



Menstruation & Female Community Health Volunteers RWSSP-WN BRIEF 5-2018

WHY THIS BRIEF?

RWSSP-WN II is committed to create an environment in which all community members, women and men, including the socially excluded, disadvantaged castes, ethnic and religious minorities, have equitable opportunities to pursue their right to water and sanitation, **whether menstruating or not!**

This Brief stems from *the Menstruation, WASH and RWSSP-WN - Position Paper, RWSSP-WN Brief 2-2018*. This triggered us to explore the topic more in depth through the following surveys, presented in the RWSSP-WN Briefs:

- ◆ Knowledge, Attitudes and Beliefs of 55 Female Community Health Volunteers (this RWSSP-WN Brief 5-2018)
- ◆ Knowledge, Attitudes and Beliefs of 326 school boys and 338 school girls (RWSSP-WN Brief 6-2018)
- ◆ Knowledge, Attitudes and Beliefs survey: 48 teachers (RWSSP-WN Brief 7-2018)
- ◆ Risks, Attitudes, Norms, Abilities and Self-Regulation factors survey: 755 adult women (RWSSP-WN Brief 8-2018)
- ◆ Toilet use survey of 933 households (RWSSP-WN Brief 9-2018)



Photo: FCHVs participating in a Menstrual Hygiene Management (MHM) session, including making of reusable pads, programme by RWSSP-WN Phedikhola Municipality WASH Unit, Syangja, Western Nepal

Rural Water Supply and Sanitation Project in Western Nepal Phase II (RWSSP-WN II) is a bilateral water, sanitation and hygiene (WASH) project by the governments of Nepal and Finland.

RWSSP-WN II Vision:

The right to access to water, sanitation and hygiene for all **means all**, including menstruating women and girls

Question for this Brief: do those who should know, know? What do they believe, what are their attitudes to menstruation?

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Date: 28.05.2018

WHO RESPONDED IN THIS SURVEY?

- ◆ **Total** 55 people were interviewed
- ◆ **Ages** ranged from 23 to 71 years, average age 42 and median age 40.
- ◆ 53 FCHVs and two men (one Municipality WASH Unit staff and one community health worker)
- ◆ **From ethnic/caste group** point of view, 11% were Dalit, 9% from Disadvantaged Tarai groups, 4% from religious minorities (Muslim) and 69% others (mainly Brahmin or Chhetri)
- ◆ **Five districts** - Baglung, Palpa, Parbat, Rupandehi & Syangja
- ◆ **Six rural municipalities** - Bagnaskali Gaunpalika; Bihadi Gaunpalika; Gaidahawa Gaunpalika; Kathekhola Gaunpalika; Nisdi Gaunpalika; Phedikhola Gaunpalika
- ◆ **Questions** were asked by trained enumerators, in Nepali. Responses were recorded using Kobo Toolbox (a mobile phone-based application) in Nepali

Female Community Health Volunteers (FCHVs) can be found in practically every rural community in Nepal, distinguished by their blue and white sarees. They receive basic medical and health training from the Government of Nepal, and tend to be the first contact point for the rural women concerning any health issue. FCHVs are typically local women above 25 years of age who receive a basic 18 days of training in various public health topics (Panday et al, 2017).

FCHVs distribute basic contraceptives, vaccines and nutritional supplements, provide basic health information, and refer patients to health posts. They regularly assisting in deliveries and other health events but have inadequate integrated capacity building (Khatri et al, 2017). These are the people who should know the basic biological facts.

FCHVs have been very active in the sanitation movement in Nepal. Practically every Open Defecation Free and Total Sanitation Declaration programme acknowledges their contributions.

WHERE DID THEY LEARN ABOUT MENSTRUATION?

Where did the respondents hear about menstruation for the first time? About one-third (37%) stated that they heard it from their mothers, although only one-fifth (18%) said their mother was the only source. The role of media has been important, with 26% having heard about menstruation from these sources. Nobody named teachers as the only source, and only 18% mentioned teachers anywhere in the various combinations. This may be due to reluctance by teachers to discuss menstruation with students (see Briefs 6-2018 and 7-2018).

Only one-third (36%) had attended any class or meeting where menstruation would have been discussed. Another question was framed as *“As FCHV (health worker/ RWSSP-WN funded municipality staff), have you conducted meetings or classes by yourself where menstruation was discussed?”* Again, only a third (29%) answered ‘yes’.

