

# **A Research Report on**

# **CHHAUPADI AND HEALTH**

# **OF WOMEN AND GIRLS**

**A study on effects of Chhaupadi practices on health status of women and girls in Karnali, Nepal**

**Submitted to:**

**Action Works Nepal, Kathmandu Nepal**  
**BEE Group, Nepalgunj, Banke**

**Submitted By:**

**Research Team**

**May, 2017**

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A Final Research Report

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## Abbreviations

|         |  |
|---------|--|
| AWON    | Action Works Nepal   |
| BS      | BikramSambat   |
| CBO     | Community Based Organization   |
| CEDAW   | Convention on the Elimination of all forms of Discrimination against Women |
| DDC/DCC | District Development Committee/District Coordination Committee             |
| FCHV    | Female Community Health Volunteer  |
| FGD     | Focus Group Discussion   |
| GBV     | Gender Based Violence  |
| GON     | Government of Nepal  |
| KII     | Key Informant Interview  |
| NGO     | Non-Governmental Organization  |
| PTA     | Parents Teachers Association   |
| SMC     | School Management Committee  |
| SLC/SEE | School Leaving Certificate/Secondary Education Examination                 |
| ToR     | Terms of Reference   |
| VDC     | Village Development Committee  |

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**Bhola Pd Dahal, PhD**  
Team Leader

## Executive Summary

'Chhaupadi' is a deeply rooted socio-cultural practice followed in mid & far western regions. In such practice, the menstruating women and girls are considered as 'impure' and they have to follow several restrictions and barriers. In many communities, the menstruating women and girls have to stay in isolated place like Chhau-hut, Cow-hut or separate room in the house. They are restricted to enter into home, consume nutritious foods, touch male family members, use similar toilets and water taps, participate in social functions, and other essential daily activities. All these barriers and restrictions are directly affecting the health and wellbeing of women and girls; which ultimately impact on overall development and livelihood.

Considering 'Chhaupadi' as harmful practice and its negative impact on women and girls, the GON promulgated a directive to eliminate it in 2007. Similarly, many development organizations, local institutions, CBOs, and right actors are raising the voice against this mal-practice; and are working to address the issues related to such practice. Similar to this, AWON and BEE Group has been implementing an action in three districts of Karnali with the financial support of EU to stop Chhaupadi system. This research is a part of the project to assess the existing context of Chhaupadi and its effects on health status of women and girls. Further it is expected that the findings should be captured as strategies to contribute on elimination process in the project working districts.

The research applied both quantitative and qualitative approaches of data collection from 21 working VDCs of three districts: Jumla, Mugu and Kalikot. The random sample were taken for quantitative data from 1237 women and adolescent girls; and qualitative information were captured through FGD, KII, group meetings, consultation with district and local committees, and observation of the real context. After the field work, the data were transcribed, tabulated and the information were categorically analysed with their themes and sub-themes.

As findings of the research, it was found that the socio-cultural beliefs and values regarding menstruation and Chhaupadi are deeply rooted in the research areas. The adolescent girls and women were restricted to enjoy their personal and social life. Similarly, their day to day activities during the menstruation were also affecting by the traditional and social norms. Generally, all these restrictions and social boundaries are negatively affecting their health and wellbeing. Thematically, the research has explored the following major findings:

- The majority of women and girls still stay in unsafe and isolated places at the time of their menstruation. Out of total 1237 respondents, 27.9% stay in Chhau-hut, 36.6% in Cow-shed, and 32.7% in separate room in home. Only 5.9% of them stay in the same room as usual with family members.
- Practice of staying in Chhau-hut and Cow-shed is significantly varied in the caste wise population. The data shows the practice is higher in Chhetri (47.0%) and Brahmin (44.2%) then in Dalit (27.6%); and Janajati (19.0%).
- The practice of staying in separate places is also experienced by 76.7% of women and girl even during their health problem. Similarly, 74.1% of women have child delivery in separate-hut, and 80.1% of women stayed in such place alone with their infants.
- The women and girls have basic knowledge about menstrual hygiene and its management. Similarly, there is the practice of preparing home-made sanitary-pad and its disposal. It is found that 60.1% of them use normal cloths but remaining others use sanitary-pad. There are also a significant proportion of female who use nothing.
- There are some restrictions in terms of entering inside the home. 77.2% women and girls do not enter inside home as usual. Similarly, 91.4% of them do not enter into the Kitchen and/or touch foods.
- The essential sanitation practice also affects in menstruating days. It is found that the practice of daily bath even in the cold is followed by most of the female. But, they are compelled to use separate water source. Similarly, 37.6% of them do not use common family toilet at the time of menstruation as they go to open place.
- The food habit practice is found significantly varied in the research areas. 42.2% menstruating women and girls do not eat usual food, and almost all women (85.5%) do not eat milk and milk-product. Consuming food, milk and milk-product directly connects to nutrition and health. However, the major proportion of female are excused to eat milk and milk-product because milk is used for worshipping God (70.9%). There is also a myth that if the menstruated women consume milk, the cow becomes ill (50.7%).
- Staying in separate hut affect the psychological behaviour of women and girls as 71.7% of them feel insecure/unsafe, 48.0% feel loneliness, and 65.9% feel sad. Moreover, the adolescent girls feel more isolated than the women.
- Staying in separate isolated place during menstruation has also become a cause of facing different accidental cases like animal attack and attempt of abuse. 4.1% have



experienced the cases of attacking by wild animals; and, there are few cases of sexual abuse, and serious health problem while staying in Chhau-hut.

- Regarding the health problem at menstruation, around 41.4% of women and girls have experiences of at least one types of health related complication. The majority of problems are abnormal bleeding (65.0%), back-pain (63.0%), abdominal pain (47.9%), headache (22.1%), Giddiness (19.6%), body-ache (17.2%), and fever (15.5%)
- Out of the total adolescent girls who experienced health problem during menstruation, only 63.3% visit for health check-up. Most of them (86.5%) go to local health post, and 12.5% visit the private medical shop. There is practice of visiting the traditional healer.
- There is a lack of female health workers in local health posts, as a result the menstruating women/girls hesitate to visit alone there as they feel uncomfortable with male health workers.

Based on the data, information, and findings; the research further suggests the following recommendations to contribute on eliminating the Chhauapdi practice in these districts:

- Conduct awareness programs led by local institutions on better practices of menstruation hygiene and sanitation facilities among women, girls and their family members. There is a need of special campaigns to aware the women, girls, family members as well as other local actors to accept the practice of staying inside the house at the time of menstruation and facilitation and joint-interaction on food consumptions behaviours.
- Health related problems during the menstruation is generic experience of women and girls. However, there are evidences of not having health check-up during such period. Hence, there should be at least a female health worker in each health post who should run **basic health education** to encourage their behaviours and to seek for health service at the time of menstruation.
- Develop and implement Integrated approach of development interventions: Health, Education, Women Empowerment, Institutional Development, Advocacy, etc.
- Lobby and advocate for a legislative and administrative mechanism with sanctions to hold accountable of the concerned state authorities, local government, local committee on planning and implementation of "Chhauapadi Elimination Programs".

## Chapter I: Introduction

### 1.1 Background of the Research

---

The practice of following the social-cultural norms during the menstruation varies in different society in Nepal. Majority of society considers menstruation as events of impurity, stigma and sin. The women and girls during menstruation are forbidden to touch food, enter into the home, and have to live separately. Traditionally, the practice of following the socio-cultural norms of menstruation is very strict in far west and some parts of mid-west region including districts of Karnali zone in Nepal. This culture is known as '*Chhaupadi*' in these societies. In such practice, the women and girls stay in isolated place; mainly in *Chhaugoth*<sup>1</sup> or cowshed for thirteen days during their first and second menarche, seven days in their third menstruation cycle and four days of every other menstrual cycle. The practice of *Chhaupadis* also followed by woman during child birth and stayup to eleven days after the delivery<sup>2</sup>. Even their babies are also kept in these sheds with their mothers.

Although the *Chhaupadi* practice is culturally accepted in those districts, it is noted that the life of women and girls are being affected by such practice. Staying in isolation and unsafe places tend to encounter harassment, abuse, exploitation, extreme cold, snakebite, attack of wild animals and as well as physical and mental health problems among the women and girls. In some context, the women and girls are not allowed to eat sufficient food, milk and milk products during their menstruation. Additionally, they are not permitted to meet male family members, consult about their health problems, and take medicine. All these, socio-cultural aspects are affecting the life and livelihood of women and girls living in such localities.

Government of Nepal (GON) has considered the *Chhaupadi* practice as a form of violence against women, and regulated to eliminate through promulgating the Directive Regarding to *Chhaupadi* Elimination in 2007. Similarly, several development partners, Non-Governmental Organization (NGOs), Community Based Organization (CBOs) including women rights advocates are working to make the people aware on *Chhaupadi* and menstruation practices and to eliminate such issues. Similarly, Action Works Nepal (AWON) and BEE Group has been implementing "Elimination of *Chhaupadi* practice in three districts, Jumla, Kalikot and Mugu of Karnali Zone through financial support of European Commission (EC). The overall objective of

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<sup>1</sup>*Ghaugoth is a type of shed specially build for women and girl to stay at the time of their menstruation.*

<sup>2</sup>*Government of Nepal, Directive Regarding to Chhaupadi Elimination, 2007*

the project is to eliminate traditionally deeply rooted *Chhaupadi* practice from the villages of Karnali in order to establish women's human rights, justice and dignity.

This research is a part of the project which is being implemented by AWON and BEE Group in Karnali zone. The findings of the research are expected to replicate in project's planning and implementation as an evidence to increase awareness against the demerits of *Chhaupadi*; and advocacy to influence policies and their implementation to eliminate *Chhaupadi* practice.

## 1.2 Objective of the Research

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The overarching objective of the research is to assess the real status of *Chhaupadi* and its effects on health of women and adolescent girls in three working districts of Karnali Zone.

The specific objectives of research are as follows:

- To assess the factors affecting on health status of women and girls relating to *Chhaupadi* and menstruation practices
- To capture real practices of community relating with health and hygiene of women and girls regarding to *Chhaupadi* and menstruation practices
- To recommend the specific intervention strategy to assure better health for women and girls in *Chhaupadi* rooted areas.

