Reproductive Health for the Marginalised: 
The Knowledge of Young Women Trafficked into the Sex 
Industry in Nepal

by
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Submitted in fulfilment of the requirements for the degree of 
Doctor of Philosophy

Deakin University
January 2018

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Acknowledgements

This PhD research journey has been one of the most rich, challenging and inspiring journeys of my life. It included undertaking fieldwork following the 2015 April/May Nepal earthquakes and during the 2015-2016 India-Nepal border blockade and through a series of life challenges in Australia. I would like to acknowledge the organisations and people who helped me to counteract the ‘road bumps’ in both countries.

Australian Government/Scope Global

My thanks to the Australian Government for providing a ‘Research Training Program’ Award so I could dedicate myself to my PhD research and an ‘2015 Endeavour Research Fellowship’ to support my fieldwork. To former Scope Global staff Sumati Maharjan and Jamila Ahmadi (Australia) and Scope Global staff Rajendra Khadka and Hari Bastola (Nepal) for case-managing my fellowship. To Rajendra and Hari for giving me the opportunity to co-facilitate an eye-opening workshop with Lucy Lovelock from Scope Global (Australia) on the risk of sexual assault for the incoming group of Australian Volunteers for International Development [AVID]. This enabled me to ‘bring to life’ the personal safety issues for Australian women (and men) developed from the knowledge I have gained of Nepalese culture across the last thirty years.

Deakin University

To the Faculty of Health for providing grant funding to attend conferences in Australia, Ireland and Myanmar. To the School of Health and Social Development [HSD] for providing funding for the practicalities of my fieldwork. To HSD staff particularly Professor Catherine Bennett, Professor Tony La Montagne and Associate Professor Samantha Thomas for providing support in various forms during my PhD journey. To Dr. Claire Henderson-Wilson for being a stabilising force in the early months of my PhD when I was without a ‘supervisory anchor’. To Dr. Elyse Warner for helping me to ‘get back on my feet’ after my difficult hospital stay. To former finance staff Hari Hettiarchchi and Kate Giles for ‘saving’ my HSD grant funding during my fieldwork delay post-earthquake. Additionally, to Kate for providing tireless support and for going ‘above and beyond the call of duty’ to ensure all PhD administration tasks were simplified for me whilst in Nepal. To research ethics staff, particularly Christine Warne and Sally Fornaro, for understanding the complex ethical challenges of this sensitive cross-cultural research. To research scholarship staff Prue Plummer
and Meeta Dissanayake for providing sound advice on scholarships and extended sick leave at a ‘most-needed’ time. To library staff Rachel West, Gabrielle Smith and Angela Kirk for sourcing books and articles from obscure archives and libraries across the world so that I could feel I had left ‘no stone unturned’.

Nepal Health Research Council

To the ethics teams at the Nepal Health Research Council [NHRC] for giving me – as an Australian researcher - the privilege of undertaking such ‘culturally-sensitive’ research in Nepal in relation to reproductive health and trafficking.

PhD Colleagues

To Dr. Vicky Brown, Jennifer David, Anita Lal, Dr. Natalie Lander, Long Le, Caroline De Môel-Mandel, Dr. Jenny Marks, Emiliano Mazzoli, Bridget Morrissey, Dr. Sonia Nuttman and the late Dr. Annemarie Nevill for providing individual and collective support over the last four years. To Dr. Humaira Maheen for the opportunity to share our South Asia (Pakistan and Nepal) PhD journeys, mother-daughter stories and ‘PhD first aid’.

My Supervisors

To my Primary Supervisor Professor David Mellor and Associate Dean (International) for your steadfastness, humility and compassion (and an occasional push) during this challenging PhD journey. Your ‘touchdown’ in Nepal just before the end of this road enabled me to feel as though you had encountered a little bit of ‘my bumpy field’ and the streets of the old city of Pātan (my refuge) where the last pages of this thesis were penned. To my Associate Supervisor Dr. Maria Pallotta-Chiarolli for your words of kindness and support at most needed times and for casting a critical eye over my writing at key timepoints in my PhD process.

United Nations Populations Fund (Nepal)

To Catherine Kamkong Breen, former deputy representative of the United Nations Populations Fund [UNFPA] Nepal, for encouraging me to use art therapy tools in this research. To Manju Karmacharya, Adolescent Sexual and Reproductive Health [ASRH] program officer and Aradhana Gurung-Shresta, former programme officer (youth), for encouraging this research from its inception. To Manju for organising the delivery of my findings back to Nepal through the UNFPA.
Other Nepal Researchers

To Professor Mary Crawford, Dr. Michelle Kaufman and Dr. Lauren Menger whose conversations over email and/or Skype - about trafficking and reproductive health research in Nepal - in the early part of my PhD journey ‘buoyed’ my enthusiasm for this research despite the likelihood of encountering a complexity of challenges in Nepal.

Asha Nepal and Centre for Awareness Promotion Nepal

To Smriti Khadka, Uzen Malla, Swosti Khadka and the Asha Nepal (Nepal) staff and Peter Bashford Asha Nepal (UK) for embracing us as part of the ‘Asha family’. Working with Asha Nepal was ‘ati sundar’ (very beautiful) from beginning to end. To Shardya Poudel and Binu Lama and the team at Centre for Awareness and Promotion [CAP] Nepal for also welcoming us into the CAP home. Learning ‘jhapad’ (the Nepali slap) on the rooftop for use in cases of ‘unwelcome approach’ still makes me laugh.

My Nepal Research Team/Technical Support Crews

To my primary fieldwork research assistant/interpreter Sabrina (‘Sabbu’) Kaur Chettri for accompanying me on a demanding fieldwork journey and making the experience ‘ananda’ (bliss). To my co-investigator/associate research Nirmala Prajapati for unwavering support for this project from beginning to end. To Saru Shilkapar and Kamal Kafle for your generous gift of time in ‘enabling’ the pilot of our new clay research method. To Sarita Dongol for allowing us to observe clay workshops at Community Children Art School [CCAS] Pātan and getting clay from Thimi during the India-Nepal border blockade. To Avinash Shrestha for helping design our consent posters and making maps for me so I did not get ‘harayo’ (lost) in Kathmandu. To Manju (surname unknown) for printing the photos from our research (in between electricity outages) with an understanding of the sensitivity issues.

Nepali Families in Nepal

To the Burathoki, Lama, Mukhia, Neupane, (Avinash and Supriya Pradhan) Shrestha, (Roshan) Shrestha, Kaur-Chetri, Khadka, Maharajan and Malla families for wonderful hospitality, food, music - and laughter - shared with all your families over the last four years. Each of you have (individually and collectively) given me treasured memories that will be contained in the fabric of my heart for always. To the staff and/or families of Boutique Heritage Home, ‘Coffee Escape’, ‘Coffee, Tea and Me’, ‘Dhokaima Café’, Hotel Himalaya, Lalit Heritage Home, Lazimpat Apartments, ‘Kano Dadda’ Namo Buddha Resort, K2 Homes, Newa
Chen, Tings Tea House, ‘Step Up’, ‘Swotha Café’, ‘Yalla Mandala Café’ and Yamba Traditional Home for additionally providing me with generous hospitality, stable electricity, warm light – and often inspiring garden spaces – to stimulate my writing when most needed.

**Nepali Colleagues in Australia**

To Dr. Sabrita Kaphle for supporting me at my ‘Confirmation of Candidature’, transcribing my Plain Language Statements/Consent Forms into Nepali and encouraging me throughout the many ‘rough-and-tumble’ phases of this PhD journey. To PhD Candidates Goma Khatri and Neeti Khanal for your additional support. The Australia-India Institute Post-Graduate Conference will always be remembered for the touching moment when our Nepal women’s reproductive health presentations unexpectedly intersected into one another.

**My Friends and Family**

To my dear friends, Ali - and the trio of mothers MK, Rosanna and Vivian - for the provision of ‘coffee and cake’ breaks which transported me out of my ‘PhD brain’, writing fits and hospital.

To my parents, Elizabeth and Geoff Hedditch for providing numerous forms of support over the last four years and for giving me the resources and resourcefulness to cope with the multiplicity of challenges I encountered on this PhD journey. Additionally, to my mother and Glenese Zeally for helping to make the doll kits for our research participants.

To my family who have travelled with me on a PhD journey which tossed us some of the greatest life challenges we could possibly encounter, including an illness journey that threatened to change the course of all our lives. To my husband Francis, for your patience, tolerance and understanding of the difficulties of undertaking a PhD, but most particularly for appreciating and understanding the feeling of ‘knowing where you are is exactly where you ought to be’. To my daughter Jess for making me laugh at times when laughter seemed improbable (and I could see that trying to make me laugh was particularly difficult). Coming home (from Nepal) to hug my daughter after undertaking this research has taken on new meaning for me. To my son Alexander for your patient technical support and care. Watching you fly out into the world to pursue the first part of your own life dream during this PhD journey was encountered as a feeling of passing the baton on…
Presentations by Author During Her Candidature


Ong, T 2017, ‘Recherche sans Frontiere’: ‘hypoethetical' session’ ’, panellist (student representative, Victorian Ethics Network, 1 August.


Ong, T 2016, ‘Trafficked into the sex industry: young Nepalese women and reproductive health’, paper presented to Australia-India Institute Post-Graduate Conference, Melbourne, 5 December.


Ong, T 2015, ‘Life in the field: the challenges of undertaking PhD research in post-earthquake Nepal’, video presented (in absentia) to Deakin University School of Health and Social Development Conference, Melbourne, 4 December.

Ong, T 2015, ‘Snapshots of the ethical issues of undertaking a PhD research project in Nepal’, Guest Lecture, HSH725: Research Literacy in Health Practice, 6 August.


Ong, T 2014, ‘I should not have progressed with my PhD research in Nepal without…’: the ethics of intercultural partnership development’, paper presented to Deakin University School of Health and Social Development Conference, Melbourne, 9 December.

Dedication

This thesis is dedicated to the women and girls who participated in this study: Aisha, Indira, Niuresha, Rosina, Soniya and Sulob. At the end of our last research workshop, Soniya - with eyes downcast – whispered: ‘

_Hasney din pani gayo_’ (All the days of laughter are now gone). However, I – along with Sabrina - hope that you will always remember the laughter we shared during this research and that these memories will lift you up in forthcoming times of need. Remembering the lyrics of Ani Choyling Drolma’s song, ‘

*Phul Ko Aakha Ma*’ (which means so much to trafficked women in Nepal and came to mean so much to all of us), we also say:

_‘Phul ko aakha ma, phulai sansaara, kaada ko aakha ma, kaadai sansara’_ (In the eyes of a flower, you are beautiful).
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AATWIN</td>
<td>Alliance Against Trafficking in Women and Children in Nepal</td>
</tr>
<tr>
<td>ABC Nepal</td>
<td>Agroforestry, Basic Health and Cooperative Nepal</td>
</tr>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>ASRU</td>
<td>Aids and Society Research Unit</td>
</tr>
<tr>
<td>BPFa</td>
<td>Beijing Platform for Action</td>
</tr>
<tr>
<td>CAR</td>
<td>Children At Risk</td>
</tr>
<tr>
<td>CATW</td>
<td>United States Coalition Against Trafficking in Women</td>
</tr>
<tr>
<td>CBS</td>
<td>Central Bureau of Statistics</td>
</tr>
<tr>
<td>CCWB</td>
<td>Central Child Welfare Board</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Discrimination of Women</td>
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<tr>
<td>CERM</td>
<td>Clay Embodiment Research Method</td>
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<tr>
<td>CPN</td>
<td>Communist Party of Nepal</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>CRR</td>
<td>Centre for Reproductive Rights</td>
</tr>
<tr>
<td>CREPHA</td>
<td>Centre for Research on Environment, Health and Population Activities</td>
</tr>
<tr>
<td>CWIN</td>
<td>Child Workers in Nepal</td>
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<tr>
<td>ECPAT</td>
<td>End Child Prostitution, Child Pornography and the Trafficking of Children</td>
</tr>
<tr>
<td>FDR</td>
<td>Federal Democratic Republic</td>
</tr>
<tr>
<td>FHD</td>
<td>Family Health Division</td>
</tr>
<tr>
<td>FWLD</td>
<td>Forum for Women, Law and Development</td>
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<tr>
<td>GAATW</td>
<td>Global Alliance Against Traffic in Women</td>
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<tr>
<td>GoN</td>
<td>Government of Nepal</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>HTTCA</td>
<td>Human Trafficking and Transport Control Act</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development Fund</td>
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<td>ICCPR</td>
<td>International Convention on Civil and Political Rights</td>
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<td>ICEPR</td>
<td>International Convention on Economic, Civil and Political Rights</td>
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<tr>
<td>International IDEA</td>
<td>International Institute for Democracy and Electoral Assistance</td>
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<tr>
<td>INGO</td>
<td>International Non-Government Organisation</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>-----------</td>
<td>-------------------------------------------------</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>UNTOC</td>
<td>UN Convention against Transnational Organised Crime</td>
</tr>
<tr>
<td>UNWomen</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
</tr>
<tr>
<td>UNYouth</td>
<td>United Nations Youth</td>
</tr>
<tr>
<td>US State Dept.</td>
<td>United States Department of State</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WOREC</td>
<td>Women’s Rehabilitation Centre</td>
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<tr>
<td>WRHR</td>
<td>Women’s Reproductive Health and Rights</td>
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<tr>
<td>Y-PEER</td>
<td>Youth Peer</td>
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Abstract

This thesis explored the reproductive health knowledge of one of the most marginalised and disadvantaged groups of young women in Nepal: young women who have been trafficked into the sex industry. It uncovered the perceptions and experiences of their reproductive bodies; their hopes and fears about reproduction and how these issues influenced their reproductive-decision-making. An overarching objective of the research was to develop a set of recommendations for reproductive health education and reproductive health support for young trafficked women for Nepal’s Ministry of Education [MoE], Ministry of Health and Population [MoHP], Ministry of Women, Children and Social Welfare [MoWCSW], United Nations Population Fund [UNFPA] and (UNFPA-supported) Youth Peer [Y-PEER] and Anti-Trafficking Non-Government Organisations [NGO] in Nepal. Designed for the cultural context, the research employed the newly-designed Clay Embodiment Research Method [CERM] comprising three research methods: 1) Critical Ethnographic Participant Observation; 2) A Series of Seven Participatory (Clay Embodiment/Three-Dimensional Body Mapping) Workshops; and 3) A Group Interview using Photoethnography. The research identified how young trafficked women source knowledge about reproductive health issues. The study further illuminated their modes of learning through the six senses: audition; vision (three-dimensions); vision two-dimensional somato-sensation; gustation; olfaction and also pain and other sensations. Three dominant themes emerged in relation to the reproductive body: that of the physical body; the emotional body; and the cultural body. Lastly, it identified key benefits (physical and psychological) of the reproductive health workshops undertaken in the course of this research. This study is timely as the needs of young trafficked people have been identified as a focus for health research in Nepal and the findings complement and contrast the current (limited) Adolescent Sexual and Reproductive Health [ASRH] and women’s reproductive health literature. It is also a time of significant upgrading of ASRH health services in Nepal.
# Table of Contents

