

Health-Seeking Behavior and Community Perception of Chhaupadi Practices

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ABSTRACT

Background: The Chhaupadi system, mainly in the Western part of Nepal, forces women and girls to stay in huts or cowsheds during menstruation, barring them from their homes. This study aims to analyze the health-seeking behavior and community perception of Chhaupadi practices and examine their relationship with ecology in Tanjakot Rural Municipality of Humla District, Nepal.

Methods: A mixed methods design employed ethnography with extended participation in daily lives for data collection through participant observation, field visits, FGD, KII, and non-participation observation. Purposively, Tanjakot Rural Municipality in Humla district, known for its high Chhaupadi practice, was chosen with 143 girls and women aged 18-49 who had experienced menstruation and stayed in Chhau goth.

Results: This study found that 97.9% altered their food habit during the mensuration period. The weighted average of 3.94 and standard deviation of 0.32 evidenced the low consumption of inclusion food in menstruation time. Some women were found consuming contraceptive pills to suppress menstruation for ritual participation and water fetching. During menstruation, 70.6% stayed in tents, noting these places were unsafe, especially among the less literate (9.1%) compared to the literate (7.0%), and used cloth as a means during menstruation time. Most of them in the present time seek medical care at health posts (95.8%) during illness, contrasting with historically depended on traditional healers (6.3%) or no treatment (35.7%). Many participants (65.0%) perceived an ecological link to Chhaupadi, and nearly half (49.0%) considered menstruation natural and not sinful (76.9%).

Conclusions: The study highlights significant changes in menstruation practices, with reduced food intake, contraceptive use for delaying menstruation for societal duties, unsafe living conditions, improved healthcare access, and shifting attitudes toward its naturalness, though some still link it to Chhaupadi. Therefore, this study emphasizes raising awareness about safer homestays during menstruation and improving economic opportunities in these areas to meet basic needs.

Keywords: Chhaupadi; ethnography; inclusion; sinful.

INTRODUCTION

Chhaupadi is a social practice in Nepal where menstruating women and girls are banished from their homes and participate in religious activities. Biologically, it is the release of blood from the uterus from the age of 11 to 15.¹ The country has 6 percent of girls viewing menstruation as a natural. In comparison, 82 percent perceived it as

sinful, forcing them to live in 'Chhau Goths'.^{2,3} Despite various laws in Nepal regarding Chhaupadi, menstrual women spend four to seven days in a small cowshed called 'Katero' in far western Nepal⁴ evidenced by 72% of females still being subjected to this practice.⁵ So, such practice raises concerns of many people but fear supernatural repercussions if they disobey it.⁵ The continued practice of Chhaupadi, a harmful cultural tradition in Nepal

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where menstruating women are isolated due to beliefs of impurity. Despite being outlawed by the Supreme Court of Nepal in 2005 and officially criminalized in 2018, Chhaupadi persists due to deep-rooted socio-cultural norms and fear of supernatural punishment. Efforts by the government, NGOs, and public figures like Miss Nepal 2017 and 2018 have raised awareness about menstrual hygiene and advocated for change. However, there remains a gap between legal provisions and societal practices. Thus, this paper examines the health-seeking behavior and community perception of Chhaupadi practices and their relationship with ecology in Tanjakot Rural Municipality of Humla District, Nepal.

METHODS

This study followed a mixed-methods design, as qualitative and quantitative data were collected and analyzed simultaneously to provide a fuller picture of the studied issue. Ethnography, a qualitative research method in anthropology, involves participation, observation, and field visits for data collection, enhancing qualitative research's scientific rigor.⁶ Tanjakot Rural Municipality in Humla district was purposively chosen due to the prevalence of Chhaupadi with exceptional rural cultural practices and socio-natural settings. The rigor of the qualitative research in this study is measured through critical criteria, including credibility, transferability, and confirmability. The researcher spent over three weeks in the study area for data collection and even experienced Chhau firsthand by menstruating during the fieldwork, gaining a fundamental understanding of the situation, which enhances the study's credibility. The findings are also transferable to other regions of Nepal where Chhaupadi is still prevalent. To ensure confirmability, the researcher remained objective throughout the data collection process, avoiding any bias or influence over the respondents. Interviews, KIIs, and FGDs were conducted only with the respondents' full consent, adhering to ethical standards and maintaining rigor across all criteria.

