

THE SPARŚA PROJECT: BUILDING A COMPREHENSIVE MENSTRUAL HEALTH MANAGEMENT INTERVENTION IN NEPAL

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TERESA TOLDY
Universidade Fernando Pessoa (Portugal)
toldy@ufp.edu.pt

ŁUKASZ URBANIAK
NIDISI gGmbH (Germany)
lukasz.urbaniak@nidisi.com

THELMA DIVRY
NIDISI gGmbH (Germany)
thelma.divry@nidisi.com

DIPISHA BHUJEL
NIDISI Nepal
dipisha.bbujel@nidisi.com

MD. HASNAIN ANSARI
NIDISI Nepal
hasnain.ansari@nidisi.com

Abstract: This article addresses the pervasive silence around menstrual health management (MHM) in Nepal, emphasizing its impact on women's rights. Despite being a natural process, menstruation remains taboo, perpetuating gender discrimination and restricting women's empowerment. This study examines the lack of sufficient menstruation-related targets in international development agendas and focuses on Nepal's cultural norms concerning this issue that affect women's behaviour, health, and social participation. The paper advocates for a comprehensive understanding of women's experiences and preferences to design effective MHM interventions. It explores various strategies, including campaigns against practices like *Chbaujadi*, presents findings from a field survey and introduces the Sparśa Project – a women-led social enterprise offering biodegradable pads to counteract menstrual discrimination across Nepal. The article emphasises the historical neglect of menstrual-related needs, resulting in adverse effects like school absenteeism and social marginalization. It highlights the crucial role of coordinated efforts and fostering knowledge-sharing to implement more impactful interventions in the field of MHM. The research highlights the Sparśa Project's potential to transform societal perceptions of menstruation, break the silence, and contribute to women's rights. It offers insights into the challenges faced by Nepali women and provides valuable considerations for global menstrual health initiatives.

Keywords: menstruation, menstrual health, development, WASH, Nepal.

INTRODUCTION

Even though scholars and practitioners have long pointed out that leaving menstrual-related needs unmet stands against Human Rights and fundamental freedoms, the robust silencing of the topic successfully preserved an old and harmful status quo throughout past decades. As claimed by Dr Jyoti Sanghera from the Office of the High Commissioner for Human Rights: “Stigma around menstruation and Menstrual Hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence” (George 2013: 5).

Overcoming menstrual-related stigma and ensuring that all women and girls can experience their menstruation safely and with dignity is a crucial element to ensuring female agency, comfort, participation, and well-being. Without fulfilling this objective, several of the targets included in the Sustainable Development Goals (SDGs) for 2030, set by the United Nations, cannot be achieved (Loughnan et al. 2020). Yet, the most remarkable thing while reading the UN-GA 2030 Agenda Resolution is that the opportunity to stress the issue of menstruation in the development sector or assign specific targets to it has been missed. The term “menstruation” is not mentioned even once among any of the 169 targets, or 232 indicators attached to SDGs. As pointed out by Sommer et al. (2021:1), “despite the emphasis on gender, the SDGs do not explicitly address the natural biological occurrence of menstruation, something experienced by almost two billion people globally, or its effects on the health and development agenda”.

The problem stretches beyond SDGs. Boosey and Wilson (2013) carried out a document analysis of the core international human rights treaties and key human rights body reports, researching to what extent is the menstruation taboo addressed by international human rights law and human rights bodies. As she concludes in her analysis, “menstruation is not at all addressed in any of the core human rights treaties and rarely addressed in the Treaty body and Special procedures reports [...]. If it is discussed, it is only in a limited way,



through ambiguous allusions or brief, clear references that omit crucial details” (Boosey, Wilson 2013: 61).

Although menstruation is a natural process occurring in the female body, menses and menstrual blood happen to be a taboo in many cultures and religions. In the Hindu cultural landscape, women and adolescent girls are commonly considered impure and polluting while on their periods. Rooted in the beliefs of Hinduism, menstruators are frequently banned from visiting temples, accessing kitchens and bedrooms, or touching food products and male family members (Thapa, Aro 2021: 2).

Across a country like Nepal, which will be the focus of this paper, traditionally rooted rules restrict women’s behaviour, endanger their health, and exclude them from social and civil participation. They often face discrimination and ostracism since they are considered a threat to their surroundings. The menstrual taboo, paired with the lack of political will to change the environment to be more inclusive, has further enforced gender discrimination and hindered development activities aiming for female empowerment in the country.

This research paper will examine how interventions in the MHM sector can be more effective in Nepal and will address the need for more research on this topic. Most of the studies conducted in Nepal focus on the restrictive practices women face in specific regions or groups. Although this information is crucial to implement interventions in the MHM sector, they are shedding light on only a small part of all the elements to be considered to set up an effective project. The menstrual experiences of women are essential to take into account, but so are their feelings toward the restrictions, which are not always negative, their opinions and preferences on the menstrual products they are choosing and their financial situation. While addressing the slow rate of change in MHM practices in Nepal, this paper will present the tools necessary to design and implement an effective, holistic intervention adapted to the different Nepali contexts. The situation in which menstruators are living in Nepal will be put into perspective. We will then discuss some of the steps taken to improve the life of Nepali menstruators, confront successful and less successful intervention strategies carried out in numerous parts of the country, including campaigns against the *Chhaupadi* practice,

reveal new knowledge obtained during a field survey conducted in 2022 and briefly introduce the idea of the Sparša project, a women-led social enterprise that develops and sells biodegradable menstrual pads made of banana fibres – a local and easily available raw material.

MHM IN NEPAL: FROM PROBLEM DEFINITION TO IMPACTFUL AND COMPREHENSIVE INTERVENTIONS

Problem definition: the source of the taboo

Menstruators require material resources to absorb or collect menstrual blood, facilitate personal hygiene, and dispose of waste with adequate privacy. The correct use of these materials is commonly qualified as positive Menstrual Health Management, better known by its abbreviation MHM.

Even though menstruation is a biological process, it is linked to perceptions that consider it a source of pollution and danger within communities, whether religious or social. In 1981, the World Health Organization (WHO) surveyed women from ten different countries, showing that some cultures consider menstruating women impure and place restrictions on their social or religious lives (WHO 1981). These perceptions are the source of taboo and stigmatisation, impacting the lives of menstruators in a very negative manner. Menstrual stigma can be differentiated from other sources of stigmatisation: While most of the stigmatising identities apply to a minority of the population, the one associated with menstruation affects a significant portion of the population, predominantly women, for a substantial portion of their lives (Crawford, Menger, Kaufman 2014: 427).

The stigmatisation surrounding menstruation often renders it socially invisible: in Nepal, menstruation is concealed and less spoken of, making the stigma more complex to overcome, but also making information less available to young girls and to menstruators overall (Crawford, Menger, Kaufman 2014: 435), leading to the propagation and the strengthening of misconceptions and harmful MHM practices (Bhartiya 2016: 523). This phenomenon can often be observed in low-

income settings with less awareness of hygienic practices and a lack of culturally appropriate materials. The materials used as absorbents during menstruation in these environments vary from reusable towels or cloths torn from women's dresses and cotton fabric to commercially available disposable menstrual pads. A non-hygienic type of absorbent, combined with negative MHM practices, such as an infrequent changing of menstrual pads or a lack of appropriate cleaning and drying methods, can be associated with adverse clinical outcomes, including reproductive and urinary tract infections, infertility, anaemia, or elevated risk of HIV infection. Furthermore, poor menstrual knowledge can have substantial negative psychological and psychosocial effects, including shame, fear, anxiety, or stress, leading to school absenteeism and social isolation (Budhathoki, Bhattachan, Castro-Sanchez 2018: 2).

