CHAPTER I

INTRODUCTION

1.1 Background of the study

The World Health Organization (WHO) defines adolescence as “the phase between childhood and adulthood, from ages 10 to 19.” (*Adolescent Health*, n.d.) One of the most important events in the life of an adolescent girl is the onset of menstruation.

Menstruation is both a biological event and a cultural one. For many women, menstruation creates a paradox whereby there is joy in the ability to reproduce and the shame of living in a society that considers it taboo. Oftentimes, how a society deals with menstruation is representative of how it views its women. (Kissling, 2022) For centuries, patriarchal narratives about the female reproductive body have led to the relegation of women to the lower end of the sex hierarchy. Women have been conditioned to believe that the female body is “abnormal”, an opposition to the supposedly “normal” male form. Menstruating women, in turn, are socialised to believe that menstrual blood is dirty and must be concealed. Further, they are defined as erratic, emotional, and unreliable. In other words, women are positioned in opposition to the emotionally intelligent male – a slave to their hormones and controlled by their biology. (Gesselleen, 2013)

Different societies have different definitions of menstruation and as such, distinct rules and regulations. In some cases, it is seen as positive and is welcomed by women as a time for rest and reunion with other women. In others, menarche signifies the readiness for sexual activity and marriage. Therefore, its onset often brings expectations for how young girls and boys are meant to interact with one another. (Mohamed et al., 2018)

Individuals do not experience the body in a socio-cultural vacuum. The varying interpretations of menstruation cannot be understood outside the social and historical context in

which one lives. (Gesselleen, 2013) Thereby, the more we understand the biological and social significance of the menstrual cycle for both men and women, the better we can understand the fundamental arrangements of human society. (*The Menstrual Cycle: A Feminist Lifespan Perspective*, 2016)

The idea of menstruation as taboo can be traced as far as Ancient Greece. Aristotle, for instance, believed that women were biologically inferior to men since they only provided a space for the baby to grow during the reproductive process while it was men that provided the seed. Likewise, Hippocrates only considered the variations between the sexes to be important as they dictated what treatment was required for illnesses. Menstruation was considered a process that got rid of the "excess" of the female body, establishing that it is, by definition, something impure and dirty. (Valentine, 2020) This idea of menstruation as dirty and impure later found its way into Ancient Rome and eventually, other societies.

Roman author, philosopher and naturalist Pliny the Elder described primitive beliefs related to menstrual blood in his book *Natural History: A Selection*. He has pointed out that wine turning sour, crops going barren, seeds getting dried, fruits falling off tree and dogs going mad were some of the many consequences believed to have been caused by menstrual blood.

The idea of menstruation being impure was reiterated time and again in history. In the 1950s, George and Olive Smith, specialists in reproductive diseases, conducted an experiment at Harvard University where they took samples of menstrual blood and injected them into animals. When the animals died, they took this as evidence that there must be a toxic substance in menstrual blood and thus. They coined the term "menotoxins" to describe this supposed phenomenon. The idea of "menotoxins" remained in scientific research for the next two decades as it wasn't until the 1970s the study was disproved by Polish gynaecologist Bernhard Zondek.

He repeated the experiment by mixing antibiotics with menstrual blood before giving it to the animals. The animals survived, which proved that it was not the toxins but rather the bacteria in the blood which killed them. Until the end of the 1970s, the issue of "menotoxins" was raised several times before being completely disproved. Regardless, the notion of menstruation being a biologically impure process was introduced and is still echoed through the numerous menstrual restrictions in existence. (*'Menotoxins' in a History of Periods: Impurity or Superstition?,* 2021)

Varying perspectives about menstruation have evolved over the decades, with different societies developing their own separate definitions and rituals regarding menstruation. In Nepal, menstruation equals ritual impurity and menstruating women are required to practice isolation. Among the many restrictions that they must adhere to, women are forbidden to touch anyone else - especially men who have completed the Hindu initiation ritual called the *Bratabanda*, are believed to cause pickles to go bad or crops and plants to die. In the Far West of the country, menstruating women are sent to live in isolation huts in a practice called *Chhaupadi pratha*. Although *Chhaupadi* is the most severe of all such restrictions, its various forms are present throughout Nepal and around the world. In an interview with Kantipur TV HD, writer RadhaPoudel said:

> "From my experience, I can say that *Chhaupadi* exists wherever there are Nepalis. If someone says that *Chhaupadi* exists only in western Nepal, they are adding one more tag of discrimination. (…) In my experience, there are more than 40 types of restrictions: related to food, touch and movement. These are followed by people in western Nepal, in Kathmandu, the US and the UK because people consider it a part of their culture." (*Chhaupadi exists where Nepali exists, says RadhaPaudel*, 2018)

Cultural beliefs about menstruation and by extension, sexual and reproductive health translate well beyond the home and into many other aspects of social life: including education and policy implementation.

Several conventions on sexual and reproductive health have been organized in Nepal. The country was one of the signatories of the 1994 United Nations International Conference for Population and Development (ICPD) as a result of which sexuality education was launched between 2002 AD and 2006 AD with the support of the United Nations Population Fund (UNFPA) as a part of the national curriculum. However, since the topic of reproductive health education is considered taboo, teachers tasked with providing Comprehensive Sexuality Education (CSE) in schools face several challenges while teaching, such as embarrassment and discomfort. To add to this, there is also a lack of availability of adequate teaching materials and an insufficient curriculum. Further, no known studies on strategies of teaching methods for reproductive health education have been carried out in Nepal. (Pokharel&Adhikari, 2021)

A lack of holistic CSE has put adolescents in Nepal at risk of practising unsafe sexual behaviours which leads to negative health outcomes. As most of the information they receive about menstruation and other related processes is from unreliable sources or cultural narratives, they are further exposed to misinformation and risky health behaviours. A lack of discussion on these issues, both within the classroom and in public discourse, means that youths are not being provided with the opportunity to clear their doubts and form a better-informed perspective on such sensitive issues. This also means that they are more likely to adopt culturally accepted definitions and rituals related to menstruation, thus solidifying the longevity of such discriminatory practices from one generation to the next.

1.2 Statement of the problem

Most existing studies on menstrual taboos and restrictions in Nepal center on the *Chhaupadi Pratha.* Although superstitions about menstruation exist in both rural and urban settings, the latter is often overlooked in the discourse. A lack of research in urban settings has led to a large gap in the data and knowledge about exclusion practices in a significant section of the population and the reason why they are still prevalent to this day. Menstrual restrictions in urban areas are often covert and rarely discussed, making them more difficult to eradicate.

It is also essential to point out that limited literature has focused on the perspective of young girls on this issue. As a generation with more access to information than ever before, it could have been expected that traditional notions about menstruation would not hold up among the youth. Although studies have shown a shift in perception, taboos continue to be justified through the idea of cultural preservation and in places where change is observed, it is often steady.

The cultural ramifications of menstrual shame translate both into social life and the classroom. Educators who should be teaching adolescent students about the reproductive process and safe sexual practices often feel shy and awkward discussing these topics openly. This leads to further stigmatization of the issue and the risk of misinformation. Moreover, menstrual taboos work to justify biological essentialism, isolate populations, maintain a hierarchy between the sexes and advance patriarchal ideologies. It is important, thereby, to conduct a comprehensive study on menstrual restrictions to understand women’s positions in society and the means to improve them.

1.3 Research questions

This research is guided by the following research questions:

i. What are the experiences of menstruation among adolescent school girls?
ii. What are the prevailing menstrual restrictions among adolescent school girls?
iii. Why do adolescent girls continue to adhere to exclusion practices?
iv. What influence does sexual and CSE have on decoding menstrual taboos?

1.4 Objectives of the study

The objectives of this thesis are as follows:

i. To assess the knowledge about and experiences of menstruation among adolescent school girls.
ii. To outline the menstrual restrictions prevalent among adolescent school girls.
iii. To determine the reasons behind the existence of menstrual restrictions.
iv. To illustrate the importance of CSE in eliminating exclusion practices.

1.5 Rationale of the study

The purpose of this mixed methods study is to determine the perceptions and practices of menstrual taboos among adolescent girls and why they are still in existence. This study will find a gap in the literature within the study of exclusion practices in Nepal by investigating the menstrual practices in a metropolitan area thereby, adding to the body of knowledge. Furthermore, this study will provide insight into the possibility of menstrual taboos being continued in the future as well. The literature highlights the history of taboos and the various forms of menstrual restrictions across cultures.

The following section will give an overview of the chapters presented in the thesis.

1.6 Organization of the study

Chapter 2: Literature review

This chapter focuses on the literature relevant to this study. It traces the history of taboos, the development of the hierarchical relationships between the sexes, the various menstrual restrictions prevalent across cultures and the changing status of exclusion practices in society. This chapter also presents the theoretical framework underpinning the study.

Chapter 3: Research Methodology

This chapter encompasses the mixed methodology utilized in the study, with a focus on the ethical considerations, the sequential exploratory design, the sampling methods, and the data collection tools which include a questionnaire and a focus group discussion (FGD) along with secondary sources, the pilot study procedure and the data analysis process.

Chapter 4: Presentation and interpretation of the data

The quantitative data of the study were analyzed with IMB Statistical Package for the Social Sciences (SPSS) 20. This informed the guiding questions of the qualitative phase which was gathered through an FGD. The responses from the FGD are presented in verbatim in relation to the results of the quantitative phase.

Chapter 5: Discussion: Perception and practices of menstrual taboos

The answer of the research questions and objectives are presented in this chapter, with the major findings of the study being discussed in relation to the literature as well as the theoretical framework.

Chapter 6: Conclusion

This chapter concludes and summarizes the main findings of the study. An outline of the limitations of the study as well as recommendations for further research is also posited.

CHAPTER II

LITERATURE REVIEW

2.1 The birth and history of menstrual taboos

Menstruation is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. The term comes from “mensis”, meaning month which in turn, relates to the Greek “mene” meaning moon. This is also why menstruation is often referred to as “period”. In some cultures, it is believed that a woman’s menstrual cycle is related to the moon. This is probably because both the lunar cycle (29.5 days) and the menstrual cycle (28 days on average) have a similar duration. The first menstrual cycle, menarche, usually begins between 12 and 15 years of age, but menstruation starting as young as 8 years would still be considered normal. (*Menstruation*, n.d.)

The experience of menstruation is unique to every woman. It is affected by their biological, psychological, environmental and social conditions. Each social group maintains an interpretation of menstruation. (Sanchez et al., 2012) The Society of Menstrual Research defines menstruation as, “one of the most important differences between females and males, one that has been used in many contexts to justify discrimination against women and girls.” (Webster, 2017)

Indeed, there is no denying that menstruation is as much of a social phenomenon as it is a biological one. Therefore, menstrual restrictions and taboos are dictated by religious and communal beliefs. Often, this is a sensitive topic to tread on since challenging menstrual rituals is considered taboo in itself.

Perhaps one of the most prominent examples of this is that of the Sabarimala Temple in Kerala. Women of menstruating age are not permitted into the temple as it is believed that the temple’s deity, Lord Ayyappa, is celibate. After 12 years of litigation and protests, the ban was

lifted on September 28, 2018. The Supreme Court of India declared the verdict with a 4 to 1 majority, stating that Sabarimala's selective ban on women was fundamentally discriminatory and infringed on women's rights to religious freedom. The only dissenting and only female judge on the panel, Justice Indu Malhotra, cautioned against legal interference in religious practices. Protests then broke out all over Kerala and other states in Southern India during which protestors assaulted women journalists, stole their camera equipment and damaged their vehicles. Other religious groups also showed support to ban women aged 10-50 from entering the temple. On January 2, 2019, at 3:45 AM, two women entered the temple through a back gate that was meant for staff members. This sparked further rage after which the temple's priests performed an hour-long purification ritual. (Thaivalappil, 2019) The issue of Sabarimala was reignited recently when a police handbook, provided to officers on duty, was banned for stating that everyone has access to the shrine. (*Sabarimala: Police Handbook Referencing Controversial SC Verdict Will Be Withdrawn, Says Minister*, 2022)

Sabarimala, therefore, has become a unique case study in understanding how religion and culture work to form and sustain seclusion rituals. However, this case comes as no surprise because menstrual practices have been in existence since the yesteryears. Therefore, the historical development of menstrual taboos should also be acknowledged.

The word "taboo" originates from Polynesia. When British navigator James Cook was exploring the Tonga islands in 1771, he discovered that there were many strange customs that the islanders referred to as "*tapu*", meaning "prohibited", "disallowed" or "forbidden". For instance, some islanders were barred from going to certain parts of the island while others were not. They believed that committing a taboo would lead to them being punished by supernatural forces. (Mengxun, 2020) Upon Cook's return to the UK, the term "taboo" was introduced into the

English vocabulary after which it gained widespread prominence. Ultimately, many taboos were introduced which eventually made their way into sociology, ethnology and anthropology.

Taboos are trans-cultural in nature and are generally represented along a continuum. (Montgomery, 1974) As aforementioned, the uneasiness and stigma surrounding menstruation vary across cultures. It is impossible to sum up the heterogeneity in the attitudes and customs regarding menstruation. Therefore, one way to develop a holistic understanding of menstrual taboos is to form a correlation between them and other social variables.

In the 1954 book *Symbolic Wounds*, Bruno Bettelheim used the study of an aboriginal tribal village's coming-of-age ritual to illustrate the concept of "vagina envy". In this initiation ritual, boys transform into men through a surgical procedure that marks the underside of the penis with a scar that resembles a woman's vulva. Men, therefore, metaphorically attempt to steal the woman's vagina. (Barna, 2021) This has been psychoanalytically interpreted as "vagina envy" or, jealousy taken by men concerning the sexual functions and organs of women. Men realise the link between menstruation and childbirth and feeling excluded, attempt to steal the procreative power of the female. Through this perspective, menstrual taboos are seen as manifestations of jealousy resulting from this exclusion. (Montgomery, 1974)

Indeed, it seems like many primitive restrictions served to insulate the male world of hunting from menstruating women, such as forbidding them to touch or look at weapons and animals of the hunt.

Maria Mies (1981) explored the origins of the hierarchical relationships in society with a particular focus on the asymmetric division of labour between men and women. She suggested that the first step to analyse the biases between the genders is to look at biological determinism or, the idea that "biology is destiny". After all, one of the consequences of the capitalist mode of

production is that the same bias can be seen in the concept of the sexual division of labour i.e. that “human labour” is carried out by men while women carry out “natural activity”. To reiterate, we can learn a lot about the formation of sex hierarchies if we look at history. By doing so, it can be seen that hunting and gathering societies were largely matriarchal, since women not only collected and consumed what grew in nature, but they made things grow. They shared this production primarily with their children. In this sense, women were also the inventors of the first social relationships.

Elizabeth Fisher explored how patriarchal relationships were established only after men had discovered their generative capacities. This went hand-in-hand with the invention of hunting weapons and the domestication and breeding of animals. Women’s productivity, thereby, was reduced to fertility which became appropriated and controlled by men. The rise of capitalism further reinforced and generalised the exploitative relationships between the sexes where sexual autonomy is closely connected with economic autonomy. As Mies put it,

> “Man-the-hunter is basically a parasite, not a producer.” (Mies, 1981)

Jackson and Falmagne (2013) postulated that a pervasive attitude towards menstruation has led to sustaining its long history of being taboo. Menarche not only establishes the reproductive potential of a young woman but also her new identity – that of a menstruating woman in a patriarchal society. Women are often encouraged to refrain from discussing menstruation openly. This deprives them of building connections with other women and leads them to develop an idea of menstruation being something shameful.

A body of cultural evolutionary research theorizes that the idea of menstrual blood being sacred was initially established by female alliances for their interests. An example of this can be drawn from a study by Anthropologist Wynne Maggi among the Kalash people of the Chitral

district in north-western Pakistan. The communal *"bashali"* (large menstrual houses) of this area serve as the village's most holy place and an all-female centre for gender solidarity. Similarly, a cross-cultural study conducted by Thomas Buckley and Alma Gottlieb shows that in some traditional societies, menstrual rituals are empowering and offer a safe space for women away from the male gaze and unwanted sexual and domestic pressures. (*Culture and Menstruation*, n.d.)

On the contrary, an assessment of major religious texts contains the narrative of menstruation as destructive, dirty and impure.

Halakha, the Jewish code of law, outlines strict rules for menstruating women. Physical contact between men and women is forbidden during menstruation and until a week. This time is known as the "*Niddah* period" after which the woman has to immerse herself in a purifying ritual bath. Similar to Judaism, Islam also prohibits sexual activity during menstruation according to the *Quran*. It has also been suggested that women are excused from daily prayers and fasting, touching the *Quran* or visiting the mosque during their periods. A ritual bath is also outlined in order to become "clean" again. (Bhartiya, 2013)

In Hinduism, early Vedic scriptures like the *Vedas* and *Upanishads* show profound respect for the female, who is referred to as the "Supreme Being" – the one from whom all originate. However, later Vedic texts or *Smritis*like *AangirasaSmriti*and *ApsthambaSmriti*mention strict regulations for menstruating women. According to these scriptures, the origin of menstrual blood is based on the myth of Lord Indra killing an ungendered being (which has later been transformed in some texts as killing a Brahman), a sin which is shared with him by women. (Pathak, 2019)

Manusmriti, an ancient legal text or "*dharmashastra*" (religious text) of Hinduism outlines several restrictions for menstrual women. The text outlines 12 impurities of the body, among which "blood" is also one. Brahmin men are instructed to avoid sharing a bed with, having intercourse with, eating food that has been touched by and having a conversation with menstruating women. It is also stated that avoiding a woman during her menstruation increases a man's wisdom and long life. Should a man come in contact with a menstruating woman, he is required to take a purifying bath. On closer inspection, it can be observed that these rules are directed towards maintaining the religious high status of Brahmin men. However, these regulations have become institutionalised. (Bobel et al., 2020)

Although Buddhism does not outline any prohibitions for women during menstruation, the influence of Hinduism can be observed in practices such as menstruating women not being allowed to walk around the stupa. Evidence of this can be observed in Thailand where women are believed to lose *Qi* or *Chi* i.e. their spiritual energy during menstruation. A woman on her period is also thought to attract ghosts and is thus, considered a threat to herself and others. Similarly, while Christianity does not dictate many rules for menstruating women, menstrual taboos have been considered a major reason why women are kept away from positions of authority in the Church. (Jalan et al., 2020) Certain Christian denominations such as the Eastern Orthodox Christian Church and the Russian Orthodox Church do not allow menstruating women to participate in sacraments and communions and may also make them live in seclusion huts. In a complete divergence from these practices, Guru Nanak, the founder of Sikhism, condemned the practice of treating menstruating women as impure. (Bhartiya, 2013)

After taking these points into account, it can be observed that narratives about women have been paradoxical throughout history. They are simultaneously perceived as less competent

than men and idealised as wives and mothers. The reproductive functions of women have become a symbol of both women's importance as primary caregivers and their supposed inferiority. Similarly, their bodies are also seen as objects of desire. (Roberts et al., 2002)

Tomi-Ann Roberts (2004) argued that women internalise feelings of shame about their bodies and become preoccupied with their physical appearance as a way of anticipating and controlling their treatment in the world. This has been termed "self-objectification". Using Objectification theory, she explored how women's negative attitudes about menstruation, such as shame and disgust, stemmed from pessimistic views about their bodies. In other words, women who are ashamed of their bodies are also ashamed of their menstrual cycles. Roberts also hypothesized that feminine hygiene practices, such as sanitising, deodorizing and hiding menstrual hygiene products lead to increased self-objectification.

The media plays a large role in the development of such attitudes among women, especially with regard to how they perceive menstruation. This is why menstrual advertisements are an effective means through which historical shifts in changing social attitudes can be analysed. Early advertisements weren't allowed to mention menstruation because of which euphemisms such as "on the rag" were used instead. The image of menstruating women changed considerably after the Second World War. However, this was short-lived since women were once again relegated to their domestic duties when the war ended. Thus, modern women found themselves in a contradictory situation: between being encouraged to participate in society and being asked to not speak about menstruation. According to Berg and Coutts (1993), the media creates ideals that women are expected to achieve – ideals which are often unattainable. This leaves women feeling unequal to the women in advertisements. After all, menstruating women

are considered unclean and polluting. So, the goal of menstrual hygiene products is to keep women dry, clean and fresh. (Carvalho, 1997)

To a large extent, sanitary pad commercials perpetuate impractical and incomplete information about menstruation. They promote secrecy through the use of allegorical images such as flowers and hearts, euphemisms, and the use of blue liquid instead of red or brown to show the product's absorption functions and hide its actual use. Due to this, most women believe that it is at least good manners, if not necessary, to hide evidence of menstruation in public. (Roberts et al., 2002)

Besides this, many are also not aware of what menstruation is in the first place. In the 2018 Academy Award-winning documentary "*Period. End of Sentence.*" residents of Harpur, India are asked whether they know what menstruation is and why it happened. A group of young boys are interviewed among which one responds:

"Yes, I've heard that it's an illness. It mostly affects ladies." (Zehtabchi, 2018, 2:10)

From the time of menarche, and the rituals and restrictions that come with it, menstruation comes alive socially. These are carried out throughout one's life. The constructed gendered meanings are a result of following taboos. (Kaundal& Thakur, 2014) To reiterate, every society dictates distinct ideas on how to manage menstruation.

