid and went to the shed of the house and stayed and my mother found out by herself.” (KII\_5-Female\_Jumla)*

In other hands, these numbers represent the extent of discrimination faced by girls and women during menstruation in each category and district. They learned such menstrual practices and reasons behind the menstrual practices were learned since the incidence they observed/knew or learned something about menstruation at first in their lives and started to practice since their menarche. In KII and informal meetings almost all family have practicing menstrual discrimination in very invisible form according to the definition of RPF on MD.

*“During menstruation, mother and sister must stay in a separate room and were not allowed to do worship, cook or enter the kitchen. While staying at other houses, they had to stay inside the room, and it seemed like she could never escape. Father should not have eaten what was touched by mensuration girls. That's why it could not be cooked. It seems that there is not enough education about menstruation in the curriculum. Elderly people in the community say that they should not touch. Because of menstruation, having to sleep in a separate bed and use the dishes separately. When I went to friends' houses, some things should not be touched. Once, there was a time of uncle's marriage, I was abandoned and not allowed to touch anything, no Tika. My friend also practicing same e.g. avoiding visiting temple during school tour. She was sad though.” (KII\_16\_Female\_Sarlahi)*

Despite having practicing sets of menstrual restriction are in practice, 91.7% (432) thought that such practices were not appropriate. It supports the opinion of KII with girls and boys that changing values implies a shift in the beliefs, attitudes, and perspectives of girls and women. This change suggests an evolving mindset that may differ from traditional or historical norms. The rest of the respondents 8.3% (39) who considered the menstrual practice an appropriate practice represented all districts whereas Sarlahi and Kathmandu have more than Jumla (3).

*“I knew about menstruation at first in my life when I was 9 years old because my mother asked me ‘I had Par Sarne (Staying far) so prepared food. I always delayed in school while my mother menstruates. I deeply felt sad while my mother menstruates. She missed big festivals such as Dashain, Tihar etc. due to menstruation and deprived from participating in socio-cultural activities at home and communities.’”*

(KII\_14\_Male\_Sarlahi)

### **Menstrual Health Issues**

Women respondents expressed that they had various health issues during menstruation. Almost half of the respondents 48.4 % (228) said that they had various menstrual health problems such as abdominal pain, back pain, weakness, nausea and vomiting and headache during menstruation. In all cases respondents reported that experiencing pain during menstruation is a mundane experience.

One of the respondents also shared, “It was shameful to talk about pain during menstruation”. Among them, 51.8% belong to Kathmandu, 33.3% Sarlahi and 14.9% belong to Jumla. This data did not confirm whether such health issues were mild, moderate, or severe. On the other hand, it could be because of socialization of pain because they experience such long lists of menstrual restrictions along with deep silence and ignorance around menstruation.

**Table 8:** *District wise composition of menstrual health issue during menstruation*

<b>District</b>	<b>Total</b>	<b>Percentage</b>
Kathmandu	118	51.8
Jumla	34	14.9
Sarlahi	76	33.3

Total	228	100.0
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**Table 9:** *Types of menstrual health issues*

Type of Health Problems	Total	Percentage
Abdomen Pain	160	70.2
Back pain	40	17.5
Weakness	30	13.2
Nausea and Vomiting	11	4.8
Headache	13	5.7

Encouragingly, 64.8% of respondents felt comfortable seeking support from health workers from all districts. However, the respondents from Kathmandu benefitted more in this regard.

**Table 10:** *Safe conversation with health workers*

Safe Conversation with Health Workers	Total	Percentage
Jumla	51	16.7
Kathmandu	146	47.9
Sarlahi	108	35.4
Total	305	100.0

Table 10 showed that most the girls and women in urban areas felt safe to have conversation with health workers. Surprisingly the less (30.1%) university educated women experienced safe conversation with the health workers and about 50.5% of the women experienced that they felt comfortable and safe to tell menstrual problems with health workers.

### **Impacts of Menstrual Discrimination**

235 (49.9%) respondents strongly agreed that the menstrual discriminatory practices impact on holistic health of girls and women. The respondents from Jumla and Sarlahi more than Kathmandu in this regard. Only 13% of respondents expressed their neutrality and 7% disagreed with the given statement respectively.

**Table 11:** *Perceived Impact of menstrual discrimination on health*

<b>Statements</b>	<b>Jumla (%)</b>	<b>Kathmandu (%)</b>	<b>Sarlahi (%)</b>
Strongly Agree	53.90	35.90	47.20
Agree	44.10	57.10	48.50
Neutral	0	8	5
Disagree	2	3	2
Strongly Disagree	1	0	0

Likewise, 239 (50.7%) and 205 (43.5%) respondents strongly agreed and agreed, respectively, that menstrual discrimination causes sexual violence among girls and women in the study area. They were from all districts the respondents for strongly agreed were highest from Jumla. It indicated that the girls and women experienced various forms of sexual violence while following visible and invisible forms of menstrual discrimination in Jumla.

Studies showed that menstrual discrimination also impacts on the on education of girls and women. 246 (52.2%) and 188 (39.9%) respondents strongly agreed and agreed that the menstrual discrimination impacts on education. These were insignificant numbers for disagreement in this regard. In all districts, girls and women are practicing ranges of restrictions during menstruation silently or invisibly. Their education may not only impact in school but also throughout 24 hours for five days and 60 days (2 months) in a year. The data of KII and observation also supported this because the entire routine activities were altered due to menstruation, including early waking up in the morning to manage menstrual blood without letting anyone know, especially boys/men/seniors of the family. Such silence allows room for cultivating the culture of menstrual discrimination and disempowering of menstruators.

Respondents claimed that menstrual discrimination is also a violation of human rights. 229 (48.6%) and 193 (41.0%) respondents strongly agreed and agreed that menstrual discrimination impacts on achieving human rights in all three districts. These data signifies that the respondents know about multidimensional impact of menstrual discrimination but could not express about it. It could be the deep silence and ignorance towards menstrual dignity at home, school, community and everywhere.

**Table 12:** *Understanding of women as menstrual discrimination is the violation of human right*

<b>Statement</b>	<b>Jumla</b>	<b>Kathmandu</b>	<b>Sarlahi</b>
Strongly agree	73.7	30.8	42.3
Agree	25.7	57.7	39.3
Neutral	0.0	9.0	6.1
Disagree	0.0	2.6	11.0
Strongly disagree	0.7	0.0	1.2

### Menstruation Experience at Home

Girls and women often face discrimination within their own homes, perpetuated by deeply ingrained societal norms and traditional gender roles. Despite legal strides towards gender equality, patriarchal attitudes persist, influencing familial dynamics. Girls may encounter disparities in access to education, healthcare, and opportunities compared to their male counterparts.

*“I belong to two ethnic groups: Tamang and Shrestha. Menstruating women are prohibited from cooking and entering the kitchen. Additionally, they avoid going to temples or participating in religious and traditional worship and celebrations during menstruation.”* (KII\_12\_Female\_Kathmandu)

Traditional expectations regarding household responsibilities further contribute to the unequal treatment of women, limiting their personal and professional development. Discrimination can also manifest in issues such as early marriage and restricted mobility, denying girls the chance to make choices about their own lives. While progress is being made through advocacy and awareness initiatives, the struggle against gender-based discrimination within Nepalese homes remains an ongoing challenge, demanding a collective effort to reshape cultural attitudes and foster a more equitable society.

Table 14 showed that 48.0% (226) respondent’s home had discussion on menstruation whereas 10.6% (50) didn’t know about it at all. Among discussed families, the least discussion on menstruation occurred in Jumla (2.7%) and highest was in Kathmandu (53.1%).

**Table 13:** *Conversation about menstruation at home*

<b>Districts</b>	<b>Total</b>	<b>Percentage</b>
Jumla	6	2.7
Kathmandu	120	53.1
Sarlahi	100	44.2
Total	226	100.0

However, the majority of the discussion on menstruation occurred among sisters (175) and with parents (173). The 77 neighbors and 37 grandparents also involved in menstrual discussion informally. However, the discussion with brothers was insignificant (8). The qualitative information explored that such conversation was not about the facts or laws around menstruation but about the menstrual practices and some extent about menstrual health issues like menstrual cramps or absence in regular work specifically inside the house.

*“I learned menstruation when I was 8 years old from sister due to her absence of school me. One day, I also had to stay home for the same reason, I was thinking. Later, I knew that my girlfriends used to hide the menstruation pad and didn't share anything with us/boys. We also thought that menstruation was not a boy's concern. The teacher's explanation of menstruation and reproductive health was not sufficient and did not make us responsible.”* (KII\_7\_Male\_Kathmandu)

Such a condition has affected the decision-making process at home. Figure 2 described the decision-making agents at home. The 73.2% (345) fathers and 47.6% (224) mothers were key decision makers. The KII and observation data showed that the mother's primary role was in informal or household chores including menstruation. The 1.5% (7) sisters could make key decisions at home which could be female headed household which was not included in research. Decision making at home is one of the major indicators to exercise the agency girls and women at home.

