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The Silence of the  
United Nations'  
Sustainable  
Development  
Goals on  
Menstrual  
Hygiene and  
Health

A Working Paper by  
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# ABSTRACT

This paper explores the stigma surrounding menstruation, demonstrating how efforts to break the stigma through Menstrual Health & Hygiene initiatives are critical to the fulfilment of the United Nations' Sustainable Development Goals. The research has indicated that frameworks set out by WaterAid, FSG and UNICEF have provided a basis for international development efforts in addressing the impacts of menstrual stigma through integrated and community-based Menstrual Health and Hygiene Interventions. The analysis of the aims and targets set out by the 2030 Sustainable Development Agenda has indicated that addressing menstruation is critical to a multitude of targets, and ultimately the Sustainable Development Goals as a whole. Finally, the case study of Chhaupadi has demonstrated the main impacts of menstrual stigma on gender equality in the Global South.

The paper indicates that initiatives must extend beyond sanitation and hygiene, encompassing broader outcomes of human rights, well-being, and education, to ultimately overcome deeply rooted menstrual stigma. The paper concludes with recommendations for the integration of Menstrual Health and Hygiene into the 2030 Sustainable Development Agenda.

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## **Key words:**

Menstrual Health & Hygiene | United Nations | Sustainable Development Goals | Community-based Interventions | Human Rights | Well-being | Global South | Gender Equality | Sexual and Reproductive Health | Menstrual Equity

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## Introduction

The 2030 Sustainable Development Agenda was established in 2015 as a global call for action for people, planet, and prosperity. The Agenda comprises of seventeen integrated Sustainable Development Goals which aim to balance the three core elements of sustainable development: “the economic, the social, and the environmental” (United Nations, 2015). Each goal and their individual targets intend to stimulate collective global action in what the United Nations perceive as “areas of critical importance for humanity” (United Nations, 2015). The Sustainable Development Goals attempt to build on the former Millennium Development Goals (MDGs) to ultimately complete what they failed to achieve (United Nations, 2015). The MDGs were adopted in 2000 as a landmark commitment to achieve, by 2015, poverty and hunger eradication, gains in education, gender equality, child mortality, maternal health, communicable diseases, environmental sustainability, and a global partnership for development (United Nations, 2015). While the MDGs provided a global framework for the most successful poverty eradication movement in history, helping to lift over one billion people out of extreme poverty, gains were unevenly distributed and inequalities persist (Guibou, 2017).

In attempts to address persisting inequalities, Goal Five of the Sustainable Development Agenda explicitly seeks to “Achieve gender equality and empower all women and girls”, encompassing targets to end all forms of discrimination and violence against women, eliminate all harmful practices against women, ensure universal access to sexual and reproductive health rights, undertake reforms to give women equal rights to economic resources, enhance the use of technology to promote women’s empowerment, and to adopt and enforce policies that promote gender equality and the empowerment of all women and girls (United Nations, 2015). However, all goals are inextricably linked – whereby the fulfilment of universal gender equality as envisioned under Sustainable Development Goal 5 is dependent on all of the other Sustainable Development Goals, and the achievement of all the other Goals ultimately depend on the achievement of gender equality (UN Women, 2020).

While the SDGs encompass targets to end discrimination against women, eliminate all harmful practices, and ensure universal access to sexual and reproductive rights in the fulfilment of gender equality, the Agenda has been criticised for arguably failing to adequately recognise a natural monthly process shared by all women and girls of reproductive age: menstruation. A natural biological process and a key sign of reproductive health, menstruation is a monthly occurrence for 1.8 billion people (UNICEF, 2019), with over 800 million women and girls menstruating on any given day (Geertz, et al., 2016). However, millions of women and girls of reproductive age across the world are denied the ability to manage their monthly menstrual cycle in a healthy, comfortable and dignified manner – whereby traditional gender inequalities, poverty, lack of basic sanitation facilities, discriminatory social norms and cultural taboos often cause women and girls menstrual health and hygiene needs to go largely unmet. The stigma associated with menstruation poses long-term negative impacts on the livelihoods of women and girls, not only restricting their movement and freedom, but affecting their education, safety, and participation in society (UNICEF, 2019). Crucially, neither ‘menstruation’ nor ‘menstrual hygiene’ are explicitly mentioned in any of the SDGs, despite being directly linked to the achievement of several objectives (Tiwary, 2018) – including SDG 3: ‘Ensure healthy lives and promote well-being for all at all ages’; SDG 4: ‘Ensure inclusive and equitable quality education and promote lifelong learning’, and SDG 6: ‘Ensure availability and sustainable management of water and sanitation

for all' (United Nations, 2015). Thus, it can be argued that this absence of menstruation from the Sustainable Development Agenda ultimately serves to enforce the consensus of menstruation as a subject of 'taboo'.

In this paper, I discuss the need to break the silence of the SDGs on the importance of menstrual health and hygiene in relation to the wellbeing of women globally. This paper demonstrates the critical need to address the Sustainable Development Agenda's disregard of menstrual stigma if the goals of gender equality (SDG5), good health and well-being (SDG3), quality education (SDG4), access to clean water and sanitation (SDG6), decent work and economic growth (SDG8), and responsible production and consumption (SDG12) are to be meaningfully achieved.

The paper is divided into four sections. The first section draws upon the literature on the subject of reproductive health and hygiene with a focus on stigmatisation and trends in menstrual health and hygiene management. The second section describes the methodology and the three research questions. The third section is divided into sub-sections wherein findings for the three research questions have been deliberated upon. The fourth section concludes this paper arguing for the need to bring urgent focus to women's menstrual hygiene and health as a precondition to achieving the SDGs.

## Reproductive Health as a Development Issue

Cook, Dickens, & Fathalla (2003) frame reproductive health as a cross-cutting development and human rights issue rather than simply a health issue, whereby the impacts of reproductive health transcend beyond the individual and family to the entire world as a whole. Furthermore, Cook, et al., argue that the inability of women and girls in the Global South to control and regulate their reproductive health not only impacts the health of those concerned, but ultimately threatens global stability. Cook, et al., contend that there is no area of global health in which "inequity is as striking" as in women's reproductive health, noting that "no society, no religion, no culture, and no system of national law" has ever been neutral in matters regarding human reproduction (Cook et al., 2003).

