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‘This is a natural process’: managing menstrual stigma in Nepal

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Menstrual stigma has been demonstrated in many societies. However, there is little research on menstrual attitudes in South Asia, despite religiously-based menstrual restrictions imposed on women. To understand menstrual stigma in this context, we conducted qualitative research with women in Nepal. Nepali Hinduism forbids menstruating women to enter a temple or kitchen, share a bed with a husband or touch a male relative. During menstruation, women are ‘untouchable’. There has been virtually no research on how Nepali women make meaning of these practices. The current study employed focus groups and individual interviews to understand how some Nepali women experience menarche and menstrual stigma. We explored how women describe their experiences and the strategies they adopt to manage age-old stigma in a rapidly modernising society where they have multiple roles as workers, wives and mothers. Participants reported they experienced menarche with little preparation, which caused distress, and were subjected to ongoing stigmatisation as menstruating women. They described coping strategies to reduce the effects of this stigma. This study provides a unique perspective on coping with menstrual stigma in South Asia.

Keywords: menstruation; attitudes; stigma; Nepal; menarche

Introduction

Menstruation is a normal biological event experienced over much of the lifespan and, thus, is a recurrent feature of women’s lives. A striking and virtually universal feature of menstruation is that it is culturally stigmatised. In early Western cultures, menstruating women were believed to be temporarily dangerous, which led to numerous restrictions to limit their contact with certain objects, people and other living beings (Delaney, Lubton, and Toth 1988). The belief in menstruation as a source of pollution and danger has persisted into the modern era: a World Health Organization (WHO) survey of women from 10 countries showed that some cultures consider menstruating women impure and place restrictions on their social or religious lives (Snowden and Christian 1983; WHO 1981). Respondents reported practices related to cleansing and avoidance of certain objects, places or individuals. In the USA, recent research shows that avoidance and dislike of menstruating women, though subtle, persists (Roberts 2004), and that some US women believe that others view them less favourably if aware of their menstrual status (Kowalski and Chappel 2000). There is also evidence that menstruating women in the UK strive to protect their menstrual secrecy (Newton 2012).

A stigmatised identity is one that is socially regarded as a mark of failure or shame, tainting the self (Goffman 1963). Furthermore, social structures such as class, caste,

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gender and ethnicity create external influence on a wide range of stigmatised identities (Scramber 2006). When psychologists began to study stigmatisation and its effects, they conceptualised it in terms of visible stigma (i.e., identities that are apparent to the observer, such as physical disabilities) and concealable stigma (i.e., identities that may not be apparent to observers unless revealed by the stigmatised individual or others, such as a history of mental illness). Much psychological research on stigma has addressed intra-individual aspects such as anticipated stigma (the degree to which a person with a stigmatised identity expects to experience discrimination), internalisation (acceptance of the stigmatised identity as a source of shame) and salience (the centrality of the stigmatised identity to the individual) (Quinn and Chaudoir 2009). This research has elucidated how stigmatisation affects individuals who experience it.

Menstrual stigma can be differentiated from other sources of stigmatisation. With the exception of gender itself as a stigmatising identity for women, most stigmatising identities are applicable to a minority of the population. However, the stigmatised identity of the menstruating woman affects a majority of the population, including nearly all women for a large proportion of their lives (Johnson-Robledo and Chrisler 2013).

With virtually all stigmatised identities, the type and degree of stigmatisation differ across cultures. In the case of menstrual stigma, the cultural symbolism and practices surrounding menstruation are extremely variable. Cultural practices even determine the degree to which menstruation is a visible versus concealable source of stigma. For example, in the USA, menstruation is largely concealable due to norms of secrecy, while in some societies (e.g., Nepal), menarche is marked by public rituals and menstruating women are secluded (Buckley and Gottlieb 1988). As Quinn and Chaudoir (2009) point out, the cultural stigma an individual experiences 'is determined by the community or culture in which a person is living, not by the individual him- or herself' (634).

Psychologists and sociologists have examined attitudes toward menstruation in a wide range of societies, including Israel (Anson 1999), the UK (Bramwell, Biswas, and Anderson 2002), the USA (Brooks-Gunn and Ruble 1980), Australia (Hardie and McMurray 1992), Taiwan (Lu 2001), Canada (Rempel and Baumgartner 2003), Tanzania (Sommer 2009), Iceland (Sveinsdóttir 1993) and Turkey (Yucel and Poulat 2003). Most of these studies used versions of the Menstrual Attitude Questionnaire (MAQ: Brooks-Gunn and Ruble 1980). The MAQ consists of 33 items that load onto 5 factors: Menstruation as a Debilitating Event, Menstruation as a Bothersome Event, Menstruation as a Natural Event, Anticipation and Prediction of the Onset of Menstruation, and Denial of any Effects of Menstruation. Thus, it encompasses both positive and negative attitudes. It does not provide a specific measure of menstrual stigma, although the 'debilitating' and 'bothersome' subscales reflect negative attitudes that may be fostered by cultural stigmatisation.