**Figure 2:** *Decision making at home.*

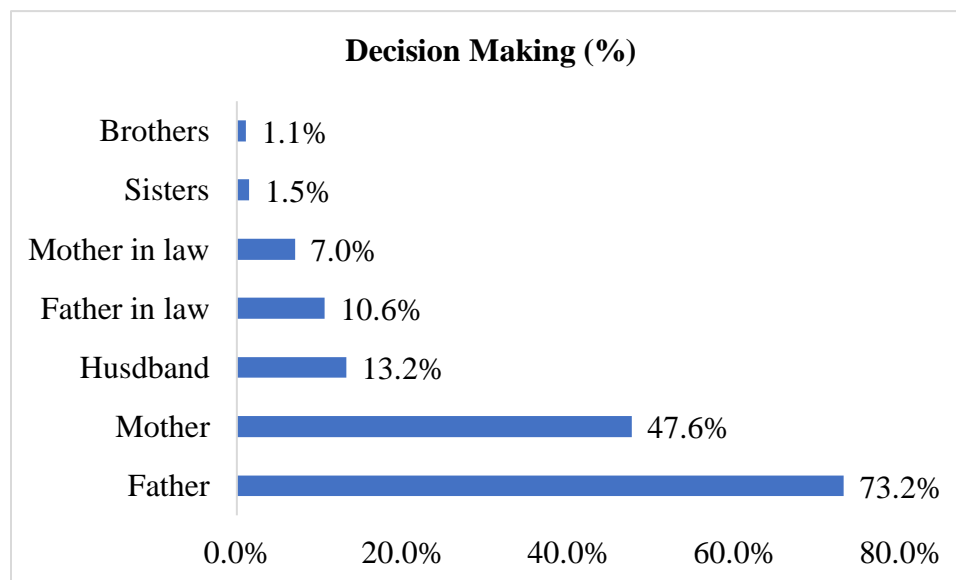


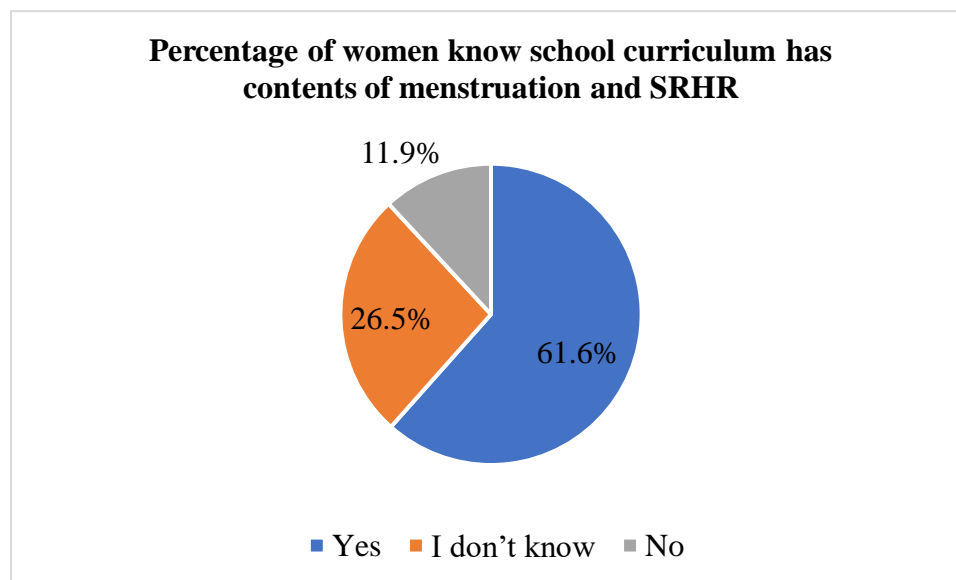
Figure 2 indicated that still the father had dominated to take decision at home and girls and women could not open up while talking about menstruation at home which restricted to create a comfortable home atmosphere. This indicated the power has been constructed by the role of father male and transferred into the females specially mothers and sisters. The form of patriarchy revolved about creating the menstrual discrimination.

### Menstrual Experience at School

RPF proposed the indicators for making a dignified menstruation-friendly school where any school family members, especially girls, can talk and ask about any kind of issue or support in school with anyone. Girls who are raised in dignified menstruation-friendly schools would have more confidence and self-esteem, so they can make decisions on their SRHR needs and can resist any form of violence against them including child marriage.



**Figure 3:** Percentage of women know school curriculum has contents of menstruation and SRHR



61.6% knew that the school curriculum has contents on menstruation and SRHR. Among them, 52.4% were from Kathmandu, 27.2% from Sarlahi and 20.3% from Jumla.

*“I had my first menstruation when I was 15 years. It was really tough. I couldn't pay attention in class because I was constantly thinking about leaking on my back/sit. Imagining the figure of bulky butt and figure of leaked blood. I was feeling –kalo akshar bhaisi barabar (I didn't understand at all) in class due to stress. I thought I was alone for it. But all girls experienced same and struggling within themselves.”*  
(KII\_18\_Female\_Sarlahi)

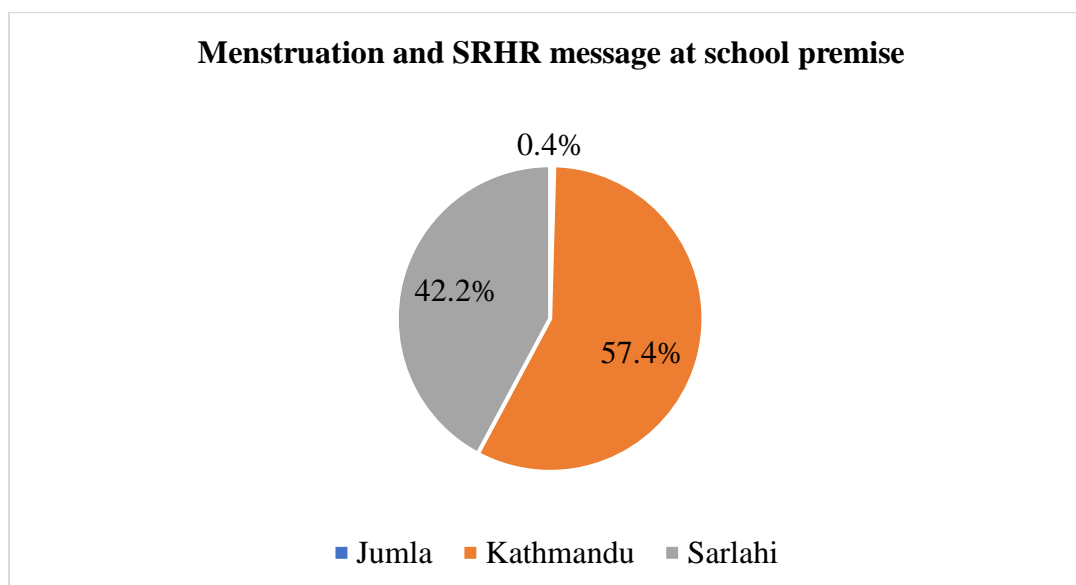
However, only 282 respondents said that teachers taught the menstruation and SRHR courses. The rest of them didn't teach due to shame and stigma during menstruation. Respondents from Kathmandu 51.4% respondents from Kathmandu reported that teachers taught these topics in the schools, but it was very less in other two districts. Though the school curriculum consists of menstruation and SRHR but teachers escaped such topics while teaching in the classroom.

### **Message on Menstruation at School Premises**

Despite having courses and being taught by teachers on menstruation and SRHR, only 230 respondents observed that the school has pasted the statements, posters and pamphlets in this regard. Jumla has almost zero in this regard whereas Kathmandu was the highest among three

districts. However, in KII and school observation, it was not visible in schools though schools have pasted information in school's premises. Only 0.4% respondents from Jumla said that they had such messages at school whereas 57.4% of the respondents from Kathmandu shared that they thought that these kinds of messages were in school.

**Figure 4:** *Menstruation and SRHR message at School Premise*

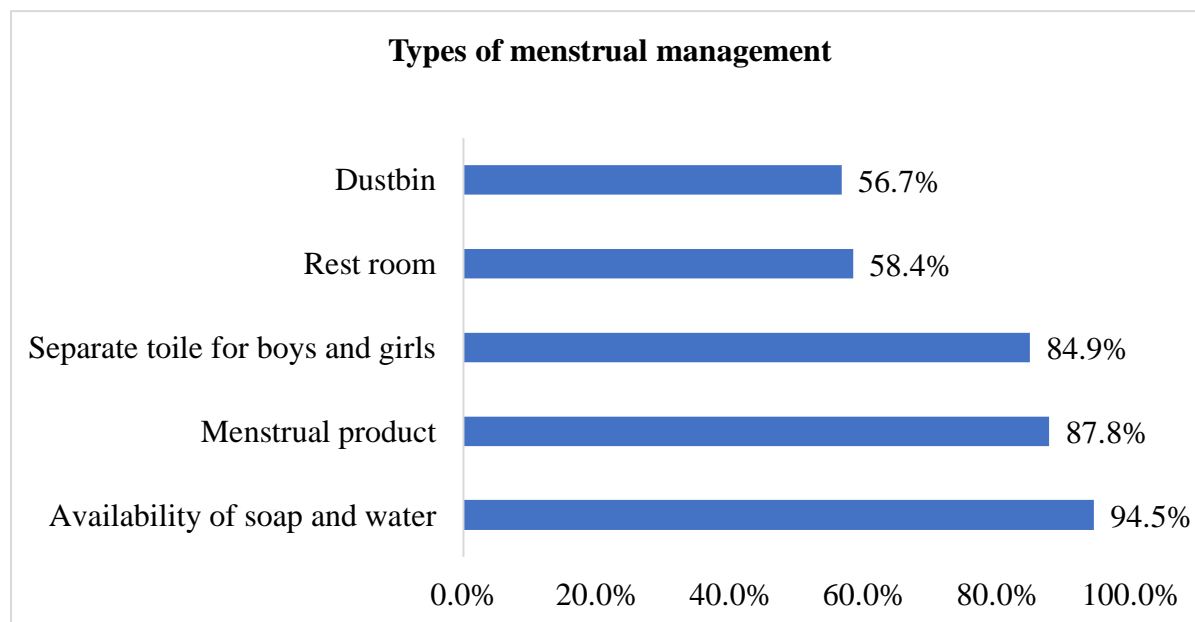


These data indicated that the school has yet to play enabling environment for menstruation and SRHR. Without breaking the stigma and silence around menstruation and SRHR, it would be difficult to exercise their menstrual and SRHR rights at home, school and in the community. These data also suggest that the school may lack adequate policies, awareness programs, and facilities specifically addressing menstrual dignity and SRHR as the government's directives.

### **Menstrual Management**

50.5% of respondents claimed that their school had managed the facilities for menstruation, such as separate toilets for girls, water and soap, menstrual products, rest room and management for used menstrual products.

**Figure 5: Types of menstrual management**

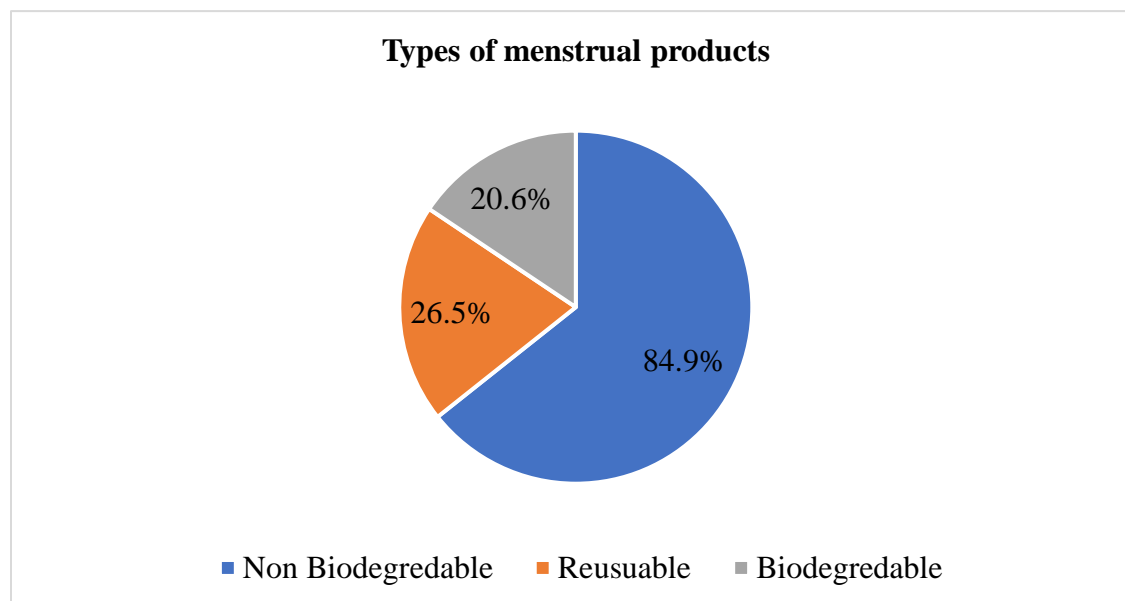


However, it applied in only Kathmandu (58.0%) and Sarlahi (42.0%). Jumla did not have such a basic facility for menstrual management. Those which have the facilities also differ. It could be the reason for the school's priority for menstruation and SRHR. Specific to menstrual products, 50.5 % (238) respondents claimed that their school or municipality served the menstrual pad. It could be the 'free menstrual pad distribution policy' of the government of Nepal since 2019.