## 1.3 Scope of the Research

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The research is commissioned based on the ToR developed for the entire research work. And this research work is entirely focused for exploring the following research questions based on the objective of the research work:

- What are the basic health and hygiene practice of women and girls in Chhaupadi rooted communities of Karnali?
- What factors of Chhaupadi and menstruation affects the health and hygiene practice of women and girls?
- What are the existing practices of Chhaupadi which effects on health of women and adolescent girls?
- What is the implementation status of existing national laws, policies and Chhaupadi elimination guideline 2007 to ensure better health of women and girls?
- What might be the working approaches and modalities to promote better health and hygiene practices for women and girls, as well as contributing for eliminating the Chhaupadi practice in the research area and in the similar contexts of Nepal?

## 1.4 Limitation of Research Work

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This research is conducted in three districts of Karnali, i.e. Kalikot, Jumla and Mugu; which covered 1237 women and adolescent girls (aged 11-49 years) as primary respondents. The information was also collected from social actors, development practitioners, women rights actors and other like-minded people from district and local level in these three research districts. The information/data that are generated for this research is based on appropriate statistical process. Hence, the findings are possible to generalize in similar social context of

Nepal. However, the experiences and social factors that are captured through this research might not be similar to other social context. It is mainly because of the hard geographical context of the research site, and diverse socio-cultural practices during menstruation.

Similarly, the complexities and perpetuation of Chhaupadi practice and other forms of discrimination during the menstruation time might not be same in all parts of the country. However, even in these limitations, there are some possibility to generalize the socio-cultural practices of the research area as reference to articulate in other similar types of research and studies.

## Chapter II: Literature Review

### 2.1 Menstruation and Chhaupadi Practice in Nepal

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Menstruation is defined as a periodic, normal, healthy shedding of blood and tissues from the uterus that exit the body through female genital part<sup>3</sup>. It marks the beginning of womanhood, a unique phenomenon among females which starts around the adolescent age (11–15 years) of their lives. It is a key sign of reproductive health and a way of preparing for pregnancy. However, there are several taboos in many parts of the world concerning to menstruation; and those taboos are crafted by religious, social and cultural beliefs. Most of these beliefs consider that women and girls during the menstruation become impure, and they are kept separate from other family members. However, the degree and types of separation, restriction and behaving are different from one society to other. One such practice locally called '*Chhaupadi*' is in existence in Far-Western and Mid-Western region in Nepal. Menstruating women and girls are termed as impure, and are kept in a separate place for certain period with some restriction. Such tradition makes restriction to the menstruating women and girls for several individual and social tasks such as entering into home, touching male members, using public water-taps, participate in religious functions, eat nutritious food including milk, and others.

The term '*Chhaupadi*' is the combination of two local words '*Chhau*' and '*padi*' where '*Chhau*' refers to condition of being untouchable, and '*padi*' means a woman<sup>4</sup>. Hence, the term '*Chhaupadi*' refers to the condition of untouchability of menstruating women and girls. Similar to the term '*Chhaupadi*', there are also other terms used to refer menstruating women and girls in other societies in Nepal. For example, the term '*Chhui*' is also used in mid and far western regions; and '*mahinawarihunu*', '*bahirasarnu*' and '*para sarnu*' are some useable terms in other parts of Nepal to indicate menstruating women and girls.

The social and cultural customs of menstruation are followed in almost every society in Nepal. However, the practice of '*Chhaupadi*' is more severe form with more restrictions and rooted beliefs. The custom believes menstruating women and girls as impure, and they are required to refrain from participating in normal daily activities. They are not allowed to touch their husbands or even other male members, cattle, fruit and crop plants. They should not walk

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<sup>3</sup>UNICEF (2008). *Sharing Simple Facts: Useful Information about Menstrual Health and Hygiene*.

<sup>4</sup>Nilima&Tandon (2011). *Centuries old Nepal banishment ritual endangers girls and women*.

into the premises of temples and participate in religious functions. Similarly, they are not permitted to eat nutritious diet like milk, milk products, meat, fruits and green vegetables. They are forced to stay in a separate hut, which is called 'Chhau-hut'. In mid and far western region, the 'Chhau-hut' can easily be found almost nearby every houses. They mostly are made up of stones and mud without having windows and safety. Such huts are very narrow, dark, congested, and having cold floor where menstruating women and girls have to stay around 4 to 7 days in every month. On the last day, the women/girls take a bath, wash their clothes and enter home. Mainly, it is believed in the society that if the custom is breached by any means then it will create problem for women/girls, their family and even for the community like becoming sick, infertile and even can face the death.

## 2.2 Menstruation, Chhaupadi and Health Impacts: Empirical Review

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Menstruating women and girls have several types of restriction in Chhaupadi which are strictly followed by the society; and those restrictions are impacting on health status of women and girls. It is believed in the society that women and girls during their menstruation should follow the ritual norms to make their family as well as the community healthy and safe. But, several literature relating to this issue have articulated that the ritual norms and values of Chhaupadi practice are making the lives of women and girl unsafe and unhealthy. Mainly, the menstruating women and girls are forced to stay in a cold and unsafe hut and/or cow-shed. The environment within the place is generally unhygienic, suffocating and unclean without proper light, and ventilation. The unhygienic nature of hut means that women and girls are vulnerable to infectious diseases<sup>5</sup>.

Similarly, the freezing temperature in winter and sweltering temperature in summer inside the hut are generally causes of life-threatening health problems like pneumonia, diarrhoea, chest infection, suffocation, and respiratory tract infection<sup>6</sup>. During the period, although the women and girls are forbidden to enter into the house, kitchen and religious places; they are expected to do more laborious work outside home like carrying heavy loads, digging, collecting firewood and grass despite of the lack of nutritious diet and comfort<sup>7</sup>. The

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<sup>5</sup>NFCC (2015). *Assessment study on Chhaupadi in Nepal: Towards a harm reduction strategy*.

<sup>6</sup>Nilima & Tandon (2011). *Centuries old Nepal banishment ritual endangers girls and women*.

<sup>7</sup>Shanti Kadariya & Arja R Aro (2015). *Chhaupadi practice in Nepal-analysis of ethical aspects*.

restriction of consuming nutritious food, milk, meat, and fruits during the period also creates negating impact on health like weakness, anaemia, etc.

Consequences of generic types of women reproductive health problems are generally experienced by most of the menstruating women and girls. However a research report has indicated that practicing the strict norms of Chhaupadi, mainly staying in the Chhau-hut, has resulted significantly higher chances of reproductive health problems than those who do not stay in Chhau-hut<sup>8</sup>. The report further explained that the cases of reproductive health problems like burning micturition, chronic pelvic pain, pain during period, and abnormal discharge are some general symptoms in menstruation. However, in the Chhaupadi privileged areas, the cases of these general symptoms are followed with other more severe type of problems like abdominal pain, backache, foul-smelling discharge, itching and cases of uterine prolapse.

In some places, the effects of restriction as created by Chhaupadi practice are also seen in the psychological health of women and girls. Majority of women have experienced some kind of psychological effects such as stress, loneliness, and feeling of isolation and ignorance while staying in Chhau-hut and following the restriction of Chhaupadi practice<sup>9</sup>. Isolation for a prolonged period of time with no one to talk to or share their feelings with can be a reason behind fear and depression in long run<sup>10</sup>. Further, there is also the fear of sexual abuse and assault in night, attack of wild animals and snake bites, and accidental injuries too.

Moreover, in the Chhaupadi following communities, there are some cases of losing lives of women and girls because of following the restriction shaped by the society. In 2010, a woman was died of exposure while staying in a Chhau-hut in Achham district. Similarly in the same year in a community of Achaam district, an 11 year-old girl died after a bout with diarrhoea and dehydration that begin while she was confined in the Chhau-hut; and she was refused to take hospital by her family and neighbours believing that they would become impure if they touched the menstruating girl<sup>11</sup>. Such cases hint that the consequences of following the beliefs of Chhaupadi are making harmful effects to health status of women and girls.

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<sup>8</sup>Ranabhat et al (2015). *Chhaupadi culture and reproductive health of women in Nepal*.

<sup>9</sup>Lama, D & R. K. (2015). *Maternal and child health care in ChhaupadiPratha, social seclusion of mother and child after delivery in Achham, Nepal*.

<sup>10</sup>Shanti Kadariya&Arja R Aro (2015). *Chhaupadi practice in Nepal-analysis of ethical aspects*.

<sup>11</sup>UNRHCO (2011). *Field Bulletin in Chaupadi*.

In certain villages that follows the Chhaupadi practice, also keep pregnant women in Chhauhut or Cow-shed after the delivery of their babies for about 11 days. It is believed that both the mother and infants are impure during those days<sup>12</sup>. In the shed, the mother and infants are exposed to various infections and its effects for long-term ailments. Similarly, there are some cases of death and serious illness of mother and child due to this practice<sup>13</sup>. Such aspects are thought to contribute to higher maternal and child mortality rates.

Although the menstruation is a normal cycle and a normal part of a women's life, there are some taboos related this cycle, and women and girls are neglected to enjoy social life during this period. Similarly, the menstruation hygiene is also one major aspect to keep the menstruating women and girl health. In this regards, the women rights actors have considered to spread specific knowledge on Menstrual Hygiene. For this purpose, a global community has started to mark the Menstrual Hygiene Day in every year of May 28 from year 2014<sup>14</sup>. In 2017, the global community has observed the day with the theme, "Education about Menstruation Changes Everything<sup>15</sup>". In Nepal, the day was observed with bringing the policy makers, civil society organizations, individuals, professionals, advocacy groups and others to raise awareness and share experiences and knowledge about menstrual hygiene.

### 2.3 Policy, Provision and efforts of GoN against Chhaupadi Practice

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Gender Based Violence (GBV) in Nepal is widespread cutting across classes, races, ages and religions; and women and girls are facing violence both in private and public places. Similarly, discriminatory laws, social customs, prejudices that undermine equal status and opportunities for women in public and private life are the major contributing factors for the GBV in Nepal through encouraging the consequences of child marriage, dowry, women trafficking, polygamy, witchcraft, religious divorce, Chhaupadi and other faithful social-culture practices affecting the life of women and girls. The traditional gender norms and masculinity beliefs in society that encourage to tolerate men's habits and problems associated with infidelity are found to be the major triggers of GBV.