The previously mentioned WHO survey documented both positive and negative attitudes toward menstruation, along with self-imposed restrictions (e.g., not washing one's hair) and culturally imposed sanctions (e.g., not being allowed to cook food) (Snowden and Christian 1983; WHO 1981). A secondary statistical analysis of these data showed that, while the physical experience of menstruation is similar across cultures, the beliefs and practices associated with it vary by country, religion and social status (Severy et al. 1993).

There is little research on menstrual attitudes and beliefs in South Asia, where menstrual pollution beliefs are prevalent and religiously-based menstrual restrictions have been traditionally imposed on women. Bramwell, Biswas and Anderson (2002), comparing a British and an Indian sample on the MAQ, found significant differences on

responses to 25 of the MAQ's 33 items. Interestingly, British women scored higher on items assessing emotional upset and discomfort, suggesting the cultural construction of 'PMS (premenstrual syndrome)' is more prevalent in Britain than in India. Indian women reported being more tired during menstruation, yet were also less likely than British women to say menstruation interfered with their normal activities. Bramwell, Biswas and Anderson (2002) concluded that 'there is no simple sense in which attitudes to menstruation are more positive in one culture than another' (169).

Hoerster, Chrisler and Rose (2003) compared student samples in the USA and India using measures of menstrual attitudes (including the MAQ), symptoms and knowledge, and also assessing participants' preparation for menarche and their sources of information about it. American women had more factual knowledge about menstruation and had been better prepared for menarche. Nevertheless, Indian women scored higher than US women on the Menstruation as a Natural Event and the Denial of the Effects of Menstruation factors of the MAQ, and lower than American women on the Menstruation as a Debilitating Event factor. These results, like those of Bramwell, Biswas and Anderson (2002), show that negative attitudes are not simply or directly dependent on the degree of cultural stigma attached to menstruation.

In order to better understand menstrual stigma in the South Asian context, we conducted qualitative research that asked women about their experiences of menstrual stigma and the strategies they adopt to manage it. To that end, we interviewed women who live in a society where culturally-based and religiously-justified menstrual stigma is pervasive: the South Asian country of Nepal. Isolated from Western influence until the late-1950s, Nepal has retained many traditional practices but is now rapidly modernising (Crawford 2010; Crawford et al. 2008, 2009; Liechty 2003). Its Hindu majority coexists with Buddhist, Muslim and Christian adherents.

Menstrual pollution beliefs are prevalent in Nepal, particularly in the Hindu community (Bennett 1983; Cameron 1998). Like many societies, including our own, Nepal prescribes hygiene rituals designed to sanitise and conceal menstruation. In addition, Hinduism as practiced in Nepal prescribes religious strictures forbidding the menstruating woman to enter a temple, share a bed with her husband, enter a kitchen, prepare food or touch a male relative. Some Hindu groups within Nepal mark menarche with the custom of *gupha basne*, literally 'staying in a cave', where the menarcheal girl must stay in a darkened room for up to 12 days.

There has been virtually no research on how Nepali women make meaning of these practices. From a Western perspective, it would seem women would internalise feelings of body shame and inferiority as a result of such ritual restrictions. As Roberts (2004) noted after documenting menstrual stigma in the USA, 'The cultural construction of menstruation as disgusting, shameful and polluting cannot be contributing to good feelings in girls and women about their physical bodies' (25). This conclusion would seem even more relevant to girls and women in Nepal, where the cultural construction of menstruation is considerably more negative and backed by religious doctrine.

In this open-ended and exploratory study, we employed focus groups and individual interviews to gain understanding of how some Nepali women experience menarche and menstrual stigma. We asked about both past and recent experiences in an attempt to make visible the social construction of stigma. We chose qualitative methods to create a situation where women could feel comfortable, safe and trusting because feelings about menstrual practices are extremely private and unspoken in Nepal. We also hoped our findings would be applicable to women's sexual health interventions, a larger project for which we were doing formative qualitative research (Kaufman, Crawford, and Khati 2010).

Our research questions were as follows: How do Nepali women describe their experiences of menarche and menstruation and the emotions surrounding them? Do they experience an internalised sense of pollution and uncleanness related to menstrual customs? What strategies do they adopt to manage age-old stigma in a rapidly modernising society where they have multiple roles as workers, wives and mothers?

