

PEER ETHNOGRAPHIC STUDY ON MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN NEPAL



BACKGROUND

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

METHODOLOGY

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

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

KEY FINDINGS

Adolescent Girls' Individual Lived Experiences

• Adolescent Girls' Menarche (First Menstruation)

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

• Experiences with Menstruation

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

Elected Districts, Caste/Ethnic Groups, and Sample Size

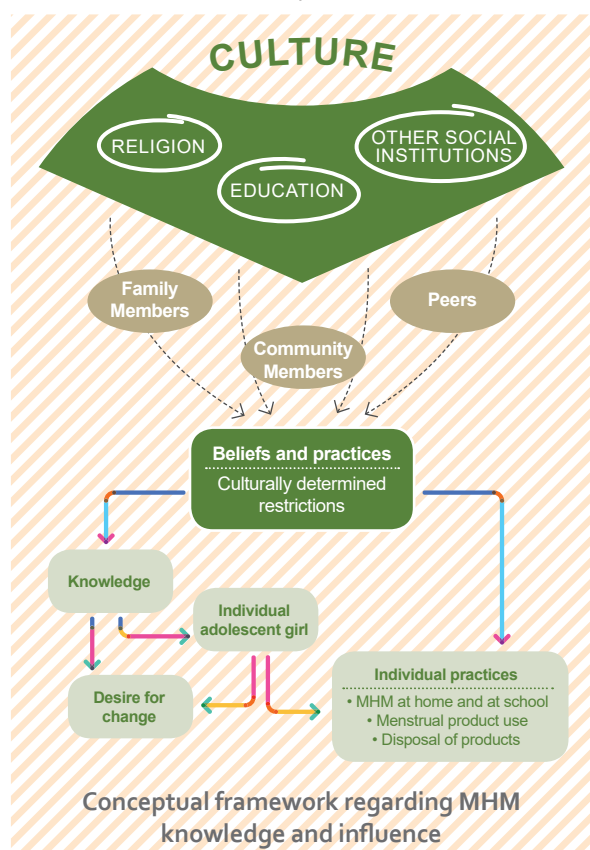
Province	Ecological Zone			IDIs	FGDs
	Mountain	Hill	Terai		
Eastern (Province 1)	-	Khotang (Rai/Kirat)	Jhapa (Rajbansi)	12	8
Central (Provinces 2 and 3)	Sindhupalchok (Tamang)	Bhaktapur (Newar)	Rautahat, Mahottari (Dalit/Madhesi- Mithila)	24	16
Western (Province 5)	-	-	Kapilvastu (Muslim)	6	4
Mid- Western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

¹ UNICEF & Emory University, 2013

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

Adolescent Girls' Experience as Shaped by Others

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



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

• Sources of Information

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

• Others' Beliefs and Common Practices Regarding Menstruation

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

• Generation to Generation

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

Adolescent Girls & MHM and MHM Products

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

Signs of Change

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

STUDY LIMITATIONS

There were two primary limitations in this study:

• Language Differences

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

• Data Collection Challenges

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

Recommended Citation

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