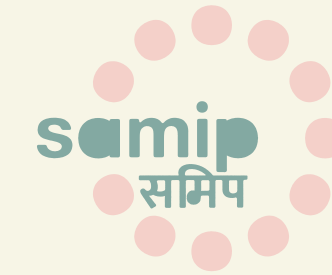


12th National Summit of Health and Population Scientists in Nepal

हाम्रो आवाज:छाउपडी अन्त्य परिवर्तित जीवन

Our Voice: Transforming Lives through the End of Chhaupadi

Integrating Human-Centered Design, Arts-Based Research, and Intervention Mapping to Co-Design a Menstrual Health Intervention in Nepal

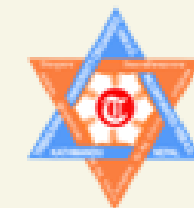


Strengthening Actions
in Menstrual Health and
Hygiene Interventions
for Promotion of
Women's Health in Nepal

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In Partnership with & Supported By:



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Background

- Menstruation remains stigmatized across many global contexts, contributing to restricted mobility and poor health outcomes.
- Poor menstrual health can affect education, psychosocial wellbeing, and equitable participation in daily life. ¹
- In Nepal, menstruation is governed by social cultural beliefs that frame menstruating individuals as impure, resulting in a range of behavioral restrictions. ²
- In the current study village, the practice of isolating women from their homes during menstruation is locally called *chhaupadi*. We adopt this term in our presentation to respect community usage, while recognizing that definitions may differ across regions.
- Interventions to address *chhaupadi* harms have included advocacy, criminalization, hut destruction, education, working with traditional healers and more.
- **However, no published studies have utilized a co-design approach in which communities are meaningfully engaged in fully designing their own solutions to address menstrual health challenges.**



1. Hennegan, J. et al. (2019). Women's and girls' experiences of menstruation in low-and middle-income countries: A systematic review and qualitative metasyntesis; Sommer, M. et al. (2013). Advancing the global agenda for menstrual hygiene management for schoolgirls.
2. Baumann, S. et al. (2021). Beyond the Menstrual Shed: Exploring Caste/Ethnic and Religious Complexities of Menstrual Practices in Far-West Nepal; Thapa, S. et al. (2021). 'Menstruation means impurity': multilevel interventions are needed to break the menstrual taboo in Nepal; McMahon, S. et al.. (2011). "The girl with her period is the one to hang her head" Reflections on menstrual management among schoolgirls in rural Kenya; Amatya, P. et al. (2018). Practice and lived experience of menstrual exiles (Chhaupadi) among adolescent girls in far-western Nepal.

Objectives

- **Co-design** a culturally grounded intervention in partnership with local communities.
- Integrate the strengths of **Intervention Mapping (IM)**, **Human-Centered Design (HCD)**, and **Arts-Based Research (ABR)** to combine the rigor of implementation science with participatory, community-led creativity.
- Foster trust, enhance community ownership, and generate solutions that are contextually meaningful and resonant.



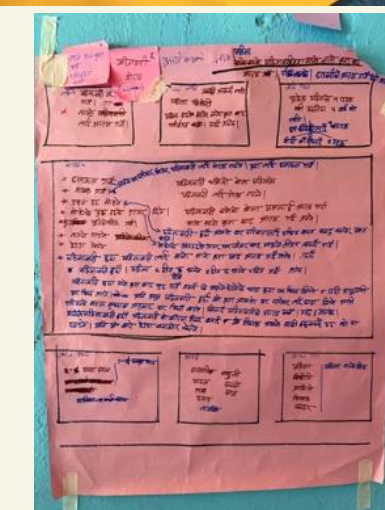
Methods – Site, Sample, Team

- **Approach:** Intentionally participatory at every stage. Centering community voices, valuing lived experience, and celebrating local knowledge as expertise.
- **10-day co-design workshop**
- **Dailekh, Nepal** (high prevalence of *chhaupadi* practice)¹
- **11 women** comprised a Community Design Team (currently practice *chhaupadi*, between 15-49 years, identify as female, resident for >1 year)
- **Strategic purposive selection to capture heterogeneity** (age, marital status, caste/ethnicity)
- Workshop led by a **team** of national, international, local expertise; human-centered design, arts-based research, implementation mapping, participatory action research, reproductive health, Nepal context



