

UNDERSTANDING THE CONNECTIONS BETWEEN MENSTRUAL HEALTH AND REPRODUCTIVE HEALTH IN NEPAL

Report made possible by the Share-Net International Small Grants Fund 2018 granted to PSI-Europe

Menstruation and its relationship to the social roles that girls and women are expected to play in Nepal is deeply enmeshed in a foundation of beliefs (most of them inaccurate) about the significance of menstrual blood (bad blood) and the importance of women's fertility to society.

These beliefs have been passed down through generations and manifest themselves in a number of restrictions that are imposed upon females when menstruating. Physically, these restrictions require seclusion and isolation from family and limit what girls and women can do and eat. As a result, girls and women often put themselves at risk for infection and other forms of sickness due to these deprivations.

MENSTRUATION AND GENDER INEQUALITY

Because of these harsh conducts that females are expected to follow during menstruation, they develop a sense of inferiority, an unhealthy relationship to their bodies, and an overbearing sense of responsibility for maintaining the health of their families and society. The impacts in girls' lives is quite high, resulting in absenteeism at school, long periods in isolation, and forced absenteeism from important cultural events.

The key influencers' study explored the knowledge, socio-cultural practices, and prevalent beliefs about MHM in Nepal through the investigation of the role of key influencers (KIs) in maintaining or challenging existing beliefs about MHM. Key influencers were comprised of a vast group, including mothers, teachers, religious leaders, faith healers, traditional healers, social workers and health service providers.

MENSTRUATION AND HEALTH

Many key influencers cited menstruation as an important female health indicator. Some understand menstruation as a compulsive health process called the "circle of creation" that necessarily occurs each month as a sign of good health. If menstruation arrives irregularly for two months or more, it is interpreted as "poor health." Similarly, other communities described prolonged menstrual bleeding as a "health problem." Generally key influencers seem to interpret menstruation as an important sign for understanding when a woman can or cannot become pregnant.

In a number of districts, female respondents mentioned that the symptoms of menstruation are clearly visible by observing the pale, soft, and dry face of menstruating women. They further mentioned that adolescents suffer from abdominal pain, headache, chest pain and loss of appetite. Respondents explained that due to the heavy blood flow, the bodies of those menstruating become weak, and one can then notice the changes in their daily activities.

KIs mentioned that adolescents' manifest different symptoms of menstruation like stomach cramps, lower abdominal pain, lethargic feelings, and a resistance to performing household work.

In the Maithili Brahmin community of Mahottari, KIs mentioned that adolescent girls who are menstruating do not look confident and feel irritated due to menstrual pain. They do not like doing anything either. Some of the adolescents develop a bad odor during menstruation. When menstruating, adolescent girls do not eat and

touch pickles. They do not participate in any religious activities or fast. They don't wear makeup or jewelry. They do not put *tika* on the forehead or *sindoor* (Vermilion).

MENSTRUAL RESTRICTIONS

Others focus on the “uselessness” of menstrual blood because it represents a failure to hold seed and reproduce. Likewise, in Rautahat they believe that on the one hand, menstruation is a “gift of god” and life becomes difficult without it, but on the other hand, they consider the female's body as defiled during menstruation.

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

In Bhaktapur people have attempted to re-frame the negative aspects of MHM restrictions by describing it as a holiday for females or good for women's health. A male respondent told us, “... *It is an incubation time. If restrictions are followed, females are able to rest*” to justify the gendered social order, men re-define menstrual restrictions as a “holiday” for women and adolescent girls.

Societal pressures to maintain these MHM restrictions become even more potent when menstruating females internalize this blame and begin to practice self-exclusion. Believing the mythical interpretations of menstruation and internalizing the concept of having an “impure body,” menstruating females become fearful that the gods might bring misfortunes onto them or their families.

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

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

MENSTRUATION AND FERTILITY

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

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

If a female fails to menstruate, she is regarded as infertile, which then justifies further stigmatization. One of the key influencers from Rautahat told us,

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

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

In Rautahat and Mahottari, Brahmin women and adolescent girls described protecting their used cloths during menstruation. A few respondents said witches would use stained cloths of unwed girls and make them infertile.

MENSTRUATION AS A BARRIER TO DAILY LIFE

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

School attendance is greatly impacted by the beliefs and restrictions surrounding menstruation. In some districts, parents do not allow their daughters to go to school during menstruation; instead, parents insist daughters take rest at home. The lack of separate facilities for girls and access to MHM and menstrual products also contributes to high rates of absenteeism for adolescent girls. Where pads are sometimes available in school, adolescent girls feel too shy to ask for those pads, especially if there are only male teachers at a school.

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

People commonly believe one should not throw used pads in the field because people with evil eyes can search for those pads and use them to influence the fertility of the disposer.

In general, we noted that KIs describe menstruation in terms of purity and pollution, good (fertility) and bad (barrenness and contamination). Colloquial phrases like "flowers of the womb" and the equating of menstrual blood with sin send mixed messages to adolescent girls at a time in their lives that is fraught with physical and psychological uncertainty and change.

REFERENCES:

Ghimire, S., Tamang, L., Gurung, Y., Basnet, M., Tamang S., Poudel R., Poudel, M., Rothchild, J., Butler, C., and Sherpa, LY. (2017). *Key Influencers' Study on Menstrual Health and Hygiene Management in Nepal*. Population Services International: Kathmandu and