According to Kothari, the researcher can select the respondents according to the needs and interests of the ethnographic research study. Therefore, the unit of analysis of this study was the girls and women aged 18 to 49 of Tanjakot Rural Municipality, ward number 1, all of whom have experienced menstruation and stayed in Chhau goth and taken 143 as the sampling unit. Data was collected using semi-structured questionnaires with individual face-to-face interviews, three FGDs, eight KIIs, participatory approaches, observational methods, and six case studies, focusing on respondents' experiences and expertise. Reliability and validity were checked in a

questionnaire pretest by revisiting the field, interviewing the same respondents twice, and verifying the response's accuracy. The study is area-specific and time-limited, and its findings cannot be generalized beyond the selected region. The quantitative data collected were tabulated, coded, recoded, checked for outliers using Epi-data, and analyzed using SPSS software version 24. The frequency table, summary statistics, correlation, and chi-square tests have been conducted as required. The qualitative data obtained from FGDs, case stories, KII, and so on were transcribed in English, and findings were presented in a narrative form. To ensure cultural sensitivity, the researchers immersed themselves in the Chhaupadi conditions, engaged respectfully with participants, and adhered to local customs. They integrated local knowledge through key informant interviews and focus groups while prioritizing ethical considerations to protect participants' dignity and confidentiality. Thus, this study ensured cultural sensitivity and adherence to Nepali social values, with no involvement of vulnerable individuals or risks. Health insurance was not applicable.

RESULTS

The findings of the quantitative and qualitative data obtained from participants of this study have been presented in table and narrative form, which have been given below:

Table 1 reveals that most respondents (97.9%) change their food habits during mensuration. Most of them (58.6%) consumed "Dhindo," sharing the highest proportion, followed by "Rice" (27.9%) and "Roti" (13.6%), respectively. Of the total respondents (140) who consumed inclusion food like pulses, most of them (72.1%) consumed 'sometimes,' and the least of them (5.0%) consumed 'rarely.' Most respondents (96.4%) never consumed meat, whereas very few (3.6%) rarely consumed it. Furthermore, most respondents never consumed dairy products (98.6%) and the least 'rarely' (1.4%). Moreover, vegetables were consumed 'sometimes' by the majority of them (79.3%) and the least 'most often' (0.7%) respectively. The weighted mean is the grand mean of the means of pulses, meat production, dairy products, and vegetables, and the standard deviation is 3.94 and 0.32, which implies the low consumption of inclusion food like meat production and dairy products. In contrast, pulses and vegetables have high consumption in comparison to them as the mean of inclusion food like meat production and dairy products are more than the weighted average, and the mean of pulses and vegetables is less than the average weighted mean.

Table 1. Distribution of Respondents by Change of food habit.

Change of food habit	No.						%
No change	3						2.1
Changes	140						97.9
Total	143						100.0
Primary Food Consumption during mensuration period							
Dhindo	82						58.6
Rice	39						27.9
Roti	19						13.6
Total	140						100.0
Inclusion Food (N=140)	Most Often	Often	Sometimes	Rarely	Never		
	No. %	No. %	No. %	No. %	No.%	Total	
Pulses	0 (0.0)	32 (22.9)	101 (72.1)	7 (5.0)	0 (0.0)	140	
Meat production	0 (0.0)	0 (0.0)	0 (0.0)	5 (3.6)	135 (96.4)	140	
Dairy product	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.4)	138 (98.6)	140	
Vegetables	1 (0.7)	13 (9.3)	111 (79.3)	15 (10.7)	0 (0.0)	140	
	pulses	meat production		dairy product		vegetables	
Mean	2.82	4.96		4.99		3.00	
Std. Deviation	.50	.19		.12		.48	
Weighted Average	3.94						
Weighted Std. deviation	0.32						

Source: Field Survey, 2023.