In the case of menstrual stigma, the cultural symbolism and practices surrounding menstruation are incredibly variable: while Nepal is geographically small – its land area is 22 times smaller and its population (of approximately 29 million) 46 times smaller than its neighbouring India – it boasts a remarkably diverse population, comprising 126 caste or ethnic groups (Ministry of Foreign Affairs 2023). However, within this diversity, there exists a complex landscape of beliefs surrounding purity and impurity, often resulting in stigmas and restrictive practices targeting menstruators. Ritual purity and impurity play a crucial role in the caste system. The belief in purity has frequently resulted in the restriction of specific groups from obtaining land, pursuing education, and attaining leadership positions within the government. In 2015, the Asian Development Bank pointed to the complex caste and ethnic structure in Nepal as one of the most significant challenges to development (Baumann, Lakhi, Burke 2019: 1289).

Religions often refer to menstruators as “ritually unclean”. Some restriction practices can be described as usual in religious households, although it must be specified that the degree of following religious practices varies between households (Bhartiya 2016: 523). Most of the population of Nepal is Hinduist (81,3%), followed by Buddhism (9,0%) (Ministry of Foreign Affairs 2023). Hinduism recognises three *gunas*, or qualities. These are *tamas* (black), *rajas* (red) and *sattva* (white). Anything

excreted from the body, including sweat, blood, or tears, is considered toxic and hence classified under *tamas*, which means darkness or obscurity. For traditional Hindus, touching a menstruating woman is considered a “*tamasic*”, an inappropriate act. Menstruators, thus, are not allowed to visit temples or touch idols. This religious belief also leads to several daily constraints for menstruators, such as restraint from entering the kitchen, sleeping in the daytime, bathing, wearing flowers, having sex, touching other males or females, talking loudly and touching pickles (holy food products for Hindus). At the end of their menstrual cycle, the menstruators often must be purified by an oil bath, which will turn them ritually clean (Bhartiya 2016: 524). From a Buddhist point of view, menstruation is a natural physical excretion that women have to go through on a monthly basis, nothing else. However, in practice and because of the influence of Hinduism, many women are not allowed to go around some Stupas. In Buddhism, it is also believed that ghosts eat blood, meaning that menstruators attract ghosts, being a threat to themselves and others (Bhartiya 2016).

In Nepal, the constraints and restriction practices described above are widespread and severe. In addition, a practice called *Cbhaupadi* is still taking place in the country, especially in mid and far-western regions. This custom is considered one of the most extreme forms of menstrual restriction: menstruators are expected to sleep in small “menstrual sheds” or “huts” and are excluded from community life during their menstrual cycle, exposing themselves to health risks, including not only snake bites, pneumonia, or dehydration, but also the risk of being raped and the risk of death (Baumann, Lakhi, Burke 2019: 1289).

MHM related policies and governmental engagements

As mentioned in the introduction of this paper, menstrual taboo, paired with the lack of political will, has long been the cause of exacerbated gender discrimination and impeded development initiatives focused on empowering women in countries like Nepal. However, nowadays, menstruation is going through an apparent recognition momentum worldwide

(Winkler 2020). Gradually and globally, more local and international development agencies, small and big NGOs, followed by the state governments, have realised that the lack of adequately designed and implemented MHM has a negative influence not only on individual lives of approximately half of the population but also in several aspects of national development, especially in the countries of the Global South.

As acknowledged by the World Bank, “investing in menstrual hygiene management is to invest in human capital” (World Bank Group 2019). Taking as an example the relationship between MHM and adolescent girls’ schooling, it is fair to say that omitting the problem leads to inevitable hindering of the country’s economic potential. Lack of effective absorbent materials and MHM-suitable facilities, paired with simultaneous menstrual ostracism, result in adolescent girls’ school absenteeism and drop-outs, weakens the position of females since early puberty, significantly undermining future opportunities (Boosey, Wilson 2013; Loughnan et al. 2016; Wali et al. 2020). According to Chaaban and Cunningham (2011), every 1% increase in the proportion of women with a secondary education on average causes a country’s annual per capita income growth of 0,3% and would result in an up to 1,2% increase in GDP in a year.

Going back to Nepal, a country classified by the UN as one of the least developed, this matter should have rung an alarm among policymakers long before it finally did. Nevertheless, some crucial steps towards meeting menstruators’ needs have already been taken by the government. The Constitution ensures the right to equality and the right to reproductive health. It also asserts in Articles 24 and 29 that “no person shall be subjected to any form of untouchability or discrimination” and “no person shall be exploited in any manner on the grounds of religion, custom, tradition, practice or any other grounds” (Government of Nepal 2015).

Most Nepali government policies on menstrual health focus on preventing *Chhaupadi*. In 2005, the Supreme Court banned this practice and charged the government with taking the necessary legal arrangements to eradicate it. A few years later, in 2008, the government formulated the directives to

eliminate the *Cbhaupadi* practice, leading to the implementation of awareness programs and shed demolition (Thakuri et al. 2021: 3). A criminal code law against this practice was adopted in 2017, establishing a punishment with a jail sentence and a fine of 3000 NRs to family members forcing a woman to practice *Cbhaupadi*. This law was accompanied by further elimination campaigns, including awareness raising and menstrual-shed destruction (Thapa, Aro 2021: 2). More than 9.210 menstrual huts were demolished through a campaign in 2020. However, these coercive operations did not have the intended effect as no alternative solutions were provided to women, resulting in them being forced to stay in barns during the menstrual period, thus still being exposed to the health risks mentioned earlier. Furthermore, evidence suggests that more than one-fifth of menstrual huts have been reconstructed after the demolition (Thakuri et al. 2021: 16). This failure shows the significance of multilevel and comprehensive governmental policies that consider a more substantial involvement of key community stakeholders during the implementation measures, the intensification of the stigma faced by women who refuse the restriction practices and the influence of contextual factors like low income and illiteracy (Thapa, Aro 2021: 4).

The urgency of improving health services came to light strikingly after the 2015 earthquake that shattered Nepal and caused thousands of deaths. The lack of health care services, clean water and sanitation systems exacerbated the issues of MHM, as girls and women were forced into temporary shelters, often together with men, making them more vulnerable to reproductive and sexual health issues. Directly after the earthquake, the Ministry of Health and Population assigned the Recovery Programme of Nepal to the reconstruction of health facilities and school buildings and organised support to communities in their economic development in promoting vocational training, especially directed at women (Broch Alvarez, Paudel 2018: 2).

Since then, national and local policies have increasingly been drafted and endorsed. Nevertheless, although these measures are essential for women's health, most of them do not tackle MHM directly. The Nepal Health Sector Strategy

2015-2020 or the School Sector Development Plan 2016-2022 failed to define MHM as a clear and separate issue (Karki et al. 2017: 21). In 2018, the Safe Motherhood and Reproductive Health Rights Act was adopted, aiming at ensuring access to fundamental rights like education, information, counselling, and health services for every woman, yet not making direct reference to menstrual health. The same goes for the National Health Policy and the National Education Policy of 2019 (Thakuri et al. 2021: 10).

Nevertheless, steps forward are being made through the National Dignified Menstruation Policy, drafted in 2019, the only policy specific to MHM. This policy, enforced in 24 local governments, was a big step in the direction of encouraging positive MHM practices through governmental measures and not only focusing on the *Chhaupadi* practice (Thakuri et al. 2021: 17). In the same year, the government of Nepal announced a free, pad-distribution programme in all secondary-level schools in coordination with local governments. The Ministry of Education endorsed the Sanitary Pad Distribution and Management Procedure (2019). The pads are supposedly biodegradable, degrading within six months of disposal. The distribution campaign was launched one year later, targeting all female students from grades 6 to 12 in community schools across the country (UNICEF, WaterAid 2021: 4). This measure, if implemented in the long term and at the national level, could be a game changer for the improvement of MHM practices in Nepal. The policy, although deserving of acclaim, cannot be fully implemented without previous investment into biodegradable pad production units, since importing such products from abroad surpasses the limited financial resources of the program and would increase the country's economic dependencies.