Pillai and Maleku (2015) argue that despite the large number of reproductive health programmes that have taken place within developing countries over the last three decades, gains in reproductive health among women and girls in developing countries remain low. Pillai and Maleku suggest that improvements in reproductive health are likely to result in overall improvements in social and economic development (Pillai & Maleku, 2015). Similarly, Temmermen et al. (2014), frame reproductive health and rights as a "global development, health, and human rights priority", arguing that greater control of women or girls' fertility ultimately allows for greater educational opportunities and skill accumulation, which in turn lead to eventual higher levels of income. Thus, Temmermen et al. conclude that universal access to reproductive health not only ensures the empowerment of women and gender equality, but broader international development (Temmerman, Khosla, & Say, 2014).

## The Stigmatized Condition of Menstruation

In 1963, Goffman stated that a 'stigma' refers to a mark that may set certain individuals apart from others. Goffman conveys the concept that such individuals possess a defect of character or physical appearance, whereby such a defect may ultimately spoil their identity. Stigmas are characterised into three forms: abominations of the body (e.g. scars, deformities), 'blemishes of character' (e.g. crimes, addictions), and identities associated with marginalised groups within society (e.g. nationality, race, gender, ethnicity, sexual orientation) (Goffman, 1963, pp. 2-4). Further exploring Goffman's view of what constitutes 'stigma', Johnston-Robledo and Chrisler (2011) draw upon empirical research that has analysed stigmatized conditions, determining what dimensions of such stigmatized conditions are considered the most objectionable by society (Johnston-Robledo & Chrisler, 2011). Such dimensions include 'peril' (i.e. the perceived threat to others, such as individuals that are HIV positive), visibility (i.e. such as a bodily deformity), and controllability (i.e. whether the individual is responsible or not for the stigmatized condition, such as whether the subject of the stigma is accidental, intentional, or hereditary) (Crocker, Major, & Steele, 1998; Deaux, Reid, Mizrahi, & Ethier, 1995; Frable, 1993). Furthermore, Dovidio et al. (2000), contend that the controllability of a stigmatized condition is significant, as it can ultimately impact the extent to which stigmatized individuals are ostracised and avoided by people (Dovidio, Major, & Crocker, 2000).

Kaundal & Thakur (2014) define a 'taboo' as a "strong social prohibition or ban relating to any area of human activity or social custom that is sacred and forbidden, based on moral judgment and sometimes even religious beliefs" (Kaundal & Thakur, 2014, p. 192). Breaking such a taboo would be "considered objectionable by the society" (Kaundal & Thakur, 2014, p. 192). Menstrual taboos are prevalent in almost every country of the world (Shah & Madiha, 2017), yet to this day very few cultures have acknowledged menstruation as a natural phenomenon (Holkar, 2015). Restrictions that exist concerning menstruation serve to intimidate women and girls, where such restrictions mean that menstruation is generally unwelcomed, despite being a normal reproductive health function for females (Kumar & Srivastava, 2011). However, Kaundal and Thakur further acknowledge that in the absence of knowledge regarding the biological basis of menstruation, the process can be deemed threatening. Confusion surrounding the natural phenomenon can encapsulate ideas of sin, horror, danger and shame, with societies forming taboos to 'ward off' the 'mystical powers' of this unknown normal bodily process (Kaundal & Thakur, 2014). Delaney et al. (1988), frame menstrual taboos as practices that help other members of society to avoid the menstruating woman and her dangerous influence (Delaney, Lupton, & Toth, 1988).

## Menstrual Hygiene as a Neglected Condition

Tjon-A-Ten (2007) describes menstrual hygiene as a "neglected condition" of the MDGs, drawing particular attention to the links between menstrual hygiene and school drop-out rates - whereby MDG 2 aimed to "Achieve universal primary education", but failed to include advancements in menstrual hygiene management within its targets, despite many school-aged girls across the Global South being prohibited from attending school during their menstrual period (Tjon-A-Ten, 2007). MDG 3 included within its targets the aim to eliminate gender disparities in education (3.5). Considerable gains were made in fulfilment of this target, whereby in Southern Asia in 2015, 103 girls were enrolled in primary

school for every 100 boys, compared to 74 girls for every 100 boys in 1990 (United Nations, 2015). Tjon-A-Ten argues that such efforts are undermined by a persistent lack of gender-friendly infrastructure, such as private sanitation facilities and sanitary products. It undermines the right to privacy, resulting not only in a fundamental infringement of human rights for school-girls and female teachers, but ultimately undermines the promotion of gender equality and women's empowerment as envisioned under MDG 3. Ultimately, Tjon-A-Ten argues that menstrual health and hygiene is largely neglected by policymakers, where a failure to adequately present menstrual health and hygiene as a prerequisite to fulfilments in education and gender equality not only limits educational institutions from making progressive steps in eliminating gender disparities within their schools, but effectively exacerbates the existing harmful impacts that perceptions of menstruation have on the well-being of girls and women (Tjon-A-Ten, 2007). With regards to the 2030 Sustainable Development Agenda, Tiwary (2018) argues that the absence of a holistic focus on menstrual hygiene remains striking, with the United Nations again missing a "historic opportunity" in failing to "affirm the critical link between investing in women's hygiene and achieving sustainability goals" (Tiwary, 2018, p. 378); with menstrual hygiene remaining unmentioned within any of the targets of the SDGs. Demonstrating the relevance of menstrual hygiene within several of the SDGs, Tiwary contends that it is 'disturbing' that the 21<sup>st</sup> century remains silent on such an issue, regardless of the prevailing impacts on women and girls across the world (Tiwary, 2018).

Despite being overlooked by the SDGs, international development agencies have not entirely neglected this issue. In a critique of the increasing social movement of Menstrual Hygiene Management (MHM) in the Global South, Bobel (2019) argues that while menstrual hygiene initiatives are well intentioned and have provided menstruating women and girls in developing countries with access to sanitary products, the development sector may be overlooking priorities in advancing the development and equality of women and girls in society. Bobel describes current MHM efforts as a "material fix", providing "an accommodation of, rather than resistance to" the stigmatisation of menstruation; with interventions consisting of largely product-based efforts that neglect to challenge the socio-cultural constructions of menstruation as 'dirty' (Bobel, 2019, p. 25). Thompson et al. (2019), support Bobel's critique, arguing that the MHM approach to menstruation "excludes as much as it includes" (Thomson, Amery, Channon, & Puri, 2019, p. 12); and that while menstrual sanitation products are of importance, factors such as the stigmas and taboos surrounding menstruation and a girl's/woman's understanding of menstruation and the reproductive cycle are excluded from the MHM framework. Thomson, et al., further contend that not mentioning the issue of taboo within the MHM definition is striking given how central such taboos are to the understanding of menstruation; concluding that a more holistic approach is needed, whereby "framing the issue as being about the right to safe, healthy and dignified menstruation moves it from being a negative problem to be solved, and instead an affirmative principle through which the facts of women and girls' lives are acknowledged and validated" (Thomson, Amery, Channon, & Puri, 2019, p. 14).

