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TRANSFORMATION TOWARDS SUSTAINABLE
AND RESILIENT WASH SERVICES

**Analysis of menstrual hygiene practices in Nepal: the role
of WASH in Schools programme for girls education**

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In Nepal, 48% of women and girls are between the ages of 15-44. Though menstruation is a natural process, it remains a taboo and is stigmatized, and in worst case scenarios promotes negative cultural practices impacting the lives, health, and safety of women and girls. UNICEF conducted a research to explore the socio-cultural practices related to menstruation and management and consequences pertaining to girls' education. The research indicated that despite availability of WASH facilities in schools, girls often struggled to manage their menstruation hygiene confidently and effectively. Many girls experienced shame, fear, confusion, teasing, lack of accurate information and advice. 15 to 22% of girls missed schools due to menstruation. The research found a significant impact of WASH Programme with 53% of girls in Bajura district using sanitary pads. The study recommends multidimensional interventions to address the issues identified. This paper presents aimed at sharing the results from this study.

Background

Nepal witnessed tremendous increase in access to improved sources of drinking water and sanitation services especially in the last eight years. According to the latest data from the Government of Nepal, access to improved source of drinking water is 88% while sanitation coverage including shared latrine is about 93% (DWSS, 2017). Almost 78% of schools have access to improved water supply facilities while 82% to basic sanitation facilities and only 69% of the schools have separate toilets for girls. The major issues facing the WASH Sector include poor water quality (only 27% estimated to be safely managed as per SDG definition), low rate of functionality of water schemes (only 25% are fully functional), sustainable use of sanitation facilities, shared latrines (almost 20%), socio cultural issues around menstrual hygiene (e.g., *Chhaupadi*) and child faeces management amongst others (Adhikari, 2017). *Chhaupadi* is a social tradition where menstruating women are considered to be impure and forced to stay in a small hut and not allowed to stay with the families and share same toilet especially in some districts of the mid and far-western hills and mountains. According to ODF sustainability study conducted in 2016 (by UNICEF and the Government of Nepal), almost 39% of the respondents in *Accham* district reported denial of toilet use to the menstruating women (UNICEF, 2016).

Menstrual Hygiene Management (MHM) for school girls is a neglected issue in low income countries. However, there is an increased recognition that it should be addressed during research, programming, and policy formulation (Sommer, 2016). Limited access to water, sanitation and hygiene facilities have made it difficult for girls to hygienically and confidently take care of themselves during menstruation. In addition, girls are often unable to access adequate sanitary materials because of financial or supply issues in rural areas. Cultural practices and restrictions also affect girls' ability to equally and fully participate in family and community life, and many girls do not have access to accurate and pragmatic information about menstrual hygiene management. In Nepal, research suggests that school attendance is affected by menstrual taboos, although this may vary by context. The school context also affects attendance. If school facilities do not allow for comfortable management of menstruation, either through absence of gender segregated facilities, lack of privacy, inadequate water supply or disposal systems, girls are more likely to miss school.

In order to explore the socio-cultural practices related to menstruation, its management and consequences pertaining to girls' education, UNICEF Nepal commissioned a study in collaboration with the Health Research and Social Development Forum (HERD) in 2016. The study was completed in 2017. This paper aims at sharing the major findings from this study.

Scope and methodology of the study

The study examines menstrual hygiene practices and management, the role and effectiveness of WASH in School (WinS) programmes in rural areas of Nepal and the impact this programme may have had on girls' education, including attendance. It also aims to gain a better understanding of the challenges faced by girls attending school. The study explored how existing WinS programmes have contributed to addressing access to adequate water and sanitation facilities, appropriate disposal facilities and privacy in girls' toilets. The study also researched levels of basic awareness on menstrual hygiene and practical skills information for effective menstrual management including how to make and use reusable sanitary pads. The findings discuss the ongoing challenges of menstrual hygiene management faced by the girls in schools in three rural districts of Nepal- Achham, Bajura and Parsa. The girls were from grade 7 to 10 and the average age of the participants was 15 years. Specifically, the mixed-methods study sought to answer three research questions:

1. How does menstruation affect attendance of girls and what is the role of WASH facilities in affecting attendance?
2. What are the existing WASH facilities in schools and how do these meet girls' needs?
3. How does menstruation affect girls' ability to fully participate in school and community life?