Methods

Participants

Participants were female residents of the greater Kathmandu metropolitan area. Focus group 1 ($n = 4$) was composed of students from Tribhuvan University and took place in a classroom at the university. Focus group 2 ($n = 4$) was conducted at the office of a non-governmental organisation (NGO) devoted to the empowerment of women. Two of the authors, who were engaged in an ongoing research program with the NGO, recruited volunteers from among the NGO staff members. For the individual interviews ($n = 11$), the researchers each recruited one or more participants from their network of friends and acquaintances, thus comprising a convenience sample of adult women. To be included in the study, a woman had to be a Nepali resident of the Kathmandu city area, over the age of 18 and fluent in English. Participant demographics are shown in [Table 1](#).

Materials and procedure

The research project was approved in advance by the University of Connecticut Institutional Review Board and a Social Science Review Board convened through the Council for the International Exchange of Scholars, Kathmandu, Nepal.

With the exception of the first author, who co-facilitated the focus groups and conducted one interview, all four interviewers and focus-group facilitators were Nepali

Table 1. Participant demographics.

Interviewees	Caste/ethnic group	Age	Marital status
Interview 1	Brahmin	–	Married
Interview 2	Newar ^a	40	Unknown
Interview 3	Brahmin	20	Single
Interview 4	Brahmin	27	Married
Interview 5	Newar	22	Single
Interview 6	Newar	Early-40s	Married
Interview 7	Brahmin	45	Married
Interview 8	Brahmin	40	Married
Interview 9	Tibetan descent	40	Married
Interview 10	Gurung	–	Single
Interview 11	Brahmin	–	Single
Focus group 1, participant 1	Brahmin	25	Married
Focus group 1, participant 2	Newar	25	Married
Focus group 1, participant 3	Newar	24	Married
Focus group 1, participant 4	Brahmin	23	Single
Focus group 2, participant 1	Sherpa ^b	34	Married
Focus group 2, participant 2	Brahmin	50	Married
Focus group 2, participant 3	Brahmin	34	Married
Focus group 2, participant 4	Brahmin	Mid-40s	Married

Note: Three participants did not report their age.

^aNewars are a cultural group of the Kathmandu Valley, some of whom are Hindu and others Buddhist.

^bSherpas are an indigenous Himalayan group whose religion is Buddhist.

women. All had received their primary and secondary education in Nepal, two had received higher education in the USA or UK and the other two were a Nepali college graduate and a postgraduate.

The focus groups were conducted first, and the semi-structured interview guide was devised based on the opinions and concerns raised in the focus groups. Participants were told the purpose of the study was to learn about their own experiences of 'how women feel about their own bodies during a period of changing times and changing customs in Nepal.' Written consent was obtained from all participants.

Interviews and focus-group discussions were audio taped for later transcription. All interviews and focus groups were conducted in English. However, participants sometimes switched to Nepali in order to express their thoughts more readily. All participants were given a small gift of chocolates as thanks for their participation.

The focus groups and interviews were transcribed by three US research assistants after two bilingual Nepali/English speakers had translated and transcribed the portions in Nepali. The transcripts were analysed with an initial content analysis followed by a thematic analysis. First, the transcripts were hand-coded into 11 categories by two research assistants independently, based on the areas covered in the interview schedule: Education about Menstruation, Menarche Experiences, Menstruation Customs, Maintaining Rituals, Personal Feelings about Menstruation, Expressions of Ambivalence, Sexuality and Menstruation, Female Identity and Menstruation, Others' Reactions, Educating Children, Religious Doctrine about Menstruation, and Cross-Cultural Comparisons. Each coding category was operationally defined and assigned examples from transcripts, which demonstrated the nature of the category for coders. Transcript segments could be coded into more than one category. Upon review, all coding disagreements were discussed and refined, resulting in an inter-rater reliability (IRR) of .96, considered quite high (Spearman 1904). Across categories, the IRR ranged from .80 to 1.0. As a final step in coding, the remaining disagreements were resolved by consensus.

Following the initial coding, the categories were used as guides in identifying emergent themes. Responses clustered into three broad themes. The first of these, Transition to Womanhood, reflected respondents' experiences of education and preparation for and the event of menarche. The second theme, Experiences of Menstrual Stigma, encompassed women's reports of how they were treated by others during their menses and their internalised feelings about menstruation. The third theme, Stigma Management, reflected women's strategies for dealing with stigmatisation.

Results

Transition to womanhood

This first theme included women's accounts of the preparation they received for menarche and their recollections of the event. Descriptions of menarche were predominantly negative in tone. Whether remembering the preparation they had received prior to menarche, describing the event itself or recalling their experiences of ritual untouchability, most respondents had unpleasant memories of the transition from girl child to menstruating young woman.

