Examining Period Poverty and Menstrual Equity in Nepal

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This paper examines the issue of menstrual inequity in Nepal, highlighting the case of sixteen-year-old Anita Chand, who died from a snakebite while in menstrual exile. Despite being outlawed, the ancient practice of Chhaupadi — the Nepali tradition for menstrual exile — persists due to deep-rooted cultural beliefs that label menstruation as impure. By employing a socio-ecological model, biosocial lens, and interdisciplinary case studies, this paper analyzes Nepali traditions and social structures that promote menstrual stigma; the research demonstrates that period poverty, cultural stigmas, and voids in reproductive healthcare significantly contribute to poor (and even deadly) physical and mental health outcomes for menstruators. Moreover, in including historical and sociocultural contexts, this discussion addresses the overlaps between gender, class, and patriarchal systems that, together, further perpetuate menstrual inequity. In this way, employing a social-ecological model, a biosocial lens, and interdisciplinary studies,this discussion addresses the overlaps between gender, class, and patriarchal systems perpetuating menstrual equity. While using this biosocial lens to balance a respect for cultural mores with the need for change, this paper identifies the root social and historical problems contributing to menstrual equity — and provides comprehensive recommendations for tackling these challenges. Such recommendations focus on educational initiatives, policy reforms, and media engagement to dismantle harmful cultural norms and remediate menstrual inequity. The case of Anita Chand serves as a sobering example, underscoring the urgent need for sustained efforts that ensure no individual suffers due to a normal biological process.

Case Study: Nepali Teenage Girl Dies of Snake Bite in August 2023.

Anita Chand, a sixteen-year-old girl living in Nepal's Baitadi district, died on August 9, 2023, from a snake bite she received while asleep. Anita's death, however, goes beyond merely the label of a "snakebite;" rather, it reflects a complex reality rooted in ancient traditions, reproductive health education gaps, and inadequate menstrual hygiene measures (Reed, 2023).

Nepal's challenges of limited access to menstrual products, poor menstrual hygiene practices, and cultural traditions rooted in menstrual stigmas pose life-threatening repercussions. In this case, Nepal's cultural practice of *Chhaupadi*, or menstrual exile — a practice based on their age-old belief that menstruators are "unclean" and "untouchable" — played a significant role in this case's tragic outcome (Reed, 2023). More specifically, Anita received this fatal snake bite while in menstrual exile — a C*hhaupadi* tradition that banishes menstruators to an unsanitary hut during their period. Despite the outlawing of *Chhaupadi* in 2005, its persistent practice raises questions about effective measures to eradicate harmful cultural norms (Gurung, 2023).

While the cause of Anita's death is not explicitly attributed to "menstruation," her death is inextricably linked to the stigma and poverty associated with it. This tragic incident encapsulates the need to view menstruation through a biosocial lens, acknowledging its broader impact on health and societal well-being.

Introduction

Menstrual Equity as A Health Issue

Menstruation is a natural bodily process, which involves the monthly discharge of blood, mucosal tissue, and other materials from the uterus's inner lining. Menstruators globally experience menstruation distinctively — with the age of menarche ranging from 9-16 years old and with menopause occurring between 35-55 years of age (Gurung, 2023).

Period poverty, denoting the inaccessibility or unaffordability of essential menstrual products, emerges as a global health issue closely linked to socioeconomic challenges. The lack of access to menstrual products — notably labeled "poverty" — stems from a combination of factors, such as sociocultural norms and economic policies. Regrettably, menstruators — an inclusive term for all people who menstruate — face adverse health and social outcomes merely because they experience this normal bodily process.

The socioeconomic factors and consequences of period poverty are particularly evident in Nepal — a country where the 2017 Multidimensional Poverty Index (MPI) revealed that "28.6% of Nepalis were multidimensionally poor" (UNICEF, 2021; Multidimensional Poverty Peer Network). These poverty levels, coupled with menstrual product shortages and entrenched cultural stigmas that marginalize and isolate menstruators, exacerbate period poverty. Menstruators in Nepal, facing a lack of "adequate infrastructure to provide [health] education and healthcare," therefore resort to unhygienic alternatives, such as reusing pads; these direly sought-out alternatives increase their risk for infections, harming both mental and physical health (Sharma, 2022).