In 2021, the organisation Pad2Go Nepal started a petition to remove 13% VAT on menstrual products in Nepal (Prasain, Guimire 2021). Still, allocating adequate resources and adopting a solid accountability system for implementing the policies remains essential (Thakuri et al. 2021: 27). In the fiscal year 2022-2023, the Nepali government took highly debated measures on the custom tax on the import of menstrual pads, significantly cutting the customs taxes through a 90% waiver for imported menstrual products and raw materials used for

their production in the annual budget plan for the year 2079/80 (2022-2023 by the Gregorian Calendar), thus making the pads coming from abroad cheaper and thus more accessible for women (Nepal News 2022).

Yet, although this policy was praised on one side, it was criticised on the other: the Nepal Sanitary Pad Manufacturers Association protested against this decision, claiming it would lead to the collapse of the Nepali pad industry while making the competition of the local manufacturers with imported products impossible. This debate, as well as the response to the *Cbhaupadi* elimination campaign, is an example of the risks coming from some steps of the Nepali government: although steps towards greater accessibility of menstrual products and awareness in the MHM sector need to be taken, they should be decided in a holistic framework, taking other economic, social, and structural dynamics into account. More pertinent steps could yet be taken on the political level. The government needs to ensure that the institutional implementation mechanisms are sufficient, including financial, monitoring, and accountable systems (Thakuri et al. 2021: 14).

Learnings on MHM interventions in the development sector

Many international and domestic non-governmental organisations are working with the government to put in place impactful measures: the MHM Partners' Alliance (MHMPA) is advocating the government for menstrual pads to be considered essential goods and not luxury items (UNICEF, WaterAid 2021: 4). The MHMPA is a membership-based alliance with membership of UN, bilateral agencies, INGOs, NGOs, civil societies, media, private sector, researchers, scholars, national celebrities, and other individuals interested and active in aligning their efforts to end menstrual discrimination, work on public awareness/education, policy advocacy, innovation and research around dignified menstruation and menstrual health and hygiene in Nepal. Such knowledge-sharing initiatives among various stakeholders working in the field of menstruation are essential in delivering comprehensive, research- and experience-based impact nationwide.

Indeed, international and domestic non-governmental organisations do not stand behind when it comes to counteracting menstrual discrimination in the country. Learnings from the fields of interventions and research on MHM have been of great significance. Over the last decade, numerous interventions to address menstrual ostracism, poverty, and taboo have been implemented across the country by numerous small- and big-size agencies. Menstruation Management interventions aim to allow menstruators to manage their periods healthily and to prevent social isolation or exclusion like school absenteeism as well as the impossibility of having a full-time job. These interventions include mainly awareness or advocacy campaigns using posters, booklets, and radio networks, the development of national guidelines for MHM and education on menstrual health, and the construction of toilet facilities in schools (Thapa, Aro 2021: 2). Through these interventions, the level of knowledge of menstruators is supposed to increase, thus changing the perception of communities, and preventing negative MHM and restriction practices. However, according to a quantitative study conducted in 2019 by Thapa, Aro and Bhattarai, menstruation management interventions had shown limited effectiveness in enhancing knowledge and behaviours related to MHM. Hence, the rate of change seems to be slow compared to the number of interventions conducted: *Chhaupadi* is still occurring, and other menstrual restrictions are still common (Thapa, Aro, Bhattarai 2019).

Different factors can explain this contrast. The single-component character of most of these menstrual interventions could be one of the reasons. While helpful and highly appreciated, a single awareness campaign or “once-upon-a-time” pad distribution action simply cannot successfully resolve the problem due to its complexity. Long-term, multilevel and multisectoral interventions involving various stakeholders are more effective in changing harmful traditional practices (Thapa, Aro 2021). Another problem is the over-dependence of local organisations on foreign donor agencies. Local actors, having the most extensive knowledge of root causes and location-specific problem complexity, often fulfil the agendas written abroad or struggle to secure long-term funding for their own initiatives.

Additionally, it can be observed that, as in governmental policies, MHM is often identified as a secondary issue in policies and programs implemented by INGOs and local organizations. For a long time, MHM had been primarily covered under Water Sanitation and Hygiene (WASH)-related plans or under interventions relating to Sexual and Reproductive Health, thus including menstrual health as a matter of institutional sanitation. An example would be the interventions implemented in the framework of the Water Supply and Sanitation Ministry Development Plan in 2017, prioritizing the reduction of open defecation by providing toilet facilities. Toilets separated by gender have been constructed in some schools. However, menstrual pads have not been distributed in those facilities, and the pits used to dispose of menstrual materials often remained unfunctional or non-existent (Karki et al. 2017: 33).

Nevertheless, the multiplication of projects on MHM in the development sector has allowed to take positive lessons in the planning strategies of some organisations: for example, the increasing focus on understanding the context of implementation. It became clear that a successful intervention in a country may need adjustments in a different country. Understanding attitudes and beliefs about menstruation is vital to improving menstrual practices (Baumann, Lakhi, Burke 2019: 1289). Besides, it has been reckoned that the region of residence of the menstruators may impact health and development outcomes. Some findings of the Nepal Human Development Index studies observed differences between the Hill and Tarai regions of Nepal (Baumann, Lakhi, Burke 2019).

Furthermore, as the government of Nepal recognised the role of men in family planning and maternal health in its National Family Planning Costed Implementation Plan 2015-2020, the importance of breaking socio-cultural barriers such as men's lack of knowledge on maternal and menstrual health has been acknowledged in the development sector. The use of interactive and participatory gender-transformative interventions on reproductive and maternal health was considered promising, which encourages this approach in other health-related topics (Pokhrel et al. 2022: 2, 9).

These developments can be linked to the emergence of the social-ecological model (SEM), which has been used to guide research and practice in public health since 2012. The social-ecological model aims to describe how individual and environmental characteristics influence health outcomes. Examining a public health problem using the SEM shows that factors impact health on five different levels: individual, interpersonal, communitarian, organisational and policy levels. Most research and interventions on menstrual health focused on the individual and interpersonal level. However, it has been acknowledged that it is essential to analyse other factors of influence at all levels of SEM in order to make interventions more effective (Sharma, McCall-Hosenfeld, Cuffee 2022). Through SEM, two significant interactions have been noted: the community mother's group (community level) plays a vital role in advocating against culturally restrictive menstrual practices such as *Chhaupadi* (interpersonal level). It was also acknowledged that poor WASH facilities in school (organisation level) negatively impact school absenteeism (individual level). The awareness of this situation led to the implementation of multi-level interventions, identified as more effective and having a more lasting impact on the target groups (Sharma, McCall-Hosenfeld, Cuffee 2022: 18-19).

Moreover, the evolution of the development sector led to a recognition of dependencies between the target and the financing group or country that had arisen as a result of implementations. Thus, some organizations have shifted their strategies to capacity building, offering training for producing menstrual pads with local materials, thus focusing on strengthening the private sector. These interventions assume that menstruators are not passive and vulnerable recipients of aid but should be considered actors, change agents, and consumers. However, many organizations cannot provide the materials after the training due to limited project timelines and budgets. The produced pads are still too expensive for rural menstruators. Yet, this enabled the identification of a need to improve this kind of strategies (Karki et al. 2017: 35, 45).

THE SPARŚA PAD PROJECT

As previously mentioned, projects aiming to assure long-term impact in shaping positive MHM practices should include a variety of aspects such as delivering healthy menstrual products, awareness and community engagement. The Sparśa Pad Project is a holistic approach taking shape under the brand of a social business called Sparśa (Sanskrit: Touch/Sensation). It is being implemented by the German-Nepali organisation, NIDISI (<https://nidisi.com/>), which has been active in Nepal since 2015. Sparśa is a women-led social enterprise that produces and sells biodegradable menstrual pads made of banana fibres. By reintegrating post-harvest banana tree trunks (currently considered agricultural waste) into the value chain, this social business aims to distribute healthy menstrual products to schoolgirls and vulnerable women through partner NGOs and local governments.