Education and preparation for menarche

Virtually all respondents reported they knew little about menstruation prior to menarche. Sex education was either absent, minimal or offered well after they had experienced menarche:

When I was studying at the girls' high school, there was no sex education there. And I studied health from grade nine, but I started menstruation at grade eight. (Kanti, age 27)¹

Mothers and older sisters had provided information for some respondents, but others reported little or no familial instruction about sexual maturation:

We were seven sisters, and we were trained when we were about 13 that when you have your first menstruation, when you see some blood in your body, don't be scared, just keep quiet and tell your sister or mother that you have this problem. (Sushina, age 50)

I was very scared after I started bleeding. I thought that I had some sore in the internal part of my body and I had some disease and that I was going to die. I had no idea that this was my period. (Student, FG 1)

Only a few participants had anything positive to say about the sexuality education they had received:

[My mother] explained to me that it is quite normal, it's quite natural, that these things happen to females and they start having the periods after they reach their teens and once you start getting it you have it every month and that's all she said. (Sushila, early-40s)

Menarche: fear, secrecy and shame

Virtually all participants said they had experienced fear over the prospect or event of menarche:

My mother, my sister had told me about it, and like 'You don't have to be scared, it's a natural process, all women have to go with this thing,' so I was prepared. But still, I was scared. I was very scared ... I kept wiping myself in the middle of the night because something was flowing and my nightdress was all wet ... I looked and I saw all this blood and I thought, 'Oh my god, I wonder what's happening'. (Maya, age 34)

Suddenly, something was wrong with me. Then I felt really scared ... I didn't understand what's wrong with me. I asked my teacher to take me out of the games and let me rest. And then I felt some ... wet in my body? ... Then I went to the bathroom ... I suddenly saw ... blood, red blood, and I felt very scared. I also cried, 'What's wrong with me?' ... Actually, I don't know why I was scared. I thought maybe it was very dangerous, wrong, that something was happening in my private parts. (Kanti, age 27)

Some women mentioned specific fears that their bodies had been damaged, injured or broken:

I was really, really worried, and my mom, she finally said, 'Oh, what happened, you're going to the bathroom all the time, what happened to you? Has your *thing broken up*?' I was much more worried then because my 'thing', vagina, might have broken up and I was really, really worried. My mom was joking, but I was serious. (Maya, age 34)

Several respondents said they had kept their menarche a secret:

I did not tell anybody anything about it. I just was silent about it. I asked my mom about it indirectly. I asked her if it was possible to bleed if you had an infection in the stomach. My mom told me that it was possible. Mom also did not notice that I was of the age where I could begin to menstruate. My mom had no idea about that. The bleeding stopped and I thought to myself that I was all right. And I remained silent about it. (Student, FG1)

Ritual restrictions

The Hindu and Newari practices of ritual seclusion that follow immediately upon menarche added to the discomfort experienced by participants. Several gave detailed accounts of the rituals they had experienced. A participant who experienced the onset of her first period at school described what happened when she came home upset and crying. Her mother was washing clothes in the garden:

My mum tried to ask what was wrong and I only cried . . . cried, cried, cried. And, I think I cried for one or two hours, sometimes I stopped and then cried again, like that. And mommy suddenly saw the red spot on the back of my skirt and then she knew. She said 'Oh, now you are grown up' and then she told me, 'Don't go inside our room or kitchen, don't move, just stay at the garden, just for a second.' . . . Then she told me to go to my *sano mami's*, my aunt's place, just behind my mother's house. And then she gave me one small, very small room, the ventilation system was very poor, only one window, a very small place, and one bed on the floor and one blanket, a small, small thin blanket, and she told me to stay there and from outside she locked my door, and the curtains were tightly closed. It was dark, and I was really surprised, thinking, what's wrong with me? (Kanti, age 27)

This woman was kept in seclusion for a week, in a compromise between tradition and modernity:

Only 7 days, because of school . . . I am really thankful to my dad and mom about that, they only kept me for 7 days. My mom and dad would have kept me there for only 5 days, except for my grandmother. My grandmother actually asked to extend it to 12 days, but they agreed to just 7 days.