Confronting menstrual equity barriers, particularly the stigmas emphasized in the initial case study, is crucial for mitigating the physiological impacts of period poverty, empowering menstruators, and advancing reform. Addressing period poverty necessitates a multifaceted approach that involves understanding and overcoming Nepal's stigmas. These stigmas, rooted in misinformed beliefs, silence discussions and, accordingly, silence change in equity spheres.

This paper employs an interdisciplinary approach integrating historical analysis, sociocultural perspectives, and policy evaluation to investigate these issues. Drawing especially on a socioecological model and applying biosocial theories, including stigma theory, social suffering, and partial perspectives, this paper analyzes how

systemic factors contribute to menstrual stigma and period poverty. 1) The socio-ecological model dissects the issue across individual, interpersonal, community, and policy levels — revealing how cultural beliefs and structure serve as barriers to equity. 2) Case studies, such as the tragic death of Anita Chand, contextualize the real-world implications of menstrual stigma. 3) Comparative analyses of global health crises — like HIV/AIDS in China — provide insights into successful strategies for combatting social stigmas. In this way, by concurrently examining the effectiveness and gaps in current interventions, this paper aims to pinpoint the root causes of menstrual inequity and thereby guide targeted policy recommendations and community-level interventions.

Defining the "Biosocial" Categorization

The biosocial approach integrates biological and social dimensions to examine how cultural beliefs and systemic structures intersect with physical health processes. This framework emphasizes the necessity of examining both processes rather than relying solely on deterministic biological or social functions (Harris, 2018). In the context of menstrual health, this categorization highlights the interplay between menstruation as a biological function and the social structures — such as stigma, economic barriers, and healthcare access — that shape menstrual experiences. In this way, the biosocial lens enables a nuanced understanding of how period poverty and stigma are not only outcomes of individual or community ignorance — thereby helping to elucidate root causes and identify sustainable, culturally sensitive solutions.

Historical Contexts and Sociocultural Perspectives in Nepal

Stigma theory explores the social consequence of labeling and negative stereotyping's social consequences — particularly by addressing the structural aspects of stigma, including its impact on individuals, families, social groups, and institutional discrimination. Scholars have also examined stigma theory within moral issues, where "stigmatized conditions threaten what is at stake for sufferers" (Yang, 2007). Applying this framework to Nepal reveals that menstruators are "sufferers" within a system that perpetuates inequity through harmful yet age-old constructs (Schomerus, 2021; Yang, 2007).

Nepali Hinduism and *Chhaupadi*: Menstrual "Untouchability"

The convergence of religious beliefs and sociocultural norms has given rise to Nepal's practice of menstrual "untouchability" (UN Women, 2017; Crawford, 2014). In Nepali Hinduism, menstruating women are forbidden to "enter a temple or kitchen, share a bed with a husband, or touch a male relative," as they are, during this period, considered "untouchable" (Crawford, 2014). Menstruators are also required to use separate utensils and are not allowed to see the sun, eat with others, cook food, or even worship. These beliefs have excluded menstruators from various aspects of daily life — whether social, religious, or familial (UN Women, 2017); a quintessential example is *Chhaupadi* or menstrual exile — which isolates menstruators to unsanitary huts during their period (Amatya, 2018).

The social construction of reality surrounding menstruation is rooted in historical and cultural factors; Nepal has constructed a biological reality that labels menstruation, and thus menstruators, as taboo and shameful. "Patriarchal societies, such as Nepal, objectify menstruating women's bodies and portray them as impure, polluted, dirty, untouchable, and harmful, fostering fear and detachment towards women and their bodies" (Gurung, 2023). This "objectification" enables restrictions on menstruators' bodies, obligations, and decisions — ultimately culminating in period poverty and social isolation. Nevertheless, social construction theory provides a lens for intervention: Nepali society must seek to reshape, even dismantle these constructions of reality that perpetuate harmful norms for menstruators (Kleinman, 2010).

Contextualizing Menstrual Inequity in Nepal via a Socio-Ecological Model

Using the socio-ecological model as a conceptual framework to examine menstrual equity in Nepal reveals nuanced levels of community barriers to health across four levels: interpersonal, individual, community, and policy levels.