This study deployed a mixed-methods approach. Table 1 below shows all the methods deployed to collect data with the students - girls and boys, teachers, head teachers and mothers from 12 schools in the districts of Achham, Bajura and Parsa of Nepal. The schools in these districts were purposively sampled for the study. In order to meet an agreed sample size, an equal number of WinS (six) and non-WinS (six) were selected in each of the three districts (please see below sub-section for definition of WinS and non-WinS). The girls were also asked to maintain a self-completing diary and record their school attendance during their menstrual periods. A questionnaire was used to collect data on the girl's attendance from the schools as well as an observational checklist of the school's facilities. The study received ethical approval from the Nepal Health Research Council (NHRC).

Qualitative		Quantitative	
Methods/Tools	# of participants	Methods/Tools	# of participants
Group interviews with girls	24 (12 groups)	Observation/ Checklist	12 schools
Focus group discussion with girls	37 (6 groups)	Structured interview - girls	600 (50/school)
Semi structured interview (SSI) with health teachers	6	Self-Completed diary (girls)	600 (479 diaries returned + used)
Semi structured interview (SSI) with mothers	6	Structured interview - boys	180 (15/school)
		Semi structured interview (SSI) with head teachers	12

Definition of WinS and non-WinS

In this study, the term WASH in School (WinS) is applied to those schools that received interventions from UNICEF supported programme while non-WASH in School (non-WinS) are those schools that didn't receive any interventions from UNICEF supported programme but received interventions from other partners including the government. Almost all the schools from WinS and non-WinS had WASH facilities while the major difference could be in terms of service level of facilities or intensity of software activities. The findings presented in this paper should be looked at from the overall perspective of menstrual hygiene

management but not from the angle of comparing the results from WinS and non-WinS as this is of arbitrary nature. This was done only to see the effectiveness of UNICEF assisted programme.

The WASH in School Programme

The WASH in Schools (WinS) Programme is based on a child-rights approach that recognizes that all children have the right to access to safe drinking water, basic sanitation facilities, handwashing facilities (with soap) and the knowledge and skills that promote safe hygiene practices. UNICEF Nepal and its development partners including the relevant departments of the Government of Nepal, local communities, NGOs and INGOs, have supported the implementation of WASH in School (WinS) programme since 2000 through the School Sanitation and Hygiene Education programme approved by the Ministry of Education (MoE).

The WinS programme offers an alternative to the stigma and marginalization associated with menstruation, and aims to ensure provision of safe, clean, private and hygienic facilities in schools. These facilities decrease interruptions to girls' attendance and enable their education opportunities by reducing hygiene-related diseases, and thereby positively impacting learning achievements, and overall contributing to gender equality and fostering of social inclusion and individual self-respect. The school environment provides an excellent intervention site to enable adolescent boys and girls to negotiate the physical and psychosocial changes that happen during puberty and provide accurate information regarding safe WASH practices.

Major findings

The study found that typically at the onset of menarche (the first occurrence of menstruation), most girls missed attending schools for about a week in all the three study districts - Achham, Bajura and Parsa. After a girl's first period, the number of school days missed due to their menstruation dropped significantly.