*“My school distributed the menstrual pad though I did not like to go school because I had deep fear of leaking of blood then teasing my friends.” (KII\_6\_Female\_Jumla)*

However, majority of respondents (202) shared that the non-biodegradable menstrual pads were the most common and huge concern for its waste management.

**Figure 6:** *Types of menstrual products*



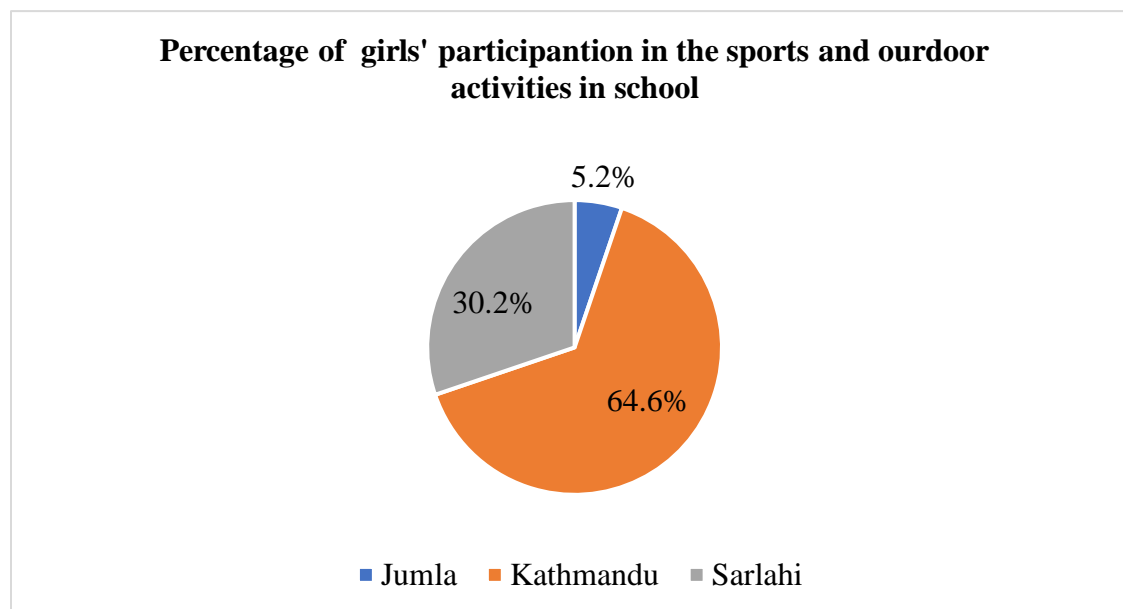
### **Menstrual Discrimination in School**

Despite having policy on dignified menstruation, menstrual law since 2017, 13.2 % respondents experienced menstrual discrimination in school.

*“School lacked sufficient information about menstruation. I suggest including the menstrual topic in early school grades, starting from grade 3 or 4 so girls shouldn’t afraid as like me.” (KII\_10\_Female\_Kathmandu)*

According to the KII, this number is still nominal. Among of experienced, 66.1% of discrimination was experienced by schoolgirls in Sarlahi, 21.0% in Jumla and 12.9% in Kathmandu. Due to the discrimination, only 192 (40.8%) girls participated in sports in school during menstruation. Among the participants, 124 girls from Kathmandu, 58 from Sarlahi and only 10 from Jumla. It indicated the gravity of menstrual discrimination across all district and more in Jumla.

**Figure 7:** Percentage of girls' participation in the sports and outdoor activities in school



Due to the menstrual discrimination, 8.9 % (42) girls also experienced sexual violence in schools from their friends and teachers. Among them, girls from Sarlahi have the highest rate of experiencing sexual violence.

#### **Complaint Mechanism in School against any forms of menstrual discrimination**

36.3%, 171 respondents (131 from Kathmandu, 32 from Sarlahi, 8 from Jumla) claimed that their school has a complaint mechanism for any discriminatory behaviors associated with menstruation and SRHR. Qualitative data shows that such mechanism is not appropriate for the menstrual dignity and SRHR. Out of total respondents, 300 were not aware of the reporting mechanism.

**Table 14:** District wise reporting of complain mechanism in school

Districts	Total	Percentage
Jumla	8	4.7
Kathmandu	131	76.6
Sarlahi	32	18.7
Total	171	100

### Menstrual Practices at Community

In many communities across Nepal, menstruation practices continue to be marked by social taboos and challenges and named with derogative terms. The prevailing cultural norms, social values, religious factors around menstruation often led to the marginalization of the women during their menstruation. This tradition not only exposes women to health risks but also perpetuates stigmatization and reinforces gender-based violence. The availability of the menstrual products including the infrastructure did not ensure abolishment of the discriminatory behavior associated with menstruation. Efforts to address these issues are being made through awareness campaigns, education initiatives, and advocacy, aiming to dismantle harmful cultural practices and foster a more inclusive environment where menstruation is understood as a natural aspect of women's health rather than a source of shame or discrimination. The naming of menstruation itself created negative connotation and lead other GBV.

### Naming Menstruation

Out of 471, only 8 used the term menstruation. Rest of them use different names whereas most of them connotes negatives towards the menstrual blood. Euphemism is a way to discriminate between menstruation and menstruators. Regardless of district, and education, almost all respondents call menstruation negative or bad manners.

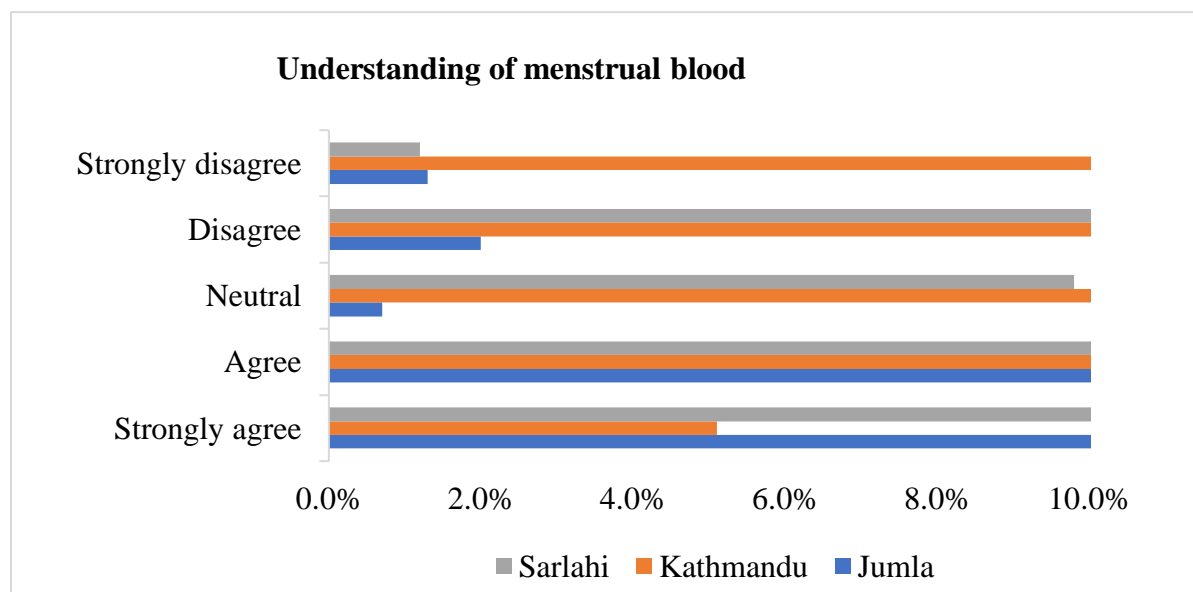
**Table 15:** *Naming menstruation*

<b>Naming menstruation</b>	<b>Total</b>	<b>Percentage</b>
Chui (untouchability)	232	49.3
Bahira Sarne (going out)	193	41.0
Para Sarne (going far)	182	38.7
Chhau (state of bleeding)	57	12.1
Kuna Basne (staying in corner)	39	8.3
Menes (short form of menstruation)	65	13.8
Period	25	5.3
Majiu (bleeding in Newari language)	5	1.1
Nachune Bhayo (state of untouchability)	7	1.5
Menstruation	8	1.7
Women's Problem	1	0.2

*“In my community, menstrual called ‘Par Sarne’ (Staying far). It is expulsion of dirty blood. During menstruation, not allow to touch. In case of touch, need to purify by spraying ‘Sun Pani’ (water which is being touched with gold, consider pure).”*  
(KII\_13\_Male\_Sarlahi)

Respondents used the terms to refer menstruation in a negative way and transmitted through generations and women understood that menstrual blood was impure. Therefore, more than half of the respondents (265) agreed that their community believed that the menstrual blood is impure. And 172 respondents disagreed that their community did not believe the menstrual blood is impure. Regardless of their geographical location or educational background, community perceived that the menstrual blood is an impure blood.

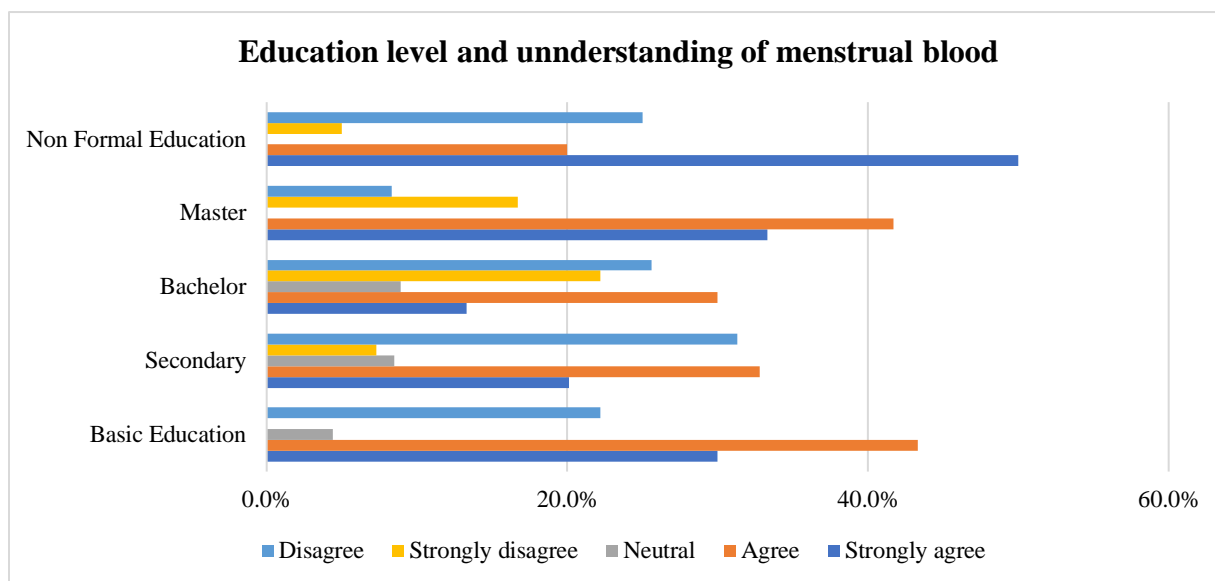
**Figure 8:** *Understanding of menstrual blood*



Even young boys and girls got information from the observations at home and community about how menstruation created a kind of fear in public spaces. Boys also learnt the same practices and would help to perpetuate such discrimination prevailing in community. The root of such discrimination was associated with impure menstrual blood. Such evidences showed that menstrual discrimination has been associated with the power and patriarchal structure of the society.