One out of five (18%) had received training on how to make reusable pads. These are considered a good solution in the local environment, as they would not lead to environmental pollution, and may be more comfortable and convenient than traditional methods. But it would be important to follow up the training, to assess the comfort, usability and general acceptance of these often self-made pads.



Photo: FCHVs participating in the MHM event together with teachers and students in Phedikhola, Syangja

KNOWLEDGE

These respondents represent those who should know - they are the first source of information for rural women. Therefore, we would expect that the following answers would be correct. This is not always the case.

Why women menstruate? Most (89%) stated that this is to do with fertility, and shows that women can bear children. Yet, out of this professional sample, 11% stated that they *do not know!* Most stated correctly that the menstrual cycle is controlled by hormones (95%), but one person suggested 'enzymes' and one 'nerves'.

How many eggs are normally released at ovulation? While 42% suggested that normally one egg, surprisingly another 40% stated that they do not know.

Can a girl get pregnant before she has had her first period? More than half (53%) stated that she cannot, 24% stated that yes, she can, and another 23% that they *do not know*.

Can women exercise during Menstruation? 82% said 'yes'. It is interesting that 18% of respondents felt that exercise wasn't appropriate, yet this clashes with that practice that often during menstruation women have to do more heavy labour (carrying firewood, etc.) as they can't do normal tasks like cooking for the family.

Menstruation is contagious 15% said 'yes', although only 2% considered it to be a disease.

Does menstrual fluid contain only blood? Majority (85%) suggested that this is false statement, while 4% agreed that they do not know and 11% that yes, this is correct.

Menstrual blood contains harmful substances 27% said 'yes'. Perhaps education on what menstrual blood actually contains would be beneficial. Fresh discharge in itself (from a healthy woman) is unlikely to be harmful, but disposal of contaminated sanitary materials does of course carry some risk.

Is it hygienic to share the same room with menstruating women? 22% said that it isn't. This is clearly mixing knowledge with taboos, as with the other responses in the next section regarding touching utensils, food and water with menstruating women.

In the following, further 'yes' answers are captured, demonstrating greater knowledge of the respondents:

- ◆ Menstruation occurs approximately every month (89% 'yes')
- ◆ Menstruation is a physiological process (100% 'yes')
- ◆ Menstruation means a woman is not pregnant (91% 'yes')
- ◆ Women stop menstruating as they grow old (100% 'yes')
- ◆ Menstrual blood comes from the uterus (womb) (98% 'yes', the only 'no' came from the male respondent)

HOW CAN WE ADDRESS GAPS IN KNOWLEDGE?

Many FCHVs have missed out menstruation-related trainings, and they are also uncomfortable to conduct meetings on the topic - either due to lack of knowledge or taboos.

Typically their training is limited. Specific training on menstruation is needed to allow them to work effectively.

While the majority of the respondents got the majority of the statements 'right', there is clearly room for having more information available:

- ◆ Debate in the FCHVs meeting—we need to be confident that the municipality staff facilitating the session has the facts right themselves.
- ◆ Posters and handouts, preferably pictorial and as realistic as possible, which the FCHVs themselves can distribute and explain -> this could and should be a joint effort with the health sector stakeholders. These materials could be distributed to all FCHVs across the country, not only where some project or programme is active.
- ◆ Radio programmes, where a selected small number of facts is debated at one time - not trying to include everything in one episode. Could even be a series, interviewing women of all ages on a selected topic per episode?

PRACTICES

The most common materials used for menstrual hygiene were clean cloths (reusable), mentioned 47 times, followed by disposable sanitary pads (29), and old unclean clothes (19). No-one mentioned any other options.

Practically all (96%) stated that they dry their reusable sanitation materials outside under the sun, like they would dry anything. This is typical of most rural women in Nepal.

Most use recycled cloths, tucked into their waistband. These are bulky and uncomfortable, and are often not washed until the end of the menstrual period.

While commercial sanitary napkins are available in some locations, they are comparatively expensive and there are no safe disposal facilities (hence there is a serious risk of causing hazardous waste).

Options of tampons or menstrual cups are not seen in rural communities, and they present practical and cultural barriers.

DOES AGE MATTER?

Could age explain any differences? No, it doesn't. For instance, those who stated 'do not know' to such statements as "Menstruation is contagious?" include two 45 year olds and one 58 year old.

