

Silenced by Tradition: Exploring Menstrual Taboos among Lhotshampa Women and Girls in Tsirang, Bhutan

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Abstract: *Menstruation in Bhutan remains a silenced and stigmatized subject, contrasting sharply with the nation's holistic development philosophy and Gross National Happiness framework. This case study examines menstrual taboos among Lhotshampa women and girls in Tsirang, drawing on ethnographic interviews, literature review, and thematic content analysis. Findings reveal that Hindu beliefs, patriarchal customs, and intergenerational norms frame menstruation as impure, restricting women's mobility, participation in cultural and religious activities, and access to education and health resources. These practices negatively influence self-esteem, school attendance, and reproductive health. The study calls for culturally sensitive menstrual education, strengthened community dialogue, and targeted policy interventions to promote menstrual equity and gender justice in Bhutan.*

Keywords: Menstruation, Taboos, Lhotshampa, Gender, Reproductive Health.

1. Introduction

Menstruation, a normal and healthy biological process required for human reproduction, is a taboo, stigmatised, burdened with misinformation and discrimination (Douglas, 1966; Tamang, 2020). In Bhutan, menstrual health is notably absent from public policy, national statistics, and social conversation. This silence contrasts the country's international image as a GNH-centered holistic development model (Ministry of Education, 2022). Silence is more prevalent in Southern Bhutan, home to Lhotshampa (literally meaning "new arrival"), the Nepali-speaking and predominantly Hindu community. Menstruation is perceived as 'impure' (ashuddha) according to Hindu religious belief and associated with numerous prohibitions through patriarchal social custom, which are passed from generation to generation in family and community life (Chhetri, 2022; Wangmo & Suping, 2019).

Girls and women who menstruate have restrictions on mobility, social interaction, and religious or household activity. They are prohibited from entering the kitchen and temple or participating in ceremonies. Women and girls are expected to self-isolate, limiting contact with men or outsiders as much as possible (Tamang, 2020). These prohibitions are particularly bewildering and can be distressing for young girls when combined with a lack of access to menstrual products, school toilet and disposal facilities, and little menstrual health education (UNICEF Bhutan, 2020; RENEW, 2021).

The study inquired about the cultural, religious, and gendered menstrual taboos practiced by Lhotshampa women and girls in Tsirang. It explores the socio-cultural menstrual restrictions, sources, and their impact on health, education, and social exclusion to fill the knowledge gaps. Documenting such menstruation-related beliefs and practices and their perceived implications for the health and well-being of women and girls is a vital contribution to national and international conversations on menstrual equity and gender

justice. The results of this study have the potential to inform culturally relevant policies and enhance reproductive health programmes and provide guidance for designing community-based solutions that honour tradition while promoting dignity, rights and well-being for women and girls.

2. Methodology

This study used a mixed-methods research design that triangulated field-based interviews, thematic content analysis, and literature review (Creswell & Poth, 2017). The study will accommodate. In total, 50 individuals (40 women, 10 male community members) this study. Although a relatively small sample, this number was effective in drawing rich, qualitative findings. The addition of male participants would allow for the identification of gendered differences and similarities in perception, as well as more targeted, collective data for future, community-led intervention design (Creswell & Poth, 2017). The study was limited to the southern districts of Tsirang, where the Lhotshampa are the dominant ethnic and linguistic group.

2.1 Data Collection

Fifteen adolescent girls, five mothers, and three school teachers were purposively recruited for the research. The interviews were conducted in Lhotsam kha and English, and addressed their personal experiences, community values, and school-based practices and challenges around menstruation. Secondary sources included government policy documents, journal articles, and NGO reports (e.g., RENEW, UNICEF).

2.2 Ethical Consideration

Ethical approval was obtained. Consent was sought from the participants in written/verbal form, and the names were anonymized in the study.

3. Results

3.1 Cultural Beliefs and Practices

The majority of respondents (participants) described menstruation as ‘ashuddha’ or ‘inauspicious.’ Girls reported that they were told to avoid temples or religious objects, coming under the same roof as the head of family, eating the same dishes, and coming in contact with male members and outsiders. In some cases, menstruating individuals were banished to a separate corner of the house and completely isolated. These beliefs were mostly attributed to Hindu religious scriptures and beliefs (Tamang, 2020; Chhetri, 2022). Menstrual restrictions were therefore upheld by the female elders in the family.