Other participants vividly remembered the restrictions about avoiding boys and men:

I was 12 years old when I got my first period . . . I was out playing with my friends. And my mom she called me inside, shouting. And like told me that I had my menstruation, and she shut me inside the house . . . It was a bad experience. Like, I was so happy playing outside, you know? Jumping and playing outside with the boys, I mean, boys are people. And all of a sudden I was inside and they were shouting outside and they were calling me. They were teasing me. 'What happened? What happened? Why don't you come out?' . . . I don't remember any of my friends coming to see me. Only family members. Only the females, not the males. Males were not allowed to see me. . . . When I came out after 12 days, I didn't feel like playing with boys any more. I felt that I'm grown-up. I'm a young lady And I used to feel shy in front of them. That was the feeling. (Priya, age 40)

Some reported missing important events, such as school exams, due to ritual seclusion:

I was told that I had to go into seclusion for 12 days. I had exams from the next day, but they did not even send me to school to sit for the exams, since we believe that we cannot see the sun. So my sister took a letter to school for me. I was crying and begging to go to school. I denied that I had got my period, but my mom would not believe me. She put me in seclusion and that is that. (Student, FG1)

Overall, a majority of women described the experience of ritual seclusion at menarche as a significant life event for which they had limited prior knowledge and preparation. Many recalled the experience as a source of confusion, stress and inconvenience.

Experiences of stigma

Women were asked to describe their experiences of menstruation since menarche. All women were aware of the rituals surrounding menstruation and all had been subject to their enforcement. These customs include abstaining from cooking, household duties, social interactions and prayer. Women also must observe dietary restrictions and are encouraged to bathe frequently, wash all objects they touch and avoid contact with men, including their husbands:

We were not allowed to reach out to or go to sacred places, gods and goddesses. We were kept away from those areas, stating that those are very pure areas, spiritual places where we should not be touching or taking part. (Sushila, age early-40s)

Even now, I stay separately for four days. And I don't touch food, I don't go to the kitchen, and I don't cook, and I don't go to . . . puja [an act of prayer or worship] . . . religious function [s]. (Priya, age 40)

Adherence to and strictness of rituals varied by caste and class and also from family to family. This variation creates challenges for women upon marriage because they may have to learn and adjust to customs that are quite different from those with which they were raised:

In our house, we are not allowed to enter any rooms. We have to sleep with the servants. After we leave a room, they sprinkle the room with gold water to purify it. We are Chettris and my husband is also Chettri and I had an arranged marriage. I could not have imagined just how strict my household would be. I found such a vast difference between my modern family and my husband's conservative family. It made it all very difficult for me to adjust. (Student, FG1)

Although a few women commented on the strictness of their husbands, fathers and sons, a majority indicated it was other women who were the strictest. Mothers and mothers-in-law were frequently mentioned as the enforcers of menstrual rituals:

And I think the main root cause of this menstrual [stigma] is women Women strict on women; this is the one very bad part of it. (Kanti, age 27)

In sum, the women described the prevalence of numerous restrictions surrounding menstruation. Female family members were reported as the most insistent enforcers of restrictions.

Stigma management

Reflecting on the stigmatised identity of the menstruating woman, two respondents reported internalised feelings of shame:

I think it definitely shapes our perceptions of our bodies, at least it did me. I think it leads to a lot of confusion about your body and what it's supposed to be doing, and I think it also informs our perceptions about what our role is as a wife, or a mother, or a sister, because if you have grown up in a very strict household where the ritual was very strongly emphasised, then you will go through life where you think you are untouchable for the four days of the month. (Laxmi, age mid-40s)

I work in my kitchen and I . . . touch my husband. [But I don't touch my father] because my father, since from my childhood, since when I was first time *na chhunne* [polluted, untouchable], I didn't touch him so I think, How should I touch him? My internal feelings [are] saying like that. Even now I don't go to the temple or worship the god during that time. . . . My internal feelings [are] saying like that, don't go, just that. I know this is not fair, I know it's natural, I know, but even so, my internal feelings do not allow me to go to temple. (Kanti, age 27)

However, the majority of women rejected attributions of impurity and inferiority. Instead, they developed stigma management strategies that negotiate tradition and modernity. Most women endorsed more than one strategy.

One way of coping with stigmatisation was to label it as traditional cultural practice. A number of women stated they accept and participate in all the rituals and customs of menstruation, feeling responsible for maintaining them out of respect for tradition and their elders:

I belong to that community, and I have to follow the tradition and cultures of that. If I went to some other place, or maybe . . . abroad, then I may not follow the same tradition If I'm here, in my own country . . . I have to. (Urmila, age 22)

When asked if she would make her daughter perform the menstrual customs and rituals, one woman replied:

Yeah, yeah. I have to because I live in this society, right? And I believe in that. Because we have, there are certain cultures, so we follow that tradition. Religion things, so, ritual things, so we have to follow that. (Priya, age 40)

Another way to reduce stigma was to label it as discrimination. Many commented that the rituals surrounding menstruation were inhumane and oppressive:

