

# Enhancing National Policy on Dignified Menstruation Drafting Process through Inclusive Policy Dialogues

## Policy Dialogue: Gender-Based Violence and Menstrual Health and Hygiene Management

Organised By:



Date: March 3rd, 2025  
Time: 12:00pm-4:00pm  
Venue: Alfa House, New Baneshwor

Supported By:



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## **Background**

Menstrual Health and Hygiene (MHH) is recognized as a critical pillar of public health, a fundamental human right, and a cornerstone of gender equality. However, in Nepal, existing policies often fall short, lacking comprehensive, rights-based frameworks that prioritized accessibility, inclusivity, and widespread awareness. These gaps left many menstruators vulnerable to challenges such as stigmatization, gender-based discrimination, and inadequate education on MHH, all of which significantly impacted their physical and mental well-being.

The first session focused on Human Rights Approaches to MHH, while the second session explored the intersection of Gender-Based Violence (GBV) and Menstrual Health and Hygiene Management (MHM). These dialogues brought together I/NGOs, health care professionals, MHH/MHM activists/advocates, menstruators, community advocates, and policymakers to generate evidence-based recommendations. This collaboration fostered a holistic and inclusive approach to develop well-informed, community-centered recommendations essential for an effective dignified menstruation policy. By leveraging diverse perspectives and experiences, the dialogues aimed to identify practical, community-driven solutions to MHH/MHM-related challenges.

Ultimately, this participatory approach ensured the development of a dignified menstruation policy that is both comprehensive and adaptable. It addressed the immediate needs of menstruators while promoting long-term, sustainable change. The outcomes of this initiative will contribute to creating a more equitable and supportive environment, empowering menstruators across Nepal and reinforcing their right to health, dignity, and equality.

## **Objectives**

The primary objective of the second policy dialogue is to establish an inclusive platform that brings together diverse stakeholders to collaboratively explore and analyze the intersection of GBV and MHM.

## **Session 2: Gender-Based Violence (GBV) and Menstrual Health and Hygiene Management (MHM)**

This session examined the intersection of Gender-Based Violence (GBV) and Menstrual Health and Hygiene Management (MHM) through a human rights lens, emphasizing the need for dignity, safety, and equitable access to resources. Discussions focused on how menstrual stigma and discriminatory practices contribute to gender-based violence, highlighting the urgency of integrating menstrual health into GBV prevention and response strategies. Key themes included dismantling harmful taboos, ensuring access to menstrual hygiene facilities, and promoting inclusive policies that recognize the diverse needs of all menstruators, including gender-diverse individuals and those in marginalized communities. By fostering a rights-based approach, this session underscored the essential link between menstrual health, gender equality, and the broader fight against gender-based violence.

### **Presentation by Key Note Speakers**

Two distinguished speakers provided insightful perspectives on MHM, highlighting its intersection with gender-based violence and societal barriers. Ms. Kabita Aryal, Section Chief of the GBV and Geriatric Care Section at NSSD, explored the link between menstrual health and gender-based violence in Nepal, shedding light on the social, cultural, and systemic challenges menstruators face. Dr. Swaraj Rajbhandari, a Senior Obstetrician and Gynecologist at Helios Hospital, Jawalakhel, focused on breaking the barriers surrounding menstruation, addressing prevalent taboos, myths, and the importance of medical awareness. Their combined expertise offered a comprehensive understanding of menstrual health from both a policy and medical standpoint, emphasizing the need for a holistic approach to advocacy and reform. A comprehensive summary of both presenters is provided below.

# A) Break the Barriers of Menstruation: Comprehensive Summary

## Historical Misconceptions

Throughout history, menstruation has been subject to misconceptions and taboos. From ancient times, including Hippocrates' era, to the 19th century, menstruation was often viewed negatively - as a symbol of inferiority, impurity, weakness, and even illness. Some physicians, like Dr. Edward Clark,



believed school attendance during menstruation could impair reproductive development. However, not all historical perspectives were negative. In some cultures, menstruating women were considered sacred and powerful, with enhanced abilities to heal the sick. The Cherokee believed menstrual blood was a source of feminine strength with the power to destroy enemies.

## Hindu Philosophy

In Hindu philosophy, menstruation is viewed as a symbol of fertility aligned with nature's rhythms. It holds significance in concepts of energy (prana) and chakra dynamics within the subtle body, reflecting the continuous cycle of creation and regeneration central to life's processes.

## Menstruation in Global Religious Contexts

The presentation briefly mentions that menstruation has significance across major world religions including Hinduism, Buddhism, Judaism, Islam, and Christianity, though specific details for each religion aren't elaborated in the document.

## A Public Health Concern

Menstrual health is recognized as a significant public health issue globally. Over 500 million menstruating individuals lack proper access to MHM. In low and middle-income countries, only about 47% of schools have water coverage and 46% have adequate sanitation infrastructure. This

lack of resources and education reinforces the notion that menstruation should remain hidden, leading many girls to miss school during their periods. The resulting shame and fear diminish girls' self-confidence with lasting implications for their health and well-being into adulthood.

## Common Myths and Taboos

Numerous myths and taboos surrounding menstruation, including beliefs that:

- Menstruation is contagious
- Menstruation should not be discussed
- Menstruating individuals cause harm to others
- Menstruating individuals have an active "evil eye"
- They should not touch plants or pickles
- They should not cook or enter sacred places like temples or mosques
- They should avoid exercise and swimming
- They should not eat healthy/raw foods
- They should refrain from washing their genitals during periods to avoid contaminating communal water

## Facts About Menstruation

- Menstruation is a natural physiological process
- It is not contagious
- It does not affect places visited or things touched
- It can be safely managed with proper menstrual products
- It can be a comfortable experience

## Nepal's Bleeding Shame: Living in Dark (Chhaupadi)

In Nepal, the practice of Chhaupadi involves banishing menstruating women and girls to isolated huts. This has led to deaths from extreme cold, animal attacks, and instances of sexual



violence. A less severe form called "chuna nahune" (untouchable phase) is practiced in urban and educated families.