1) Individual level factors that exacerbate menstrual stigmas in Nepal include a menstruator's "religion, caste, education level, socioeconomic status, self-silencing and internalized stigma, lack of knowledge and awareness of menstruation" (Gurung, 2023). Nepali beliefs saturated in misinformation include the following:

a) menstruation causes illness in the family,

b) contact with a menstruating woman can cause food to spoil, or

c) if near a menstruator, someone could be attacked by a leopard (Gurung, 2023; Parajuli, 2017).

These misinformed beliefs result in Nepali menstruators self-isolating themselves, fearful of causing their loved ones harm.

2) Influence from immediate social relations —grandparents, parents, significant others, teachers, health care providers, etc. — also heightens stigma. A study conducted on Nepali married women that assessed the prevalence of menstrual restrictions showed that "nearly three out of every four [married] women (72.3 %) reported experiencing many menstrual restrictions, or two or more types of menstrual restrictions" (Gurung, 2023). Moreover, many women acquired their (misinformed) understanding of menstruation from their family members or peers, who were, too, influenced by generational stigmas: "Expectations of purifying... and secrecy around menstruation were imposed by adults" (Gurung, 2023). Additionally, a menstruator's fear of being judged by their social group if they did not follow "untouchability" procedures, such as *Chhaupadi*, also perpetuates these stigmatized traditions. "Menstruation is [still] not culturally accepted as a natural biological function in Nepal [and persists] with a lack of familial and immediate circle societal support" (Gurung, 2023).

3) Within the community level — including but not limited to schools, hospitals, religious institutions, and government-driven organizations — voids in infrastructure and resources surrounding menstrual hygiene drives period poverty. Particularly, the lack of education on reproductive health in schools, coupled with a lack of awareness amongst teachers, providers, and religious leaders regarding menstrual stigma, hinders open conversations about menstrual equity in policy spheres (Thomson, 2019; Sharma, 2022). These institutions, otherwise, possess the potential to "enact regulations and policies that can reduce menstruation stigma in Nepal" (Gurung, 2023). However, once again, the essential step in remedying period poverty and menstrual inequity involves eliminating stigmas and thus encouraging discussions about menstruation.

4) Policies — ranging from educational to health — can affect meaningful change in these spheres. However, for these policies to be truly effective, they must be accompanied by meaningful efforts

to remedy harmful stigmas and practices. For example, *Chhaupadi* was banned in Nepal's Supreme Court in 2005; and in 2018, Nepal's government criminalized *Chhaupadi* (Amatya, 2018). Nevertheless, to this day, the tradition is still practiced due to entrenched, generational stigmas that impel individuals to defy legal barriers.

Haraway's View of Feminist Epistemology

Recognizing that these socio-ecological levels encompass elements of diverse lived experiences, including socioeconomic, educational, and cultural backgrounds, is crucial for guiding effective interventions. This model can be linked to the theories of feminism and partial perspectives in that no single viewpoint can encapsulate a historical or social event; menstrual equity, for one, demands "multiple partial perspectives" (Haraway, 1988). More specifically, to understand menstrual equity through a feminist epistemological lens, we draw on Haraway's reasoning — which challenges the notion of objectivity by asserting that perspectives are shaped by the specific cultural, historical, and social contexts of the observer. Haraway's argument on epistemic privilege — which emphasizes that certain perspectives are privileged and may devalue other lived experiences — elucidates a root problem in menstrual equity. Policy-makers with "privilege" (in menstrual equity spheres, those with privilege are non-menstruators who typically identify as male) tend to overlook inequities such as period poverty, as these inequities — simply put — do not affect them (Haraway, 1988). Unfortunately, in Nepal, a patriarchal society, it is those with such privilege who dictate policy.

Nepal's Current State of the Period: Menstrual Stigma's Impacts on Society and Individual

Interrogating Hygiene and Cultural Judgments

As a preface, the framing of "poor hygiene" or "unhygienic" in menstrual practices often suggests implicit biases. For instance, labeling reusable materials like socks as unhygienic without acknowledging their proper absorbent use or cultural acceptability risks perpetuating stigma. As such, hygiene should be contextualized — recognizing that what constitutes "clean" or "safe" varies across settings and is influenced by resource availability, cultural norms, and personal preference. Rather than privileging disposable products as inherently superior, interventions should consider the environmental and economic sustainability of reusable options and recognize their potential to empower menstruators in resource-limited settings.

