

Disabling Menstrual Barriers in Nepal

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Background

- Globally over 1 billion people have an impairment¹; about one third of those are women who may menstruate²
- In Nepal, children with disabilities are less likely to go to school than their peers (57% vs 100% enrolment)³

Menstruation and disability is a taboo in many countries. It is likely that people with disabilities face additional barriers to MHM, but evidence predominantly exists in grey literature⁴.



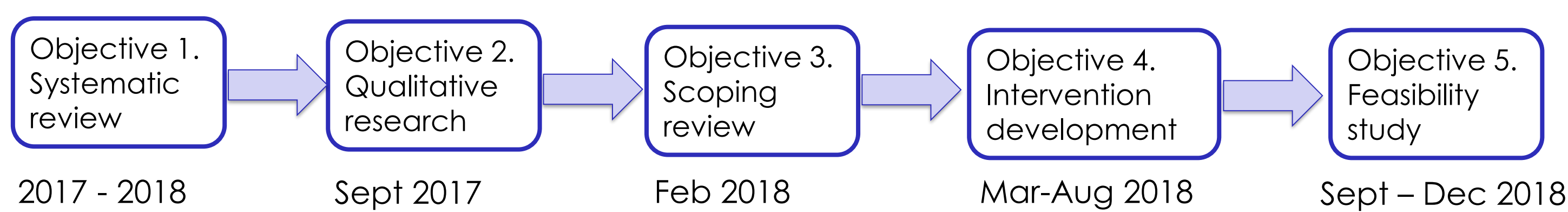
Figure 1. Map of Nepal with the Kavre district in red (Wikipedia)

Without knowing what the MHM requirements of people with disabilities are, or the barriers to MHM that this group faces, MHM interventions may be leaving persons with a disability behind.

Research aim, objectives, timings

Research aim: to investigate and address the MHM barriers that adolescents and young people with a disability face in the Kavre district, Nepal. Research objectives:

- To systematically review the literature on the menstrual hygiene management (MHM) requirements of disabled persons in different settings, and the barriers that they face
- To undertake qualitative research to understand the specific MHM requirements of:
 - Disabled adolescents and young people and the barriers they face in managing their menstruation hygienically and with dignity in the Kavre district, Nepal
 - Carers who support these people during menstruation
- To identify strategies to improve MHM of people with intellectual impairments in Nepal
- To develop a MHM behaviour change intervention that enables people with intellectual impairments to manage their menstruation more independently.
- To evaluate the feasibility and acceptability of the intervention. This poster covers objectives 2a and 2b.