3.2 Educational Impact

The girls missed school on average one or two days per month during their menstruation due to a lack of toilet privacy, disposal bins, or even basic menstrual pads. A 14-year-old girl in Sarpang interviewed by UNICEF Bhutan reported missing three school days every month during menstruation (UNICEF Bhutan, 2020; Ministry of Education, 2022). Although some schools had introduced a sanitary pad distribution program, they were implemented inconsistently.

3.3 Psychological and Social Effects

The common feelings described during menstruation included: shame, fear, anxiety, and withdrawal from socializing with peers, parents, and the community. The participants internalized a strong sense of ‘uncleanliness’ and spiritual contamination that damaged their self-image and self-esteem (Wangmo & Suping, 2019; RENEW, 2021).

3.4 Emerging Change

School teachers, especially female health workers, were starting to break the menstrual taboos through education. The younger mothers in more urbanized towns had started to discuss menstruation with their daughters and provide sanitary pads (World Bank, 2018).

4. Discussion

Menstrual taboos are reproduced, negotiated, and resisted through Lhotshampa community-level beliefs and practices that vary historically and socially. Isolation of menstruating girls, restrictions on household and outdoor work, and prohibitions from kitchens, temples, or social spaces curtail agency and reinforce invisibility and material health consequences by limiting education, privacy, and menstrual hygiene (Douglas, 1966; Kandiyoti, 1988). Rules are not simply enforced by men but also by women, especially mothers, revealing patriarchy works “both from above and below,” with women using cultural and religious morality to police others’ sexuality and mobility (Kandiyoti, 1988).

Drawing on feminist theoretical frameworks, I conceptualize menstrual taboos as a gendered health issue. Feminism broadly challenges the oppression of women and minorities by interrogating male dominance and bias, while post-

structuralist feminist thought interrogates how the female body is made into an object of regulation and discipline (Butler, 1990; Foucault, 1978). Menstruation is an involuntary natural process, but its meanings are socially-constructed and policed through patriarchal norms of morality as a form of “normative disciplining” (Foucault, 1978, p. 32).

Social constructivist theory helps to unpack how menstrual taboos are created and reproduced. Menstruation is not polluting or unclean in itself; rather, cultural processes of meaning-making give the body and bleeding symbolic meaning as “matter out of place” that disturbs social order (Douglas, 1966, p. 2). Among Lhotshampa, this meaning is reproduced through stories, rituals, and institutions (family, religion, school) that shape both attitudes and material health practices.

Empirical literature on menstrual restrictions in South Asia reveals taboos result from multiple religious and cultural discourses which project impurity and uncleanliness onto the female body to exclude menstruating women from social, religious, domestic spaces (Garg & Anand, 2015; Mahon & Fernandes, 2010). Such taboos have negative impacts on women’s education, mobility, mental health, and well-being, while poor MHM is widespread in rural areas where awareness and resources are lacking (Sommer et al., 2016). Among the Lhotshampa, I find gradual changes through education and cultural dialogue, which suggest social meanings are mutable when counter narratives are mobilized and health information is disseminated.

In Bhutan, menstrual taboos have real-world implications. Girls face absenteeism from school, depression, anxiety, and barriers to pads, education, and counseling. While national policies broadly support gender equality and WASH access for marginalized communities, implementation and monitoring of menstruation in schools remains weak and male teachers, fathers, and religious leaders are not meaningfully engaged (Ministry of Education, 2022). This reinforces the perception that menstruation is a “women’s issue” and contributes to the exclusion of women and girls from community decision-making (Chhetri, 2022; RENEW, 2021). On the other hand, I find schools and health professionals are beginning to break the silence through some curriculum changes and open dialogue, especially led by women teachers (World Bank, 2018).

The central challenge is supporting girls to speak with pride about their bodies and ensuring access to resources and accurate information to avoid shame and distress. Challenging menstrual taboos is not simply a health intervention, but a matter of dignity, social justice, human rights, and a genuine realization of Gross National Happiness for Bhutanese women and girls.

5. Conclusion

This study highlights the persistence of menstrual taboos among Lhotshampa women and girls in Tsirang, rooted in Hindu tradition and reinforced by intergenerational norms. These beliefs restrict mobility, participation, and educational opportunities, while perpetuating stigma and undermining dignity. Despite progress in health and education, menstrual

health remains overlooked in policy and community discourse. Encouraging signs of change, led by teachers, mothers, and community initiatives, suggest that culturally sensitive, inclusive approaches can foster menstrual equity and challenge entrenched norms.

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