### **Barriers to Product Access**

Accessibility to menstrual products remains a significant challenge globally. In 2021, 20% of girls in rural Dominican Republic missed 2-3 days of school due to lack of menstrual products. In Venezuela, refugees and migrants face extreme economic barriers - a package of tampons can cost up to three months' salary.

### **Health Consequences of Poor Menstrual Hygiene**

Poor menstrual hygiene can lead to numerous health issues:

- Urinary tract infections (UTIs)
- Reproductive tract infections (RTIs) which may lead to infertility
- Infections like hepatitis B and thrush from not washing hands after changing menstrual products
- Anemia from heavy menstrual bleeding
- Mental health issues from stigma and shame
- Other dangers for those isolated during menstruation include sexual assault, animal bites, pneumonia, and fire-related injuries

### **Prevalence of Menstrual Disorders**

Research shows menstrual morbidity rates of 43.75%. While 69% of affected women were between 20-39 years old, 4% were adolescents and 27% were over 40 years old. About 22% were unmarried and nulliparous. Over 90% of women reported following traditional unhealthy rituals during their first menstruation.

(A profile of menstrual disorders in a private set up. By: Padhye SKathmandu University medical journal (KUMJ), (2003 Jan-Mar) Vol. 1, No. 1, pp. 20-6. Journal code: 101215359. ISSN: 1812-2027. L-ISSN: 1812-2027).

### **Menstrual Management in Gender-diverse Individuals**

The presentation addresses the needs of transgender and gender-diverse (TGD) individuals:

- TGD menstruators are people assigned female at birth who retain the capacity to menstruate but have a different gender identity
- Care must be tailored to individual needs with an open-minded approach to reduce psychological burden
- Transgender women may experience Premenstrual Dysphoria Disorder (PMDD) -like symptoms due to hormone treatments, though not the bleeding aspect
- Transgender men and non-binary individuals face discrimination that restricts their access to necessary materials and facilities

### **Premenstrual Dysphoria Disorder (PMDD) and Premenstrual Syndrome (PMS)**

Common symptoms including anxiety, appetite changes, bloating, cramping, fatigue, listlessness, and mood swings, emphasizing that period care is for everyone.

### **Global Action**

Several global initiatives and policy changes are addressing menstruation issues:

- UN 2030 Sustainable Goals include ending period poverty
- The Global Menstrual Collective formed in 2019 calls for action on menstrual health
- Mexico passed a law in 2021 requiring schools to provide free menstrual products
- 23 U.S. states have tax exemptions for menstrual products
- Brazil passed a bill in 2022 to offer sanitary products to vulnerable populations

### **Legal Reforms in Nepal**

The presentation outlines several legislative milestones regarding menstruation discrimination in Nepal:

- The Supreme Court identified menstruation discrimination as a human rights violation
- 2005: Banned Chhaupadi practice (though still practiced)
- 2008: Guidelines on eliminating the use of cowsheds
- 2017: Holistic approach on dignified menstruation
- 2021: Incorporated in Gender Equality Act
- 2024: Mentioned in connection with the 16th Periodic Plan

## **Promoting Sound Menstrual Health Practices**

MHM involves using clean materials to absorb menstrual blood, having proper disposal facilities, and maintaining personal hygiene. Products mentioned include sanitary pads, tampons, menstrual cups, menstrual discs, and period underwear.

## **Menstrual Hygiene Management Tips**

- Washing hands before and after using the restroom and menstrual products
- Changing sanitary pads every few hours
- Changing tampons every 4-8 hours
- Properly discarding used disposable products
- Regular bathing or showering with warm water and soap

## **Implementation Strategies**

Implementing better menstrual health management through:

- Integration of MHM in all sexual and reproductive health rights (SRHR) policies
- Education and advocacy at every level
- Family community school health programs
- Outreach clinics
- Policy-level commitment

## **Way Forward**

Menstrual health must be recognized as a fundamental human rights and public health issue. To address deep-rooted stigma and discrimination, Nepal needs stronger legal enforcement, widespread education, and policy integration across various sectors. Harmful practices like Chhaupadi must be eradicated through community-based interventions, awareness campaigns, and strict legal enforcement. Education systems should integrate comprehensive menstrual health education to challenge myths and promote safe MHM. Efforts must be made to ensure affordable and accessible menstrual products, particularly in rural areas and for gender-diverse individuals. Strengthening healthcare services to support individuals experiencing menstrual disorders, PMDD, and PMS is crucial. Additionally, gender-inclusive approaches should be adopted to



provide transgender and non-binary menstruators with the necessary resources and safe spaces. Nepal must also align with global initiatives such as the UN 2030 Sustainable Goals and adopt progressive legal reforms that guarantee dignified menstruation for all.

## **Conclusion**

Menstruation is not just a biological process—it is deeply tied to gender equality, public health, and human dignity. Despite historical misconceptions and ongoing discrimination, progress is being made through policy reforms, global advocacy, and increasing awareness. However, challenges remain, including stigma, lack of access to hygiene products, inadequate healthcare, and legal enforcement issues. By integrating education, policy action, and community engagement, Nepal can create an inclusive society where menstruators are empowered, myths are dismantled, and menstrual health is prioritized as a fundamental right. Ensuring safe, dignified, and accessible menstrual hygiene for all is not just a necessity but a crucial step toward gender equity and social progress.

## **B) Menstrual Health and Gender-Based Violence in Nepal: Comprehensive Summary**

### **Status of Gender Equality in Nepal**

According to the 2021 Census, Nepal's total population is 29,164,578, with females (51.13%) outnumbering males (48.87%). The sex ratio stands at 95.59 males per 100 females, and 1,929 individuals identify as other gender. The literacy rate among males is 83.6%, while among females, it is 71.6%,



indicating a gender literacy gap of 12%. Women's ownership of property remains low at 24%, and only 32% of households are headed by women. These statistics highlight persistent gender disparities in education and economic opportunities, which have direct implications for menstrual health management and gender-based violence.

