# What is the relationship between the access time from Kathmandu and the level of awareness on menstrual management in the North Gorkha region?

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## BACKGROUND

· Although menstrual hygiene management is considered part of WASH (water, sanitation and hygiene) initiatives by WHO, it is yet to be prioritised independently (1).
· Inappropriate management has serious consequences on female wellbeing, education and social stance, heightened in remote areas like some villages in North Gorkha (2).
· Gorkha was the epicentre of the devastating earthquake in 2015, which led to charity responses such as Mountain Child which distributed aid for immediate relief (3).
· Community Action Nepal (CAN) health posts provide healthcare and hygiene education to strengthen local communities.
· Little is known about the awareness level regarding menstrual management. Charities like Days for Girls (DfG) with an educational focus are not yet active in these regions.

## HYPOTHESIS

· The greater the distance from Kathmandu, the lower the level of education and awareness regarding menstrual management.

## METHODS

Discussed the current situation around education and attitudes surrounding menstruation in Nepal.

Visited DfG and CAN headquarters

Questionnaire design

Questionnaire was written based on the charities' most desired information alongside the project aim.

Translators helped conduct group interviews in Bihi, Prok and Lho*.

Data collection

Data analysis

· Classified the questionnaire into participant characteristics, menstrual management and behaviour.
· Categorised data where appropriate.

* Health posts in Bihi, Prok and Lho are located 4, 5 and 6 days of trekking respectively along the Manaslu trail starting in Soti Khola, an 8 hour drive away from Kathmandu.

## RESULTS

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|---|---|
| Average age / years | 37.3 (16-76) |
| Average age of menarche / years | 15.8 (13-18) |

*Figure 1: **Participant characteristics.** Based on average age (n=53) and age of menarche (n=52) of the participants. Data presented are mean (range).*

· One participant with age of menarche of 25 was removed from the mean calculation.
· Two participants who had undergone a hysterectomy were removed from the sample.
· The average age differed by 6 years between Bihi and the other two villages.

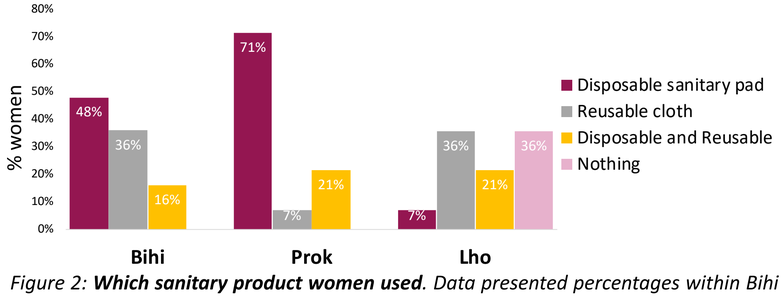



*Figure 2: **Which sanitary product women used**. Data presented percentages within Bihi (n=25), Prok (n=14) and Lho (n=14).*

## RESULTS

· **Disposable pads**: out of those who use these, 86% previously used cloths but since charity distribution are now using disposables. The charity in Bihi is Mountain Child.
· In Prok 54% previously relied on charities however now buy their own, whereas 46% have always bought them themselves; in Lho they were obtained from the shop.
· **Disposable + reusable pads**: women preferred to used disposable pads but this depended on their availability; all reusable pads were made from old clothes.

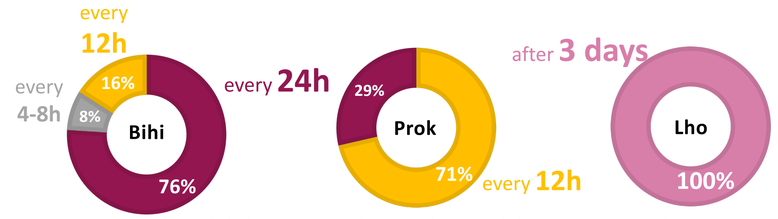



*Figure 3: **How often did the women change their pads?** Data presented percentages within Bihi (n=25), Prok (n=14) and Lho (n=8) and the correspondent frequency of change. Those who didn't use sanitary pads were not included.*

· All of those who used reusable pads said they washed them with water and soap, dried them in the sunlight and stored them separately from other clothes.
· All women stated that the frequency of change depended on heaviness of bleeding and not other factors such as hygiene.
· This meant that those who changed their pads every 12h, 24h and 3 days would have to occasionally change their pads every 2-3h with heavy bleeding.