An example of this can be drawn from MitooDas's study of the Simolta village in Assam. Menstruation is considered a state of impurity and is called "*suwa*" in Assamese. The adherence to menstrual taboos is referred to as "*niyampalankora*" or, "following the rules". Throughout the week of her periods, there are numerous taboos to be followed by a menstruating woman such as: not touching anything on the way to the washroom and sprinkling holy water after passing the route, staying limited in her bedroom, carrying her own chair if she needs to sit somewhere,

cleaning utensils separately, avoiding school if she is young, not wearing vermilion if she is married and sleeping separately to avoid transferring her impurity to her husband, avoiding touching plans, not entering the prayer room or performing any religious activities. There are many households where taboos are followed with discretion. However, there are households where taboos are practised according to convenience. Some households are ready to do away with taboos altogether but are afraid to break away from established societal norms and be called deviant. (Das, 2008)

Furthermore, throughout the course of history, menstruation has been perceived as a matter that only concerns women. Historians are increasingly becoming aware of how a study of menstrual beliefs, practices and superstitions and irrational fears can be crucial in our understanding of past societies. Doing so is essential to help us develop an understanding of the evolving position of women in society. (Crawford, 1981)

As discussed earlier, gender relations are deeply rooted in the struggle of the patriarchy to appropriate the procreative power of women. The labour of women, in the modern, patriarchal, capitalist state is reduced to currencies of masculine achievement. Ideologies of reproduction are, therefore, social facts. Here, the body is used as a model through which social order can be maintained. (Linke, 1992)

Menstrual restrictions exist around the world in varying customs. At their most extreme, they are materialised in the form of menstrual huts which represent a complete banishment from society. While many tribal and native societies are presumed to have some form of menstrual huts, the two most well-known cases are the Ethiopian *margam gojo* and the *Chhaupadi* system in Nepal.

According to Ethiopian tradition, a woman "that has blood" is an outcast who is required to stay in the traditional purification hut until her menstrual cycle is over. Although these huts, known as "*margam gojo*" (the curse hut) or "*mugat gojo*" (the blood hut) existed in the village, they were considered "outside" and were located in its margins. The family of the woman in menstrual exile left food outside the fence so that they would not come into contact with her and risk having to undergo purification. These huts are present in every Ethiopian village and are used during both menstruation and childbirth. Variations of this tradition can be seen among women immigrants from Ethiopia.

Having to adhere to the *margam* custom meant that there wouldn't be anyone available to take their place to tend to household chores. However, these women have accepted this as an integral part of the social norm and their Jewish identity. So, choosing to preserve this tradition in an alternative form has, in turn, empowered them. It has provided them with increased autonomy over their lives. (Cicurel&Sharaby, 2007)

In a similar tradition, menstruating women are banished to a makeshift hut or livestock shed in Nepal. This practice is prevalent in the Far-Western Development Region and some parts of the Mid-Western Region, particularly in the Achham, Bajura, Kailali, Doti and Bajhang districts. (Upadhyay, 2017) Menstrual exile in this region is known as "*Chhaupadi*" which is derived from two words: "*chhau*" meaning menstruation and "*padi*" meaning women. Like the *margam,* this practice is carried out during menstruation as well as childbirth. (Amatya et al., 2018)

The consequences of the *Chhaupadi* tradition have often proven to be life-threatening. There have been reports of women getting raped, assaulted, bitten by snakes or attacked by wild animals and developing health problems while staying in the menstrual hut. In addition to this,

young children or new-born babies who go into menstrual exile with their mothers are also equally at risk.

In a video by The Guardian, LaxmiRaut recounts losing her infant daughter while staying in the *chhau* shed. She said:

> "It was very cold in the cowshed. So we quickly got the flu and had constant body pain. She (my daughter) lived until the 18th day and then she died after she suddenly got the flu. After I lost my baby from staying in the cowshed, my views on *Chhaupadi* changed. I feel very sad thinking about it. Now I think we should stay at home during our periods." (*The menstruating Nepalese women confined to a cowshed*, 2016, 3:45)

Similarly, a 2013 video report by The New York Times presented an incident of the rape of a young girl while on menstrual exile in the *chhau* shed. The girl, who has been kept anonymous, got pregnant and was forced to drop out of school. She shares:

> "I am afraid of sleeping in the *goth.*But, sleeping in the *goth*is a requirement."

(*Women in Nepal are Exiled Each Month*, 2013, 1:49)

In 2019, a woman and her two sons asphyxiated after burning firewood to keep warm in the windowless menstrual shed. (Shah, 2019) In the same year, a report released by the National Human Rights Commission (NHRC) stated that there had been 18 reported cases of women dying in *chhau* sheds, with 13 deaths reported in Achham since 2005. (Rai, 2019)

However, even such cases have not proven to be enough to change the mind-set of many people who consider *Chhaupadi* to be an instinctive part of their culture and one that they have to adhere to. In a New York Times article, a local farmer from Turmakhand, Nepal was quoted about the consequences of this practice is being followed:

> "If a woman goes inside the family's home during her periods, three things will happen: a tiger will come, the house will catch on fire and the head of the house will get sick." (Gettleman, 2018)

As we have seen so far, menstrual practices differ in terms of religion, geographical region, caste, ethnicity and the like. Within Nepal, exclusion practices exist in many forms. In her study among the high-case Brahmins and Chhetri Hindus of rural Nepal, Lynn Bennett (1983) examines the norms and beliefs which operate within the kinship network. She describes the body as a vehicle through which both positive and negative feelings about women and their sexuality are expressed. Detailing the restriction put on menstruating women, Bennet writes:

> "A woman's menstrual period is when she is most blatantly sexual, and thus strict segregation for the first three days represents control imposed on the potentially unruly and destructive forces of female sexuality (…) Women cleanse their sexuality each month and direct it towards its legitimate end: the production of offspring to carry on the lineage." (p.218)

Menstrual exclusion has become a prominent issue in recent human rights discourse and within the feminist movement. Nepal has made various efforts to address menstrual taboos and the discriminatory practices that stem from it. (Subedi & Parker, 2021)

The Supreme Court (SC) of Nepal has introduced many initiatives regarding the elimination of menstrual restrictions and discriminatory practices. On May 1, 2004 AD, the *Chhaupadi pratha* was challenged through the case of Dil Bahadur Bishwokarma versus the then-His Majesty's Government. The verdict from this case turned out to be a landmark discussion which declared the practice as discriminatory and a violation of women's human rights. After this, the SC also issued directive orders to the Ministry of Health and Population

(MoHP) and the Ministry of Women, Children and Social Welfare (MoWCSW, currently known as the Ministry of Women, Children and Senior Citizens) for the conduction of in-depth studies and the formation of guidelines for the elimination of violence against women (VAW). (*Consideration of Reports Submitted by States Parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women*, 2009)

Chhaupadi pratha was banned in 2006 AD and criminalised in 2017 AD. In 2008, the MoWCSW implemented strategies for eliminating the practice through the *Chhaupadi Pratha* Elimination Drive. In 2010, the National Plan Against Gender-Based Violence in Nepal recognised *Chhaupadi pratha* as a form of VAW. In August 2017, with implementation beginning from August 2018, the Parliament of Nepal passed Criminal Code 2074 BS, which criminalized the practice with a fine of NRs. 300 (25 USD) and/or a three-month jail sentence for forcing any woman to live in the menstrual hut.

In a qualitative investigation conducted in the Kalikot district, Baumann et.al. (2021) concluded that both community members and law enforcement considered the criminalization of *Chhaupadi* a welcome step. However, change isn't anticipated to be immediate as long-term behaviour changes and intervention is required to eliminate such deep-rooted beliefs.

An earlier study by Baumann et.al. (2019) found caste/ethnicity and district type to be significant predictors of menstrual knowledge. They also noted that a study in India had similar results. Through this, it can be understood that blanket menstrual health practices, such as the ones often carried out by NGOs, INGOs, the government and other institutions, are not adequate to improve menstrual knowledge and practices for everyone.

Aside from this, the curriculum of Nepal has also not given enough importance to CSE. Adolescents are taught about menstruation and other related practices through in the secondary

level – mostly in classes 8, 9, 10 through a subject entitled Environment, Health and Population (EHP). This covers basic reproductive health facts including reproductive physiology, STDs/STIs, adolescent health, reproductive rights, safe motherhood, family planning and health problems of postmenopausal women. Educators often feel shy teaching these topics in class due to which it is often skimmed over. In an experimental study, referred to as randomized trial, was conducted by Pokharel and Adhikari (2021) to assess the effectiveness of CSE in secondary schools of Nepal. It was concluded that proper sex-education sessions led by facilitators from Primary Health Centres (PHCs) had a huge impact on the improvement of the understanding of sexual health among adolescents than the traditional lessons provided by teachers in class.

'Dignity without Danger', a research carried out between 2019 and 2021 under a British Academy-funded Global Challenge Research Fund, included 160 interviews and 16 FGDs among various caste and ethnic groups across 14 districts in Nepal. This multi-sited rapid ethnography aimed to understand how different factors have contributed to forming and fighting the stigma surrounding menstruation and the discrimination that rises from the same. Along with this, this qualitative study also attempted to develop strategies to address the menstrual taboo. (Gurung et al., 2022)

Studies within Nepal that address the menstrual rituals prevalent in the country have mostly focused on the *Chhaupadi pratha* of the Far Western region. Little is known, however, of the restrictions present among people of different castes, ethnicities, religious groups and geographic locations. Urban areas, where age-old traditions are often covert, have not been included as a variable in many of the available studies. Therefore, a contextual gap can be observed from the reviewed literature.

2.2 Theoretical framework

This thesis uses objectification theory and the concept of taboo as a means for male solidarity for its theoretical framework. These doctrines are used to explain the possible reasons for the existence of menstrual taboos, particularly those among adolescent girls.

2.2.1 Objectification theory

In *The Second Sex,* Simone de Beauvoir said,

"One is not born, but rather becomes, a woman." (Beauvior, 1949, p.293)

This is an indication that femininity is not biological, instinctive or psychological. Instead, it is a social construction – a product of centuries of civilization which has defined the characteristic difference between men and women and their positions in society. Among the many ways in which such gender socialization is materialised is through sexual objectification.

Through their research, Fredrickson and Roberts (1997) have discussed how bodies exist within social and cultural contexts and are, therefore, constructed through sociocultural practices. Many gender differences are based on the variances in the socialisation of boys and girls and the hierarchical difference between the two, rather than just their biological identities. Women are objectified in this process that is, their bodies are treated as objects which solely exist for the use and pleasure of others. They also outline the emotion of shame, anxiety, peak motivation states/flow and the awareness of internal body states are the consequences of sexual objectification. Besides these, there are also effects on a woman's mental health which include depression, sexual dysfunctions and eating disorders.

Often, women internalize the perspectives of others on themselves in a process which has been termed "self-objectification". (Moradi& Huang, 2008) They learn that their appearance matters because it can determine how they are treated by others as well as their social life and

economic outcomes. (Tiedens& Leach, 2004) In the 1953 movie Gentlemen Prefer Blondes, Marilyn Monroe has famously been quoted saying,

> "Don't you know that a man being rich is like a girl being pretty? You wouldn't marry a girl just because she is pretty, but my goodness, doesn't it help?" (Hawks, 1953, 1:28:38)

Habits that are often considered normal or to do with hygiene such as putting on makeup, deodorizing, dressing up, using perfume and the like have often been linked as resulting from self-objectification. Rhonda Unger discussed how physical beauty acts as a currency for women in her book *Female and Male: Sex and Gender*. Although women's attractiveness and concern for their looks have been interpreted as narcissism and vanity, it can more appropriately be understood as women's strategy to help them determine how they are treated. (Fredrickson & Roberts, 1997) Findings from various studies conclude that self-objectification, body surveillance and body shame are associated with negative feelings about menstruation. (Moradi& Huang, 2008)

The reproductive power of women, especially menstruation, has historically been used to stigmatize them and keep them out of many roles in society. In a contemporary context, this is perpetuated through advertisements for menstrual products. Women in sanitary pad advertisements are often shown to be happy, carefree and donning light-coloured clothes while participating in outdoor activities without any trouble. Such media generally portray the menstruating body as an antithesis of the sexualized, ideal, feminine body. (Grose&Grabe, 2014)

2.2.2 Taboo and male solidarity

An experiment was carried out by Roberts et.al. (2002) to assess whether women's menstrual status led to increased negative reactions towards her and objectification of women in general or not. Participants' reactions were recorded when a woman dropped either a tampon or a hair clip in front of them. It was concluded that dropping the tampon led to the lower evaluation of the woman and her competence is being questioned.

For most of history, society has attempted to understand menstruation. It has either been considered a mystical process or taboo. Seldom has menstruation been discussed like other, normal bodily processes. Many theorists have attempted to illustrate how menstrual restrictions are a means through which the hierarchical difference between men and women is maintained while promoting male solidarity.

Chris Knight explored how most menstrual myths were used to prevent women from forming solidarity. Societies discriminated against menstruating women to control their power. Taboos were believed to act as "insulators" to save people from harm:

> "(…) menstruants – now said to be saturated with immensely dangerous ritual power – were hedged around with restrictions and elaborately marginalised. Male menstruation, the associated mythologies never tire of explaining is positive, magical, empowering and conductive to good hunting luck. Female menstruation is just dangerously polluting and should be treated as far as possible as a private affair despite the cosmos-endangering properties of the blood." (Knight, 1991, pp. 60-61)

This segregation of women due to their biology has been explored by other theorists as well. In *Symbolic Wounds,* Bruno Bettelheim elaborated on "vagina envy", a concept which mirrors Freud's idea of "penis envy". This notion describes the fascination of men with women

and their jealousy of menstruation, pregnancy and childbearing. Men consider women to be more powerful and at a more elevated position because of their reproductive capabilities and thus, created taboos to neutralize them. In another analysis of this phenomenon, this jealousy is believed to stem from the fact that women's sexual development is less ambiguous than that of the male. (Montgomery, 1974)

In Purity and Danger, Mary Douglas famously stated:

> "Our idea of dirt is compounded of two things, care for hygiene and respect for conventions." (Douglas, 1966, p.7)

Douglas discusses how communities form rules of purity and pollution to maintain order. So, the categorization of what is polluting and what is not is used to "create unity in experience". (Thomas, 2008)

Many societies also have initiation rituals to mark and welcome sexual growth in women, while those for men are seldom to do with their biology. In this sense, women are socialised to be more in touch with their natural and emotional selves while men aren't. Thus, men create restrictions which relegate women to society's side-lines while forming a power nucleus among themselves.

According to Alan Tetart, menstrual taboos were created in order to ensure that the two most important blood of ancient times i.e. the blood of the hunt and menstrual blood would never get mixed. Further, such restrictions prevented men from learning about menstruation, women from forming solidarity and society fearful of the supposed divine and dangerous powers of the menstrual blood. (Rajak, 2015)

CHAPTER III

RESEARCH METHODOLOGY

Research methodology refers to the "how" of the research. It is a framework of the techniques, tools and procedures used in the study that explains what steps were taken for data collection, analysis and interpretation. This chapter discusses the research methodology of this study and examines the reasons why they were adopted.

3.1 Rationale of site selection

The present research was conducted among two schools within Lalitpur Metropolitan City (LMC). Lalitpur is believed to have been founded in the third century BC by the Kirat dynasty and later expanded by the Licchavis in the sixth century BC. It was further expanded by the Malla dynasty in the medieval period (10^{th} – 18^{th} century). It is the oldest of the three cities of the Nepal valley.

In 1768, Lalitpur was captured by the Gorkha Kingdom without any battle. (*Lalitpur, Nepal*, n.d.) With this, the Shah Dynasty came into power and Lalitpur became a part of the greater Kathmandu valley. After this, the people of Lalitpur no longer remained members of the small kingdom in which they were once the majority. The city faced further pressure of Hinduization with the introduction of the Rana hereditary prime ministers in 1846 A.D. To this day, its ancient core retains considerable vitality, now with an amalgamation of Hindu and Buddhist identities. (Gellner, 1996) During the middle ages, Lalitpur successfully developed as a centre of Buddhism, art and culture and is today known as 'The City of Fine Arts'. (*A brief introduction*, n.d.) In 2073 BS, Lalitpur was established as one of the country's six metropolitan cities.

One of the primary reasons why the researcher chose LMC as the site is due to the research gap presented in this study. Most discussions around menstrual restrictions in Nepal are focused on the *Chhaupadi Pratha* of Far Western Nepal. The discriminatory practices elsewhere, particularly those within the city, are so commonplace that they are barely addressed.

With respect to the objectives of this research, to link the practice of menstrual taboos with CSE provided in schools, it was essential for this to be a school-based study. As the education system comprises both private and public schools, the researcher considered it important to have both represented in this study. It was equally essential to ensure that there were an equal number of students from both schools.

During the pilot study, the researcher visited a couple of schools around the Lalitpur district. Many of them, particularly the public schools, did not have enough students to meet the sample size. There was also a lot of scheduling conflicts. After weighing out the options on the basis of the requirements of the study, two schools were selected for data collection: St. Xavier's School, a private Jesuit school and Tri-Padma Vidyashram Secondary School, a public school both located in the Lalitpur district. The two schools lie at a distance of 500m from one another.

Source: Google Maps, 2022

Figure 3.1 Map of Lalitpur district with a focus on the research location

St. Xavier's School is one of the oldest private schools in the country. Its history dates back to 1951 A.D. when it was established in Godavari as an all-boys school. It is the first institution established by the Society of Jesus (Jesuits) in Nepal. At the time, St. Xavier's School, Jawalakhel (SXJ) operated only primary classes. With the growth of the school, SXJ eventually became a fully-fledged school. In 1996 A.D., the institution became co-ed, intending to focus on women's education. (*St. Xavier's School History*, n.d.)

Established during the Rana regime in 1947 A.D., Tri-Padma Vidyashram Secondary School is one of the best public schools in the country. It continues to have exemplary results in the Secondary Education Examination (SEE). In 2017, the school was awarded by the federal, provincial and local governments for having the best SEE results in the Lalitpur district. Since 2018, MoHP has assigned one school nurse to every public school to make health services more accessible to students. (*About our school*, n.d.)

3.2 Research design

There are three recognized methods for conducting research: quantitative, qualitative and mixed. This study employed mixed method. In mixed method research (MMR), the researcher combined both quantitative and qualitative methods for their study. The purpose of this form of research is that both quantitative and qualitative research, in combination, provide a better understanding of a research problem or issue than either research problem alone. (Creswell, 2007)

The evolution of mixed method began with Campbell and Fiske in 1959 who recognized the limitation of using a single method and therefore, encouraged researchers to use multiple methods. Since then, mixed methods have become known as the alternative research method or the third wave after the quantitative and qualitative waves. (S.O. & B.A., 2011)

Dawadi et.al. (2021) have outlined six major justifications for combining quantitative and qualitative data in a research study: enjoying an expansion of study, believing that both kinds of research have value, overcoming the epistemological differences between the two approaches, obtaining more rigorous conclusions, the triangulation component and to develop more refined conclusions.

The researcher considered it apt to employ MMR in the present study for several reasons. Firstly, it allowed her to utilize the strengths of both the quantitative and the qualitative methods. Furthermore, since this is a sociological study, it was essential to not only represent the testimonies of the participants through statistical data but to explore their experiences in depth.

For this research, a sequential explanatory design was used. The sequential mixed method refers to an investigation in which the phases of the research occur in consecutive order, with one phase emerging from or following the other. In other words, the research methods are implemented in a parallel or a sequential manner. The research questions addressed as well as the procedures used in one phase depend on the previous phase. (Cronholm & Hjalmarsson, 2011)

According to Plano Clark (2011), an explanatory sequential design consists of first collecting quantitative data and then collecting qualitative data to help explain or elaborate on the quantitative results. (Subedi, 2016)

The quantitative phase of the research focused on exploring the prevailing menstrual restrictions among adolescent school girls and how they perceived them. The data derived from the questionnaire provided an avenue to scrutinize the phenomena in further detail.

The necessity to conduct a second qualitative phase of data collection through an FGD was consolidated by the fact that menstrual exclusion is largely a lived experience. It would simply not be sufficient to rely only on statistical data to develop a comprehensive understanding

of the issue. Therefore, an FGD was conducted with selected participants from the total sample size. The data derived from this was combined with the quantitative data to form the analysis of the research.

3.3 Population and sampling procedure

A population is a complete set of people with specified characteristics, while a sample is a subset of the population. (Thacker, 2020)

Initially, it was estimated that the study population would be adolescent girls between the ages of 12-16 since students from classes 8, 9 and 10 were the intended participants. However, after the analysis of the questionnaire, it was learned that the population consisted of adolescent girls between the ages of 11-21. A total of 400 adolescent girls were selected: 200 of them from Tri-Padma Vidyashram Secondary School, a government (private) school and 200 of them from St. Xavier's School, Jawalakhel, a private school, in LMC.

While designing the research, the researcher aimed to gather data from 300 adolescent girls i.e. 150 from each of the schools being surveyed. The pilot study concluded that since there were multiple sections for each class, a lot more students were available for the study than expected. Therefore, the researcher expanded the sample size to 400 as this provided more concrete data on the phenomena being explored.

Stratified random sampling was used to carry out the questionnaire. In other words, the researcher divided the subjects based on characteristics they shared. In this case, the population was divided into two subsets: adolescent girls who attended a private school and those who attended a public school. This was done to ensure that the research was a holistic representation of both systems of education.

For the FGD, 11 girls were randomly selected from the total sample size. Five of the participants were from Tri-Padma Vidyashram Secondary School and six were from St. Xavier's School, Jawalakhel.

3.4 Nature and sources of data collection

This research used both primary and secondary data. Primary data is synonymous with raw data. It is a type of data researchers directly collect from main sources. Secondary data refers to already existing data produced by previous researchers. (*What Is the Difference between Primary and Secondary Data*, 2022)

The secondary data was collected from various journal articles, theses, related books, web pages, documentaries, video reports, demographic surveys and the like.