*“In my community, menstruating women are not allowed to go to religious places, participate in celebrations, or enter the kitchen. Women themselves abstain from attending cultural and religious programs, believing it would be a sin if they experienced it.” (KII\_9\_Male Kathmandu)*

**Figure 9:** Educational level and understanding of menstrual blood



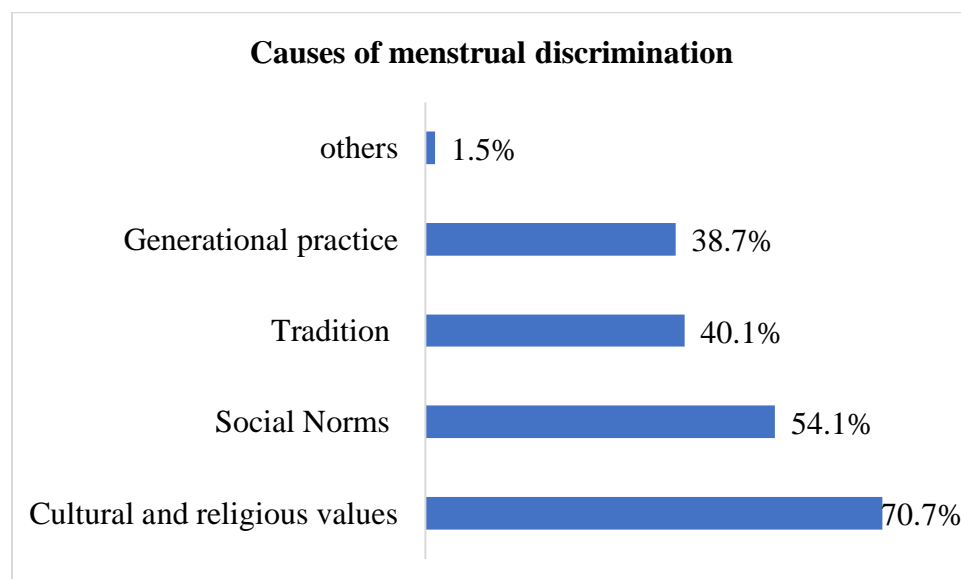
Within the Basic Education level, 30.0% of respondents strongly agree that menstrual blood was impure, 43.3% agreed, 4.4% were neutral, 0.0% strongly disagree, and 22.2% disagree with the statement under consideration. The patterns are similar for the other education levels. Observing the table, it can be noted that at the master’s level, a relatively higher percentage of respondents strongly agree with the statement (33.3%), whereas in the Secondary level, the highest percentage fell under the "Agree" category (32.8%). Additionally, for Non-Formal Education, 50.0% of respondents strongly agree, indicating a significant agreement that menstrual blood was impure. This data is very important to understand the perception of the menstrual blood in the community, as a result, out of 471, 422 (89.6%) respondents perceived that their community considered the menstrual discrimination is a good or appropriate practice.

### **Perceived reasons behind menstrual discrimination**



The community has reasons behind the practice of menstrual discrimination. They thought practicing menstrual discrimination was important due to cultural and religious values, social norms, tradition, generational practice, and others. Data suggests that the community has deeply embedded into menstrual discriminatory practices as a part of life and community.

**Figure 10:** *Causes of menstrual discrimination*



Cultural and Religious Values (70.7%) suggested that a significant majority of respondents believe that cultural and religious values play a crucial role in shaping perceptions and practices related to menstruation. Cultural and religious beliefs often contribute to the establishment of rituals, taboos, and norms associated with menstruation in various societies. Social Norms (54.1%) indicated that a majority of respondents recognize social norms as influential in shaping attitudes and behaviors related to menstruation. Social norms encompass accepted behaviors within a community, and when it comes to menstruation, these norms can either challenge or reinforce existing taboos and practices. Tradition (40.1%) signified that a substantial proportion of respondents' attribute menstruation-related practices to traditional customs. Tradition, passed down through generations, can strongly influence behaviors and perceptions surrounding menstruation. Generational Practice (38.7%) suggested that a notable percentage of respondents believe that the way menstruation is approached is shaped by generational practices. This implies

that practices related to menstruation are passed down through family generations, influencing the perspectives and behaviors of individuals. The small percentage under "Others" suggests that there are additional, less common factors or reasons not explicitly covered by the main categories listed. This could include individual beliefs, personal experiences, or unique cultural elements that respondents consider relevant to menstruation practices.

### **Perceived knowledge through media including radio jingles about menstruation**

254 (53.9%) respondents claimed that their community has become aware of something about menstruation through media. Among them, 97, 80, 77 respondents from Jumla, Kathmandu and Sarlahi respectively shared that their community is aware about menstruation through media.

**Table 16:** *Jingle from radio on menstruation*

<b>Heard jingle about menstruation</b>	<b>Total</b>	<b>Percentage</b>
Jumla	97	38.2
Kathmandu	80	31.5
Sarlahi	77	30.3
Total	254	100.0

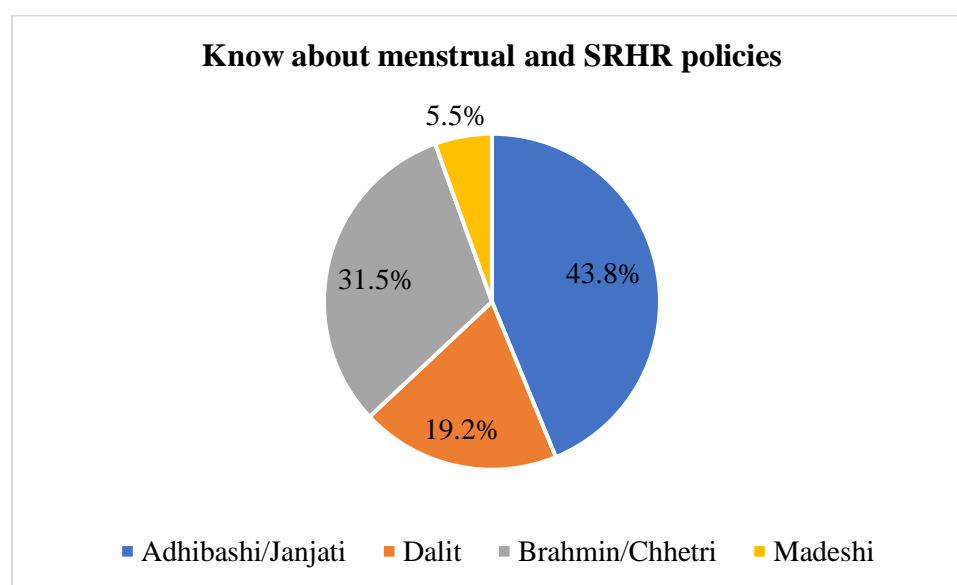
In terms of ethnicity, Brahmin/Chhetri (48%) has the most access with information media, followed by Janjati/Adibasi (30.7%) and then Dalit (18.1%) and Madhesi (2%). By considering the ranges of visible and invisible menstrual discrimination, there was doubt on contents of menstruation displayed over various media. The contents on pad or products or management or infrastructure on menstruation won't really help to dismantle the various forms of menstrual discrimination in the community.

### **Perceived knowledge on Menstrual and SRHR Policies/Laws**

The government of Nepal has been working around SRHR since 1997. It has specific strategies like adolescent health strategy and safer motherhood strategy, including the Act called Safe Motherhood and Reproductive Health Act 2018. Since the implementation of the Millennium Development Goals, various activities have been going on at various levels. Likewise, for dignified menstruation, the government of Nepal proclaimed a policy and law in 2017, free

distribution of menstrual pads in 2019. Only 73 respondents out of 471 knew about the menstrual and SRHR policies in this scenario. There are no significant differences regarding menstrual and SRHR policies across the project-intervened districts (Jumla 15, Kathmandu 30 and Sarlahi, 28). The known number of respondents is significantly low, and they belong to four ethnic groups as follows.

**Figure 11:** *Know about menstrual and SRHR policies*



### **Perceived knowledge on the allocation of budget on Menstrual and SRHR by Local Government**

In order to implement the governmental policies and laws, the local government should allocate the specific budget for promotion of menstrual dignity and SRHR. Only 40 out of 471 respondents knew that their municipalities allocated the budget. They were represented from Sarlahi (26) and Kathmandu (14). Jumla has zero in this regard. These data indicates both demand and supply of menstrual dignity and SRHR at the local level. Neither the community was aware of their rights, nor the local government seemed responsible for that.

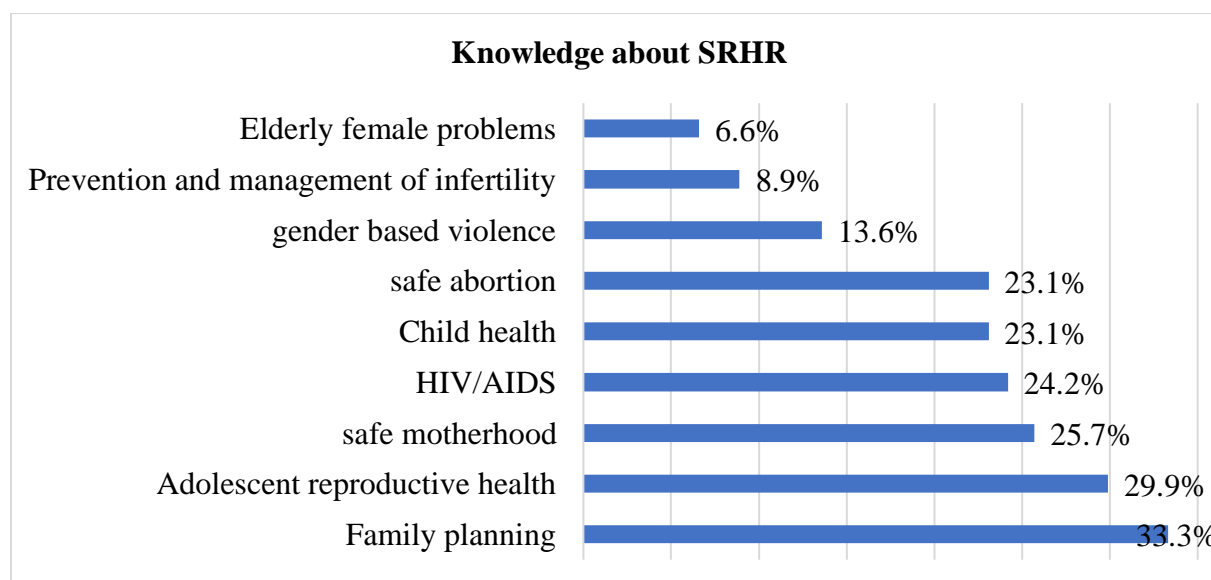
## Understanding on SRHR

### Knowing about SRHR

Out of 471 respondents, 239 (50.7%) claimed that they are aware about the SRHR. Among them 103 from Sarlahi, 92 from Kathmandu and 44 from Jumla and they belonged from all ethnic and educational background of the survey.