Case Story I In remote Humla of Nepal, Meena, who is 26 years old, confronted the challenges of scarce water and severe menstrual rituals requiring extensive bathing. In the same way, her husband, Rajan, worked in India, and his remittances supported the family's livelihood. It was an encounter for Meena to avoid the grueling water-fetching trips and harsh rituals during menstruation, so she discovered contraceptive pills that regulated or stopped her cycle. This result helped her to maintain her routine and dignity despite the village's demanding customs and scarce resources. Similarly, she also reported that due to the household's poor economy, they primarily relied on dhindo, pulses, and vegetables instead of dairy products and meat. As a result, she had to depend on foods that lacked nutritional value during menstruation.

The first FGD conducted with five women (Dhansari Khadka, Anusha Karki, Rita Rithal, Saraswoti Rokaya, and Usha Rithal) who had experienced Chhau revealed that the poor economy of villagers contributed to the deficiency of food and other basic requirements. Therefore, even though they knew that the dietary foods are meat and dairy production for portentous food, they mostly had to depend on pulses and vegetables as the main inclusion food even during the menstruation period when they needed dietary food during such a situation.

Table 2. Distribution of Respondents by stay place, safeness and usages during mensuration.

Stay Place during Menstruation	Literacy Status		Total No. %
	Literate No. %	Illiterate No. %	
Usual residence/ place	3 (2.1)	0 (0.0)	3 (2.1)
Chhau Goth	10 (7.0)	13 (9.1)	23 (16.1)
Separate Room	16 (11.2)	0 (0.0)	16 (11.2)

Table 2. Distribution of Respondents by stay place, safeness and usages during mensuration.

Stay Place during Menstruation	Literacy Status		Total No. %
	Literate No. %	Illiterate No. %	
Tent	70 (49.0)	29 (20.3)	99 (69.2)
Others	2 (1.4)	0 (0.0)	2 (1.4)
Total	101 (70.6)	42 (29.4)	143 (100.0)
The Chi-square value is 16.91, and its p-value is 0.002.			
Safeness of the Place			
Safe	20 (14.0)	1 (0.7)	21 (14.7)
Unsafe	74 (51.7)	37 (25.9)	111 (77.6)
Not sure	7 (4.9)	4 (2.8)	11 (7.7)
Total	101 (70.6)	42 (29.4)	143 (100.0)
The Chi-square value is 7.32, and its p-value is 0.027.			
Use of things during menstruation			
Cloth	85 (59.4)	39 (27.3)	124 (86.7)
Sanitary Pads	16 (11.2)	0 (0.0)	16 (11.2)
Others	0 (0.0)	3 (2.1)	3 (2.1)
Total	101 (70.6)	42 (29.4)	143 (100.0)
The Pearson's Chi-square value is 14.13, and its p-value is 0.001.			

Source: Field Survey, 2024.

Out of the total literate (70.6%), most of them (49.0%) and the least (2.1%) stay place was “Tent” and “Usual residence,” respectively, whereas for illiterate, it was “Tent” (29.1%) and Chhau goth (9.1%) respectively. Similarly, most literate (51.7%) and illiterate (25.9%) reported being unsafe about the place’s safety. Furthermore, literate (59.4%) and illiterate (27.3%) reported using cloth as a means during menstruation.

The chi-square test at a 5 percent level of significance for “stay place,” “safeness of the place,” and “use of things as means” seems significant with literacy, as the p-values are 0.002, 0.027, and 0.001, respectively. This implies that literacy status influences these variables.

Case Story II Rina believed that traditional customs dictated the isolation of menstruating women in her society. She is an educated woman who rebelled against these norms by refusing to isolate herself during menstruation and continuing her daily activities despite the norms. This act, tied with celebrating her daughter’s first menstruation, challenged longstanding taboos and social discrimination. Her actions to deny such restrictions and rebel against such ideas inspired other women to question these practices, highlighting the power of education and awareness in transforming cultural norms and promoting menstrual health and social equity.