The following techniques were used to collect the primary data:

3.4.1 Questionnaire

The questionnaire was first created by Sir Francis Galton, a British anthropologist, explorer and statistician in the late 1800s. It is the main means of collective quantitative primary data. The questionnaire forms the backbone of any survey and its success of it lies in its design. There are four types of questionnaires. This study used a close-ended questionnaire as a data collection tool. In such types of questionnaires, the participants' answers are limited to a fixed set of responses. (Roopa & Rani, 2012)

The researcher selected the questionnaire for the first phase of data collection as it is an apt tool to collect the data and code it later for analysis. Additionally, this also made the process less time-consuming. Keeping in mind that the participants were quite young in age, the questions were set in a way that they were relatable, clear and concise. The results from the questionnaire helped to form a strong base on which the questions for the FGD were later set.

There were 44 questions in total, including 11 on a Likert scale. The questionnaire began with an introduction to the research and the research. It was divided into three thematic sections:

i. Section A, which included questions related to the demographic background of the participants and their familiarity with the research topic;

ii. Section B, which included questions related to the everyday experience of menstruation-at home, in school and in public;

iii. Section C, which included questions on what menstrual taboos are followed by the participants and whether they will persist in the future.

Every section began with a short definition to provide more clarity to the participants.

The participants were asked to pick only one of the given options for the questions except for the 20th and the 40th questions, which were multiple-choice. Question number 27 in Section B of the questionnaire is the only one in a Likert scale, which was done to condense multiple questions about some of the most commonly followed menstrual taboos into a concise format.

A total of 400 questionnaires were distributed to the research participants. All of them were filled in due time and none of the questions were left blank. Therefore, all 400 questionnaires were used to interpret the results.

3.4.2 Focus Group Discussion (FGD)

A focus group discussion is a moderated interaction where a researcher assembles a group of individuals to discuss a specific topic, aiming to draw from the complex personal experiences, beliefs, perceptions and attitudes of the participants. The method's popularity is closely linked to the rise of participatory research during the 1980s. (O.Nyumba et al., 2018)

After the analysis of the statistical data, an FGD was conducted with 11 participants: 5 from Tri-Padma Vidyashram Secondary School and 6 from St. Xavier's School. The discussion

was conducted within the school premises at a time convenient for the participants. All participants were informed by the researcher that the discussion would last up to an hour during which the audio would be recorded by a mobile phone. Ultimately, The FGD at Tri-Padma lasted for around 45 minutes in total while the one at St. Xavier's School lasted for an hour. The sessions were conducted using nine guiding questions. Further questions were added according to the responses of the participants.

After the discussions, the audio recording was transcribed and coded. Then, the conversation was analysed using discourse analysis and has been presented in the research in verbatim format.

3.5 Pilot study procedure

According to Lowe (2019), a pilot study is a small feasibility study designed to test various aspects of methods planned for larger, more rigorous or confirmatory investigation. In general, researchers use pilot studies to evaluate the adequacy of their planned methods and procedures.

For the quantitative phase of the data collection, the researcher designed a questionnaire that could be filled out by adolescent school-going girls. As the survey was conducted during school hours, it was imperative to ensure that students would not miss their classes. Therefore, the researcher tested the time taken to complete the questionnaire with the help of some of her classmates. The questions were then edited in a manner that on one read, they could be answered within 8-10 minutes. For the survey, the researcher requested a time of 10-15 minutes for each class. As the research required the participation of just the female students, the number of participants from every class was also determined ahead in order to ensure that there would be 200 participants in total from each school. A copy of the research proposal along with the

questionnaire was provided ahead of the survey. Only after the approval of the school authorities was the survey conducted.

When it came to the qualitative phase of the data collection, the questions were largely based on the results derived from the questionnaire. There were nine guiding questions in total through which the researcher once again conducted a mock FGD with her friends. For this, the aim was to explore the phenomena in depth within the span of an hour. These questions, once approved by the school authorities, were used to conduct the discussion with the participants.

3.6 Data analysis

The data analysis process in this study consisted of three steps: the first addressed the secondary data while the second and the third addressed the primary data presented in the research.

3.6.1 Document analysis

The researcher uses both primary and secondary methods of data collection. With the collection of secondary data, document analysis acted as the first method of data collection and analysis for this research. Furthermore, various sources were used to acquire the documents required to form the overview pertaining to this research suchas journal articles, theses, related books, web pages, documentaries, video reports, demographic surveys. The text then was compiled and sorted in a thematic literature review.

3.6.2 Quantitative data analysis

As a part of the first phase of data collection and analysis for this research, the responses from the questionnaire were coded onto a computer program called IMB Statistical Package for Social Sciences (SPSS) 20. The process of data coding was as follows:

i. With the exception of questions 2, 3 and 4, which were string variables, all the responses were coded as numeric variables.

ii. The Yes/No questions were coded as 0 for “Yes” and 1 for “No”.

iii. For questions multiple-choice questions, the options were coded starting from no. 1, followed by the order in which the option appears in the question.

iv. For questions that could be skipped or for options that weren’t selected from a multiple-choice question, the missing data were represented as -1.

v. In the Likert scale question, the data were coded as 1 meaning “Never”, 2 meaning “Rarely”, 3 meaning “Sometimes”, 4 meaning “Often” and 5 meaning “Always”.

vi. In questions where the variable has a scale measurement, that is, age and number of days, the mean was also calculated and represented in the analysis.

The data was analysed using descriptive statistics. Firstly, the data were subjected to frequency counts i.e. the participants’ responses were added to find the number of times that particular response occurred. Some of the data were cross-tabulated to measure whether the results were different based on different variables. The responses were then coded, quantified and presented in the form of bar graphs.

3.6.3 Qualitative data analysis

The second phase of the data collection consisted of an FGD. After the discussions, the researcher transcribed the recorded files into writing. The responses were reviewed, categorised and trimmed to investigate which of the responses were to be kept. The transcriptions of the FGD were then validated. The participants have been kept anonymous. Content analysis was used to draw the findings from this phase which is presented in verbatim form.

3.7 Limitations of the study

As with the majority of studies, the present study is subject to limitations. There are a few limitations in this thesis that could be addressed in future research.

The first limitation concerns the researcher's own experience. As this was the first time that the researcher conducted an independent study with the tools used and on this scale, it was imperative that the study would be met with restraints that stem from the researcher's knowledge and experience.

The second limitation of the study was due to the time constraint. As this thesis had to be submitted within the due date provided by the university, further exploration of the topic was limited because of the same.

Besides this, there was also a lack of available data that was required in the study. As the census report of 2021 has not yet been published, the researcher had to rely on older and alternative sources to check information such as the religious and ethnic data of the country. Along with this, there is also a lack of study on menstrual rituals in city areas which did not provide this study with an adequate base of comparison and analysis.

Further, male students were not included in this study. Due to this, the potential of encompassing the experiences of male menstruators has not been tapped into in this study and therefore, the findings cannot be generalized to be the experiences of all menstruators.

Lastly, the findings of this study have to be seen in the light of the limitations encountered during the data collection. Some public schools approached by the researcher did not have enough students to meet the expected target of the study sample. Due to this, the sample for this thesis was selected specifically from two schools in the Lalitpur district, it may not be generalized to the situation of cities across the country.

3.8 Ethical considerations

The protection of human subjects through the application of appropriate ethical principles is important in any research study. (Roshaidai, 2018) However, since social science research deals exclusively with human subjects, ethical considerations are of primary importance to sociologists. All sociological research requires informed consent, meaning that research subjects must be aware of the details of the study, including the risks and benefits of participation and how the data will be collected and kept secure. (*Sociology (Boundless)*, 2013)

The participants of this research were between the ages of 12-21. According to the United Nations Convention on the Rights of Child (CRC) 1989, a child is "every human below the age of eighteen years unless the law applicable to the child, the majority is attained earlier." (*Convention on the Rights of the Child*, 1990) The Government of Nepal ratified the CRC on September 14, 1990. Following this, Nepal enacted the Children's Act of 1992. This was the first act solely dedicated to the child's rights and concerns. The Act recognizes the rights of a child to identity, non-discrimination, non-exploitation, protection, education, and development as well as juvenile justice to upbringing, development, and protection of the child. (Lamsal, 2013)

Since a majority of the participants fell under this description, they are recognized as children or minors. Therefore, it was of utmost importance that ethical considerations remained at the helm of this study.

During the proposal defence, the defence committee approved this research to be conducted among the students of two selected schools in LMC: one public school and one private school. The researcher conducted an informal conversation with the school authorities. It was explained that participation in the research was voluntary and that the anonymity and confidentiality of the participants would be preserved. Further, it was communicated that there

was no known potential of harm by participating in this study. Along with a permission letter from the Central Department of Sociology, Tribhuvan University, a copy of the research proposal was provided to ensure full transparency.

The researcher was accompanied by the school coordinator and teachers during the survey. The questionnaires were numbered and shuffled before distribution. The students were briefed about the purpose of the research and provided with the necessary instructions. After the survey, only the data derived was statistically represented in this research.

For the second phase of the study, 11 participants were randomly selected from the total sample size i.e. 200. The session was only scheduled after the questions for the FGD were approved by the school authorities. The participants were briefed that their anonymity would be maintained and that they could ask the audio recording to be paused at any moment during the discussion. Only the responses of the participants along with their age have been presented in this study.

An executive summary will be sent to the schools after the completion of this study. The researcher also aims to conduct a presentation of the study findings for the students.

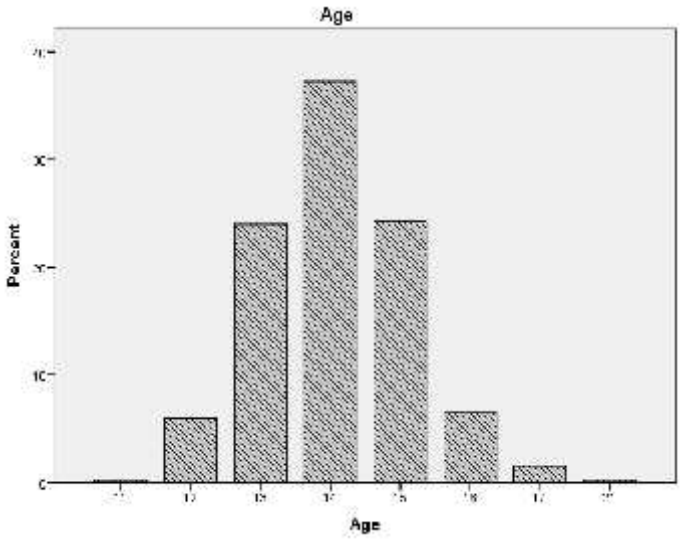
CHAPTER IV

ANALYSIS AND INTERPRETATION OF THE DATA

To ensure the completion of this study, it is important to analyze the data collected and answer the research questions. This chapter comprises the presentation, analysis and interpretation of the findings of this research. Bar graphs are used to represent the results of the quantitative data which are further analyzed using the qualitative data, represented in verbatim.

4.1 Demographic characteristics of the sample population

4.1.1 Age of the participants



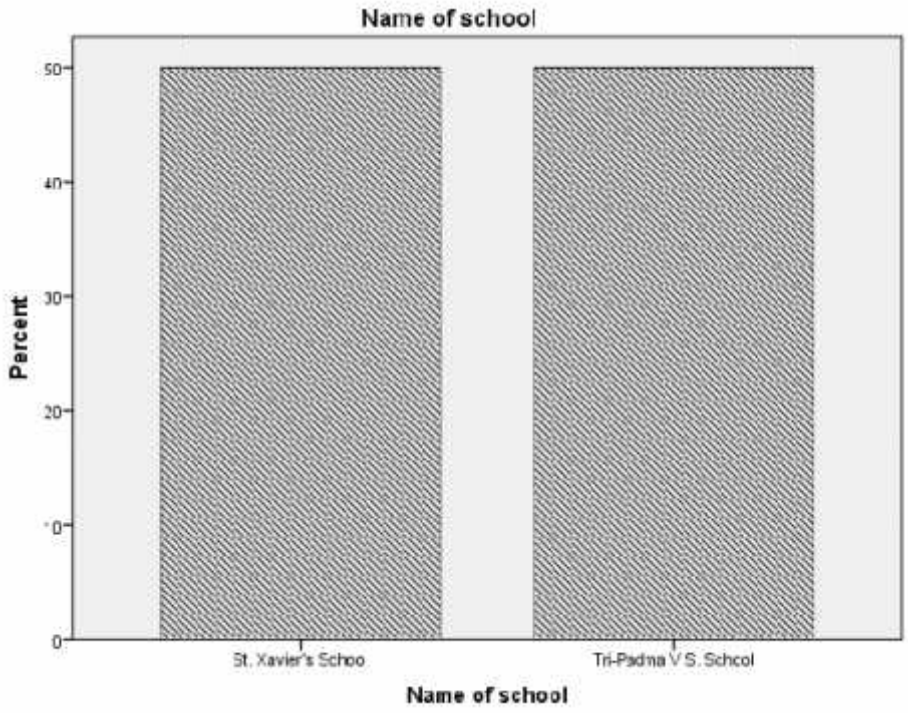
Source: Field Work, 2022

Figure 4.1.1 Age of the participants

The survey was conducted among 400 adolescent girls from two different schools in LMC. Since the survey was conducted in classes 8, 9 and 10, it was expected that the participants would be between 12 to 16 years of age. However, it was observed that the participants were between 11 to 21 years of age.

For the qualitative phase of the data collection, 11 participants were randomly selected from the total sample size. They were between 14 to 18 years of age.

4.1.2 Name of the school of the participants



Source: Field Work, 2022

Figure 4.1.2 Name of the school of the participants

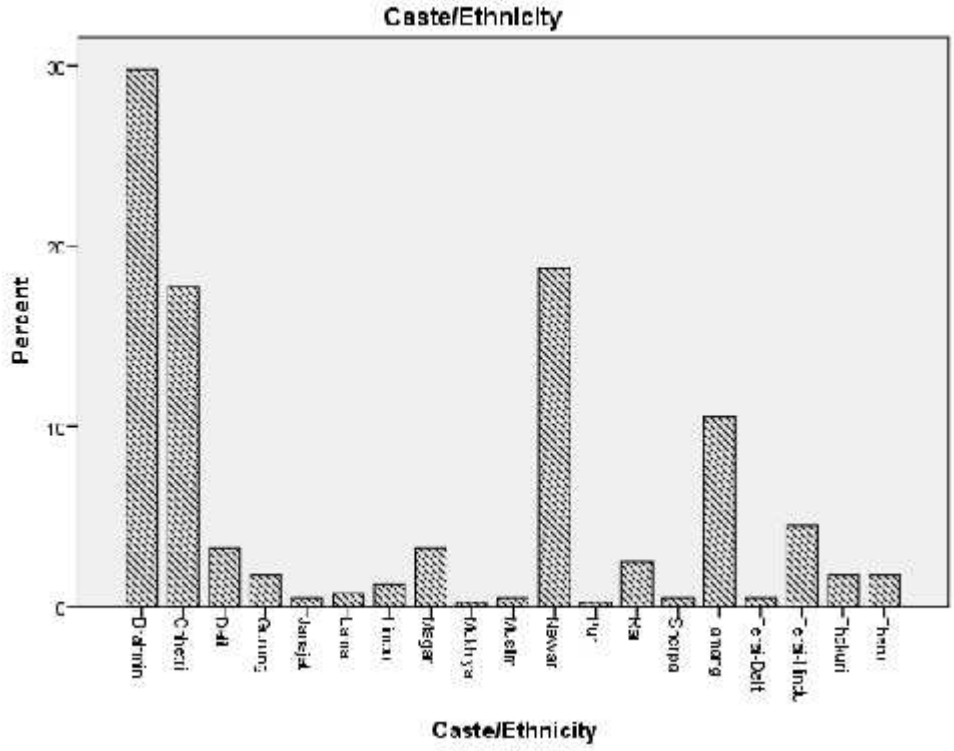
In order to ensure that there was no bias in the results of the study, it was essential that there were equal participants from both the institutions. Therefore, 50% of the participants were from Tri Padma Vidyashram Secondary School, a public school and 50% of the participants were from St. Xavier's School, Jawalakhel, a private school.

During the FGD, the participants were asked to share what they think is their biggest challenge in school during menstruation. One participant noted:

"When I am in school or outside, I am constantly worrying about leakage. In school, for example, we have to get up to greet the teacher, sometimes to write on the board. I am scared that someone might notice a stain on my dress. I am wary about wearing light coloured dresses."

4.2 Social characteristics of the sample population

4.2.1 Caste/ethnicity of the participants



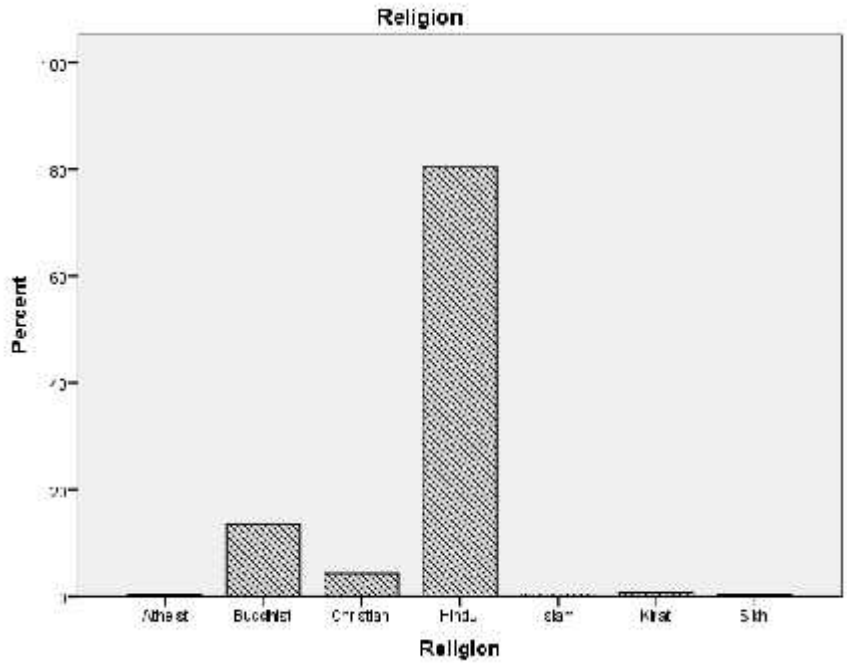
Source: Field Work, 2022

Figure 4.2.1 Caste/Ethnicity of the participants

From the graph above, it can be observed that a majority of the participants i.e. 29.8% belonged to the Brahmin caste group while the least number of participants belonged to the Mukhiya and Puri communities, making up 0.3% of the sample size.

According to the Population Monograph of Nepal Volume II, there are an estimated 1,250 ethnic/caste groups in Nepal. Among these, Chhetris (16.6% of the total population) and Brahmin–Hill (12.2% of the total population) make up the majority of the country's caste and ethnic population. (*Population Monograph of Nepal*, 2014)

4.2.2 Religion followed by the participants



Source: Field Work, 2022

Figure 4.2.2 Religion followed by the participants

From the chart above, it can be observed that a majority of the participants i.e. 80.5% follow the Hindu religion. Conversely, the least number of participants i.e. 0.3% are Sikh and 0.3% of the participants identify as Atheists.

This data is representative of demography of the country according to which 81.4% of the total population are Hindus while 0.23% is still unidentified or unknown. (*Population Monograph of Nepal*, 2014)

One of the participants noted her experience of beginning her menstruation:

"I live with my grandmother who is a nurse. She had explained to me about menstruation – what it is and why it happens. When I got my periods for the first time, she didn't say anything else except to not enter the puja kotha (prayer room). I didn't listen and went in anyway. After that, she didn't say anything."

4.3 Knowledge of menstruation

4.3.1 Age when first menstruation occurred

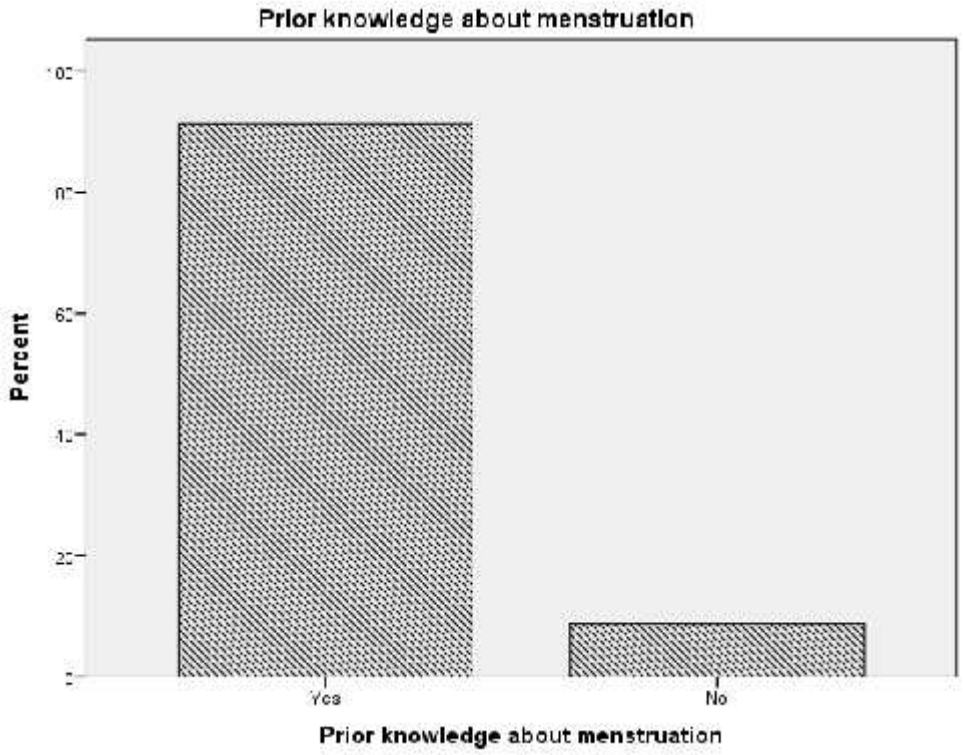
Source: Field Work, 2022

Figure 4.3.1 Age when first menstruation occurred

From the graph above, it can be observed that the mean age at which the participants got their first menstruation is 11.83 years.