They considered the SRHR as family planning, adolescent reproductive health, safer motherhood, HIV/AIDS, safe abortion, GBV, infertility and elderly female problems. This data indicates that neither SRHR specifically identifies menstrual dignity as an element of SRHR not the respondents acknowledged. This is how, the menstrual dignity is missing within the frame of SRHR's more than two decades movement in Nepal.

**Figure 12:** *Knowledge about SRHR*



49.3% (232) respondents did not know about the SRHR. Despite having significant policies, laws and programs from governmental and non-governmental agencies for more than two decades, this indicates at least two aspects; there is lack of information and services on SRHR or there is huge stigma to get the information and services around SRHR. By considering the

menstrual dignity as an entrance for SRHR, such scenario could be the reason due to the prevalence of menstrual discrimination in all locations.

### **Discussion on SRHR at Home**

27.4% (129) respondents claimed that they discuss SRHR at home. Among them, 76 were from Sarlahi, 48 from Kathmandu and 5 from Jumla. Regardless of their educational status and having such intensive programs for more than two decades, these numbers are significantly low. It suggests the deep level of ignorance and stigma associated with SRHR. It also indicates that the stigma on SRHR is because of stigma and undignified state of menstruation. Because the dialogues on positivity around menstruation or menstrual dignity could create the space for SRHR which is missing.

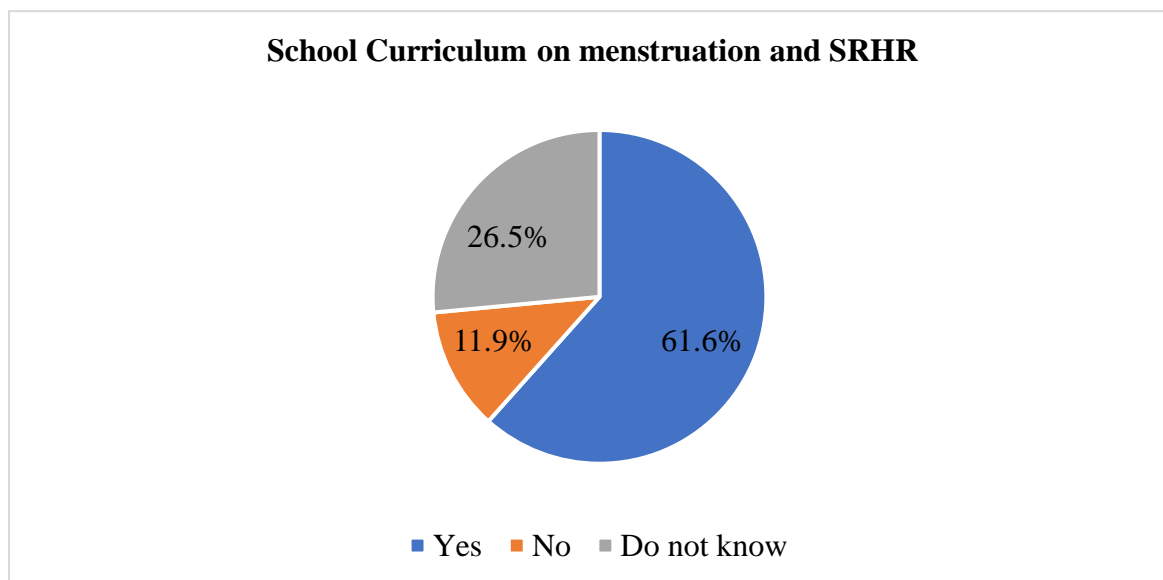
**Table 17:** *Discussion of SRHR at home*

<b>Districts</b>	<b>Total</b>	<b>Percentage</b>
Jumla	5	3.9
Kathmandu	48	37.2
Sarlahi	76	58.9
Total	129	100.0

### **Incorporation of SRHR in School in School's Curriculum**

61.6% knew that the school curriculum has contents on SRHR. Among them, 52.4% were from Kathmandu, 27.2% from Sarlahi and 20.3% from Jumla. It also indicated to work on school curriculum to educate on menstruation and SRHR in school.

**Figure 13:** *School curriculum on menstruation and SRHR*

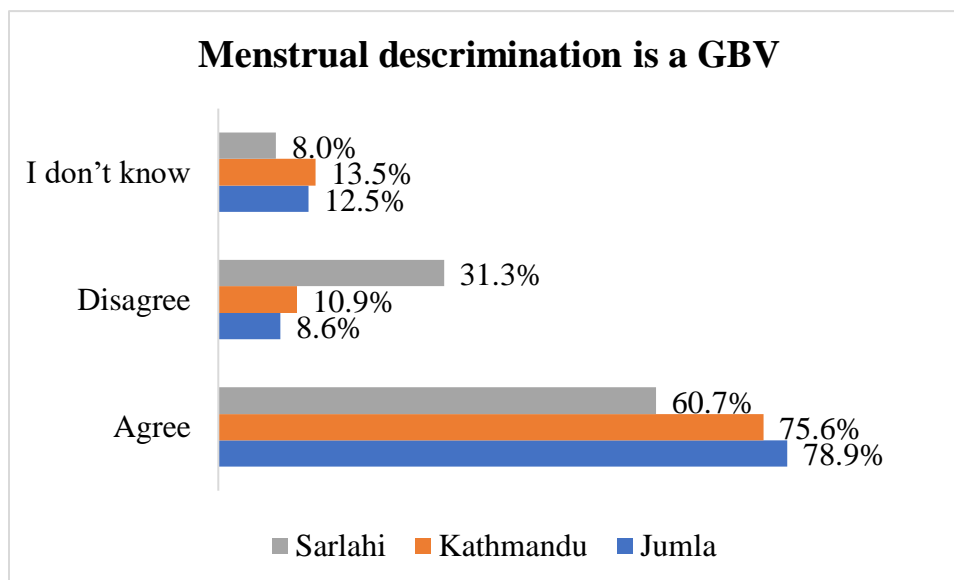


## Gender Based Violence

### Understanding of GBV

71.5% (337) respondents agreed that menstrual discrimination is a form of GBV, whereas 17.3% did not agree, and 11.3% did not know whether it is discrimination or not. Among the agreed, the respondents were more from Jumla than Kathmandu and Sarlahi. It suggests that the girls and women experienced insecurities and hardships, deprived from wishful food and activities during menstruation. Still, they couldn't resist their family or society in the name of culture or tradition or prestige.

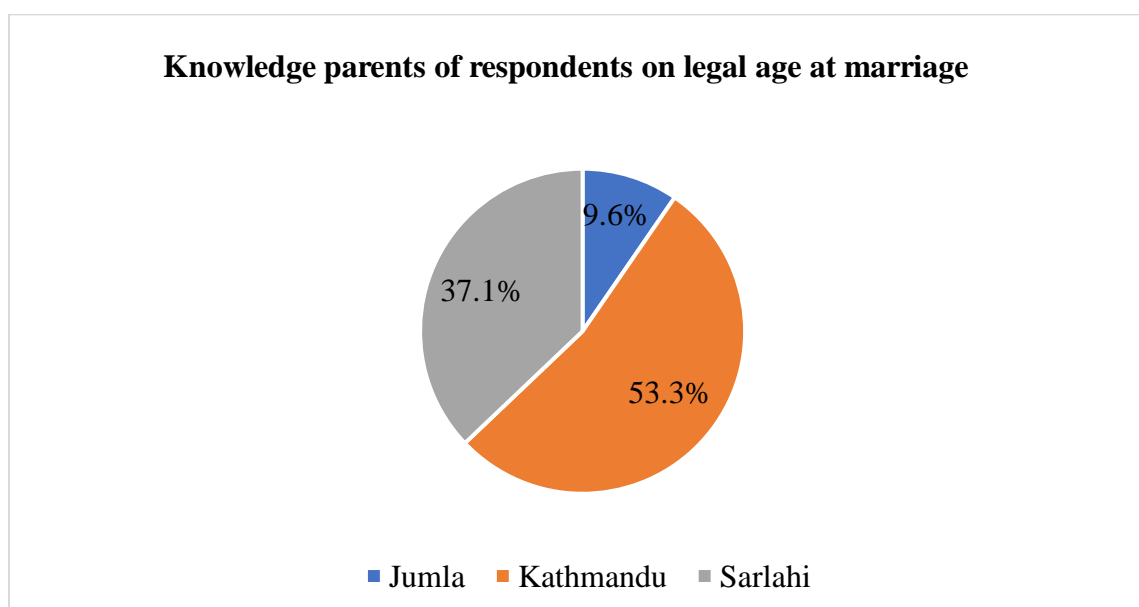
**Figure 14:** *Menstrual discrimination is a GBV*



### Child marriage

59.4% (280) respondent's parents knew on the legal age of child marriage. Among them, 149 respondents from Kathmandu, 104 from Sarlahi and 27 from Jumla.

**Figure 15:** *Knowledge of parents of respondents on legal age at marriage*



They belong with all ethnic groups though highest rate of child marriage among Janjati/Adibasi and Brahmin/Chhetri then Dalit.

**Table 18:** *Child marriage in community*

<b>District</b>	<b>Total</b>	<b>Percentage</b>
Jumla	47	32.6
Kathmandu	25	17.4
Sarlahi	72	50.0
<b>Total</b>	<b>144</b>	<b>100.0</b>

Table 21 showed that child marriage was prevailing in the communities of three districts. This could represent a statistic or measurement related to Jumla, where 47 is the numerical value, and it constitutes 32.6% of a whole. Without additional context, it's challenging to determine the specific nature of this data point. Similar to Jumla, this data may indicate a specific measurement or statistic related to Kathmandu. The numerical value 25 represents 17.4% of a total, but the nature of what is being measured is not clear from the information provided. Sarlahi also appears to have a numerical value (72) that makes up 50.0% of something. Again, the context of what is being measured or represented is not provided. When the girls stayed at home about 60 days in a year (5\*12) forced to leave schools and got married in their early ages.