Result from KII Amakala Khadka, the Chairperson of Aama Samuha, reported that despite laws prohibiting it, the practice of Chhaupadi continues, leading to tragic incidents such as snake bites, suffocation, violence, and even rape. Although outlawed, people still engage in Chhaupadi out of fear of angering their main deity (Kul Deuta), believing that divine wrath could bring misfortune to their family in the form of crises, accidents, or death. She emphasized the need for greater awareness of Chhaupadi’s harmful effects, stressing that people should abandon the practice and instead focus on personal hygiene and cleanliness. She further said that raising awareness about these dangers, alongside enforcing stricter punishments for those who continue the training, is essential for its eradication. Similarly, she also pointed out that, in ancient times, practical circumstances may have contributed to the persistence of Chhaupadi. Women had to walk for hours to fetch water, and many families lived in a single-room home where everyone ate and slept together, offering no privacy. During menstruation, women felt embarrassed and often preferred to stay in the Chhaupadi hut to avoid others seeing the blood discharged.

The second FGD performed (among Bankali Karki, Maya Khadka, Manasari Karki, and Basanti Karki) reported that many incidents related to Chhaupadi to date, like animal attacks during the stay at Chhau Goth, including several cases of snake bites, many instances of physical violence such as rape, robbery, harm to women have been recorded. Many menstruating girls and women died due to snake bites and insufficient flow of oxygen in the Chhau goth, as these are built for a short period and have very narrow windows or ventilation. Though the Supreme Court outlawed Chhaupadi and destroyed Chhau goths, villagers continued the practice due to the gap between government actions and social customs. The government's failure to alter the attitudes has led to the rebuilding of Chhau goths or the use of tents during menstruation. This has worsened conditions for women, who now suffer more. The practice's persistence is fear of divine and social leaders.

Table 3. Health Treatment Approaches in case of sickness during Menstruation: Past and Current Trends by Age Group.

Age range	Health treatment in case of sickness during mensuration in the past				Total
	Health post No. %	Dhami/ Jhakri No. %	Home/ Oneself No. %	No treatment provided No. %	
Below age 24	24 (61.5)	3 (7.7)	10 (25.6)	2 (5.10)	39 (100.0)
Above age 24	4 (3.8)	6 (5.8)	45 (43.3)	49 (47.1)	104 (100.0)
Total	28 (19.6)	9 (6.3)	55 (38.5)	51 (35.7)	143 (100.0)
The chi-square value is 64.69, and its p-value is 0.000.					
Age Range	Health treatment in case of sickness in the Present time				Total
	Health post	Dhami/ Jhakri	Home/ Oneself	No treatment provided	
Below age 24	39 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	39 (100.0)
Above age 24	98 (94.2)	0 (0.0)	6 (5.8)	0 (0.0)	104 (100.0)
Total	137 (95.8)	0 (0.0)	6 (4.2)	0 (0.0)	143 (100.0)
The chi-square value is 2.349, and its p-value is 0.125					

Source: Field Survey, 2024.

Table 3 shows segregated “Youth” and “Above Youth” girls and women’s approach to health treatment in case of sickness during menstruation in the past and current times. Of the total 39 Youth respondents, most of them went to “Health Post” (61.5%), and of the total 104 “Above Youth” respondents, most of them had “No treatment provided” (47.1%) for health treatment case of illness during mensuration in the past respectively. Similarly, all the “Youth” respondents (100.0) and the majority of the “Above Youth” respondents (94.2%) with very few (5.8%) went to Health Post and themselves for health treatment in case of illness during mensuration in the present time. Visiting traditional healers was reduced in the present time.

The chi-square value is 64.69, and its p-value is 0.000 between age range and health. This shows that health treatment in case of sickness during menstruation in the past was the same across the age range, whereas this is not the same in the present. The chi-square and p-values are 2.349 and 0.125, respectively, which have been tested at a 5 percent level of significance.

The third FGD conducted (among women Lalbiura Khadka, Sabina Khadka, Hem Lata Budha Khadka, and Pankali Khadka who had experienced Chhaupadi) reported that in the past when women fell ill during the menstruation period, no one would touch them. No medical treatment was provided as there was the belief that if anyone touched menstruating women, then it would bring a bad sign to their life. At the same time, the health institutions were also far and not accessible. The situation has changed a bit at present as health posts have been available at a distance of five to thirty minutes, and if menstruating women fall sick, then medical treatment is provided. This change was possible due to various Chhaupadi-related awareness campaigns.