I felt like I was being tortured ... I felt a lot of mental tension. I don't like this. We have to keep doing this every month. (Student, FG1)

I feel that women feel like animals ... feel like women are not treated like human beings Yes. I wish they did not treat women this way. (Devi, no age reported)

I feel that it shouldn't be that way, it shouldn't be that way. Umm, it's ah, it's a kind of uh discrimination And they are not treating women as human beings. (Shobha, age 40)

At times, respondents voiced acceptance of the restrictions by framing them positively. They suggested menstruation is a natural process and the rituals served as a rite of passage into womanhood:

It's like a celebration, actually. I think celebration that you're entering into your womanhood or something. (Kamala, age 45)

It's not our fault, it's natural, it's [a] biological phenomenon. It's a natural process and um ... it's good that – okay, menstruation happens ... *we* are the ones to give a new life, no one else. ... We give life to others. (Kabita, no age given)

The most prevalent behavioural stigma management strategy was to juggle traditional expectations and modern responsibilities by finding ways to avoid the most onerous restrictions. However, these efforts at compromise were not without ambivalence. Many women told of dilemmas they had faced with respect to concealment and dissembling. For example, if a woman does not believe the rituals are valid, but feels compelled to respect them, should she lie about having her period?

When you go to your relatives' place ... [we're] kept outside ... it's a natural thing, so why are they treating [us] like this? We shouldn't be treated that way; [it] makes me sad. ... You have to sit outside in the streets. So I don't feel like going, you know? When I'm invited to my relatives' place, if I had a period, so I don't like tell lies also, so I have to, you know So it's really complicated to go to their places. (Shobha, age 40)

Other women reported they were selective about which restrictions to observe. For example, they abstained from prayer or worship but did not adhere to other restrictions. They justified this strategy by explaining that expectations were unrealistic:

I only follow that I shouldn't touch the god. But the rest of the thing[s] I can [do]. Because like today we're having a nuclear family and we don't have, like, other person[s] to do our work. And if we are not supposed to, then who's going to do that work? (Urmila, age 22)

Others relaxed the restrictions with implicit or explicit approval of other members of the household:

[My husband] doesn't mind. ... Before we, like, we had a system of not sleeping together for four days, we'd sleep separately, but he doesn't mind ... there's no harm in sleeping together. (Priya, age 40)

One way these Nepali women came to terms with their stigmatised identity was to envision a future where girls would be educated about menses and brought up without shame. Most of the women spoke to the importance of educating youth about menstruation – what it is, why it happens and what they need to do during that time. Some reported they were motivated to teach their daughters about menstruation in order to save them from the trauma they had experienced:

She is only nine years old, but I have been explaining to her exactly what a period is, how do you get periods and why you get it. ... So in case she has it in her school time or whenever I'm not there, she will be at least a little more mentally prepared about it and won't get that initial, she won't go through that shock. (Sushila, age early-40s)

Some felt strongly that their daughters should not be subjected to restrictions surrounding menstruation:

With my daughter, I wouldn't, I will never ever keep her in a dark room, I will never ever – you know? – tell her not to look at your father or touch your brother and – I will never do that. I will never do that. I will never do that! (Kabita, no age given)

No, I would not do that [put my daughter in seclusion] because I don't believe in that. That would just give her extra stressful moments, and I don't want her to go through all those painful times. (Sushila, age early-40s)

However, many still planned to enforce the restriction around prayer or worship:

I don't believe that a girl should be forced not to look at the sun or that she should be kept in seclusion when she starts menstruating. After I got my second period and looked at the sun, nothing bad happened. I will not allow her to touch god, but everything else will be dictated by her own wishes. (Student, FG1)

First of all, it will be important to educate her and prevent her fear. After that, I am not at all interested in doing this [the rituals] to my daughter ... no, don't want to do that at all. I will let her go to the kitchen, but the god room, I still have reservations about letting her go there ... Ya, ya. That is our concept. What can I say, right? (Devi, no age given)

Only one respondent suggested that gender equality might be a goal for the future. In discussing the restriction against touching men, she said:

If we can touch mother or sisters, we should touch fathers ... we have to walk with our husbands or fathers equally. (Kanti, age 27)

In sum, the women reported using a variety of cognitive and behavioral strategies to cope with the stigma associated with menstruation. Many spoke to the challenge of balancing traditional menstrual customs and restrictions with the demands brought about by modernity. A number of women emphasised the importance of better education for youth regarding menstruation.

Discussion

Menstruation is a complex source of stigmatisation. It is largely concealable and in many developed societies is rendered socially invisible. In Nepal, religious rituals surrounding menstruation make it more visible and much more stigmatising. As one participant said, 'When we get our menstruation ... it's like a public viewing kind of thing, everybody knows about it.'