Still, at the same time, access to high-quality, hygienic menstrual products should be a fundamental right. While alternatives may be viable in different contexts, individuals should not be forced to rely on potentially unhygienic options— or at least not considered standard — due to financial constraints or lack of availability; unhygienic practices include wearing tampons for a prolonged time due to such economic constraints. In this way, ensuring equitable access to a range of menstrual products — including both disposable and reusable options — allows individuals to make informed choices based on their own needs, preferences, and circumstances. This approach acknowledges the diversity of menstrual experiences while advocating for policies and funding that guarantee access to products that meet the highest standards of health and dignity.

***Chhaupadi* Practices: Exile and its Consequences**

A study examining *Chhaupadi* practices revealed that the majority of girls sampled were exiled during menstruation: "4% were exiled to traditional sheds, 82% to livestock sheds and 11% to outside courtyards. Around 3% stayed inside the house but practiced some form of menstrual taboo. Only 30% of girls who stayed outdoors had toilet facilities" (Sharma, 2022; Amatya, 2018). Study participants reported psychological consequences, such as loneliness and insomnia. These issues are partly attributed to the fact that a significant percentage of exiled menstruators stayed in spaces without ventilation or even a mattress. "Nine of the menstruators in this study [similar to our initial case study] were bitten by a snake" (Sharma, 2022).

Now, bearing in mind Nepal's historical and sociocultural contexts, consider this question again: why did sixteen-year-old Anita Chand die from a snakebite?

The cultural norm that menstruation is "impure" and "dirty" resulted in her banishment to a period hut, where she died from a poisonous snake bite (Gurung, 2023). As such, Anita's death serves as a symbol for the other menstruators who have also died due to *Chaupaddi's* horrific conditions — "from animal attacks and from smoke inhalation after lighting fires in windowless huts" (Reed, 2023). Anita and these menstruators essentially succumbed to the stigmas within their culture that ostracize "impure" menstruators (Gurung, 2023). Even so, those who survive menstrual exile and harmful traditions such as *Chhaupadi* must also confront a form of death — not biological but rather social in nature.

Menstrual Inequity Impacting Social Life: Education, Economy, and Social Death

Social isolation in itself, as experienced monthly by menstruators within Nepali customs of *Chhaupadi* and "untouchability," negatively impacts mental and physical health. Recent studies link social deprivation with a "host of conditions," including heart attacks, chronic diseases, mobility issues, high blood pressure, cancer, poor mental health, anxiety and depression, and a weakened immune system" (Umberson, 2010). Social exile also limits a menstruator's ability to participate in the economy and receive education (Amatya, 2018). Such isolation can, therefore, be characterized as a social death, as menstruators experience exile from society and endure social and economic hardships — from missing job opportunities to losing time in school.

Social suffering refers to pain and distress caused by various social forces —including global and local economics, politics, social institutions, relationships, and regional cultures (Umberson, 2010). In menstrual equity, social suffering encompasses the pain and distress resulting from societal factors such as economic inequalities, cultural stigma, and limited access to menstrual products. This concept of suffering also emphasizes how institutions specifically designed for help and reform can, in fact, exacerbate social and health problems. Types of social suffering include structural violence, where suffering is structured by historical and economically driven processes related to factors like racism, sexism, and political violence (Umberson, 2010). In period poverty, structural violence is evident, particularly influenced by sex, poverty, and interconnected factors such as race and class. This theory, therefore, emphasizes the need for coordinated social and health policies to address structural and systemic problems within period poverty.

Within such social spheres, menstrual stigmas significantly impact education — contributing to school absenteeism in Nepal: "The major reasons for school absenteeism were discomfort, lack of continuous water supply, and shame or fear of staining [while on one's period]" (Sharma, 2022). Statistics also show that there is a significant need for improved sex education, as only "47.5% girls learned

about menstruation in school" and "only 33.3% of the respondents used sanitary pads" (Parajuli, 2017). This disparity suggests that most menstruators learn about periods from their family or peers, who can especially act as vehicles of generational myths and stigmas. Moreover, these statistics suggest that a substantial portion of Nepal's population lacks the means to afford or access essential menstrual products — harming their well-being and evidently hindering their school attendance (Yadav, 2018).