Nepal has committed to respond gender equality addressing the issues of GBV through signing the Convention on the Elimination of all forms of Discrimination against Women

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<sup>12</sup>Khanal, N; Bhandari, A. R; Lamichanne, J. (nd). "Chhaue, Chhaupadi and ChueekulaPartha"-Menstrual sheds: Example of discriminatory practices against women in the Mid-and Far-Western region of Nepal: considering women as "impure" or "unclean" during menstruation and Post-partum periods

<sup>13</sup>UNRHCO (2011). Field Bulletin in Chaupadi.

<sup>14</sup>New Spotlight Magazine, May 23, 2014. First menstrual hygiene day.

<sup>15</sup>PyagyaLamsal in the Kathmandu Post, Menstrual hygiene day, 2017 May 28.



(CEDAW) in 1979, which supports the implementation of the Beijing Platform for Action and International Conference on Population and Development Programme of Action; and has accordingly adopted national action plans<sup>16</sup>. Additionally, over the past two decades, the nation has carried out substantial legal reforms to eliminate discrimination against women in the country's constitutional and legal frameworks. The constitution of Nepal 2015 has prohibited discrimination on the basis of gender, recognised reproductive health and rights as fundamental rights, and banned all forms of violence against women. Additionally, the promulgation of Domestic Violence (Crime and Punishment) Act 2009, Amendment of some Nepali Acts to maintain Gender Equality and End Gender-Based Violence in 2014 are some key policy provision to address the issue of gender inequality and addressing on GBV.

Mainly, the new constitution of Nepal 2015 guarantees the right of women to protection against physical, mental, sexual, and psychological or any other forms of violence as fundamental right, with penalty for perpetrators and entitlement of compensation for victims. It has prohibited concretely any act of sexual or psychological violence against women, and oppression against women based on religious, social, cultural, or traditional practices, with offenders liable not only for punishment, but also compensation for victim. Despite all these efforts, violence against women and girls remains widespread in Nepal in different forms. Among those form, Chhaupadi is being practiced in Mid-and Far-western regions as a form of gender based violence, where women and girls are not allowed to enter inside the house, touch water sources, eat nutritious food including milk and milk-products, and forced to stay in a hut outside identified as 'Chhaupadi-hut' or Cow-shed.

When the practice of Chhaupadi became a social debate, many human right defenders, social actors urged to eliminate this practice. Similarly, the Supreme Court of Nepal in May 2005 outlawed the Chhaupadi system and issues a directive to the GON to formulate laws for eliminating the practice<sup>17</sup>. Additionally, in 2008, the Ministry of Women, Child and Social Welfare promulgated guidelines to eradicate Chhaupadi nationally through promulgation of 'ChhaupadiPrathaUnmulan Nirdesika-2064 BS'. The guideline has mainly focused on ensuring commitment from different committee to address the issue of Chhaupadi and contribute to eliminate it.

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<sup>16</sup>UNCT Gender Theme Group (2016). *Position paper on ending violence against women and girls in Nepal*

<sup>17</sup>UNRHCO (2011). *Field Bulletin in Chhaupadi*

## Chapter III: Research Methodology and Approaches

With understanding the objectives and scope of the entire research work; different methodologies and approaches are applied by the research team to maintain credibility and validity both in research design and commissioning in the real field. The designing of the research work mainly followed the ToR as suggested by AWON and BEE Group, and theories of social science research. Similarly, several literature related to research issues as well as project documents were reviewed for designing the research. Then, the research work in real field was commissioned with managerial supports from both implementing organization. The major approaches and methodologies that were applied in the entire research process are briefly highlighted as follow:

### 3.1 Desk Review:

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Relevant documents related to Chhaupadi practice, socio-cultural practices of Karnali region as well as policy related documents (both primary and secondary) are reviewed. The review of such documents was targeted for designing the research framework as well as the tools/technique for data collection as expected to meet the research objectives. As an output of desk review, the research team finalized the modality of conducting the research work with specific tools and techniques.

### 3.2 Consultation with AWON and BEE Group:

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After developing the tools and techniques based on the desk review, the research team organized consultation meetings with concerned officials of AWON and BEE Group. The consultation meeting was planned to finalize tools and techniques developed by the research team; and prepared detailed plan for field activities based on the proposed field plan of research team.

Meeting with AWON team was also conducted for second time after preparing the research tools and detail field plan. The second time meeting was mainly focused on selection of field enumerators, supervisors and final field plan for data collection. Hence, the meeting decided to select local enumerators from each districts to collect Household level data based on the developed questionnaires.

### 3.3 Training to enumerators and research assistants:

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The research team designed a specific training programme to enumerators and research assistants to provide them basic knowledge and skill of research. Mainly, the enumerators and research assistants were trained on selecting the appropriate sample, technique of data collection by using questionnaires, and other approaches such as FGD, individual interview, and observation. In total, there were 21 enumerators and 3 research assistants selected by AWON and BEE Groups to mobilize in three research districts. The training programme was organized for 5 days in the headquarter of Jumla district on 23-27 Feb, 2017.

The training was not only planned to aware the enumerators and research assistants on research techniques, but also was captured as an opportunities to test the developed research tool. The developed questionnaires were discussed in the training; and as an exercise, it was tasted through collecting data/information from nearby location of training venue. That provision gave an option to finalize the research tools and questionnaires through collective approach in training.

### 3.4 Data collection Processes:

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On the basis of the designed tools and techniques; the field enumerators were assisted to collect both qualitative and quantitative data from different respondents and representative of different institutions. For this purpose, the Quantitative data were collected by mobilizing the field enumerators and research assistants by using field questionnaire from the selected participants by using sampling framework. The questionnaires were developed to collect required information from the targeted respondents.

Similarly, the Qualitative data/information were collected using different participatory tools as per required with the context of stakeholders and social setting. The field enumerators and research assistants were assisted by the research team to collect and/or generate the qualitative data/information from the research participants as well as from the research site. However, the research team members were also engaged to conduct FGD, interview and discussion among some specific participants in each district headquarter. For that process, the enumerators and research assistants were given role to observe the process as learning for them to organize similar types of events in the local level.

Basically, several qualitative approaches were applied to collect information from the research site. For that purpose, some specific checklists were also developed as a reference to facilitate the data collection process in qualitative approaches. The basic approaches that were applied for qualitative data collection process were:

- **21 Focus Group Discussion (FGD):** In each VDC, two FGDs were carried out to collect views, ideas and experiences of targeted participants. The first FGD was mainly targeted to female of reproductive age to collect their perception and practice on menstruation and its consequences. Similarly, another FGD was carried out in a mixed group of male and female. The objective of the mixed group was to collect views from male members regarding the menstruation practice. For all these process, a specific checklist was developed to conduct FGD including some thematic questions to be discussed. Hence, in total, 42 FGDs were conducted in all 21 research VDCs in three districts.
- **56 Key Informant Interviews (KII):** The data collection process was focused to collect information from key stakeholders, representative of key institutions, social leaders, traditional healer and others as key informant. For making the KII process more effective, a list of possible informant was prepared by consulting AWON and BEE Groups team members. Similarly, thematic areas of interview for KII were already prepared before going to field. In total, 56 representatives of local institutions, youth leaders, social leaders, and others key informant were interviewed in this process.
- **Meeting with Stakeholders:** As data collection process, the research team met with different district and local stakeholders (health office, education office, women and children office, police office and other concerned government offices in district and local level) and collected their view through discussion and interaction about the Chhaupadi practice and its effect on women and adolescent girls. Similarly, some consultation meeting was organized with specific institutions, committee such as district child club network, District women and child development office, and others in district head quarter level to assess their view and experiences on Chhaupadi practice in the research location.
- **Observation:** Observations at the field level were carried out to assess the practice of Chhaupadi. The observation was mainly focused for capturing the information of socio-culture practices, daily activities of women and adolescent girls, and the impact

of Chhaupadi in life of women and adolescent girls. Similarly, the Chhaupati-hut, Cowshed and the living places of menstruating women and girls were also observed to capture the status of those places.

### 3.5 Selection of Research Site and Participants

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The research work was a part of a project named "Elimination of *Chhaupadi* practice in Karnali, Nepal" being implemented by AWON and BEE Group in 21 VDCs of Jumla, Kalikot and Mugu district. Hence, the research location (districts and VDCs) are purposefully selected in the same working VDCs of Project.

Regarding the research participant selection, the research team followed some basic principle based on the objective and scope of the research. As the research theme is purely related to menstruation, Chhaupadi and its health effect; it was assumed that the appropriate participant for the entire research work would be female who experienced the practice of menstruation and Chhaupadi. Hence, the women and girls were considered as primary respondents for the research work; and the household level survey was only targeted for women and girls.

Besides women and girls as primary participant, other relevant participants were also selected based on the theme and objective of research. Some basic criteria were defined in selecting such types of participants at the time of collecting data/information from the field level. Mainly, the persons who are directly involved to work for women, and girls; and experienced social and cultural issues related to women and girls are considered as appropriate participants. Hence, the relevant government representative, NGO workers, political leaders, women activists and child clubs' members are selected as participants in district level. Similarly, in the community level; the school teachers, FCHVs, health workers, traditional healers, religions/faith leaders, youths, elderly women and other female and male members of local institutions were selected as appropriate participants for this research study. Required information/data from these participants were collected/generated from applying appropriate qualitative tools/techniques such as FGD, interview, consultation, and meetings.

### 3.6 Sampling Framework

The household survey using specific questionnaires was commissioned based on the specific sampling numbers. The sample number was calculated with using statistical sampling calculation method with confidence level of 99% and a margin of error (degree of accuracy) of 5.0% from the total population. The population of adolescent's girls (aged 10-19 years) and women with reproductive age (aged 19-49 Years) were considered as total population for the research work. From these two groups of population, specific sample number were derived by applying the following formula.

$$\text{Sample size (n)} = \frac{\chi^2 * N * (1-P)}{ME^2(N-1) + (\chi^2 * P * (1-P))}$$

Where

n = required sample size

$\chi^2$  = Chi square for the specified confidence level at 1 degree of freedom

N = Population size

ME = Desired Marginal error (expressed as a proportion)

Further, the calculated sample (i.e. 1237 sample) based on the formula are divided into all 21 VDCs based on the ration of population. The below table gives the brief picture about number of sample collected from each research VDC.