Nepali women experience severe stigmatisation of menstruation. It begins early – virtually all respondents reported they had received little or no education or preparation for menarche, and they had experienced fear, anxiety and shame as a result. Most respondents told detailed and emotional menarche stories. They said they had not understood what was happening to them physically or why they were being confined and shunned. This finding is congruent with that of Hoerster, Chrisler and Rose's (2003) comparison of samples in the US and India, which found that the Indian women had less factual knowledge about menstruation and had been less prepared for menarche.

The stigmatisation continues through adulthood: virtually all respondents reported they were obligated to observe religiously-based restrictions during their menstrual periods, restrictions that were uncomfortable, inconvenient and bothersome. They reported that they conformed to the pollution-reducing rituals largely for reasons of social acceptance, such as respect for their elders or a desire to continue cultural traditions. And they were flexible in their observance contingent on their husbands' and families' open-mindedness. Only one

belief about menstrual pollution was deeply internalised: the belief that one should not worship at a temple or at home by touching the icon of a god. Women who were otherwise willing to relax menstrual restrictions reported that ‘touching god’ still made them uncomfortable.

Some women reported internalised feelings of shame and untouchability, but the majority did not. Perhaps the most surprising aspect of our results is that most women maintained the belief that menstruation is a normal and natural biological process. The idea of ritual untouchability was separated from this process both cognitively and emotionally. This result is congruent with the scant earlier research on South Asian women and menstrual stigma. Bramwell, Biswas and Anderson’s (2002) comparison of a British (Christian) and an Indian (Hindu) sample found that British women scored higher on items assessing emotional upset and discomfort. Hoerster, Chrisler and Rose’s (2003) comparison of US and Indian samples found that, despite the American women’s advantage in information and preparation for menarche, Indian women were more likely to regard menstruation as a natural event with few debilitating effects. Our results with a largely Hindu sample in Nepal, like those with Hindu samples in India, show negative attitudes are not simply or directly related to cultural stigma attached to menstruation.

The women in our study coped with ongoing sanctions by using cognitive and behavioural strategies for stigma management. Several cognitive strategies were described by participants: they rationalised the rituals as part of a longstanding cultural tradition, or labeled them as discrimination against women, or reframed them as a celebration of womanhood. These cognitive strategies were not mutually exclusive – indeed, most women voiced more than one. Such strategies may function to distance the pollution rituals from the self, allowing women to maintain their belief that menstruation is a natural and healthy process while still observing the rituals.

Our participants also used behavioural strategies for coping with menstrual stigma. The predominant strategy was to maneuver around the more onerous restrictions by ‘picking and choosing’ which ones to observe and how conscientiously to do so. This strategy was contingent on the willingness of spouses and family (particularly mothers-in-law) to overlook violations of ritual purity. Most participants planned to reduce or eliminate the purification rituals for their daughters and they all planned to provide their daughters (and in some cases, their sons) with better education about menarche than they had received. These behavioural strategies reflect the tension between tradition and modernity in Nepal, where menstruating women live in a very different society than their mothers-in-law and mothers experienced as young women. Moreover, they foresee an even more modernised society for their daughters and sons. Although they responded to stigma with flexible, adaptive strategies, our participants reported tension and ambivalence as they did so.

This balancing of strategies to deal with menstrual stigma could represent a conflict between what has been referred to as ‘enacted’ and ‘felt stigma’, whereby ‘enacted stigma’ refers to overt discrimination due to socially unacceptable actions (such as cooking while menstruating) and ‘felt stigma’ is that which is characterised by a sense of shame for the social violation and fear of encountering the ‘enacted stigma’ (Scrambler 2009). While women may not have experienced shame *per se*, they experienced ‘felt stigma’ through a fear of ‘enacted stigma,’ thereby engaging in behavioural and cognitive strategies to cope with the threat.

Our study has limitations, such as the small and self-selected samples. One might argue that we drew only women who were unusually modernised and Westernised in their thinking about women’s biology and sexuality. However, virtually all the women had been brought up in traditional Nepali families, as demonstrated by their accounts of menarche restrictions. Moreover, they were recruited and interviewed largely by Nepali peers, not by

an outside researcher. It could also be argued the women in our sample were responding to demand characteristics – knowing that the principal researchers were US psychologists, they might choose to present themselves as ‘modern’, masking their true beliefs. However, almost all the women endorsed at least some aspects of the traditional rituals, suggesting their self-presentation as ‘modern but ambivalent’ reflected their own sense of identity.