## **Gender-Based Violence (GBV): A Public Health Concern**

GBV significantly impacts physical, mental, and social well-being. It manifests in various forms, including physical, sexual, and emotional abuse, and is rooted in harmful social norms. The Nepal Demographic Health Survey (NDHS) 2022 reports that 23% of women have experienced physical violence, while 8% have faced sexual violence. Intimate partner violence (IPV) affects 27% of women, and 6% have suffered violence during pregnancy. Alarmingly, only 28% of women who have experienced physical or sexual violence seek help. Furthermore, two women die every day in Nepal due to complications related to childbirth. These figures illustrate the urgent need to address GBV as a public health issue, particularly in relation to menstrual health.

## **Menstruation and Gender-Based Violence**

Menstruation is a natural biological process, yet it is often linked to stigma and violence due to cultural taboos and a lack of awareness. Traditionally, menstruation is associated only with women, but transgender men and non-binary individuals also experience menstruation. People with disabilities face additional challenges in managing menstruation due to physical, social, and systemic barriers. In Nepal, harmful beliefs, limited education, and insufficient resources contribute to menstrual stigma, exposing menstruators to discrimination and violence. Many are subjected to harmful practices such as Chhaupadi, a custom that forces menstruators into isolation in unsafe huts.

## **Forms of Menstrual Stigma and Discrimination**

Menstrual discrimination takes many forms, including exclusion from religious and social activities, restrictions on movement and interactions, and workplace and school absenteeism. The practice of Chhaupadi remains widespread, despite being legally banned. Menstruators are often forbidden from entering temples, touching family members, fetching water, or preparing food. The lack of proper menstrual hygiene facilities in schools and workplaces leads to reduced participation and absenteeism, further perpetuating gender inequality.

## **Menstrual Health and Hygiene Challenges**

Access to safe and dignified MHM remains a major challenge in Nepal. Many menstruators lack access to female-friendly toilets with disposal facilities. Awareness about different menstrual

products is limited, and affordability, availability, and quality concerns prevent many from accessing safe options. The health implications of poor menstrual hygiene include an increased risk of urinary tract infections, cervical cancer, and emotional stress. Education is also impacted, as menstruation-related stigma and inadequate hygiene facilities lead to absenteeism among students. Additionally, menstrual waste disposal poses environmental risks, with commercial products contributing to pollution and unsafe waste management practices.

### **Existing Policies and Legal Framework in Nepal**

Nepal's constitution ensures equality and protection against discrimination for all citizens. The government has enacted several policies and laws to address gender and social protection issues, including the criminalization of harmful traditional practices such as untouchability, polygamy, child marriage, Kamlari, and Chhaupadi. Chhaupadi was declared illegal in 2006 and was criminalized under the 2017 Criminal Code. Anyone enforcing Chhaupadi can face up to three months in jail or a fine of NPR 3,000, or both.

### **International Commitments**

Nepal is a signatory to various international conventions that promote gender equality and menstrual health rights. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Declaration, the Sustainable Development Goals (SDGs), and the International Conference on Population and Development (ICPD). These commitments require Nepal to implement policies that eliminate menstrual stigma and ensure dignified menstrual health management.

### **National Initiatives for Menstrual Health**

The Nepalese government has introduced various initiatives to support menstrual health. Free sanitary pads are distributed in schools to ensure students do not miss classes due to menstruation. WASH (Water, Sanitation, and Hygiene) interventions have led to the installation of girls-friendly toilets in schools. The School Nurse Program provides menstrual health education and support to students. Female Community Health Volunteers (FCHVs) are mobilized to raise awareness about menstrual hygiene management at the community level.

Additionally, adolescent-friendly health services have been introduced to address menstrual health concerns.

### **Way Forward: Key Recommendations**

To ensure dignified menstruation and gender equality, there is a need to clarify the primary responsibility for menstrual health, whether it falls under the health, WASH, women empowerment, or education sectors. Effective coordination among various stakeholders is essential to implement policies successfully. Menstrual health should be advocated as a fundamental human rights issue. Harmful social norms should be eliminated through local-level interventions. Comprehensive Sexuality Education (CSE) should be strengthened in schools to equip students with knowledge about menstrual health. Awareness campaigns should highlight the links between menstrual health, GBV, and overall well-being. Finally, menstrual health management should be integrated into climate resilience strategies to ensure long-term sustainability.

### **Conclusion**

Menstrual health is an essential aspect of gender equality and human dignity. Addressing stigma, discrimination, and inadequate menstrual hygiene facilities is crucial to empowering menstruators and preventing gender-based violence. Nepal must ensure strong policy implementation, increased social awareness, and multi-sectoral collaboration to achieve lasting change in menstrual health and gender equality.

## **Panel Discussion**

**Mr. Murari Prasad Kharel- Secretary, National Human Rights Commission**

**From a human rights perspective, how does the lack of menstruation policies contribute to violations of fundamental rights?**

The lack of menstruation policies directly contributes to the violation of fundamental human rights, as enshrined in the Constitution of Nepal (2072 B.S.). Fundamental rights such as the right to live with dignity, access to health, education, and employment are essential for all individuals. Among these, health is the most critical, and it is the government's responsibility to ensure its accessibility through proper legal and institutional mechanisms. While Nepal's constitution provides a framework for enforcing these rights, challenges remain in practice due to inadequate implementation and policy gaps. Although recent laws and policies have started addressing women's health and rights—particularly menstruation—earlier legal frameworks lacked a human rights perspective. Current efforts aim to integrate dignified menstruation practices into health, hygiene, and education programs, but these initiatives are often insufficient. The government's inadequate response to menstrual health issues is evident in its approach to problems like chhaupadi. While policies acknowledge the issue, they fail to offer practical solutions or consider women's perspectives. For example, the demolition of chhau sheds without providing safe alternatives has left many women vulnerable, exposing them to greater risks. This highlights the gap between policy and implementation, which is also seen in other critical areas such as sexual violence and menstrual taboos. Despite a national inquiry by the Human Rights Commission identifying problems and recommending solutions, the government has not taken sufficient action. A key obstacle to progress is the deep-rooted traditional attitudes that justify menstrual stigma under the guise of culture, religion, and customs. When such attitudes persist among policymakers and leaders, they hinder the enforcement of existing laws and the adoption of progressive policies, even when resources are available. To bridge this gap, the government must go beyond symbolic policy measures and engage meaningfully with affected communities. This includes incorporating women's voices in policymaking, ensuring the practical implementation of laws, and launching education and awareness campaigns to challenge harmful

social norms. A rights-based approach to menstruation policies is essential to uphold the dignity, health, and equality of all individuals, ensuring that menstruation is not a barrier to fundamental human rights.