**ACKNOWLEDGEMENTS** .......................................................................................................................... I  
**PRESENTATIONS BY AUTHOR DURING HER CANDIDATURE** ................................................................. V  
**DEDICATION** .............................................................................................................................................. VII  
**GLOSSARY OF TERMS** ................................................................................................................................. VIII  
**ABSTRACT** .................................................................................................................................................. XI  
**LIST OF FIGURES** ....................................................................................................................................... XVIII  
**LIST OF TABLES** ........................................................................................................................................ XIX  
**PREAMBLE** ................................................................................................................................................ XXI  
**PROLOGUE ‘HAMI LAI NABIRSUHU’** ........................................................................................................... XXIII  

## CHAPTER 1: REPRODUCTIVE HEALTH FOR MARGINALISED WOMEN AND GIRLS .................. 1  
1.1 REACHING OUT TO MARGINALISED WOMEN AND GIRLS ................................................................. 1  
1.2 GLOBAL DEVELOPMENTS IN WOMEN’S REPRODUCTIVE HEALTH AND RIGHTS: 1994-2017 ........ 2  
1.3 SOUTH ASIA: THE VULNERABILITY OF WOMEN AND GIRLS ......................................................... 4  
1.4 NEPAL: GLOBAL, REGIONAL AND LOCAL COMMITMENTS TO WOMEN AND GIRLS ................. 6  
1.5 GLOBAL GAPS IN RESEARCH: HEALTH AND HUMAN TRAFFICKING .......................................... 7  
1.6 NEPAL: THE REPRODUCTIVE HEALTH KNOWLEDGE OF TRAFFICKED WOMEN AND GIRLS .... 8  
1.7 SUMMARY .................................................................................................................................................. 10  

## CHAPTER 2: ‘CHORIKO JANMA, HAREKO KĀRMA’: A BRIEF OVERVIEW OF CONTEMPORARY SOCIETY FOR NEPALESE WOMEN ................................................................. 11  
2.1 A BRIEF OVERVIEW OF NEPAL .............................................................................................................. 11  
2.2 A POLITICAL HISTORY OF NEPAL: 536 B.C.E TO 2007 .................................................................... 13  
2.3 CONTEMPORARY NEPALESE SOCIETY: A SECULAR STATE WITH HINDU PREDOMINANCE .......... 19  
2.4 THE DERIVATION OF HINDUISM: ‘PARBATIYA HINDUISM’ .............................................................. 21  
2.5 THE HINDU LEGAL CODE: THE ‘MULUKI AIN OF 1845’ ................................................................. 22  
2.6 THE HINDU VALUE SYSTEM: PATRIARCHY AND THE PERPETUAL SUBJUGATION OF WOMEN ........ 24  
2.7 THE HINDU CASTE SYSTEM: A FIVE-TIER HIERARCHY ..................................................................... 29  
2.8 THE PURITY AND IMPURITY RITUALS: A LINGUISTICALLY-EMBODIED SYSTEM ............................ 34  
2.9 THE HINDU RESTRICTIONS ON SEXUAL RELATIONS: SIX RULES OF FORBIDDEN SEXUAL INTERCOURSE........... 35  
2.10 THE ‘UNTOUCHABLE WOMEN’: THE BĀDI AND THE DEUKI ........................................................... 37  
2.10.1 The Bādi Women ............................................................................................................................. 38  
2.10.2 The Deuki Women ............................................................................................................................ 39  
2.11 SUMMARY .............................................................................................................................................. 40  

## CHAPTER 3: ‘CHELI BETI BECH BIKHAN’: A DISCOURSE ON THE TRAFFICKING OF WOMEN AND GIRLS INTO THE SEX INDUSTRY IN NEPAL ................................................................. 42  
3.1 THE HISTORICAL CONTEXT OF TRAFFICKING OF NEPALESE WOMEN AND GIRLS ..................... 42  
3.2 RANA RULE: 1845 TO 1951 ..................................................................................................................... 46  
3.2.1 The Muluki Ain of 1845: ‘Besyā’........................................................................................................ 46  
3.2.2 The Ranas and Tamang Women: ‘The Helambu Girls’ .................................................................... 47  
3.3 POST RANA RULE: 1951-1960 .................................................................................................................. 48  
3.4 PANCHAYAT ERA: 1960-1990 .................................................................................................................... 50  
3.5 MAOIST CIVIL WAR AND THE DOWNTURN IN THE CARPET INDUSTRY: MID-1990’S TO MID-2000’S 52  
3.5.1 Maoist Civil War: 1996-2006 ............................................................................................................. 52  
3.5.2 Downturn of the Carpet Industry: Mid-1990s to Mid-2000s ............................................................ 54  
3.6 THE SEX INDUSTRY IN NEPAL: 2010 ..................................................................................................... 57  
3.6.1 The entertainment industry as a front for the sex industry ............................................................... 57  
3.6.2 The entertainment industry as a complex infrastructure of operations ......................................... 58  
3.6.3 A self-perpetuating cycle of sex work .............................................................................................. 60  
3.6.4 Characteristics of women in the entertainment industry ................................................................. 61  
3.6.5 Violence against women and girls in the entertainment industry .................................................... 63  
3.7 EARTHQUAKE: 2015 ................................................................................................................................. 67  
3.8 CURRENT STATUS OF THE TRAFFICKING OF WOMEN AND GIRLS IN NEPAL ............................. 69  
3.9 GAPS IN RESEARCH IN NEPAL ............................................................................................................... 70  
3.9.1 Current status of internal trafficking research ................................................................................ 70  
3.9.2 Current status of reproductive health research ............................................................................... 71
CHAPTER 4: RESEARCH METHODOLOGY ................................................................. 75
4.1. A ‘CULTURALLY-SENSITIVE’ RESEARCH DESIGN ........................................... 75
4.2 CLAY ........................................................................................................ 78
  4.2.1 Clay in Nepal ......................................................................................... 78
  4.2.2 Clay in Religious Rituals ................................................................. 81
  4.2.3 Clay Therapy ...................................................................................... 82
4.3 BODY MAPPING ...................................................................................... 84
  4.3.1 History ................................................................................................. 84
  4.3.2 Body mapping in reproductive health and sexuality contexts .......... 87
  4.3.3 Body mapping with individual and groups ....................................... 94
  4.3.4 Benefits, risks and challenges of body mapping .............................. 96
4.4 PHOTOGRAPHY ...................................................................................... 99
  4.4.1 Photography in Nepal .......................................................................... 99
  4.4.2 Photography in reproductive health research ................................. 100
4.5 CLAY + BODY MAPPING + PHOTOGRAPHY = CLAY EMBODIMENT RESEARCH METHOD (CERM) ............................................................... 102
  4.5.1 Critical Ethnographic Participant Observation ............................... 102
  4.5.2 A Series of Seven Participatory Clay Embodiment Workshops ....... 106
  4.5.3 Group Interview using Photoethnography .......................................... 109
4.6 PILOT OF THE CERM ........................................................................ 110
4.7 PARTNER ORGANISATIONS ................................................................... 117
  4.7.1 Asha Nepal ........................................................................................ 117
  4.7.2 CAP Nepal ......................................................................................... 118
4.8 PURPOSEFUL SAMPLING ...................................................................... 119
4.9 LIMITATIONS OF THE STUDY .............................................................. 121
4.10 CONSENT ............................................................................................... 121
4.11 THE SIX TRAFFICKED WOMEN ............................................................ 123
  4.11.1 The six trafficked women and group construct .............................. 123
  4.11.2 ‘Aisha’ ............................................................................................. 124
  4.11.3 ‘Indira’ ............................................................................................ 124
  4.11.4 ‘Niresha’ ........................................................................................ 125
  4.11.5 ‘Rosina’ ........................................................................................... 125
  4.11.6 ‘Soniya’ ........................................................................................... 125
  4.11.7 ‘Sulob’ ............................................................................................ 126
4.12 DATA ANALYSIS ................................................................................... 126
4.13 THEORETICAL LENS .......................................................................... 129
4.14 ETHICS STATEMENT ........................................................................... 131
4.15 SUMMARY ............................................................................................. 133

CHAPTER 5: THE FINDINGS ............................................................................. 135
5.1 THE REPRODUCTIVE HEALTH KNOWLEDGE OF TRAFFICKED WOMEN AND GIRLS ............................................................. 135
5.2 CLAY EMBODIMENT RESEARCH METHOD ........................................... 135
5.3 OUTLINE OF FINDINGS ......................................................................... 136
  5.3.1 Dominant Themes ............................................................................ 136
  5.3.2 Sources of Knowledge .................................................................... 136
  5.3.3 Six Senses, Pain, Sensation, Embarrassments/Sensitivities and Other ............................................................................................. 137
5.4 RESEARCHER AND INTERPRETER/RESEARCH ASSISTANT .................... 138

PART 1 – PHYSICAL BODY ........................................................................... 139
5.5 THE FEMALE REPRODUCTIVE BODY .................................................... 139
  5.5.1 Role of the female reproductive body .............................................. 139
  5.5.2 The outer body .................................................................................. 139
  5.5.3 Vagina ............................................................................................... 140
  5.5.4 Invisibility of vagina ........................................................................ 145
  5.5.5 Pubic hair ............................................................................................ 145
  5.5.6 Vaginal canal ..................................................................................... 146
  5.5.7 Invisibility of the vaginal canal ......................................................... 146
  5.5.8 Uterus, ovaries and fallopian tubes .................................................. 148
  5.5.9 Invisibility of uterus, ovaries and fallopian tubes ......................... 153
  5.5.10 Summary – Female Reproductive Body ......................................... 154
5.6 MENSTRUATION .......................................................................................... 156
5.13 BODY CHANGES OVER THE REPRODUCTIVE LIFE STAGE ........................................................................... 219
5.13.1 Girl to pregnant woman ......................................................................................................................... 219
5.13.2 Vaginal canal ........................................................................................................................................... 220

5.14 MALE REPRODUCTIVE BODY .................................................................................................................. 221
5.14.1 Role of the male reproductive body ........................................................................................................ 221
5.14.2 Penis ......................................................................................................................................................... 222
5.14.3 Length of penis ........................................................................................................................................ 225
5.14.4 Testicles .................................................................................................................................................. 226
5.14.5 Urethra ..................................................................................................................................................... 228
5.14.6 Sperm ....................................................................................................................................................... 229
5.14.7 Pubic hair ................................................................................................................................................ 230
5.14.8 Invisibility of penis ................................................................................................................................... 230
5.14.9 Erection .................................................................................................................................................. 230
5.14.10 Misconception about erection ............................................................................................................... 232
5.14.11 Sexual intercourse .................................................................................................................................. 233
5.14.12 Body changes over the reproductive life cycle ...................................................................................... 235
5.14.13 Seeking knowledge on the process of loss of virginity ........................................................................ 237
5.14.14 Summary – Male reproductive body .................................................................................................... 237

5.15 CONTRACEPTION .......................................................................................................................................... 240
5.15.1 Family planning methods ....................................................................................................................... 240
5.15.2 Access to contraception .......................................................................................................................... 244
5.15.3 Factors of (potential) contraceptive choices .......................................................................................... 245
5.15.4 Factors of (actual) contraceptive choices ............................................................................................... 246
5.15.5 Economics .............................................................................................................................................. 247
5.15.6 Son-preference ....................................................................................................................................... 248
5.15.7 Condom refusal ....................................................................................................................................... 248
5.15.8 Side effects of contraception .................................................................................................................. 249

5.16 ROLES IN REPRODUCTIVE DECISION-MAKING ....................................................................................... 250
5.16.1 Idealising roles in reproductive decision-making .................................................................................. 250
5.16.2 Realising roles in reproductive decision making .................................................................................. 252

5.17 SUMMARY: PART 1 - PHYSICAL BODY ..................................................................................................... 252

PART 2 – EMOTIONAL BODY .................................................................................................................................. 254

5.18 FEARS OF REPRODUCTION ......................................................................................................................... 254
5.18.1 Getting pregnant on ‘Depo’ .................................................................................................................. 254
5.18.2 Giving birth ............................................................................................................................................. 254
5.18.3 Losing another baby ............................................................................................................................... 254
5.18.4 Having another daughter ...................................................................................................................... 255
5.18.5 Having to ‘throw a baby’ ...................................................................................................................... 256
5.18.6 Fear of pain on losing virginity ............................................................................................................ 257
5.18.7 Having sexual intercourse ................................................................................................................... 258
5.18.8 Being raped .......................................................................................................................................... 259
5.18.9 Being stigmatised for loss of virginity ............................................................................................... 260
5.18.10 Contracting HIV/AIDS ..................................................................................................................... 260
5.18.11 Fearing masturbation .......................................................................................................................... 261

5.19 HOPES FOR MOTHERHOOD ....................................................................................................................... 261
5.19.1 Valuing birth mothers .......................................................................................................................... 261
5.19.2 Becoming mothers (Idealism) .............................................................................................................. 264
5.19.3 Reframing motherhood ....................................................................................................................... 265
5.19.4 Continuing motherhood (Realism) ...................................................................................................... 266
5.19.5 Protecting her daughter ..................................................................................................................... 266

5.20 SUMMARY: PART 2 - EMOTIONAL BODY ..................................................................................................... 267

PART 3 – CULTURAL BODY .................................................................................................................................. 268

5.21 IMPRESSIONS OF MEN .................................................................................................................................. 268
5.21.1 Men dominating women ....................................................................................................................... 268
5.21.2 Men taking sexual advantage ............................................................................................................... 268
5.21.3 Men neglecting familial responsibility ............................................................................................... 271
5.21.4 Men causing physical harm ................................................................................................................ 273

5.22 STIGMA ......................................................................................................................................................... 273

5.23 SUMMARY: PART 3 - CULTURAL BODY ..................................................................................................... 274
PART 4 – BENEFITS OF THE WORKSHOPS .............................................................................. 275
  5.24 BUILDING REPRODUCTIVE HEALTH KNOWLEDGE ....................................................... 275
    5.24.1 Accruing accurate knowledge .............................................................................. 275
    5.24.2 Accruing inaccurate knowledge .......................................................................... 275
  5.25 IMPROVING PSYCHOLOGICAL WELLBEING ................................................................. 276
    5.25.1 Enjoying ‘the knowing’ ....................................................................................... 276
    5.25.2 Allaying fears ...................................................................................................... 276
    5.25.3 Promoting self-development .............................................................................. 277
    5.25.4 Building confidence ............................................................................................ 277
    5.25.5 Enabling problem-solving .................................................................................. 278
    5.25.6 Educating others .................................................................................................. 279
  5.26 SUMMARY: PART 4 – BENEFITS OF THE WORKSHOPS ............................................. 282
  5.27 THE FINDINGS – CONCLUDING REMARKS .................................................................. 283