## Context for Analysis

Recent authoritative research presents menstrual health and hygiene as multisectoral issues crucial to global development. However, gaps in the literature remain, where little evidence exists to present

a case for ultimately conceptualising menstrual health and hygiene as crucial to the fulfilment of the Sustainable Development Agenda. In order to fill this gap, the following questions are asked:

- How have international development efforts addressed menstrual health and hygiene?
- Why and how should menstrual health be integrated into the SDGs as a multi-sectoral global development issue?
- What are the main impacts of menstrual stigma on the fulfilment of gender equality in the Global South?

For the purpose of answering the above research questions, this study complements secondary qualitative and quantitative data in a mixed method approach. Qualitative data is used to place an emphasis on the significance of exploring and understanding the chosen topic (Almalki, 2016), and quantitative data is used to determine factors of how many and to what extent (Rasinger, 2013).

### Conceptual Framework

Previous research relates to menstruation as a stigmatized condition. This study provides an analysis of frameworks set out by WaterAid, FSG, and UNICEF, in their attempts to provide a basis for community-based approaches to overcoming the stigma. The analysis of chosen frameworks also acknowledges the literature that frames current development efforts as largely sanitation, hygiene and hardware based, where the specific frameworks were chosen by the way in which they frame menstruation in the Global South as an area that not only requires enhanced efforts in hygiene and sanitation, but in broader outcomes of education, empowerment, gender equality, and human rights. The study draws on the practice of Chhaupadi in Nepal, presenting a case study which demonstrates the impacts that the stigma of menstruation - a vital reproductive health function - has on women and girls in the Global South and how such stigma ultimately undermines gender equality and broader development outcomes.

In acknowledgement of the literature that argues menstruation has been largely ignored within the MDGs and SDGs, the findings attempt to fill gaps in the literature in analysing the specific goals and targets set out within the 2030 Sustainable Development Agenda, to ultimately present the relevance of menstruation in the fulfilment of such outcomes.

## International Development Frameworks for MHH

Reflecting upon the significance of menstrual hygiene to women's health, this research examines various international development efforts which have addressed menstrual health and hygiene globally.

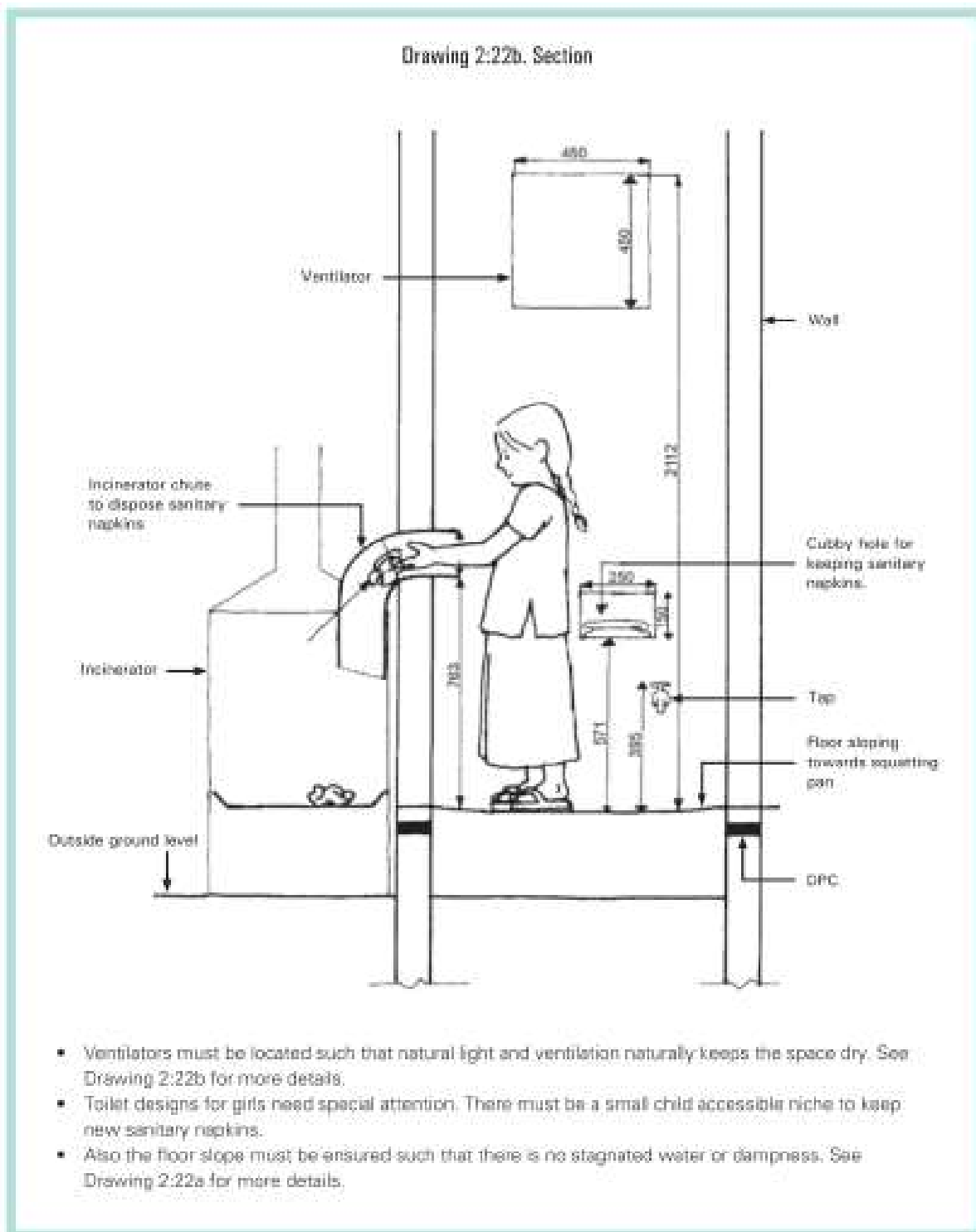
### *WaterAid*

WaterAid published 'Menstrual Hygiene Matters' in 2012. With support from SHARE (Sanitation and Hygiene Applied Research for Equity), WaterAid pooled together development practitioners and researchers with expertise ranging from water, sanitation, and hygiene (WASH) to gender and education to develop a resource for improving menstrual hygiene. The resource presents an overview of what efforts are already being implemented in advancing menstrual hygiene across the world, providing guidance to encourage similar interventions appropriate to context. The resource is presented for the use of development professionals making efforts across the world to overcome the menstrual stigma. Looking at menstruation comprehensively, the resource is divided into nine interlinked modules, each with its own specific toolkit, including: checklists, technical designs, case studies and other relevant information useful for implementation of menstrual hygiene interventions (House, Mahon, & Cavill, 2012).