**What plans does the National Human Rights Commission have to address menstrual discrimination in the coming days, and what commitments will you make to support this initiative?**

The National Human Rights Commission (NHRC) recognizes the urgent need to address menstrual discrimination and has outlined several plans to ensure the effective enforcement of laws and policies. One of the key priorities is to strengthen the implementation of the law against chhaupadi, as despite its prohibition, there have been no reported punishments for violations. This highlights a significant gap in enforcement, which NHRC aims to bridge by working closely with law enforcement agencies and policymakers. Additionally, NHRC emphasizes the importance of increasing awareness and understanding of menstruation-related laws, advocating for a collective responsibility approach that involves education, community engagement, and policy reinforcement to promote respect and dignity during menstruation.

To assess the effectiveness of existing efforts, NHRC plans to conduct a thorough review of ongoing programs, such as those led by the Ministry of Women, Children and Senior Citizens, to ensure that messages on menstrual dignity and equality are being delivered and implemented properly. There is a need for a unified and comprehensive strategy that fosters collaboration between the government, civil society organizations, and stakeholders. A key focus will be on ensuring a consistent understanding and application of policies at all levels, addressing menstrual discrimination proactively rather than reactively. Moreover, NHRC underscores the importance of shifting the narrative from restrictive traditional practices like chhaupadi to a rights-based approach that prioritizes menstrual health and hygiene. While respecting personal choices, such as temple visits, we need to challenge harmful beliefs through practical, evidence-based programs. To further institutionalize these efforts, NHRC aims to take the lead in advancing menstrual health policies by strengthening policy frameworks, enhancing accountability, and driving systemic change. Through these targeted initiatives, NHRC—along with my unwavering commitment—will work tirelessly to foster an inclusive environment where menstruation is

recognized as a natural and dignified process, free from stigma and discrimination. By driving policy reforms, strengthening enforcement, and promoting awareness, we are dedicated to ensuring lasting change that upholds the rights and dignity of all individuals.

**Mr. Shiva Ranjan Poudyal- Program Director, National Planning Commission**

**How does the National Planning Commission incorporate menstrual health into national developmental strategies and policies?**

The National Planning Commission (NPC) plays a crucial role in integrating menstrual health into Nepal's national development strategies and policies. While the NPC itself does not implement plans, it formulates development strategies, including five-year plans and long-term 25-year visions, which are then executed by the relevant government agencies. Recognizing that effective solutions require a proper understanding of the issue, NPC has recently taken significant steps to address menstrual health within national policy frameworks.

For the first time, menstruation-related indicators have been included in the government's periodic plan, marking a major milestone in policy development. Previously, sectoral plans were designed separately by different ministries, but the shift to a 'thematic areas' approach has allowed for a more integrated strategy. Menstruation is now recognized as a fundamental health and sanitation issue, closely tied to human rights, and is being addressed through a transformation strategy. While the initial goal was to include 4–5 menstruation indicators, sustained advocacy led to the successful inclusion of two key indicators. This achievement reflects the government's growing commitment to menstrual health and hygiene. However, policies alone are not enough to drive meaningful change. Social taboos and cultural barriers continue to challenge progress, making it essential to approach the issue in an informed and empowering manner. My personal experience, such as celebrating my daughter's first menstruation with positive reinforcement, demonstrates that cultural transformation starts within families and communities. Although some progress has been made, deeply ingrained beliefs still hinder widespread acceptance, requiring a multi-sectoral approach.

To ensure effective implementation, the NPC emphasizes collaboration among government agencies, I/NGOs, and the private sector. Relevant ministries, such as the Ministry of Women, Children, and Senior Citizens, have been tasked with advancing menstrual health through targeted programs. Moving forward, prioritizing menstrual health in upcoming national plans will be essential in dismantling discriminatory practices and fostering a more inclusive society. If all stakeholders—government bodies, civil society, and individuals—work collectively from their respective positions, lasting change in menstrual health policies and societal attitudes can be achieved.

### **How can Nepal ensure sustainable budget allocation for menstrual health initiatives, especially in addressing GBV?**

Nepal can ensure sustainable budget allocation for menstrual health initiatives, particularly in addressing GBV, by integrating MHM into national and local development plans with a multi-sectoral approach. This requires a dedicated budget line within health, education, and gender ministries to avoid fragmentation and ensure long-term commitment. Although the Nepalese government has mandated gender-responsive budgeting (GRB) since the fiscal year 2007/08, challenges remain in its full implementation, including inadequate disbursement, lack of coordination among stakeholders, and weak monitoring mechanisms. Strengthening policy frameworks and ensuring their implementation with clear financial commitments can prevent funding gaps. Furthermore, leveraging public-private partnerships (PPPs) can strengthen resource mobilization by actively engaging non-governmental organizations (NGOs), corporate social responsibility (CSR) initiatives, and international donors to complement government funding and ensure sustained financial support. Establishing a robust monitoring and evaluation (M&E) mechanism can improve accountability, ensuring that allocated funds are utilized efficiently and effectively. Finally, community participation, particularly involving menstruators, in budget planning and decision-making can ensure that menstrual health initiatives are demand-driven and responsive to local needs, making them more sustainable in the long run.