The enterprise's profits finance its menstrual awareness activities, targeting public school students and adults on a community level in collaboration with local leaders and authorities. This concept allows for the long-term stability of the initiative since, after the initial investment, it is independent of donors' funding flow. Moreover, by employing women of unprivileged backgrounds, Sparśa assures that women are not solely aid recipients but actors in the Nepali menstrual awareness movement. It is meant to increase the accessibility of menstrual products, offer an ecological alternative to conventional pads that pose a significant hazard to the fragile Nepali environment and minimise national trade dependence that hinders Nepali economic growth. It is worth mentioning that NIDISI commits to publish its research and reports conducted in relation to the Sparśa project. Such knowledge-sharing aims to facilitate the replication of the initiative by interested actors.

In 2022, NIDISI conducted a field research study on menstrual product choice, accessibility and practice among Nepali women and adolescent girls in 14 districts nationwide. The data presented in this paper were collected to strengthen the development process of a better menstrual product based

on Nepali women's preferences. The outcomes are hereby being shared to improve the knowledge on menstrual product choice, accessibility and practices that other actors might find helpful in the planning process of MHM intervention strategies across Nepal.

METHODOLOGY OF THE STUDY

Participants

The sample included 820 females of reproductive age from the main ethno-linguistic groups, all together representing more than 60% of Nepali population (Chhetri, Brahmin, Magar, Tharu, Tamang, Newar, Dalit, Muslim), and representants of smaller ethnicities, spread among 13 administrative districts of Nepal (Central Bureau of Statistics 2012). Purposive sampling was implemented for the selection of the districts where the study was conducted, based on the latest census data (Central Bureau of Statistics 2012), to ensure that the caste/ethnic groups of interest will be included.

The need for sample diversification based on ethnicity/caste/religion is dictated by the different practices and perceptions towards menstruation centred on such variables documented in the literature (see, for instance: Baumann, Lakhi, Burke 2019; Rahul, Bipasha 2021).

The research focused on rural populations since, according to World Bank data of 2018, around 80% of Nepalis live outside urban centres. However, urban respondents were also included according to this ratio. The sample districts in which the data collection was conducted were spread among all 7 administrative provinces of Nepal and included the districts of: Parbat, Baglung, Dadeldhura, Udaypur, Humla, Nawalparasi, Nawalparasi West, Chitwan, Rasuwa, Kathmandu, Kaski, Kailali, Mahottari, Illam.

Approach to interviewing

The respondents were approached at home, following the door-to-door method, by female research assistants who had grown up in the communities where the research was conducted. The fact that these female interviewers come from the communities in which the study was conducted was crucial to building trust between the research team and local populations, which, considering the intimate subject of the study, could feel uncomfortable with answering the questions of the research.

Data were collected during the face-to-face structured interview method. Since data collectors spoke English, Nepali and local languages (depending on the region where the study was conducted), they could provide clarification in case of misunderstandings in a non-suggestive manner.

Limitations

Although the research primarily focused on the population living in the rural setting, where most of the Nepalis live (World Bank 2018), it was mainly conducted in the villages with quick walking access to or directly by the road infrastructure, due to logistical reasons (excluding the Far-Western district of Humla, where interviewed women lived approximately two days walk from the nearest road). Thus, women living in the most disadvantaged settings, when it comes to connectivity and product accessibility, are likely underrepresented in the study.

For the relatively small number of inhabitants, nearly 30 million people, the Nepali population comprises 125 cast/ethnic groups. Thus, the population can be characterised as remarkably diverse (Central Bureau of Statistics 2012). People belonging to cast/ethnic groups that represent less than 4% of the national population, when combined, correspond to almost 40% of the total number of inhabitants. These groups are likely underrepresented due to purposive sampling that aimed to target districts predominantly inhabited by more populous cast/ethnic groups. For the purpose of data analysis, representatives of these caste/ethnic groups were combined and classified under the name “other”.

Tab. 1. Socio-demographic characteristics of respondents

Category	Characteristics	Number (%)
Ethnicity	Chettri	29,1
	Brahmin	22,6
	Musalman	8,2
	Tharu	7,2
	Magar	7,2
	Tamang	7,2
	Dalit	4,0
	Others (Gurung, Newar, Rai...)	14,3
Religion	Hinduists	75,6
	Buddhists	12,8
	Muslims	12,8
	Kiratis	2,4
	Christians	1,0
Profession	Unemployed housewives	48,2
	Students	31,1
	Employed women	20,7
Geographic situation	Rural areas	65,6
	Urban residents	17,4
	Sub-urban or small cities	9,6
	Remote area	7,3
Education	Illiterate	10,2
	Until 5 th grade	14,6
	Between 6 th and 10 th grade	35,6
	Between 11 th and 12 th	27,9
	Bachelor's Degree or above	11,6
Primary source of information	Internet / Social Media	56,7
	Facebook	31,6
	YouTube	25,5
	TikTok	5,4
	TV	30,5
	Radio	28,5
	Friends	24,1
	Community/Religious leader	9,9
	Newspapers	2,8
Average monthly income	Do not know	10,6
	Under Rs. 14.999	27,3
	Between Rs 15.000 and Rs 24.999	22,0
	Between Rs 25.000 and Rs 34.999	8,9
	Between Rs 35.000 and Rs 44.999	8,9
	Rs 45.000 and above	14,0

Note: As of June 14th, 2022, 1 NPR [Rs.] = 0,0076814 EUR. What translated the set brackets into (rounded to integers): under Rs. 14.999 (under €114), between Rs. 15.000 and Rs. 24.999 (€114-191), between Rs. 25.000 and Rs. 34.999 (€191- 267), between Rs. 35.000 and Rs. 44.999 (€267-343) and Rs. 45.000 or above (€343 or above).



RESEARCH OUTCOME

Attitude towards menstrual restrictions

Women interviewed in the study were asked what the general perception of menstruation among their community is according to their opinion. The possible answers to the question included two options: natural event and impure event. Overall, 75,5% of respondents declared that menstruation is seen as a natural event in their community, while 24,5% claimed the opposite. The highest proportions of women claiming that their communities see menstruation as an impure event were found among the Chettri caste, lower proportions were assigned to Magar (tab. 1).

As much as 72,9% of interviewed women and girls confirmed that they follow some behavioural restrictions while experiencing their menstrual flow. Almost all of them (71,6%) abstain from performing religious activities, including aspects such as not performing *pooja* – the worship rituals, prayers and entering religious sites. The notion of ritual pollution often bans women from entering the kitchen and touching certain food articles, water sources, males, plants, or animals. This rule was followed by 45,2% of women who were interviewed. Moreover, 22,1% were sleeping separately from other family members during menstruation – that is, in a separate room or corner of the room depending on the house capabilities; 5,6% practice *Chhaupadi*, so sleeping in a designated shed or hut, and 0,5% sleeping in the outside areas of their homes.

In our community, menstruation is still an impure event for most of the people. We are not allowed to participate in religious activities, we have to sleep in a separate room, and we are not allowed in kitchen, to touch plants or trees. Still, nowadays we can see some changes (37-year-old Brahmin women).

Women declaring that they follow some kind of menstrual restrictions are the most numerous in the Chhetri, Brahmin, Dalit and Magar castes, with more than 80% of respondents. Lower percentages were found out by the research among Tharu, Tamang, and Muslims. 30,4% of respondents of other cast and ethnic groups also claimed to follow some restrictions.