Figure 1 illustrates the toolkit checklist for "breaking down myths and establishing positive norms", encompassing actions that can be used to attempt to achieve such efforts. Furthermore, Figure 2 provides an illustration that has been designed to demonstrate a sanitation facility than can be developed to ensure the dignified and safe use of latrines and disposal of sanitary products (House, Mahon, & Cavill, 2012, pp. 202,269).

| Action |   | Resource reference | Score for progress<br>(1 - no progress to 5 - action completed) |
|--------|---|--------------------|---|
| 1      | Norms and myths relating to menstrual hygiene have been identified for women and girls of all ages and different cultural and ethnic backgrounds. | Module 1 Toolkit 1 |   |
| 2      | Approaches have been identified for responding to problematic myths and practices.  | Module 1 Toolkit 1 |   |
| 3      | Menstrual hygiene booklets are available for adolescent girls.  | Toolkit 1          |   |
| 4      | Booklets about adolescence are available for adolescent boys.   | Toolkit 1          |   |
| 5      | Trusted female adults have been identified and are available to discuss menstrual hygiene with adolescent girls and answer their questions.       | Module 4 Module 5  |   |

**Figure 1:** Checklist for breaking down myths and establishing positive norms (House, Mahon, & Cavill, 2012, p. 202)

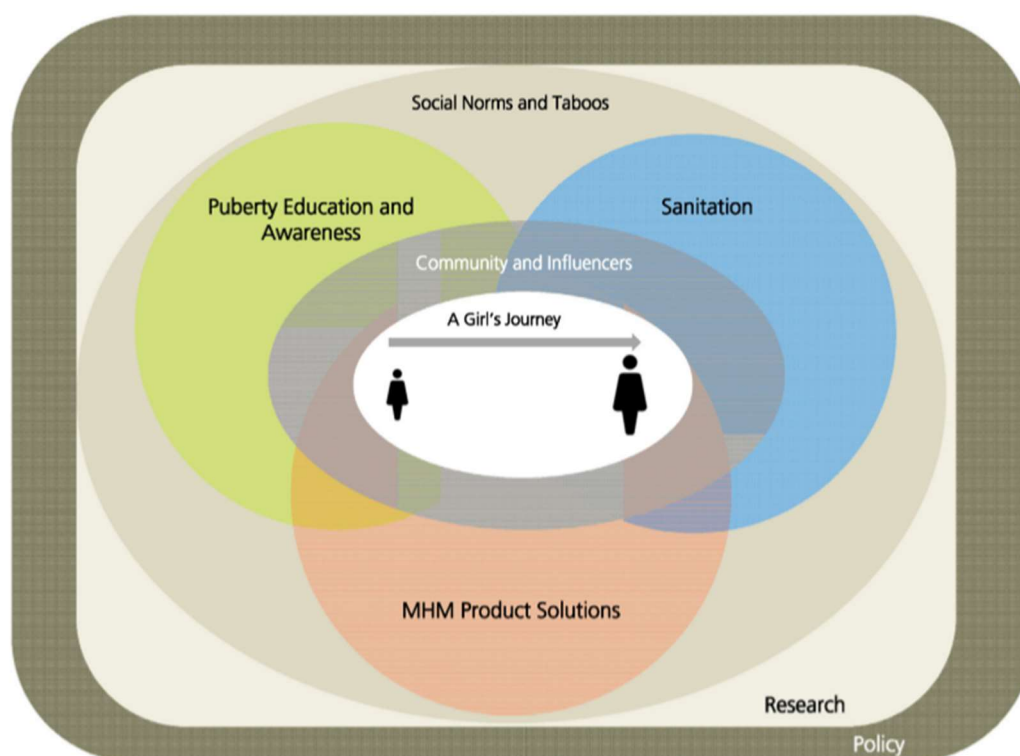


**Figure 1:** Design for Safe Latrine Use and Sanitary Product Disposal (House, Mahon, & Cavill, 2012, p. 269)

WaterAid's approach to providing a framework for menstrual hygiene efforts across the international development sector is effective in encompassing resources not only for improved sanitation and hygiene facilities in developing countries, but in overcoming the foundations of menstrual stigma through community-based participation and education interventions.

### FSG

The social consultancy firm FSG published 'An Opportunity to Address Menstrual Health and Gender Equity' in 2019 with the support of the Bill & Melinda Gates Foundation. This encompasses an extensive review of peer reviewed articles and interviews with development practitioners across India, Kenya and Ethiopia. Linking menstrual health to outcomes and analysing areas of progress and existing gaps, the publication provides a comprehensive framework of perspectives for future opportunities in the sector. Acknowledging the increased momentum from donors, governments and the private sector to address menstrual health, the publication acknowledges that the general focus remains largely on the provision of menstrual "hardware". Furthermore, the publication acknowledges that menstrual hygiene programmes largely target girls and fail to include critical members of girls' reference networks (e.g., parents, siblings, community leaders, peers) who often enforce girls' knowledge, perceptions and behaviours, particularly at the onset of menstruation. Such members can perpetuate cultural taboos and misconceptions surrounding menstruation, with girls in rural or conservative communities likely to lack female role-models that challenge traditional gender norms. This is further compounded by limited exposure to media and the internet. Thus, FSG presents engaging community members in menstrual health programmes as critical, not only in determining short-term outcomes, but also in ensuring a sustained impact. Figure 3 illustrates FSG's comprehensive menstrual health framework (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016).