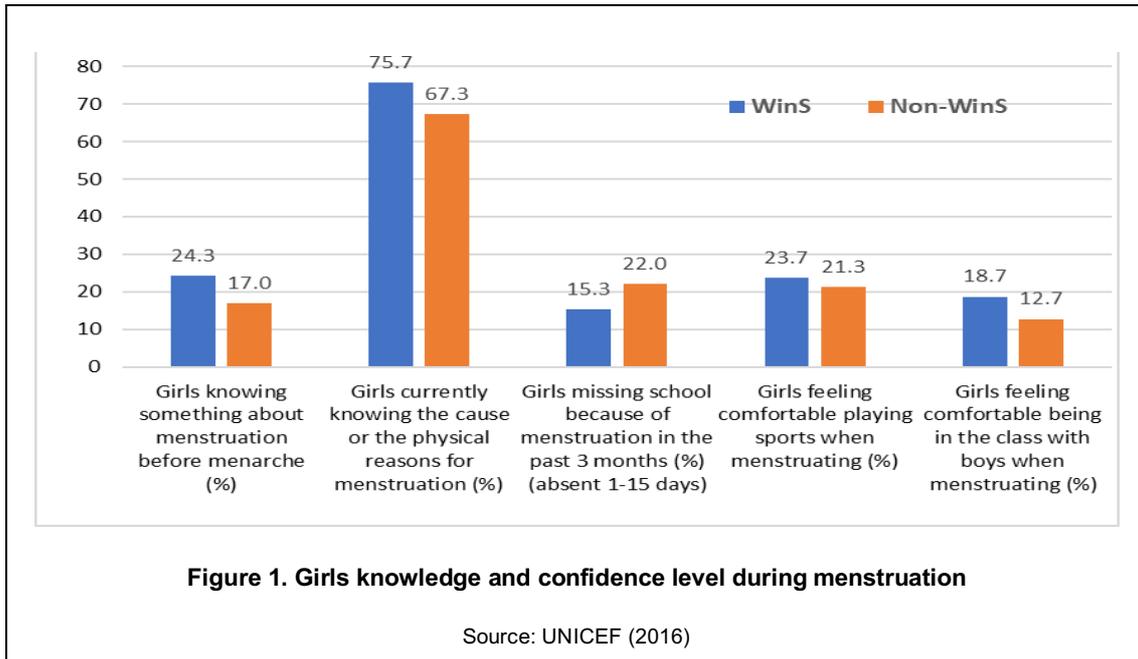
Overall, 24.3 per cent of girls in WinS schools and 17 per cent in non-WinS schools knew 'something' about menstruation before menarche. If girls knew 'something' about menstruation and its care, they usually obtained this information from their mother, particularly in the non-WinS schools, or from friends in the WinS schools. Interestingly, 27 per cent of girls reported getting information pre-menarche from teachers in WinS schools, whereas in non-WinS schools only eight per cent of girls received information from teachers. About 57 per cent of girls in WinS schools and 66 per cent of girls in non-WinS schools did not know what the cause of menstruation before their menarche.

The participating girls (all had begun menstruating) were asked if they currently knew about the cause of menstruation. Of them 75.7 per cent who were in WinS schools and 67.3 per cent in non-WinS schools reported currently knowing about the cause or the physical reasons for menstruation. Girls from all WinS and non-WinS schools reported receiving more information about menstruation after their menarche, but the majority of the girls, 76 per cent, in Parsa district still didn't know the cause of menstruation.

Head teachers were asked at what age/class the menstruation related education was taught in their schools. It was learnt that in Parsa district, it was taught between grade 6 and 7; and in the Bajura and Achham districts it was between grade 6 and 9. Head teachers said that girls in these classes were between 11 and 14 years old. The head teachers felt it is important that the girls (and boys) learn about menstruation before onset of their menarche, to enable the girls to be more confident regarding menstruation management and how to deal with teasing from peers.

The main reasons the girls cited for missing school during their menstruation was due to pain, discomfort and leakage. Most of the girls used reusable cloths in all districts and types of schools (74 - 83 per cent). Although many of the girls reported they would like to use disposable sanitary pads, the usage of this product was low (the highest being amongst non-WinS school girls in Parsa - 13 per cent), mainly due to cost and availability.