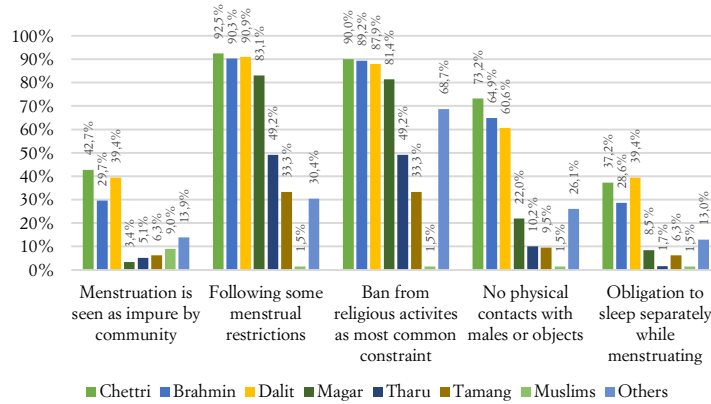


Fig. 1. Respondents claims on followed restrictions/ethnicity

No involvement in religious activities was the most common constraint among Chettri women, followed by Brahmin, Dalit and Magar, with only one Muslim woman and 68,7% of the rest claiming to do so. When it comes to the restrictions involving physical contact with males or objects, it is obeyed by the majority of women among the castes of Chhetri, Brahmin, Dalit, followed by Magar, Tharu, Tamang, Muslim and others (26,1%). Sleeping separately while menstruating was declared among women of all caste and ethnic groups, with the biggest number of Dalits doing so, followed by Chettri, Brahmin, Magar, Tamang, Tharu, Muslim and others. Yet, regarding this restriction practice, all rates stay below 40% (fig. 1). Women who admitted following the *Chhaupadi* were predominantly found among the Chhetri (15,9%) community of the Far-Western Humla district.

Women who follow at least one of the constraints assigned to menses were also asked about their own perception of menstrual restrictions, while those who do not (27,1%) were excluded from this question. Most of the restrictions' followers expressed positive attitudes (57,2%) attached to menstrual constraints, while 39% articulated negative feelings. As little as 3,8% of the answers were not firmly positive or negative and were classified as neutral opinions. These scores were broken

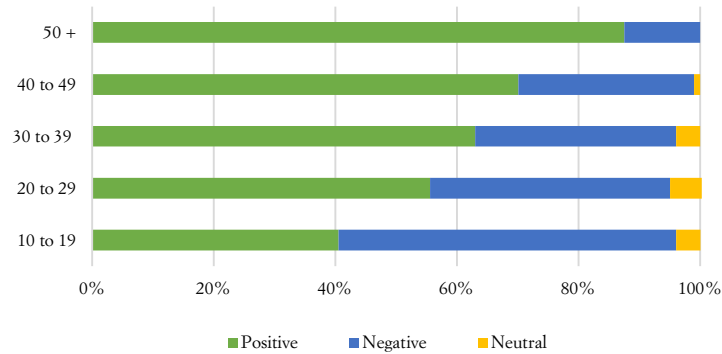


Fig. 2. Attitudes according to age groups

up into age groups to assess possible differences related to that aspect. The breakdown clearly suggests that age is an important factor in how menstrual restrictions are perceived. The older the interviewee was, the more likely she would attach positive feelings to them. Similarly, the higher the level of education received by the respondent, the less likely she was to attach positive feelings to menstrual restrictions (fig. 2).

Most frequently, positive feelings towards restrictions were argued by the importance of continuing ancient tradition, fear of provoking the anger of gods and the belief that menstruating women, as a pollutant, must stay separated and withhold from touching plants and foods as they rot after the physical contact. Some pointed out that menstrual restrictions allow them to rest from household work:

During the menses we produce impure blood, and a lot of germs are on our bodies. We have to stay away from the daily life (50-year-old Brahmin woman).

The rays coming out from the pores during periods affect the growth of plants so we should not touch any plants and with [entering] kitchen, I prohibit daughter not because of impurity myth but to avoid rotting of things (43-year-old Tamang woman).

I want to follow the tradition. In case we are producing impure blood, I think that others should not be made impure [due to the physical contact] (40-year-old Brahmin women).

During the time of period we are banned to enter the religious places otherwise gods get angry, so we have to follow the rules (32-year-old Chhetri woman).

Women are not allowed in temples because it harms their children if menstruating women enter (29-year-old Chhetri woman).

It is good to stay in a shed because I get enough time to rest and don't need to stay with my husband (28-year-old Dalit woman).

Due to our religious consideration, I stay in a shed because god or goddess come to home and if they see menstruating women in the house, he will get angry (23-year-old Chhetri woman).

Those who expressed negative feelings attached to constraints often pointed out that they feel pressure from their families and community to continue doing that. They often argue that it is a discriminatory practice that should be eliminated from society:

I don't like to follow these rules but due to the community's culture I have to do it (35-year-old Chhetri woman).

I feel like it's a wrong tradition. We still have to follow the restrictions for the sake of society. That's why women are suffering of diseases, and it needs to be eliminated slowly (25-year-old Chhetri woman).

Sometimes it's good because we can get rest but sometimes it also defines us, our place, rights. That is definitely not good (20-year-old Chhetri woman).

Menstrual practices

Interviewed women were asked what product or products they use to absorb menstrual blood. The most common absorbent material was a disposable menstrual pad (75,7%), followed by reusable cloth (44,4%), with a very small number of

women declaring to use reusable menstrual pads (2,1%), menstrual cups (0,2%) or tampons (0,1%). As many as 22,6% of respondents regularly use both the most common absorbents – disposable pads and cloths. When asked what situations make them choose one or another, more than half argued that they use reusable clothes while at home and pads when going outside (68%), among other or more specific argumentation lines, the most common also included using clothes to save money (24%), using cloth when pads are not available (17,3%), using cloths during heavy bleedings (14,7%) and using pads only when travelling far distances (8%). Due to the dominance of disposable pads and reusable clothes, most further data analysis was limited to these two products. According to the study outcomes, the respondent was more likely to use disposable pads and less likely to use reusable cloth if she was younger, received a higher level of education, came from a household with a higher monthly income and lived in a more populous area.

For women who use only reusable cloth and other pieces of materials that are available to them at home, among the main advantages are the comfort while using it (47,5%), easiness of usage (45,3%), low price or the fact that it is free when recycled from other household materials (28,5%), accessibility (20,1%) and good absorbency (19%). They also mentioned the easiness of going out or travelling (7,8%), prevention from infections (6,1%) and easy disposal (3,4%). Within the combined category of others (17,9%), the most frequently mentioned advantages of reusable clothes were their reusability, not being chemically contaminated and the fact that old clothes and materials find use.

Regarding disadvantages that disposable pad users see in this product, the most repeatedly mentioned feature was allergic reactions and rushes or the fear of getting them. The price was also considered a disadvantage. Other (15,5%) shortcomings of disposal pads most frequently included lack of access in nearby shops, their small size or belief that they transmit diseases such as cancer. Almost one out of three disposable pad users could not think of any disadvantages attached to them (fig. 3).

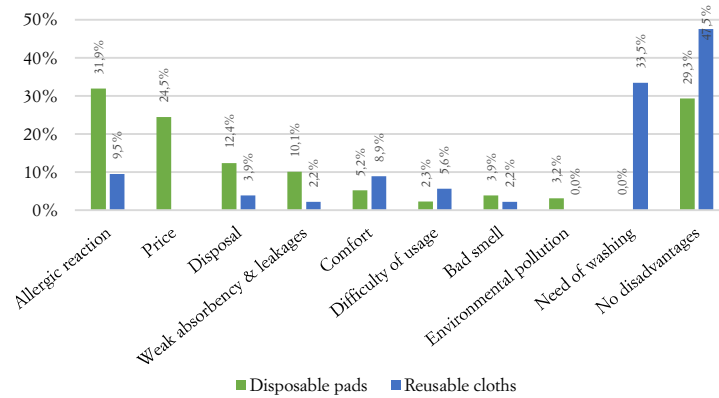


Fig. 3. Main disadvantages: disposable pads & reusable cloths

The most common disadvantage that women who use reusable cloths see is the need of washing them (33,5%) due to the feeling of disgust and/or wasting time. Other disadvantages of reusable cloths like irritations and rushes, low comfort, difficulty of usage, disposal, bad smell and possible leakages were mentioned by less than one respondent out of ten. Among other (12,8%) disadvantages, answers included aspects such as cloth not being properly attached and falling while moving, difficulty walking and working when using cloth, difficulty drying due to the weather conditions, or being recognised as menstruators among neighbours. Almost half (47,5%) of the interviewed cloth users could not think of any disadvantage assigned to this blood-absorbing material (fig. 3).