**Figure 2:** FSG Menstrual Health Framework (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016, p. 25)

Through the integration of perspectives from India, Kenya and Ethiopia, FSG's framework for menstrual health intervention encompasses factors of policy, research, social norms, awareness, sanitation, hygiene, and community players in providing a comprehensive resource for planning and implementation efforts in the sector. It demonstrates the range of factors which must be addressed within development efforts to determine a girl's healthy and dignified experience of menstruation through adolescence to adulthood (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016).

### *United Nations Children's Fund (UNICEF)*

The UNICEF publication 'Guidance on Menstrual Health and Hygiene' was developed in 2019 for the use of UNICEF health, education, WASH and gender specialists in their implementation of interventions related to Menstrual Health and Hygiene (MHH). The publication provides a framework of essential interventions, outlines an overview of strategies to provide MHH for girls and women in vulnerable situations, and provides potential monitoring and evaluation frameworks for MHH programmes. UNICEF differentiates between MHH and Menstrual Hygiene Management MHM, whereby MHM relates primarily to management of hygiene associated with the processes of menstruation, while MHH adopts a more holistic approach in encompassing MHM in addition to the "broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights" (UNICEF, 2019, p. 8). UNICEF provides guiding principles to be adhered to within the design of frameworks for potential MHH interventions, including gender-equal, government led, evidence-based, capacity-building, inclusive and collaborative. Figure 4 outlines UNICEF's 'Theory of Change' for MHH interventions, suggesting activities that could be used within development efforts to ultimately facilitate short-term changes, medium-term changes, and broader ultimate goals of gender equality, education and well-being (UNICEF, 2019, p. 30).



**Figure 3:** UNICEF's Theory of Change for MHH Programmes (UNICEF, 2019, p. 30)

UNICEF's approach in designing frameworks for development efforts through principle-based MHH interventions instead of solely MHM interventions recognises that issues of menstruation in the Global South extend beyond sanitation and hygiene, whereby broader outcomes of education, human rights, and gender equality must be considered at all levels to address the underlying norms associated with menstrual stigma.

The frameworks adopted by WaterAid, FSG and UNICEF approach the issue of menstrual health and hygiene in a holistic, community-based manner. Each framework encompasses broader factors of gender equality, education and human rights in development efforts to pursue menstrual health and hygiene initiatives.

## Sustainable Development Goals

### Efficacy of 2030 Sustainable Development Agenda

Adopted in September 2015, the 2030 Sustainable Development Agenda acts as the dominant global framework through which international development policy and poverty eradication efforts are structured. Five years later, however, former UN Rapporteur Philip Alston argues that aspirations of the Agenda are failing in key areas. While the SDGs have contributed significantly to galvanising awareness, support and framing a global debate around poverty eradication efforts, the July 2020 report calls for a reframing of the Agenda, of which now operates under an ‘out-of-date’ approach given the unprecedented circumstances of the Covid-19 pandemic (Alston, 2020). Even before Covid-19, an official UN report revealed that global poverty eradication was decelerating, and SDG 1’s aim “end to poverty in all its forms everywhere” by 2030 could not be achieved under current rates (United Nations, 2020). Inequality remains a persistent cause for concern. The most vulnerable have been affected disproportionately by the pandemic, including women, children, elderly people, those with disabilities, informal workers, refugees and migrants (United Nations, 2020). Despite SDG 10’s call to “Leave no one behind”, Alston argues that inequality is treated as “just another box to tick” under the SDG agenda (Alston, 2020, p. 11). The SDG agenda is largely off-track to achieving gender equality by 2030 as envisioned under SDG 5 (UNDP, 2020). For example, under current rates of economic growth, closing the gender divide in economic opportunities could take a projected 257 years (UNDP, 2020). While efforts to fulfil the SDG Agenda by 2030 remains unlikely, Alston argues that they should not be abandoned, nor set in stone. Targets and indicators of the Agenda should be reshaped and supplemented to reflect current circumstances (Alston, 2020). The following section raises a debate on the relevance of menstrual health and hygiene to the SDG’s, calling for a reintegration of issues concerning menstruation into the Agenda.

### Relevance of Menstrual Health & Hygiene to the 2030 Sustainable Development Agenda

Six of the seventeen SDGs can only be partially achieved if menstrual health and hygiene practices are not considered in policies related to the goals outlined below.

#### *SDG 5: Gender Equality*

SDG 5 seeks to “Achieve gender equality and empower all women and girls”, encompassing targets to end all forms of discrimination against women (5.1); eliminate harmful practices (5.3); and ensure full participation of women in public life (5.5) (United Nations, 2020). SDG 5 is essentially the most relevant of SDG’s in the context of menstruation, whereby gender equality cannot be achieved where menstrual stigma, superstitions and taboos continue to oppress women and girls through discriminatory practices harmful to their well-being and ultimately preventing them from full participation in society (UNICEF, 2019).

It can be argued that universal gender equality can only be achieved through the integration of menstruation into the SDGs outlined below.

### *SDG 3: Good Health and Well-Being*

SDG 3 aims to “Ensure healthy lives and promote well-being for all at all ages”, including a specific target to “ensure universal access to sexual and reproductive health-care service” (3.7) (United Nations, 2020). According to UNICEF, inadequate knowledge of puberty and menstruation may lead to unwanted adolescent pregnancy. Furthermore, feelings of embarrassment and stress associated with menstruation may have significant impacts on a woman or girl’s mental health. Moreover, unhygienic sanitation facilities or practices may make girls more susceptible to reproductive tract infections (UNICEF, 2019). For example, in Iran, a study found that 51% of girls do not bathe themselves for at least eight days following the beginning of their menstruation. Similarly, 84% of girls in Afghanistan are reported to never wash their genitals when bathing. In Malawi, 30% of girls will not use a latrine during menstruation. In India, a study found that 60% of menstruating girls only change their sanitary cloth once per day (House, Mahon, & Cavill, 2012). With regards to seeking medical help regarding sexual and reproductive health, a study in Bangladesh found that women and girls in low-income households are unlikely to seek medical help due to the role of the husband/father in household decision-making and inability to travel alone to a health centre, compounded by overall reluctance to discuss issues related to sexual and reproductive health (UNICEF, 2008).