Regarding whether it was harmful to touch the same water tap as a menstruating woman, those who said 'yes' were two 26 year olds, a 45 year old and a 51 year old.

ATTITUDES & BELIEFS

We consider the following statements as something related to attitudes and beliefs. These are not facts, and the answer reflects the respondents attitudes and beliefs towards certain situations (influenced by their cultural/social environment):

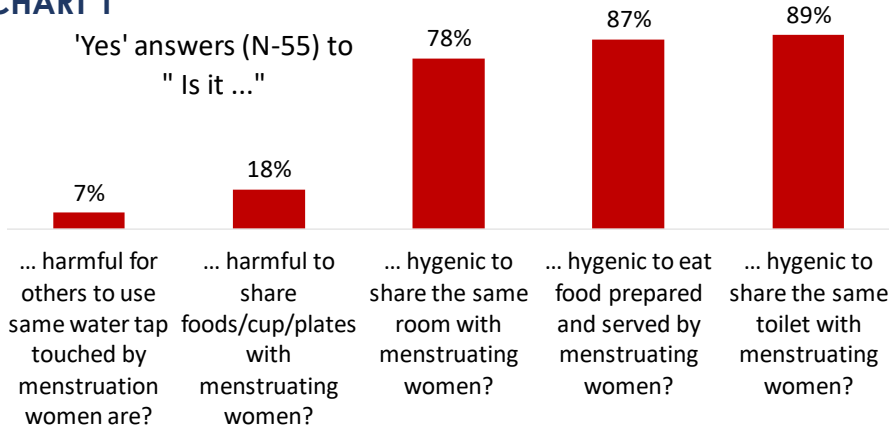
- ◆ Menstruation is a curse from god (4% 'yes')
- ◆ Having menstruation is a punishment for women ? (4% 'yes')
- ◆ Is it harmful to share foods/cup/plates with menstruating women? (18% 'yes'. The two male responses were divided here, one for 'yes' and one for 'no')
- ◆ Is it hygienic to share the same toilet with menstruating women? (89% 'yes')
- ◆ Is it hygienic to eat food prepared and served by menstruating women? (87% 'yes')
- ◆ Is it harmful for others to use same water tap touched by menstruation women are ? (7% 'yes'. The two male responses were divided here, one for 'yes' and one for 'no')
- ◆ Men have a great advantage not having menstruation? (91% 'yes')
- ◆ Women feel proud when they start menstruating? (only 64% said 'yes', and the responses by the men were divided here)

In the RWSSP-WN Menstruation Position paper we assume that one way to break taboos is to talk about menstruation - to make it as easy to talk as it is now easy to talk about open defecation. This is how our respondents feel:

- ◆ Is it important to talk about menstruation with men? (91% 'yes')
- ◆ Women should keep menstruation secret? (11% 'yes'. Both men stated 'no')
- ◆ Women should avoid talking about menstruation when the men are present? (93% 'yes'. Both men also stated 'yes')
- ◆ Is it important that women buy sanitary pads without being seen by others? (13% 'yes')
- ◆ It is uncomfortable for men to talk about menstruation ? (45% 'yes', both men replied 'yes')
- ◆ Do women get embarrassed when they see an advertisement about sanitary pads when they are with a man? (25% 'yes', both men replied 'yes')
- ◆ Do men get embarrassed and blush when they see an advertisement about sanitary pads when they are with women? (15% 'yes'. Both men replied 'no')
- ◆ Do you think menstruation is shameful thing?(7% 'yes'. Both men replied 'no'. The women replying yes stated the following reasons: due to culture and beliefs in the society, due to religion, and due to taboos)

As can be seen here there are many entry points for education and behaviour change communications. Work is needed with women and men, girls and boys (including FCHVs and municipal staff), to break taboos and remove the shame associated with menstruation.

CHART 1



RESTRICTIONS AND TABOOS

What do FCHVs think about restrictions and beliefs? These findings are significant as they show the levels of taboos and discrimination in rural communities, which interfere with women's rights and normal lives.

- Are you forced to practice restrictions during menstruation? 70% 'yes', only female respondents were asked this question.
- Are you prohibited to use the tap during menstruation? 5% 'yes'
- Are you prohibited to carry out daily activities like cooking and fetching water during menstruation? 70% 'yes'
- Girls should be allowed to play with boys during menstruation? 94% 'yes'
- Menstruation is unclean? Are women or girls impure for those days when they are menstruating? 9% 'yes'
- Do you think women should face restrictions during menstruation? Sadly 33% of respondents said 'yes'. The responses by the men were divided, one 'yes' and one 'no'.