**Table 19:** *Ethnic composition and child marriage*

<b>Ethnic</b>	<b>Total</b>	<b>Percentage</b>
Janjati/Adibasi	61	42.4
Dalit	33	22.9
Brahmin/Chhetri	45	31.3
Madheshi	4	2.8
Others	1	0.7
<b>Total</b>	<b>144</b>	<b>100.0</b>

Despite having knowledge of the legal age of marriage and punishment for child marriage, it is one of the most common GBVs in Nepal, is a third country in South Asia. For over 60 years, the government of Nepal and its partners have been working on ending child marriage, though the



result has not changed. It could be due to the lack of agency among the girls. They considered themselves inferior and weaker than boys since they knew about menstruation at first in their lives. Almost 60% (280) of the respondents reported that they knew the legal age for marriage. Among 280, the figure described the distribution in three districts.

### **GBV at Home**

8.7% (41) respondents experienced violence and abuse at home. Surprisingly, there was no violence in Jumla whereas respondents from Sarlahi (26) and Kathmandu (15) experienced violence. Ethnically, majority of the respondents (25) belong with Janjati/Adibasi and nominal number belong with Dalit, Brahmin/Chhetri and Madheshi. Among of experienced, 24 respondents physical, 23 discriminations in decision making, emotional and sexual 14/14, verbal 9 and 4 others.

**Table 20:** *Types of physical violence*

<b>Type of Violence</b>	<b>Total</b>	<b>Percentage</b>
Physical	24	58.5
Discrimination in decision making	23	56.1
Verbal	9	22.0
Emotional	14	16.3
Sexual	14	46.3
Restriction to things	4	9.8

Despite agreeing that menstrual discrimination is a form of GBV, these data signified that respondents failed to account for menstrual discrimination as a form of GBV. They only indicate the GBV if there was some visible physical abuse or quarrels. It was supported by the data available from police offices from respective districts. According to the menstrual law, any form of menstrual discrimination is considered as punishable, though communities, particularly girls and women, seemed that they did not know about it or there was no education or campaign on it. Table 25 showed those ethnic compositions on GBV.

**Table 21:** *Ethnic composition on GBV*

Ethnic Composition	Total	Percentage
Adibasi/Janajti	25	61.0
Dalit	6	14.6
Brahmin/Chhetri	5	12.2
Madheshi	5	12.2
Total	41	100.0

### **GBV in School**

42 respondents experienced sexual violence due to menstrual discrimination in school. Among them, 30 belonged to Sarlahi, 10 from Kathmandu and 2 from Jumla. It indicated that the school did not have a friendly environment for menstruation. GBV can be defined as acts or threats of sexual, physical, or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics. Moreover, it alludes to the different experiences of violence and vulnerabilities for all learners. GBV includes physical violence or bullying, sexual or verbal harassment, non-consensual touching, sexual coercion and assault, and rape.

**Table 22:** *Sexual violence in School*

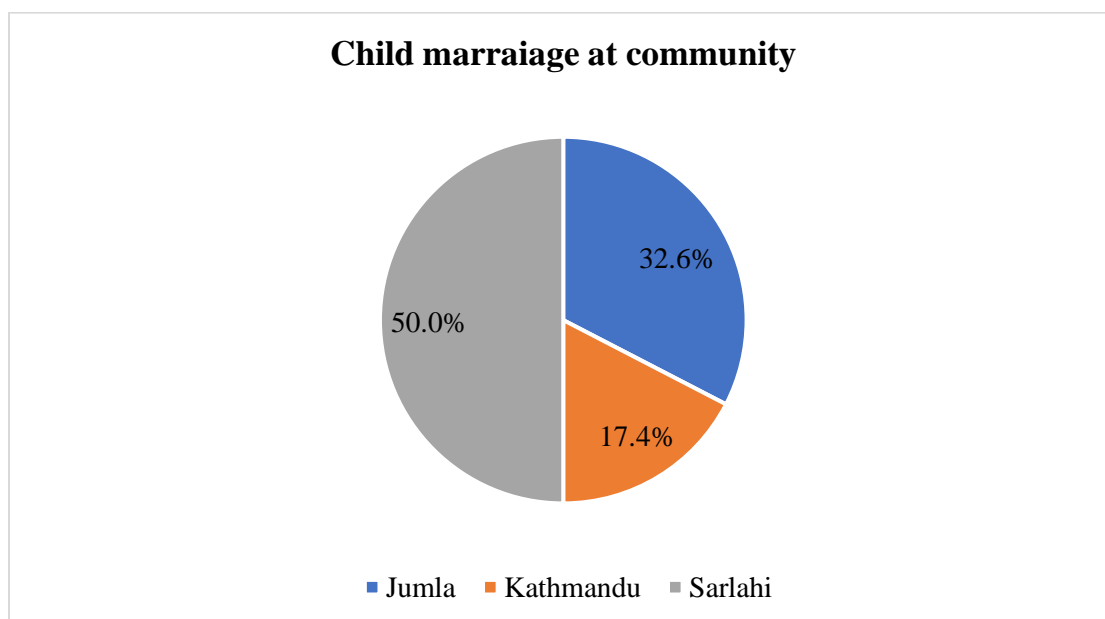
District	Total	Percentage
Jumla	2	4.8
Kathmandu	10	23.8
Sarlahi	30	71.4
Total	42	100.0

### **GBV Complained Mechanism in School**

204 (43.3% I do not know) and 96 (20.4% no) respondents didn't know about the complaint's mechanism in school. Despite having various programs in school as a part of municipalities, it is significant and signifies the ignorance and silence around GBV in school.

144 (30.6%) respondents admit that their communities have practiced child marriage. Among them, 72 from Sarlahi, 47 from Jumla and 25 from Kathmandu. These data indicate that child marriage has been common across the districts, with more prevalence of child marriage in Sarlahi and Jumla. The agency of girls may affect by the invisible menstrual discriminatory practices in Sarlahi and Kathmandu and visible and invisible forms of menstrual practices affect in Jumla.

**Figure 16:** *Child marriage at community*



However, it contradicts their saying regarding the legal age for marriage. 78.1% (368) of respondents expressed that the average age of marriage in their community was above 20 years, whereas only 5.9% said that the average age for marriage was below 20 years. They belong to all districts. This data indicated the difference between knowing and practice. In other words, child marriage is a very complex issue that has been linked to many areas like poverty, prestige, and pandemics, where the most important factor is unequal power and patriarchy within daughters and parents that are constructed and guided by menstrual discrimination. Unfortunately, the initiation for dismantling unequal power and patriarchy is missing while ending child marriage (GSCDM, 2022).

### Menstrual Dignity and SRHR services in Public Institutions/Community

12.5% (59) of respondents said that their community (both government and non-government institutions) have menstrual dignity and SRHR services. They were from Kathmandu (48) and Sarlahi (10). This is a very insignificant number among the 471 respondents. The KII data also confirmed that the menstrual dignity and SRHR services were not priority of the municipalities. A male KII said that he never aware about the activities in his ward of municipality. It is further proved by 63.1% (297) respondents' responses on the absence of messages on menstrual dignity and SRHR in their community on behalf of municipality.

Only 20.4% (96) of respondents knew that their health facility served menstrual and health services, whereas a large percentage of respondents (43.9%) did not know about it. The rest of the respondents, 35.7% even, did not know that such menstrual and SRHR services should be a combo of health facilities nearby of them. Meanwhile, 87.3 % of respondents said they were not getting the services as expected. Only 12.7% of respondents were satisfied with the services that were served by their health facility nearby.

Among the known, Kathmandu held the most, and Jumla was the least once. Regardless of the number of districts, the menstrual service is not a priority yet in the Nepali context because it is still taboo, and the government has yet to work intensively. Such opinions are supported by the data from KII and informal meetings during the study.

**Table 23:** *Availability of menstruation and SRHR in health facilities*

<b>Districts</b>	<b>Total</b>	<b>Percentage</b>
Jumla	6	6.3
Kathmandu	59	61.5
Sarlahi	31	32.3
Total	96	100.0

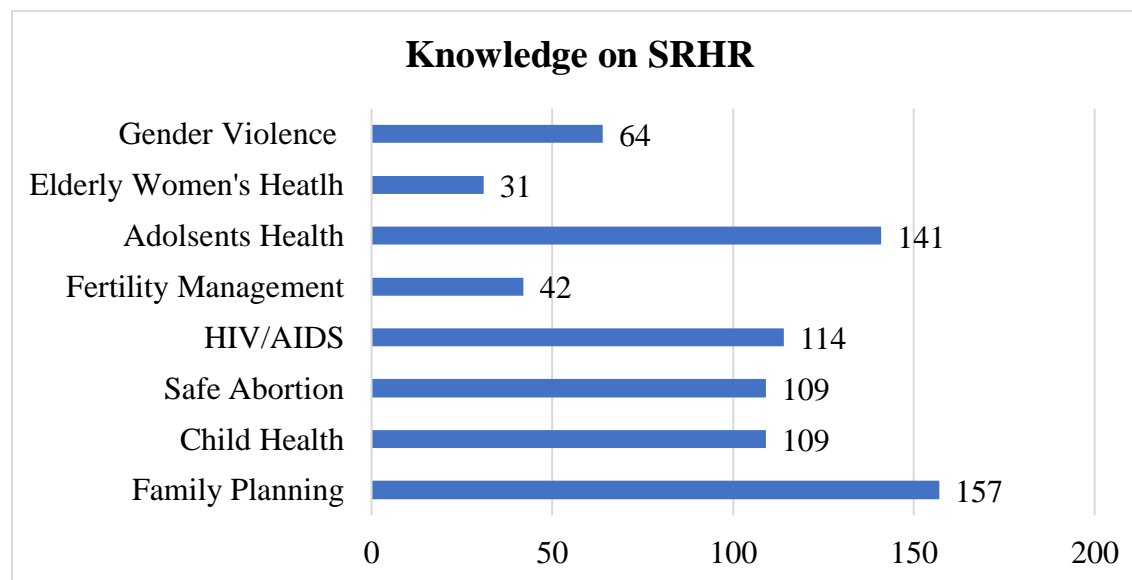
**Figure 17: Knowledge on SRHR**

Figure 12 showed that 157 women responded that they understood SRHR as family planning. 109 reported that SRHR was related to child health. 109 reported that they understood SRHR as safe abortion, 114 understood as HIV/AIDS, 42 understood as fertility management, 42 cases or instances related to fertility management, 141 respondents said that they understood SRHR as adolescent health, 31 as elderly women's health and 64 reported that SRHR also related to gender violence.

### **GBV Cases**

The following cases were physical assault, quarrel and verbal abuse while quarrelling. There was no report of any cases of menstrual discrimination, which has been punishable since 2017 in Nepal. These data further emphasized that menstrual discrimination is yet to be considered a form of violence in practice, as well as a gap in raising awareness around menstrual dignity, including menstrual law.

Likewise, there was no reporting for child marriage as well, though 30.6% admit that there was practice of child marriage.