Although this study is limited by its exploratory nature and small sample, it is the first study to ask Nepali women about their experiences of menarche, menstrual stigma and coping strategies. Its qualitative method garnered rich, emotionally laden accounts of women’s experience of ritual pollution. We hope its results will prove useful in developing health and sexuality education interventions for women in societies where menstrual stigma is severe and deeply rooted in tradition. Such interventions could focus on social and behavioral change communication programs where reduction in felt stigma could be coupled with an attempt to increase women’s sense of agency in rejecting traditions that serve to perpetuate ‘shame and blame’ around menstruation (Scrambler and Paoli 2008). For instance, interventions could attempt to normalize positive views of women’s monthly bleeding, either through mass media campaigns showing women functioning unhindered by their menses or by community events celebrating women’s cycles rather than associating them with pollution. Such interventions might reduce menstrual stigma at the societal level by bringing discussions of menstruation out into the open, thereby making it easier for women to reject traditions that make them feel stigmatised. While menstrual stigma is deeply ingrained into Nepali society, it is clear from this study that women would happily embrace alternative and more modern approaches to addressing menstruation if the fear of overt stigma were reduced.

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- Names given are pseudonyms. In Focus group 1, it was not always possible to identify individual speakers and quotes from these participants are labeled ‘Student, FG1’, for example.

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Résumé

L'existence d'une stigmatisation de la menstruation a été démontrée dans de nombreuses sociétés. Cependant peu de recherches se sont intéressées aux attitudes vis-à-vis de la menstruation en Asie du Sud-Est, malgré les restrictions fondées sur des principes religieux, imposées aux femmes pendant leurs cycles menstruels. Afin d'approfondir les connaissances sur la stigmatisation de la menstruation dans ce contexte, nous avons conduit une recherche qualitative avec des femmes au Népal. L'hindouisme népalais interdit aux femmes de pénétrer dans un temple ou dans une cuisine, partager le lit de leur mari ou toucher à des parents de sexe masculin lorsqu'elles ont leurs règles. Pendant leur cycle menstruel, les femmes sont « intouchables ». Il n'y a pratiquement jamais eu de recherches sur le sens donné à ces pratiques par les femmes népalaises. Cette étude s'est appuyée sur des groupes de discussion thématique et des entretiens individuels pour approfondir les connaissances sur l'expérience de la ménarche et de la stigmatisation de la menstruation. Nous avons examiné comment les femmes décrivent leur expérience et les stratégies qu'elles adoptent pour gérer une stigmatisation très ancienne dans une société qui se modernise rapidement et où elles jouent de multiples rôles en tant que travailleuses, épouses et mères. Les participantes ont rapporté avoir vécu la ménarche sans y être vraiment préparées, ce qui a été pour elles une source d'angoisse ; et avoir souffert d'une stigmatisation continue pendant leur cycle menstruel. Elles ont aussi décrit les stratégies adoptées par elles pour diminuer les effets de cette stigmatisation. Cette étude offre une perspective unique sur la manière de faire face à la stigmatisation de la menstruation en Asie du Sud-Est.

Resumen

Se ha demostrado que en muchas sociedades existe el estigma asociado a la menstruación. Sin embargo, se han realizado pocos estudios que investiguen las actitudes frente a la menstruación de las sociedades del Sur de Asia, en las cuales las mujeres sufren la imposición de restricciones de tipo religioso. Con el objetivo de comprender las vivencias de las mujeres en torno al estigma menstrual, las autoras realizaron un estudio cualitativo entre mujeres de Nepal. Cabe señalar que el hinduismo nepalí prohíbe que las mujeres menstruantes entren en un templo o en una cocina, que compartan la cama con sus esposos o que toquen a un pariente varón. Por lo que, durante la menstruación, las mujeres son "intocables". Prácticamente no existen investigaciones que exploren cómo vivencian estas prácticas las mujeres nepalíes. El presente estudio empleó grupos de enfoque y entrevistas personales dirigidas a examinar la forma en que algunas mujeres nepalíes viven la menarquia y el estigma menstrual. Asimismo, las autoras analizaron las maneras en que las mujeres describen sus vivencias y las estrategias que adoptan para convivir con este viejo estigma en una sociedad en rápida modernización en la que desempeñan varios roles: trabajadoras, esposas y madres. Las participantes refieren que tuvieron poca preparación al momento de la menarquia, lo cual les provocó angustia, experimentando, a la vez, la estigmatización en tanto mujeres menstruantes. Posteriormente, describieron las estrategias a las que recurren actualmente para reducir los efectos de dicho estigma. El estudio plantea una perspectiva única acerca de cómo se hace frente al estigma menstrual en el Sur de Asia.