This theory, therefore, substantiates the argument that interventions for period poverty require a multifaceted approach: 1) addressing insufficient resources by providing tangible menstrual products, and 2) addressing menstrual stigmas and taboos, considering the social consequences of inadequate support systems, and ultimately working to dismantle societal structures that exacerbate the suffering associated with menstrual inequity.

Health Repercussions of Unhygienic Alternatives

Additional studies that have analyzed the practice of menstrual hygiene in Nepal found that "around 40% used sanitary pads during menstrual flow but most (65.1%) of them did not dispose them" (Sharma, 2022). This disparity sheds light on period poverty's adverse impact on physical health — including increased risk for yeast infections, vulvar irritation, vaginal discomfort, and sometimes even life-threatening infections such as toxic shock syndrome (Farid, 2021). These consequences result from unhygienic menstrual practices such as wearing tampons and pads for a prolonged time, reusing sanitary pads, or resorting to household items as substitutes. Menstruators must resort to unhygienic alternatives due to the financial challenges that obstruct individuals from buying necessary products.

Impact of COVID-19 and Post-Disaster Responses on Menstrual Stigma and Period Poverty

Post-disaster responses can also be used to explore the confluence of menstruation, mental health, and period poverty; extreme conditions accentuate the grave impact of period poverty. For example, the COVID-19 pandemic significantly exacerbated issues of period poverty by dysregulating supply chains, further restricting access to menstrual products. The lockdown caused additional financial struggles, as the Nepal government placed prohibitory orders on farm production (a common familial job in Nepal).

A recent study which included 30 countries, one of them being Nepal found that during COVID, menstruators especially observed the following problems: "severe shortages of products (73%); inflated prices of pads and tampons (58%); reduced access to clean water to manage periods (51%); and increased stigma, shaming or harmful cultural practices (24%) as a result of increased social scrutiny at this time; [preexisting menstrual stigmas fueled the notion that proximity to a menstruator could lead to COVID and death]" (Plan International, 2020; Rohatgi, 2023). Moreover, despite the progress made to outlaw and criminalize *Chhaupadi* in Nepal, when COVID arose, "all focus was shifted to Covid" (Reed, 2023). People again "started staying in a shed, as "there were no programs and campaigns on *Chhaupadi* after Covid. People almost stopped talking about it" (Reed, 2023). The insufficient focus on menstruation during post-disaster responses contributes to delays in achieving menstrual equity; the aftermath of the 2015 Nepal earthquake provides another lens to examine menstrual stigma.

Despite the urgent delivery of immediate supplies post-earthquake, such as food, water, tents, and blankets, menstrual hygiene products were overlooked. A study conducted among earthquake-affected menstruators in regions of Nepal found that "None of the respondents reported receiving menstrual adsorbents as relief materials in the first month following the earthquake" (Budhathoki, 2018). Menstrual products are, yet again, treated as luxury items rather than necessities due to misinformation and stigma.

Period Poverty, Menstrual Stigmas, and Mental Health

Menstrual inequity's detriments to mental health are linked to both the lack of hygiene management methods and the cultural discrimination surrounding menstruation. Besides the stress concurrent with a lack of access to necessary menstrual products, Nepal's "cultural construction of menstruation as disgusting, humiliating, and polluted can lead to women and girls' [having] negative attitudes about their physical bodies" (Gurung, 2023). These constructions harm menstruators' mental health, instilling low self-esteem and notions of inferiority. Moreover, the "conditioned self-silencing," which arises from the shame surrounding menstruation, leads to many menstruators suffering in silence and, therefore, acts as a barrier to social change (Gurung, 2023).

Understanding the Socio-Ecological Model in Context with These Issues

In a systematic review conducted on menstrual health and hygiene in Nepal, prevalent issues included 1) mental health concerns, 2) menstrual hygiene practice concerns, and 3) reproductive issues. Examining menstrual health and hygiene through the socio-ecological model outlined several contributing factors: lack of proper water, sanitation, and hygiene (WASH) facilities in schools, lack of sex education in schools, lack of menstrual hygiene management (MHM) components in disaster relief efforts, and other influences such as cultural restrictions, school absenteeism, economic challenges, limited knowledge about menstruation (Thomson, 2019; Sharma, 2022).