Table 4. Distribution of Respondents by opinion on the relationship between the ecological environment of the place and Chhaupadi practice by occupation.

Occupation	Opinion on the relationship between the ecological environment of the place and Chhaupadi practice			Total
	Yes	No	Not sure	
Agriculture	90 (64.7)	4 (2.9)	45 (32.4)	139 (100.0)
Non-agriculture	3 (75.0)	0 (0.0)	1 (25.0)	4 (100.0)
Total	93 (65.0)	4 (2.8)	46 (32.2)	143 (100.0)

The chi-square value is 0.244, and its p-value is 0.885

Reasons for the Relationship between Ecology and Chhaupadi	Occupation		Total
	Agriculture	Non-Agriculture	
Chhaupadi is affected by the socio-ecological setting	32 (35.6)	2 (66.7)	34 (36.6)
Tradition changes with environmental conditions; a better setting will reduce the practice of Chhaupadi	28 (31.1)	0 (0.0)	28 (30.1)
Ancestors might have considered the social setting & practice of Chhaupadi	16 (17.8)	0 (0.0)	16 (17.2)
When the environment is better in a place, then there is less practice of Chhaupadi	7 (7.8)	0 (0.0)	16 (17.2)
No reason	7 (7.8)	1 (33.3)	8 (8.6)
Total	90 (100.0)	3 (100.0)	93 (100.0)

The Chi-square value is 4.673, and its p-value is 0.323

Source: Field Survey, 2024.

*Non- Agriculture includes office & others.

Table 4 reveals that of the total respondents whose occupation was “Agriculture,” most of them opined “Yes” (64.7%) on the relationship between the ecological environment of the place and Chhaupadi practice. In contrast, most of those whose occupation was “non-agriculture” opined “Yes” (75.0%). Occupation with “Agriculture” gave the reason “Chhaupadi is affected by socio-ecological setting (35.6%), whereas with occupation with “non-agriculture,” the majority of them (66.7%) gave the reason “Chhaupadi is affected by socio-ecological setting.”

The chi-square value is 0.244, and its p-value is 0.885, implying that there is no significant difference between occupation and opinion on the relationship between the ecological environment of the place and Chhaupadi practice. Similarly, the chi-square value is 4.673, and its p-value is 0.323, implying that there is no significant difference between the reasons for the relationship between ecological environment and Chhaupadi practice and occupation at a 5 percent level of significance.

Table 5. Distribution of Respondents by Opinion on Menstruation.

Opinion on Menstruation	Age Group							Total
	15-20	20-25	25-30	30-35	35-40	40-45	45-50	
Opinion on natural								
It is natural	15 (10.5)	20 (14.0)	18 (12.6)	14 (9.8)	2 (1.4)	1 (0.7)	0 (0.0)	70 (49.0)
It is not natural	2 (14.0)	3 (2.1)	11 (7.7)	18 (12.6)	15 (10.5)	1 (0.7)	1 (0.7)	51 (35.7)
Not sure	1 (0.70)	4 (2.8)	4 (2.8)	6 (4.2)	5 (3.5)	0 (0.0)	2 (1.4)	22 (15.4)
Opinion on Sinful								
It is sinful	0 (0.0)	0 (0.0)	1 (0.7)	3 (2.1)	10 (7.0)	1 (0.7)	3 (2.1)	18 (12.6)
It is not sinful	15 (10.5)	27 (18.9)	30 (21.0)	28 (19.6)	9 (6.3)	1 (0.7)	0 (0.0)	110 (76.9)
Not sure	3 (2.1)	0 (0.0)	2 (1.4)	7 (4.9)	3 (2.1)	0 (0.0)	0 (0.0)	15 (10.5)
Total	18 (12.6)	27 (18.9)	33 (23.1)	38 (26.6)	22 (15.4)	2 (1.4)	3 (2.1)	143 (100.0)

Source: Field Survey, 2024.