In a comparative cross-sectional study conducted by Ramraj et.al. (2021) among 100 adolescent girls it was revealed that the average age at menarche had decreased by 1.5 years between the generations. The mean age at menarche among adolescent girls was 12.5 years while that of their mothers was 14 years. Results from the study also show that menstrual cycles are more regular in mothers compared to their daughters. Habitual and lifestyle differences between the generations, such as having an active lifestyle or a sedentary one, is attributed to such shifts in the menstrual health of women.

4.3.2 Prior knowledge about menstruation



Source: Field Work, 2022

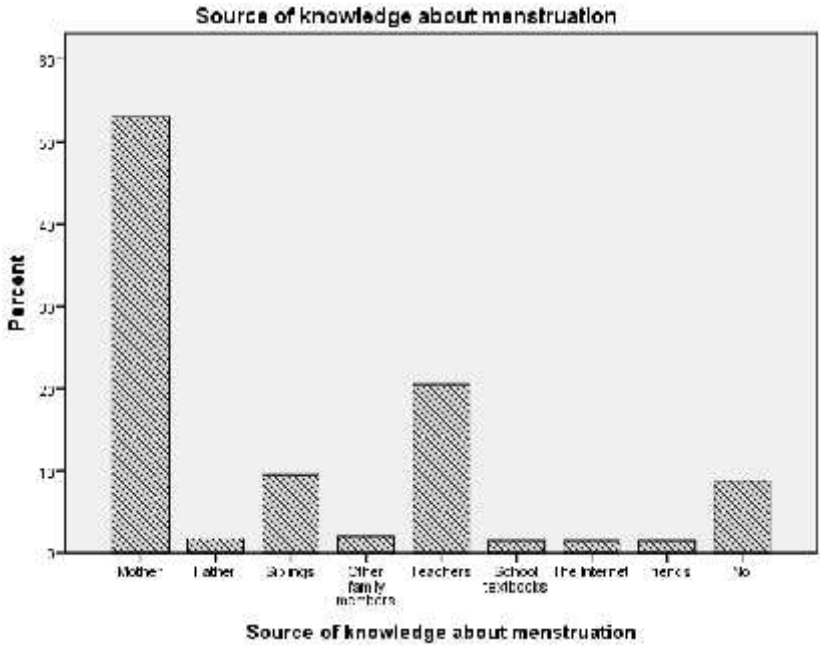
Figure 4.3.2 Prior knowledge about menstruation

The participants were asked whether they had any knowledge about menstruation before menarche. A majority of the participants i.e. 91.3% answered “Yes” while only 8.8% of the participants answered “No”.

During the FGD, the participants were asked to recall the experience of getting menstruation for the first time. One of the participants recounted getting her first periods during a family function:

“This was when I was in class 3. There was a wedding going on at home when I got my periods for the first time. Nobody explained what happened to me. My mother told me that I would understand it later. I only understood after we studied about it in school.”

4.3.3 Source of knowledge about menstruation



Source: Field Work, 2022

Figure 4.3.3 Source of knowledge about menstruation

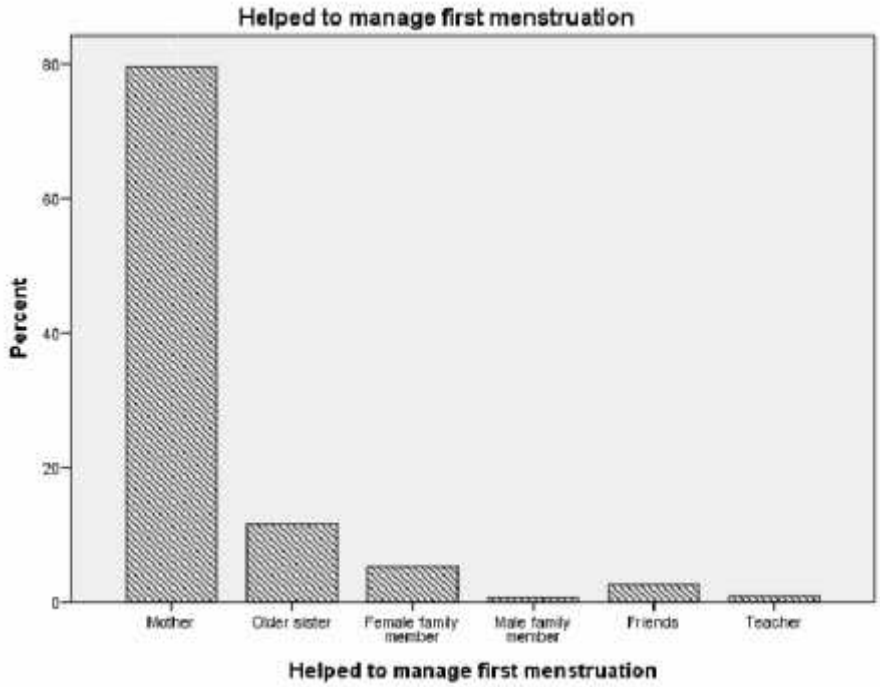
The participants who answered “Yes” to having prior knowledge about menstruation before menarche were asked to select the source of their knowledge about the process. 8.8% of the participants who had answered “No” in the previous question have been represented as “No” itself in the chart.

For one participant, a counselling session at school helped her learn about menstruation:

“Our school usually organises a counselling session about menstruation for girls in classes 4 and 5. The school nurse conducts the session every year. So, I’d understood what it was and that it is a natural occurrence among all girls.”

All the participants responded to considering menstruation a natural phenomenon when they first learned about it and after they began their cycles. To them, it has never been a taboo or something to be ashamed of.

4.3.4 Helped to manage first menstruation



Source: Field Work, 2022

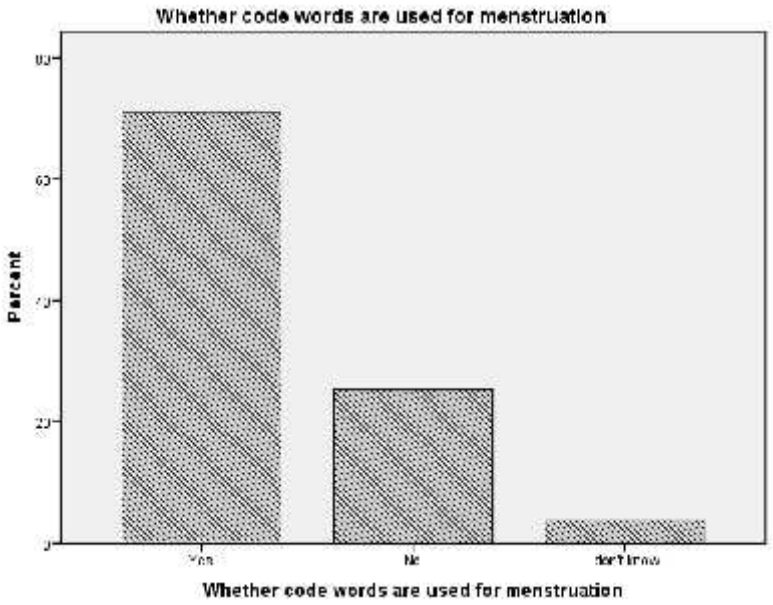
Figure 4.3.4 Helped to manage first menstruation

From the above chart, we can observe that most of the participants i.e. 79.5% received help from their mother during their first menstruation while only 0.8% were helped by their teacher.

Particularly in school, the participants consider their peers helpful whenever they face any difficulties during their menstruation. However, their interaction with their male peers is a bit more nuanced. One participant notes:

"My classmates are very helpful - even the boys. I have seen them help other girls also. I don't know why, no matter how friendly they are, there is a sense of awkwardness with them. I always feel more self-aware if I have to ask for help when boys are there. I think if we only had girls around, I would be more comfortable."

4.3.5 Whether code words are used for menstruation



Source: Field Work, 2022

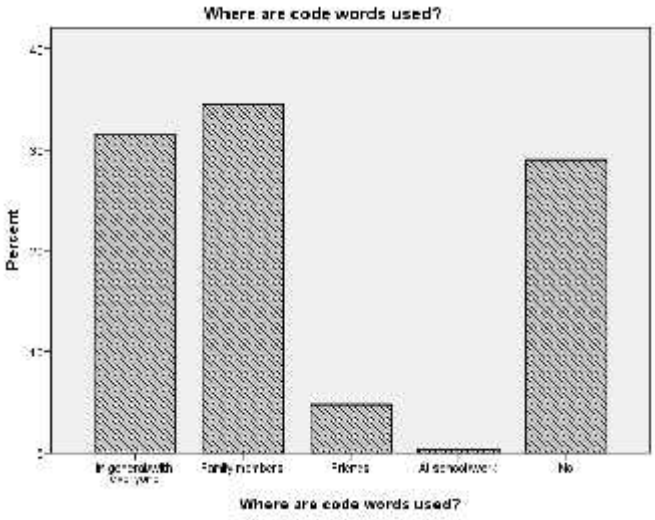
Figure 4.3.5 Whether code words are used for menstruation

Since menstruation is largely still considered taboo, euphemisms are often used to address it. A majority of the participants i.e. 71% of them answered “Yes” while 20.3% of the participants answered “No” and the remaining 3.8% of the participants answered, “I don’t know”.

When asked what “code words” they usually use, most of the participants responded that they simply refer to menstruation as “periods” while some said that they are used to saying *“nachuni bhako” or “menes bhako”*. Even if they don’t use such “code words” themselves, other people around them do. So, they have also heard terms like *“chhui bhako”* or *“para sareko”* being used to refer to their menstruation.

One participant notes that since she is a Newar, the Newari term *“ma-jiu bhako”* is used to address menstruation at her home.

4.3.6 Where are code words used?



Source: Field Work, 2022

Figure 4.3.6 Where are code words used?

In the chart, we can observe the participants' responses regarding who they are most likely to use code words with when talking about menstruation.

When discussing this, most participants noted that there was a difference between their conversations with the men around them and those with the women around them, particularly at home.

One participant notes:

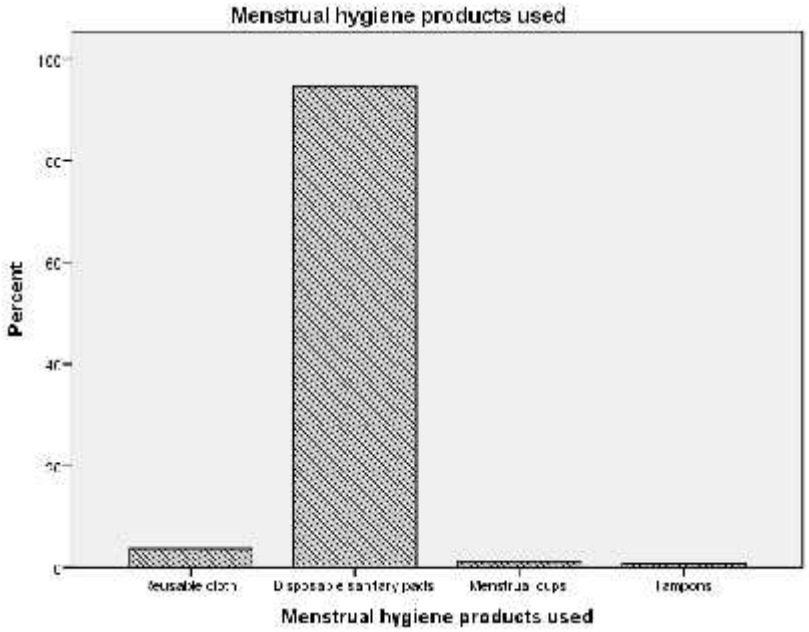
"I think it's because they (the older female members of the family) got their periods at a very young age, so the idea of "nachhuni baarni", and not discussing it openly, is within them."

Another participant added to this point:

"My dad is very supportive. He often talks to me about how normal menstruation is. He is a journalist. He has covered stories about Chhaupadi, so I think he has seen how difficult it is for women and how frustrating it is. In fact, he encourages my mom to not follow restrictions too!"

4.4 Menstrual hygiene products

4.4.1 Menstrual hygiene products used



Source: Field Work, 2022

Figure 4.5.1 Menstrual hygiene products used

We can observe from the graph above the responses given by the participants when they were asked to select what menstrual hygiene products they use most often.

While reusable cloths/rags were used traditionally, disposable sanitary pads and pads have become popular in wealthy countries over the past century. (“Period Products: How Menstruation Is Managed around the World,” 2022) Although the size of the feminine hygiene products market is expected to reach $127.6 billion by 2023 (*Feminine Hygiene Products Market Size Worth $127.6 Billion By 2031*, 2022), around 500 million women across the world lack access to face period poverty, meaning they do have access to essentials they need to manage their menstruation. According to the World Bank, 1.25 billion women do not have access to a safe, private toilet and 526 million do not have a toilet at all. (Pycroft, 2022)

4.4.2 Source of purchase of menstrual hygiene products

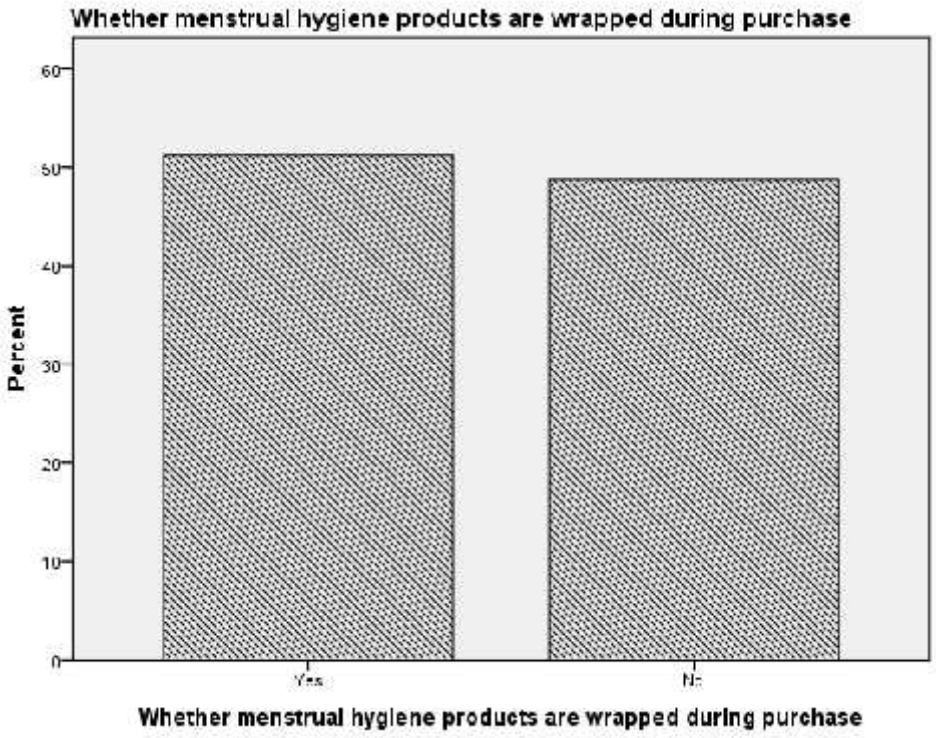
Source: Field Work, 2022

Figure 4.4.2 Source of purchase of menstrual hygiene products

In the above chart, we can observe the response of the participants regarding where they buy menstrual hygiene products. Most of the participants i.e. 41.3% responded to buying menstrual hygiene products at a pharmacy. On the other hand, only 1% of the participants responded to making the menstrual hygiene products themselves.

Although menstrual hygiene products are a necessity to every menstruator, they are classified as “luxury” goods in Nepal. Therefore, 13% value-added tax (VAT) is exercised on them. In the annual budget for the fiscal year 2022/23, the government announced a 90% waiver on the custom tax being imposed on sanitary pads. (RSS, 2022) Though this is a positive step, it is not yet a holistic solution to the larger issue of making health and hygiene related products easily available to those in need.

4.4.3 Whether menstrual hygiene products are wrapped during purchase



Source: Field Work, 2022

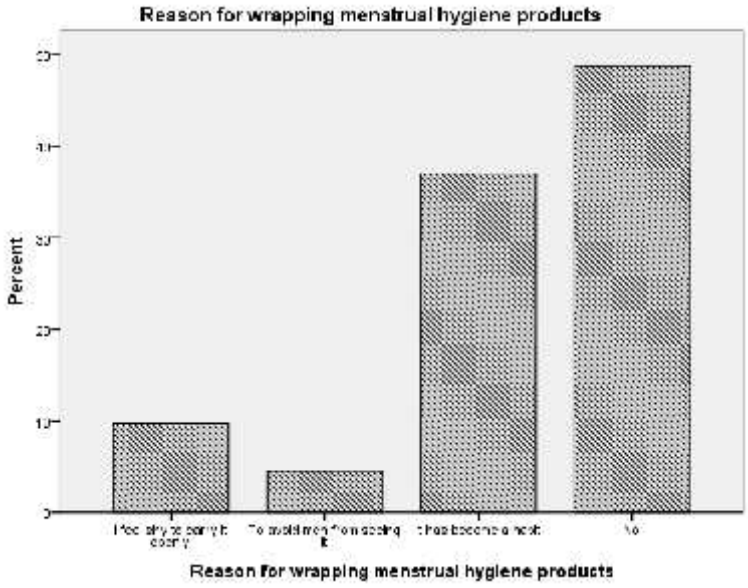
Figure 4.4.3 Whether menstrual hygiene products are wrapped during purchase

The study participants were asked whether they wrap their menstrual hygiene products when they purchase them. 51.3% of the participants answered “Yes” while 48.8% of the participants answered “No”. Through this, it can be observed that both the process of menstruation and the products that are used to manage them are both censored.

The participants shared that the responses of the people around them also makes a difference during purchase. One participated reflected:

“When my mom goes to buy pads for me, I have noticed that the lady at the store asks “kaslai bhako ho? Kaslai bhako ho?” (Who is it for? Who is it for?) It makes me a little self-conscious.”

4.4.4 Reason for wrapping menstrual hygiene products



Source: Field Work, 2022

Figure 4.4.4 Reason for wrapping menstrual hygiene products

The respondents who answered “Yes” to wrapping menstrual hygiene products during purchase were asked to select the reason for the same.

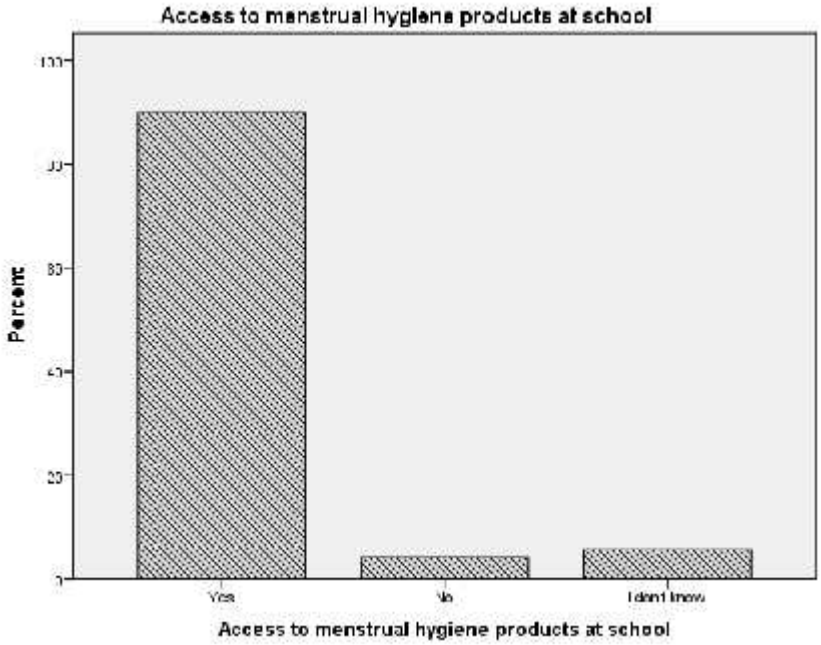
The concealment of menstrual hygiene products takes place both in social settings and the media. Connory (2021) analysed 100 advertisements for period products panning 100 years to conclude that aside from a few changes, the same stigma regarding menstruation has been perpetuated over the years.

One of the study participants shared how ads for sanitary pads actually confused her about menstruation:

“When I was younger and saw those ads on TV, I was confused about what the ad was trying to show. What is happening to the girl? I didn’t know! I only understood after I got my periods. I think that ads should show a real picture of what a menstruating woman goes through.”