CHAPTER 6: DISCUSSION ........................................................................................................... 284
  6.1 EXPLICATION OF THE CLAY EMBODIMENT RESEARCH METHOD [CERM] AND THE FINDINGS ................................................................................................................... 284
  6.2 REMARKS ON THE CLAY EMBODIMENT RESEARCH METHOD [CERM] ......................... 285
    6.2.1 Clay body mapping with visually-literate women in Nepal .................................... 285
    6.2.2 Individual and group clay body mapping .............................................................. 286
    6.2.3 Interpretation and translation .............................................................................. 287
  6.3 CLAY BODY MAPPING .................................................................................................... 288
    6.3.1 Three-dimensional body mapping ......................................................................... 288
    6.3.2 A series of thematic clay body mapping workshops ............................................. 290
    6.3.3 Group interview using photoethnography .............................................................. 291
  6.4 FACILITATION .................................................................................................................. 292
    6.4.1 Skilled female facilitators ..................................................................................... 292
    6.4.2 De-briefing ............................................................................................................ 293
  6.5 PRACTICAL CONSIDERATIONS ...................................................................................... 294
    6.5.1 Local materials ..................................................................................................... 294
    6.5.2 Portability ............................................................................................................. 295
    6.5.3 Messiness .............................................................................................................. 295
    6.5.4 Recommendations ............................................................................................... 296
  6.6 REMARKS ON THE FINDINGS ....................................................................................... 297
    6.6.1 Sources of knowledge .......................................................................................... 297
    6.6.2 Modes of learning - six senses, pain, sensation ..................................................... 301
    6.6.3 Embarrassments and sensitivities ....................................................................... 302
    6.6.4 Filling knowledge gaps ......................................................................................... 304
  6.7 THE FEMALE REPRODUCTIVE BODY .......................................................................... 304
    6.7.1 Knowledge ........................................................................................................... 304
    6.7.2 Gaps in the women’s knowledge systems .............................................................. 305
  6.8 THE MALE REPRODUCTIVE BODY ............................................................................... 307
    6.8.1 Knowledge ........................................................................................................... 307
    6.8.2 Gaps in the women’s knowledge systems .............................................................. 307
  6.9 CONTRACEPTION ............................................................................................................ 308
  6.10 FEARs ............................................................................................................................. 312
  6.11 HOPES ........................................................................................................................... 312
  6.12 IMPRESSIONS OF MEN ............................................................................................... 314
  6.13 STIGMA .......................................................................................................................... 315
    6.13.1 Four stigmas ....................................................................................................... 315
    6.13.2 Menstrual stigma ................................................................................................ 316
    6.13.3 Other stigma ...................................................................................................... 321
  6.14 BENEFITS OF THE WORKSHOPS ............................................................................... 322
  6.15 LIMITATIONS OF THE SAMPLE GROUP ...................................................................... 322
  6.16 RECOMMENDATIONS .................................................................................................... 328
    6.16.1 Trafficking research ............................................................................................ 328
    6.16.2 Reproductive health research .............................................................................. 328
    6.16.3 Delivery of reproductive health education ............................................................ 328
    6.16.4 Comprehensive sexuality education ..................................................................... 329
    6.16.5 Comprehensive relationship education ............................................................... 329
    6.16.6 Female reproductive health educators and group construct ................................. 330
# List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Seven Pradesh Model of the New Provinces of Nepal</td>
<td>15</td>
</tr>
<tr>
<td>Figure 2</td>
<td>A Complex Infrastructure of Operations</td>
<td>60</td>
</tr>
<tr>
<td>Figure 3</td>
<td>(Raised) Chulo</td>
<td>80</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Elephant, Self-Image and Flower</td>
<td>82</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Clay at the CERM Pilot Workshop</td>
<td>84</td>
</tr>
<tr>
<td>Figure 6</td>
<td>‘Clay Work Going On’</td>
<td>106</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Sabrina sets up the clay for the CERM pilot</td>
<td>112</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Menstruation in clay</td>
<td>114</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Presentation to Nepal Health Research Council</td>
<td>132</td>
</tr>
<tr>
<td>Figure 10</td>
<td>Outer Body (Niuresha, Rosina, Soniya and Sulob)</td>
<td>142</td>
</tr>
<tr>
<td>Figure 11</td>
<td>Outer Body (Aisha and Indira)</td>
<td>144</td>
</tr>
<tr>
<td>Figure 12</td>
<td>Inner Body (Aisha, Indira, Niuresha, Rosina, Soniya and Sulob)</td>
<td>150</td>
</tr>
<tr>
<td>Figure 13</td>
<td>Menstrual Pad (Sulob)</td>
<td>160</td>
</tr>
<tr>
<td>Figure 14</td>
<td>Menstruation</td>
<td>166</td>
</tr>
<tr>
<td>Figure 15</td>
<td>Pregnancy (1)</td>
<td>194</td>
</tr>
<tr>
<td>Figure 16</td>
<td>Pregnancy (Aisha and Indira)</td>
<td>203</td>
</tr>
<tr>
<td>Figure 17</td>
<td>Uterus (Aisha)</td>
<td>213</td>
</tr>
<tr>
<td>Figure 18</td>
<td>‘I am a Woman/Girl’ (Aisha)</td>
<td>220</td>
</tr>
<tr>
<td>Figure 19</td>
<td>Penises (married women)</td>
<td>224</td>
</tr>
<tr>
<td>Figure 20</td>
<td>Penises (unmarried women)</td>
<td>227</td>
</tr>
<tr>
<td>Figure 21</td>
<td>Pregnancy (2)</td>
<td>242</td>
</tr>
<tr>
<td>Figure 22</td>
<td>‘I am a Woman/Girl’ (Soniya)</td>
<td>262</td>
</tr>
<tr>
<td>Figure 23</td>
<td>‘I am a Woman/Girl’ (Niuresha)</td>
<td>263</td>
</tr>
</tbody>
</table>
# List of Tables

Table 1. The Caste Hierarchy of the MA of 1845 and the Caste Groups as defined by Höfer (2004) .......................................................................................................................................................................................... 32

Table 2. Nepali Terms for Purity and Impurity from the MA of 1845 as defined by Höfer (2004) .......................................................................................................................................................................................... 35

Table 3. The Six Rules of Forbidden Sexual Intercourse as defined by Höfer (2004) .......................................................................................................................................................................................... 37

Table 4. Characteristics of Women in the Entertainment Industry as extracted from Frederick, Basynet and Aguettant (2010, pp. 36-39) .......................................................................................................................................................................................... 62

Table 5. Violence Against Women and Girls as defined by Frederick, Basynet & Agguetant (2010 pp. 49-53) .......................................................................................................................................................................................... 64

Table 6. Recent Studies on Sexual and Reproductive Health of Nepalese People .................................................................................................................................................................................. 72

Table 7. Authors of Body Mapping in Reproductive Health and Sexuality Contexts .................................................................................................................................................................................. 88

Table 8. Authors of Body Mapping in Reproductive Health Contexts .................................................................................................................................................................................. 91

Table 9. Key to Symbols .......................................................................................................................................................................................................................................................... 138

Table 10. Female Reproductive Body ................................................................................................................................................................................................................................................. 155

Table 11. Menstrual Cycle and Menstruation ............................................................................................................................................................................................................................................. 174

Table 12. Physiological Processes of Menstruation ........................................................................................................................................................................................................................................ 176

Table 13. Menstruation Traditions and Practices ........................................................................................................................................................................................................................................ 188

Table 14. Signs of Pregnancy (Outer Body) ............................................................................................................................................................................................................................................. 199

Table 15. Signs of Pregnancy (Other) .................................................................................................................................................................................................................................................. 200

Table 16. Pre-Birthing and Birthing .................................................................................................................................................................................................................................................. 209

Table 17. Male Reproductive Body .................................................................................................................................................................................................................................................. 238
‘Mero sano naani’ (My little girl)

Bhaktapur (the city of clay): 1987
Preamble

Taking a bold initiative to reach one of the most marginalised populations in Nepal, this ‘first-of-a-kind’ qualitative study explored the reproductive health knowledge of young Nepalese women who have been trafficked into the sex industry. This group of women is highly stigmatised for being involved in the sex industry – cast together with the ‘low caste’, ‘Dalit’, ‘untouchable’ or ‘outcaste’ - regardless of whether their circumstances were of their choosing or forced upon them. The impact of the stigma is lifelong and can have an intergenerational effect for the women, their families and their village communities. The origin of the stigma can be traced to the Hindu Legal Code, Muluki Ain of 1845, implemented by autocratic ruler Jang Bahadur Rana.

Using a culturally-sensitive research method, this study aimed to discover how young Nepalese women who have been formerly trafficked into the sex industry perceive and experience their reproductive bodies, their hopes and fears around reproduction, and how these factors influence their reproductive decision-making. The study’s overarching objective was to develop recommendations for reproductive health support and reproductive health education for young trafficked women in Nepal. This study was innovative. It employed a new research method – the Clay Embodiment Research Method [CERM]- which was tailored to the current cultural context. The CERM is a multi-method approach which comprises three research methods: Critical Ethnographic Participant Observation; a Series of Seven Clay Embodiment/Three-Dimensional Body Mapping Workshops; and a Group Interview using Photoethnography.

This thesis opens with a Prologue which illuminates my inspiration for undertaking this research. It is not just my dream, but that of ‘another’.

Chapter 1 introduces marginalised women and girls and their positioning in relation to reproductive health. It provides a brief overview of the global developments in women’s reproductive health and rights from the 1994 UNFPA ICPD to the 1995 UN Fourth Conference on Women to the UNMDGs and finally, the implementation of the UNSDGs in 2016, which provides a foreground to this study. It provides a brief contextual overview of issues for women and girls in South Asia before leaping in to illuminate the vulnerability of women and girls in Nepal. It then provides an overview of Nepal’s global, regional and local commitments to women and girls highlighting a lack of commitment to the cessation of trafficking. It then
Chapter 2 is an overview of contemporary society for Nepalese women illuminating the impact of Hinduism and its patriarchal value system - and caste system – on women in Nepalese society and, in particular, trafficked women and women who engage in sex work.

Chapter 3 provides an overview of the historical and political context of the trafficking of women and girls for sexual exploitation in Nepal from 1845 to 2016 illuminating the development and complexity of Nepal’s entertainment industry, which acts as a front for the sex industry.

Chapter 4 discusses the study’s methodology. It introduces the CERM and its development, highlighting the practical and theoretical research that underpins it. It provides an overview of the ‘pilot’ of the CERM and then discusses important aspects of the project that were key to its implementation such as partner organisations, sampling, study limitations and consent. Lastly, it introduces the six trafficked women who participated in the study, explains the data analysis process and theoretical lens through which the study was viewed and an ethics statement.

Chapter 5 sets out the findings of the study as four dominant themes. The first three themes relate to the reproductive body – physical body, emotional body and cultural body – and the last is the benefits - physical and psychological - of the reproductive health workshops undertaken. Interspersed with these themes are findings on how the women sourced reproductive health knowledge and how they learned about it - through the six senses of audition, vision (three-dimensions), vision (two-dimension), somato-sensation, gustation, olfaction, pain and other sensations.

Chapter 6 provides a discussion on, firstly, the implementation of the CERM and, secondly, the findings of the study and recommendations for reproductive health support and reproductive health education for young trafficked women in Nepal. It concludes with an Epilogue which includes my personal reflections on this research project, concluding with my hopes for the future.
In 1987, I took a journey to a country that left an indelible impression on my soul: Nepal. I went trekking in the Himalayas – the Annapurna Region – in Mid-Western Nepal. I also met a young girl in the city of Bhaktapur who would often mysteriously enter my dreams in forthcoming years: ‘Mero sano naani’ (my little girl) (see opening photograph). For me, she has since become a metaphorical representation of the suffering of women and girls in Nepal. The feelings I experienced on this journey were then reignited when, in late 2010, I was invited to return to the country to co-facilitate an art therapy and women’s reproductive health program with women and girls who had been trafficked for sexual exploitation in Kathmandu, Nepal’s capital city.

After major surgery in mid-2007 for a chronic reproductive health condition and graduating with a ‘Master of Creative Arts Therapy’, I decided to specialise as a creative art therapist in the field of women’s reproductive health. For the next three years, I worked with women with endometriosis, ovarian cancer, polycystic ovarian syndrome, women undergoing in-vitro fertilisation treatment, and more. Then in mid-2010 I read about the Art to Healing1 Women’s Empowerment Project being conducted with sex trafficked women in Nepal. Intrigued by the notion of cross-cultural art therapy work and carried by fortuitous events (including reconnection with an old Nepali friend). In March of 2001, I found myself returning to Nepal at the invitation of the project’s director to assist with their work - even though I was at first resistant to shape the memories of a treasured life journey.

My experience of the country after 23 years away stirred unexpected emotions and I found myself trying to stop the welling of tears numerous times over. From catching glimpses of the Himalayas, to being accommodated in a guesthouse in the grounds of a Buddhist monastery, to working with the trafficked Nepalese women and girls, I relished every aspect of the experience. Touched by the journey, I left Nepal adamant to return and do more in reproductive health context to help Nepalese women, particularly young trafficked Nepalese girls because their needs were so great. Just days before I left Nepal, I was given the inspiration to come back. A young trafficked girl I met at Asha Nepal, an anti-trafficking Non-Government Organisation, uttered these words to me as I said goodbye to her: ‘Don’t forget us’. Although these words were said in English at the time, I learned the Nepali phrase, ‘Hami lai nabirsunu

1 For more information, see Art to Healing: http://www.arttohealing.org/
hus’, because it gave me a sense of bridging my world to hers to be able to speak a little of her language. In doing so, I also felt a tacit thread become woven between her heart and mine.

On my return to Australia, I felt unsettled by my experience in Nepal. My journey felt ‘incomplete’ and I yearned to return. Through getting to know members of Nepal’s popular instrumental folk music band ‘Kutumba’ at the Shechan Monastery in Boudhanath, I had an entrée into the Nepalese community in Melbourne (Australia), which I pursued. In May 2011 I attended a community fundraising event in Melbourne for Maiti Nepal2, the most influential anti-trafficking NGO in Nepal, and I spoke to Anuradha Koirala, its founder, and Bishwo Khadka, its director, about trafficking in the Nepal context. At a second fundraiser, I saw the documentary, The day my god died (2003), which featured Maiti Nepal and the issues of sex trafficking of Nepali women and girls to India. Over the time since, my knowledge of Nepal and Nepal’s sex trafficking issues deepened, and I have developed ongoing connections with the Nepalese community in Australia.

Returning to Nepal in October 2011, I touched down in the middle of the (Hindu) Dashein Festival. As a result of prior friendships formed in Kathmandu, I stayed with Hindu and Buddhist families. I received family `tikka’ blessings on the Blessing (10th) Day. I returned to trek with Nepalese friends in the Annapurna region and I also experienced a second festival – the (Hindu) Tihar Festival or ‘Festival of Lights’. I visited Maiti Nepal and the women I had worked with earlier in the year. I was also given the opportunity to run a reproductive health workshop for sexually-abused and trafficked girls at Asha Nepal. The journey was an all-encompassing and rich experience that generated in-depth insights into the culture, rituals and traditions of Nepal, and the influence of Hinduism on its society, particularly for women. I also learned some rudimentary Nepali.

On leaving Nepal then, I knew I would return. However, I was not sure when it would be. Eight months later, the timeline was determined. I was invited to a (Hindu) Newari wedding. Again, it was an opportunity I could not decline. In November 2012, I arrived in Nepal in the (Hindu) month of ‘Mangsir’ (an auspicious month for getting married) on a journey that would cement my relationship with Nepal. Through the lens of weddings (not one but many), I learned about Nepal’s ethnic groups, further Hindu traditions for women and the caste system. On my last day, I returned to Asha Nepal. Over Nepali tea, and a long discussion about reproductive health projects for trafficked adolescent girls, Smriti Khadka, the person who runs the organisation in Kathmandu, took my hands and said, ‘I really want to work with

2 For more information, see Maiti Nepal: http://maitinepal.org/
In a return gesture, I gazed into her eyes and said, ‘let’s make it happen. I promise I will find a way’. It was an emotional moment for both of us.