Comparative Analyses: Thinking About Stigma Within Past Interventions

Addressing Stigma: Lessons from Comparative Analysis of Eating Disorders in Fiji

A study on "television, disordered eating, and young women in Fiji" illustrates how media influences societal norms (Becker, 2004). Pre-television introduction, Fijian social constructs favored a robust body and eating in secrecy was considered taboo. Yet, post-TV introduction, Fiji altered its ideal body type: young Fijian girls, "shaped by a desire for competitive social positioning during a period of rapid social transition," sought to model the attributes on TV (Becker, 2004). Modeling these actresses marked "beginnings of weight and body shape preoccupation, purging behavior to control weight, and body disparagement" (Becker, 2004).

Becker's paper, therefore, highlights the media's influence on social constructions. In terms of period poverty, the media has shaped menstrual stigma in several ways — such as omitting menstrual products in TV shows and portraying menstruation, especially menarche, as a scary incident. Even so, the media, while capable of fostering harmful stigmas, also possesses the power to pacify such stigmas. Documentaries like *Period. End of Sentence* — which highlights women in India fighting against menstrual stigmas — and TV Shows, like "The Last of Us" — which reserve screen time to emphasize the treasure of finding tampons in an impoverished, post-apocalyptic world — help to normalize the discussion of menstruation.

Addressing Stigma: Lessons from Comparative Analysis of HIV/AIDS in China

The stigma surrounding HIV/AIDs in China draws parallels to menstrual stigma, as both stem from socially constructed norms that dictate an individual's treatment as a "nonperson" (Jinhua, 2011). Discrimination in both cases intersects with other inequities based on gender, race, or class (Schomerus, 2021). The social death resulting from social isolation in the HIV/AIDs crisis — which makes it more difficult for patients to return to ordinary life — can also be likened to the social rejection menstruators face on their period. Menstrual stigma — fostering negative perceptions, such as "untouchability" — marginalizes menstruators

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Interventions

Existing Interventions & Efforts

In the 21st century, nonprofits such as PERIOD. and ThePadProject continue this effort, working to destigmatize conversations about menstruation, invoke legislative action, and increase access to menstrual products. Key interventions led by these organizations include: distributing free menstrual products in schools, conducting menstrual education programs, funding documentaries and research studies, implementing the "Menstrual Hygiene Day" campaign to raise awareness for menstruation, and propelling legal reforms to remove tampon taxes in America; (Period.org, 2023). Still, despite these significant strides toward equity, more must be done. For example, while eliminating certain U.S. states' tampon tax is a positive step, menstrual products are still inaccessible to many. Affordability remains a crucial issue, and even with tax eliminations, these necessities still pose financial burdens. As such, existing interventions, while noteworthy, represent only the start of menstrual equity battles.

The documentary *Period. End of Sentence* (Sung, 2018), produced by ThePadProject, spreads awareness of period poverty by focusing on a rural Indian village. This film depicts how period poverty impacts menstruators' attendance in school — showcasing a young girl who is unable to attend school due to stigma and lack of proper sanitary pads. The film includes interviews where both men and women describe periods as "disgusting," compelling viewers to empathize with menstruators who feel publicly embarrassed while on their period (Sung, 2018). As viewers witness, "girls find[ing] it difficult to buy [pads] from the shop because there are a lot of men around," this film emphasizes the urgent need to address patriarchal structures in regions like rural India and Nepal (Sung, 2018). Such awareness efforts — specifically, a film serving a global platform — shed light on the need to enhance menstruators' lived experiences in various regions.

Recommendations: Thinking About Period Poverty with a Biosocial Lens

Therefore, understanding Nepal's menstrual inequity through historical, sociocultural, and comparative lenses clarifies its root causes and informs targeted solutions. Future research should prioritize ethnographic studies that center on the voices of Nepali women and menstruators; capturing these perspectives will further illuminate the nuanced realities of menstrual equity and inform culturally sensitive interventions. Beyond the surface issue of limited access to menstrual products, a biosocial lens reveals how period poverty intersects with broader equity issues related to gender, race, culture, or socioeconomic status. By recognizing this, these efforts aim to expand menstrual product access while tackling the fundamental sociocultural and economic challenges — rooted especially in stigma — inextricable to menstrual inequity.