Women who use and buy disposable menstrual pads on their own were asked how they feel when doing that. More than two out of three (70,6%) said they do not feel anything extraordinary while buying their menstrual products and think of it as any other item. However, some felt shy (11,8%), uncomfortable (8,2%) and uncomfortable but only when a vendor was male (9,8%), awkward (2,5%). Some highlighted feeling confused due to the changing pad brands in their local shops (1,5%).

When it comes to the disposal of non-reusable menstrual pads, women declared that they wrap used pads in either plastic (76,3%) or paper (8,2%) before disposing. As many as 4,5% of the respondents who use disposable menstrual pads wash them after use and before throwing them away. The used disposable pads most commonly end up in dustbins and household trash (64,4%), being buried (21,8%), thrown to the nearest water reservoir or rivers (17,9%), burned (9,4%) or disposed directly into the toilet (4,5%).

The interviewees were questioned if the lack of menstrual products has ever forced them to skip school. Overall, 8,5% admitted that it has happened in the past, and after excluding illiterate women from this sample (as they have not attended school), this percentage among respondents rose to 9,5%. In case of missing work due to the lack of menstrual products, 7,4% of respondents admitted it has happened before. Women not using disposable pads were asked if they knew what product it was. 13,4% did not have this knowledge, translating to 3,4% of all women in the sample. More than half (57,4%) of these women have never used a disposable pad before (13,7% of all interviewed women). Interviewees who do not use disposable pads as a menstrual blood absorbent were asked why they decided to do so. The most common answer was to save money (42,2%), followed by issues related to comfort (32,5%), distance to the nearest distribution point (20,5%), lack of knowledge on what it is or how to use it (15,1%), due to the habit (7,2%) and allergic reactions to disposable pads (3%).

Preferences regarding menstrual products

All women were also asked what the most important factors are when choosing menstrual absorbent with the possibility of choosing one or more options. The most common answer was easiness of usage (77,6%), followed by comfort (52,3%), portability (15,9%), easiness of disposal (14,2%), price (12,6%) and distance to distribution point (2%).

Women were asked what advantages they attach to the products that they use. Importantly, those respondents who

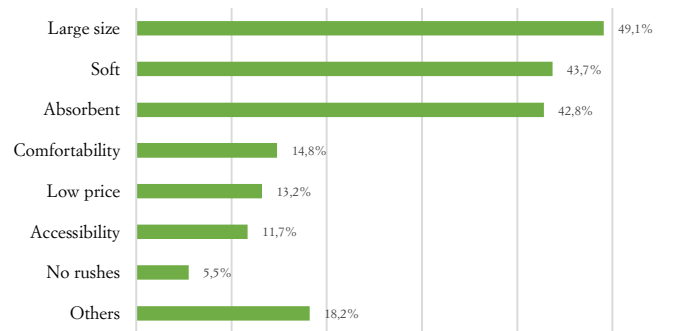


Fig. 4. Characteristics of ideal menstrual product

used only cloth were asked to answer what pros they think that using these absorbent carries, while those who used a disposable pad or both, disposable pad and cloth, were asked to answer the question regarding pad only. Respondents were allowed to indicate any number of benefits that they wanted. Among pad users, the most common advantages seen by women were easiness of usage (63,9%), comfort (57,5%) and absorbency and leakage prevention (46,7%). Furthermore, the ease of going outside the household or travelling (30,6%) and no need to wash (21,7%) either because it was seen as filthy by the respondent or to save time were frequent responses. Almost one out of ten argues that disposable pads prevent infections (9,3%) and thinks that their pros should be seen in easy disposal (7,9%), with very few arguing that the price is an advantage (1,9%). Among other (17,6%) characteristics that the women often recalled are easiness of working and going to school while wearing pads, its hygienic aspects, portability, and reliability were the most frequent.

When asked about the characteristics of the ideal menstrual product, respondents most frequently pointed out that it should be long and large, soft and absorbent (fig. 4). Among other (18,2%) characteristics that they mentioned, the most common were having glued wings on the sides (pad), being thick, chemical-free, durable, and made of cotton (both cloth

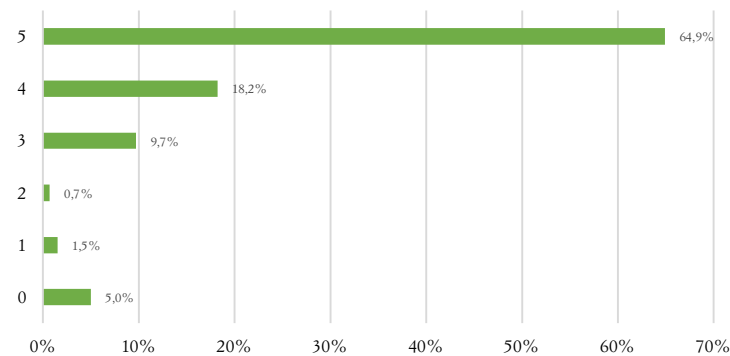


Fig. 5. *Importance of a Nepali production*

and pad). More than one out of ten (10,6%) of all interviewed women did not know the characteristics of an ideal menstrual product or did not know how to answer this question.

Interviewed women were asked to what degree it is important that the menstrual product they use or would like to use is made in Nepal on a scale from 0 to 5 when 0 means not important at all and 5, extremely important. The most frequent option chosen by the respondents was “very high importance”, while the option ‘not important at all’ was chosen by 5% of the respondents (fig. 5).

Similarly, women were asked to what degree it is important that the menstrual product they use or would like to use is biodegradable on a scale from 0 to 5 when 0 meant not important at all and 5, extremely important. The option of “I do not know what biodegradable means” was purposely added as one of the goals of this question was to discover to what degree the respondents are aware of this topic. More than half (59%) did not know what biodegradability implies. However, among those who knew, as many as 25,2% declared paying very high importance to that feature of the menstrual product, followed by 9,4% with high importance, 5,7% with moderate importance, while options of low importance (0,1%), no importance at all (0,5%); and very low importance (0%) were picked sporadically or not at all.

Financing of menstrual products

Regarding finance, women using disposable pads were first asked how much they spend on menstrual products per month. Overall, the mean was found at Rs.143.8 with a standard deviation set at Rs.80 and an average price for a unit set as Rs.12.8 (standard deviation of 5,1). When comparing rural and urban populations, those women who live in a city spend, on average, Rs.181 (standard deviation of 91), while the average price of one unit for this group was found to be Rs.14.3 (standard deviation of 5,3). On the other hand, interviewed women living in rural areas spend, on average, Rs.126 per month (standard deviation of 68) with a mean price of one unit set as Rs.12.3 (standard deviation of 5,2).

Women were also asked how much (on maximum) they would be willing to pay for the ideal menstrual product that they described during their interviews. The declared average maximum price per one unit of a product was found at Rs.13.1 with a standard deviation of 5,4.

Those respondents who did not use reusable materials were asked if there had ever been a time when they could not afford menstrual products. As many as 13,3% of them admitted that this situation has happened to them. Among these women, 29,8% said that it has occurred rarely, 57,1% that sometimes and 13,1% declared that it has been an often-occurring situation. When disposable menstrual product users were asked if, due to the lack of money, they did not change their product during the entire day, 9% admitted that it has happened, out of which 31% said that it occurred rarely, 56,9% sometimes and 12,1% saying that it happened often. As many as 77,2% of respondents who use disposable menstrual products declared that, in their opinion, these items should have higher importance in their household budgets.