In 2013 I helped Smriti to develop a pilot reproductive health education program for trafficked adolescent girls in her care. Although I was not able to go to Nepal to help with the pilot, I began to think of ways of returning to help her continue that work. In between time, I wrote articles for Pipalbot’, a Nepalese community newspaper in Melbourne, on Nepalese women’s issues in Nepal, attended the Hindu women’s festival ‘Teej’ in Melbourne, and researched and contemplated women’s issues in Nepal. I also tried to pen a journal article on my personal experiences of Nepal and women’s reproductive health issues for Nepali women, but I struggled to consolidate my thoughts on paper. When I asked my former university supervisor for assistance, she returned a draft of my paper to me and said: ‘do you realise you’ve been through an enculturation process?’ No, I did not. It appears I was trying to grapple with all the knowledge I gained on Nepal and incorporate it into one short article, but I could not find any clarity of thought. After a rejection from the journal in which I had hoped to have the article published and some time away from it to process my thinking, I reframed the work with a clear writing mind and the article was successfully published (see Ong 2013). In the process of refining my written work, I realised that I had stumbled upon the inspiration for a PhD research topic.

In all this time I would constantly hear the words of the young trafficked girl I met at Asha Nepal in 2011 and those of Smriti (Asha Nepal) in 2012. I would not forget them, or promises made over cups of tea, as I embarked on this PhD research. Later, trekking in the Annapurna Region of Nepal in 2014 for field research, I gazed into the eyes of a young adolescent girl in the Myagdi district and the following words flooded my conscious thoughts: ‘Don’t traffic her’. This was before I had reached a full realisation of the enormity of the reproductive health consequences of being trafficked in the sex industry for Nepal’s women and girls.
Chapter 1: Reproductive Health for Marginalised Women and Girls

1.1 Reaching Out to Marginalised Women and Girls

This thesis is concerned with the reproductive health knowledge of one of the most marginalised groups of women and girls in the world: women and girls who have been trafficked for sexual exploitation. It travels to the heart of South Asia where reproductive health and trafficking are human rights and public health issues. According to Zimmerman and Kiss (2017, n.p.), ‘human trafficking is a multidimensional human rights violation that centers on the act of exploitation’. In addition, human trafficking contributes significantly to the global burden of disease (Zimmerman & Kiss 2017). This thesis then leans into Nepal, a country where conversing about reproductive health is a sensitive topic for women and girls (Harman, Kaufman & Shrestha 2014; Kaufman et al. 2012) and where the trafficking of women and girls is reportedly the country’s biggest crime (Women on the frontline: Nepal 2008). Globally, international trafficking has received greater attention whereas a huge proportion of trafficking often occurs in the same country (International Labour Organisation [ILO] 2012; Zimmerman & Kiss 2017). As opposed to international trafficking, the trafficking that is central to this study is internal trafficking: the trafficking of women and girls into the sex industry in Kathmandu, Nepal’s capital city. According to the National Human Rights Commission (Nepal) [NHRC] (2016), this form of trafficking is currently emerging as Nepal’s biggest human trafficking concern. The sex industry is reportedly female-dominated (Subedi 2009). In addition, it is a salacious environment where women are subject to a high prevalence of sexual violence and sexual harassment (Frederick, Basynet & Aguettant 2010; Subedi 2009). Suffice to say, this immediately implies reproductive health consequences.

Notwithstanding that it has been defined in many ways, ‘women’s reproductive health’ connotes the quality of health at every stage of life – birth, menarche, menstruation, conception, pregnancy, breastfeeding and menopause - and the freedom to choose to have children and, if so, when, and also to have a healthy sex life (United Nations Population Fund [UNFPA] 2014). Reproductive health includes physical, emotional and social aspects and is not just related to disease or infirmary (UNFPA 2014). My interest was in discovering the reproductive health knowledge of young women who have been formerly trafficked into the sex industry in Nepal to discover ‘what these women know’ so we can use this knowledge to address gaps in reproductive health education and reproductive health support for these women. Currently, their reproductive health needs are not being met. However, it is widely known that these
women are a highly marginalised and disadvantaged group of women due to the stigma they face for being involved with the sex industry. This stigma has effects on women, their families and their village communities, including in an intergenerational context, which is a particularly problematic issue in South Asia (Blanchet 1996).

This chapter provides a brief overview of the global developments in women’s reproductive health and rights [WRHR] from the 1994 UNFPA International Conference on Population and Development [ICPD] to the 1995 United Nations [UN] Fourth Conference on Women to the 2000 United Nations Millennium Development Summit and the subsequent adoption of the United Nations Millennium Development Goals [UNMDG]. In addition, it reflects on the implementation of the new United Nations Sustainable Development Goals [UNSDG] in 2016. These developments provide a foreground to the study reported later in this thesis. It then provides a brief contextual overview of issues for women and girls in South Asia before illuminating the vulnerability of women and girls in Nepal. It then provides an overview of Nepal’s global, regional and local commitments to women and girls, highlighting a lack of commitment to the cessation of trafficking. It also highlights the global gaps in research on health and trafficking. Lastly, it presents the research questions and the specific aims and objectives of this particular reproductive health study.


In a global context, WRHR have been one of the most politically-contentious and fiercely debated topics dominating the population health arena for the past 25 years. This is due to religious organisations such as the Holy See³ (Roman Catholic) and Islamic Nations, members of the Group of 77 [G-77]⁴ (in Latin America), feminist organisations, the media and US (Bush government) all debating women rights to control their own bodies in relation to reproduction.

However, significant progress has been made towards realising WRHR for women and girls since the 1994 UNFPA ICPD in Cairo, Egypt. According to the UNFPA (2014), at the ICPD, ‘…diverse views on human rights, population, sexual and reproductive health, gender

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³ The Holy See is the universal government of the Catholic Church which operates from the Vatican City State in Rome, Italy. The ruler of the Vatican City State and the Holy See is the Pope. The official spokesman for the Holy See was archbishop Renato Martino.

⁴ The G-77 is the largest intergovernmental organisation of developing countries in the UN designed to promote the economic interests of its members (G-77c 2017). According to the G-77 (c2017), the number of member states of the G-77 at the United Nations was originally 77 countries. However, they have since increased to 134. The original name of G77 has been retained because of its historic significance. For a full list of the Member States of the G77, see http://www.g77.org/doc/members.html.
equality and sustainable development merged into a remarkable global consensus that placed individual dignity and human rights, including the right to plan one’s family, at the very heart of development’ (n.p). This lead to consensus on the ICPD Program of Action (PoA) agreed to by 179 governments from across the world (UNFPA 2014). Following on, the 1995 UN Fourth Conference on Women in Beijing, China, put the rights of the girl-child on the agenda with the development of the Beijing Platform for Action [BPfA] which was agreed to by 189 world governments – despite continued debate from the aforementioned nations (United Nations Women [UNWomen]1995). According to UNWomen (2017), the BPfA was ‘…the most progressive blueprint ever for advancing women’s rights’ (n.p.). Prior to this conference and at the event itself, the rights of the girl child were illuminated by United Nations Children’s Fund [UNICEF] after identifying that severe ‘gender discrimination against girls was so routine as to be both pandemic and virtually invisible in many societies’ (Croll 2008, p. 111). At the ICPD +5 Review and the Beijing +5 Review the rights of women including reproductive rights were continually tabled on global health agendas. Following the 2000 United Nations Millennium Development Summit, the Millennium Development Goals [MDGs] - a set of timebound goals which aimed to reduce the needs of the world’s poor from 2000-2015 - were developed and implemented. However, global commitments to the reproductive health of women and girls were noticeably absent in the MDGs. According to Crossette (2004, p. 2) ‘…only a vaguer promise of gender equality was there’.

Not long after the MDGs were published, a transnational reproductive health lobby - led by the International Planned Parenthood Federation [IPPF] and the UNFPA - began to voice concerns that the MDGs could not be achieved without implementing the PoA from Cairo (Crossette 2004). In 2002, they received backing and support. The UN Secretary General asked Jeffrey Sachs, an American economist, to lead the Millennium Project – the UN advisory body on the MDGs – to which he responded ‘…the only condition [under which] we’ll do it is if we build reproductive health back into it’ (Crossette 2004, p. 15-16). In 2007, under MDG5: to improve maternal health, reproductive health received a new and explicit target, target 5B: to achieve universal access to reproductive health (Crossette 2004). This was considered a win for reproductive health advocates and a major defeat for developing countries (Peeters 2010). On 1 January 2008, this target became official, effectively honoring the commitments of the

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5 See UNFPA (2014).
6 See UN Women (1995)
PoA from Cairo in 1994 and BPfA from Beijing in 1995 as well as subsequent review conferences (Crossette 2004).

In 2015, at the United Nations Sustainable Development Summit, a resolution was made to reaffirm outcomes from all major UN conferences and summits which helped to consolidate foundations for sustainable development into a new global development agenda (UN 2015). At this summit, an ambitious development agenda was set and a bold pledge was made ‘to leave no one behind’ (UN 2015, p. 1.) The SDGs were a new set of timebound targets which aimed to end extreme poverty, to fight inequality and injustice, and to address climate change from 2015 to 2030. They aimed to build upon the former MDGs and achieve goals that had not been realised or for which progress had been uneven, namely in Africa, least developed countries [LDC], landlocked developing countries [LLDC], and small island developing states where some of the MDGs remained off-track and, in particular, those related to ‘…maternal, newborn and child health and reproductive health’ (UN 2015, p. 5). Notably, in the preamble to the UN General Assembly resolution from the summit, it was particularly noted of the SDGs that:

They seek to realise the human rights of all and to achieve gender equality and the empowerment of women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: economic, social and environmental. (UN 2015, p. 1)

This time WRHR was firmly represented in the SDGs under ‘SD3: to ensure healthy lives and promote wellbeing for all ages’ as Sub-target 3-7:

Sub-target 3.7: By 3030, to ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the implementation of reproductive health into national strategies and programs. (UN 2015, p.14)

1.3 South Asia: The Vulnerability of Women and Girls

Despite global developments for women and girls, there is still a long way to go to fully realising the reproductive health and rights of women and girls especially where UNICEF has recognised:

To be born a female is not a crime but you would never know it by looking at the deplorable conditions of women and girls in many parts of the world…Beginning from birth, girls in many parts of the world experience that
‘apartheid of gender’ with her lesser claims decided at the moment her biological sex is known. (UNICEF cited in Croll 2008 p. 112)

One of the regions of the world where women and girls are severely discriminated against is South Asia. South Asia comprises Afghanistan, Bangladesh, Bhutan, India, Nepal, The Maldives, Pakistan and Sri Lanka (South Asia Association for Regional Cooperation [SAARC] 2009a). In 2010, South Asia held the world's largest population of Hindus, Jains and Sikhs, in addition to 600 million Muslims, over 35 million Christians and 25 million Buddhists. (Central Intelligence Agency [CIA] 2017). In addition, it is home to more than 260 million women and girls aged 10-24 years (UN Department of Economic & Social Affairs [UNDESA] 2017). In the 1980s, discriminatory issues with girls in South Asia led to SAARC declaring the 1990’s as the ‘Decade for the Girl Child’ to enable governments and other organisations to conduct research into discrimination issues and to provide positive media images for girls (Croll 2008). Once silenced, women’s organisations began to voice concerns about violence against their daughters including ‘…the different types of discrimination experienced before birth, in infancy and at marriage, as exemplified by worsening sex ratios at birth and the incidence of dowry-related deaths’ (Croll 2008, p. 112). UNICEF’s concern for the girl child raised her profile at the 1995 UN Fourth Conference on Women and subsequently led to 9 objectives being developed for the girl-child and embedded in Section L of the BPfA (see UNWomen 1995). According to Croll (2008 p. 112), ‘these included eliminating all forms of discrimination against girls in education, health care and cultural practices; protecting girls from exploitation and violence; and encouraging all forms of girls’ participation in social, economic and political life’. The outcome of discriminatory and violent practices was considered to lead to the girl child thinking of herself as worthless and lesser in value than boys, which is problematic because she then internalises this and passes it onto her own daughter (Croll 2008). However, despite the elevation of the girl child to prominence at a global level and multifaceted programming being implemented across the region, the issues of the girl-child were rarely incorporated into country programs, policies and projects (Croll 2008). In South Asia, one such country where girl-child issues are extremely prevalent is Nepal. According to Posner (2010, p. 284) ‘women and girls in Nepal face discrimination on multiple levels by virtue of their sex, caste and ethnicity’.
1.4 Nepal: Global, Regional and Local Commitments to Women and Girls

As a member of the UN and G77 – and a signatory to ICPD PoA and BPfA and subsequent review conference - Nepal has made commitments to improving human rights for women and girls. According to the Centre for Reproductive Rights [CRR] and the Forum for Women, Law and Development [FWLD] (2011), Nepal has signed and ratified the following covenants and agreements:

1. International Covenant on Civil and Political Rights [ICCPR];
2. International Covenant on Economic, Social and Cultural Rights [ICEPR];
3. Convention on the Elimination of All Forms of Discrimination against Women [CEDAW]; and
4. UNICEF Convention on the Rights of the Child [CRC]

According to the CRR and the FWLD (2011), these covenants ‘…together obligate the government to guarantee women’s rights to life, health, equality and non-discrimination, privacy, and autonomy’ (p.1). In relation to reproductive health and rights, they state: ‘UN treaty monitoring bodies have interpreted these rights to require the protection of women’s reproductive rights, including protection from maternal mortality and morbidity, prevention of unsafe abortions, and access to family planning information and services’ (p. 1). These same covenants also encompass ‘girl trafficking’ identified as the most ‘at risk’ by age demographic (Deane 2010). According UNICEF (2015a), Nepal has also ratified several other international instruments to protect women and children from trafficking including the following:

1. UN Convention against Transnational Organised Crime [UNTOC];
2. International Labour Conention [ILO] Convention No. 182 on the Worst Forms of Child Labour;
3. ILO Forced Labour Convention No.29 to combat trafficking and forced labour;

However, according to UNICEF (2015b), Nepal has not ratified the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (known colloquially as the ‘Palermo Protocol’) (see OHCHR 2000c). This protocol supplements the UN Convention against Transnational Organised Crime 2000, which is considered is the ‘main international instrument in the fight against transnational organised crime’ (Deane 2010, p. 500). Moreover, Nepal has not adopted the UN 1949 Convention on the Suppression of Traffic in Persons and the Exploitation and Prostitution of Others (Deane 2010) (see also UN 1950). As a member of SAARC, Nepal has made commitments under the SAARC social charter to
improve the health of women, youth and children and address gender-related issues (see SAARC 2009b). It purportedly also abides by the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (UNICEF 2015a). In addition, Nepal has embedded resolutions in its 2015 constitution to improve issues for women and girls (including reproductive health) (see Nepal Law Society [NLS], International Institute for Democracy and Electoral Assistance [International IDEA] & United Nations Development Program [UNDP] 2015). Furthermore, it has its own legal frameworks for addressing trafficking such as the Human Trafficking and Transport Control Act [HTTCA], the Human Trafficking and Transportation (Control) Regulation and National Plan of Trafficking in Persons 2011-2016 (UNICEF 2015a).