4.5 Managing menstruation at school

4.5.1 Access to menstrual hygiene products at school



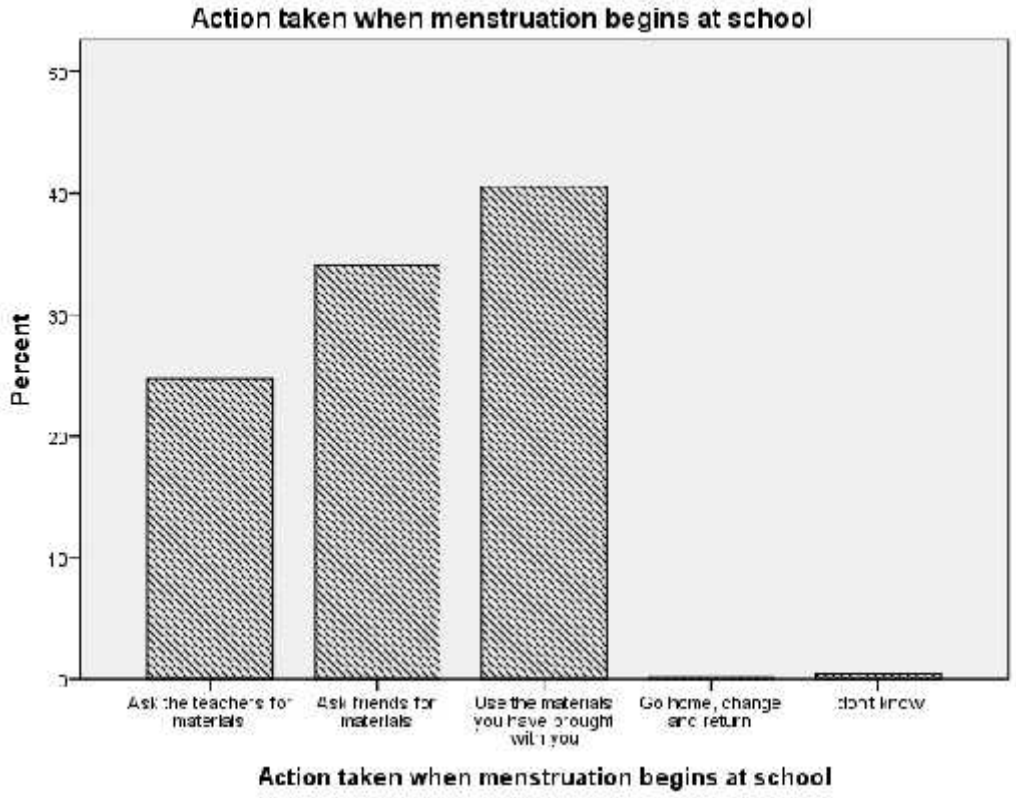
Source: Field Work, 2022

Figure 4.5.1 Access to menstrual hygiene products at school

In the chart above, we can observe the participants' responses to whether their school provides menstrual hygiene products or not. 90% of the participants responded with "Yes". While 4.3% of the participants answered "No" and 5.8% of the participants have answered "I don't know".

On May 28, 2020 the government announced that all schoolgirls in Nepal would have free sanitary pads at school. However, while some schools have received them, many have not. Further, the sustainability of the program remains a major issue. (Rungta, 2021) Many schools now have vending machines for sanitary pads. However, this is a privilege available to only those with resources. Without funding or donors who would buy them for the school – which range from Rs. 30,000 – Rs. 4, 50,000 – the vending machines seem like a distant dream.

4.5.2 Action taken when menstruation begins at school

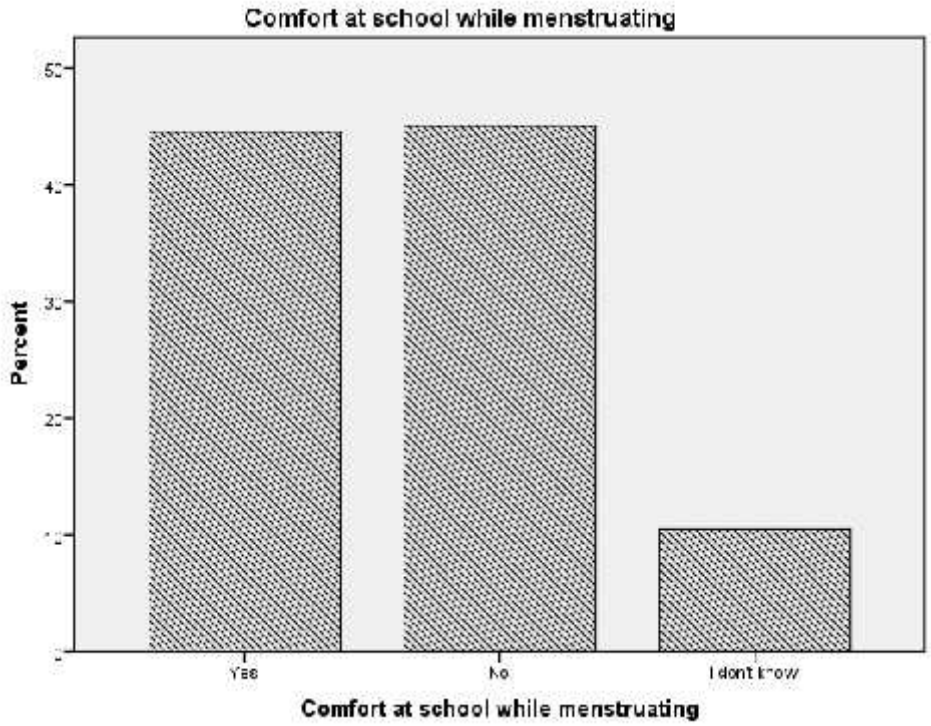


Source: Field Work, 2022

Figure 4.5.2 Action taken when menstruation begins at school

In the chart above, we can see the responses of the participants when they were asked to select what they do when their menstrual cycle begins at school. In a research in peri-urban schools of Nepal, students were asked to identify whether they had basic water, sanitation and hygiene (WASH) infrastructures and other facilities for menstrual hygiene management. 71 students reported soiling their uniforms during menstruation out of which 27% went home and did not return to school. 45% of students used washable cloth but due to a lack of washing and drying facilities resorted to using disposable pads in school. (Shrestha et al., 2022) Therefore, issues related to managing menstruation at school are a common denominator both in this study and those conducted by other researchers.

4.5.3 Comfort at school while menstruating



Source: Field Work, 2022

Figure 4.5.3 Comfort at school while menstruating

In the above chart, we can see the responses of the participants when they were asked whether they felt comfortable at school while menstruating.

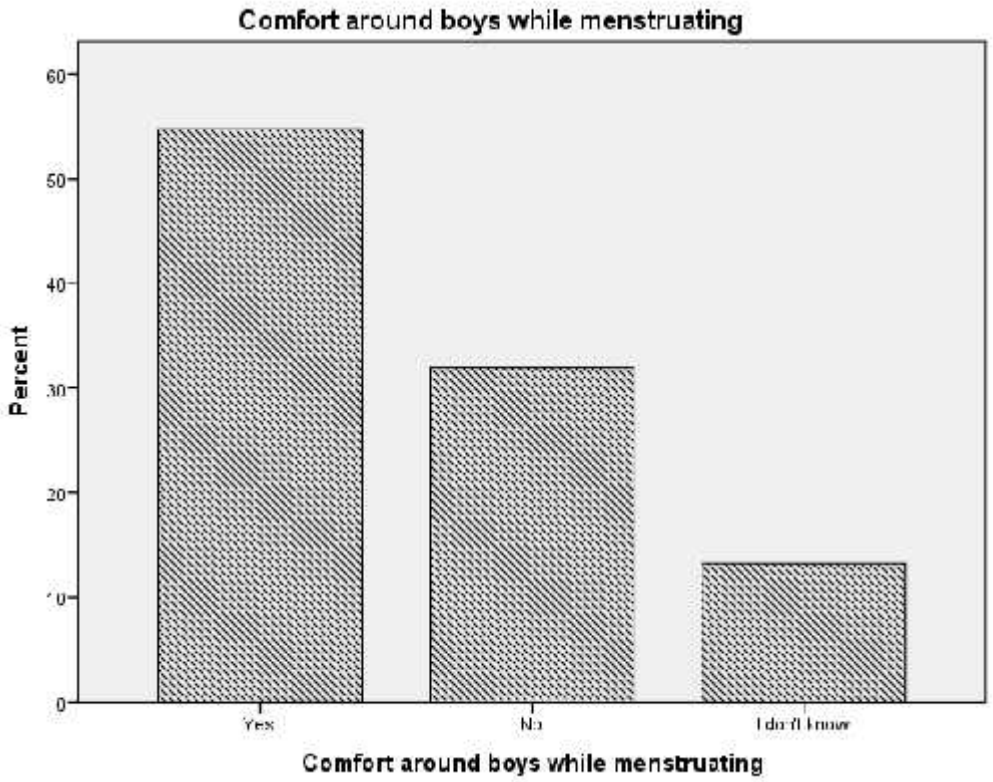
For many participants, it was the response they usually received from the school nurse which made them uncomfortable, rather than the unavailability of facilities and infrastructure:

"It's (the pad available at the school) a small one that's rolled in a newspaper. The pads themselves seem very unhygienic. The nurse usually scolds us for not carrying pads ourselves. So, most girls end up asking their friends instead."

Another participant also shared a similar experience:

"I am also wary about the hygiene. It is difficult to change the pads in school - the pads are short are uncomfortable."

4.5.4 Comfort around boys while menstruating



Source: Field Work, 2022

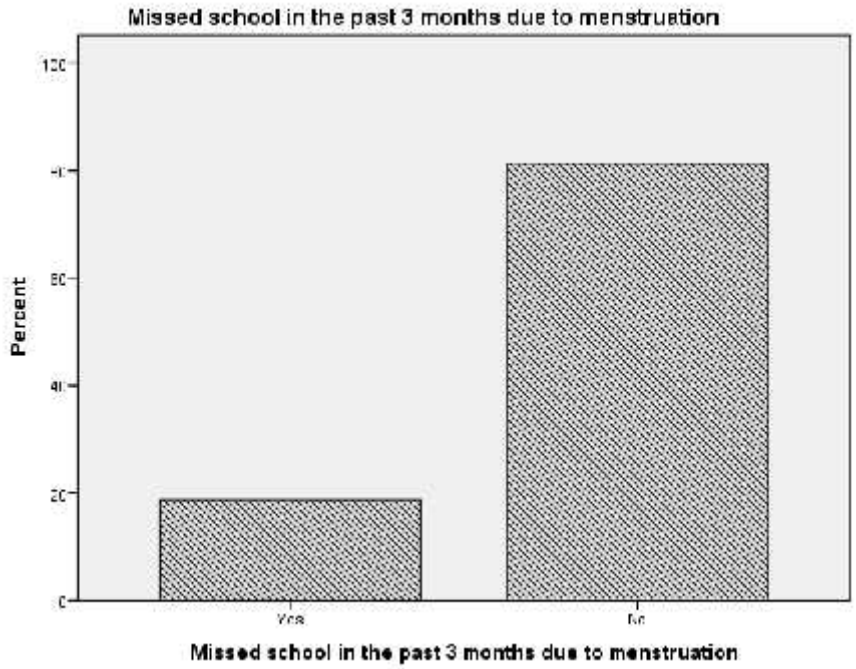
Figure 4.5.4 Comfort around boys while menstruating

The participants were asked to answer whether they felt comfortable around boys during menstruation. A majority of the participants i.e. 54.8% answered “Yes” while 32% answered “No” and 13.3% answered “I don’t know”.

When asked about the reason for this, one of the participants responded that for her, the issue was less about comfort and more about how boys her general seemed clueless about menstruation altogether:

“In class, they (her male classmates) just seem clueless. When we are studying about menstruation, I think the girls know because we get the workshop on it and because we experience it. The boys zone out. They have no idea what’s being taught!”

4.5.5 Missed school in the past 3 months due to menstruation



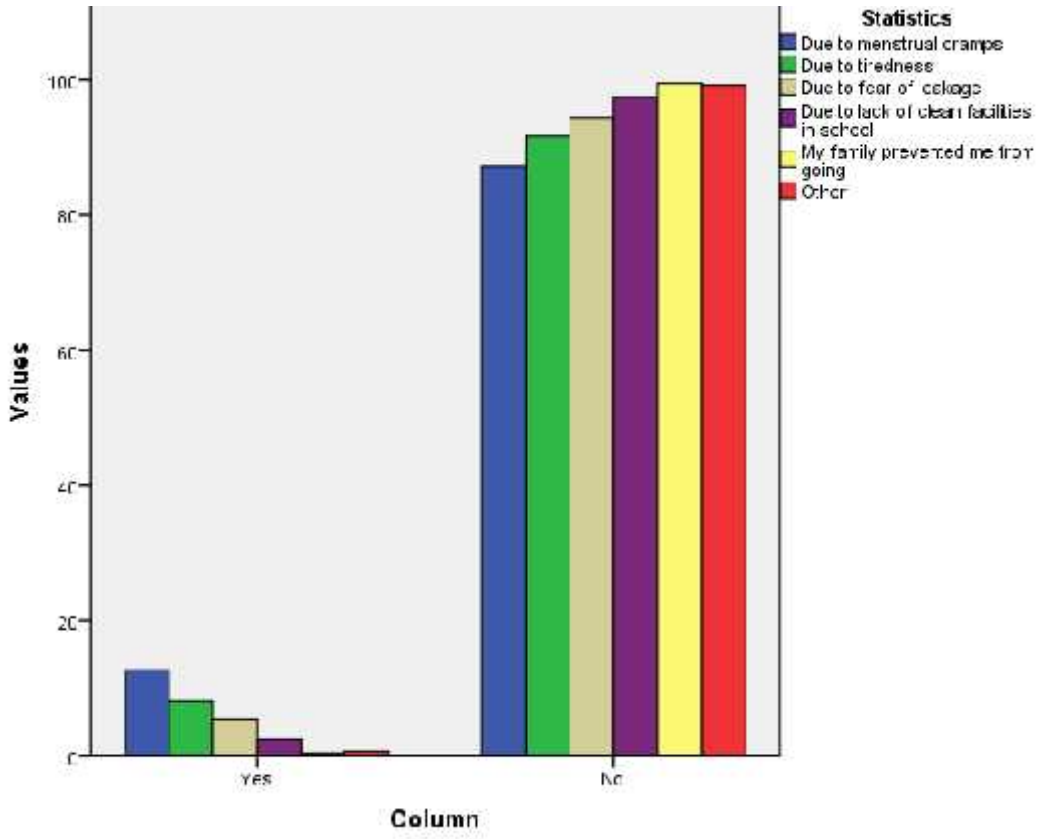
Source: Field Work, 2022

Figure 4.5.5 Missed school in the past 3 months due to menstruation

In the chart, we can observe the response of the participants when they were asked if they have missed school in the past 3 months (from the date that the survey was conducted) due to any issues related to menstruation. While 81.3% of the participants responded “No”, 18.8% of the participants responded “Yes”.

Menstruation remains one of the major reasons for school absenteeism among school girls. In a study conducted among 321 female high school students of Kalikot district in Nepal, it was found that nearly 1 in 4 respondents (22.1%) had not attended school during their last menstrual cycle. Additionally, more than 1 in 10 girls felt that their academic performance had degraded after menarche. (Ranabhat et al., 2019) Similarly, in another study by World Vision International Nepal conducted in all seven provinces, it was found that more than 1 in 4 respondents (26.7%) had missed school during their last menstrual cycle. (Sigdel et al., 2020)

4.5.6 Reason for missing school



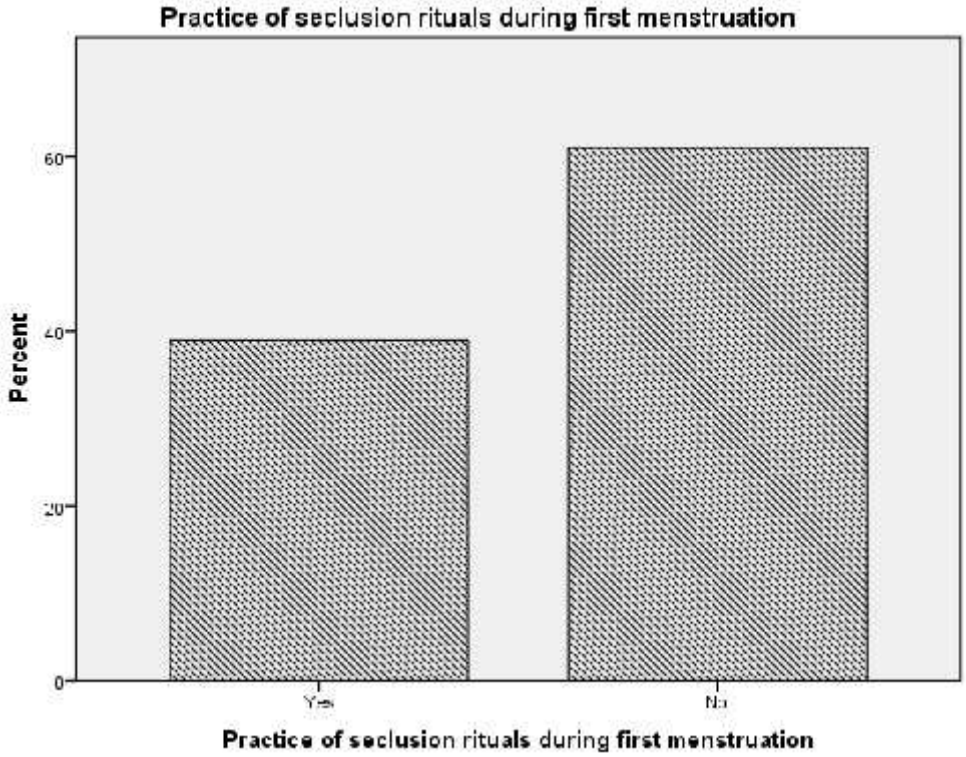
Source: Field Work, 2022

Figure 4.5.6 Reason for missing school

The participants who answered “Yes” to missing school in the past 3 months due to menstruation were asked to state the reason for the same. As mentioned previously, women face a myriad of problems during their periods. Adding to the menstrual stigma prevalent in society, menstruation is one of the major reasons for school absenteeism among young women. Besides the physical problems they face during periods, there are also psychological impact that is caused due to menstruation. In a study conducted in Chennai, it was reported that 67% of women faced psychological problems such as mood swings, irritability, stress, restlessness and the like due to menstruation. Besides this, 10% of women reported to not having privacy to change sanitary pads or not knowing how to use them. (Sundari et al., 2022)

4.6 Menstrual restrictions and taboo

4.6.1 Practice of seclusion rituals during first menstruation

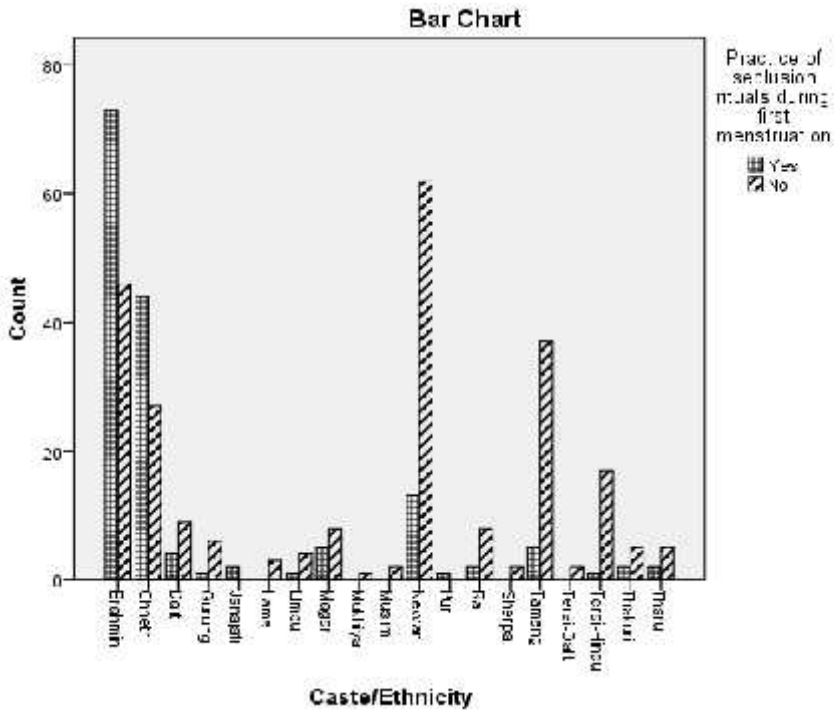


Source: Field Work, 2022

Figure 4.6.1 Practice of seclusion rituals during first menstruation

From the chart above, we can observe the response of the participants when they were asked whether they practiced any seclusion ritual during their first menstruation. Menarche, or the first menstruation, is considered an important phase in a young girl's life and it usually marked by some cultural rituals. Some cultures practice ceremonial exclusion while others celebrate the first menstruation. This practice is followed in different states in India such as the *Raja Praba*or *MithunaSankranti*in Odisha, the *ToloniBiya/TuloniBiya/Nua-tulon/SantiBiya*in Assam and the Sunrise Dance Ceremony by the Apache tribal communities in Arizona and Mexico. (*Menstruation Celebration*, n.d.)