Methods – Activities

- The workshop combined key frameworks, activities and principles from IM, HCD, and ABM.
- Two iterative phases:
 - **(1) Discovery**, which included the development of a visual Logic Model of the Problem, participatory asset mapping using photography, stakeholder mapping, experience diagramming, a “walk-a-mile” immersion, and storytelling; and
 - **(2) Design**, which incorporated creative, structured activities such as the Impact Ladder, Importance–Difficulty Matrix, Buy-a-Feature, Concept Posters, Dream & Design (using color, natural and found elements, clay and painting to brainstorm intervention pieces) and Visual Voices (painting, writing, drawing).
- Data were **triangulated** from visual artifacts, reflective discussions, key informant interviews, and shared with the community during community dialogue sessions.

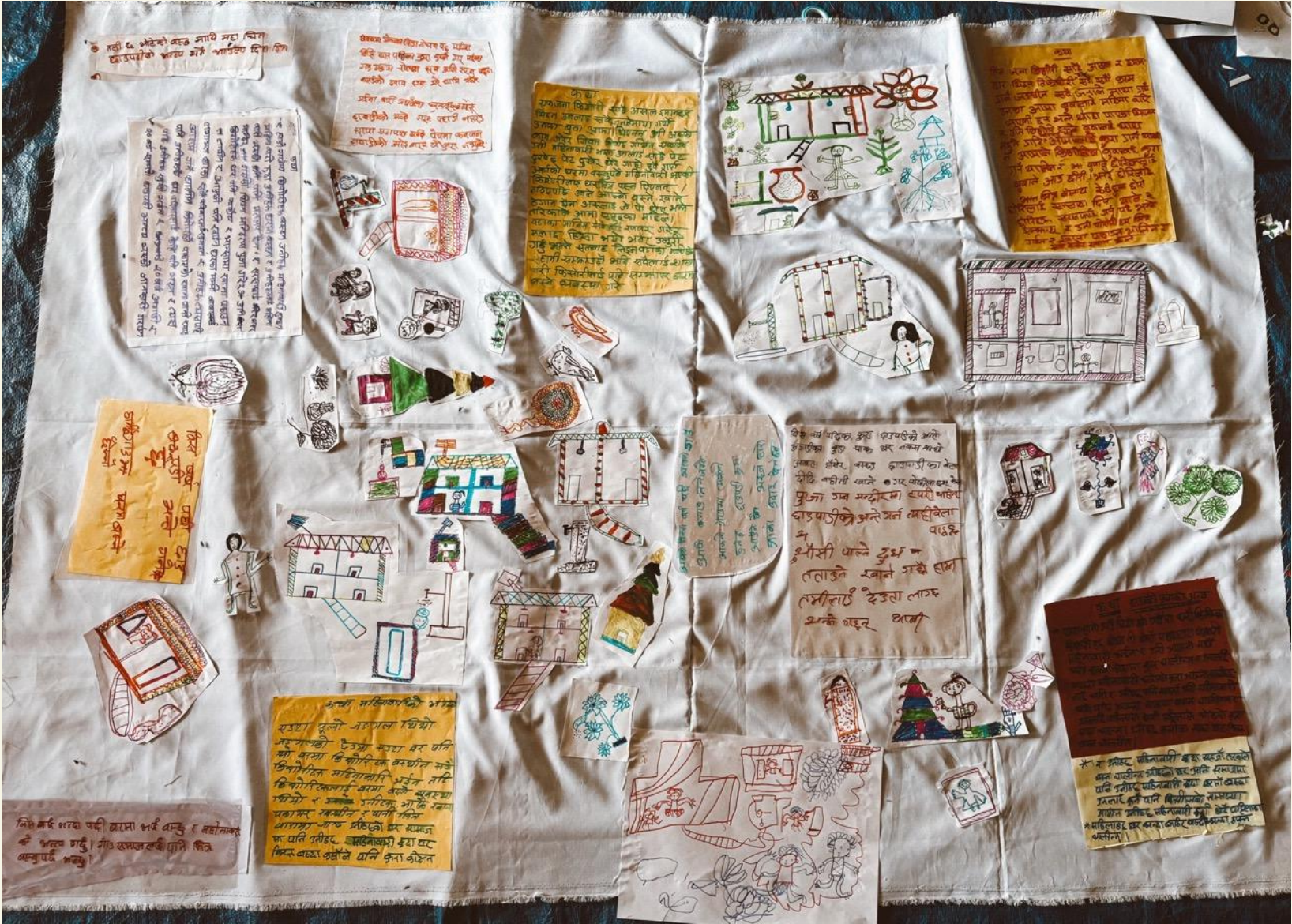
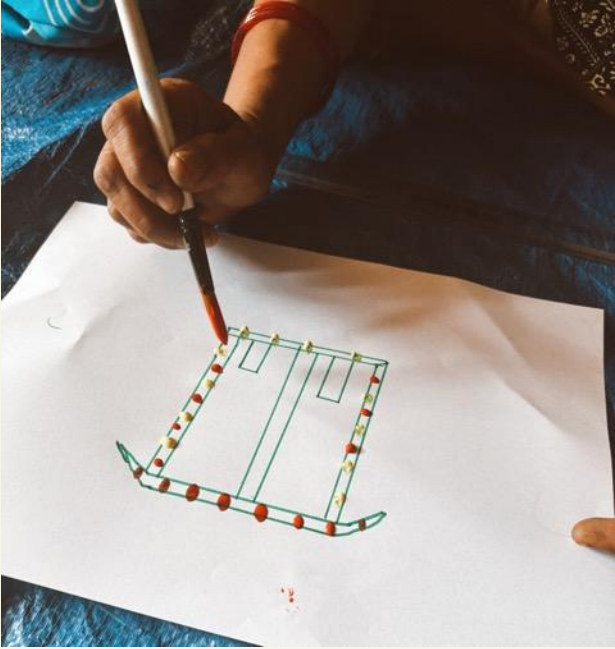