### *SGD 4: Quality Education*

SDG 4 aims to “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”, encompassing within its targets aims to ensure all boys and girls complete primary and secondary education (4.1); to eliminate gender disparity in education(4.5); and to ensure that all youth achieve literacy and numeracy (4.6); and to ensure that “all learners acquire the knowledge and skills needed to promote sustainable development”(4.7), including human rights and gender equality (United Nations, 2020).

However, research has shown that lack of adequate sanitation facilities in schools, combined with feelings of shame, fear and embarrassment surrounding menstruation due to stigma significantly impacts school attendance and educational attainment for girls in the Global South (UNICEF, 2019). For example, UNESCO estimates that one in ten girls in Africa do not attend school during their menstrual period, leading to eventual drop-out (UNESCO, 2016). According to research carried out by WaterAid, 95% of schoolgirls in Ghana often miss school during menstruation. Similarly, 86% of girls in Garissa, Kenya, miss one or more days of school every month due to their menstruation. In Malawi, approximately 7% of girls do not attend school on heavier days of their menstruation. In Ethiopia, over half of girls miss one to four days of school per month during menstruation, with 39% reporting reduced academic performance (House, Mahon, & Cavill, 2012).

Moreover, girls in developing countries largely lack knowledge and understanding of the process of menstruation, whereby many girls do not know what menstruation is prior to their first menstrual period, largely due to the lack of adequate sexual and reproductive health education in schools (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016). For example, a study in South Asia found that 35% of respondents had no knowledge of menstruation before experiencing their first period (Dasgupta & Sarkar, 2008). In Pakistan, a study found that 92% of women and girls felt they did not have enough

information on menstrual hygiene (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016). Similarly, 67% of respondents in a study in Ethiopia reported no menstrual health education given in schools (Tamiru, et al., 2015).

### *SDG 6: Clean Water & Sanitation*

SDG 6 aims to “Ensure availability and sustainable management of water and sanitation for all”; with a specific target to pay “special attention to the needs of women and girls” (United Nations, 2020). According to WaterAid, adequate menstrual hygiene requires the ability to access water for washing hands, washing reusable sanitary products, and bathing; access to hygienic and private sanitation facilities for changing and disposing of sanitary products; hygiene related information; and solid waste management. However, women and girls across the Global South are often limited in access to such facilities. Cultural and religious superstitions related to public water use during menstruation and inadequate toilet facilities further hinder a menstruating woman or girl from maintaining personal hygiene and sanitation throughout their period (House, Mahon, & Cavill, 2012). For example, a UNICEF study found that more than 50% of schools in developing countries do not have sufficient toilet facilities for schoolgirls or female teachers (UNICEF, 2012).

### *SDG 8: Decent Work & Economic Growth*

SDG 8 seeks to “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”. Similarly to school-attendance, lack of adequate sanitation facilities hinder women’s ability to attend work throughout their menstrual period (UNICEF, 2019). For example, in assuming female employees were absent from work at least one day a month during their menstruation due to the lack of adequate sanitation facilities at their workplace, a study analysing the economic impacts of sanitation facilities in Southeast Asia found that such factors could result in 13.8 million workday absences in the Philippines annually, essentially resulting in an economic loss of US\$13 million per year (World Bank, 2008).

### *SDG 12: Responsible Consumption & Production*

SDG 12 aims to “Ensure sustainable consumption and production patterns”, with targets to reduce the generation of waste (12.5) and support developing countries to move towards more “sustainable patterns” (12.9) (United Nations, 2020). However, UNICEF argues that a failure to build markets for sustainable and affordable sanitary products for women and girls in developing countries impacts their ability to consume sustainably (UNICEF, 2019), where the high cost of commercial sanitary products in low-income countries hinders the ability of women and girls to consume such products consistently (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016). For example, in a study analysing sustainable menstrual hygiene management in Zimbabwe, South-Sudan, Ethiopia, Uganda and Tanzania, over 70% of girls reported that high cost was the predominant reason for not availing of commercial sanitary products (Tamiru, et al., 2015). Moreover, inability to properly dispose of used menstrual sanitary waste due to inadequate disposal facilities has been linked to negative impacts on the environment (Geertz, Iyer, Kasen, Mazzola, & Peterson, 2016).

## The Example of Chhaupadi, Nepal

Using the case study of Chhaupadi practice in Nepal, this research will now discuss the main impacts of menstrual stigma on the fulfilment of gender equality in the Global South.



**Figure 4:** Chhaupadi hut, Tikapur, Kailali, Nepal (Ranabhat, Kim, Aryal, & Doh, 2015)

Chhaupadi is a socio-cultural tradition that exemplifies the harmful impacts that the menstrual taboo can have on the development of women and fulfilment of gender equality. Practised by communities in many rural areas of Nepal, Chhaupadi is essentially the banishment of menstruating women and girls from society. Many traditional Hindu families impose strict restrictions on women and girls throughout their menstrual period. Chhaupadi is essentially a manifestation of such restrictions, but in a very severe form. Despite Chhaupadi being officially outlawed by the Nepali government in 2018, ineffective enforcement and weak policy measures are exacerbated by deeply rooted superstitious beliefs, high levels of illiteracy, and gender inequality. Highly criticised for violating the human rights of women, Chhaupadi is essentially a form of menstrual exile that continues to inflict serious harm upon many women and girls in Nepal, particularly the country's western regions. Women and girls in these regions generally suffer from a lack of education, whereby limited awareness of their social and human rights makes them even more vulnerable to deeply rooted traditions and practices (Kadariya & Aro, 2015).

An ancient Hindu tradition, the word 'chhaupadi' derives from the Raute dialect of Accham district, whereby 'chhau' means menstruation, and 'padi' means woman (Kadariya & Aro, 2015). Menstruating women and girls considered impure and are effectively banished from their community (Amatya, Ghimire, Callahan, Baral, & Poudel, 2018) and forced to reside in isolated 'menstrual huts', typically a livestock shed known as a 'goth', throughout the duration of the menstrual period. Such huts are located approximately 20-25 metres away from the residential family household and typically 1x2 metres in size. They are typically narrow, dark and cramped, have no windows (Amgain, 2012), with no proper ventilation or facilities. The women and girls cannot obtain bedding while isolated in the menstrual hut, due to the belief that anything a menstruating woman touches will be polluted. They are prohibited from washing themselves, going to school, touching certain objects or having any contact with other members of the family (Thapa, Acharya, & Acharya, 2017). Moreover, adolescent girls experiencing their first menstrual period must remain in the hut for a minimum of fourteen days (OHCHR, 2011). The practice of Chhaupadi is not limited to menstruation. Chhaupadi is sometimes categorised into two types, 'minor chhau' (monthly menses), and 'major chhau', of which relates to childbirth (Kadariya & Aro, 2015), whereby delivery must take place inside the hut, and mothers and new-borns must remain exiled for ten to fourteen days after childbirth (Lama & Kamaraj, 2015). At the end of the exile, women are furthermore prohibited from using public water sources to clean themselves and must wash themselves and their belongings using a separate water source (e.g. well, stream) known as a 'Chhaupadi Dhara' (OHCHR, 2011). Further instilling the process of menstruation as 'impure' among Nepalese society, the annual festival of 'Rishi Pancham' requires women and girls to 'purify' themselves for their 'sins' committed throughout menstruation (Hodal, 2016).