Women and girls were asked if they buy menstrual products for themselves or if anyone else does it for them. Most of the respondents who use disposable absorbents (89,9%) do it on their own, and those who do not (10,4%) receive them generally from mothers (58,2%) but also husbands (28,6%), sisters (5,4%) and friends (3,6%). Some of them (40,9%) must ask for money in order to buy menstrual products, and these persons

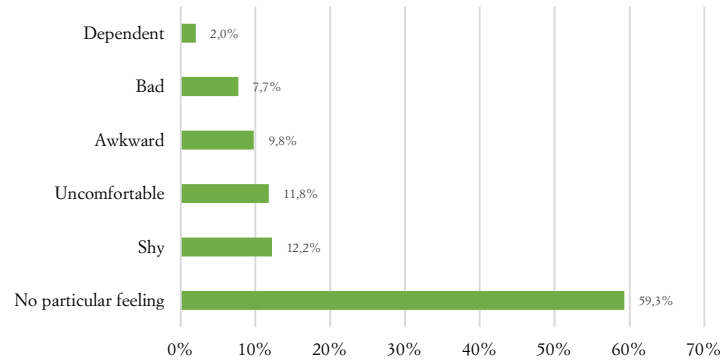


Fig. 6. *Feeling of the respondents while asking for money to buy menstrual products*

are most commonly, due to the young age of the respondents, mothers (67,1%), followed by husbands (24%), fathers (28%), sisters (6,9%), and rarely friends (1,6%) or mothers in law (1,2%). Most (90,7%) of this group mention what they need money for. More than half do not attach any feelings to this; however, while asking for money to buy menstrual products, some feel shy, uncomfortable, awkward, bad, or dependent. (fig. 6).

Menstrual product accessibility

Women and girls who buy menstrual products were asked where they generally do it. Most of the interviewees declared that they buy them in pharmacies (64,6%) and local shops (61,4%), with some respondents mainly making this purchase at the village weekly markets (2,5%) while other (3,5%) responses included different places such as cosmetic shops or responded, “wherever available”.

Women were also asked to rate the accessibility of menstrual products in their place of living on a scale from 0 to 5 (0 = not accessible; 1 = very difficult to access; 2 = difficult to access; 3 = moderate accessibility; 4 = easily accessible; 5 = very easily accessible). As many as 9% did not know how to answer

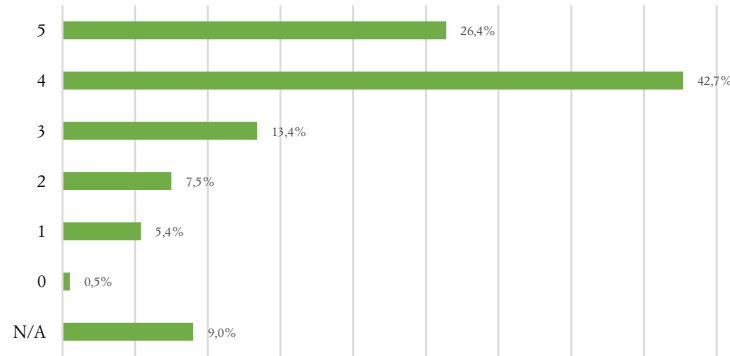


Fig. 7. Rating of accessibility of menstrual products

this question and were excluded from the final analysis. The research found 0,5% answers with a rate of 0, meaning inaccessible. Option 4, 'easily accessible', was chosen the most times, with a rate of 42,70% (fig. 7).

Those who have rated the accessibility level in their place of living as 3 (difficult to access) or lower were additionally asked to give their opinion on why the product availability is limited. Most argued that the difficulty in accessing menstrual products is related to the distance to the closest distribution point (54,5%) and their price (48,7%), followed by 4% of respondents pointing out social ostracism. When asked if those women would have any ideas on how to resolve the problem, women came up with the idea of selling or distributing pads in every village shop and public facilities. They pointed out that prices should be reduced or subsidised as current pricing is out of reach for many in their villages. Some argued that training on making safe, reusable products at home would be a good idea for those who cannot buy disposable pads.

Raise the awareness in the villages. More people will buy it once they know how to use pads and it will become available once shopkeepers will see the interest in selling them to many women, for now not a lot want to buy. But they also do not have that much money. Need to save for other things (38-year-old Brahmin woman).

DISCUSSION

The research outcomes presented in this paper are meant to shed more light on the preferences of Nepali women when it comes to menstrual products. The combination of information on the context of intervention, on the living situation of menstruators in Nepal and direct data on their practices, preferences and inclinations shall help any actor aiming to increase the overall number of Nepali menstruators using healthy menstrual absorbent and increase its accessibility across the country. Taking practices implemented in the past and drawing lessons from them will allow the reader to design a holistic intervention plan while considering the SEM and the feelings towards restrictions from the women of the target group. Furthermore, the reader will also be able to conceive a product that matches the needs and preferences of Nepali women, thus making its intervention more effective and appropriately addressing harmful MHM practices.

The outcomes point out that more than half of the interviewed Nepali women and girls who follow menstrual restrictions hold a positive view of the constraints and feel that it is their role to keep the community tradition alive. Some authors, like Crawford, Menger and Kaufman (2014), argue that this kind of answers should be seen as a coping strategy to endure the forced, stigmatised state of menstruation. Still, the fact that women attach positive feelings to menstrual restriction should cause reflection among advocates for harsh measures such as previously mentioned campaigns of destroying *Chhaupadi* huts. These measures, if not accompanied by necessary holistic risk mitigation actions (e.g. community discussions, awareness-raising workshops, cooperation with recognised community leaders), can, in consequence, damage needed trust between targeted populations and outside actors aiming to influence their behaviours. These outcomes also outline the importance of considering the social-ecological model: to implement an efficient measure, the context of implementation and the dynamics between levels shall be considered. This way, the project will be more adapted to the target group.

Nevertheless, the clue is that one should have full freedom to follow such rules as much as the other should have full freedom to reject group pressures. Women shall not be considered inactive recipients of restriction practices but active players. Women are expected to be the guardians of the traditions and taboos that undermine their social position and negatively influence many dimensions of their lives.

Additionally, there is a visible generational change in the perception of menstrual restrictions and the usage of MHM-accurate absorbent materials. Younger Nepalis shift towards conventional menstrual products and hold more negative views on menstrual restrictions. This allows us to suppose that the efforts of the national government and other actors working in the MHM field are, to some extent, successful.

As mentioned, the government of Nepal promotes the distribution of biodegradable pads among public school students, hoping to positively impact both the environment and the well-being of menstruators. The research indicates that the meaning of biodegradability is still not widely known. However, respondents who understand it are willing to use compostable menstrual products. Additional informative measures should be implemented to raise awareness on the topic and ensure that women do not wrap used products in additional layers of plastic, which is the most common practice at the moment.

Furthermore, it is interesting to see what criteria women consider the most important in the product they will buy. The research shows that comfort, size, and absorbency are the most important criteria, which often convince them to use clothes instead of pads. This information is precious to projects targeting the production of menstruation pads from local materials and seeing women as active consumers. The research outcomes also show data concerning accessibility, showing that the pharmacies and local shops are the easiest for women to access.

Other options than menstrual pads, such as reusable pads or menstrual cups, are sometimes considered by organizations active in the MHM sector. Although these options are sustainable and allow to avoid buying the pads repeatedly, the research sheds light on problems of reusable products: the need for washing was considered the most common disadvantage for

women who use reusable cloths, much more than comfort or possible leakages.

The need for improved strategies to strengthen the private sector through capacity building and training towards local production of menstrual pads has been identified above. These kinds of interventions seem to be an adequate way to improve MHM practices, guaranteeing access and awareness simultaneously. The research outcomes should allow to find ways of improving these kinds of strategies, shedding light on the women's preferences, what they feel is the most important, and their living situation and current practices. The idea of Sparśa Social Business, producing and selling biodegradable menstrual pads, with its profits financially sustaining MHM awareness workshops targeting boys and girls in schools as much as adult women and men at the community level, adds up to the current efforts across Nepal. If successful, the women-led social enterprise counteracting menstrual stigma may become a scalable model serving communities where similar production units are created. Its value should be especially seen in its alignment with current national policy measures (rising supply of biodegradable menstrual products) and long-term financial autonomy, cutting off the common dependency on international donor agencies. The project's model could serve diverse communities across Nepal and worldwide after location-specific adjustments and in cooperation with other partners.

