Letter from Field

**Not just a girl problem: ensuring the rights of adolescent girls through community-wide approach to menstrual hygiene management in Nepal**

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**INTRODUCTION TO GOOD NEIGHBERS**

Good Neighbors International (GNI) is an international humanitarian development non-governmental organization founded in Korea in 1991 with the mission to make the world a place without hunger, where people live together in harmony. For the last 28 years, GNI has been focusing on protecting the rights of children in 36 countries in Asia, Africa and Latin America and the Caribbean, with the support of 7 Support Country Offices and 4 Global Offices. GNI is committed to community development projects to create a safe and healthy environment for children to grow up in. Children are ensured to the right to receive quality education, access to equitable healthcare, safe drinking water, and sustainable means of income generation for their families (Fig. 1). All of this, however, cannot be achieved by Good Neighbors alone. GNI ensures that strong community partnership and network is built so that members of the local communities are involved in the decision-making processes (Fig. 2).

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**Fig. 1. Advocacy campaign against early marriage through the mobilization of “Good Sisters,” school-based girls’ club in Malawi.**

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In Nepal, GNI Nepal has been working closely with the government since 2002 with the objective of improving lives of people of the lowest socio-economic status and children through education, income generating activities, provision of health and water, sanitation, and hygiene (WASH) related facilities and services, child protection, disaster risk reduction, advocacy, and network building. Currently, GNI Nepal operates in 20 districts.

MENSTRUAL HYGIENE MANAGEMENT (MHM) IN NEPAL

Many women and adolescent girls in Nepal have been facing discrimination and challenges regarding MHM.1 Menstruation is commonly known as *Chau* in the Western parts of Nepal, which literally means “menstruation,” and *Chhaupadi* is a traditional practice that restricts women and girls from eating certain food (such as dairy, pickled produce, fruit, and meat), attending social and religious activities, being in public places (like schools), and interacting with family members (mainly with males) during menstruation. In some cases, they are not even allowed to use the toilet or touch drinking water shared by the family. Women and girls are often required to leave their homes and live in *Chhau Goth* (also known as *Chhaupadi* huts) or animal sheds. These forms of accommodation are not only uncomfortable, but also unhygienic and dangerous (Fig. 3).

![Community Development Committee meeting in Nepal.](https://e-jghs.org)

![Chhaupadi Goth in Tribeni Municipality, Bajura district, Far-Western Mountain Region of Nepal. (A) GNI Nepal staff climbing on a ladder to enter the hut and (B) 2 members of the assessment team sitting in the hut, showing how limiting the space is inside.](https://e-jghs.org)
The Supreme Court of Nepal had declared Chhaupadi illegal in 2005, but women and girls are still forced to accept these practices, especially in the western parts of the country. This is due to strongly rooted belief in the Mid- and Far-Western Regions of the country that curses like illness in the family, death of livestock, drying up of wells will befall on the woman and her family if she does not follow the Chhaupadi practices.

Not only are there cultural practices that dictate what menstruating women can and cannot do, there is institutional discrimination that restrict women from access to information and means of practicing healthy and hygienic behaviors. Girls in Nepal learn about menstruation cycle in schools through sexual and reproductive health classes in years 6 to 9. However, what they learn in school and textbooks is not sufficient to help them feel prepared before reaching menarche. Most of all, girls do not have a safe, private space where they can wash up or change their sanitary napkin. The latrines in the schools lack locks on doors to ensure privacy and running water for washing up. Most importantly, the latrines are not gender-specific which may induce feelings of humiliation for not only girls, but also boys (Fig. 4). The girls live in constant fear of leakage or whether their peers would notice that they are, in fact, menstruating. In many cases, girls choose to go home if they start their period during school or to stay home for the duration of the menstruation.

This kind of discrimination among one of the most vulnerable population in Nepal, such as adolescent girls, has been neglected; although MHM requires multi-sectoral involvement, it has only been covered directly under the Ministry of Water Supply and Sanitation’s WASH plans. In other words, most policy documents do not prioritize MHM. That is one of the reasons GNI Nepal has taken on MHM as one of its priority projects.

**IMPORTANCE OF COMMUNITY-WIDE APPROACH**

In 2012, GNI Nepal began its work to ensure healthy life for adolescent girls through MHM projects and conducted its first 2-year pilot project in 2017 targeting Doti, which is a district located in Far-Western Region. The Western Regions of Nepal, including Far-Western Mountain and Mid-Western Mountain Regions have shown the highest prevalence of menstruation-related discrimination, according to the Multi-Indicator Cluster Survey Report of 2014.

To address menstruation issues of Nepal, GNI Nepal chose to take an inclusive approach because promoting MHM was not a matter that weighed solely on the knowledge, attitude,
and practices of women and girls. Rather, their behaviors were dependent on the society’s perception of menstruation. In other words, what the community as a whole thought mattered the most. In a recent (informal) interview with local community members of Bajura district conducted in July 2019, Far-Western Mountain Region, some women mentioned that they knew that Chhaupadi practices are restrictive and outdated; however, they cannot ignore the criticism they would receive if they did not adhere to the tradition. It was clear that MHM is not just problem of the women and girls. It was a community-wide issue and should be treated as a socio-cultural issue.