Despite commitments to improve the rights of women, in 2012 the Government of Nepal [GoN] decided not to renew the mandate of the United Nations Human Rights Office of the Commissioner [OHCHR] country office. Therefore, the OHCHR closed operations in the field on 31 March of the same year (OHCHR 2017b). This can be viewed as a backwards step for Nepalese women and girls because it means no international monitoring body currently oversees human rights issues in the country. This also inhibits the potential for research to be conducted into internal trafficking for women and girls in Nepal and, as a conglomerate effect, reproductive health research with this population of women. Yet, global monitoring is needed given the high prevalence of sexual violence and related issues being reported in the sex industry since 2010 (Frederick, Basynet & Aguettant 2010) and sexual violence issues that are now emerging with young married Nepalese women (Puri et al. 2012).

1.5 Global Gaps in Research: Health and Human Trafficking

In the context of research and human trafficking, this thesis is significant. At a time when the World Health Organisation (2012) reported that human trafficking had received increased global attention due to its reported rapid increase, a systematic review undertaken by Oram et al. (2012) identified only 16 studies worldwide on the prevalence and risk of violence and the physical, mental, and sexual health issues associated with human trafficking. These studies focused on the trafficking of women and girls for forced sex work. They were, predominantly or in part, quantitative in nature with a primary concern for the biomedical or psychological issues associated with trafficking. Moreover, Oram et al.’s (2012) review identified the regions where the trafficking of women and girls for sexual exploitation is a major issue, namely South or South-East Asia (Cambodia, India, Nepal, Thailand), Europe, Middle East (Israel) and Central America (Nicaragua). Of the 16 studies identified, five were
centred on Nepal (see Crawford & Kaufman 2008; Dharmadhikari et al. 2009; Silverman et al. 2007b, Silverman et al. 2008, Tsutumi et al. 2008)). Since this review, Rimal and Papadopoulous (2016) have further explored the mental health of sexually-trafficked female survivors in Nepal. All Nepal studies were undertaken with Nepalese women and girls who had been trafficked into brothels in India and, subsequently, returned to Nepal. None focused specifically on women and girls who had been trafficked for sexual exploitation within Nepal itself. Globally, the health service needs of trafficking survivors has also received very little attention (WHO 2012; Zimmerman et al. 2009) as compared to, for example, the law enforcement responses and immigration issues associated with trafficking (van der Laan et al. 2011; WHO 2012).

1.6 Nepal: The Reproductive Health Knowledge of Trafficked Women and Girls

According to Hesse-Biber, Leavy and Yaiser (2003):

Starting research from the standpoint of the oppressed is valid because it is often the lives and experiences of oppressed people that provide significant insight and perspective. Complex human relations can become visible when research is started at the bottom of the social hierarchy. (Hesse-Biber, Leavy & Yaiser 2003, p. 10)

Thus, the study reported in this thesis is a qualitative inquiry. According to Denzin and Lincoln (1994), qualitative research is multifaceted:

Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials – case study, personal experience, introspective, life story, interview, observational, historical, interactional and visual texts – that describe routine and problematic moments and meanings in individuals' lives. (Denzin & Lincoln 1994, p. 2)

Although a variety of approaches exist within the broader framework of qualitative research, the end point is generally the same, that is, ‘to understand the social reality of individuals, groups and cultures’ (Holloway 1997, p. 2). This study is situated within an interpretivist paradigm, or, it assumes that the reality of the research participants will be determined by their socially constructed worlds (Denzin & Lincoln 1994). According to Dudovskiy (2015, n.p.), ‘interpretivism studies usually focus on meaning and may employ
multiple methods in order to reflect different aspects of the issue under study’. In this study, multiple methods have been employed with the purposeful intent of gaining insights into the multiple subjective realities of the young trafficked women in relation to their reproductive health knowledge and experiences. Using a human rights and development lens, the methods chosen were informed by ethnography and Participatory Action Research [PAR]. In addition, they were sensitive to cultural context, particularly vulnerable young trafficked Nepalese women. This resulted in the development of a new multimethod approach to this research: Clay Embodiment Research Method [CERM].

This study particularly explored the reproductive health knowledge of young Nepalese women (aged 13-18) who had been formerly trafficked into the sex industry in Kathmandu but were no longer actively working in the industry due to interventions by anti-trafficking organisations. The women were being reintegrated back into the community (i.e. returned to family and/or into the general urban community). These women are highly stigmatised in Nepal’s community for their involvement in sex industry. The research questions that guided this study were:

1. How do young trafficked women in Nepal perceive and experience their reproductive bodies?
2. What are the young trafficked Nepalese women’s hopes and fears around reproduction?
3. How can these aforementioned factors influence young trafficked Nepalese women’s reproductive decision-making?
4. What can the reproductive health knowledge of young trafficked women in Nepal tell us about their reproductive health education and reproductive support needs?

More specifically, using a culturally-sensitive research method, this study aimed to:
1. Identify how young Nepalese women who have been trafficked into the sex industry perceive and experience their reproductive bodies;
2. Document their hopes and fears about reproduction;
3. Ascertain how the abovementioned factors influence their reproductive decision-making; and
4. Develop recommendations for reproductive health education and reproductive health support for young trafficked women for relevant agencies in Nepal.

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7 See Chapter 4 for a full outline of this new research methodology.
8 Due to issues emerging in the field, this age range was later expanded. See Section 4.8.
This study is situated under UNSDG 3 (as outlined in Section 1.2) and acknowledges the UNFPA (2013) global strategy on adolescents and youth (10-24), especially its fourth strategic prong which advocates taking ‘…bold initiatives to reach marginalised and disadvantaged adolescents and youth, especially girls’ (p. 11). It has been undertaken at a time of transition in reproductive health for young people in Nepal with the recent implementation of a new reproductive health strategy and a call for health research to be conducted with highly marginalised and disadvantaged populations including trafficked young people (Family Health Division [FDH], UNFPA & Centre for Research on Environment, Health and Population Activities [CREPHA] (2015). In Nepal, adolescent and youth health services are also currently being upgraded (UNFPA 2015). Furthermore, Nepal is in the process of implementing a new Comprehensive Sexuality and Education [CSE] program in Nepal’s schools (M Karmacharya, ASRH Program Officer, UNFPA (Nepal), conversation, 3 November 2017).

1.7 Summary

This chapter has provided a background on global developments in women’s reproductive health and rights from the 1994 UNFPA ICPD and the 1995 UN Fourth Conference on Women to the UN Millennium Development Summit at which the UNMDGs were adopted and finally, the rollover of the UNMDGs into the UNSDGs in 2016. It has provided a brief contextual overview of issues for women and girls in South Asia before illuminating (in brief) the status of women and girls in Nepal. It has then discussed Nepal’s global, regional and local commitments to improving the status of women and girls highlighting a lack of commitment to those who have been trafficked and their human rights. It has then illuminated the global gaps in health and trafficking research before presenting the research questions and specific aims and objectives of the research conducted for this thesis. This sets a foundation for the forthcoming chapters which discuss the complexity of issues for women and girls in Nepali society and a history of trafficking that is embedded within its political history and patriarchal culture. These chapters will be followed by a chapter outlining the approach taken to achieve the study’s aims and its next chapter which will present the findings of the study itself. The thesis will conclude with a discussion of the study’s methodological approach and the findings.
Chapter 2: ‘Choriko Janma, Hareko Kārma’: A Brief Overview of Contemporary Society for Nepalese Women

2.1 A Brief Overview of Nepal

Located in South Asia, Nepal is a small landlocked country bordered by India to its west, east and south, and China (Tibet) to its north. Due its position between these two large countries, Nepal is often humorously described by its people as ‘yam caught between two rocks’ (Brown 1996; Samarasinghe 2008). Geographically, the country is diverse. It holds eight of the 10 highest mountains in the world including the world’s tallest peak, Mt. Everest (8848 metres), and, equally hills and tropical lowlands that are less than 100 metres above sea level. Based on its topography, Nepal is divided into three regions commonly known as ‘Parbat’, ‘Pahar’ and ‘Terai’ or mountains, hills and plains (Samarasinghe 2008). The Himalayan mountains sit in the north, the foothills are located in the central region, and the plains border India to the south (Byrne et al. 2013). According to Byrne et al. (2013), each region has its own distinct ecology, but politically this division also serves to delineate administrative zones.

Nepal is highly vulnerable to climate change and natural disasters such as crop failures, droughts, floods and landslides (World Bank 2017). In addition, due to its position on a tectonic plate, the country – and especially the Kathmandu Valley where the capital city, Kathmandu, is located – is also subject to earthquakes.

Although Nepal draws some income from foreign aid, tourism and remittances, its economy is primarily agrarian (World Bank 2017). Most of its population of 29 million (World Bank 2017) lives in rural regions including remote mountain locations which are primarily inaccessible by road. Nepal is amongst the poorest countries in the world (Crawford 2017) and most of Nepal’s climatic issues and natural disasters - many of which occur seasonally - generally affect the livelihoods of the poor (World Bank 2017). However, the World Bank (2017) has noted that in the last seven years the country has made significant developmental gains resulting from the implementation of the United Nations Millennium Development Goals [UNMDG] and the country has halved the number of people living on less than $US1.25 a day.

According to the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States [UN-ORHLLS], Nepal experiences serious impediments to its social and economic development due to a lack of access to the sea, its remote location, its isolation from world
markets and high transit costs for goods. This is coupled with other complex development issues such as agricultural instability, educational inequities, unequal and poor health distribution, gender disparity issues, low human development index, natural disasters, poverty and more (see UN-ORHLL 2017a and UN-ORHLL 2017b for more information). Resulting from its qualification as a UN Landlocked Developing Country [LLDC] and a Least Developed Country [LDC], Nepal receives significant economic assistance for trade and development (UN-ORHLLS 2017). Nepal has also experienced many periods of political instability. Since the end of a 10-year civil war in 2006, Nepal has been transitioning to a Federal Democratic Republic [FDR] and despite its short experience of democratic government, it has made significant political gains (World Bank 2017). However, according to Subedi (2005p. 110), ‘…the problem of corruption has been at the centre of the political agenda in Nepal. It is recognised as one of the chief causes of Nepal’s underdevelopment. It is very widespread, has different manifestations, and is practiced at all levels of society’.

Across the course of its 2000-year history, Nepal has become a predominantly Hindu country. However, several waves of migration and the ethnic and indigenous groups who lived in Nepal before its official borders were formed means ‘Nepal is a cultural mosaic inhabited as it is by an amazingly diverse array of ethnic, caste, linguistic and religious communities’ (Pradhan 2011, p. 100). In fact, for its small land area, Nepal purportedly holds one of the most diverse populations of people in the world (Pradhan 2011). According to Pradhan (2011, p. 100), ‘over the centuries, these different communities, each with its own language, religion and culture, settled in parts of Nepal’s plains, hills and high valleys’. While the Liccavi and Malla people held bigger political units (kingdoms) in the Kathmandu Valley and west of Nepal, each of the other communities established its own ‘separate but fluid political units, mainly small chiefdoms’ and principalities’ (Pradhan 2011, p. 100).

As a result of its often-contentious historical relationship with India and the feudal political systems operating in Nepal, the country has sometimes been called a semi-colony of India and a semi-feudal society (Brown 1996; Jha 2014). A ‘force majeure’ of Nepal’s relationship with India is the profound impact of Hinduism and its patriarchal value system on Nepalese society, which was largely impressed on Nepal during the autocratic rule of Jang Bahadur Rana (1846-77) through the implementation of the first Hindu Legal Code, the Muluki Ain of 1845 (MA of 1845). While rules governing caste relations in relation to social matters such as marriage and dining between peoples in the Indian subcontinent, the MA of 1845

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9 These are kinship systems where formal leadership is maintained by senior member of select families or ‘houses’.
uniquely impressed the caste system in legal form on Nepalese society (Sharma cited in Höfer 2004). The caste system was outlawed by the adoption of Nepal’s constitution of 1963, but this progressive act appears to have had a very limited effect (Brown 1996; Joshi & Rose 1966). Indeed, Hindu patriarchal norms that shape the conception of what it means to be a woman have become so entrenched in Nepali society that they have been encapsulated in a Nepali saying: ‘Choriko janma, hareko karma’ (to be born a daughter is of ill fate/poor destiny’ (Crawford 2014; Crawford, Kaufman & Gurung 2007; Hannum 1997; Kondos 2004).

This chapter provides an overview of Nepal’s development into a predominantly Hindu society to illuminate contemporary Nepal’s emergence into a secular state. It illuminates the derivation of the form of Hinduism that is now predominant in Nepal and considers the societal issues that are consequent to it. It introduces the Hindu Legal Code (the MA of 1845), discusses the effects of Hinduism’s patriarchal norms on Nepalese women, outlines the caste system of the MA of 1845, and the purity and impurity rituals implemented between caste members. These rituals are embedded in the Nepali language system and have consequences for women who are menstruating and women in confinement for birthing. This chapter also discusses one of the major foci of the MA of 1845: sexual relations within – and outside - caste groups (Höfer 2004). It particularly illuminates the ‘six rules of forbidden sexual intercourse’ due to their profound impact on women. Lastly, in relation to these rules, it discusses two groups of Nepal’s women - Bādi women and women who are Deuki – who have been reduced to ‘untouchable’, ‘low-caste’, ‘dalit’ or ‘outcast’ in the caste hierarchy because their ‘occupations’ of sex work are viewed as ‘impure’ or ‘polluting’. This is notwithstanding that their push into sex work was due to economic downturns in their industries (or traditional occupations) or being forced into practicing particular Hindu traditions on approaching puberty.

2.2 A Political History of Nepal: 536 B.C.E to 2007

According to Brown (1996, p. 1), ‘Nepal’s history has been under-researched, and the nation’s past has been distorted by powerful and politically inspired myths’. However, the original inhabitants of the Kathmandu Valley are believed to be the Kirati people who practiced Buddhism (Schroeder 2004). However, it is also argued that the Newars were the early people who resided in the valley and they practiced Buddhism and Shamanism (Brown 1996). Therefore, many Nepalese people believe Nepal was a Buddhist country before it became Hindu and that Prince Siddharta Gautama, who achieved enlightenment as Buddha, was born in Nepal in the area around the Kathmandu Valley in 536B.C.E. (Schroeder 2004). However, this occurrence would have been before Nepal’s geographical borders were formed in 1815.
and the issue of the birthplace of Buddha is fiercely debated with neighbouring India. Regardless of this, in 12.C.E, the Liccavis from Northern India invaded Nepal, introducing Hinduism along with Nepal’s first caste system (Schroeder 2004). Over time, many indigenous Kirati people abandoned their patronage of Buddhism to adopt Hinduism (Schroeder 2004). According to Brown (1996), so, too, did the Newari people.

Across the years, including in the following Malla Dynasty or Khas Rajput (Thakuri) dynasty (1201-1769), Hinduism was further entrenched in Nepali culture. In fact, the Mallas (or Newari people) are believed to be responsible for the sanskritisation\(^\text{10}\) of Nepal (Bista 1991), but are also credited with some of Nepal’s more positive economic development (Sharma cited in Höfer 2004). The Mallas had a caste system of their own; a 63-tier occupation-based hierarchy (Brown 1996; Pradhan 2011). In the following Shah Dynasty (1768-2007) in 1768, under the rule of King Narayan Shah (1743-1811) who was of Thakuri origin and born a prince in the Gorkha region (see Figure 1), Nepal became unified: all religio-ethnic groups across the country were united to form the Kingdom of Nepal (Pradhan 2011). However, while Nepal might have been unified kingdom, the society itself was not unified (Brown 1996; Pradhan 1991). According to Brown (1996), it was more that it became ‘centrally-ruled’ from the Kathmandu Valley. King Shah, who was tolerant of ethnic diversity, modified various iterations of former caste systems to reflect the growing diversity of people in Nepal (Pradhan 2011). Shah is particularly renowned for depicting Nepal as ‘...a ‘flower garden of four varnas and thirty-six jats’’ (Pradhan 2011, p. 102)\(^\text{11}\). However, under his rule, Hinduism was still accelerated (Brown 1996; Pradhan 2011). In the same dynasty, Jang Bahadur Rana\(^\text{12}\), of Chettri-Brahmin descent (also from Gorkha) reduced the Shahs to ‘titular monarchs’ (Guatam, Banskota and Manchanda 2011, p. 342), made himself prime minister, and created a system of hereditary prime ministers which lasted for over 100 years (Åsman 2009; Brown 1996).