**Table 1: No of sample for household survey in districts & VDCs**

| Kalikot District |           | Jumla District     |           | Mugu District |           |
|------------------|-----------|--------------------|-----------|---------------|-----------|
| Name of VDC      | Sample No | Name of VDC        | Sample No | Name of VDC   | Sample No |
| Chilkhaya        | 84        | Lamra              | 55        | Gamtha        | 46        |
| Phoimahadev      | 62        | Kudari             | 92        | Khamale       | 31        |
| Ranchuli         | 43        | Sannigaun          | 83        | Pina          | 69        |
| Chhapra          | 63        | Raralihi           | 48        | Rowa          | 73        |
| Jubitha          | 44        | Ghodemahadev       | 43        | Rara          | 26        |
| Pakha            | 76        | Malikathata        | 57        | Seri          | 38        |
| Dahaphat         | 88        | Mahabaipatharkhola | 54        | Srikot        | 62        |
| Total in Kalikot | 460       | Total in Jumla     | 432       | Total in Mugu | 345       |

While collecting the data by applying the total calculated sample, the representation from diversified ethnicity and social background of respondents was also considered. Hence, the total calculated sample number of each VDCs was also divided to specific targeted groups to collect data. All these calculations were based on the National Census Report 2011.

### 3.7 Data Analysis and Reporting:

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After the completion of field activities, the research team concentrated for analysing the data. Both the quantitative and qualitative data were analysed using specific data analysis technique. First, the quantitative data were analysed using SPSS; and generated useful tables and cross-tabulation. Similarly, the qualitative data were coded and have got theme. In addition; some narratives were prepared using the qualitative information to articulate the findings of quantitative data.

Hence, a draft report was prepared and shared for the feedback and suggestion from concerned officials of AWON and BEE Group. Based on the first draft report, a joint meeting between research team and AWON team was organized to discuss on the essence of report. The feedback on the report and the joint meeting suggested the research team to prepare the final research report.

## Chapter IV: Findings and Discussion

### 4.1 Socio-Demographic Characteristics of Respondents

#### Number of respondent in research districts and VDCs:

The total number of respondents captured through quantitative data collection process in three research districts are **1237 female** (Kalikot 460, Jumla 432, and Mugu 345). The ratio of number of respondents are higher in Kalikot than in Jumla and Mugu. It is because of proportion of total population staying in the proposed research VDCs. Categorically, the highest number of respondents is 92 from Kudari VDC of Jumla and the lowest number is 26 from Rara VDC of Mugu district.

**Table 2: No of respondents by District & VDC**

| Name of District   | Name of VDC             | Frequency   | Percent      |
|--------------------|-------------------------|-------------|--------------|
| <i>Kalikot</i>     | Chilkhaya               | 84          | 6.8          |
|                    | Phoimahadev             | 62          | 5.0          |
|                    | Ranchuli                | 43          | 3.5          |
|                    | Chhapra                 | 63          | 5.1          |
|                    | Jubitha                 | 44          | 3.6          |
|                    | Pakha                   | 76          | 6.1          |
|                    | Dahaphat                | 88          | 7.1          |
|                    | <b>Total in Kalikot</b> | <b>460</b>  | <b>37.2</b>  |
| <i>Jumla</i>       | Lamra                   | 55          | 4.4          |
|                    | Kudari                  | <b>92</b>   | 7.4          |
|                    | Sannigaun               | 83          | 6.7          |
|                    | Raralihi                | 48          | 3.9          |
|                    | Ghodemahadev            | 43          | 3.5          |
|                    | Malikathata             | 57          | 4.6          |
|                    | Mahabaipatharkhola      | 54          | 4.4          |
|                    | <b>Total in Jumla</b>   | <b>432</b>  | <b>34.9</b>  |
| <i>Mugu</i>        | Gamtha                  | 46          | 3.7          |
|                    | Khamale                 | 31          | 2.5          |
|                    | Pina                    | 69          | 5.6          |
|                    | Rowa                    | 73          | 5.9          |
|                    | Rara                    | <b>26</b>   | 2.1          |
|                    | Seri                    | 38          | 3.1          |
|                    | Srikot                  | 62          | 5.0          |
|                    | <b>Total in Mugu</b>    | <b>345</b>  | <b>27.9</b>  |
| <b>Grand Total</b> |                         | <b>1237</b> | <b>100.0</b> |



### Casts, Ethnicity and Religion:

Out of those total 1237 respondents, the majority of respondents are Chhetri(43.7%) followed by Thakuri (23.0%) and Dalit (22.0%).

**Table 3: Casts& ethnicity of Respondents in Research Districts**

| Casts& ethnicity | District     |              |              | Total        |              |
|------------------|--------------|--------------|--------------|--------------|--------------|
|                  | Kalikot      | Jumla        | Mugu         |              |              |
| <i>Dalit</i>     | Count        | 135          | 63           | 74           | 272          |
|                  | %            | 29.3         | 14.6         | 21.4         | <b>22.0</b>  |
| <i>Janjati</i>   | Count        | 0            | 16           | 5            | 21           |
|                  | %            | 0.0          | 3.7          | 1.4          | 1.7          |
| <i>Brahman</i>   | Count        | 59           | 42           | 19           | 120          |
|                  | %            | 12.8         | 9.7          | 5.5          | 9.7          |
| <i>Chhetri</i>   | Count        | 91           | 253          | 196          | 540          |
|                  | %            | 19.8         | 58.6         | 56.8         | <b>43.7</b>  |
| <i>Thakuri</i>   | Count        | 175          | 58           | 51           | 284          |
|                  | %            | 38.0         | 13.4         | 14.8         | <b>23.0</b>  |
| <b>Total</b>     | <b>Count</b> | <b>460</b>   | <b>432</b>   | <b>345</b>   | <b>1237</b>  |
|                  | <b>%</b>     | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |

The district wise trend of representation of casts and ethnicity was found similar in all three districts, except some proportion of higher representation of Thakuri (38.0%) in Kalikot district. Similarly, the proportion of respondents from Dalit groups is also slightly higher (29.3%) in the same district. Although the casts and ethnicity of respondents is diversified; the majority of respondents are from Hindu religion (99.2%). Very few respondents are Buddhist (No=04, 0.3%) and Christian (No=06, i.e. 0.5%). **Marital Status:**

As the total respondents of Household survey are women, the data collection work mainly targeted women with reproductive age and adolescent girls. Hence, the majority of women respondents (20-49 years) are 62.7% and adolescent girls (10-19 years) are 36.9%. Very few respondents (0.4%) are also captured from the age group of above the age of 49 years.

Regarding the marital status, the majority of respondents are married (65.3%), and one third are single (33.3%) with 1.4% living separately. While comparing the marital status of respondents with their age, evidence of early marriage is also found. The data shows that 18.6% girls from 10-19 years of age are already married. Further, the early marriage status is compared with district. Then, it is found that the proportion of cases of early marriage below the age of 20 years are higher in Jumla (24%) and Mugu (23%) districts as compare to Kalikot (11%).

**Table 4: Marital Status \* Age-group of Respondent Cross tabulation**

| Marital Status   | Age-group of Respondent (in Years of age) |             |            |            |            |          | Total        |
|------------------|---|-------------|------------|------------|------------|----------|--------------|
|                  | Years:                                    | 10-19       | 20-29      | 30-39      | 40-49      | Above 49 |              |
| <i>Unmarried</i> | Count                                     | 372         | 34         | 3          | 3          | 0        | <b>412</b>   |
|                  | %   | 81.4        | 8.9        | 1.3        | 1.8        | 0.0      | <b>33.3</b>  |
| <i>Married</i>   | Count                                     | 85          | 346        | 223        | 149        | 5        | <b>808</b>   |
|                  | %   | <b>18.6</b> | 90.8       | 96.5       | 91.4       | 100.0    | <b>65.3</b>  |
| <i>Single</i>    | Count                                     | 0           | 1          | 5          | 11         | 0        | <b>17</b>    |
|                  | %   | 0.0         | 0.3        | 2.2        | 6.7        | 0.0      | <b>1.4</b>   |
| <b>Total</b>     | <b>Count</b>                              | <b>457</b>  | <b>381</b> | <b>231</b> | <b>163</b> | <b>5</b> | <b>1237</b>  |
|                  | %   | 100.0       | 100.0      | 100.0      | 100.0      | 100.0    | <b>100.0</b> |

**Educational Status:**

The education status of respondents varies in different level. Out of total respondents, majority are represented from three major level of education status, i.e. illiterate (22.6%), Secondary level (22.2%) and Literate (20.8%).

**Table 5: Education Status of Respondents**

| Education Status       | District     |             |             | Total       |             |
|------------------------|--------------|-------------|-------------|-------------|-------------|
|                        | Kalikot      | Jumla       | Mugu        |             |             |
| <i>Illiterate</i>      | Count        | 68          | 88          | 125         | 280         |
|                        | %            | 14.8        | 20.1        | <b>36.2</b> | <b>22.6</b> |
| <i>Literate</i>        | Count        | 110         | 109         | 38          | 257         |
|                        | %            | <b>23.9</b> | <b>25.2</b> | 11.0        | <b>20.8</b> |
| <i>Primary Level</i>   | Count        | 18          | 21          | 14          | 53          |
|                        | %            | 3.9         | 4.9         | 4.1         | 4.3         |
| <i>Lower Secondary</i> | Count        | 62          | 32          | 32          | 126         |
|                        | %            | 13.5        | 7.4         | 9.3         | 10.2        |
| <i>Secondary</i>       | Count        | 89          | 104         | 81          | 274         |
|                        | %            | 19.3        | 24.1        | 23.5        | <b>22.2</b> |
| <i>SLC</i>             | Count        | 67          | 43          | 31          | 141         |
|                        | %            | 14.6        | 10.0        | 9.0         | <b>11.4</b> |
| <i>+2 and above</i>    | Count        | 46          | 36          | 24          | 106         |
|                        | %            | 10.0        | 8.3         | 7.0         | 8.6         |
| <b>Total</b>           | <b>Count</b> | <b>460</b>  | <b>432</b>  | <b>345</b>  | <b>1237</b> |
|                        | %            | 100.0       | 100.0       | 100.0       | 100.0       |

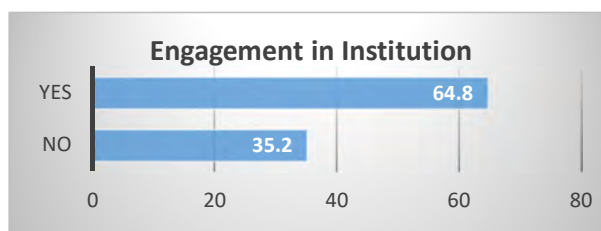
Similarly, there are some respondents who have education level of +2 and above (8.6%), SLC (11.4%), lower secondary (10.2%), and primary level (4.3%). District wise, the proportion of level of education of respondents are found similar. However, the majority of respondents in Mugu (36.2%) are represented from illiterate group; and in Jumla (25.2%) and Kalikot (23.9%) from literate group.