4.6.2 Practice of seclusion rituals during first menstruation based on caste/ethnicity

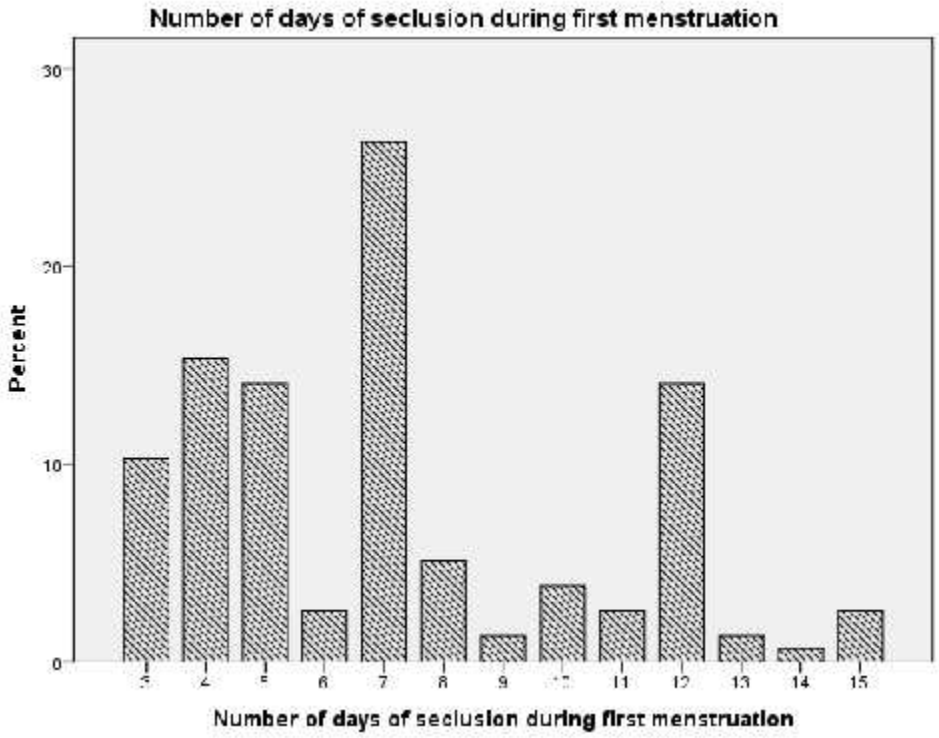


Source: Field Work, 2022

Figure 4.6.2 Practice of seclusion rituals during first menstruation based on caste/ethnicity

Among the various caste/ethnic groups in Nepal, those which are largely Hindu such as Brahmins, Chhetris and Newars are generally known to follow exclusion rituals during menstruation. They also outline initiation rituals that must take place before menarche. However, a lack of homogeneity within the various caste/ethic groups can be observed in the chart above. Out of the 199 participants who are Brahmins, 18.2% have responded “Yes” to following menstrual rituals while 11.5% have responded “No”. Even within groups such as Gurung and Limbu, who are usually Buddhists and thus, do not follow menstrual rituals, 0.2% belonging to each of the caste groups responded “Yes” to following such practices. This can be taken as an indication that caste/ethnicity does not entirely determine the existence of menstrual restrictions.

4.6.3 Number of days of seclusion during first menstruation



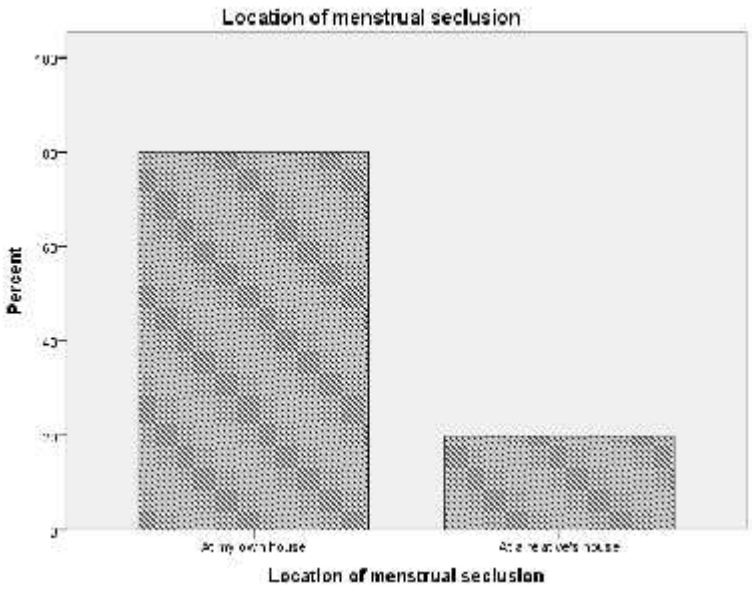
Source: Field Work, 2022

Figure 4.6.3 Number of days of seclusion during first menstruation

The study participants who answered "Yes" to following seclusion rituals during their first menstruation were asked to denote the number of days that they stayed in seclusion. The mean was 7.15 days.

According to reports, over 89% of women in Nepal experience some form of restriction during their periods. In the *Chhaupadi pratha* of Far Western Nepal, girls experiencing menstruation for the first time are required to live in livestock sheds that act as menstrual huts or *"chhau"* for at least 14 days. (Mukherjee et al., 2020) In many other cultures, girls are required to isolate themselves for at least 12 days at the time of menarche. During this period, there are a number of other restrictions to be followed, such as not being allowed to communicate with boys or see the sun.

4.6.4 Location of menstrual seclusion



Source: Field Work, 2022

Figure 4.6.4 Location of menstrual seclusion

The study participants who answered "Yes" to having followed seclusion rituals during their first menstruation were asked to mention the location where they stayed during the seclusion.

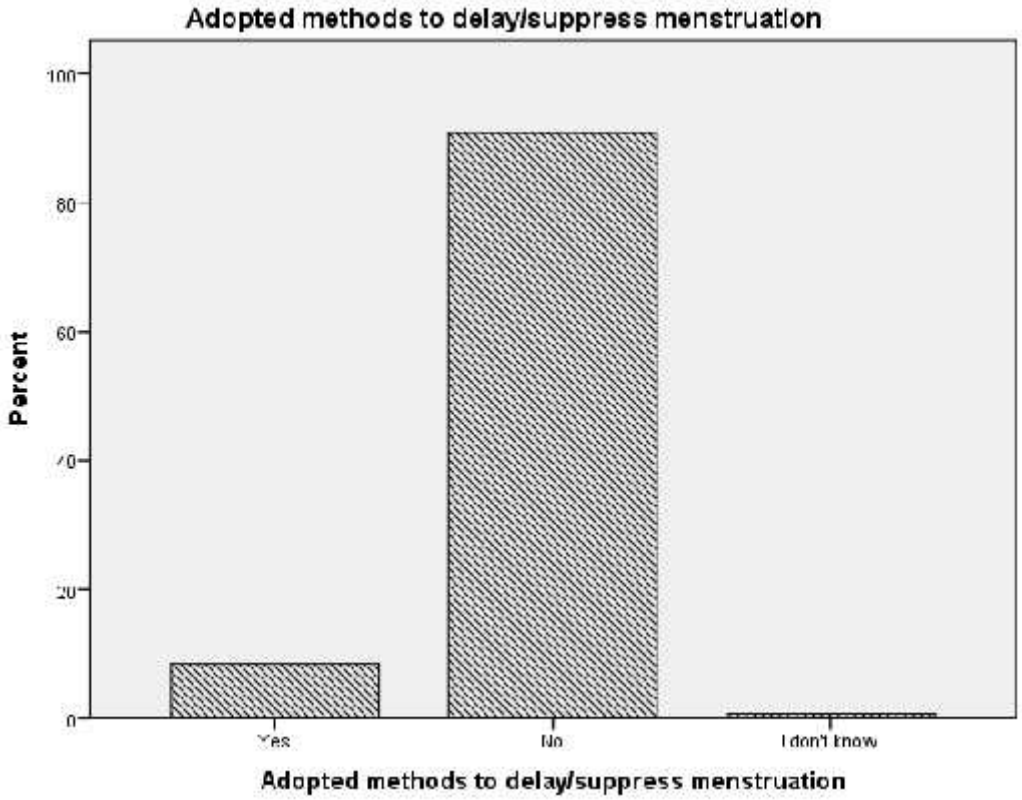
The participants were asked to share their first impression about menstruation and where they usually gain information from. One of them shared:

"I always thought menstruation is very normal. But, I think I have learned more about it from social media websites and the Internet than I have at school. I usually get a lot of information from TikTok."

The participant was further asked whether they find such information reliable or not. They responded:

"I try to cross-check on Google. But mostly, I haven't thought of it's reliability. I tend to filter the content that I relate to the most and watch them."

4.6.5 Adopted methods to delay/suppress menstruation



Source: Field Work, 2022

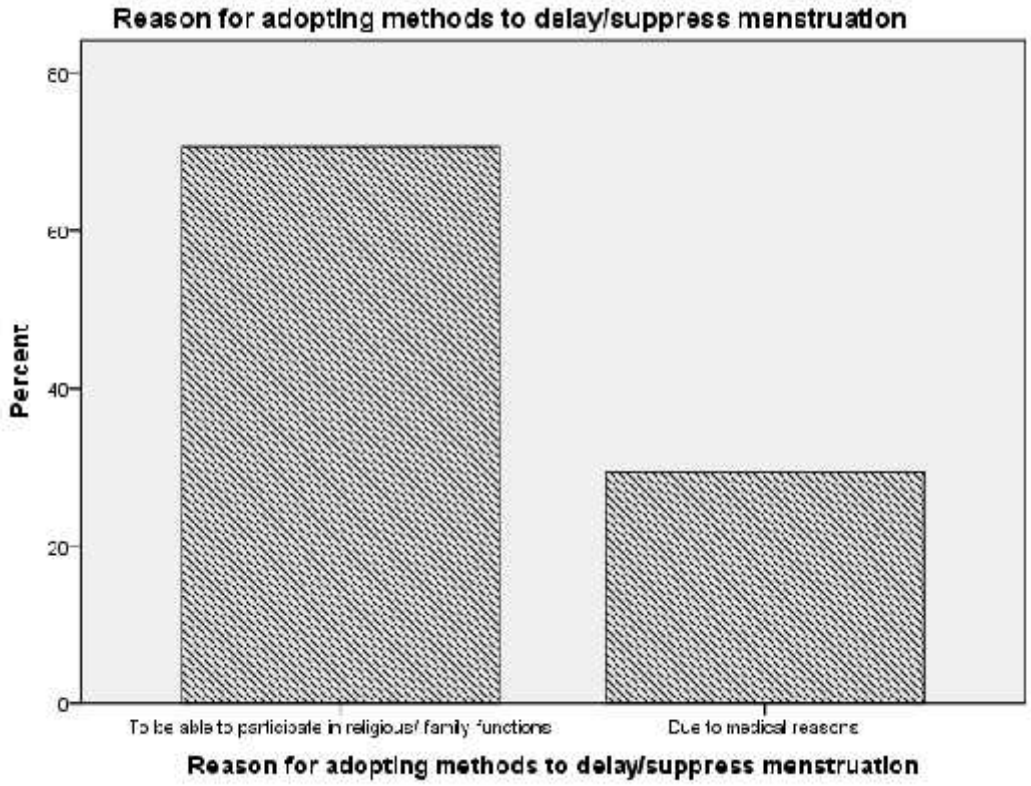
Figure 4.6.5 Adopted methods to delay/suppress menstruation

From the graph above, we can observe the response of the participants when they were asked if they have ever adopted methods to delay/suppress their menstrual cycle.

It was found that even though most of the participants did not adopt self-diagnosis and treatment to regulate their periods, they were aware that medications are used to treat conditions such as PCOs and dysmenorrhoea. However, they did not have a clear ideas about why self-diagnosis or long-term use of contraceptives may really be harmful.

"Our school nurse will scold us if she finds out that we have taken pills. She says that it will cause complications later. But, in our book, it says that one of the ways to manage difficult periods is to take pills. I wish there was more explanation given because I am confused!"

4.6.6 Reason for adopting methods to delay/suppress menstruation



Source: Field Work, 2022

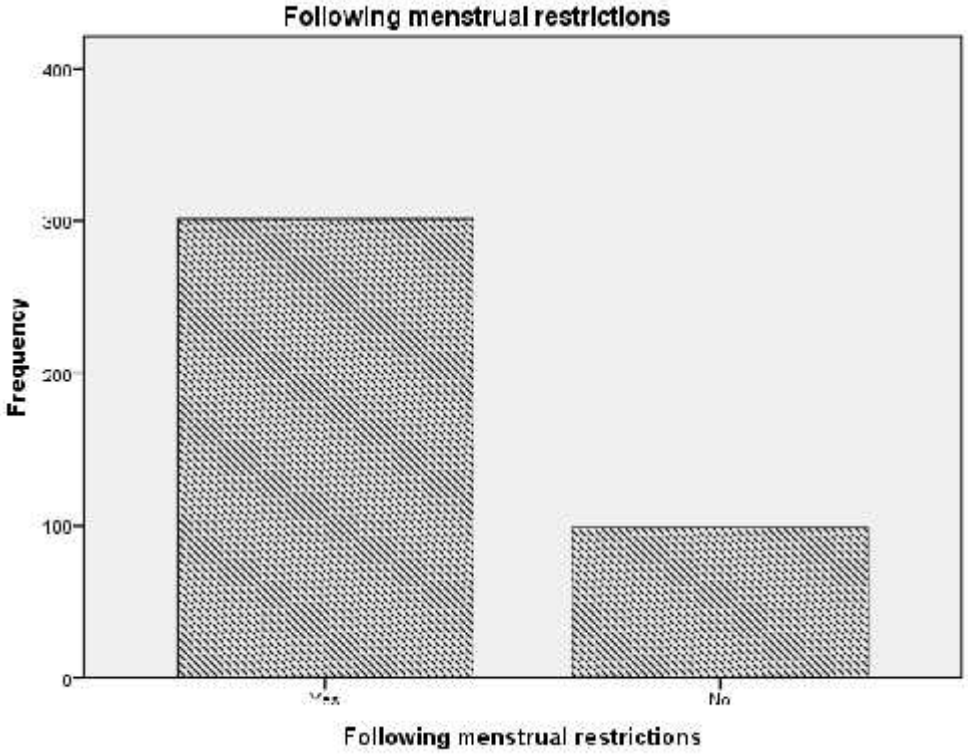
Figure 4.6.6 Reason for adopting methods to delay/suppress menstruation

The study participants who answered "Yes" to having adopted methods to delay/suppress menstruation were asked to select the reason for the same.

Even though some of the participants hadn't taken the contraceptive pills themselves, they had observed the consequences that might be caused due to self-diagnosis. One participant noted:

"We have a puja (ceremonial worship) on my birthday every year. Once, my mom took pills ahead of my birthday so that she wouldn't miss the puja. After this, her periods got delayed for two months. She visited the gynaecologist. We were thankfully informed that it wasn't anything serious but it made me think about all the other issues that could have come up."

4.6.7 Whether menstrual restrictions are followed



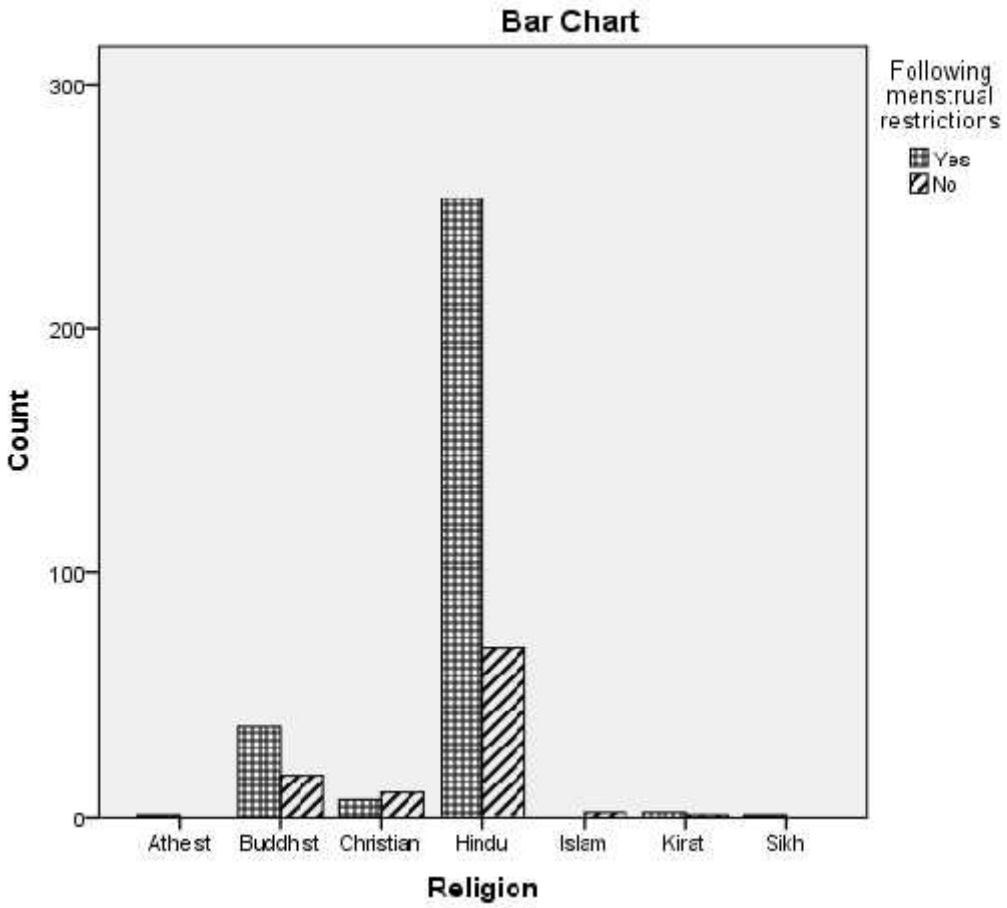
Source: Field Work, 2022

Figure 4.6.7 Whether menstrual restrictions are followed

The study participants were asked to answer whether they follow menstrual restrictions/taboo or not. Among all the participants, 75.3% answered “Yes” while only 24.8% answered “No”.

While menstruation largely remains a taboo topic, there are a small number of countries that now recognise it as a legitimate health concern and have offer menstrual leave to its citizens. These include Japan, Taiwan, Indonesia, South Korea and Zambia. (Bello &Llach, 2023) However, this has not been without controversy since those against the belief, such as Levitt and Barnack-Tavlaris warn that it may perpetuate stereotypes and the medicalization of menstruation. (*Menstrual Leave*, n.d.)

4.6.8 Whether menstrual restrictions are followed based on the religion

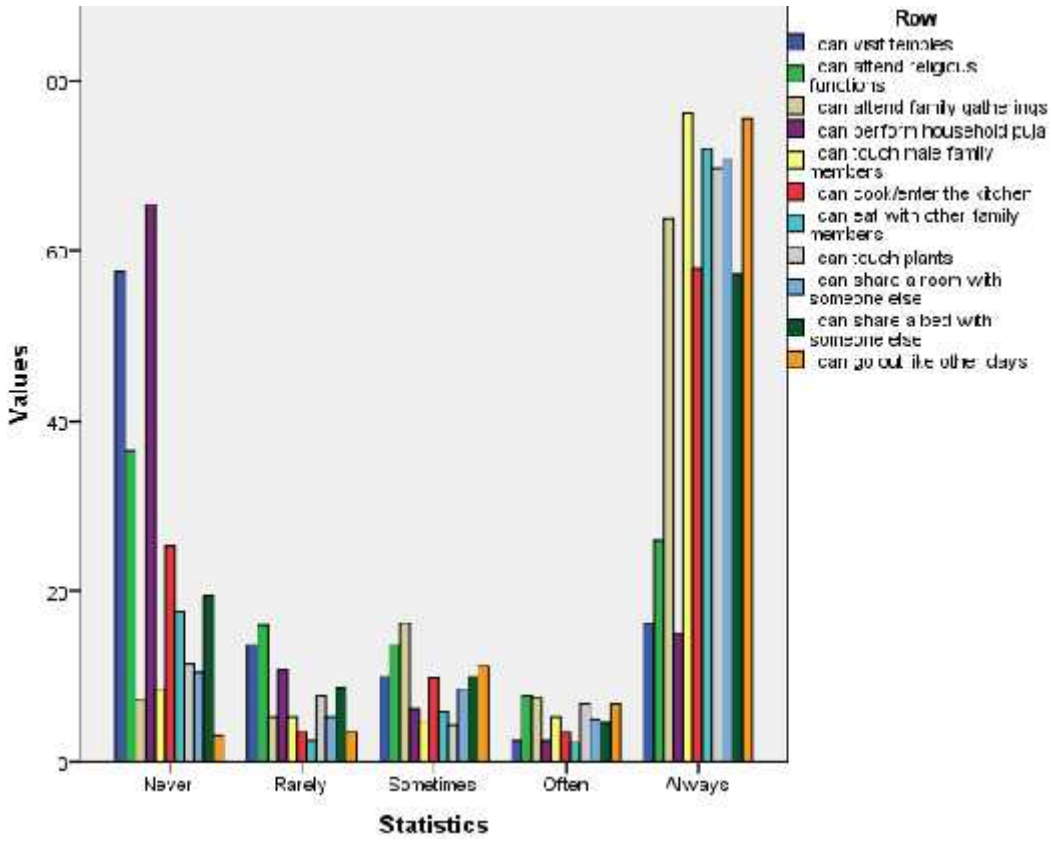


Source: Field Work, 2022

Figure 4.6.8 Whether menstrual restrictions are followed based on the religion

Since the literature review indicated how religion plays a major role in influencing much of the idea of the purity or the impurity of menstruation, the religion of the participants has been tabulate with whether or not they follow menstrual restrictions. It can observed that religion does not entirely determine this. For instance, 63.2% of Hindus have responded “Yes” to following menstrual restrictions while 17.2% have responded “No”. In the same way, 2 out of the 3 participants who follow Kirat religion have responded “Yes” while one of them has responded “No”. Similar results can be observed with all the religious groups presented in the graph above.