**Ms. Mamta Bisht–Gender Based Violence Response Focal Person, Ministry of Women, Children and Senior Citizens**

**What policies or programs are currently in place to address the impact of menstrual stigma on women's empowerment?**

Several policies and programs are currently in place to address the impact of menstrual stigma on women's empowerment, with a strong focus on eliminating harmful practices like chhaupadi. While this practice is often associated with the Far-Western and Karnali provinces, it is, in reality, a nationwide issue that affects menstruators across Nepal. Chhaupadi is a social issue and a form of child abuse, as it imposes harmful restrictions on girls and women of all ages. Addressing this requires legal action, awareness, and systemic change to ensure dignified menstruation for all. Recognizing chhaupadi as a human rights violation, the government has emphasized the need to integrate menstrual health into gender equality policies and implement programs at the local level, particularly in schools. Awareness campaigns, educational initiatives, and community-based interventions are being carried out to challenge deep-rooted taboos and promote menstrual dignity. However, existing laws and policies remain weak, particularly in addressing gender-based violence linked to menstrual discrimination. While there are directives on dignified menstruation, these lack the formal authority of legal statutes, making enforcement difficult.

To strengthen legal frameworks, progress is being made towards enacting a law specifically targeting chhaupadi. The Chief District Officer (CDO) committee and the Women and Children Committee have actively raised this issue and developed initial legal concepts. Once these concepts receive approval from the Ministry of Law, they will move forward with formal law-making processes. These efforts signal a step in the right direction, but stronger implementation, accountability, and multi-sectoral collaboration are essential to fully eliminate menstrual stigma and empower women across Nepal.

**Sexual and gender minorities face significant challenges and barriers related to menstruation, often experiencing stigma, lack of access to proper resources, and social exclusion. Given these realities, can menstruation truly be considered a dignified process for all? How can dignity in menstruation be ensured for diverse gender identities?**

Dignified menstruation refers to ensuring a clean, fair, and unbiased system that respects the rights and experiences of all individuals who menstruate. While efforts have traditionally focused on the challenges faced by women and girls, it is crucial to recognize that sexual and gender minorities also experience menstruation-related difficulties that impact their dignity. Their concerns are not new, but there is now a greater need to acknowledge and address the previously overlooked aspects of menstrual health within a broader, inclusive framework.

Dignified menstruation must consider the entire menstrual cycle, including menopause, which is often neglected in discussions. While some argue that menstruation is not yet treated with dignity due to persistent stigma and systemic barriers, the goal should be to create an environment where menstruation is accepted and respected—free from discrimination, misinformation, and exclusion. Addressing these concerns requires inclusive policies, awareness programs, and structural changes that recognize the diverse experiences of all menstruators, ensuring that no one is left behind in the pursuit of menstrual dignity.

**What plans does the Ministry of Women, Children and Senior Citizens (MoWCSC) have to reduce discrimination in the coming days? What specific steps will be taken by the ministry and by you personally to address this issue?**

We are deeply committed to addressing the issue of menstruation and actively working to challenge the discriminatory practices surrounding it. Personally, I have always opposed such practices. When I had my period, I told my mother that I would not hide or follow restrictive customs. I stood against using separate utensils, or being treated as impure. While change is happening, it is gradual and largely influenced by personal beliefs and societal norms.

These issues are deeply tied to religion and cultural traditions. During my work in the far western region, I witnessed how menstruating girls were prohibited from drinking cow's milk. We encouraged them to challenge this norm by simply asking their mothers for milk. Over time, as

the girls started drinking it, their mothers' perspectives also began to shift. This shows that small, consistent actions can lead to meaningful change. To bring lasting change, we must involve young people as key agents of transformation. Discriminatory menstrual practices are often passed down by mothers to their daughters, reinforcing outdated beliefs. If we can change mothers' perspectives, we can create a ripple effect across generations. Similarly, in rural areas, even teachers follow and enforce these customs, making it essential to provide them with proper training and awareness. Instead of expecting immediate change, we need to focus on small, actionable steps that gradually shift societal attitudes.

The issue of Chhaupadi is complex, especially in households where space is limited, and traditions dictate that menstruating women stay outside. This challenge is also closely linked to economic empowerment—when women have greater financial independence, they gain more agency to challenge restrictive customs. Menstruation and gender-based violence are critical social issues, but we are seeing gradual progress. The MoWCSC is actively working on a National Action Plan to combat gender-based violence, which includes provisions for dignified menstruation. The roles and responsibilities of local, provincial, and federal governments are being clearly defined in the draft, with ongoing discussions about their implementation.

We remain fully committed to advance the issues of dignified menstruation and gender equality. Action plans and parliamentary proposals are in progress, and we must all reflect on the changes needed in our own communities. The MoWCSC is taking decisive steps to address these challenges, and we are optimistic that in the coming days, these issues will become more manageable.

**Ms. Kabita Aryal – Section Chief, GBV and Geriatric care section, NSSD**

**Are there any specific protection mechanisms in place to safeguard menstruators from GBV risks linked to menstrual stigma and discrimination?**

Efforts are being made to reduce taboos, promote safe menstrual practices, and integrate menstrual health into broader health and social initiatives. The Ministry of Health and Population (MoHP) is actively working to address menstrual challenges, raise awareness, and reduce stigma

through various strategies. One key focus is training and capacity building, where health workers receive training to provide menstrual health services and counseling. Additionally, school nurses are being equipped to educate students on menstrual health and related GBV issues. Community engagement plays a vital role, with female health volunteers mobilized at the local level to promote menstrual health and challenge harmful practices. Local structures, such as health branches, are also being utilized to enhance awareness and outreach.

Education and awareness initiatives are helping to reduce stigma by integrating menstrual health education into school curricula. National campaigns, including the celebration of Menstrual Hygiene Day, aim to normalize conversations around menstruation. To strengthen protection and response mechanisms, One-Stop Crisis Management Centers (OCMCs) are being established in hospitals to provide immediate support to GBV survivors. Additionally, empowerment initiatives focus on boosting girls' confidence and reducing their vulnerability to GBV, particularly in school settings.

Furthermore, menstrual health is being incorporated into broader health and social programs to ensure a long-term, sustainable impact. By combining education, community involvement, protection mechanisms, and awareness programs, these efforts aim to create a safer and more inclusive environment for menstruators while tackling gender-based violence and menstrual stigma.

