

## Extended Abstract

# Banning chhaupadi: Policy effectiveness and the impact of menstrual taboos in Nepal

## Background

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Menstruation in Nepal is surrounded by myths, restrictions and taboos, despite being a normal physiological process. The most severe of these restrictions is *chhaupadi*, which is the practice of being secluded away from the house for five days every menstrual period; this means sleeping in a hut or cow shed or even outside for 5 days every month. Following a series of *chhaupadi* related deaths, enforcing this practice was made illegal in August 2018 and is theoretically punishable by a fine or imprisonment. In reality no convictions have been made and the extent to which people in the mid- and far-West of the country, where it is most common, know about the ban is unclear.

## Methodology

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Research was conducted in Dailekh district, Karnali Province, April 2019.

We collected quantitative data from 400 adolescent girls aged 14-19. To obtain a more nuanced understanding of the issues surrounding menstruation in the area we also conducted 8 focus group discussions, 4 with adolescent girls and 4 with adult women aged 25-45 years old. 35 adolescent girls and 36 adult women participated in the FGDs.

The study protocol was approved by the Nepal Health Research Council and the University of Bath Social Science Research Ethics Committee.

## Key Findings

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### *Common menstrual restrictions*

**77% of girls who had started menstruating reported that they practiced *chhaupadi***, while a further 9% said they did not practice *chhaupadi* but could not sleep in their own bed during menstruation. 93% of girls reported feeling scared/anxious or bad about practicing *chhaupadi*.

24 girls were not only obliged to sleep outside their home, but could also not enter any part of their home or yard for the full five days. One girl was not even allowed to look at anyone.

Restriction	% of post menarche girls following restriction	% who would still follow restriction if not obligated by others
Chhaupadi	77%	18%
Attend temple	95%	67%
Touch male family members	64%	23%
Touch any adult	67%	24%
Cook or enter kitchen	90%	31%
Eat or drink dairy	76%	17%
Sleep in own bed	78%	17%

The majority of women and girls do not like following traditional menstrual restrictions and this was expressed across all FGDs. When asked directly about how they feel about the exclusions they face during menstruation, women and girls routinely expressed dismay that they had to undergo such practices and a desire that this did not have to happen. They repeatedly discussed **fears about the dangers of animals, or the potential of being attacked**, whilst sleeping outside the family home; they also expressed strong worries over what might happen to family members or themselves (especially in terms of potential illness) if they did not follow *chhaupadi* properly. **Chhaupadi induces fear, stress and anxiety** across the menstruating women of these FGDs – this **impact on their sense of security and mental health** is clear. Participants also drew attention to health issues beyond the obvious problems with lack of access to sanitation, such as dietary restrictions.

**FGD 7 (adolescent girls):**

*P8: Girls feel heart-broken when they are asked to follow these practices. They wish that they were born as a boy and reproach for being born like this.*

*P7: They feel disgusted. They think that it would have been a lot easier if they were born a boy.*

**FGD 7 (adolescent girls):**

*P3: Some girls are even scared that they might get raped and killed while staying outside. We hear news where girls die due to snakebites while sleeping outside their homes during their menstrual period. Not many changes have been there to facilitate girls.*

**FGD 1 (adolescent girls):**

*P4: We feel dehydrated during the summer time and cannot get adequate water to drink.*

**FGD 2 (adult women):**

*P5: We cannot touch food and eat the limited food given to us. We cannot eat more and therefore have to stay hungry.*

### **Lack of effectiveness of chhaupadi criminalisation**

**60% of survey respondents knew that chhaupadi was illegal. Girls who knew about the law were just as likely to practice chhaupadi as those who did not know it was illegal.**

**Overall 45% of girls thought that the law would stop people practicing chhaupadi; however, girls who knew chhaupadi was illegal were significantly less likely to think that this would change the practice.**

Of those who practice chhaupadi only 18% think that women and girls should do so. Interestingly, 7% of girls who don't practice it think that they should.