### Occupational Status:

Regarding the occupation of respondents and their family, majority of them states agriculture (90.7%) as their major occupation. Similarly, it follows by business (3.2%), Service (1.8%), self-employment (1.5%) and livestock (1.5%). District-wise, the proportion of agriculture as major occupation is comparatively higher in Kalikot (93.7%) than Jumla (91.7%) and Mugu (85.5%).

**Table 6: Main Occupation of Respondents' Family**

| Main Occupation of Family |              | District     |              |              | Total        |
|---------------------------|--------------|--------------|--------------|--------------|--------------|
|                           |              | Kalikot      | Jumla        | Mugu         |              |
| Agriculture               | Count        | 431          | 396          | 295          | 1122         |
|                           | %            | 93.7         | 91.7         | 85.5         | <b>90.7</b>  |
| Livestock                 | Count        | 3            | 8            | 8            | 19           |
|                           | %            | 0.7          | 1.9          | 2.3          | <b>1.5</b>   |
| Service                   | Count        | 3            | 6            | 13           | 22           |
|                           | %            | 0.7          | 1.4          | 3.8          | <b>1.8</b>   |
| Business                  | Count        | 8            | 14           | 17           | 39           |
|                           | %            | 1.7          | 3.2          | 4.9          | <b>3.2</b>   |
| Self-employment           | Count        | 8            | 3            | 8            | 19           |
|                           | %            | 1.7          | 0.7          | 2.3          | <b>1.5</b>   |
| Foreign Employment        | Count        | 3            | 0            | 0            | 3            |
|                           | %            | 0.7          | 0.0          | 0.0          | 0.2          |
| Labour Work               | Count        | 3            | 5            | 3            | 11           |
|                           | %            | 0.7          | 1.2          | 0.9          | 0.9          |
| Others                    | Count        | 1            | 0            | 1            | 2            |
|                           | %            | 0.2          | 0.0          | 0.3          | 0.2          |
| <b>Total</b>              | <b>Count</b> | <b>460</b>   | <b>432</b>   | <b>345</b>   | <b>1237</b>  |
|                           | <b>%</b>     | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |



### Participation and Engagement in Local Social Institutions

The engagement of respondent in local institutions such as social group, user groups, CBOs, and different forms of local committee is found healthier in the research location. It is found that 64.8% of respondents are engaged in at least one institution as general member; and out of them, 52% are engaged in two and more institutions. Similarly, out of total respondents

who are engaged in local institutions, 62.7% are represented as executive member in those institutions.

The status of representing in local institutions by the respondents is found diverse regarding to the nature and types of institutions. It is found that majority of respondents are engaged in saving & credit group (54.6%) and women group (52.2%). Similarly, the respondents below the age of 19 years are engaged in child club (21.3%) and adolescent group (8.6%). Since all the respondents are female, their proportional engagement in recognized social institutions such as local governance committee (9.3%), SMC/PTA (0.8%), Health Post management committee (1.4%) and other social institutions (5.1%) are found very limited.

**Table 7: Status of Respondents' Engagement in Local Institutions**

| <b>Types of Group</b>                        | <b>Response (No)</b> | <b>% of Cases</b> |
|--|----------------------|-------------------|
| <i>Child Club</i>                            | 168                  | <b>21.3</b>       |
| <i>Adolescent Group</i>                      | 68                   | 8.6               |
| <i>Saving &amp; Credit Group/Cooperative</i> | 431                  | <b>54.6</b>       |
| <i>Women Group</i>                           | 412                  | <b>52.2</b>       |
| <i>Youth Club</i>                            | 14                   | 1.8               |
| <i>Farmer Group</i>                          | 151                  | <b>19.1</b>       |
| <i>Local Governance Committee</i>            | 73                   | 9.3               |
| <i>Users Committee</i>                       | 33                   | 4.2               |
| <i>SMC/PTA</i>                               | 6                    | 0.8               |
| <i>Health Post Management Committee</i>      | 11                   | 1.4               |
| <i>Others</i>                                | 40                   | 5.1               |

Note: Multiple Response

In summary, the socio-demographic features of respondents are general women and girls representative who have experienced the incidents of menstruation. More instantly, the research work has tried to capture the proportional representation from every categories of respondents regarding to caste and ethnicity, marital status, level of age, educational level, and occupation. Similarly, the social aspect such as engagement of respondents' on social institutions such as local groups, institutions, and committees are also considered.

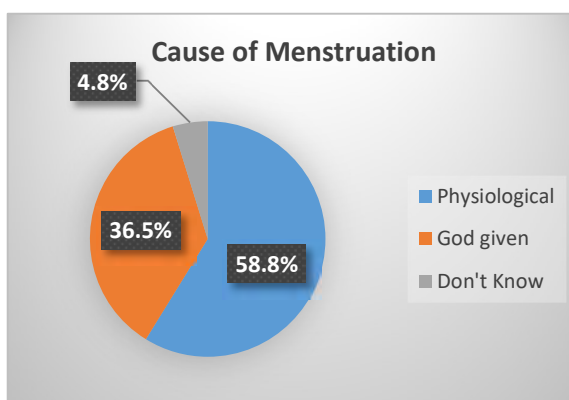
#### **4.2 Understanding and Practice on Menstruation and Menstrual Hygiene**

### Understanding on Menstruation:

There was found multiple and diverse understanding on menstruation by the respondents'. Out of total respondents, 58.8% understood menstruation as a regular process caused by physiological and biological reason. However, 36.5% understood it as a God given reason in the lives of women. It is further noted that women's understanding on the cause of menstruation is significantly different regarding to their age. It is found that 72.9% adolescent girls (aged 10-19) perceived menstruation as the cause of physiological changes in body; whereas only 51.5% women (aged 20-49 years) perceived it as a cause of physiological. Similarly, very few (23.9%) adolescent girls (aged 10-19) considered the menstruation as a God given; while 44.1% women (aged 20-49 years) state it as God given.

Similarly, it was found that the majority of women and girls perceived that the menstruation is a matter of purity (68.3%), and around 29.0% consider it as a matter of impurity. The perception about purity and impurity between the adolescents and women is not significantly different. It was found that 63.7% adolescent girls (aged 10-19) perceived it as a matter of purity; whereas 67.8% women (aged 20-49 years) have similar understanding. 2.7% women and girls do not have knowledge about the matter of menstruation, they do not know either it is a matter of purity or impurity.

The statistical analysis of the following data indicates that significant proportion of women and girls have understanding about the cause of menstruation. There are some significant number of people in society who still believes that menstruation is a matter of impurity and it is a God given. Hence, there are mixed understanding about the menstruation. The similar information are also captured while reflecting the qualitative information collected in the research site. A male community leader in Jumla district states it as a 'natural process'. However, some women, who were met on the way while going to Tatopani VDC of Jumla, shared as menstruation as signal of impurity.



### Sanitation and Hygiene practice during Menstruation:

It was found that around 82.6% female take bath daily in their menstruation period. It was found that 87.7% adolescent girls (aged 10-19) take bath daily in their menstruation period; whereas only 78.1% women (aged 20-49) took regular bath. Although both this data is

proportionally higher in the sense of taking bath, the practice of adolescent girls to keep sanitized is a little bit higher than women. Regarding to caste and ethnicity, there is no any significant difference as it was found that over 86% women and girls of Dalit, Brahmin, and Thakuri group take bath daily. However, the proportion of is slightly lower in Janajati (47.6%) as compare to other caste and ethnicity.

Changing of cloths during menstruation is also considered as an aspect of being healthy. It was found that during the menstruation, around two-third (63.7%) adolescent women and girls change their cloths daily; and around one-third (32.3%) in third day after bathing only. Regarding to caste and ethnicity and age groups; there is no significant different in practice of changing cloths. However, it was found

that Thakuri women and girls (69.4%) are at top to change their cloths daily in menstruation followed by Brahmin (66.7%), Chhetri (61.4%), Dalit (61.4%), and Janajati (52.4%).

#### Use of Sanitary Pad/Cloths and practice of its' disposal:

It was found that the significant number of female (60.1%) use normal cloths to control menstrual flow during their menstruation period. Similarly, they also use home-made sanitary pad (26.6%) and sanitary-pad found in shop (20.8%). Addition to such practice, there is a large group of women and girls (28.4%) who use nothing in menstruation to control menstrual flow.

The proportion of using normal cloths among the adolescent girl (10-19 years) and women (20-49 years) was not found significantly different. Out of total, 44.6% adolescents and 55.4% women use cloths. Similarly, trend of using both types of sanitary-pad (home-made and available in shop) was found higher in adolescent group. It was found that out of total respondents who use sanitary-pad, the proportion of adolescent

**Table 8: bathing and changing cloths in menstruation**

| <b>Bathing:</b>                  |           |         |
|----------------------------------|-----------|---------|
|                                  | Frequency | Percent |
| <i>Daily</i>                     | 1022      | 82.6    |
| <i>Sometime</i>                  | 215       | 17.4    |
| <i>Total</i>                     | 1237      | 100.0   |
| <b>Changing of cloths:</b>       |           |         |
|                                  | Frequency | Percent |
| <i>Daily</i>                     | 788       | 63.7    |
| <i>Third day after bathing</i>   | 399       | 32.3    |
| <i>Final day of Menstruation</i> | 23        | 1.9     |
| <i>Others days</i>               | 27        | 2.2     |
| <i>Total</i>                     | 1237      | 100.0   |

**Table 9: Types of pad to control menstrual flow**

|                               | Respondent | Percent |
|-------------------------------|------------|---------|
| <i>Home-made sanitary pad</i> | 328        | 26.6    |
| <i>Sanitary pad of shop</i>   | 256        | 20.8    |
| <i>Cloths</i>                 | 740        | 60.1    |
| <i>Nothing</i>                | 350        | 28.4    |

girl are higher in both types, i.e. 56.1%

*Note: Multiple response*

in home-made pad, and 56.6% in using pad available in shop.