**From your experience leading the GBV management section, what are the key linkages you've observed between menstrual stigma and GBV in Nepal?**

From my experience leading the GBV management section, I have observed that menstrual stigma often leads to restrictions on mobility, education, and participation in daily activities, which in turn increases the risk of emotional, physical, and even economic violence. Harmful practices like Chhaupadi, which force menstruating individuals into isolation, expose them to unsafe conditions, health risks, and heightened vulnerability to sexual violence. The deeply ingrained belief that menstruation is impure also fuels discrimination within households and communities, limiting opportunities for women and girls and perpetuating cycles of inequality. Addressing GBV—whether linked to menstruation or other issues—requires a multi-sectoral

approach. I am deeply committed to raising awareness and advocating for policy-driven solutions, particularly considering the socio-economic barriers that exacerbate these issues. It is essential to develop actionable plans that align with our commitments and ensure the efficient use of available resources. However, this challenge cannot be tackled by a single department alone. Collaborative efforts are key, and I am dedicated to working alongside various stakeholders, provincial and local governments, and community organizations to drive meaningful change.

Strengthening partnerships at the grassroots level is critical, as menstrual stigma and GBV are interconnected societal issues that require collective action. By fostering inclusive policies, promoting education, and ensuring that health-related interventions are implemented with a proper technical approach, we can gradually break down harmful norms and create a more equitable and supportive environment for all menstruators.

**Dr. Swaraj Rajbhandari – Senior Obstetrician and Gynecologist, Helios Hospital, Jawalakhel**

**Based on your clinical experience, how does menstrual stigma contribute to health inequities and GBV among menstruation in Nepal?**

Menstrual stigma significantly contributes to health inequities and GBV in Nepal by limiting access to proper hygiene, education, and essential healthcare services. Despite Nepal being rich in water resources, many households and schools still lack basic access to clean water and sanitation facilities. For instance, a student from a private school charging Rs. 5500 per month mentioned that her school's toilets lacked both soap and water. This highlights the broader issue—if even private institutions struggle with basic hygiene, the situation in rural and public schools is likely even more concerning.

Handwashing is fundamental to health, yet there is a widespread lack of awareness and practice, even among medical professionals. Poor menstrual hygiene—such as not washing hands properly, using unclean clothes, or lacking access to sanitary products—leads to infections and serious health complications for menstruators. Due to women's anatomy, the proximity of the

urinary tract increases the risk of infections, regardless of sexual activity, making hygiene even more critical. Ensuring access to clean water, soap, and proper drying methods is essential to reducing these risks. Furthermore, menstrual stigma prevents open discussions about hygiene, leaving many girls uninformed about proper menstrual care. Many rely on unhygienic practices due to societal taboos, lack of education, or limited access to affordable sanitary products. This not only impacts their health but also reinforces gender-based discrimination, as menstruation is often used as a reason to exclude women from education, work, and social participation.

To address these challenges, school nurses and healthcare workers must be trained not only to provide theoretical knowledge but also to demonstrate proper hygiene practices. With many new graduates entering the workforce, it is crucial to ensure they have the practical skills to educate girls effectively. By prioritizing menstrual health education and improving sanitation infrastructure, we can break down menstrual stigma, reduce health inequities, and empower menstruators to manage their health with dignity.

## Q/A Session

**To Mr. Murari Prasad Kharel**

**Does denying someone access to a temple during menstruation for religious reasons constitute discrimination?**

Denying someone access to a temple due to menstruation is a clear form of discrimination and a violation of human rights. While individuals have the personal freedom to decide whether or not they wish to enter a temple during menstruation, no one should be compelled or restricted based on societal or religious beliefs. Every person has the right to practice their faith—or choose not to—without coercion or exclusion.

Restricting menstruating women from entering temples reinforces gender-based discrimination and outdated stigmas surrounding menstruation. Such practices not only undermine personal freedom but also perpetuate the idea that menstruation is impure, which has long-term social and psychological impacts. Legally, attempting to prevent a menstruating woman from entering a temple is a punishable offense, as it infringes upon her fundamental rights. No one should be forced to enter or leave a temple against their will, and religious spaces should be inclusive for all, regardless of their natural biological processes.

**While citizenship documents include an "other" category, legal provisions addressing issues like menstrual discrimination (Chhaupadi) and other forms of discrimination often categorize them under "women," potentially creating loopholes. How does the Human Rights Commission and the government plan to address these gaps, and what language can be used to ensure these concerns are effectively and inclusively recognized in the law?**

The current legal framework primarily addresses gender-related issues within the binary categories of male and female, often overlooking the "other" category recognized in citizenship documents. This creates gaps in addressing discrimination, including menstrual stigma and other forms of exclusion faced by marginalized groups. To ensure true inclusivity, there is a pressing need to revise legal language, replacing gender-specific terms with "person" in laws and policies.

This change would acknowledge and protect the rights of all individuals, including those within the sexual and gender minorities.

While legal interpretations may vary, existing frameworks do recognize the "other" category, preventing authorities from refusing to register complaints based on gender identity. However, in cases where such refusals occur, individuals should report to the Human Rights Commission, which has the authority to intervene and take necessary action against non-compliant institutions. Strengthening legal language and enforcement mechanisms is crucial to closing these loopholes and ensuring that all individuals, regardless of gender identity, receive equal protection under the law.

### **To Mr. Shiva Ranjan Poudyal**

**For the past six years, the same issues have been repeatedly discussed in policy dialogues and panel discussions. While policies are being formulated, their implementation remains inadequate. Shouldn't there be a structured and time-bound approach to execute the plans, with clear focus, accountability, and regular progress reports?**

We have all participated in these policy discussions, where diverse perspectives have been shared. While I may be here as a panelist and you as the audience, we are all Nepali and share a collective responsibility for implementation. Discussions alone are not enough—what truly matters is translating them into concrete action. From the government's side, we are committed to ensuring that these policies are effectively implemented. However, successful execution is not the responsibility of the government alone; it requires the active participation of all stakeholders, including both governmental and non-governmental organizations, the private sector, and civil society. Policies should not remain confined to documents or discussion forums—they must lead to tangible actions that drive real change.