Of the total respondents, most of the respondents (49.0%) opined the mensuration as 'It is natural,' 'It is not natural' (35.7%), and 'Not sure' (15.4%). The age group '20-25' (14.0%) shared the highest proportion of opined mensuration as 'it is natural.' The age group '15-20' (14.0%) occupied the highest position, stating 'It is not natural'. Similarly, among the respondents who opined mensuration as "not sure, the age group '30-35' (4.2%) shared the highest. Among the respondents who opined mensuration 'Is sinful,' the age group '35-40' (7.0%) and the age group '15-20' shared the highest proportion. The respondents who opined mensuration as 'It not sinful' and 'Not sure' were the age group '30-35' (19.6%) and the age group '45-50' with nil percent, and the age group 30-35 (4.9%) and age group '40-45' & '45-50' with nil percent occupied the highest and the least proportion respectively (Table 5).

Case Story III In Far western Nepal of Kailai district, a 17-year-old Durga dared the Chhaupadi tradition that has been forcing menstruating women into seclusion. Inspired by a school health workshop, she invited women to her home for tea; at that time, she shared that menstruation is a natural and healthy process. Her idea broke down taboos, leading the community to avoid Chhaupadi huts and inspired to welcome menstruating women back into their homes. Her actions brought substantial change, inspiring neighboring villages to abandon harmful practices and showing that education and sympathy can

overcome entrenched traditions.

Results from KII Mohan Lal Rithal, the recent chairperson of Ward 1 of Tanjakot Rural Municipality, said that the socio-cultural environment plays a crucial role in shaping daily life and maintaining societal harmony. Chhaupadi, a tradition where women and girls live in separate huts during menstruation, persists despite Supreme Court laws for its abolition. This is mainly due to deep-rooted beliefs that menstruating women anger the main deity (Kul Deuta), leading to misfortune if they enter temples, kitchens, or other religious spaces. These practices violate human rights, as women are denied nutritious food and forced into isolation. While awareness campaigns highlight the harmful effects of Chhaupadi, it remains ingrained, especially in remote areas. Historically, limited living space may have contributed to its practice, with women seeking privacy during menstruation. However, despite changes in housing and lifestyle, many still cling to these outdated beliefs. Chhaupadi hinders women's development, education, and health, with older generations often perpetuating it. Our institution runs awareness programs on reproductive health and sanitation, yet real change requires more than laws, as old persons are not ready to accept it. It demands government intervention with new strategies to end this harmful practice.

Table 6. Awareness and Familiarity with Laws on Chhaupadi Practices.

Laws on Chhaupadi	No.	Percent
Abolishing & punishing those who practice Chhaupadi	139	97.2
Not familiar	4	2.8
Total	143	100.0
Familiar		
Yes	138	99.3
No	1	.7
Total	139	100.0

Source: Field Survey, 2024.

Most respondents (97.2%) reported laws on Chhaupadi Abolishing and punishing those who practice Chhaupadi.' Similarly, of those who reported abolishing and punishing, the majority (99.3%) reported 'Yes' and very few (0.7%) reported 'No' (Table 6).

DISCUSSION

A 2019 survey in mid-western Nepal found that 60% of girls knew Chhaupadi was illegal, but 77% still practiced it, driven by fear of negative consequences for themselves or their communities, and perceived menstrual blood as polluted.^{7,8} But in developed nations, menstruation is considered private and non-disruptive. In Bolivia, menstrual women are thought to pollute cold water and cause infertility if they touch other women while bathing nine, whereas, in Japan, women are considered less competent than male sushi chefs, believed to affect the taste of sushi adversely.¹⁰ Women fear misfortune if Chhaupadi is not followed, a belief shamanism reinforces.^{5,11} Despite modernization, Chhaupadi persists, driven by cultural, religious, and superstitious beliefs.^{12,13} In this study, 49% and 76.9% of respondents viewed menstruation as natural and not sinful, respectively, and 97.2% had information as well as familiarity with laws on Chhaupadi, believing it should be abolished and punish those who practice it.