It was noted that out of total respondents who use at least one type of pad, 60.4% change after the pad becomes wet, 32.4% change it daily, 6.5% change it in every two days, and 0.7% change only after completion of menstruation period. Similarly, they also have practice of hand-washing using soap (92.8%), and hand-washing only with water (5.4%) after changing the pad.

Regarding the disposal of the used sanitary, it was found that most of the respondents follow the available disposal methods. Mainly, out of those respondents who only use normal cloths, about 74.7% re-use it after washing. However, in total respondents who use both types of methods (cloths and sanitary pad), there is practice of disposing it into forest (20.1%), pit (21.3%), toilet (10.9%), river and other places (1.8%).

#### 4.3 Discrimination during menstruation and its consequences in health status

##### Using family toilet during menstruation:

It was found that 61.7% of the total respondents use family toilet during their menstruation, but 37.6% do not use it. In district wise, the data is significantly different among the three research districts. The data showed that the use and not-using of the family toilet in Kalikot is 75.0% and 24.1%; Jumla, 55.6% and 43.5%; and Mugu 51.6% and 48.1% respectively.

While analysing the data of 'not using family toilet' with casts and ethnicity, it was found that respondent of Janajati (66.7%) are higher than Chhetri (43.5%), Thakuri (33.8%), Dalit (31.2%), and Brahmin (29.2%). Similarly, the trend of 'not using family toilet' was found significantly varied in respondents' age group. Out of total respondents, who do not use family toilet at the time of menstruation, 41.1% are from age group of 40-49 years followed by 38.1% from the age group of 30-39 years, 33.6% from the age group of 20-29 years, and 39.6% from age group of 10-19 years.

**Table 10: Using Family Toilet during Menstruation**

|                          |                   | Kalikot | Jumla | Mugu | Total |
|--------------------------|-------------------|---------|-------|------|-------|
| <b>Yes</b>               | Count             | 345     | 240   | 178  | 763   |
|                          | % within District | 75.0    | 55.6  | 51.6 | 61.7  |
| <b>No</b>                | Count             | 111     | 188   | 166  | 465   |
|                          | % within District | 24.1    | 43.5  | 48.1 | 37.6  |
| <b>No Toilet in Home</b> | Count             | 4       | 4     | 1    | 9     |
|                          | % within District | 0.9     | 0.9   | 0.3  | 0.7   |

|              |                   |       |       |       |       |
|--------------|-------------------|-------|-------|-------|-------|
| <b>Total</b> | Count             | 460   | 432   | 345   | 1237  |
|              | % within District | 100.0 | 100.0 | 100.0 | 100.0 |

### Entering Home and Kitchen during Menstruation Period:

From the research, it was found that only 22% women and girls enter into their home at the time of menstruation. More than one-third of them (77.2%) do not enter into home; and such status is highest in the Chhetri casts (84.1%), but lowest in Dalit (67.6%). Similarly, 91.4% of respondents stated that they do not enter into the Kitchen and/or touch foods at the time of their menstruation. This status was higher in Janajati caste (95.2%) followed by Chhetri (94.6%). Additionally, some evidence of entering into home and kitchen 'without knowledge of others' were also found in the research site.

**Table 11: Status of entering Home and Kitchen**

| <i>Enter into Home while menstruating:</i>                      |              |                  |              |              |              |              |              |
|---|--------------|------------------|--------------|--------------|--------------|--------------|--------------|
|   |              | Cast & ethnicity |              |              |              |              | Total        |
|   |              | Dalit            | Janjati      | Brahman      | Cheetri      | Thakuri      |              |
| Yes   | Count        | 83               | 5            | 30           | 84           | 70           | 272          |
|   | %            | 30.5             | 23.8         | 25.0         | 15.6         | 24.6         | 22.0         |
| No  | Count        | 184              | 16           | 89           | 454          | 212          | 955          |
|   | %            | 67.6             | 76.2         | 74.2         | <b>84.1</b>  | 74.6         | 77.2         |
| <i>Yes, but without knowledge of others</i>                     | Count        | 5                | 0            | 1            | 2            | 2            | 10           |
|   | %            | 1.8              | 0.0          | 0.8          | 0.4          | 0.7          | 0.8          |
| <i>Enter into Kitchen and/or touch food while menstruating:</i> |              |                  |              |              |              |              |              |
|   |              | Dalit            | Janjati      | Brahman      | Cheetri      | Thakuri      | Total        |
|   |              |                  |              |              |              |              |              |
| Yes   | Count        | 34               | 1            | 14           | 27           | 24           | 100          |
|   | %            | 12.5             | 4.8          | 11.7         | 5.0          | 8.5          | 8.1          |
| No  | Count        | 235              | 20           | 106          | 511          | 259          | 1131         |
|   | %            | 86.4             | <b>95.2</b>  | 88.3         | <b>94.6</b>  | 91.2         | 91.4         |
| <i>Yes, but without knowledge of others</i>                     | Count        | 3                | 0            | 0            | 2            | 1            | 6            |
|   | %            | 1.1              | 0.0          | 0.0          | 0.4          | 0.4          | 0.5          |
| <b>Total</b>  | <b>Count</b> | <b>272</b>       | <b>21</b>    | <b>120</b>   | <b>540</b>   | <b>284</b>   | <b>1237</b>  |
|   | <b>%</b>     | <b>100.0</b>     | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |

Some adolescent girls, at the time of interview, shared that they started to enter into their home and even into the kitchen without knowledge of other family members, mainly those who strictly follow the norms of *Chhaupadi*.

### Food Habits/Culture during Menstruating Period:

The perception of food habits was found significantly varied in the research areas. It was found that 42.2% women and girls do not eat usual food at the time of menstruation. Similarly, large proportion of them (85.5%) do not eat milk and its' product at that period.



**Table 12: Food habits while Menstruating**

| <b>Do you eat as usual while menstruation:</b> |             |              |
|--|-------------|--------------|
|  | Frequency   | Percent      |
| Yes  | 711         | 57.5         |
| No   | 522         | 42.2         |
| Yes, but without knowledge of others           | 4           | 0.3          |
| <b>Total</b>                                   | <b>1237</b> | <b>100.0</b> |

| <b>Do you eat milk or milk products while menstruation:</b> |             |              |
|---|-------------|--------------|
|   | Frequency   | Percent      |
| Yes   | 177         | 14.3         |
| No  | 1058        | 85.5         |
| Yes, but without knowledge of others                        | 2           | 0.2          |
| <b>Total</b>  | <b>1237</b> | <b>100.0</b> |

Consuming food, milk and milk-product directly connects to nutrition and health. However, the major proportion of female are excused to eat milk and milk-product. While analysing this data on the basis of caste and ethnicity, it was found that the restriction of consuming food, milk and milk-products is little bit easier in Janajati. The data shows that 81.0% Janajati women/girls eat usual food, and 38.1% of them eat milk and milk-product respectively. The restriction is harder in Thakuri, Chhetri, Brahmin and Dalit casts. It was found that 88.5% Chhetri, 84.6% Dalit, 84.2% Thakuri and 81.7% Brahmin do not eat milk and milk-product at the time of their menstruation period.

In the research areas, the perception behind not eating milk and milk-products are socially and culturally different. Mainly, around one-third respondents (70.9%) states that milk is used to worship God, so they do not urge to take it during their menstruation period. Similarly,

**Table 13: Reason not eating Milk and Milk-products**

| <b>Types of Reason</b>               | <b>Respondents</b> | <b>Percent</b> |
|--------------------------------------|--------------------|----------------|
| <i>Cows become ill</i>               | 546                | 50.7           |
| <i>Milk should worship to God</i>    | 764                | 70.9           |
| <i>No such practice</i>              | 645                | 59.9           |
| <i>No permission from family</i>     | 331                | 30.7           |
| <i>Cows don't give milk if drink</i> | 367                | 34.1           |
| <i>Others Reason</i>                 | 40                 | 3.7            |

*Note: Multiple Responses*

around half proportion of respondents perceive that Cow becomes ill (50.7%) as it is symbolizing as the goddess, so there is no such practice in their family and community (59.9%). Moreover, a huge proportion of respondent agree that they do not have permission from their family (30.7%) to consume milk and milk-products at the time of menstruation. All these data showed that women/girls in their menstruation period are restricted to consume milk and milk-products mainly because of rooted socio-cultural practices and restriction from their family members.

### Staying Places at the time of Menstruation:

The trend of staying in isolation at the time of menstruation is still practicing cynically in the research areas. The research data showed that only 5.9% women and girls stay in the same room (as they live in normal days) at the time of their menstruation. It gives the miserable picture of female as they experiencing harmful taboos

of menstruation and

Chhaupadi. Similarly, a large group of women still stay at Chhau-hut (27.9%) and Cow-Shed (36.6%) and a majority of women/girls stay in another room in the same home (32.7%). It was also found that most of the girls have started in the same house, but generally separately in the room at ground floor.

**Table 14: Place to stay at Menstruation**

| <b>Types of Places</b>         | <b>Respondents</b> | <b>Percent</b> |
|--------------------------------|--------------------|----------------|
| <i>Chhau-Hut</i>               | 345                | 27.9           |
| <i>Cow-Shed</i>                | 453                | 36.6           |
| <i>Another Room in Home</i>    | 404                | 32.7           |
| <i>Corner/Open inside Home</i> | 91                 | 7.4            |
| <i>Outside of Home</i>         | 156                | 12.6           |
| <i>Same Room as usual</i>      | 73                 | 5.9            |
| <i>Neighbours</i>              | 47                 | 3.8            |
| <i>Other Place</i>             | 7                  | 0.6            |
| <b>Total</b>                   | 1576               | 127.4          |

*Note: Multiple Response*

While analysing the data, based on the three research district, there is no significant different in the practices. However, the proportion of staying both in Chhau-hut is high in Kalikot (37.5%) and Mugu (35.4%); but the trend of staying in Cow-shed is significantly higher in Jumla (49.3%). The new trend of staying in another room of the same house is found comparatively similar in all three districts.

While analysing the data based on the caste and ethnicity, it was found that there is the trend of following striking norms and value on living (staying) place at the time of menstruation in higher caste. The research data indicates that 44.2% Brahmin women & girls stay in Chhau-hut, as followed by 32.7% from Dalits casts, 28.0% from Thakuri, 22.0% from Chhetri, and 19.0% from Janajati women and girls. Similarly, the higher proportion of women and girls from Chhetri Caste stay in Cow-Shed (47.0%), as followed by 33.1% from Thakuri and 27.6% from Dalit. The trend of staying in another room in the same home is found comparatively similar in all caste and ethnicity.