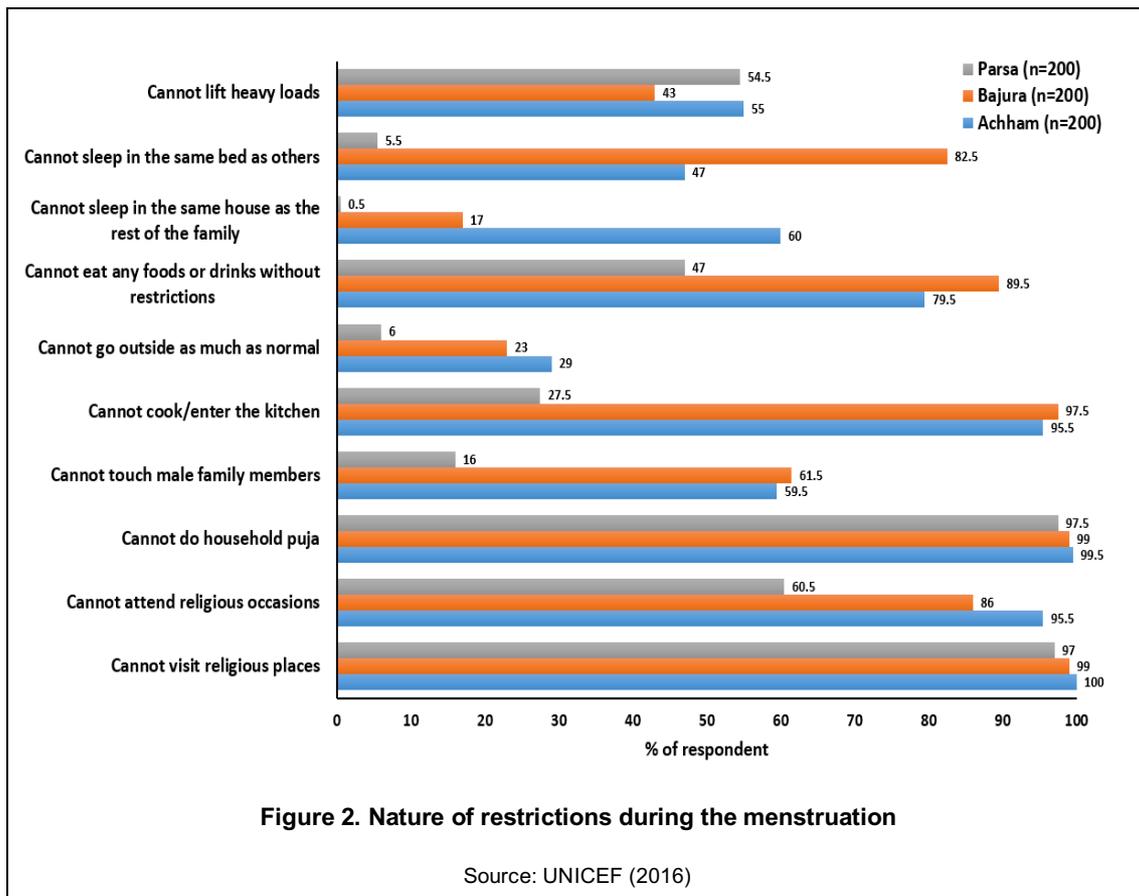
The research found that WinS programme made significant and positive contributions for the girls in Bajura district where gender segregated toilets had been built and maintained, there was a good and constant water supply and the girls had received training on how to make and use reusable sanitary pads. About 53 per cent of the girls in WinS schools in Bajura were now using such sanitary pads. These girls had less fear/concern of leakage, which was the second most common reason given for school absence. However, even though all the study districts showed similar patterns of menstrual cloth utilization, more girls in Parsa district than in other districts missed school due to their menstruation. The summary of the major findings is presented in Figure 1.



Schools are an important source of information about menstruation for both girls and boys. Not all the schools in the study had a full-time female staff member or teacher. Girls admitted feeling shy, embarrassed and uncomfortable in seeking information or supplies or medicine from a male teacher. Girls also felt embarrassed and uncomfortable sharing about their periods with other students, especially boys, and worried about being teased. Girls would prefer that the sexual and reproductive health (SRH) classes with information relating to menstruation were taught in a girls-only class, that way they could openly discuss issues and raise questions and concerns about them. In WinS schools, mothers were the other main source of information, although the information they provided tended to be about the expected behaviour and cultural traditions/restrictions. In non-WinS schools, other female friends were the main source of information.