The FGDs also demonstrated **mixed awareness as to the legal status of chhaupadi**. Some participants were not aware that the practice is illegal. However, most were aware, having learned from sources such as the radio or from visitors to their village. Those who were unaware of the law often expressed the hope that if chhaupadi were made illegal, the practice would end. However, those who were aware of the law stated that it had not changed the situation in practice, in most cases due to elders reinforcing the practice.

**FGD 4 (adult women):**

*P6: The law tells you to go stay inside but the God/deity won't agree to it. They tell you to stay out so what can we do about the law?*

**FGD 8 (adult women):**

*M: Are people aware that the Chhaupadi is illegal?*

*P1: Yes, people know that it is illegal but they say that we should follow our tradition. Our community has not yet understood and they follow the ongoing tradition rather than the law.*

*P2: People act like they do not know about it.*

*P6: They know but act like they have not understood it.*

### **Key Social Influencers**

**The role of elders within the community** – Women and girls routinely stressed the role that elders, both within their own family and the community at large, played in reinforcing practices around menstruation. They also often related this to a lack of education, feeling that a lack of education tended to result in stronger adherence to taboos and restrictive practices around menstruation.

**FGD 1(adolescent girls)**

*P1: We have to agree to what our elders have said. Even if we know that menstruation is a normal event, we have to stay quiet and pretend as if we don't know about it. We have to adjust to the setting that is prevailed here...I think one of the biggest drawbacks is that even the educated people are not able to convince the older generation. Educated people also might have been accepting and getting adjusted to it and this might be one reason as well. Even educated people might have grown up in such settings and therefore might not have considered this to be a blind faith and orthodox traditional malpractices. Due to these reasons, such practices are not going away.*

**The role of traditional healers within the community** – Women and girls also frequently stressed the role that traditional healers had in encouraging and maintaining strict boundaries around menstruation.

**FGD 2 (adult women):**

*M: Why do priests and traditional healers say all these things?*

*P2: If they ever become ill, they say that it happened because of menstruating women touched them. They become ill and blame others for their illness. (Everyone laughed)*

*P6: They say that other people will also become ill because god has become angry.*

*P8: Mostly traditional healers and priests cannot tolerate when women don't follow prohibitions during menstruation.*

**FGD 3 (adolescent girls):**

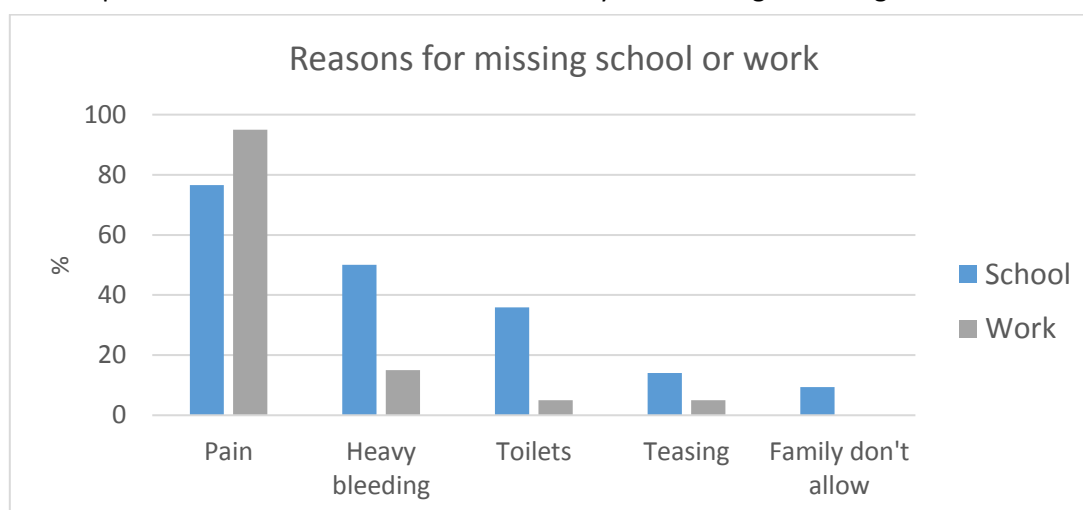
*P8: No matter how educated you are, if member of your family is a traditional healer you are asked to follow these rules strictly.*

**Impact on School and work**

32% of girls who worked had missed work in the last month due to their period.