Results



- **Our Voice: Transforming Lives through the End of *Chhaupadi*** (community-generated)
- Where women's voices rise—in story, in song, in strength—to lead their own journey beyond *chhaupadi*.
- **Core components** include community-driven and media-based strategies to catalyze social change, such as:
 - Using videos through various platforms (e.g., TikTok, Facebook)
 - Dance competitions
 - Traditional dramas (natok)
 - Local folk songs and performances (deuda)
- **Targeting lessons include:**
 - Women and girls are both primary actors in the perpetuation of *chhaupadi* and key agents of change.
 - Police officers, healthcare providers, husbands, in laws, and neighbors were identified as influential actors.
 - Community members further emphasized the importance of involving local government and religious leaders to enhance legitimacy and sustainability.
- Additional insights via **Community Dialogue Sessions (2)** and **KIIs (8)** revealed additional opportunities, particularly:
 - Psychosocial health is a key opportunity area to improve women's lives.

Results



Conclusion

- Together, Intervention Mapping, Human-Centered Design, and Arts-based Methods form a **community-centered intervention development model** that can guide the design of **culturally responsive strategies** to address deeply rooted health stigmas worldwide.



Implications

Women and girls in rural Nepal co-designed their own solutions to reduce menstrual seclusion harms – centering creativity, culture, and community.



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