CONCLUSION

Due to the collective menstrual taboo, the needs of women and adolescent girls were long neglected. School and work absenteeism, poor knowledge of female reproductive health, hazards to one's health, menstrual management strategies or social marginalization are only a few examples of what this negligence of menstrual-related needs carries.

Menstruation and the way it is experienced by women and girls around the world influence various dimensions of female lives. As pointed out and documented by Alma Gottlieb (2020), every menstruator has their very own individual experience attached to menstruation. However, in most cases, it is rather a



challenging one. This individual experience is not facilitated by the social constructs of menstruation being perceived as dangerous, impure, or even polluting. Besides causing dangers to female health, poor MHM enforces inequalities between genders and undermines the social position of women in the name of cultural rules and traditions. Menstruation and experiencing this natural bodily process is a burden in the eyes of many women and girls.

In this framework, initiatives such as the Menstrual Hygiene Management Partnership Alliance (MHMPA Nepal) are essential. Positioning itself as an advisory body to the Government of Nepal, the alliance's primary goal is strengthening coordination mechanisms among various sectors and entities and establishing a sustainable knowledge-sharing platform. Such initiatives should be considered essential, allowing for the space within which all stakeholders can align their actions to ensure positive MHM across a given country.

One of MHMPA's member NGOs is NIDISI. NIDISI's goal is to implement a project that takes a holistic approach to promote MHM while, after the initial investment, being independent of foreign donors. The Sparśa project's design is inspired by concepts of social entrepreneurship, circular economy and community empowerment. Initiatives such as Sparśa can change the current status of menstruation. Its social enterprise model aims not only to provide access to essential menstrual products but also to finance raising awareness campaigns and MHM workshops targeting not only adolescent girls but also schoolboys and the adult population. Local communities' involvement is crucial to facilitate a fundamental shift in the perception of menstruation. If successful, the model could serve as a blueprint for similar initiatives in the country, where menstrual-related problems are similar to those of Nepal.

The silence regarding menstruation leads to pathologies that leave many women victims of human rights violations. The knowledge acquired during this research unveils the position of Nepali women when it comes to preference while choosing menstrual products. It shall also facilitate the work of other activists and development actors who might want to implement projects aiming to produce or distribute menstrual pads in their communities.

REFERENCES

- S. E. Baumann, P. Lhaki, J. G. Burke (2019), *Assessing the Role of Caste/Ethnicity in Predicting Menstrual Knowledge, Attitudes, and Practices in Nepal*, in “Global public health”, 14, 9, pp. 1288-1301.
- A. Bhartiya (2013), *Menstruation, Religion and Society*, in “International Journal of Social Science and Humanity”, 2, 6, pp. 523-527.
- R. Boosey, E. Wilson (2013), *A Vicious Cycle of Silence: What Are the Implications of the Menstruation Taboo for the Fulfilment of Women and Girls' Human Rights and, to What Extent Is the Menstruation Taboo Addressed by International Human Rights Law and Human Rights Bodies?* (Sheffield: Sheffield School of Health and Related Research).
- V. Broch Alvarez, R. Paudel (2018), *Making Life Better for Menstruating Girls and Women in Nepal – Month After Month* (Bonn: Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH).
- S. S. Budhathoki, M. Bhattachan, E. Castro-Sanchez et al. (2018), *Menstrual Hygiene Management Among Women and Adolescent Girls in the Aftermath of the Earthquake in Nepal*, in “BMC Women’s Health”, 18, 1.
- Central Bureau of Statistics (2012), *National Population and Housing Census 2011 (National Report)* (Kathmandu: Government of Nepal, National Planning Commission Secretariat).
- J. Chaaban, W. V. Cunningham (2011), *Measuring the Economic Gain of Investing in Girls: The Girl Effect Dividend* (Bretton Woods: World Bank).
- M. Crawford, L. M. Menger, M. R. Kaufman (2014), *‘This is a Natural Process’: Managing Menstrual Stigma in Nepal*, in “Culture, Health & Sexuality”, 16(4), pp. 426-439.
- R. George (2013), *Celebrating Women*, in “Water Supply and Sanitation Collaborative Council”, <https://www.issuelab.org/resources/19523/19523.pdf>.
- Government of Nepal (2015), *Constitution of Nepal: Articles 24 & 29*.
- K. B. Karki et al. (2017), *Scoping Review and Preliminary Mapping. Menstrual Health and Hygiene Management in Nepal* (Lalitpur: Population Services International Nepal), pp. 1-96.
- L. C. Loughnan, et al. (2016), *What Can Existing Data on Water and Sanitation Tell Us About Menstrual Hygiene Management?* in “Waterlines”, 35, 3, pp.228–244.
- Ministry of Foreign Affairs (2023), *Nepal profile*, <https://mofa.gov.np/nepal-profile-updated/>.
- Nepal News (2022), *Taxation Issue on Sanitary Pads Yet to Be Fully Addressed*, July 2022, <https://www.nepalnews.com/s/nation/taxation-issue-on-sanitary-pads-yet-to-be-fully-addressed>.
- K. N. Pokhrel et al. (2022), *Unlocking the Potential for Engaging Men to Improve Reproductive, Maternal, and Neonatal Health in Karnali Province, Nepal*, in “BMC Public Health”, 22, 1.
- A. Sharma, J. S. McCall-Hosenfeld, Y. Cuffee (2022), *Systematic Review of Menstrual Health and Hygiene in Nepal Employing a Social Ecological Model*, in “Reproductive Health”, 19, 1, pp. 1-21.
- M. Sommer et al. (2021), *How Addressing Menstrual Health and Hygiene May Enable Progress Across the Sustainable Development Goals*, in “Global Health Action”, 14(1), pp. 1-10.
- D. S. Thakuri et al. (2021), *A Harmful Religio-cultural Practice (Chhaupadi) During Menstruation Among Adolescent Girls in Nepal: Prevalence and Policies for Eradication*, in “PloS one”, 16, 9, pp. 1-22.
- S. Thapa, A. R. Aro (2021), *‘Menstruation Means Impurity’: Multilevel Interventions are Needed to Break the Menstrual Taboo in Nepal*, in “BMC Women’s Health”, 21(1), pp. 1-5.
- S. Thapa, S. Bhattarai, A. R. Aro (2019), *Menstrual Blood is Bad and Should Be Cleaned”: A Qualitative Case Study on Traditional Menstrual Practices and Contextual*

Factors in the Rural Communities of Far-western Nepal, in “SAGE Open Medicine”, 7, pp. 1-9.

UNICEF, WaterAid (2021). *Menstrual Hygiene in Schools in South Asia - Country Snapshots: Nepal* (United Nations Children’s Fund (UNICEF) Regional Office for South Asia (ROSA) and WaterAid South Asia Regional), pp. 1-5.

N. Wali et al. (2020), *Women and WASH in Nepal: a Scoping Review of Existing Literature*, in “Water International”, 45, 3, pp. 222-245.

I. T. Winkler (2020), *Introduction: Menstruation as Structural*, in C. Bobel, I.T. Winkler, B. Fahs, K.A. Hasson, E.A. Kissling and T.-A. Roberts (eds.), *The Palgrave Handbook of Critical Menstruation Studies* (Singapore: Springer), pp. 469-473.

World Bank Group (2018), *Urban population (% of total population) – Nepal | Data*, <https://data.worldbank.org/indicator/sp.urb.totl.in.zs?locations=np>.

World Bank Group (2019), *#ItsTimeForAction: Investing in Menstrual Hygiene Management is to Invest in Human Capital*, <https://www.worldbank.org/en/news/feature/2019/05/24/menstrual-hygiene-day-2019>.

World Health Organization (1981), *A Cross-cultural Study of Menstruation: Implications for Contraceptive Development and Use*, in: “Studies in Family Planning”, 12, 1, pp. 3-16.