In extended households, especially those that were multi-generational, the cultural and traditional restrictions were more likely to be enforced including *chhaupadi*, although many of these restrictions were slowly changing or not as strictly enforced. For example, instead of sleeping outside in a separate hut, menstruating girls would now sleep in a different bed or location within the house. However, majority of girls from both WinS and non-WinS schools - 60 per cent - reported not being able to sleep in the same house as their family and 23 per cent of girls in WinS schools and 11 per cent in non-WinS schools in Bajura were not able to sleep in the same house as their family (please refer to Figure 2).

Restrictions around food preparation, intake of food, performing activities, disposal of soiled sanitary products, washing or bathing, and worshipping still prevailed in some form in varying degrees in all the districts to. For example, 60 per cent of girls in Achham and 62 per cent of girls in Bajura would not touch male family members while menstruating compared to only 16 per cent in Parsa. In Achham 96 per cent of girls, 98 per cent of girls in Bajura and 28 per cent of the girls in Parsa were unable to enter the kitchen and cook food, because it was believed they would spoil the food. There were also restrictions placed on the type of food the girls could eat. For example, they were not allowed to eat dairy products or pickle. 80 per cent of girls in Achham, 90 per cent of girls in Bajura and 47 per in Parsa were prevented from eating certain types of food while menstruating. Similarly, 29 per cent of the girls in Achham, 23 per cent in Bajura and six per cent in Parsa reported not being able to move around as much in their communities while menstruating.



Conclusion and way forward

The WinS programme was implemented differently in different places and in WinS and non-WinS schools. Due to this, the study faced some difficulty in making direct comparison of the findings. Despite this, the triangulation from multiple data sources indicated that the main cause of absence during menstruation was due to pain and discomfort, and fear of leakage. The research revealed that it was during their first period that girls missed the most days of school.

The WinS programme has made a significant and positive contribution to girls in the Bajura district where gender segregated toilets had been built with a good and regular water supply. The girls in this district were using reusable sanitary pads and as a result were less worried about leakage. However, more could be done to provide girls with comfortable, secure menstrual management materials that they are able to dispose of with confidence, particularly in Parsa and Achham.

Schools were an important source of information about menstruation for both girls and boys. More support to teachers and schools would be beneficial to enable them to provide accurate information about materials, symptoms and causes of menstruation in an understandable manner. It is also important that the menstrual management information reaches the girls before the onset of their menarche, therefore a review of when (what grade and age) the Menstrual Hygiene Management classes and Sexual and Reproductive Health classes are taught is required. These may need to be reviewed and taught sooner in lower classes/grades. The median age of menstruation at 12, 13 and 14 in Parsa, Bajura and Achham with the minimum age of menstruation at 10 in Parsa and Bajura and 11 in Achham among the respondent girls also supports this. Segregating teaching of sexual and reproductive health classes by gender (teachers and students) would be also beneficial, allowing girls to feel more comfortable in a single sex setting in order to ask questions and explore issues. Age appropriate teaching of menstrual management is recommended and schools could explore collaborating with local health facilities where nurses could help teach menstrual management related classes to girls.

Girls appreciated infrastructure improvements, but it is important that they are sustained and maintained so that girls can rely on having access to these facilities and products. The research found that the toilets

were unavailable in some schools due to lack of water, are being cleaned or maintained. Schools also needed to ensure that they can maintain the facilities – ensuring that there is an adequate water supply, supplies are replaced – including soap, the toilets are maintained and are accessible. The toilets also need to provide adequate privacy. The schools need to ensure that their supplies of sanitary items, including pain medications are checked and re-stocked and that there is a clear policy understood by the students, teachers, schools and parents and wider community.

Concerted efforts to address menstrual restrictions by schools and communities were appreciated and practices were slowly changing. Girls responded that the main reasons that they practiced or observed these restrictions were because of their family and only a few of the practices were actually being ‘kept up’. Those practices around visiting temples or worshipping were followed because girls feared divine retribution, either for themselves or for their families. This indicates that there is opportunity for generational change and the need for further interventions to focus on older generations.

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Note

The views expressed in this paper are those of the authors and do not necessarily reflect the views of the government/organizations they work for.

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