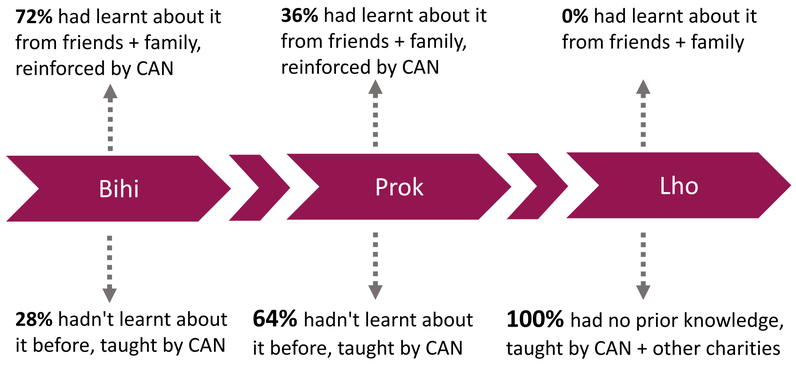



*Figure 4: **Where did the women learn about menstruation?** Data presented percentages in Bihi (n=25), Prok (n=14) and Lho (n=14).*
· CAN nurses deliver education through mothers groups and school visits every month.
· There was a significant increase in charity responses after the 2015 earthquake.

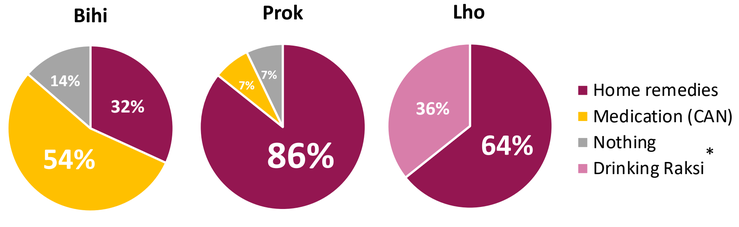



*Figure 5: **Period pain management**. Data presented percentages in Bihi (n=22), Prok (n=14) and Lho (n=14). Those who didn't suffer from pains (n=3) were not included. * Raksi is a distilled local spirit.*

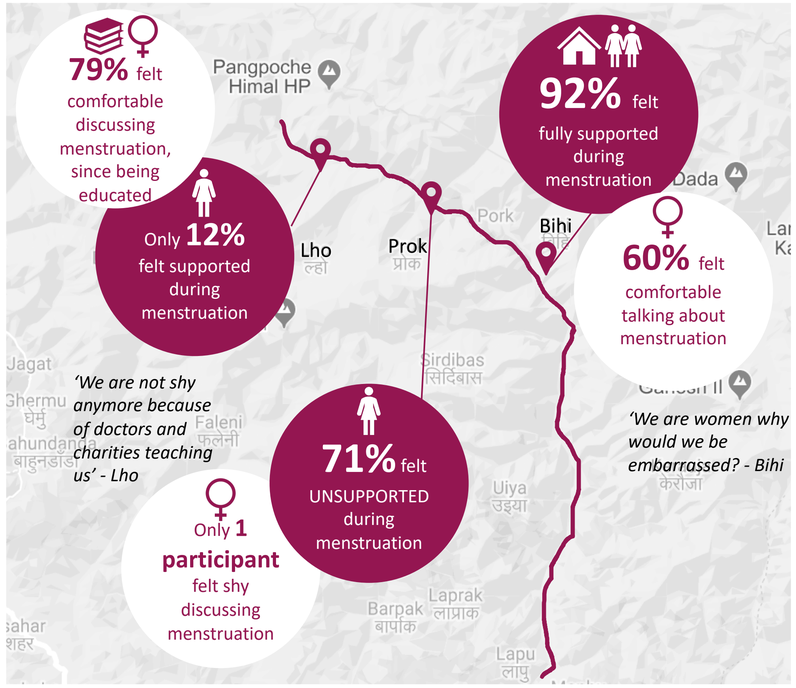



*Figure 6: **Behaviour and attitudes towards menstruation.** Data presented percentages in Bihi (n=25), Prok (n=14) and Lho (n=14) .*

## CONCLUSIONS

· Further away from Kathmandu women used fewer sanitary products, changed them and washed themselves less frequently; supporting the hypothesis.
· By not being on the trekking route (Prok and Bihi), there was a greater dependency on charities for pad distribution compared to Lho.
· The further from Kathmandu the less reliant on friends and family for menstrual education and the more dependent on charities.
· Each woman's practice was not always representative of their awareness e.g. educated about hygiene by CAN but continued with previous habits.

## LIMITATIONS

· CAN nurse as a translator introduced bias.
· Translators summarised the group response rather than individual women.
· Group interviews meant women mirrored the views of more vocal women.
· Unrepresentative sample due to small sample size and lack of teenagers due to educational migration (4).
· Confounding factors: wealth, weather, tourist influence, time spent at health posts.

## FUTURE STUDY

· Feedback of findings to CAN and suggest more teaching on menstrual management.
· Recommendation of DfG visit and to distribute kits to these villages; in particular Lho.

## REFERENCES & ACKNOWLEDGEMENTS

1. Morrison J. *Analysis Of Menstrual Hygiene Practices In Nepal.* UNICEF, 2018.
2. Anna Dahlqvist. *It's only blood.* London: Zed Books Limited; 2018.
3. Rafferty JP. *Nepal earthquake of 2015.* Available from: https://www.britannica.com/topic/Nepal-earthquake-of-2015 [Accessed 15th June 2019].
4. Childs G, Choedup N. *From a Trickle to a Torrent.* California: University of California Press; 2019.

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