Such restrictions are primarily driven by a superstitious belief that if a menstruating woman or girl stays within the home, it will infuriate the Gods, and their wrath will affect the entire household (Kadariya & Aro, 2015), causing the death of cattle, the destruction of crops, or shortening lives (OHCHR, 2011). Similar superstitions include that a cow will die if a menstruating woman touches it; if she uses a public water source it will dry up; if she touches a fruit tree the fruit will fall before it is ripe; and in the instance that a menstruating woman touches another person, even accidentally, the person must be purified with cow urine. The practice forbids a girl from going to school or attending religious ceremonies (Kadariya & Aro, 2015). In some areas where Chhaupadi is practised, it is believed that reading, writing or touching books will infuriate 'Sarswoti,' the Goddess of Education (OHCHR, 2011). Furthermore, menstruating women and girls are not allowed to avail of a nutritious diet (Kadariya & Aro, 2015), and instead must survive solely on dry flatbread with salt (OHCHR, 2011). In 2010, a survey found that approximately one in five women between the ages of 15 and 49 in Nepal follow the practice of Chhaupadi (BBC, 2017). Similar practices concerning menstruation are prevalent across many countries of the Global South.

## Health Impacts

Chhaupadi can have serious impacts on the physical and psychosocial well-being of women and girls. Worsened by the forced isolation within these huts during freezing temperatures of the winter and sweltering heat of the summer (Kadariya & Aro, 2015), increasing the likelihood of life-threatening problems such as pneumonia, suffocation, respiratory tract infection, dehydration, hypothermia, and diarrhoea (Kadariya & Aro, 2015). The exposed nature of the huts means that women and girls are

also more susceptible to attacks from poisonous snakes or scorpions (OHCHR, 2011). The unhygienic conditions of the huts and absence of sanitation facilities create risk of gynaecological infections (Thapa, Acharya, & Acharya, 2017). As menstruating women are essentially forbidden from seeking medical attention, such infections can ultimately lead to more severe problems of cervical cancer, infertility, and death (Ranabhat, Kim, Aryal, & Doh, 2015). Although menstruating women are forbidden from entering the house, they are still expected to engage in straining laborious work such as collecting and carrying firewood, digging and farm labour (OHCHR, 2011), despite the lack of basic sustenance or amenities. Such hard labour has been consequently shown to increase the likelihood of having a prolapsed uterus. Postpartum mothers who are restricted to the confines of the menstrual hut not only suffer from the impacts of poor nutrition themselves but must take care of their new born infant. The absence of an adequate nutritious diet and the need to breastfeed their child can have severe health impacts. Such conditions are believed to be a contributing factor to the high neonatal and maternal mortality rates in areas where Chhaupadi is practiced (Kadariya & Aro, 2015). Menstruating women and girls are also vulnerable to the impacts that the practise has on their mental and social wellbeing. Isolation from the household and exclusion from participation in society (Kadariya & Aro, 2015) on the basis of being 'polluted' and 'untouchable' (Amatya, Ghimire, Callahan, Baral, & Poudel, 2018) can evoke feelings of shame, humiliation, abandonment and guilt among women subjected to the practise, particularly that of adolescent girls (OHCHR, 2011). Subsequent low self-esteem has been found to instigate negative coping behaviours, such as excessive smoking and alcohol consumption (Amatya, Ghimire, Callahan, Baral, & Poudel, 2018). Sexual assault and rape are also common in areas where Chhaupadi is practiced. In some cases, men go to the huts at night to sexually abuse the women and girls residing within them. Such cases are rarely reported for fear of further stigmatisation amongst society (OHCHR, 2011). Along with the potential physically damaging impacts of such abuse, fear of sexual assault while residing within the menstrual hut exacerbates the mental trauma of social exclusion (Thapa, Acharya, & Acharya, 2017).

## Socio-Economic Impacts

The practice of Chhaupadi prohibits a menstruating girl from attending school. This can have significant impacts on the socio-economic status of the individual, family, community, and country as a whole. The forced absence from school for the entire duration of the menstrual period exacerbates the existing low levels of girls completing their schooling in such regions, hindering efforts to advance the state of gender equality in the country (Thapa, Acharya, & Acharya, 2017). Inability to attend school adversely impacts on the educational attainment of the girl child, while also undermining girls' overall self-confidence.

### ***International Human Rights Agreements and National Law***

The practice of Chhaupadi in Nepal is in violation of several international human rights agreements. The Universal Declaration of Human Rights states that: "Everyone has the right to a standard of living adequate for the health and well-being, including food, clothing, housing and medical care and necessary social services, and the right to security" (Article 25 (1)) (United Nations, 1948). Moreover, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), of which Nepal has been a signatory since 1991 (OHCHR, 2020), states that: "States Parties condemn

discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women” (Article 2), and that: “States Parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women” (Article 5) (UN General Assembly, 1979). Furthermore, the 1993 Vienna Declaration and Programme of Action calls for the “eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism” (The World Conference on Human Rights, 1993).

In May 2005, the Supreme Court of Nepal outlawed Chhaupadi, calling it a violation of human rights; and subsequently enacted a directive to the government to formulate laws to eliminate the practice. In 2008, the Ministry of Women, Child and Social Welfare promulgated guidelines to eradicate the practise across the country, which included a call for working groups to be established at the district level to address the practice (OHCHR, 2011).