\(^{10}\) According to Brown (1996), sanskritisation or hinduisation is a process in which the lower caste groups adopt the cultural patterns of the higher castes to raise their status in the caste hierarchical order. See section 2.7 for a full discussion on Nepal’s caste system.

\(^{11}\) See Section 2.7 for a full discussion of Nepal’s unique caste system.

\(^{12}\) Rana’s real name was Bir Narsingh Kunwar, but, according to Brown (1996), he was also called Jung Bahadur Kunwar.
This era, known colloquially as the Rana Rule (1846-1951) or Rana Regime, is a period in which Nepal suffered political oppression. Rana, who was less tolerant of ethnic plurality than his predecessors the Shahs, envisioned a ‘true Hindu land’ (Pradhan 2011, p. 204). During his rule, Rana developed and implemented the first Hindu Legal code, the *Muluki Ain of 1845*. Religious communities, particularly Buddhist monks, were persecuted (Dietrich 1996) and Nepal was isolated from the western world (Brown 1996; Thapa & Sharma 2009) to help shape Nepali society and polity (Thapa & Sharma 2009). According to Thapa and Sharma (2009, p. 206) ‘an important element of this isolationist policy was a complete ban on education, enabling rulers to exert complete domination over Nepalese people’. Education was viewed as ‘an act of sedition’ (Brown 1996, p. 12). As one eminent member of the Rana family suggested, it could put questionable ideas in people’s minds and signal the end of the regime (Brown 1996). Although members of the ruling elite were entitled to education, Bista (2011) says no public schools existed in Nepal.

While the Ranas tolerated India, Nepal also had a somewhat tenuous relationship with its neighbour. However, in 1950, not long before the fall of the Rana Regime, the last Rana Prime Minister of Nepal, Mohan Shamsher Jang Bahadur Rana and the then-Indian ambassador to Nepal, Chadreshwar Narayan, signed a bilateral treaty, known colloquially as the *1950 India-Nepal Treaty of Peace and Friendship*¹³, which aimed to establish a close strategic

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¹³ The official name is the ‘Treaty of Peace and Friendship Between the Government of India and The Government of Nepal’.
relationship between the two South Asian neighbors for the purposes of travel, trade, movement and other purposes (Baral 2011).

In 1951, Nepal attempted to form a democratic society that embraced the cultural diversity and equality of its people under the law (Brown 1996; Pike & Pigg 2004; Pradhan 2011). However, after the Ranas were overthrown only small changes occurred in the relationships between ethnic groups, non-Hindu people and ‘low caste’ communities (Pradhan 2011). In addition, Nepal continued to experience Hinduisation (Pradhan 2011), and the composition of the ruling elite remained largely unchanged (Brown 1996). The Ranas still held senior positions in government and the army, and a marriage alliance that was previously established between the Ranas and the Royal family was reinstated (Brown 1996). Although egalitarian ideals were tabled on political agendas, those who proposed ‘a new, equitable society rarely wanted one’ (Brown 1996, p. 23). The kings of Nepal who had been ‘political figureheads’ (Brown 1996, p. 23) for 100 years then started to assert authority (Bergström 1980; Brown 1996). After a period of self-imposed exile in India (Thapa & Sharma 2009) and following an agreement with the Ranas, the Nepali congress party and King Tribhuvan signed an agreement in India which returned him as head of state (Bergström 1980). However, early hopes of democracy failed when the king reneged on his promise to hold elections to a Constituent Assembly (Thapa & Sharma 2009). He amended the institutional framework for a new governing arrangement to make an absolute monarchy (Thapa & Sharma 2009). According to Sharma (cited in Höfer 2004, p. xv-xvi) ‘...the MA was rendered powerless with one stroke, as it were, as its legal basis was eliminated with the announcement of the Interim Constitution of February of 1951’.

However, Pradhan (2011) argues that the MA of 1845 and the law developed by the Ranas essentially remained in force because the new rulers ‘...wanted to enhance political and cultural unity within the framework established earlier – a fact reflected in their policies regarding language and religion’ (p. 105). In 1951, Nepal opened its doors to the western world (Brown 1996; Crawford 2017; Höfer 2004; Joshi 2004; Whelpton 2005). Education became available to the general populace and English began to be taught in Nepal’s schools (Bista 2011). However, during the Tribhuvan rule, Nepal experienced another significant period of political unsettlement (Brown 1996). In addition, there was no fundamental change to Nepal’s social and economic status (Brown 1996). Therefore, in 1955, Nepal became a member of the United Nations to aid in its development efforts (Osmańczyk 2003).
After Tribhuvan’s death in 1955, his son Mahendra succeeded him (Brown 1996; Thapa & Sharma 2009) and under his rule there was a steady increase in the acquisition of monarchical power (Brown 1996). He continued to play political games like his father (Bergström 1980; Brown 1996) to the point where he was cited as a ‘master of political manipulation’ (Brown 1996, p. 31). In a royal coup in 1959, King Mahendra overthrew the government of B.P. Koirala, instituted himself as absolute monarch and created the Panchayat Political System (Bergström 1980; Brown 1996; Muni 2011). According to Bergström (1980), ‘the basis of the Panchayat democracy is the tradition of villages panchayats, seen as the epitome of democracy in which the whole village came together and solved its problems in an atmosphere of unity and harmony’ (p. 14). Idealistically, caste divisions were supposed to be non-existent in this type of village system (Bergström 1980).

Likewise, the system was not considered to be discriminatory by law because ‘posts on the panchayats from the lowest Gaun (village) panchayat to the Rastriya (national) panchayat are filled by elections based on the universal suffrage at the lowest level, and amongst the representatives sent from the lower to higher bodies’ (Bergström 1980, p. 14). However, the king had the power to nominate 15% of members to the Rastriya panchayat and others could be nominated from elections of class organisations such as farmers, women, youth ex-service men and workers (Bergström 1980). The Panchayat system was purportedly also designed for Nepalese tradition because it envisaged all of the country’s individuals – regardless of their caste, creed or colour – working together (Bergström 1980; Brown 1996). However, although the system was purportedly a party-less ‘guided’ democracy (Muni 2011), the real power remained in the hands of the monarch (Brown 1996; Muni 2011). In 1959, King Mahendra also ‘officially adopted’ Nepali as the National Language it became ‘…the sole medium of instruction in schools’ (Pradhan 2011, p. 105).

During his reign, Mahendra found himself caught between the mandates of Hinduism which sanctioned inequality through caste and committing to scientific progress between Nepal and the broader world, which essentially undermined ‘his position as a ruler with a divine mandate’ (Bergström 1980, p. 17). Under this system, all new political parties were banned (Bergström 1980; Thapa & Sharma 2009) which meant that if one wished to be elected to an administration position, they had to make individual efforts to get into office (Bergström 1980).

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14 Two different spelling are often used for ‘Panchayat’ and ‘Pancayat’, but they can be understood to mean the same thing.

15 According to Bergström (1980), as a model, the Panchayat system is similar to the Gandhian vision for self-sufficient village communities.
In 1962, Mahendra promulgated a new constitution for Nepal under the name of the Panchayat democracy (Bergström 1980) which largely sanctioned his rule in law (Bergström 1980; Brown 1996) and in which Nepal was declared ‘the world’s only Hindu state’ (Letizia p. 109).

In 1972, Mahendra died and his son, Birendra, succeeded him and continued the absolute monarchical rule (Thapa & Sharma 2009). However, in 1979, he was forced to make political reforms by offering choices between an amended panchayat system and a multiparty democracy in a national referendum (Bergström 1980; Thapa & Sharma) due to a student uprising (Thapa & Sharma 2009). The referendum – held in 1980 – resulted in the continuation of the panchayat by a slim majority (Thapa & Sharma 2009). Birendra was a much-loved monarch because some people believe he genuinely wanted democracy in Nepal and a form of a panchayat system that would benefit everyone. However, during his reign, corruption was rife. For example, many aid organisations - even those outside of the government’s control - were manipulated (Brown 1996). According to Brown (1996), ‘non-governmental organisations (NGOs) were tightly regulated by the Social Services National Co-ordination Council (SSNCC), established in 1977, and all foreign funds destined for NGOs had to flow through the Council’ (p. 68). This council was chaired by his wife, Queen Aishwarya and was used a means to curb non-government activity and many of Nepal’s high elites - and the royal family – were known to take a ‘cut from the aid purse’ (Brown 1996). However, the Panchayat period was also associated with achieving greater equality for women, most particularly in relation to women’s legal status (Bennett cited in Richardson et al. 2016). Suffice to say, when multiparty democracy was restored, this led to a mushrooming of Non-Government Organisations [NGOS] in Nepal (see Section 3.4).

According to Thapa and Sharma (2009, p. 207), ‘the panchayat regime continued until 1990, when it crumbled in the face of Jana Andolan 16 (a popular movement) led by the NC17 and the United Left Front (ULF), along with a range of communist factions committed to restoring multiparty politics’. During the Jana Andolan, people flocked to the streets demanding the restoration of a multiparty democracy, human rights, and fundamental freedoms. Shortly after, the king agreed to political reforms, reinstated multiparty democracy, formed an interim government and then began to develop a new constitution (Thapa & Sharma 2009). In a country where monarchs had held total power for over two hundred years, the 1990

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16 Two significant Jana Andolans, known as Jana Andolan 1 and Jano Andolan 2 (or Jano Andolan implying a continuation of the Jana Andolan of 1990) have happened in Nepal in the last 30 years. The second Jana Andolan occurred at the end of the Maoist Civil War. Jana Andolan is also called a ‘people’s movement.
17 Nepali Congress Party.
constitution then recognised the king as the head of state and the prime minister as head of
government (Thapa & Sharma 2009). The new constitution that was drafted by the
representatives of the political parties and some independents declared Nepal to be ‘…a ‘multi-
ethnic, multilingual…Hindu and constitutional monarchical kingdom’ ’ (Pradhan 2011, p. 107).
According to Richardson et al. (2016, p. 332), ‘in 1991, as part of the post-1990 pro-democracy
movement, Nepal signed up to the Convention on the Elimination of All Forms of
Discrimination Against Women (CEDAW), which states that nations should grant citizenship
rights regardless of gender’. However, according to Thapa and Sharma (2009, p. 208), ‘…state
and bureaucratic power continued to be virtually monopolised by a small elite composed
mainly of Brahmins and Chettris, ethnic groups who made up less than 30 percent of the
population’. Other ethnic groups in Nepal also held no power or control and largely felt
excluded from the state (Thapa & Sharma 2009). Therefore, Nepal’s attempts at multiparty
democracy largely failed and, in 1996, the Communist Party of Nepal (Maoists) began an
insurgency in Far Western Nepal demanding changes to ‘…issues as varied as nationalism,
livelihood and democracy’ (Jha 2014, p. 19), and an end to Brahmin-Chettri-Newar domination
(Brown 1996; Upreti 2006) (see also Section 3.5.1). According to Frederick (2012), the
marginalisation of various ethnic groups and lower caste groups by the Brahmin-Chettris, has
resulted in, for example, the unequal distribution of farmable land, employment and other
opportunities. The Brahmin-Chettris have also dominated roles in government (Brown 1996;
Frederick 2012). This insurgency resulted in 10-year bloody civil war. During the war, in 2001,
Nepal’s crown prince Dipendra went on a killing spree and massacred King Birendra and
Queen Aishwarya and other members of the Royal Family before shooting himself over the
family’s refusal to allow him to marry the woman he loved (Ahearn 2001; Crawford 2012;
Whelpton 2005)18 which appeared to signal the demise of Nepal’s monarchical rule. In 2007,
Nepal then denounced its status as a Hindu constitutional monarchy and the last remaining
Hindu kingdom in the world (Schroeder 2004) to become an FDR at the first meeting of the
new Constituent Assembly on 28 May 2008.

2.3 Contemporary Nepalese Society: A Secular State with Hindu Predominance

According to the World Bank (2017), Nepal is still in the process of transitioning to an
FDR. Over the last 8 years, the country has had 10 prime ministers, many of whom served in
the role before Nepal became an FDR and who have also served numerous terms. According

18 The reasons for the killing spree are still highly disputed.
to Brown (1996), this concords with Nepal’s history. She argues that Nepal has previously (many times over) had ‘a bewildering procession of governments’\(^\text{19}\) (Brown 1996, p. 25). After not having a constitution for more than a decade (Crawford 2017), on September 2015, Nepal promulgated its new constitution under the prime ministership of Khadga Prasad Oli from the Communist Party of Nepal (Unified Marxist-Leninist). According to the Nepal Law Society [NLS], International Institute for Democracy and Electoral Assistance [IDEA], and United Nations Development Program [UNDP] (2015), under the new *Nepal Constitution of 2015*, Nepal identifies itself as a secular state:

Having multi-ethnic, multi-lingual, multi-religious, multi-cultural characteristics with common aspirations of people living in diverse geographical regions, and being committed to and united by a bond of allegiance to national independence, territorial integrity, national interest of Nepal, all the Nepali people collectively constitute the nation. (NLS, International IDEA & UNDP 2015, p.13\(^\text{20}\))

Although Hinduism has never been declared a state religion in Nepal (Pradhan 2011; Schroeder 2004), religion is an important part of Nepalese society (Schroeder 2004). According to the Central Bureau of Statistics (CBS) (2012), *National Population and Housing Census 2011*\(^\text{21}\), Hinduism is the dominant religion followed by Buddhism, Islam, Kirat, Christianity, Prakriti, Bon, Jainism, Bahai, Sikhism and several other undefined religions\(^\text{22}\). Some people also practice multiple religions. For example, the Newari people embrace elements of Hinduism, Buddhism and even Animist beliefs. In the context of its general society, Nepal still operates on the Hindu Lunar Calendar, the ‘*Bikram Sambat*’, for religious festivities, which are celebrated by people from all ethnic groups (regardless of their religion) across the country. (The *Bikram Sambat* is 56.7 years ahead of the western (solar) Gregorian Calendar. To illuminate this difference, on the *Bikram Sambat*, it is the year 2074 in Nepal, while on the Gregorian Calendar, it is the year 2018 in Australia.) However, Nepal uses the Gregorian Calendar in the business sector for foreign affairs and trading. It also acknowledges significant religious events of the other ethnic groups in the country and currently anecdotal reports suggest that other minority ethnic groups are increasingly asking for their events to be diarised.

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\(^{19}\) Brown (1996) largely notes this as occurring during the rule of King Tribhuvan (1951-1955).

\(^{20}\) This is an unofficial translation of the constitution.

\(^{21}\) This is the most recent census in Nepal.