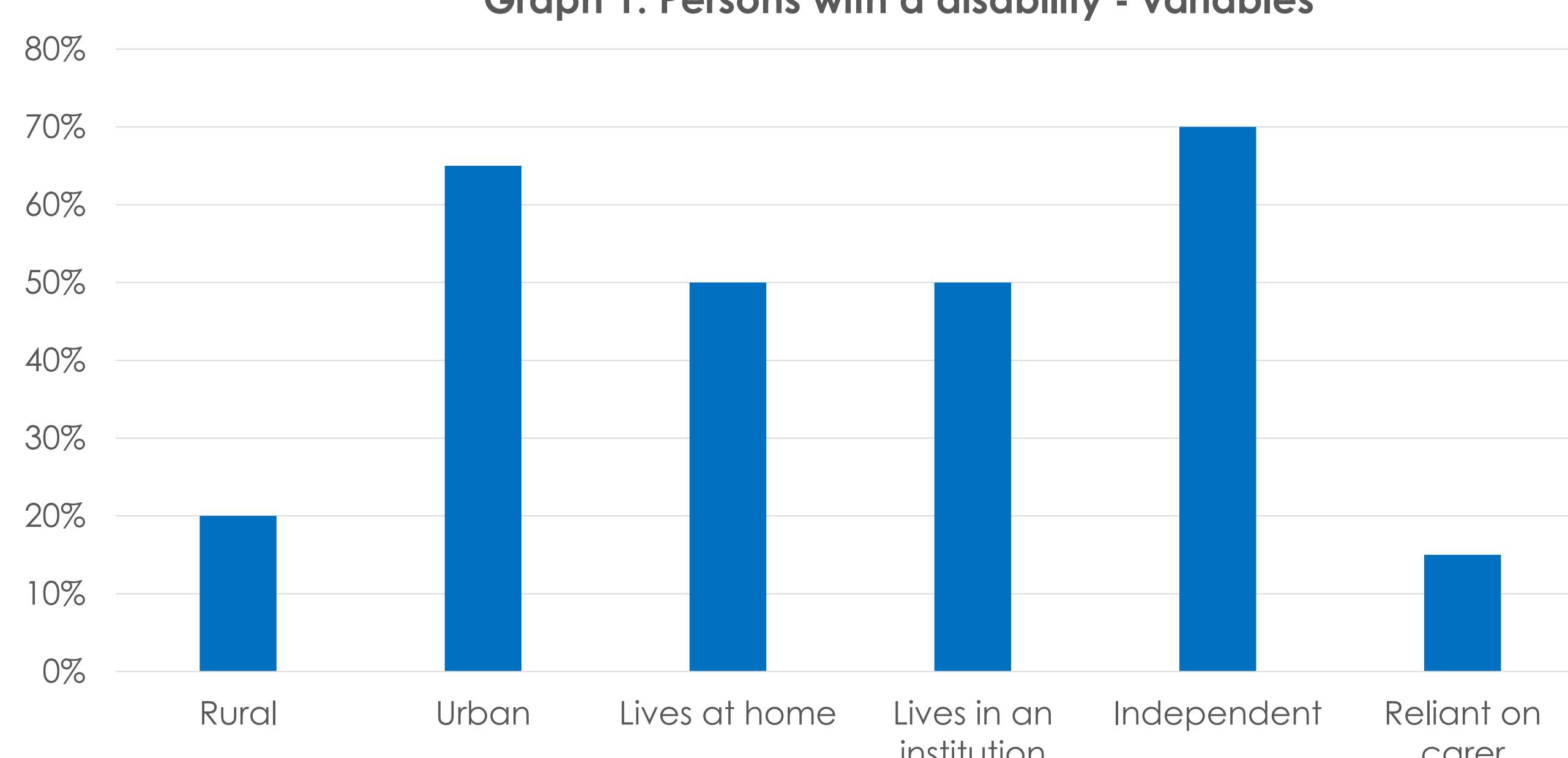


Methods

- Qualitative research conducted by a team of females, with and without disabilities
- Research sample: 20 people with a disability, 12 of their carers, and 13 policy makers and implementers who work on the WASH, disability, or sexual and reproductive health in Nepal.
- Identification of research participants:
 - Washington Group short set of questions for persons with disabilities⁵, aged 15-24 and menstruate
 - Carers who support people with a disability during their menstrual cycle
- Data generation tools: in-depth interviews, market survey and product attribute assessment of menstrual products, accessibility and safety audits of MHM facilities, and PhotoVoice and ranking.
- Data analysis: thematic analysis using an adapted socio-ecological framework for MHM that incorporated persons with disabilities and their carers⁶.

Graph 1 shows the variables across the persons with a disability included in the research sample.

Graph 1. Persons with a disability - variables



Results

- Existing MHM programme delivered through schools are leaving people with disabilities behind.** Many were out of school. One person with an intellectual impairment was permanently excluded from school because her teachers did not think she would cope.
- Barriers to MHM differ depending on the impairment.** Many people with physical impairments could not access existing WASH services. Some people with a visual impairment worried that they had not effectively washed the menstrual blood out of bedsheets or clothes. People with an intellectual impairment could not always follow social norms and were abused because of it.
- No MHM information or training was provided for people with intellectual impairments or their carers.** Many people with an intellectual impairment were not taught about MHM, because it was believed that they would not be able to absorb it. Carers did not have any information about how to manage another person's menstrual cycle hygienically and with dignity. Menstruation was viewed as a private issue; many carers felt overwhelmed.
- Many people who had difficulties with self-care, and/or intellectual impairments were reliant on carers.** Carers are busy. Many left their daughters at home all day with one menstrual cloth on to go and earn an income. At the end of the day they were often too tired to change it.



Photo credit: Sharmila Tamang

Caption: Water issue is also there, I would have to carry water, which is difficult.

"That's my crutches and water tank. I need to use crutches to walk thus can't carry water. It's either me carrying my two legs or water... [When we don't have water] I do nothing... I just keep the [menstrual] cloth.. under my bed when I can't wash it..."



Photo credit: Tulasa Karki

Caption: I need help from others to wear clothes and change menstrual pads

"I need help from others to wear clothes, I can't wear on my own... If the cloth is inside the cupboard I can't touch it and others might not be there to help me when I need".

Conclusions and recommendations

- The general population face extreme barriers in relation to MHM. People with disabilities experience these too and many more
- People with disabilities include: 1) people who manage independently, but with difficulty and 2) people who are reliant on carers for their MHM
- Many people in the second group have an intellectual disability. They faced the greatest difficulties in MHM
- Their carers need MHM information and training to enable them to manage another person's menstrual cycle with dignity. Carers must be targeted in MHM interventions
- People with intellectual impairments are less likely to be in school. MHM interventions must be designed for this group and delivered in and outside school
- MHM interventions exist for people with visual and hearing impairments⁷. Information exists on how to make WASH services more accessible for people with physical impairments⁸
- There are no MHM interventions for people with intellectual impairments. So one has been developed - it is being piloted in the Kavre district now.

The intervention

- The intervention focuses on Bishesta (meaning 'extraordinary' in Nepali), who has an intellectual impairment. Perana ('motivation' in Nepali) her carer, motivates and helps her manage her menstruation as independently as possible
- It consists of 3 MHM training modules, delivered in communities over 3 months to 10 people with an intellectual impairment and their carers
- Menstrual hygiene packs distributed contain: a menstrual storage bag (for inside home), menstrual shoulder bag (for outside home), a menstrual bin, a pain bangle and two visual stories. Carers receive a menstrual calendar, a branded key ring, badge and mirror
- A large Bishesta doll is used in the training sessions to teach people about MHM (Figure 2). It has removable pain symbols that can be placed on the doll to show where discomfort may be felt, and a clean and soiled menstrual pad so people can practice changing it during the training. It also uses the contents of the menstrual hygiene packs.

Figure 2. The large Bishesta doll