The Nepal Constitution of 2015 provides legal backing to progress the elimination of Chhaupadi, whereby “No woman shall be subjected to physical, mental, sexual, psychological or other form of violence or exploitation on grounds of religion, social, cultural tradition, practice or on any other grounds” (Article 38 (3)). Though not explicitly mentioned, this indicates that the practice of Chhaupadi is essentially in violation of the national constitution. In addition to this, the practice of Chhaupadi violates the Constitution with regards to the harmful impacts that the forced isolation has on the reproductive health of menstruating women and girls, whereby the Constitution states that: “Every woman shall have the right to safe motherhood and reproductive health” (Article 38(2)). Within the constitutional rights relating to education, it is stated that: “Every citizen shall have the right of access to basic education” (Article 31 (1)), of which the practice of Chhaupadi does not allow throughout the duration of the menstrual period. Finally, the Constitution states that: “No citizen shall be exiled” (Article 45) (Constituent Assembly of Nepal, 2015). The practice of Chhaupadi is widely referred to as a form of menstrual exile, whereby women and girls are ultimately unable to avail of their basic human rights throughout the duration of their menstrual period.

### Current Trends in Abolishment of Chhaupadi

Despite efforts of the Supreme Court and the legal backing of the Constitution of Nepal, it was not until August 2017 that the government passed legislation to criminalise the practice. The law came into effect in August 2018, whereby anyone found compelling a menstruating woman or girl to live in a hut will be fined or must serve three months in jail (Ghimire, 2019). While the new law marks progress in acknowledging the harmful impacts of the practice, Chhaupadi remains widespread and implementation of the law remains limited (Amatya, Ghimire, Callahan, Baral, & Poudel, 2018). According to the 2020 Human Rights Watch World Report, “enforcement remains weak, and these deeply entrenched practices continue” (Human Rights Watch, 2020, p. 420).

The practice received global recognition following the media coverage of the death of a 21-year old woman who was found dead in a menstrual hut in western Doti district of Nepal in January 2019. The

fourth person reported to have died that month as a result of the practice of Chhaupadi, the woman was believed to have died from smoke inhalation in an effort to keep warm. Previously that month, a 35-year-old woman was found dead with her two sons in a hut in a neighbouring district, also from smoke inhalation. Their deaths have prompted some communities to abolish the practice within their villages (Ratcliffe, 2019). Following the death of a 21-year old woman in Achham district in December 2019, Nepal made their first arrest in connection with the practice. While the arrest marked progress in terms of enforcing the illegal nature of the practice, women rights activist Pashupati Kunwar argues despite the law, the “social construct is too strong to be dismantled” (Budhathoki, 2019, p. 1).

### NGO Response: ActionAid

In the last ten years, ActionAid has established community-based women’s groups, where local women and girls come together to find solutions to the injustices they face, giving them the opportunity to discuss the impact that Chhaupadi has on their lives and receive education on sexual and reproductive rights. The support of ActionAid has empowered women to think critically of the injustice they are subjected to, ultimately leading some women to establish campaigns with their communities to end the practice. Over 1,400 women of reproductive age have stopped practicing Chhaupadi since ActionAid began working in Nepal. Moreover, alongside local partners, ActionAid has helped to establish 11 ‘chhaupadi-free’ communities, whereby awareness-raising campaigns have started to challenge deeply-rooted beliefs of menstruation (ActionAid, 2020).

### Conclusion

This paper has presented menstruation as a multisectoral global development issue. This topic requires significant attention from the development sector in efforts to advance the status of women and girls in the Global South. The frameworks established by WaterAid, FSG and UNICEF provide exemplary models that adopt holistic, community-based approaches in encompassing broader factors of gender equality, education and human rights in development efforts to not only ensure the safe, healthy and dignified process of menstruation for women and girls, but to challenge the underlying stigma. The implementation of holistic, community-based Menstrual Health and Hygiene programmes that encompass broader systemic factors of human rights, well-being and education, should be considered critical, not only to the fulfilment of goals envisioned under the 2030 Sustainable Development Agenda, but ultimately in breaking the deeply-rooted menstrual stigma that continues to harm millions of women and girls across the world every day.

The case study of Chhaupadi in western Nepal is an extreme manifestation of menstrual stigma. Although the practice has been officially outlawed by the Nepali government, the practice remains widespread, continuing to inflict devastating impacts on women and girls. The continued practice of Chhaupadi is not only a violation of the national constitution of Nepal, but ultimately poses challenging questions as to whether development efforts can truly overcome such deeply rooted and patriarchal traditional norms. The continued practice of Chhaupadi and similar practices across the world clearly highlights the deficiencies of the Sustainable Development Agenda in failing to address such issues.

This paper concludes by suggesting how the Sustainable Development Agenda should address the issues deliberated upon throughout. To echo the concerns raised by Alston (2020), a reformulation of the Sustainable Development Agenda is critical. Only when the urgent need to integrate menstrual health and hygiene within international development efforts is acknowledged can progress be made in the fulfilment of the Agenda. A set of new targets specific to menstruation must be established within the 6 Goals indicated, notably a specific target within Goal 5 (Gender Equality) to combat the menstrual stigma, superstitions and taboos that continue to oppress women and girls. This can be achieved through the implementation of educational MHH frameworks in line with those established by WaterAid, FSG and UNICEF, and participatory community development efforts similar to those carried out by ActionAid in Nepal. A specific target to address the health impacts of unsanitary menstrual hygiene is critical to the fulfilment of both SDG 5 (Good Health and Wellbeing) and SDG 6 (Clean Water and Sanitation). This will require an emphasis on the full integration of MHH into WASH programmes. This interlinks with the need to ensure adequate sanitation facilities in schools within Goal 4 (Quality Education) if efforts to eliminate gender disparities in education are to be achieved, given the evidence that lack of such facilities hinders the ability of girls to attend school during their period.

Additionally, the lack of knowledge surrounding the process of menstruation must be addressed through the integration of comprehensive MHH education into the school syllabus, for girls and boys alike. Ensuring adequate sanitation facilities is also critical to consider under Goal 8 (Decent Work & Economic Growth). If such facilities are ensured in the workplace, women will no longer need to miss workdays during their period, with the potential to greatly contribute to overall economic growth. Finally, the fulfilment of Goal 12 (Responsible Consumption and Production) would benefit from the inclusion of a target to ensure the availability and accessibility of free, sustainable period products for all who need them.

Given the presence of the Sustainable Development Agenda as a global framework through which international development and policy efforts are structured, an immediate integration of such targets within the goals outlined has the potential to accelerate the global movement towards holistically tackling the issues presented throughout this paper.

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