Cardoso (2019) and Lama (2022) found that Chhaupadi practices are significantly associated with occupation, education, and caste, with farmers, housewives, and the more educated and high castes practicing it more.^{13,14} The symbols associated with Chhaupadi are multi-vocal, and human behavior is fundamentally symbolic and laden with meaning.¹⁵ In this study, the researcher found that agricultural and non-agricultural occupations perceived that the ecological environment and socio-ecological

settings influence Chhaupadi. Local authorities in some villages of Doti use positive rewards and announce a reward of NRs.5,000 (approximately \$51) to women who reject the practice.¹⁶ In this study, most of the respondents (69.2%), when they became menstrual, stayed in "Tents," and the places they stayed were unsafe. When they became ill during menstruation, they visited health posts by the majority of the respondents (95.8%).

A study by Pokharel (2014) conducted among female university students in an urban college in Belgaum found that 83% used sanitary pads, with 69.54% changing them twice daily and 91.39% disposing of them in a dustbin. Similarly, a 2020 study by Bhusal involving 406 adolescent girls revealed that 67% practiced good menstrual hygiene. The study identified key factors influencing hygiene practices: parents' educational background, family size, and living arrangements. The researcher in this study revealed that more respondents (59.4%) used clothes as sanitary pads and stayed in tents (49.0%) during the menstruation period.

Despite laws aimed at eradicating Chhaupadi in Nepal, the practice persists. In May 2005, the Supreme Court of Nepal declared Chhaupadi a malpractice and instructed the government to implement measures to eliminate it. Following this, directives were issued in 2008 to tackle the issue, and the Criminal Code Act of 2017 criminalized Chhaupadi, stipulating a three-month jail sentence and a fine of NPR 3,000 (approximately \$23) for those enforcing the practice. However, the law lacks a clear implementation plan and does not specify accountability within households where Chhaupadi is practiced. The effectiveness of these legal measures is undermined by inadequate monitoring and budgeting at regional and local levels.¹⁷ The Nepal Human Rights Commission (2019) has recommended strengthening the law by ensuring the safety of women in Chhaupadi, providing compensation, protecting whistleblowers, and offering counseling to victims. Despite these recommendations, the regulations have significant loopholes, including the challenge of women filing complaints against family members and the ambiguity surrounding voluntary adherence to Chhaupadi. The Sudurpaschim Province's Chhaupadi Malpractice Elimination Policy, though endorsed, suffers from insufficient financial resources and a lack of structured policy progress reporting (MOSD).

Addressing Chhaupadi requires a comprehensive approach at individual, local, provincial, and federal levels. Some local governments are taking steps such as withholding social services (e.g., nutrition allowances, birth registration) from households that practice Chhaupadi. In

contrast, other initiatives include positive reinforcement, like the NRs. 5,000 (\$51) reward offered in Doti to women who abandon the practice.¹⁶ Additionally, NGOs, in collaboration with local authorities and police, have dismantled Chhaupadi huts and warned communities that continued practice may result in denial of public services.

The common philosophy among the theories of Durkheim, Steward, and Harris is the linking between society, culture, and the environment, highlighting how external factors such as social norms, the physical environment, and material conditions shape human behavior, social structures, and cultural practices. This study revealed that the practice of Chhaupadi is mainly related to the ecology and environmental factors such as poor infrastructure, supply of sanitation, and no separate rooms to keep women during menstruation, and a greater number involved in this study believed Chhaupadi being affected by socio-ecological setting resembling the common three philosophies of Steward, Harris, and Durkheim.

CONCLUSIONS

Most of the respondents in this study reported shifting their eating habits during menstruation, with low protein intake and high consumption of pulses and vegetables. Both literate and illiterate women remained in unsafe tents and applied washed clothes despite knowing the risks. While they previously relied on traditional healers, most now visit health posts when they become sick. Respondents related Chhaupadi to the ecological and socio-ecological environment, viewed menstruation as natural, not sinful, and were aware of laws against Chhaupadi. Despite the Criminal Code provisions, gaps in law formulation and enforcement allow Chhaupadi to continue, which is hindered by socio-cultural and religious beliefs. Respondents are aware of health risks but continue wearing the same clothes during menstruation, which affects their health.

CONFLICT OF INTEREST

There are no conflicts of interest.

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