\(^{22}\) The CBS (2012) provides a breakdown of all the religions practised into the geographical regions; urban/rural, ecological belt (mountain/hill/terai) and development region (Eastern/Central/Western/Mid-Western/Far-Western). In addition, it also provides a breakdown of religions practised in all of Nepal’s 75 districts. The development regions have changed since this census was undertaken (see Figure 1).
on Nepal’s calendar of religious festivities. In addition, the Hindu Legal Code (though amended) is still in operation. However, it acts only as Nepal’s criminal code.

According to Pradhan (2011, p. 106) ‘the caste system, though not explicitly abolished, was absent from the new Muluki Ain introduced in 1963 by King Mahendra’. However, while the caste system was purportedly prohibited in the aforementioned constitution, it continues to have a profound effect on Nepali society (Brown 1996; Joshi & Rose 1996; Pradhan 2011; Schroeder 2004). In fact, Schroeder (2004) argues, ‘Hinduism’s greatest social effect on Nepal is that it is the source of the caste system’ (p. 717). Although over 130 different ethnic/caste groups live in Nepal, the dominant ethnic groups are Hindu - Chettri and Brahmin-Hill - followed by Magar, Tharu, Tamang, Newar, Musalman, Kami, Yadav, Rai23 (CBS 2012) who all practice Buddhism and/or a variety of other religions. While the Nepal Constitution of 2015 describes the National Language as encompassing ‘all the mother tongues spoken in Nepal’ (NLS, International IDEA, and UNDP 2015, p.13), the dominant language in Nepal is Nepali followed by Maithili, Bhojpuri, Tharu, Tamang, Newar, Magar, Avadhi, Bantawa, Gurung (CBS 2012). In the new constitution, Nepali is still considered the language of official business to be written in Devanagiri script. Devanagiri script is derived from Hinduism. However, the new constitution states that a province can use the national language spoken by the majority of people within a province. (Under the new constitution Nepal is divided into seven provinces for the purposes of administration instead of its previous five development regions (see Figure 1). In some regions of Nepal, native languages are also now taught in schools up to primary level25 (Bista 2011; Pradhan 2011). However, Hinduism and its patriarchal value system and, as mentioned, the caste system impressed in the MA of 1845 during their 100-year autocratic rule of the Ranas, continues to have a profound effect on Nepalese society, particularly, on Nepalese women.

2.4 The Derivation of Hinduism: ‘Parbatiya Hinduism’

Across the world, Hinduism is practiced in many different forms. According to Mittra and Kumar (2004), Hinduism can be described as such:

Hinduism is less a monolithic creed than a conglomeration of loosely related but interwoven cults and traditions. It has no unifying creed of priesthood, no

23 According to Schroeder (2006, p.717), ‘The terms ‘ethnicity’ and ‘caste’ are often used interchangeably. This can often be confusing. However, ethnicity and caste are different.
24 I have chosen to comment on the 10 top ethnic groups as the women from our study cohort are represented amongst them; Brahmin, Chettri, Magar and Tamang.
25 There are many inconsistencies over this issue.
founder, no ecclesiastical organisation and no concept of heresy. Relatively tolerant, it encompasses differing theologies and spans religious spectrums. (Mittra & Kumar 2004, p.2)

In Nepal, the form of Hinduism that is predominant is Parbatiya Hinduism. Parbatiya Hinduism takes its roots from Brahminism in India. According to Pradhan (2011, p. 102), ‘what is called the Hinduisation of Nepal was actually ‘Parbatiyasition’, that is, the spread and imposition of the culture of the Parbatiya, most significantly their language, Nepali (originally known as *Khas* or *Khas Kura*), and religion, Hinduism’. It is this language that became the official language of Nepal (Brown 1996; Pradhan 2011). The Parbatiya (or ‘hill people’ as they are colloquially known) are a collective of people who comprise the Bahun (Brahmin), Chhetri (Kshatriya) and Thakuri castes and some other service caste dalits26 (Pradhan 2011). They migrated into Nepal from the west and south or, that is, India. Primarily, Parbatiya Hinduism was practiced by hill people in the Gorkha districts of Nepal (Pradhan 2011). These people spoke Nepali (sometimes also called Gurkha, Gorkhali or Gurkhali due to their origin from Gorkha). The script in which Nepali is written is *Devanagari* script (as mentioned in Section 2.3). *Devanagari* is derived from Brahma script in India and closely resembles Hindi script. In fact, according to Kondos (2004 p. xvi), ‘Hindi and Nepali are mutually intelligible and the script used for both is the same’. While Nepal’s caste system has been derived primarily from Brahminism in India, the Parbatiyas created their own caste system largely based on categorising the multitude of ethnic groups who lived in the country into a hierarchical order. Thus, the caste system practiced in Nepal is different to the caste system practiced in India (Brown 1996; Bennett 2002; Cameron 1998). According to Pradhan (2011), this particular caste system is only prevalent in the Hindu societies of Khas, Parbatiya, Madhesi and Newar people. It is this caste system, that is, the caste system of the Parbatiya, that was embedded in the Hindu Legal Code, the *MA of 1845*, by Jang Bahadur Rana.

### 2.5 The Hindu Legal Code: The ‘Muluki Ain of 1845’

On 5 January 1845, Jang Bahadur Rana implemented the first Hindu Legal Code, the *Muluki Ain of 1845*. For nearly 100 years, it was enforced as the principal law of the land by which all people who were classified as ‘high’ or ‘low’ were judged (Sharma cited in Höfer 2004). Once plainly called ‘ain’ from the Arabic term *a’in* which means ‘law’, from 1927 the term ‘*muluki’* - from the Arabic term *mulk* meaning ‘country’ - was applied and the legal code

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26 Dalits means ‘untouchable’ people. See Sections 2.2, 2.8 and 2.10 for more information.
became the *muluki ain* to separate it from other country laws (Sharma cited in Höfer 2004). The *MA of 1845* was designed to impress a model Hindu state, which is generally comprised of four parts: 1) *rājan* (a sovereign king or ruler in which all power of the state is held); 2) *rājah* or *rāstra* (Nep. *rāj*) (the territorial extent of such a state within a defined boundary); 3) *prāja* (refers to subjects of the state) and 4) *sthitī* (Nep. *thiti*) (refers to establishment of social order in the state) (Sharma cited in Höfer 2004). Broadly conceptualised, it was designed to create an order to the (abstract) cosmos, and a moral, social and legal order (Sharma cited in Höfer 2004). According to Höfer (2004), the *MA of 1845* is a complex document that sets up controls over the hierarchy of people of different ethnicities (including foreigners), touchability/untouchability of people, purity/impurity rituals, sexual relations, temporal-personal impurity (menstruation, childbirth and mourning), division of labour in the hierarchy, mobility (within the hierarchy), the role of the state (Nepal) with India, and so on and so forth. According to Sharma (cited in Höfer 2004), the *MA of 1845* is unique in that there ‘...is no other instance of caste validation accorded to a legal document of a state like this from anywhere else in the subcontinent’ (p. xvi). In addition, while amendments were made to the *MA of 1845* by the various Ranas, such as softening the laws regarding the burning of widows (known as ‘*sati*’), bonded labour (known as ‘*kamaiya*’ or ‘*kamlari/kamalari*’) and the banning of state and domestic slavery in 1924, no attempt was ever made to make changes to the Hindu value system or the caste system (Sharma cited in Höfer 2004). According to Sharma (cited in Höfer 2004), these systems remained as stable as the authoritarian monarchy, most particularly during the Rana Rule.

However, Brown (1990) argues that, despite the legal enforcement of Hinduism in Nepal through the *MA of 1845*, the *MA* was flexible and some sensitivity was shown towards local custom. In addition, she says that non-parbatiya people could choose to adopt the culture of the dominant parbitaya people, thus Hinduism was not forced upon them. This related to such people as the Newars who had had their own caste system for hundreds of years before the *MA of 1845* was introduced (Brown 1996) (see Section 2.2). Thus, according to Brown (1996, p. 7), ‘hinduisation was the product of the interaction between differing social systems.

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27 It is worth acknowledging that Höfer’s (2004) analysis/work is most often quoted in relation to the interpretation of *MA of 1845* and the caste system. However, it is just one of a number of interpretations of the caste system in Nepal.

28 Sharma (cited in Höfer 2004) is referring to the Indian subcontinent. Politically, the Indian subcontinent usually includes Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
This interaction, however, was heavily weighted in favour of the high caste *parbatiya* because they held a monopoly of power.

### 2.6 The Hindu Value System: Patriarchy and the Perpetual Subjugation of Women

Hinduism and its value system impresses patriarchy and patriarchal norms on a society and the impression of Hinduism in Nepal has had a profound effect on Nepalese women. However, to classify Nepal as a patriarchal society alone would be an oversimplification of the issue. According to Hamal Gurung (2014, p. 175), ‘Nepal is a patriarchal, patrilineal and patrifocal society: its norms are heavily patriarchal’. Paudel (2011) suggests that patriarchy occurs within all ethnic groups in Nepal. However, Tamang (2011) argues that the issue of patriarchy is more complex than this. She says:

> The roles played by men and women are certainly not uniform, and ‘to be a woman’ in Nepal will vary between, as well as within, variously defined societies. It may well be more productive to talk not of ‘patriarchy’ but multiple patriarchies. As the term ‘gender’ makes clear, rather than biological categories, men and women are social and political categories that are produced historically. (Tamang 2011, p. 281)

In concrete terms, in Nepal the system of government is controlled by men, society is focussed and centred on the father and everything in society relates to or is based on the relationship with a father or descent through male lineage. According to Hamal Gurung (2014, p.175), ‘the patriarchal system contributes to many inequalities at many levels of society; land and resource distribution and unequal social, economic and political relations at household and societal levels’. Poignantly described by Mittra and Kumar (2004), patriarchy also has an intergenerational effect on women: ‘As a daughter she should be under the surveillance of her father, as a wife of her husband and as a widow of her son’ (p. 2-3).

According to Samarasinghe (2008, p. 64), ‘by tradition and law a Nepali female from birth to death is dependent on a male’. The implementation of patriarchy begins in the home through the process of socialisation. Boys are given educational opportunities (Paudel 2011) and girls are expected to become homemakers (Hennink & Simkhada 2004; Paudel 2011). This enables boys to become decision-makers and girls to implement the decisions of their husbands (Crawford 2017; Paudel 2011). Girls are raised to be passive and unemotional and their movements are often restricted (Mahat & Scoloveno 2001; Singh 1990). They are also made to feel guilty for being born female which leads to low self-esteem (Crawford 2017; Singh 1990). While some girls are given educational opportunities, they are often also taken out of
school to marry (Pokharel, Kulczyki & Shakya 2006; Regmi, Simkhada & van Teijlingen 2010; Waszak, Thapa & Davey 2003). Although not all girls are forced to leave school after marriage, the domestic responsibilities associated with early marriage and motherhood force school disruption (Crawford 2017; Hamal Gurung 2014; Waszak, Thapa & Davey 2003). Girls who refuse to marry to stay in school or to refute a child marriage are often married to an older man, taken to live in his village, and may be beaten or abused if they do not submit to the demands of their husbands or in-laws (Crawford 2017). Anthropologists have also reported that wife-beating is considered acceptable in village life and need not be explained or justified (Bennett 2002; Cameron 1998; Crawford 2017). Due to Hindu religious values, women also have ‘an attitude of resigned acceptance of the difficulties of life’ (Eller & Mahat 2003, p. 58).

Although Nepal’s Civil Code defines the legal age for marriage as 20 years without consent (or 18 with the consent of parents) for both sexes, early marriage is still prevalent in Nepal with many girls married by 18 (Puri, Shah & Tamang 2010; Puri, Tamang & Shah 2011; UNFPA 2013). In addition, adolescent marriage is viewed to be the norm by many ethnic groups (Puri, Shah & Tamang 2010; Puri, Tamang & Shah 2011). The concept of early marriage itself relates back to ancient Hindu texts29 which purportedly state that marriage should not be delayed until much after puberty (Mitra & Kumar 2004). In Nepal, some women are even married before puberty (Puri, Shah & Tamang 2010; Puri, Tamang & Shah 2011). As in many parts of South Asia, marriage is not viewed as a ‘contract’ (Frederick 2000), rather it is culturally-expected that women will marry (Crawford & Kaufman 2008; Frederick 2000; Hamal Gurung 2014). An addendum to this is that it is an extreme norm violation to live alone in Nepal (Crawford & Kaufman 2008) which is often connotated with being a sex worker (Frederick 2012). However, Hamal Gurung (2014) also says that ‘marriage and sexuality hold special places in the lives of Nepali girls’ (p. 174). Samarasinghe (2008) says that this issue is driven from the fact that young girls are socialised ‘…to believe in the institution of marriage as the ultimate goal in their lives…” (p.75). This also leads to, for example, young women being lured by men acting as traffickers who seek them as wives and subsequently sell them for sex to brothels in India (Samarasinghe 2008). According to Puri, Shah and Tamang (2010, pp. 1875-1876), ‘however, there is a slow shift in Nepal away from “arranged” to “love” marriages in which individuals have more freedom to choose whom they wish to marry, albeit mostly still with the consent of parents’.

29 Dharmashastras
Chapter 2 ǀ A Brief Overview of Contemporary Society for Nepalese Women

After marriage women are expected to conceive as soon as possible to prove their fertility which means that ‘…adolescent marriage is synonymous with adolescent childbearing’ (Mitra & Kumar 2004, p. 171-172). Women are also expected to bear male offspring (Crawford 2017). In Hinduism, sons are expected to look after their parents as they age, and they are the only ones who can perform funeral rites (Crawford 2017; Yue, O’Donnell & Sparks 2010). Therefore, it is a both practical necessity and a religious duty to have a son (Crawford 2017.) According to Paudel (2011 n.p.), ‘due to society’s preference for boy children—rooted in religious customs and traditional beliefs—it is important for the wife’s first born [sic] child to be a boy. If not, she may have to give birth to many children waiting for a boy to come’. Suffice to say, female offspring are not valued. In many Terai communities, for example, the birth of a daughter is viewed as a curse and ‘the whole neighbourhood weeps when a daughter is born’ (Sharma 1986, p. 63). Schroeder (2004) even argues that some ethnic groups do not view women as human and will respond to the birth of a female child by saying ‘nothing was born’ (p. 717). This issue has contributed to high rates of female infanticide, sex selection via ultrasound, and illegal and forced abortion of girls. However, Solotaroff and Pande (2014) report that these practices are declining in Nepal. According to Waszak, Thapa and Davey (2003), if couples take time to conceive, the wife is called ‘tharangi’ (infertile) which is considered to be unlucky.