**Table 24:** *GBV cases reported in local police cell*

<b>Timeline</b>	<b>Jumla</b>	<b>Kathmandu</b>	<b>Sarlahi</b>
Bhadra, 2080 (Mid Aug-Mid Sept, 2023)	6	3	7
Ashwin, 2080 (Mid Sept-Mid Oct, 2023)	2	2	2
Kartik, 2080 (Mid Oct-Mid Nov, 2023)	0	0	4

### **Utilization of Menstrual and SRHR Services from Local Health Facilities**

The local health facilities have been providing primarily family planning and safe motherhood services in Jumla and Kathmandu. In Sarlahi, only safe motherhood related services are utilized by communities. Despite having policies and programs around SRHR for more than two decades, these data indicated the deep level of stigma and ignorance associated with SRHR. More importantly, SRHR is not a priority because there is huge invisible menstrual discrimination prevalence there which is a factor for agency and influence in bodily autonomy and making choices.

**Table 25:** *SRHR services from local health center*

<b>The nine elements of SRHR are as follows with Menstrual Health</b>	<b>Jumla</b>	<b>Kathmandu</b>	<b>Sarlahi</b>
Family planning: Condom, Emergency contraceptive pill, Dipo, Implant	15 (<20 2)	176 (24- New152 old)	0
Safe motherhood: Pregnancy Test, Maternity Service, safe motherhood	17	2	72 (<20=)
Sexual health and wellbeing	0	0	0
Reproductive cancers	0	0	0
Comprehensive sexuality education	0	0	0
HIV/STIs	0	0	0

Safe abortion	0	0	0
Sexual and gender-based violence	0	0	0
Infertility	0	0	0
Menstrual Health Services	0	0	0

Table 29 showed that among all indicators, two indicators family planning and safe motherhood were only reported in the local health facilities which was unlikely to represent all the components of SRHR.

#### **Section IV: Key Findings, Conclusions and Recommendations**

Despite the policy intervention on menstruation, the changes in menstruation discrimination have not reduced in communities. As such, the menstrual discrimination has been perpetuated from childhood of the girls as the traditional knowledge has been transmitted in the young ages of the girls. Girls knew about menstruation at the mean age of 10 years. It indicates that the first time they knew something about menstruation, they were fearful and learning to be separate. They had an inferiority complex. Girls shared that they were afraid of menstruation which started at quite a young age.

#### **Home**

Such kinds of fear and anxiety was prevailing in all ethnic groups of people in all geographical regions. Usually, it was said that educational intervention could reduce the menstrual discrimination, but the research found that there is no relationship between the level of education and the restriction in between in menstruation.

Most girls and women followed the restrictions (food, touch, mobility/participation). It indicated that there was less agency and safety among girls and women, but they said that responses were not appropriate. Girls and women experienced menstrual health issues; they considered such health issues as mild types of issues because it has been part of their social and cultural lives.

Girls and women understood that menstruation discrimination is a violation of human rights, a form of gender-based violence and its impact on health and education. However, such a violation has not been taken seriously and reported to police.

The educational setting at home for girls and women have been changed and affected by menstruation. As their everyday life routine has been changed, and the denial in family and school also created fear and discomfort to get an education not only in school but also at home.

Menstruation talk was mostly informal among the sisters and was transferred to the girls and women. Siblings and brothers did not participate in such an informal discussion. It showed that menstruation was a taboo and people felt shame to talk openly about menstruation. Women and



mothers understood menstruation was dirty and impure, which the young girls knew from them. However, the decision at home was taken by fathers.

### **School**

Girls and women did not know that the school curriculum incorporated menstruation and SRHR. Most schools rarely displayed the message of menstruation and SRHR on school premises. However, the School attempted to make menstrual management, which was not proper and dignified. Menstruation-related discrimination prevailed in schools.

Most girls use non-biodegradable pads in schools. Very few schools had a complaint mechanism that was improperly functioning because girls hardly assured themselves, they would report the case. About 40% of the girls participated in sports and extracurricular activities during menstruation.

### **Community**

Community people used euphemisms to describe menstruation. The root of menstruation has a negative interpretation in the community. Most of the community's negative interpretation of menstruation blood is impure. 90% of the community people believed that menstruation discrimination is good. They thought that culture and religion were the major causes of menstrual discrimination. Community people heard positive messages about menstruation, but mostly, they ignored such messages and did not follow them in their lives. Girls and women hardly understood that the local municipality had scope to address menstrual discrimination and SRHR. As a result, the local municipality allocated a very minimal budget.

### **SRHR**

Menstruation is the entry point of SRHR but 59% of the girls and women did not know SRHR, so they did not get any local health facilities despite having policies and services of SRHR, indicating that there was an SRHR-related stigma in the community. About 51% of the girls and women knew nothing about SRHR. Those who knew SRHR mainly understood family planning, safe motherhood, and safe abortion. Most importantly, menstruation components such as

menstrual restrictions and health issues of women during menstruation were missing in SRHR. Only 27.5% of girls and women talked about SRHR at home. 61.6% of the girls and women reported that school curricula incorporated SRHR.

### **Gender Based Violence**

Menstruation is one of the major causes leading to gender-based violence. 59.4% reported that marriage below 20 years is known as child marriage, but 30.5% of girls said that child marriage was prevailing in the community.

71.5% of the girls and women opined that menstrual discrimination was a type of gender-based violence, but only 8.7% experienced GBV at home. This data indicated that most of the women did not count menstruation discrimination as GBV.

The three months' data in the local police cell only recorded quarrels and physical assault in the form of GBV with the reference to the menstrual law since 2017.

Sexual violence was higher at the time of menstruation. 204 (43.3% I do not know) and 96 (20.4% no) respondents didn't know about the complaint's mechanism in school. Despite having various programs in school as a part of municipalities, it is significant and signifies the ignorance and silence around GBV in school.

### **Public institutions**

The study showed that public institutions (police stations and health service seemed to be less responsive and sensitive to address the menstrual discrimination. The report showed that 12.5% reported that local menstrual health services were available. 63.1% reported municipality did not display any messages in the community on menstruation and SRHR.

### **Recommendations**

#### **Home**

- ✓ In order to dismantle the menstrual discrimination and creating the space for SRHR, the programs need to engage with fathers, mothers in dialogue on menstrual dignity,

- ✓ Develop the IEC materials such as posters, booklets focusing on home in multiple languages like Khas in Jumla, Newari in Kathmandu and Maithili in Sarlahi,
- ✓ Develop and disseminate specific radio jingles/radio programs with special mechanism of monitoring.

### **School**

- ✓ School should have intensive formal and informal discussion on menstrual dignity and SRHR.
- ✓ School should think beyond the menstrual management to create enabling environment for menstrual dignity, improve SRHR and prevent Sexual violence, child marriage and other forms of GBV.
- ✓ While managing the menstrual management, should consider the indicators for the menstrual dignity.
- ✓ Menstrual dignity and SRHR should be part of extracurricular activities such as debate, art competition, poetry etc. of the school.
- ✓ School needs to demonstrate the role model (message display in school premises, complain mechanism etc.) for menstrual dignity and improving SRHR.

### **Community**

- ✓ Engage with faith healers/religious leaders on conversation on menstrual dignity and SRHR.
- ✓ Organize various contextual activities such as home visits, street drama, songs competition etc. for creating movement around menstrual dignity and SRHR.

### **Local Health Facilities**

- ✓ Orient to staffs of Local health facilities in role of menstrual dignity on treating menstrual health problems, improving SRHR, preventing GBV.
- ✓ Revise and maintain the HMIS (Health Management Information System) to track the menstrual health issues through monthly reporting system of government.

- ✓ Display the materials around menstrual dignity and SRHR at the premises of health facility and beyond.

### **Municipalities**

- ✓ Make the municipality office itself a model for menstrual dignity institution.
- ✓ Installed hoarding board or messages around menstrual dignity to educate people.
- ✓ Allocate the budget for making municipality is enabling for menstrual dignity and SRHR.
- ✓ Provide moral and financial support to the groups, clubs, NGOs, radio stations to make municipality more dignified menstruation friendly including SRHR.
- ✓ Amplify the menstrual law and policies at the local level through various activities.
- ✓ Up to date the record of justice committee of municipality to track the menstrual discriminatory practices as well as SRHR and GBV cases.
- ✓ Orient to the local police officials to acknowledge the menstrual discrimination and poor SRHR as a form of GBV.
- ✓ Train the health workers on menstrual dignity, relationship between menstrual dignity and SRHR and GBV.
- ✓ Monitor the health facility's reporting mechanism (HMIS) strictly to track the menstrual health issues and SRHR services.
- ✓ Reward to the individuals and families who are practicing menstrual dignity, no GBV and utilization of SRHR services.

### **Federal Government**

- ✓ Needs to revise the HMIS to include the menstrual health issues.
- ✓ Revise the safer motherhood and RH act 2018 in order to include the menstrual discrimination as a form of GBV.
- ✓ Intensify the menstrual law and policies through various activities.
- ✓ Orient the police officials to acknowledge the menstrual discrimination as a form of GBV.
- ✓ Engage with media, train journalists, fellowship programs etc.

- ✓ Conduct small scale studies on menstrual dignity, SRHR, GBV.
- ✓ Engage federation of rural municipality and municipality to make the realize the menstrual dignity as a priority of their responsibility.

## References

- Ahamed, F. (2022). *Period Matters: Menstruation in South Asia*. Pan Macmillan.
- GSCDM (2019). *Global South Coalition for Dignified Menstruation*. [www.dignifiedmenstruation.org](http://www.dignifiedmenstruation.org)
- Ministry of Law, Justice and Affairs. The National Civil (Code) Act, 2017 (2074). <https://www.moljpa.gov.np/en/wp-content/uploads/2018/12/Civil-code.pdf>
- NDHS. (2016). Key indicators of Nepal demographic and health survey 2016. Nepal Demographic and Health Survey (NDHS).
- Nepal Law Commission. (2018). Government of Nepal. Nepal Law Commission. <https://www.lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Right-to-Safe-Motherhood-and-Reproductive-Health-Act-2075-2018.pdf>
- Nepal Law of Commission. (2015). Government of Nepal. Nepal Law Commission. [https://lawcommission.gov.np/en/?lsr\\_document=the-sexual-harassment-at-workplace-prevention-act-2014-2071](https://lawcommission.gov.np/en/?lsr_document=the-sexual-harassment-at-workplace-prevention-act-2014-2071)
- Paudel, R. (2020). Dignified menstruation, a practical handbook.
- Paudel, R., and Hüsken, U. (2024). Global South Coalition for Dignified Menstruation. In *Gendered Agency in Transcultural Hinduism and Buddhism* (pp. 220-227). Routledge.
- Secretariat, C. A., and Durbar, S. (2015). Constitution of Nepal 2015. *Kathmandu: Constituent Assembly Secretariat, 19*.