Mainly, education-centered strategies are vital to reducing menstrual stigma — empowering both menstruators and non-menstruators with accurate information. Implementing a standardized menstrual hygiene curriculum in schools would provide fundamental knowledge about biological aspects and hygiene practices; moreover, including non-menstruators in this dialogue is, too, essential for fostering an atmosphere of inclusivity and understanding — helping to dispel misconceptions and normalizing menstruation, especially within school environments. Accordingly, policies supporting regular training for educators is equally necessary — in that to effectively deliver this curriculum, teachers and healthcare professionals must be equipped with the tools and knowledge.

Community outreach programs, such as "door to door awareness programs" also offer a personalized approach to debunking myths and taboos surrounding menstruation — and therefore serve to eliminate the repercussions of damaging practices such as *Chhaupadi* (Gurung, 2023). Likewise, engaging and "educating local religious leaders, [so as to] incentivize menstrual education" could further foster greater acceptance and understanding (Gurung, 2023).

A study on period poverty in neighboring regions found that the majority of women and men received little to no education on "menstrual preparation, the menstrual cycle, [and] its causes before menarche" (Gurung, 2023). In this way, Menstrual education is necessary not only to help "women and girls make informed decisions for their body" but also to dispel deep-rooted myths that hinder equity (Gurung, 2023). Such educational strategies have been found to "reduce negative perceptions and attitudes of menstruation, menstruation hygiene products, feelings of shame and inferiority, low self-esteem, and the risk of infections and illnesses" (Gurung, 2023). Nevertheless, these educational reforms must be coupled with and enforced in policy. Policy recommendations should, therefore, aim to provide more mental health professionals, enforce menstrual education, and reform patriarchal caste systems — improving Nepali menstruators' lived experience and weakening structures that contribute to their social suffering.

Public health initiatives can play a central role, particularly in addressing access-related barriers to menstrual products and health resources. Government-funded programs, or funded by organizations like PERIOD., to provide free or subsidized menstrual products in rural and underserved areas can ensure that essential products are consistently available. Such initiatives can significantly reduce financial barriers by establishing distribution points within schools, healthcare, and community centers.

Yet, the problem still lies in ensuring accountability of menstrual

health policies and efforts — in a culture especially influenced by menstrual stigma. As such, effective enforcement of anti-*Chhaupadi* laws is, too, essential; via community-based monitoring, including the appointment of health ambassadors, strengthened enforcement mechanisms, and awareness programs that highlight the dangers and legal consequences of *Chhaupadi* can further support gradual cultural shifts away from these harmful practices.

Moreover, advocacy efforts, as seen by organizations such as PERIOD., should be amplified in the media. With an increased voice, these nonprofits will generate more funds to distribute menstrual products, generate awareness campaigns, and incentivize legislative action throughout regions such as Nepal. Media, if strategically used, can also work to destigmatize menstruation by disseminating movies and images that normalize menstruation. The Fijian case study demonstrates that the media can alter social norms for the worse, yet by harnessing this potency to modify social norms for the better — as done in Period. End of Sentence — awareness can be deployed on a global scale.

Conclusion: Returning to the Case Study

The initial case study sheds light on Nepal's deep-rooted social and cultural norms that lead to harmful practices, such as *Chhaupadi*. Multifaceted interventions are necessary to address period poverty's biological and sociocultural dimensions — an approach combining policy reforms, education initiatives, and cultural awareness campaigns.

Although Anita's death embodies just one case study, her death symbolizes the systemic issues surrounding menstrual inequity. The last reported death from *Chhaupadi*, before Anita, was in 2019, claiming the life of 21-year-old Parwati Budha Rawat. "Her death [had] prompted countrywide programs and campaigns to end the practice. Thousands of period huts were destroyed… people were getting information about menstruation and [the] law" (Reed, 2023). Yet, as other social and health problems arose, namely COVID, the conversation shifted — "people almost stopped talking about it" — a premise for Anita's death two years later (Reed, 2023).

Anita's death should, therefore, be regarded as a pressing symbol emphasizing the urgency, commitment, and persistence required to dismantle these harmful, deeply ingrained practices. Even in the 21st century, impenetrable factors persist, perpetuating stigmas that tragically cost lives. Sustained dedication — one that refuses to be eclipsed by other global issues — is required to ensure that no one's well-being is compromised by their biological needs and that a normal bodily process hinders no one's social existence.

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