WHAT CAN WE CONCLUDE FROM HERE?

Based on these findings, we can conclude that:

- We should not assume anything based on age.
- We should not assume that even if FCHVs do work with reproductive health, there is 100% knowledge on the biological facts. FCHVs need to have targeted programme of their own right, including education on facts regarding menstruation and menstrual hygiene management. This will enable them to serve as a good source of information for in the community.
- Menstruating women still face many menstruation-related taboos that interfere with their daily lives, work and self-confidence. FCHVs should be confident themselves to help build confidence in other women.
- Since the majority of the respondents were from the 'Others' group (Brahmin and Chhetri caste), it is not possible to draw conclusions whether one specific group would face more restrictions than others.

The more we talk about menstruation, the easier it gets to talk about it, and the easier it is to change harmful practices. See the side bar for the action items identified based on this survey.

THE WAY FORWARD?

RWSSP-WN conducts these surveys with a tangible action in mind: based on these findings we can improve our present approaches and have better targeted and more meaningful programmes.

The following action items stand out from this survey made for the FCHVs:

- We will facilitate a FCHV targeted menstruation debate, seeking synergies with regular meetings and training programmes that improve knowledge, attitudes and practices.
- Open debate on such as what really is harmful and hygienic, and what is not, would benefit FCHVs given that reproductive health is among their core topics as it is.
- We will share information on the current situation and needs with national level stakeholders (Ministry of Health, Ministry of Education, Ministry of Water, donors and other interested parties). This will allow them to better tailor their own activities.
- We will ensure that targeted information on menstruation and MHM reaches municipalities and their staff, volunteers and mobilisers.
- We will facilitate the delivery of MHM workshops, imparting information on menstruation and reusable pad making (and evaluate the results).
- We will support public events in RMs, such as International Menstruation Day (28th May) and raise the topic in all meetings and trainings.

ACKNOWLEDGEMENTS

Data enumerators	Total
Binista Kumari Dhami	15
Jansari Sharki	14
Bishnu Maya Shiwakoti	8
Monika Ghimire	5
Deva Laxmi Thami	4
Nirmala Dhami	4
Chandra Bhiyal	2
Kabiraj Shahi	2
Manasa Raj Giri	1
Grand Total	55



Photo: FCHVs participating in a sanitation and hygiene related rally. Their role in sanitation campaigns have been important and much appreciated.

REFERENCES

Panday et al. (2017) 'The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a qualitative study.' *BMC Health Services Research* 17:623. DOI 10.1186/s12913-017-2567-7

Khatrī RB et al (2017) 'Female Community Health Volunteers in Community-Based Health Programs of Nepal: Future Perspective'. *Public Health* 5:181. doi: 10.3389/ pubh.2017.00181

DEFINITIONS

BCC: Behaviour Change Communications

IEC: Information, Education and Communications

MHM: Menstruation Hygiene Management focuses on practical strategies for coping with monthly periods. MHM refers to ways women keep clean and healthy during menstruation and how they acquire, use and dispose of blood-absorbing materials.

Chhaupadi: Refers to the practices associated with menstruation in Nepal, ranging from relatively mild (preventing women from entering a temple or their kitchen) to severe (where women are excluded from their house to sleep in rough outside huts or cowsheds, cannot eat nutritious food such as cow's milk, cannot touch others, and may not use the toilet or public tap).

RESULTS INDICATORS FOR RWSSP-WN II

This Brief contributes to the RWSSP-WN II Overall objective: Improved health and fulfilment of the equal right to water and sanitation for the inhabitants of the Project area.

Result 1: Access to sanitation and hygiene for **all** achieved and sustained in the project working municipalities.

Result 2: Access to safe, functional and inclusive water supply services for **all** achieved and sustained in the project working Municipalities

Result 3: Strengthened institutional capacity of government bodies to plan, coordinate, support and monitor



FCG ●

The Rural Water Supply and Sanitation Project in Western Nepal Phase II is a bilateral development cooperation project funded by the governments of Nepal and Finland, and implemented through local governments and users' groups under the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), Ministry of Federal Affairs and General Administration. RWSSP-WN II works in 14 districts and 99 local governance units in Western and Mid-Western development regions in Provinces 5 and 6 in Nepal .

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