## Annex

## Observation Checklist

Category	Include	Observation Field Note	Informal Interaction
Setting/Location	Either home or shed, distance from home, school etc.		
Physical Appearance	Hair, make up, ornaments, clothing, <i>tika</i> , <i>chura</i> , color, smell, odor		
Physical gesture and sitting/sleeping	Walking/sitting/sleeping position		
Interactions (Family and social)	Interaction with mother, sister, father, brother, uncle and other neighbors and community people/religious leaders/priest/shaman		
Clothing (during menstruation and after)	Same clothing entire period (specific clothes for menstruation), clothes changes		
Personal behaviors/emotions/feelings	Feelings, emotions, Behaviors during menstruation		
Key Influencers/gate keepers	Key people who support or restrict		
Food and liquid intake	Food/liquid intake, location, restriction on foods, utensils used (separate/same), washing, gold water spray		

Restrictions (public and private spheres)	Bedding (location and linens), tap, kitchen, plants, fruits, animals, temple, school, home, river etc.		
Personal activities (Sports and work load-heavy/light)	Daily routine changes, participation in recreational activities		
Mobility	School, cultural/social, office, work, distance-long		
Personal Hygiene during menstruation	Bathing (location, frequency), nail cutting etc.		
Menstrual products used	Use or not use Type of materials (rug or commercial) Reusable or disposable frequency of changes		
Materials management	Washing, drying, storage and disposal		
Others			



## Key Informant Interview Guidelines

### 1. Introduction:

Begin by introducing yourself and your research purpose.

"Namaskar, I am..... and we are conducting research on the social and cultural experiences of menstruation among female youth from 18-29 years age group in Jumla, Kathmandu and Sarlahi District. Your insights will greatly contribute to our understanding of menstruation discrimination and dignified menstruation. I ensure that all the information will be confidential and only used for the purpose of the research. You can withdraw your participation at any stage of the interview if you feel uncomfortable. You can proceed ahead with your consent.

.....

Signature of the Research Participant

Oral consent is recorded.

2. Name of Participant.....
3. Age.....

### Main Questions

4. Can you share your experience on something about menstruation when you were quiet young like 4 years or more? When, where and to whom did you see/hear/knew on menstruation? What was your first reaction or emotion?
5. Can you describe your first experience with menstruation? (Probing Questions: What was it like for you? How do you feel about menstruation in general? How has your experience with menstruation changed over time?)

(for menstruator: what was your first menstruation; when, what, where, how was it including the purification process of her).

6. Explore the stories at home: Can you describe the menstrual practices at home? Are you allowed to do household chores? How do your parents behave with you? How do you feel on these 5 days at home? How is menstruation viewed or treated in your family? Are there any specific rituals, taboos, or customs related to menstruation in your culture?
7. Explore the stories of school: Can you share a pleasant and worst moment of menstruation in your school? What kinds of support do you get from school? Ask about their experience with menstruation education. Probing Questions: What kind of education did you receive about menstruation, if any? Do you think menstrual education in your culture is sufficient and inclusive?
8. Explore the cultural and social aspects of menstruation in the community. Probing questions: Have you encountered any myths or misconceptions about menstruation? Do you know the law against menstrual discrimination?
9. Health Services and faculty: Probing questions: What do you feel about the privacy of the environment in this health facility? Is it a convenient time for you to come and seek the service as per your need in this health facility? Do you know the nearest next health facility for ASRH/AFH Services? Are you satisfied about the services received from this Health facility? What suggestions do you have to improve the AFH service in this health facility?
10. Discuss the role of local government in menstrual programs. Probing questions: Do you know any menstrual programs are taking place in Palika? How do you think social support or lack thereof has affected your menstruation experience? Have you encountered any challenges or stigmas when discussing menstruation?
11. Thank the participant for their valuable input and inquire if they have any additional comments or if there's anything else they'd like to share

Remember to maintain a sensitive and non-judgmental approach throughout the interview to ensure participants feel comfortable sharing their experiences and perspectives on this sensitive topic. Additionally, consider obtaining informed consent and ensuring the privacy and confidentiality of participants.

### Survey Questionnaire

"Namaskar, I am..... and we are conducting research on the social and cultural experiences of menstruation among female youth from 18-29 years age group in Jumla, Kathmandu and Sarlahi District. Your insights will greatly contribute to our understanding of menstruation discrimination and dignified menstruation. I ensure that all the information will be confidential and only used for the purpose of the research. You can withdraw your participation at any stage of the interview if you feel uncomfortable. You can proceed ahead with your consent.

.....

### Signature of the Research Participant

**Oral consent is recorded.**

1. Name of Participant.....
2. Age.....

1.1	Consent	Yes
		No
<b>Group A: Introduction</b>		
1.2	District	Jumla
		Kathmandu
		Sarlahi
1.3	Municipality	Tatopani
		Kathmandu
		Lalbandi
1.4	Ward Number	
1.5	Name of Respondent	
1.6	Age of Respondent	
1.7	Respondent's Ethnicity	Adibasi/Janajati

		Brahmin/Chhetri
		Thakuri/Dashnami
		Dalit
		Madhesi
		Muslim
		Other
1.8	Marital Status	Unmarried
		Married
		Widowed
		Divorced
1.9	Are you currently going to school/college?	Yes
		No
1.1	In what level are you currently studying/studied?	Basic
		Secondary
		Bachelor
		Master
		M.Phil./PhD
		Adult Education
	<b>Group B: Understanding about Menstruation</b>	
2.1	In your opinion, what is menstruation?	Natural process
		Blessing for female
		Sin for female
		Impure and dirt
		Others
2.2	How do you define menstrual blood?	Pure
		Impure
		Clean
		Dirty
		Toxic
		Contaminated
		Other
2.3	Do you know anything about Sexual and Reproductive Health Rights?	Yes
		No
2.3.1	If yes, what do you know about SRHR	Safe motherhood

		Family planning
		Child health'
		Safe abortion
		HIV/AIDS
		Prevention and management of infertility
		Adolescent Reproductive health
		Elderly women problem
		Gender based violence
	<b>Group C: Childhood Experience</b>	
3.1	At what age do you know something about menstruation?	
3.2	How did you know about menstruation?	Conversation with sisters
		Conversation with mother
		Observation at home
		Interaction with peers
		Interaction with neighbors
		I do not remember
3.3	What was your first reaction when you heard/learned or experienced menstruation for the first time?	Confused
		Scared
		Impure or Dirty
		Afraid
		Happy
		Other
3.4	At what age did your menarche start?	
3.5	Where did you stay at your first menstruation?	Separate room at home
		Separate home
		Cowshed
		Neighbors/ relatives house
		Others
3.6	Is there any discriminatory practices you experienced during menstruation?	Yes
		No

3.7	What were the restrictions you practiced during your first menstruation?	Restriction to Mobility
		Restriction to touch
		Restriction to Eat
		Others
3.8	Does anyone speak/discuss about the menstruation at your home?	Yes
		No
		I do not know
3.9	If yes, who does it?	Grand parents
		Parents
		Sisters
		Brothers
		Neighbors
<b>Group D: Home</b>		
4.1	In your opinion, is it right to follow the restrictions during menstruation at home?	Yes
		No
4.2	Who takes major decision at your home?	Father
		Mother
		Husband
		Father-in-law
		Mother-in-law
		Brother
		Sister
Others		
4.3	Do you face any violence or abuse at home?	Yes
		No
4.4	If yes, what is the nature of violence or abuses?	Physical
		Sexual
		Emotional
		Discriminatory
		Verbal
		Others
4.6		Yes

	Does any of family members speak about the SRHR at your home?	No
	<b>Group E: School</b>	
5.1	Does your school have any slogan/quotes on menstruation?	Yes
		No
5.2	Does your school have proper management for menstruation?	Yes
		No
5.3	If yes, what are it?	Separate toilet for girls and boys
		Clean water and soap
		Menstrual product
		Rest room
		Dustbin
5.4	Does school provide free menstrual product at school?	Yes
		No
5.5	If yes, what type of menstrual product are provided?	Biodegradable
		Non-Biodegradable
		Reuseable
		Others
5.6	During menstruation, do you face any type of menstrual discrimination at school	Yes
		No
5.7	Do girls participate in games and sports in schools during menstruation?	Yes
		No
5.8	Do you know is there any case of sexual abuses/harassment in your school?	Yes
		No
5.9	Is there a provision to complain mechanism against sexual abuses/harassment and bullying at your school?	Yes
		No
		I do not know

5.1	Does your course include the topic about SRHR?	Yes
		No
5.11	Does your teacher teach the lesson that contain the information about SRHR?	Yes
		No
	If no, why do you think teachers did not taught it?	
<b>Group F: Community</b>		
6.1	Is there any case of child marriage at your community?	Yes
		No
6.2	What is the average age for marriage in your community?	>20 years
		20 years
		<20 years
6.3	What terminologies are in used for menstruation at your community?	Chui (untouchability)
		Bahira sarnu (going out)
		Para sarnu (going far)
		Kuna basnu (staying in corner)
		Chhau (stste of bleeding)
		Menes (short form for menstruation)
		Majju (no in Newari language)
		Nachune bhayo (untouchability)
		Menstruation
		Women's problem
		Others
6.4	In your opinion, why do the people in community practices the menstrual restriction?	Cultural and religious values
		Social norms
		Tradition
		Practicing from generation to generation
		Others



6.5	In your opinion, is it good to practice menstrual restriction?	Good
		Bad
6.5.1	Do you agree that menstrual practices effect on health of girls and women?	Strongly agree
		Agree
		Neutral
		Disagree
		Strongly disagree
6.5.2	Do you agree that menstrual practices cause gender-based violence?	Strongly agree
		Agree
		Neutral
		Disagree
		Strongly disagree
6.5.3	Menstruation is impure	Strongly agree
		Agree
		Neutral
		Disagree
		Strongly disagree
6.5.4	Do you agree that menstrual practices effect on the education of girls?	Strongly agree
		Agree
		Neutral
		Disagree
		Strongly disagree
6.5.5	Do you agree that menstrual practices effect on the right of women and girls?	Strongly agree
		Agree
		Neutral
		Disagree
		Strongly disagree
		Strongly disagree
6.6	Do you agree that practices around menstruations are Gender Based Violence?	Yes
		No

		I don't know
6.7	Have ever participated in any social activities or religious activities during menstruation?	Yes
		No
<b>Group G: Health Services</b>		
7.1	Is there any service in your community regarding SRHR?	Yes
		No
7.2	Does health service sector provide awareness related to SRHR?	Yes
		No
7.3	Do you face any health-related problem during your menstruation?	Yes
		No
7.4	If yes, what are the health issues?	
7.5	Do you feel comfortable to share the problem about your menstruation to the health person?	Yes
		No
		I do not know
7.6	Do you feel comfortable to have a conversation with health person regarding SRHR services?	Yes
		No
7.7	Do you think there is health services related to SRHR	Yes
		No
		I don't know
7.8	Did you get services as per your expectation?	Yes
		No
7.9	Do you think that menstrual health services and SRHR services should be confidential in health centers?	Yes
		No
		I do not know
<b>Group H: Governance</b>		

8.1	Do you know about the law that punish if exclusions are created during menstruations	Yes
		No
8.2	Have you ever heard/read news and advertisement jingle of dignified menstruation in any social medias?	Yes
		No
		I do not know
8.3	Do you know whether the local government has allocated budget for dignified menstruation?	Yes
		No
		I do not know