27% of girls in school had missed school in the last 12 months due to their period.

Missing school or work was most commonly due to period pain, with 95% reporting this as a reason for having missed work and 77% reporting it as a reason for missing school. Common reasons for missing school were also heavy bleeding/fear of leaking (50%) and inadequate toilet facilities (36%). Only 9% of those who missed school reported that this was a result of their family not allowing them to go.



**Mental health**

Practicing *chhaupadi* is associated with higher likelihood of depression. In fact girls who practiced *chhaupadi* were around 80% more likely to be experiencing depression according to the Nepali Depression Self Rating Scale.

**Prospects for change**

96% of girls surveyed thought that there was a need to remove or change some menstrual practices. We asked them what they would like to be done. The majority of girls wanted community and religious leaders to raise awareness of the issue and discard practices of untouchability and *chhaupadi*.

In school, girls suggested that teachers should involve parents and the community in teaching about menstruation. They also wanted proper toilet facilities with water and good privacy as well as sanitary pads to be freely provided.

Health workers, especially Female Community Health Volunteers (FCHVs), were also seen as a good potential source of community awareness campaigns. Girls also said that they would like them to distribute pads and provide medicines if needed. Given the high prevalence of missing school and work due to period pain, provision of pain killers would be a cheap and potentially effective intervention.

The Government were also seen as key in terms of driving community awareness about the *chhaupadi* law. Girls suggested that implementation of the law should be strict with punishment enforced.

In the FGDs, education was consistently identified as the primary reason for changes to MHM practices. However, there is clearly a gap between what girls learn as the best course of action at school, and what they are able to put into practice at home. There was variation in how satisfied participants in different wards were with local services, such as Female Community Health Volunteers (FCHVs) and health posts.

**FGD7 (adolescent girls):**

*P8: Most people rely on FCHVs when they face a certain issue and it is mandatory that FCHVs have complete information. However, the FCHVs here do not even know how to sign. We cannot expect that such unskilled service providers are capable to teach others.*

*P3: The FCHVs do not inform about awareness programs and adolescent girls are not involved in the health-related programs launched here.*

*P7: Neither the FCHVs nor health workforce from health post has complete knowledge. Such unskilled professionals will not be able to teach others wisely.*

**FGD8 (adult women):**

*M: So, girls are satisfied with the information obtained [from FCHVs and the health post]?*

*P1: It depends on whether girls have understood the information or not. The girls might be satisfied in terms of gaining information but they are not able to use this information to bring behavioural changes in their family. So, adolescent girls get angry with their families when they see no change in their family. We say that adolescent girls today do not have to face the hardship we did. They are educated and have access to information through radio as well as televisions. However, when we think about it practically, they do not have many facilities as our tradition is still deeply rooted.*

## Conclusions

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Beyond the substantial **technical problems** that women and girls face in terms of menstruation (the lack of adequate water and sanitary facilities, and the means to dispose of sanitary materials being key), *chhaupadi* is also clearly deeply embedded in the **social context** in which these women/girls exist – i.e. poverty and the inability to buy pads; geography and the distance/inaccessibility of schools/markets etc./patriarchal families and societies where are answerable to male family members/older family and community members/religion and the role of traditional healers. As a result of these **multiple and intersecting forms of inequality**, there is no quick fix to ‘dealing’ with the issue of *chhaupadi*. Any potential policy solutions have to take this into consideration – *chhaupadi* is **clearly a multi-dimensional issue which has to be tackled from different angles**.