4.6.9 Which menstrual restrictions are followed?

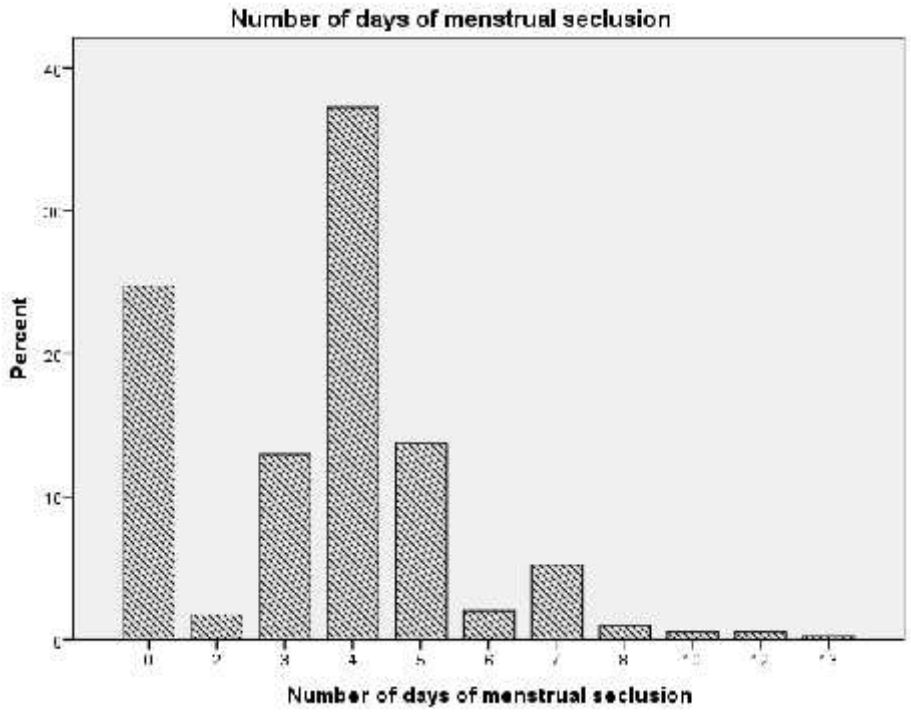


Source: Field Work, 2022

Figure 4.6.9 Which menstrual restrictions are followed?

From the chart, we can observe the responses of the study participants regarding which menstrual restrictions they follow or don't follow most often. The question consists of 11 questions a Likert scale format. If we look at the two ends of the chart i.e. "Never" and "Always", we can see a great variation in the responses: cultural and religious practices or those within the household are seen to have the most rigidity. For instance, the highest number of responses for "Never" is "I can perform household puja". On the contrary, the most lenient practices are those to do with activities outside the household or those with male family members. Within the household, less rigidity is observed in practices that are not culturally or religiously dictated.

4.6.10 Number of days of menstrual seclusion



Source: Field Work, 2022

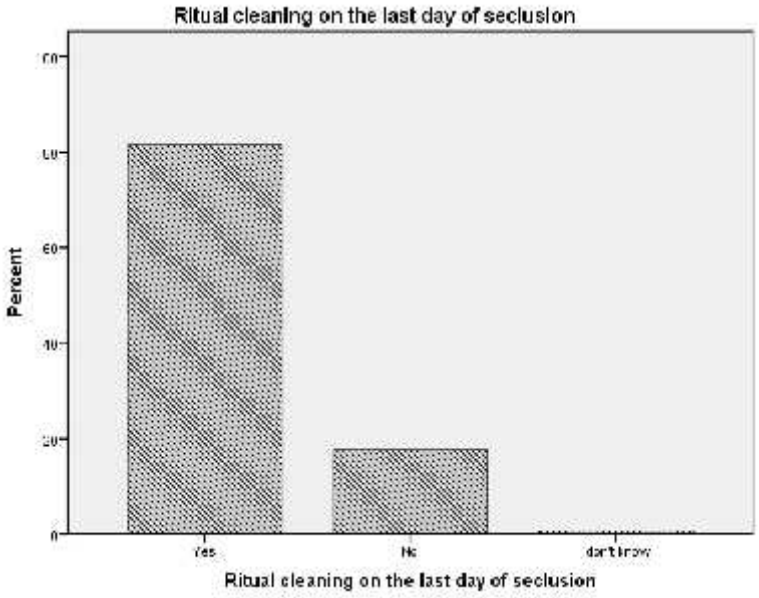
Figure 4.6.10 Number of days of menstrual seclusion

The study participants who previously answered "Yes" to following menstrual restrictions/taboo were asked to state the number of days that they practice menstrual seclusion. Among them, the highest number of participants i.e. 37.3% practice menstrual seclusion for 4 days while the lowest number of participants i.e. 0.3% practice menstrual seclusion for 13 days.

The participants were later asked who in their family imposes menstrual restrictions on them is most often pointed out female family members. When asked why it might be that such discrimination comes from females more than males, one participant responded:

"The men usually don't know and they don't bother also. My father talks to me about menstruation, about hygiene and safety but not about such taboo. I think that men in general are not aware of these restrictions."

4.6.11 Ritual cleaning on the last day of seclusion



Source: Field Work, 2022

Figure 4.6.11 Ritual cleaning on the last day of seclusion

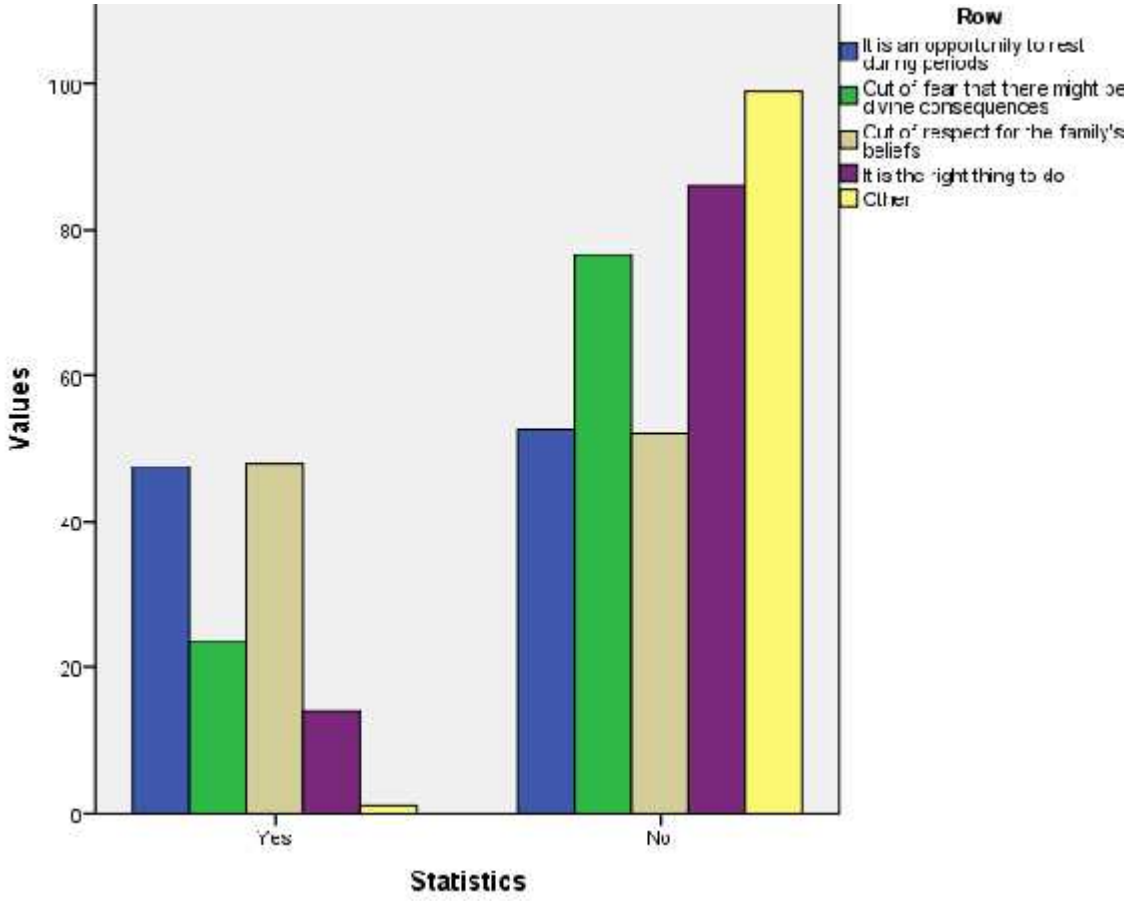
In the above chart, we can observe the response of the participants regarding whether they practice ritual cleaning on the last day of menstrual seclusion. For most respondents, their concern was less on having to perform ritual cleansing and more on maintaining hygiene in school. As one participant noted:

"The toilets are alright but there are no locks. This is a big problem during periods."

Besides this, when asked whether there was a separate dustbin for the disposal of sanitary pads, she added:

"I think there is in one washroom. But I think it depends more on the girls who are using the washrooms. Some girls will throw a used pad as it is. It is so uncomfortable to see. At my old school, we were given a course where they taught us to always carry a newspaper so we could wrap pads in them before disposal. I haven't seen girls follow this here. I think they should be given a course or training about this."

4.6.12 Reason for following menstrual restrictions



Source: Field Work, 2022

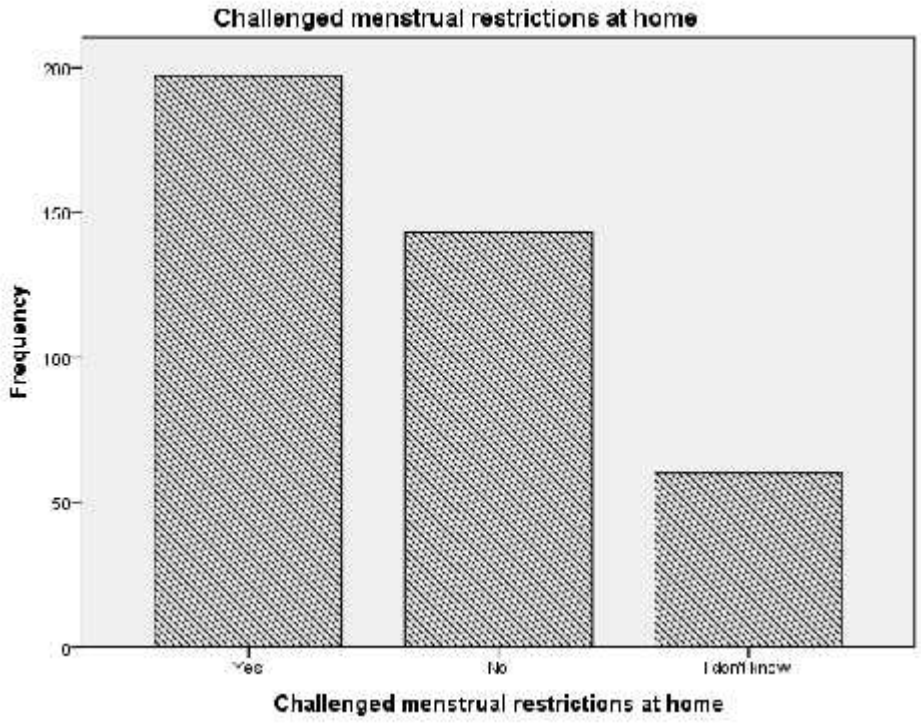
Figure 4.6.12 Reason for following menstrual restrictions

From the above chart, we can observe the response of the study participants when they were asked to select the reason why they follow menstrual restrictions.

Most of the participants spoke about how they adhered to menstrual restrictions less because they considered it to be so and more because of pressure from their family:

"For me, it (menstruation) is normal but not normal. My family members know that it is a natural phenomenon but they still say that it is a part of our culture to follow these restrictions. At school, of course, we've studied that it is natural occurrence so it feels completely normal to me."

4.6.13 Challenged menstrual restrictions at home



Source: Field Work, 2022

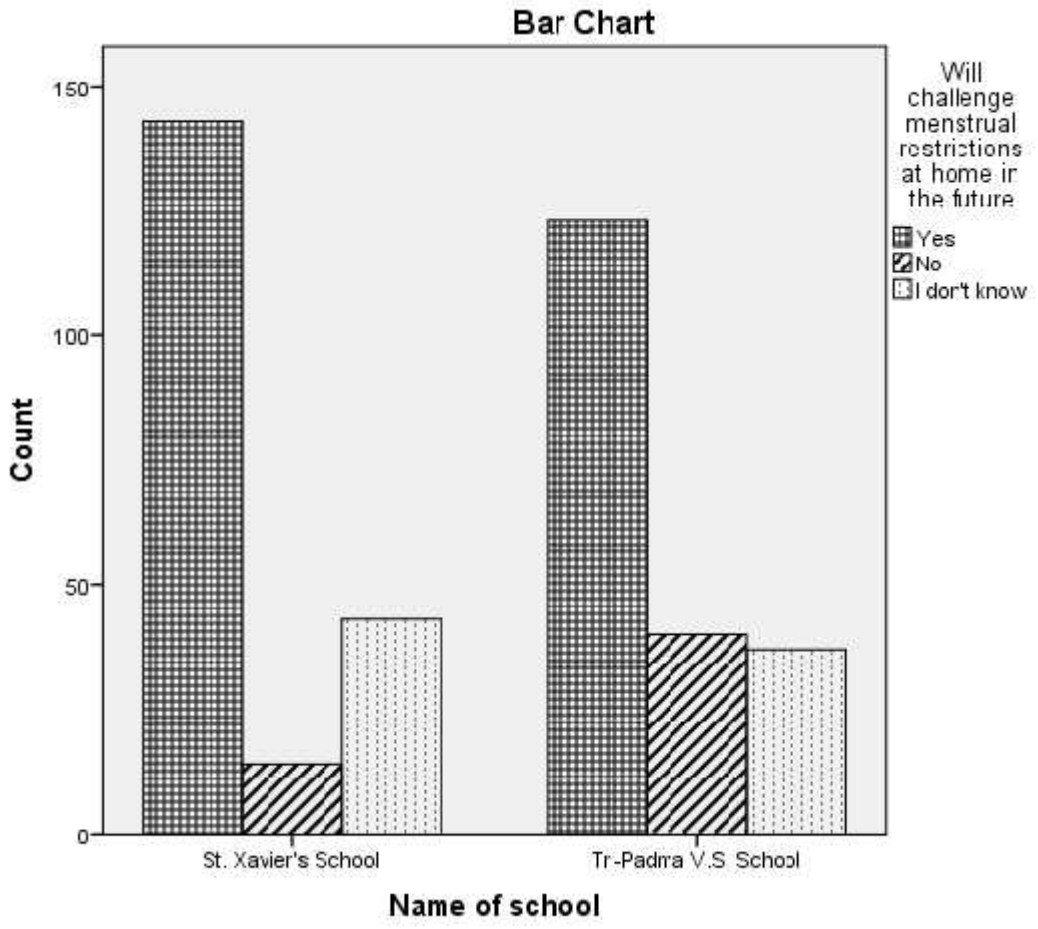
Figure 4.6.13 Challenged menstrual restrictions at home

The study participants were asked whether they have challenged menstrual restrictions at home. 49.3% of the participants responded “Yes” while 35.8% of the participants answered “No” and 15% of the participants answered, “I don’t know”.

For one of the participants, it wasn’t just her but also her brother who challenged such restrictions. She shared:

“My brother and I share a birthday. On our birthday, we always visit Pashupatinath temple. One year, I was on my periods on my birthday. My mother said that she would only take my brother to the temple but not me. My brother objected and said that it is such a normal thing to have periods, it happens to every woman, so why should I not be allowed to go with them? Although my mother did not comply, he stood up for me.”

4.6.14 Will challenge menstrual restrictions at home in the future based on the school

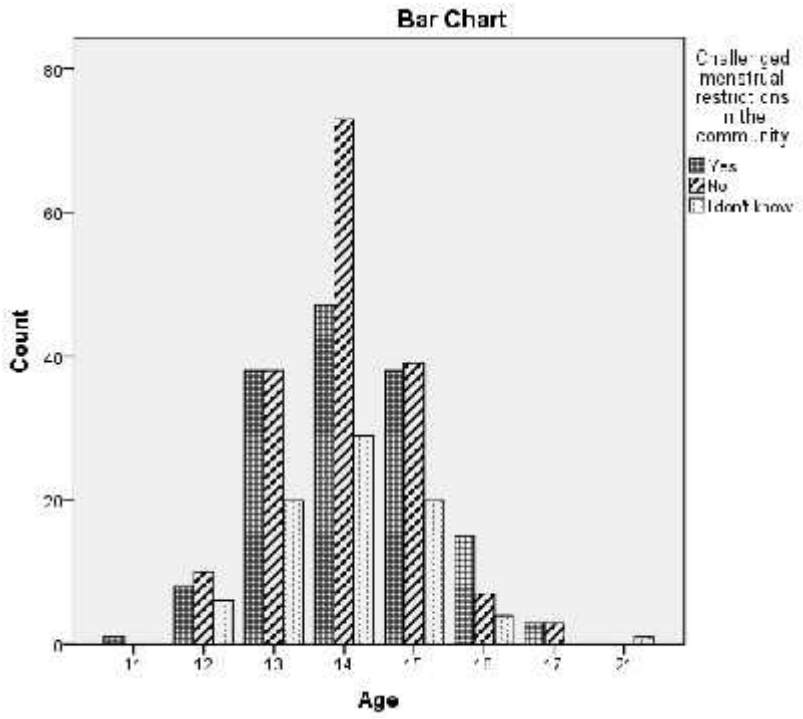


Source: Field Work, 2022

Figure 4.6.14 Will challenge menstrual restrictions at home in the future based on the school

Two variables have been compared to analyse whether the type of schooling makes a difference in the perception towards menstrual rituals or not. From the above graph, we can observe that the participants studying in a private school (St. Xavier's) have responded more positively to challenging menstrual taboo at home than those studying in a public school (Tri-Padma). However, there isn't a wide difference between these responses i.e. 27.2% and 22% respectively. Due to this, other factors must be taken into account while analysing the reason for the existence of such discriminatory practices.

4.6.15 Challenged menstrual restrictions in the community based on age

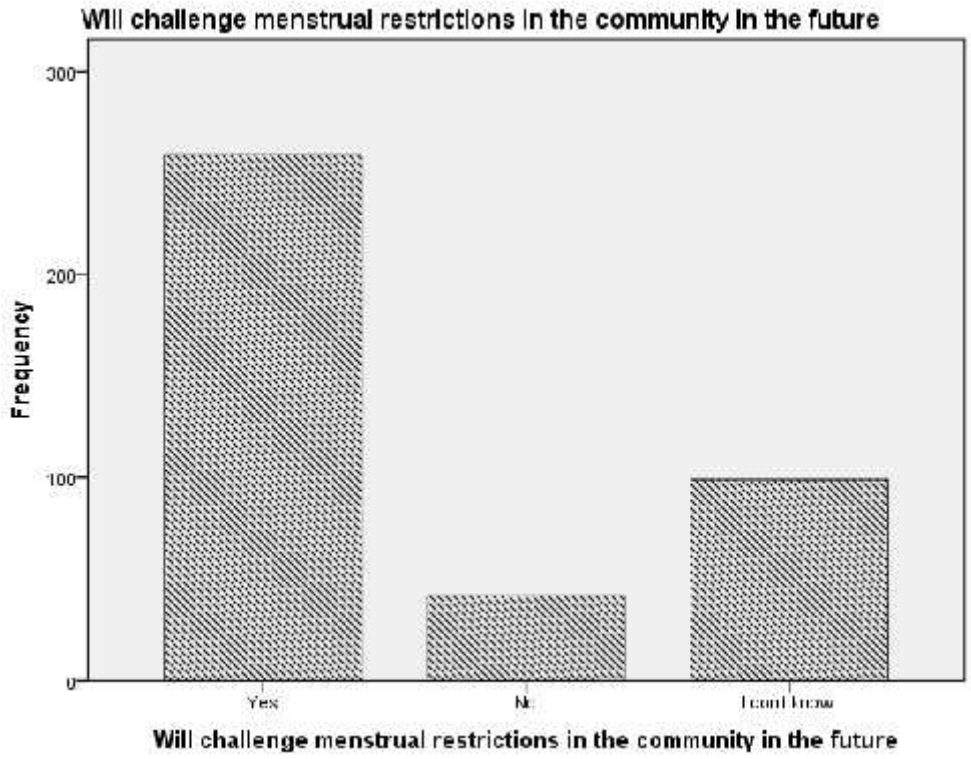


Source: Field Work, 2022

Figure 4.6.15 Challenged menstrual restrictions in the community based on age

The chart above illustrates the cross tabulation of the response of the participants when they were asked whether they have ever challenged menstrual restrictions in the community or not along with their age. A large number of participants were 14 years of age and thus, their responses to all three of the options have made up the majority of the responses in each category. Despite this, there isn't a wide gap in the responses between the participants. For instance, there are 149 participants aged 14, 97 participants aged 15 and 96 participants aged 13. 11.8% of participants aged 14 have responded "Yes" to challenging menstrual restrictions in the community while 9.5% of those aged 13 and 15 have also responded the same. Therefore, age cannot be seen as a significant variable in swaying one's perception about the elimination of menstrual restrictions.

4.6.16 Will challenge menstrual restrictions in the community in the future



Source: Field Work, 2022

Figure 4.6.16 Will challenge menstrual restrictions in the community in the future

The study participants were asked if they would challenge menstrual in the community in the future. Among all the participants, 64.8% answered “Yes” which is the majority. On the contrary, 10.5% of the participants answered “No” and 24.8% of the participants answered “I don’t know”.