Accountability is key. Each of us must take ownership of not just supporting but also overseeing the implementation process. To make meaningful progress, there must be a structured, time-bound approach with clear goals, defined responsibilities, robust monitoring mechanisms, and periodic progress reports. Without a coordinated effort and a shared commitment, the gap



between policy formulation and execution will persist. Now is the time to move beyond dialogue and take decisive action. Only through collective effort, accountability, and strategic implementation can we ensure that policies lead to measurable improvements in people's lives.

In response to Mr. Shiva's remarks, Ms. Mamta Bisht rightly emphasized that government policies must be upheld by all—government bodies, non-governmental organizations, and civil society alike. Mere support is not enough; true progress requires active participation in policy implementation. Only through collective commitment, shared responsibility, and concrete action can we transform policies into meaningful and lasting change.

### **To Dr. Swaraj Rajbhandari**

**Limited access to handwashing facilities creates significant challenges for both patients and medical personnel, compromising hygiene and safety. Should hospitals implement a new system to integrate handwashing stations directly within wards? What infrastructure improvements are needed to ensure accessibility for everyone?**

COVID-19 taught us a critical lesson: handwashing is not just necessary for patient-doctor interactions; it is essential for infection prevention for everyone in a healthcare setting. Hospitals should prioritize accessible handwashing facilities to ensure hygiene and safety for both medical personnel and patients. Healthcare workers must understand the significance of proper hand hygiene—not just relying on gloves, which provide limited protection. While handwashing is essential before and after procedures like injections and internal examinations, sanitizers can serve as alternatives in less critical situations. However, maintaining proper hygiene infrastructure is non-negotiable.

Beyond individual responsibility, the real challenge lies in the availability and accessibility of handwashing stations. While hospitals are being built across the country, the necessary infrastructure—such as properly equipped wards and accessible hygiene facilities—often remains inadequate. The lack of accountability in construction projects further exacerbates this issue. Hospital infrastructure projects must be held to higher standards of accountability to

ensure timely and effective execution. Signed contracts should be followed by strict monitoring, with a designated body overseeing construction quality and accessibility improvements.

My experience in a hospital underscored the gaps in hygiene practices. I initiated a handwashing program for 350 staff members, beginning with supervisors and nurses. However, there was little impact. Realizing the need for a different approach, I decided to train the hospital sweepers instead. Their response was remarkable. Many of them had worked for over 30 years without receiving any training and were not even allowed to share the same table with doctors and nurses—highlighting deep-seated discrimination. Motivated by the training, they took proactive steps to clean every part of the facility, including the bathrooms. However, the systemic issue soon became apparent: they began intermittently blocking restrooms to demand cleaning fees, exposing underlying corruption where financial incentives took precedence over public health.

This reinforces the need for a structured, well-monitored approach to hygiene infrastructure in hospitals. Simply constructing handwashing stations is not enough—there must be strict implementation, training for all levels of staff, and a culture shift that values hygiene as a collective responsibility. Without proper oversight, even well-intended initiatives can fall victim to inefficiency and corruption. Therefore, integrating handwashing facilities within hospital wards must be accompanied by accountability mechanisms, routine audits, and a commitment to ensuring accessibility for all.

In response to Dr. Swaraj's remarks, Ms. Kabita Aryal further emphasized the importance of addressing infrastructure challenges in hospitals, particularly regarding WASH (Water, Sanitation, and Hygiene) facilities, is crucial for maintaining hygiene and infection control. Based on my personal experiences accompanying loved ones to hospitals, I have observed significant issues, including inadequate access to clean water, poorly maintained sanitation facilities, and improper waste disposal. One of the primary reasons for these problems is the shortage of essential human resources, such as nurses and sweepers, who are already overburdened with their duties. Additionally, a major contributing factor is the lack of public awareness regarding proper waste disposal. Many people discard food scraps and other waste improperly, leading to clogged toilets and unhygienic conditions. Despite the presence of waste segregation instructions, they are often ignored, further straining the limited hospital staff. This highlights the urgent need for public education on maintaining cleanliness within hospital

premises, as public cooperation plays a vital role in reducing the workload of healthcare workers and ensuring a hygienic environment for all.

Hospital infrastructure itself is often inadequate, with unclean toilets, stagnant water in buckets, and an overall lack of proper sanitation. Implementing sensor-based handwashing stations, auto-flushing systems, and improved drainage could significantly enhance hygiene standards. However, the root of the issue lies in poor coordination among various government bodies responsible for water and sanitation supplies. While hospital buildings exist, they often lack the essential resources needed for proper functioning.

Although standard operating procedures (SOPs) for hygiene and sanitation are in place, their implementation remains weak. Resource availability is a key factor, but budget constraints continue to hinder progress. Despite these challenges, hospitals must prioritize making the best use of existing resources while pushing for improved infrastructure, better coordination between government agencies, and increased public awareness to create a cleaner and safer healthcare environment for all.

**Menstrual cramps and stomach pain are common during menstruation, often dismissed as routine discomfort. However, a 41-year-old once experienced similar symptoms, which were later diagnosed as cancer. How can we improve early detection and ensure timely diagnosis in such cases?**

Early detection is key when it comes to cancer, especially cervical cancer. Regular health checkups are essential, particularly for individuals experiencing persistent health issues. Unfortunately, symptoms such as abdominal pain and irregular bleeding are often mistaken for common menstrual discomfort, leading to delayed diagnosis.

Today, human papillomavirus (HPV) vaccines are available, significantly reducing the risk of cervical cancer—an opportunity that was not readily accessible in the past. Cervical cancer is primarily caused by the HPV virus and is linked to factors such as multiple sexual partners, early marriage, and early childbirth. While maintaining hygiene is important, it is crucial to recognize that ongoing abdominal pain and irregular bleeding warrant immediate medical consultation. For

sexually active individuals, it is recommended to undergo annual screenings starting at age 25. If previous results are normal, screenings can be done every five years after the age of 30. While HPV DNA testing is now available, its high cost remains a barrier for many. On a positive note, vaccinations are being administered to school-going girls, representing a significant step forward in prevention.