**Table 15: Place to stay while menstruation by Caste&Ethnicity**

|                                  | Casts & ethnicity |         |         |             |             | Total |      |
|----------------------------------|-------------------|---------|---------|-------------|-------------|-------|------|
|                                  | Dalit             | Janjati | Brahman | Cheetri     | Thakuri     |       |      |
| <i>Chhau-Goath</i>               | Count             | 89      | 4       | 53          | 119         | 80    | 345  |
|                                  | %                 | 32.7    | 19.0    | <b>44.2</b> | 22.0        | 28.2  |      |
| <i>Cow-Shed</i>                  | Count             | 75      | 4       | 26          | 254         | 94    | 453  |
|                                  | %                 | 27.6    | 19.0    | 21.7        | <b>47.0</b> | 33.1  |      |
| <i>Another Room in Home</i>      | Count             | 97      | 5       | 50          | 144         | 108   | 404  |
|                                  | %                 | 35.7    | 23.8    | 41.7        | 26.7        | 38.0  |      |
| <i>Corner/Open place in Home</i> | Count             | 24      | 3       | 14          | 15          | 35    | 91   |
|                                  | %                 | 8.8     | 14.3    | 11.7        | 2.8         | 12.3  |      |
| <i>Outside of Home</i>           | Count             | 45      | 7       | 15          | 45          | 44    | 156  |
|                                  | %                 | 16.5    | 33.3    | 12.5        | 8.3         | 15.5  |      |
| <i>Same Room as usual</i>        | Count             | 21      | 3       | 10          | 21          | 18    | 73   |
|                                  | %                 | 7.7     | 14.3    | 8.3         | 3.9         | 6.3   |      |
| <i>Neighbours</i>                | Count             | 20      | 1       | 4           | 12          | 10    | 47   |
|                                  | %                 | 7.4     | 4.8     | 3.3         | 2.2         | 3.5   |      |
| <i>Other Place</i>               | Count             | 0       | 0       | 0           | 1           | 6     | 7    |
|                                  | %                 | 0.0     | 0.0     | 0.0         | 0.2         | 2.1   |      |
| <i>Total</i>                     | Count             | 272     | 21      | 120         | 540         | 284   | 1237 |

*Note: Multiple Responses*

Although there are some significant number of women and girls who stay at Chhau-Hut and Cow-shed at the time of their menstruation, the trend of staying inside the home is also practices in the society because of changing on knowledge, awareness and efforts of local development organization. It was found that around 30% female and girls who used to stay in Chhau-hut and Cow-shed started to stay inside the home. However, the research also found some contrasting cases of returning back to Chhau-Hut/Cow-shed inside the home. 2.1% female who were staying inside the home at the time of their menstruation have now started to stay in Cow-shed. And this cases are more found in Kalikot and Mugu districts in Thakuri, Chhetri and Dalit Casts. These are the very critical cases, and while talking with those women, they shared that they again started to stay outside their home (in Cow-shed) because of following the same practices by neighbours, pressure of elderly family members, and in few cases personal desire of women as well.

Moreover, over fifty percent of respondents (55.5%) who are practicing to stay separately in their menstruation, states that the place is relatively cold as compare to the normal place where they stay at normal time.

#### 4.4 Discrimination during menstruation and its Psychological effects

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##### **Feeling of Isolation and Unsafe:**

It is found that over two-third of women and girls (66.8%) stay lonely in the separate place at the time of their menstruation; and very few family members mainly the women members come in contact with them. In some places, it was found that some adolescent girl at the time of their menstruation generally spend the time with their siblings (33.3%) and friends (55.6%). However, most of them need to stay alone at night; and they felt the place unsafe. The research found that around two-third women and girls (71.7%) feel insecure/unsafe at the place where they stay at their menstruation. Similarly, 48.0% of them feel loneliness and 65.9% feel sadness when they stay in the separate place at the time of menstruation.

While staying at separate place, adolescent girls feel more isolated as compare to women above 20 years of age. It was found that in average 40% adolescent girls (age 10-19 years) feel both sadness and insure/unsafe while staying in the separate place. Similarly, over 35% of them feel loneliness in such place.

Similarly, very few respondents (1.8%) also remembered the cases of depression among girls and women in their community because of being isolated and feeling loneliness when they stayed in Chhau-hut/Cow-shed for long time in their menstruation.

##### **Stay separately even in the critical time:**

While collecting data and interviewing/consulting with female, it is known that the taboos of traditional norms of menstruation and Chhaupadi is deeply rooted in the research areas. In Kalikot, some women shared that they had stayed in the Chhaupadi-hut even in the time of their health problem. Similarly, a group of female in Jumla told that there is the practice of keeping even the small child with his/her mother in separate place when she becomes menstruating. Out of total respondents, 76.7% respondents stated that they including their family member had experience of staying in separate place at the time of menstruation even when they were facing health problem. Additionally, there are rooted practice of giving birth of children in separate hut. Out of total respondents, 74.1% shared that they and/or other female members of their family gave birth of their child in separate-hut.

Principally, staying even at the time of illness and giving birth of children in separate hut can bring some critical health issues of women and girls. But still, both these practices are deeply rooted in all three districts and in all the caste and ethnicity. Similarly, it was also found that

the practice of staying the lactating mother with their children in separate place is also rooted in the research areas. Out of total respondents, 80.1% shared that they and/or other female members of their family stayed in the separate hut recently after giving birth keeping their child with themselves. Such practice, do not only affect the health condition of mother, but also leave negative impact on the lives of children.

#### Case of attack from wild animal/snake:

While collecting/generating research data from the research site, some women shared their experience of being attacked by snake and wild animal when they were staying in Chhau-hut at the time of menstruation. Even such incidents are very rare in the community, such data indicates that there is possibility of attacking by wild animal and snake when the women and girls stay in the separate Chhau-hut, Cow-shed and other separate place.

*"It was around two years ago, in a day time, when I was laying in Chhau-Hut, I noticed a snake on the roof inside the hut. I cried, and called my family members. But suddenly, the snake fell down on my body. Fortunately, my husband arrived at the same time keeping a stick on his hand. Then, he used the stick towards the snake and kept control on it. From that period, I never stayed outside the home".*

- **ParbatiShahi**, aged 43, Jumla

The quantitative research also explores that out of total respondents, 4.1% have experienced the cases of attacks by wild animals/snake to her and/or to their family members when they were staying in separate place at the time of menstruation. Such incidents are very critical, and it directly affect the life of women and girls.

#### Abuse against Women and Girls:

Many literature that are explicated on the issues of menstruation and Chhaupadi practice of Nepal has tried to explore that the consequence of Chhaupadi practice, mainly staying in separate place, may cause the cases of sexual abuse against girls and women. While talking and consulting with female in the research area, they also agreed in this issue; and few of them shared the experiences of such type of cases.

In household survey, very few respondents (2.7%) remembered the cases of sexual abuse against women/girls that happened in their community when the women/girls were staying in the Chhau-hut at the time of their menstruation. This data indicates that the incidents of sexual abuse at the time of staying in separate hut is happened in the research areas. Although very few cases related to sexual abuse has occurred in the community, even that single case is very critical. It directly effects on the life and livelihood of the female.

#### 4.5 Health Problem during menstruation and practice of caring

##### Experiencing health problem during menstruation:

The consequence of experiencing health problem during menstruation is a general case. In the research, out of total respondents, 41.4% stated that they have experienced at least one health problem during their menstruation period. Such experience is comparatively similar in all age groups of female. However, the types of health problem that they experience is of different nature.

Out of total respondents, large number of respondent experienced abnormal bleeding (65.0%), back-pain (63.0%), and abdominal pain (47.9%). Similarly, they experienced other types of health problems such as headache (22.1%), Giddiness (19.6%), body-ache (17.2%), and fever (15.5%).

Practice of health check-up at the time of menstruation is found somehow satisfactory in

the research area. Out of total respondents who experienced health problems, 63.3% went for health check-up; and out of them 86.5% reached to Local Health Post and 12.5% in Private Medical Shop. Consulting with traditional healer while experiencing health problem in menstruation is very rare in the research areas (0.2%). However, the major issues are: there are around 36.7% of women and girls who do not consult health-worker (or visit the health institutions) while they experience health problems in their menstruation period.

##### Health Care by Family members:

In our society, generally, if a married women experience any health problem, first she consults with her husband and/or nearer in her relatives. However, the mixed consultation practice has been found in the research areas as well. Out of total respondents who experienced health problem in their menstruation period, 89% married women told their health problem to their husband; and very few of them shared with their mother-in-law (10.8%) and sister-in-law

**Table 16: Health Problem during Menstruation**

| Types of health Problem    | Responses | Percent of Cases |
|----------------------------|-----------|------------------|
| <i>Fever</i>               | 79        | 15.5             |
| <i>Headache</i>            | 113       | 22.1             |
| <i>Body ache</i>           | 88        | 17.2             |
| <i>Abdominal pain</i>      | 245       | <b>47.9</b>      |
| <i>Burning Micturition</i> | 44        | 8.6              |
| <i>White discharge</i>     | 66        | 12.9             |
| <i>Abnormal bleeding</i>   | 332       | <b>65.0</b>      |
| <i>Swelling in body</i>    | 37        | 7.2              |
| <i>Giddiness/Dizziness</i> | 100       | 19.6             |
| <i>Back pain</i>           | 322       | <b>63.0</b>      |
| <i>Other</i>               | 11        | 2.2              |
| <i>Total</i>               | 1437      | 281              |

*Note: Multiple Responses*

(8.3%). Regarding the un-married adolescent girls, significant proportion of them shared with their mother (36.2%), sister (33.4%), friends (21.4%), father (8.3%) and brother (3.1%). All these information indicates that the sharing culture about the health problem of women and girls are practiced in the research areas.

The respondents, who told that they generally shared their health problem with their husband, further stated that their husband supported them by bringing medicine (83.6%), calling health worker at home (23.0%), taking her to the hospital for health check-up (39.1%), giving care (36.3%), call neighbours for care and support (20.2%) and other supports (1.4%). Such data indicates that a husband as male-counterpart usually support his wife when she requires his support to response on her health problem. It is a practice of health care support to be given by husband to his wife.