Although many participants have responded to not challenging restrictions in the community yet, a positive result can be observed through this. We can expect a change in perception regarding menstrual taboos over the generations, albeit that the progress will be steady as intervention is required on many levels in order to uproot historically garnered perceptions of the menstrual taboo.

CHAPTER V

DISCUSSION

The outcomes of this research have provided insight into how adolescent girls perceive menstrual taboos, the possible reasons why they exist to this day and the importance of CSE in eliminating such discriminatory practices. This chapter presents an analysis of all the data gathered throughout the course of this study. The researcher has found three points of discussion which are presented below:

5.1 The idea of menstruation as a female problem

When the early philosopher began their intellectual quest and attempted to explore the world around them, many tried to make sense of a phenomenon that was alien to them: menstruation. Primitive societies linked it with the moon, equating it with other divine and mysterious processes that they could not make sense of entirely. The early scholars, such as Pliny the Elder and Aristotle, in contrast, linked menstruation with destruction and as an identifier of women's biological inferiority. Even in recent history, scientific research treated menstrual blood as life-threatening. The inclusion of "menotoxins" as a part of the scientific jargon – a word consisting of "toxic" that is, something poisonous, unnatural or manufactured – is an example of the idea that menstruation isn't a natural process and thus, should not be treated as one.

What is observed from the early days of academic research and well into the present age is a severe lack of female scholars. We have already established that menstruation is both a biological and a social process. The absence of an adequate feminine lens on an issue that has so strongly been defined as a "female problem" has caused a wide gap in knowledge and exploration of this topic.

Menstruation has not been studied the same way as other biological processes. Previous researches have pointed out how negative ideas about the phenomenon have helped to sustain it as taboo. This is further perpetuated by the use of euphemisms. 71% of the respondents have acknowledged using alternative words such as "*nacchuni bhako*", "*para sareko*", "*menes bhako*", "*chhui bhako*" or "*ma-jiu bhako*" to refer to menstruation. 34.5% of the participants have responded to using such "code words" around family members and 31.5% in general or with everyone. For a phenomenon that is obscured with the use of substitute words, it is obvious that the process of menstruation itself would be left in such academic and cultural ambiguity.

In most discussions about various aspects of development, the term "half of the population" is frequently used to refer to women and to highlight the importance of their participation and improvement for the progress of society as a whole. Men and women are described as "two wheels of the same cart", referring to the idea that both need to work together in union to drive society forward. However, when it comes to issues that concern women, men are left out of the discussion. Some respondents pointed out that only girls in their school are provided with a workshop on menstrual health. When the time comes to study the same topic in health class, the girls are seemingly more aware while the boys are distracted, uninterested and clueless. They are the ones who will disturb both their teachers and their peers. Since there is already a predisposition that this is not a topic that concerns them, they learn to not take it seriously.

Within the family dynamic, a paradox can be observed in the way menstruation is dealt with, even by parents. 53% of the participants first learned about menstruation from their mother while only 1.8% from their father. Similarly, 79.5% of the participants said that their mother helped them manage their first menstruation while only 0.5% received help from a male family

member. However, participants have also noted that they are asked by female family members to follow menstrual restrictions more than male family members. They have analyzed another instance of how men, in general, are unaware of menstruation and its related practices.

As a consequence of the lack of dialogue on an issue that supposedly only concerns women and must be discussed with great discretion, adolescents turn to alternative sources of information. Often, these are what is most accessible to them: social media websites like TikTok, for instance, which often may not have the most reliable, verified or accurate sources of data. This puts them at further risk of misinformation and unsafe practices.

5.2 Generational reinforcement of menstrual stigma and the lack of female solidarity

Many societies, cultures and religions have outlined mandatory isolation for menstruating women. As some scholars have pointed out, forcing women into exile was a means to prevent them from participating in “masculine activities” such as hunting or in the modern context, being the breadwinner of the family. This has consequences beyond just the relegation of women to the periphery of the workforce.

All religious texts that mention restrictions for women during menstruation have one aspect in common: the protection of men from the “impure” menstrual blood. Such literature can be seen as a way of “divide and conquer”. It is ironic that a process as natural as menstruation – one that does not occur as a result of choice - is deemed to require the most control. Perhaps this very lack of self-restraint is what was so threatening to early scholars and religious patriarchs. Moreover, man’s apparent envy of women’s reproductive capabilities also echoes this need for control over menstruation. It is, after all, a process that can neither be experienced by nor requires any participation from a man.

Keeping women away from society meant preventing them from forming any solidarity between themselves and other men. Husbands and wives are instructed to stay away from each other for a week every month, a mere touch is described as requiring ritual cleaning and in more drastic instances, women are considered so impure that they cause food to go bad and plants to die. In other words, women are not only "toxic" for other people but for everything they touch.

It can be predicted that a reason why a majority of the participants, that is 75.3%, have responded to following menstrual taboos is that most of them belong to communities that outline restrictions for menstruating women: 80.5% of the participants are Hindus; 29.8% are Brahmins, 18.8% are Newars and 17.8% are Chhetris.

The respondents have hinted at how there are more restrictions at home and with family members than those beyond it. 48% of the participants have said that they follow menstrual restrictions "out of respect for the family's beliefs" while only 14% have said that it is because they believe that "it is the right thing to do". Similarly, the results of the Likert scale show that most of the prevailing taboos are those surrounding religious practices and familial beliefs: 65.5% of participants responded that they can never perform household *puja*, 57.5% responded that they can never visit temples and 36.5% responded that they can never attend religious functions while menstruating. On the contrary, 76.2% of participants said that they can always touch male family members, 7.5% responded that they can often attend family gatherings, 16.2% said that they can sometimes attend family gatherings and 16% responded that they can rarely attend religious functions during their menstruation.

As aforementioned, participants have noted how instructions about menstrual practices are usually provided by women. This shows how such exclusionary practices are, in the present

age, less of a written law and more of a verbal set of instructions that are passed down from one generation to other and is continued to be followed simply because it is the norm.

The gap that this creates, along with the idea of menstruation as something shameful, prevents women from ever communicating freely with one another. The instance of the improper disposal of used period products shared by one of the participants shows a severe lack of guidelines as well as a lack of safe space for discussions among young girls. Further, the rude responses of the school nurses when they are approached by students about matters related to menstruation or reproductive health and their teacher's awkwardness in class can be seen as manifestations of the menstrual stigma and the lack of female solidarity.

5.3 Self-objectification and body image

Mary Douglas has pointed out how taboos are sustained due to care for hygiene and because they are considered the norm. Often, such conventions mask the underlying narrative of sexual objectification that women are subjected to. From childhood, there is a significant difference in the way that girls and boys are raised. Boys are encouraged to go outside, play and be active. Girls, on the other hand, are handed toys that mimic sets of kitchenware, for instance, or dolls that they can dress up. Boys are taught to socialize with their peers and vocalize their opinions while girls are instructed to be demure and decent. In other words, children are raised according to their patriarchal roles – one which they internalize as normal while growing up.

This internalization leads to girls being aware of their appearance. They learn from other women around them the ways of getting dressed, making their hair, wearing perfume and putting on makeup. It becomes a ritual for them – something that they cannot leave the house without. Upon menarche, these habits translate into how they maintain their menstruation. As there is already the belief that they must look good in order to be accepted by those around them,

menstruation creates a hindrance in how women see themselves. Menstruation, after all, is dirty, unhygienic and requires active management.

To add to this, the portrayal of menstruating women in media furthers women's self-objectification. Women in advertisements for period products are shown to be participating in outdoor activities, excelling at their jobs or dancing with their friends all while donning light-colored, form-fitting clothes. Never are issues such as period cramps, bloating, and mood swings that are common to so many women addressed in their portrayal in the media. Social media websites further perpetuate the image of the perfect, put-together, modern woman. Instead of encouraging them to accept their bodies as they are and the effective ways to deal with problems that arise due to menstruation, women are taught the best ways to conceal them.

Women, in turn, internalize this and attempt to meet the standards set by the society which are deemed acceptable for them. 51.3% of the participants responded to wrapping menstrual hygiene products during purchase. Out of this, 37% of the respondents cited the reason as being done out of habit while 9.8% admitted that they felt shy to carry it openly while 4.5% acknowledged that it was to avoid men from seeing it.

School absenteeism due to menstruation is observed to be rare among students in Lalitpur, unlike in other parts of the country. However, a lot of concern regarding appearance and hygiene can be observed among the participants. Participants shared that they feel self-aware during their menstrual cycle and constantly worry about their menstrual state being revealed to their peers. The state of the school washrooms adds to their difficulty in maintaining their hygiene in school. While these are valid concerns since access to safe menstrual hygiene facilities is a basic right for young women, it cannot be denied that the anxiety they feel regarding their image during menstruation is a form of internalized self-objectification.

5.4 Mothers and the school as agents of communication

The data presented in this research has hinted at the role of mothers and the school as agents of communication for young women. In fact, it is due to the lack of conversation that the participants are facing many of the problems that they have highlighted.

During the data collection process, the researcher witnessed how the participants were comfortable in discussing menstruation and other topics related to sexual and reproductive health. Now, this may have been the case since the participants were informed that they would remain anonymous, the fact that the researcher herself is also a young women. It also begs the question of whether they are also just as comfortable sharing such information in other settings, particularly with family members and relatives. Another observation that can be made as it has already been discussed earlier is that female family members seem progressive in educating young girls about menstruation but are complacent in perpetuating much of the stigma that surrounds it.

Nonetheless, it cannot be denied that mothers and the school have played an important role in shaping their understanding of menstruation and other related practices. In order to undo centuries of patriarchal thinking, different social institutions must work together. For many young girls, they have a supportive family wherein at least one member, such as their brother, will defend them at a time when they face biasness due to menstruation. However, when they move out of the house and come to school, they face another level of constraint where they are unable to discuss their experiences freely since a safe space is not provided to them within the classroom. Therefore, the potential of both mothers/family members and the school as agents of communication for young women is something that should be explored by both researchers and policy makers.

CHAPTER VI

CONCLUSION AND THEORETICAL REFLECTION

6.1 Conclusion

This research aimed to address the gap in the research to date and gain insight into the perception and practices of menstrual taboos among adolescent girls in Lalitpur. This thesis concerned itself with the possible reasons why such discriminatory practices exist in the present day and the role that reproductive health education can play in eradicating them.

This research had three objectives, each of which has been addressed in the previous chapters.

The first objective was to assess the knowledge about and experience of menstruation among adolescent school girls. It was discovered that the participants of the study are well aware of many issues related to menstruation and additionally, are also critical of their experiences.

The second objective was to outline the menstrual restrictions prevalent among adolescent school girls. It was learned that many such restrictions are followed for several days every month.

The third objective was to determine the reasons behind the existence of menstrual restrictions. The major reasons why young women comply with such discriminatory practices were concluded to be out of respect for their family's beliefs and to a large extent, their internalization of the belief that menstruation is something to be concealed.

The fourth objective was to illustrate the importance of sexual and reproductive health education in eliminating exclusion practices. It was discovered that both formal education and extra workshops provided by schools concerning topics related to safe sexual and reproductive health practices are effective in shaping young girls' knowledge and opinion of the same.

However, because these topics are taboo, educators and guardians are generally shy when discussing them. Young boys in class consider topics such as menstruation to not be important to them and thus, end up disturbing the class and distracting their teachers. There is also a lack of safe space among women themselves to discuss these topics. Therefore, adolescent girls are not achieving accurate knowledge on these essential topics in the capacity that they should.

This research utilized mixed-method research and a sequential exploratory design. The data collection and analysis were done in two phases. Firstly, 400 adolescent girls were selected from two schools in the Lalitpur district for the quantitative phase: one public school and one private school. Through a close-ended questionnaire, the participants were asked about their knowledge and perspectives of menstruation and the menstrual restrictions they follow. The data derived from this was coded and analyzed using IBM SPSS 20. The results from this phase informed the questions for the second i.e. the qualitative phase of data collection. During an FGD, participants shared their personal experiences of menstruation at home and school, the quality of the CSE classes as well as the reasons why they follow menstrual restrictions.

It can be concluded that the experience of adolescent girls is as paradoxical as the historical retelling of menstrual rituals. While there is the recognition that menstruation is a natural process and must be treated as such, it is generally difficult to challenge such beliefs because they are so deeply embedded in society. Mothers and the school have been observed to be effective agents of communication for young women and the potential of utilizing their potential, particularly during intervention or for policy making, must be researched and explored. On a personal level, there is a form of self-objectification that keeps young girls in check during menstruation. Thus, menstrual restrictions are layered, historical and cultural beliefs that need multi-level interventions for change.

6.2 Theoretical reflection

In this thesis, I have explored the perception of menstrual taboo and practices among adolescent school girls in a metropolitan area. This research was shaped within the framework of objectification theory and the idea of taboo as a means of male solidarity. These theories, along with the gathered literature and data from fieldwork, were used to form the analysis and discussion of the study.

It was discovered that the participants have a significantly well-rounded knowledge on menstruation and its related practice. They are also aware of the traditional narratives as well as the cultural practices based on menstrual taboos. Even though most of them realize that menstruation is a natural, biological process like any other, they often adhere to seclusion practices because they are followed at home and among relatives. To a large extent, they also find themselves being concerned with their body image and cleanliness while on their periods. The media plays an active role in forming this narrative since depictions of menstruating women in film and television is a portrayal of the ideal woman. In school, the girls have a lack of opportunity and space to discuss these issues openly. Male students in particular are said to be not serious during class and often distract the teachers during lessons on sexual health. Although many girls have noted challenging such notions at home and in the community, the observed changes are slow and few in numbers.

Therefore, the idea of menstruation being dirty, impure and taboo is reinforced from one generation to another. It can be concluded that while education does play a large role in eliminating such discriminatory practices, most of them are upheld due to cultural beliefs and expectations. Interventions into their elimination should therefore, begin at home.

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APPENDIX A: SURVEY QUESTIONNAIRE

A Survey on Menstrual Taboos in Lalitpur

Namaste! I am conducting this survey as a part of my master's thesis at the Central Department of Sociology, Tribhuvan University, Kirtipur. My aim is to explore the socio-cultural reasons why menstrual restrictions/taboos exist in Lalitpur. Please note that any information obtained in connection with this survey that can be identified with you will remain confidential. This survey comprises of three sections, please follow the instructions above the questions and choose the appropriate options.

SECTION A: GENERAL INFORMATION

Completed age in years: ……

Caste/Ethnicity: ……

Religion: ……

Name of school/college: ……

At what age did you get your first menstruation? ……

Did you know about menstruation before getting it?

Yes ☐ No ☐

If yes, where did you first learn about menstruation? If no, please skip to question no. **9**

Mother ☐ Father ☐ Siblings ☐ Other family members ☐ Teachers ☐

School textbooks ☐ Books/magazines ☐ The Internet ☐ Friends ☐

Who helped you manage your menstruation at first?

Mother ☐ Older sister ☐ Female family member ☐ Male family member ☐

Friends ☐ Teacher ☐ Other (please specify) ……. ☐

Often words such as *"nachhuni bhako", "para sareko"* or *"periods"* are used while talking about menstruation. Do you use such code words or phrases to refer to menstruation?

Yes ☐ No ☐ I don't know ☐

If yes, who are you most likely to use such words or phrases with? If no, please skip to the next section.

In general/with everyone ☐ Family members ☐ In front of boys ☐

Friends ☐ At school/work ☐ Other (please specify) …… ☐

SECTION B: MANAGING MENSTRUATION

The following section deals with questions about how you manage menstruation at home and at school. Please tick **ONE** of the options below unless instructed otherwise.

What menstrual hygiene products do you use?

Reusable cloth/sanitary pads ☐ Disposable sanitary pads ☐ Menstrual cups ☐

Tampons ☐ Other (please specify) ☐

Where do you usually buy menstrual hygiene products?

Local shops ☐ Pharmacy ☐ Department stores ☐ I make them myself ☐

Other (please specify) …… ☐

Do you wrap menstrual hygiene products in a newspaper or other materials before bringing it home?

Yes ☐ No ☐

If yes, why do you feel the need to do so? If no, please skip to the next question.

I feel shy to carry it openly ☐ To avoid men from seeing it ☐

It has become a habit ☐ Other (please specify) …….. ☐

Does your school/college have menstrual hygiene products?

Yes ☐ No ☐ I don't know ☐

If you start menstruating at school, what do you mostly do?

Ask the teacher for materials ☐ Ask friends for materials ☐

Use the materials you have brought with you ☐ Go to a nearby shop ☐

Go home, change and return ☐ Go home, change and don't return ☐

I don't know ☐ Other (please specify) …….. ☐

When you are menstruating, do you feel comfortable at school?

Yes ☐ No ☐ I don't know ☐

When you are menstruating, do you feel comfortable around boys?

Yes ☐ No ☐ I don't know ☐

In the past 3 months, have you missed school due to problems related to menstruation?

Yes ☐ No ☐ I don't know ☐

If yes, what was the reason? (You can tick **more than one option)** If no, please skip to the next section.

Due to menstrual cramps ☐ Due to tiredness ☐ Due to fear of leakage ☐

Due to lack of clean toilet facilities in school ☐ My family prevented me from going ☐

Other (please specify) …….. ☐

SECTION C: MENSTRUAL TABOOS

Menstrual taboos are prohibitions associated with menstruating women, often dictated by culture and religion. The following section contains questions related to existing menstrual taboos. Please tick **ONE** of the appropriate options.

In some cultures, girls are required to stay separately for a few days during their first menstruation. Did you practice any seclusion rituals when you got your periods for the first time?

Yes ☐ No ☐ I don't remember ☐

If yes, for how many days did you stay in seclusion? If no, please skip to question no. **25**

……

Where did you stay in seclusion?

At my own house ☐ At a relative's house ☐ Other (please specify) ☐

……

Have you ever taken birth control pills or adopted other methods to delay/suppress your periods?

Yes ☐ No ☐ I don't know ☐

If yes, why did you do so? If no, please skip to the next question.

To be able to participate in religious/family functions ☐

Due to medical reasons ☐ Other (please specify)……☐

Do you follow menstrual restrictions/taboo? If yes, please proceed to the next question. If no, please skip to question no. **31**

Yes ☐ No ☐

Below are some prevailing menstrual restrictions. Please choose the appropriate option according to how frequently you follow or don't follow them while you are menstruating.

	Never	Rarely	Sometimes	Often	Always
I can visit temples					
I can attend religious functions					
I can attend family gatherings					
I can perform household *puja*					
I can touch male family members					
I can cook/enter the kitchen					
I can eat with other family members					
I can touch plants					
I can share a room with someone else					
I can share a bed with someone else					
I can go out like other days					

For how many days do you practice seclusion at home during menstruation?

…….

Are you required to perform ritual cleaning (such as taking a bath, changing your bed sheets etc/) on the last day of seclusion?

Yes ☐ No ☐ I don't know ☐

Why do you think menstrual restrictions are followed? (You can tick more than one of the options)

☐ It is an opportunity to rest during periods

☐ Out of fear that there might be some divine consequences

☐ Out of respect for the family's beliefs

☐ It is the right thing to do

☐ Other (please specify) ……

Have you ever challenged or helped to challenge menstrual restrictions/taboos at home?

Yes ☐ No ☐ I don't know ☐

In the future, do you think you will be able to challenge menstrual restrictions/taboos at home?

☐ Yes ☐ No ☐ I don't know

Have you ever challenged or helped to challenge menstrual restrictions/taboos in the community?

☐ Yes ☐ No ☐ I don't know

In the future, do you think you will be able to challenge menstrual restrictions/taboos in the community?

☐ Yes ☐ No ☐ I don't know

Thank you!

APPENDIX B: QUESTIONS FOR FOCUS GROUP DISCUSSION

A Focused Group Discussion on Menstrual Taboos in Lalitpur

Namaste! I am conducting this interview as a part of my master's thesis at the Central Department of Sociology, Tribhuvan University, Kirtipur. My aim is to explore the socio-cultural reasons why menstrual restrictions/taboos exist in Lalitpur.

- These questions are based on the results of the survey conducted earlier on the same topic.
- Please note that participation in the FGD is entirely voluntary and you can opt out of answering any of the questions at any point.
- You will remain anonymous. Your confidentiality and comfort will be held at the utmost importance during this study.
- The FGD will last up to 1 hour during which the audio will be recorded.
- The questions can be adjusted as per your responses and comfort. Questions may also be added or subtracted during the conversation.

1. Can you recall when you learned about menstruation for the first time? Did you get an indication that menstruation is a taboo or was this something you learned after experiencing it?
2. What “code word” do you use for menstruation most often? What are some of the common “code words” you hear?
3. There are a wide variety of menstrual hygiene products that are available. To this day, they are wrapped during purchase, hidden while being passed and censored when advertised (use of blue liquid instead of red, for instance). Do you think that this is a harmless practice or do you think it contributes to the idea of menstruation as an unnatural, taboo topic?
4. What are the greatest difficulties that you face in school during menstruation?
5. Many cultures and religions outline rituals/practices for menstruating women. Do you see these as an opportunity for women to rest or as a reminder for them to take care of their hygiene or do you think that it is a discriminatory practice? Why?
6. Have you ever used menstrual rituals to your advantage?
7. How has your education played a role in shaping your perception of menstrual rituals? Do you think that with a lack thereof, your opinions would be any different than they are now?
8. In your opinion, what do you think is more important in fighting discriminatory practices: systemic/cultural change or an improvement in the education system?
9. Is there something that you would like to change in our education regarding menstruation and other topics related to sexual and reproductive health?