Cervical cancer is highly preventable with timely medical consultations and routine screenings. Although uterine and ovarian cancers are also prevalent, cervical cancer remains the most common in Nepal. Raising awareness, improving accessibility to screening, and encouraging proactive healthcare practices can significantly reduce the burden of this disease and ensure early diagnosis for better treatment outcomes.

**How do deaf individuals access medical services when many healthcare providers are not proficient in sign language? Additionally, how did doctors communicate with deaf patients in the past, and what improvements can be made to enhance accessibility today?**

In my experience, deaf individuals rarely visit doctors alone; they almost always come with a friend or family member who helps facilitate communication. In developed countries, professional interpreters are readily available in medical settings to ensure effective communication. However, in Nepal, hospitals lack this essential service, leaving patients to rely on companions for assistance. While an interpreter is available at the ministry level, this support has not yet been integrated into hospital systems.

Currently, if communication becomes challenging, hospitals can coordinate with ministries in Kathmandu to arrange for an interpreter. However, this is not a practical or immediate solution for urgent medical situations. The lack of on-site interpretation services can create barriers to proper healthcare access for deaf individuals, potentially affecting the quality of diagnosis and treatment. To bridge this gap, a structured system should be introduced to provide on-call interpreters in hospitals, ensuring deaf patients receive the same level of care and understanding as any other patient. Additionally, investing in basic sign language training for medical staff and incorporating digital translation tools can significantly enhance accessibility. The need for

improved communication support extends beyond healthcare to other sectors as well, reinforcing the importance of inclusive services for individuals with hearing impairments.

**Why does itching occur if menstrual blood remains unwashed for two to three days? Additionally, can the bacteria present in menstrual blood harm plants if it comes into contact with them? During menstruation, does touching food—such as pickles—or watering plants have any impact? Lastly, can using water for cleaning during menstruation lead to infections, and what alternative hygiene practices can help maintain cleanliness and prevent discomfort?**

Blood, when left unwashed on any surface, creates a favorable environment for bacterial growth, increasing the risk of infection. During menstruation, maintaining proper hygiene is essential to prevent issues like itching, irritation, and infections. If menstrual blood remains on the skin for an extended period, it can cause discomfort and bacterial buildup, leading to symptoms such as white discharge and itching.

The healing process of wounds varies with seasons—wounds tend to heal faster in summer due to increased blood circulation, while winter’s dry air can slow healing. However, excessive sweating in summer can also create a breeding ground for bacteria, potentially leading to infections. Similarly, menstrual blood itself is simply a bodily fluid, and there is no scientific evidence suggesting that it is harmful or contaminates food or plants. The belief that menstruating individuals should avoid touching pickles or watering plants is purely a cultural myth with no scientific backing. For hygiene, using clean water to wash away menstrual blood is completely safe and highly recommended. Regular bathing during menstruation helps maintain cleanliness and reduces the risk of infections. In case of excessive menstrual pain, using a hot water bag can provide relief. Additionally, taking a cold shower may help reduce heavy bleeding by causing blood vessels to contract. By following proper hygiene practices and debunking myths, we can ensure a healthier and more comfortable menstrual experience.



*Photos during the event*

## Conclusion

The second policy dialogue on GBV and MHM reinforced the urgent need to integrate menstrual health into national policies through a rights-based and inclusive approach. Menstruation is not merely a biological process but a fundamental public health and gender equality issue that affects millions of individuals, especially in Nepal, where deep-rooted stigma, misinformation, and infrastructural inadequacies continue to hinder progress. The discussions highlighted key challenges, including menstrual stigma, lack of access to hygiene products, inadequate healthcare services, poor sanitation infrastructure, and the intersection of menstrual health with GBV. Harmful traditional practices such as *Chhaupadi* continue to violate human rights, exposing menstruators to isolation, health risks, and violence. The absence of clean and accessible WASH (Water, Sanitation, and Hygiene) facilities in hospitals and public spaces further exacerbates these challenges, making menstrual hygiene management difficult for many individuals.

Moreover, the dialogue emphasized the critical role of policy implementation, accountability, and public education. While Nepal has made progress through legal reforms and global commitments, gaps remain in enforcing policies, ensuring adequate resource allocation, and fostering intergovernmental coordination. Strengthening these aspects is crucial to translating policies into tangible action that benefits menstruators at all levels of society. Public awareness campaigns must actively challenge harmful beliefs that restrict menstruators from participating in everyday activities, including touching food, entering temples, or watering plants, as there is no scientific basis for these taboos. Education plays a crucial role in dismantling such myths. Hospitals must integrate handwashing stations, proper sanitation systems, and on-call interpreters to ensure accessible and inclusive healthcare services for all, including deaf individuals and those with disabilities. Infrastructure improvements should also address hospital waste management, clean water supply, and hygiene monitoring. GBV and menstrual discrimination are deeply interconnected, and Nepal must strengthen legal enforcement, implement community-based interventions, and integrate menstrual health into GBV response mechanisms to protect menstruators from systemic violence and discrimination.

Ensuring that all menstruators, especially those in marginalized and rural areas, have access to sanitary pads, menstrual cups, and other hygienic products is essential. Expanding government

programs that distribute free menstrual products in schools can significantly reduce absenteeism and health risks. The government must also establish clear timelines, monitoring frameworks, and reporting mechanisms to ensure that menstrual health policies are effectively executed, while improved coordination between various ministries and local governments is necessary for sustainable progress.

Menstrual health must be recognized as a fundamental human rights and public health issue that requires multi-sectoral collaboration among the government, civil society, healthcare institutions, and communities. Nepal must eliminate discriminatory practices, improve healthcare access, and strengthen policy enforcement to create a society where menstruation is not a barrier but a dignified, normalized experience for all. This policy dialogue has reaffirmed that meaningful change requires collective action, accountability, and the commitment of all stakeholders. By prioritizing education, advocacy, and strategic implementation, Nepal can move toward a future where menstrual health is fully integrated into national development plans, ensuring dignity, equality, and well-being for all menstruators.