GOOD NEIGHBORS NEPAL PROJECT MODEL

Through the experiences working with the community to promote MHM for adolescent girls and the Doti pilot project, GNI Nepal learned new lessons. Not only was it effective to provide education on menstrual hygiene knowledge and practices for the girls, but also focusing on changing the perception of teachers, parents, health workers (both medical personnel and community-based non-medical health workers such as the Female Community Health Volunteers), local leaders, and “Traditional Healers” really made the difference. It is important to note that the “Traditional Healers” are not necessarily practitioners of traditional medicine, but male religious leaders who are the most advent enforcers of the Chhaupadi custom. In addition, the ‘software’ activities such as education and campaigns to raise awareness, had to be coupled with the ‘hardware,’ providing MHM-friendly toilets for girls in school.

GNI Nepal developed a project model with 4 major components: 1) construction of MHM and girl-friendly facility, 2) provision of menstrual hygiene services and material, 3) behavior change of adolescent girls, and 4) improvement of the community awareness (Table 1).

Table 1. Four components and activities of GNI Nepal’s MHM project model

| Components               | Activities                                                                 |
|--------------------------|-----------------------------------------------------------------------------|
| Facility                 | • Construction of MHM-friendly toilet in schools (Fig. 5)                    |
|                          |   - Privacy (doors with locks)                                              |
|                          |   - Running water                                                           |
|                          |   - Adequate lighting                                                        |
|                          |   - Disposal system for used sanitary napkins                                |
|                          |   - Improvement of school’s access to safe and clean running water           |
|                          |   - Mobilization of the S-WASH-CC to manage and maintain the facilities      |
| Services and material    | • Establishment of MHM Corner (safe space in school where girls can rest and access to sanitary napkins and means of pain management) |
|                          | • Provision of basic menstruation supplies in the form of MHM kits (disposable sanitary napkins for emergency, painkillers for menstrual cramps, etc.) |
| Behavior change          | • Provision of menstruation-related education for adolescent girls           |
|                          |   - Physiology of menstruation                                               |
|                          |   - Calculating menstrual cycle                                              |
|                          |   - How to use sanitary pad                                                  |
|                          |   - PMS                                                                      |
|                          |   - Basic information regarding AFS provided at the health posts             |
|                          |   - Training courses for making reusable sanitary pad (Fig. 6)              |
|                          | • Provision of basic MHM kits (including soaps, disposable sanitary napkin, etc.) |
| Community awareness      | • Community-wide campaigns                                                   |
|                          | • Provision of education for boys in school                                  |
|                          | • Provision of education for mothers through mobilization of FCHV            |
|                          | • Workshop/group meetings (especially targeting Traditional Healer)          |
|                          | • Change of perception of influential male leaders in the community to promote MHM and gain community’s support |

GNI = Good Neighbors International; MHM = menstrual hygiene management; S-WASH-CC = school water, sanitation, and hygiene coordinating committee; PMS = pre-menstrual syndrome; AFS = adolescent-friendly services; FCHV = Female Community Health Volunteers.
With the project model, GNI Nepal has integrated the MHM model under its WASH projects in Kaski, Myagdi, Parbat, Liliptur, and Kathmandu districts. Furthermore, full-fledged MHM projects are currently being implemented in Bardiya, Bajura, and Darchula districts of the Mid- and Far-Western Regions. GNI Nepal hopes that the projects in these new regions will also have positive results and experience changes in the attitude of the community.

**Case story**

“Previously, I skipped schools during menses and I dropped [my] classes to go home if I started my menses at school. However, now, I ask for sanitary pads from our teacher and use the newly constructed toilet to put on or change pads.”
- 8th grade student in Doti

“I felt shameful and had to drop classes when the boys made fun of me after looking at the blood stains in my bench. Furthermore, in the absence of toilet at schools, we had to walk to jungle to answer nature’s call. With the newly constructed MHM-friendly toilet at school, we feel so much at ease.”
- 9th grade student in Doti
CONCLUSION

According to a situation analysis conducted in the Bajura district of the Far-Western Mountain Region, it turns out that more than half (54%) the adolescent girls in the district were not allowed to share a space with their family members, eat certain type of food, and forbidden from certain daily chores (like entering the kitchen, using toilet, and touching water) because they were considered “unclean.” The 67% of the community members agreed that menstruation is unclean and girls who are menstruating should not attend school and stay in a separate space from their family members, especially from the boys and men. Only 28% of the girls had proper knowledge of menstruating, and 24% of the girls were changing their sanitary pads at least 3 times a day. These numbers were surprising even with the hopes of bringing change in Bajura with GNI Nepal’s MHM project.

An important question to ask at this point is, can there be change? Can deeply rooted cultural practice such as Chhaupadi be eliminated? The simple answer is, yes. The more realistic and complicated answer is, that really depends on how we promote the change. According to an informal interview conducted in July, 2019 in Bajura, approximately 10 years ago, all the women and girls were forced to live in the Chhaupadi Goth located in the fields, mountainside, or forests during their menstruation; there was no room for compromise. However, families have become flexible about the practices, and built separate rooms inside their houses for the women to stay in. The discrimination is still present, but there was no doubt that cultural tradition was on a momentum of change.

GNI and GNI Nepal believe that the change may be slow, especially if our projects need the participation of all members of the community. However, the most significant and sustainable outcome will be produced when the communities (and their members) identify the problem and understand its consequences, agree to the need of change, and establish an action plan to bring about that change. Everyone, not just the girls or women, must be involved because Chhaupdai and the inequity that it represents is everywhere. It is not just a girl problem. It’s everyone’s problem.

REFERENCES

1. Karki KB, Poudel PC, Rothchild J, Pope H, Bobin NC, Gurung Y, et al. 2017 Scoping Review and Preliminary Mapping: Menstrual Health and Hygiene Management in Nepal. Washington, D.C.: Maverick Collective; 2017.