## Chapter V: Summary, Conclusion and Recommendations

### 5.1 Summary

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The socio-cultural beliefs, norms and values regarding menstruation and *Chhaupadi* are deeply rooted in the research areas. The female and girls are restricted to enjoy their personal and social life. Similarly, the food habits of female and girls are also controlled by the social norms, and they are forced to stay in separate place in isolation. All these restriction and social boundaries are personally affecting the life of female and it cause bad health condition. In summary, the research finding area as follows:

- 58.8% of respondents (women and girls) perceived that the menstruation is a regular process caused by physiological and biological reason; but, 36.5% consider it as a God given.
- The perception on adolescent girls about menstruation is knowledgeable, because 72.9% adolescent girls (aged 10-19) perceived it as a cause of physiological changes in body.
- 68.3% of respondents perceived menstruation as a matter of purity, but around 29.0% of them consider it as a matter of impurity.
- 82.6% women and girls take bath daily in their menstruation period. But, in Janajati, only 47.6% of them take daily bath in their menstruation period.
- 63.7% women and girls change their cloths daily; and 32.3% in third day after bathing.
- 60.1% women and girls use normal cloths to control menstrual flow; 26.6% use home-made sanitary pad; 20.8% use bought sanitary-pad ; but 28.4% use nothing.
- 60.4% women and girls change the pad after it becomes wet, 32.4% change it daily, 6.5% change it in every two days, and 0.7% change it only after completion of menstruation period.
- 37.6% of women and girls do not use common family toilet at the time of their menstruation.
- 77.2% of women and girls do not enter into home; and 91.4% of them do not enter into the Kitchen and/or touch foods at the time of their menstruation.
- 42.2% women and girls do not eat usual food, and 85.5% of them do not eat milk and milk-product at the time of their menstruation.
- Only 5.9% women and girls stay in the same room (as they live in normal days) at the time of their menstruation.
- 27.9% of women and girls stay in Chhau-hut, 36.6% in Cow-Shed, and 32.7% stay in another room in the same home (mainly in ground floor) at the time of their menstruation.
- Around 30% female and girls who used to stay in Chhau-hut and Cow-shed have started to stay inside the home. However, 2.1% female re-backed to Chhau-hut/Cow-shed.
- More discrimination to in-laws (*buhari*) in physically difficult work, nutritious food, rest, restriction; whereas daughters face less restriction, and more leisure.
- 55.5% of women and girls feel cold in the separate place where they are staying in their menstruation period.
- 66.8% women and girls stay lonely in the separate place at the time of their menstruation.
- 71.7% of women and girls feel insecure/unsafe; 48.0% of them feel loneliness and 65.9% feel sadness at the separate hut.
- 76.7% of women and girls have experienced of staying in separate place in their menstruation even they experienced the health problem.



- 74.1% of respondents shared that they and/or other female family members gave birth of their children in separate-hut.
- 80.1% of respondents shared that they and/or other female family members stayed in the separate hut after delivery keeping their child with them.
- Around 50% of female agree that there is possibility of getting attacked by wild animal/snakes while staying in separate place, 4.1% of respondents had experienced on such attacks
- 2.7% of respondents remembered the cases of sexual abuse against women/girls that happened in their community when the women/girls were staying in the Chhau-hut.
- 41.4% of women and girls have experienced at least one health problem during their menstruation period.
- Large number of women and girls experienced abnormal bleeding (65.0%), back-pain (63.0%), abdominal pain (47.9%), headache (22.1%), Giddiness (19.6%), body-ache (17.2%), and fever (15.5%) as major types of health problems during their menstruation period.
- Out of total who experienced health problems, 63.3% went for health check-up; and out of them 86.5% visited Local Health Post and 12.5% in Private Medical Shop.
- Educated participants visit health post while other prefer jhakris/Deuta (Traditional Healer) but still they wait for purity period
- Lack of female health worker in local facilities build hesitation to share and visit health post
- 89% of married women told their health problem to their husband; and very few of them shared with their mother-in-law (10.8%) and sister-in-law (8.3%). But, in the case of adolescent girls, they share their health problem to mother (36.2%), sister (33.4%), friends (21.4%), father (8.3%) and brother (3.1%).

## 5.2 Conclusion

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Social norms, value and customs relating to menstruation and Chhaupadi are being followed by women and girls in the research areas unknowingly. Most of them follow the practice because such practice is continued in their family, and society from long time. Although some changes are seen still a large group of women and girls are respecting and following the deeply rooted unhealthy practice of Chhaupadi.

Regarding the health and hygiene of adolescent girls, a large group of women and girls are aware on keeping themselves sanitized through using sanitary-pad and proper disposal of pad. However, there are still some consequences of discrimination that are affecting health status of women and girls. Mainly, a large group of women/girls do not have permission to use family toilet, eat usual foods, consume milk and milk-product at the time of their menstruation. Such practices affect their health status.

Further, the research finds that a large group of women and girls stay in Chhu-hut, Cow-shed or in the separate place at the time of their menstruation. The places are unsafe, and they are

required to stay there in isolation. Similarly, there are some incidents of attacking by wild animals and snake to women/girls while staying in the Chhau-hut. Although, some women/girls are practicing to stay inside their house at the time of menstruation, there are some women/girls who returned back to chhau-hut/Cow-shed because of getting pressure from their family members, neighbours and their own assumptions.

This culture has resulted negatively into the health problems. Around 40% women/girls experience at least one health problems at the time of their menstruation. The major health problems they are experiencing are abnormal bleeding, back-pain, abdominal pain, headache, Giddiness, and body-ache. Such health problems are also spawned because of harmful practices of Chhaupadi. Regarding to getting health service at the time of menstruation, there are still a large group of women and girls who do not consult anyone to check their health problem at the time of their menstruation.

### 5.3 Recommendation

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While interacting with the respondents and analysing the research data, it becomes clear that there are lots of evidences of deeply rooted belief and values of *Chhaupadi* that are badly affecting the health status of women and girls. Hence, abolition of *Chhaupadi* practice from the society is the best approaches to ensure better health condition of girls and women. But, it becomes clear after observing the trends of *Chhaupadi* practice that, abolition of this practice is a long and complex process because it involves religious beliefs and therefore it has to be embarked upon gradually. And while doing this, one should be aware that people should not feel that they are going against their culture and tradition. However, some strategic actions and approaches are required to contribute in eliminating the practice from the society. Some of the recommended approaches, strategies and actions are as follows:

#### Recommendation for National Level Government and Concerned Ministries & Departments

- Develop and initiation for implementation of "National Action Plan for Chhaupadi Elimination" based on the national policy, provision and guideline.
- Conduct action research on 'Chhaupadi Practice', and categorize the prioritized districts where the special interventions and actions are needed to eliminate such practice.
- Facilitate to incorporate Chhaupadi elimination related interventions and actions in Local government's priority and plan in Chhaupadi practice districts, municipalities and rural-municipalities.

- The Ministry of Women and/or women commission (or other concerned departments) should facilitate to integrate the development interventions to contribute on better livelihood of women and girls. The integrated approach of development should be linked with assuring better health services, education facilities, empowerment of women, and institutional development of local women organization.
- National government (especially the ministry of women) should monitor the trend of practicing the Chhaupadi; and facilitate with other departments for corrective as well as preventive measures.
- Sensitization of the new local government on their roles and mandates for rights of women and girls.

### Recommendation for Local Government

- Assess the real status of practicing the Chhaupadi behaviour in the territory of local government; and based on the finding, it is recommended to develop special actions or interventions by joining hands with other local institutions.
- The local government is responsible to ensure the basic health services for women and girls from the local health institutions. Hence, the local health facilities and their services should be maintained properly for targeting women and girls.
- The local government can join hands with social institutions, I/NGOs, CBOs, and other development actors to work jointly on eliminating the chhaupadi practice in the territory. Hence, the local government can facilitate to initiate jointly actions/interventions in such aspects.
- Declaration of "Chhaupadi Free Community" is also practiced in some districts. However, some evidences of **returning back to Chhau-hut/Cow-shed** are seen in those community. In such aspects, the local government should not only facilitate for declaring the "Chhaupadi Free Community" but also monitor the behaviours and practice of local people by mobilizing the local level structures and formal & informal mechanism.

### Recommendation for Local Health Institution

- Share the better practices of menstruation hygiene among women, girls and their family members.
- Health related problems during the menstruation is generic experience of women and girls. However, there are evidences of not having health check-up at such period.

Hence, It is recommended to provide basic health education to encourage their behaviours to receive health service at the time of menstruation.

- Food habits during the menstruation period is still in-convincing in the research areas. Hence, women/girls as well as their family members should be aware on proper consumption of foods including milk/milk-products at the time of menstruation. For this purpose, special facilitation and/or joint-interaction on food consumptions behaviour can be promoted in community level with the involvement of women, girls, family members and local leaders.

### Recommendation for Development Organization working on Chhaupadi Elimination

- Conduct Open Defecation Campaign (ODF) and Post-ODF intervention in rural communities to ensure the use of toilet at home and local institutions. Similarly, the family members as well as the women should be aware on using family toilets at the time of menstruation.
- It was found that there are some evidences of preparing home-made sanitary pad by some girls in the research areas. Such practice can be boost up in all communities. The proper use of sanitation pad by all female at their menstruation will keep them sanitized and healthy. Similarly, some demonstration events of proper disposal of sanitation-pad is recommended to be conducted in the community.
- A large group of female are in isolation when they stay in separate place. Such incidents are critically affecting the psychological behaviours of women and girls. Hence, special campaigns are needed to conduct in the community to aware the women, girls, family members as well as other local actors to accept the practice of staying inside in the house at the time of menstruation.
- Some evidences of returning back to Chhau-hut/Cow-shed are seen in the community. Some female who used to stay inside their houses are now returning back to stay in separate place (such as Chhau-hut/Cow-shed). It is mainly because of the pressure of family members and neighbours. Hence, special campaigns are needed to organize in such cases. Similarly, the practice of staying inside of house at the time of menstruation (as a role model of women/girls) can be shared as a case story in public awareness programs.
- Lobbying and advocacy to hold accountable of the concerned state authorities, local government, local committee on planning and implementation of "Chhaupadi Elimination Program"

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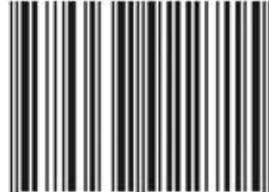
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