Prior to marriage, social, intimate, and sexual relationships between men and women are not viewed as acceptable in Nepali society (Hamal Gurung 2014; Mathur, Malhotra & Mehta 2001; Puri, Shah and Tamang 2010; Regmi, Simkhada & van Teijlingen 2010). A woman is expected to be a virgin at marriage (Eller & Mahat 2003; Samarasinghe (2008); Tamang 2011; Waszak, Thapa & Davey 2003) then monogamous afterwards (Eller & Mahat 2003). One of the reasons for advocating for early marriage is also to keep young girls sexually-pure for marriage (Bennett 2002; Samarasinghe 2008) and young girls are often kept at home until they marry for this reason (Waszak, Thapa and Davey 2003). If it becomes known that a woman has engaged in premarital sex, she is stigmatised (Eller & Mahat 2003; Samarasinghe 2008). Her marriageability is reduced because she is seen to be ‘impure’ or, ‘bigriyo’ (ruined) (Pike 2002, p. 266) according to purity and impurity rituals (see Section 2.8). In addition, her ‘ijjat’ (family honour and prestige) is lost (Pike 2002, p. 270). However, according to Eller and Mahat (2003, p. 55) ‘…attitudes toward premarital sex and extramarital sex for men are permissive’. In addition, having sex with a commercial sex worker, according to Hannum (cited

30 Mittra and Kumar (2004) talk about this issue with India, but the issues are the same in Nepal.
in Eller & Mahat 2003, p. 55) ‘...is not considered to affect a single man’s virginity, and the belief that sex with a sex worker is not really sex also permits adultery with CWSs31’ (see also Hannum 1997). In Hinduism, women’s sexuality is believed to endanger and affect men’s sexuality (Bennett 2002; Crawford 2017) because it is viewed as a source of pollution for men (see Section 2.9). Women are also expected to be modest in relation to matters of sexuality and defer to husbands ‘...for sexual knowledge and direction’ (Poudel & Carryer 2010, p. 77) and women are also stigmatised for knowing about sex (Kaufman et al. 2012). According to Joshi (2004), issues such as virginity are often embraced as customary in Nepali culture and premarital sex, multiple marriages and marriage separation conflict with traditional Brahmin-Chettri value systems. However, it is widely known that polygamy, premarital sex, divorce and other practices that diverge from these social norms are widely practiced by the diverse ethnic groups of Nepal (Joshi 2004)32. According to Puri, Tamang and Shah (2010, p. 1876), ‘although polygamy is illegal in the country, it is also practiced by a few ethnic groups’. In addition, some ethnic groups such as those of Tibetan origin who live on the northern borders of Nepal practice polyandry (Tamang 2011).

As mentioned, in traditional families adult men are expected to live with their parents once married to support them and their wives are expected to bring a considerable dowry to the homes of their husbands (Paudel 2011). According to Paudel (2011 n.p.), ‘nowadays, the dowry brought by the bride should be proportional to the educational level of the groom; a high value is thus placed on the education of men, while the education level of women is not taken into account, thus diminishing the value of educating girls’33. Due to the dowry payable upon marriage, parents also consider girls to be an economic burden (Crawford 2017; Deane 2010). Although it is a constitutional right to be able to choose a life partner in Nepal, women are also expected to accept their father’s spousal choice (Paudel 2011). According to Hennink and Simkhada (2004, p. 309), ‘marriage is typically arranged by a girl’s parents in negotiation with the groom’s family and girls are given little autonomy in the process’. Mittra and Kumar (2004) also note that a Hindu marriage is not dissolvable and is supposed to subsist beyond death. The ancient and outlawed tradition of ‘sati’ (wife burning) practised at the death of a husband is related to this belief. Once a daughter is married, she cannot inherit property while her brothers and sons of brothers are alive (Hennink and Simkhada 2004). This is despite the fact that, from

31 CSW is a commonly-used acronym used to connote ‘Commercial Sex Workers’.
32 This issue also factors into moral debates around the reintegration and care of trafficked women and girls in Nepal (see Appendix N for more information).
33 In August 2018, Nepal is strengthening its laws of the Hindu custom of demanding dowry payments.
amendments made in 1975, the the MA of 1845 has supposedly enabled women to share the same rights to her husband’s property as her sons\(^3\) (Samarasinghe 2008).

According to Hamal Gurung (2014, p.175), ‘although gender roles and relations vary according to class, caste, ethnicity, education, religion, age and marital status, uneducated, rural, and impoverished women tend to suffer particularly severe consequences of living in a strongly patriarchal household and society’. Crawford and Kaufman (2011) report that the general status of women and girls in Nepal is extremely low, but rural women and girls are even more disadvantaged than urban ones. Their access to knowledge, skills, resources and opportunities is also extremely low (Hennink & Simkhada 2004). Lamichhane et al. (2011) argue that ‘women are expected to play a subordinate, submissive and more conservative gender role in marital relationships especially in rural areas’ (p. 2). In some rural communities, women are not even allowed to move freely outside the home (Paudel 2011). The impact of entrenched patriarchy can also be seen in the daily rituals of women; their day can only begin once they have greeted their husbands or parents-in-law and they can only eat from their husbands’ plates once they have finished eating (Paudel 2011 n.p.). According to Paudel (2011), ‘prevailing from the pastoral or nomadic period, the patriarchal system set up controls over women’s body, labor [sic], income, mobility, sexuality, ideology and even identity’ (n.p.).

Women are also expected to adhere to proprietous values; control their speech, defer their personal gratification and subordinate their desires (Kaufman & Crawford 2007; Pigg & Pike 2004) especially in relation to their duties to husband and family (Kaufman & Crawford 2007). According to Watkins and Lam (1991, p. 99), ‘cultures high on collectivism tend to downplay the role of self in determining behaviour’. However, as most Nepalis are Hindu, the self-concept of most Nepalis is related to their religious beliefs (Watkins & Lam 1991). According to Pigg and Pike (2004, p. 289), ‘in Nepal, the regulation of speech is one of the most important manifestations of propriety’. Paradoxically, however, propriety is sometimes abandoned in a Hindu tradition called ‘ratauli’ which occurs the night before a wedding amongst women in the home of the groom (Kondos 2004). Ahearn (2001) also says she has observed occasions ‘both informal and ritually-defined, such as jyuti songfests’ (p. 73) where sexual joking between women and men and women has occurred in a Magar community. Also, not all women adhere to such behaviours. For example, according to Campbell (cited in O’Neill 2011), Tamang women are noted for being ‘notoriously free of the Hindu notions of feminine

\(^3\) Nepal’s property inheritance issues for women are complex and it is outside the boundaries of this study to discuss this matter here.
propriety’ (p. 2001). Frederick (2012) also notes that ‘…Nepali hill women have relatively more freedom from the patriarchal constraints of Hindu culture than their lowland sisters’ (p. 130). Notably, Ahearn (2001) says that Magar and other Tibeto-Burman groups are often stereotyped as sexually promiscuous by higher castes.

According to Crawford, Kaufman and Gurung (2007, p. 96), ‘patriarchal social structures that accord more value and rights to men create a climate that condones violence against women’. In Nepal, marital rape is common (Crawford 2017) with many women being forced to have sex unwillingly (Crawford 2017; Puri, Tamang & Shah 2011). Issues such as the prostitution of women and girls are related to the acceptance of patriarchal norms (Hamal Gurung 2014; Jha & Madison 2011). In addition, Crawford (2017) argues that the low status of women and girls promotes trafficking. Along with patriarchy, so to do ancient Hindu traditions and customs (Datta 2005).

2.7 The Hindu Caste System: A Five-Tier Hierarchy

In the earliest metrical work on Brahminical Dharma (religion) in Hinduism, the Manusmriti (also known as Manav Dharam Shastra), is widely regarded to be the most important and authoritative book on Hindu law (Milner 1994). It dates to at least 200 B.C.E and acknowledges and justifies the caste system as the basis of order and regularity of a society (Milner 1994). Nepal’s caste system borrows from the Indian Chaturvarnashram system from the Manusmriti which incorporates four broad social classes known as varna or jat. They are Brahmin (Priests and Teachers), Kshatriya (Warriors and Rulers), Vaisya (Farmers, Traders and Merchants) and Sudra (Labourers). However, the achhoots - the Dalits or the untouchables (street sweepers and latrine cleaners) which originally sat outside the Hindu caste system in India (though sometimes they incorporated into it) are integrated into Nepal’s caste system as a fifth social class. Thus, although Nepal’s caste system was modelled on the Indian system which organises social life in a hierarchy based on occupation and ritual status, it is practised differently in Nepal (Bennett 2002; Cameron 1998; Vasily 2009). In fact, Brown (1996) argues that it only vaguely resembles the caste system from India.

In Nepal’s caste system, each ethnic group is assigned a caste or jat (Bennett 2002; Brown 1996; Cameron 1998). Each jat is then allotted a place in the Hindu hierarchy (Bennett 2002; Brown 1996; Cameron 1998). The caste system is then enacted through a series of transaction rituals between people. To cite a ‘best description’ of Nepal’s Hindu caste system,
Cameron (1998, p.11)\textsuperscript{35} poignantly argues that: ‘caste is best understood as having two different aspects – one oriented toward the systematic classifying and ranking of people and the other constituting everyday transactions and relations [with and between people]’. According to Höfer (2004), the caste system was created to set apart the ‘Brahmins’ (high caste people) from the ‘untouchables’ (low caste people). It is enacted through a series of purity and impurity rituals, such as who can take water and rice from whom, who can have sexual relations with whom and so on and so forth (Höfer 2004; Pradhan 2011)\textsuperscript{36}. According to Höfer (2004), p. 9-10), the ethnic groups as allotted in caste hierarchy of the \textit{MA of 1845} and their allotted caste categories are outlined in Table 1. Although the caste system was not supposed to be discriminatory, according to Borgström (1980) and Brown (1996), by its very nature it sanctioned inequality through religion, and thus could not be viewed as compatible with creating an egalitarian society.

Despite the forceful integration of the Hindu social stratification system, many of the ethnic indigenous groups within Nepal do not adhere to or fall under the caste system (Brown 1996; Pradhan 2011). According to Vasily (2009), for example, ‘…the Madhesi castes of the Tarai\textsuperscript{37} were, for the most part, not included in this effort’ (p. 218). Cameron (1998) and Vasily (2009) also argue that the caste system has always been a subject of contestation and resistance. According to Cameron (1998), who studied gender and caste relations with low caste women from Bhalara in the Bajhang District of the Seti Zone in Far West Nepal, women and low caste groups are most affected by the power of the dominant groups in the caste. However, she says that while women are framed as inferior, ‘…they do not fully agree with it, nor do they apply its high-caste patriarchal codes to their gender relations’ (p. 2). Although it is not often stated as thus, some women do have power under the caste system, but it is primarily ‘high caste’ women who exert social control over ‘low caste’ women (Höfer 2004). Tamang (2011) has

\textsuperscript{35} Cameron (1998) studied gender and caste with low caste Hindu women in Nepal. From here on in, I will not be referring to women by caste except to discuss the Bādi women and women who are Deuki and/or trafficked women – where needed - and especially in relation to the trafficked women in this study. This is due to their reduction to low caste women, regardless of their ethnicity, due to their engagement in sex work (see Sections 2.9 and 2.10. This ethical stance has been taken in support of the abandonment of the caste system in Nepal and to help minimise the stigmatisation of trafficked women. At the beginning of my data collection, I was informed by Asha Nepal that caste is a sensitive issue and that they no longer talk about their women and girls in terms of their caste status. In particular, when collecting demographic data we did not ask the women or girls about their caste. However, as the ethnic groups of the women were outlined in this study, it is possible – by glancing at the caste hierarchy as outlined in Table 1 – to work out their previously-allotted positions on the caste hierarchy. For a further discussion on the stigma currently experienced by trafficked women in Nepal and the position of anti-trafficking organisations, see Section 6.15.

\textsuperscript{36} The caste system and its rituals are exceedingly complex. Therefore, only a brief overview is provided here. For more information, see Höfer 2004.)

\textsuperscript{37} There are numerous variations of spelling of the Terai. This is one such example.
reported, for example, ‘equally, insofar as Hindu ‘high caste’ women receive both the caste and class privileges of their father and husbands, they can be seen as being culpable for the oppression of dalit women – a topic that has not even been touched in unreflexive accounts of ‘the Nepali woman’s’ ‘oppression’ by ‘women leaders’ (p. 286).
Table 1. The Caste Hierarchy of the MA of 1845 and the Caste Groups as defined by Höfer (2004)

<table>
<thead>
<tr>
<th>Caste Category</th>
<th>Caste Group</th>
<th>Caste Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Pure castes (cokho jāt) or ‘water acceptable castes’ (pāni calnyā jāt)</td>
<td>1. ‘Wearers of the holy cord’ (tāgāhāri)</td>
<td>1.1. Upādhaya Brāhman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2. Rajput (Thakuri) (‘warrior’)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3. Jaisi Brāhman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4. Chetri (Ksatri) (‘warrior’)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5. Dew Bhāju (Newār Brahmins) [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.6. Indian Brahmin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.7. Ascetic sects (Sannyāsi, etc)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.8. ‘lower’ Jaisi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.9. various Newār castes* [E]</td>
</tr>
<tr>
<td></td>
<td>2. ‘Non-enslavable Alcohol Drinkers’ (namāsinyā matwāli)</td>
<td>2.1. Magar* [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2. Gurung* [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3. Sunuwār [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4. some other Newār castes* [E]</td>
</tr>
<tr>
<td></td>
<td>3. ‘Enslavable Alcohol Drinkers’ (māsinyā matwāli)</td>
<td>3.1. Bhotē* [E] (‘Tibetanids’ and some ‘Tibetanoids’)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2. Cepāṅg* [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3. Kumāl (potters)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4. Hāyu* [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5. Thāru* [E]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.6. Gharti* (descendants of freed slaves)</td>
</tr>
</tbody>
</table>

* [E] notates an Ethnic group
* notes that there is acknowledged ambiguity of the position (status) of the caste within the nominated caste group
# Chapter 2 | A Brief Overview of Contemporary Society for Nepalese Women

<table>
<thead>
<tr>
<th>Caste Category</th>
<th>Caste Group</th>
<th>Caste Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Impure castes or ‘water-unacceptable’ castes ( (pāni nacalnyā jāt) )</td>
<td>1. Impure but ‘touchable’ ( (pāni nacalnyā choi chito hālnuparnyā) )</td>
<td>4.4. Kasāi (Newār butchers) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.5. Kusle (Newār musicians) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.6. Hindu Dhobi (Newār washerman) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.7. Kulu (Newār tanners) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.8. Musulmān*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.9. Mleccha* (European)</td>
</tr>
<tr>
<td></td>
<td>2. Untouchable ( (pāni nacalnyā choi chito hālnuparnyā) )</td>
<td>5.1. Kāmi (blacksmiths) #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.2. Sārki (tanners, shoemakers) #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3. Kadārā (stemming from the unions between Kāmi and Sārki)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.4. Damāi (tailors and musicians)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.5. Gāine (ministrels)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.6. Bādi (musicians)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.7. Pore (Newār skinners and fishermen) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.8. Cyāme (Newār scavengers) ( [E] )</td>
</tr>
<tr>
<td></td>
<td></td>
<td># Kāmi and Sārki are of equal status</td>
</tr>
</tbody>
</table>

### Additional Notes

1. The castes of Category I may not accept water from the castes of Category II. Hence the latter are labelled ‘water-unacceptable’
2. ‘Wearers of the holy cord’ (henceforth ‘Cord-wearers’) are the so-called ‘twice-born’ castes
3. ‘Enslavable’ are castes whose members, in case of certain offences, can be punished by enslavement. Impure castes (4 and 5) are also enslavable, although not explicitly so termed
2.8 The Purity and Impurity Rituals: A Linguistically-Embedded System

According to Höfer (2004, p. 12), ‘the caste hierarchy is a systemic universe of relations definable by means of the structural concepts of structural linguistics’. In other words, a language system is used to define the purity of the Parbatiya in relation to the impurity of the untouchables. In between the Parbats and the Untouchables there are an innumerable number of status positions (castes) possible (Höfer 2004). According to Höfer (2004, p. 12), ‘The status gradation within the hierarchy results from a series of oppositions, from a diversity of criteria, all of which can be related to a fundamental dichotomy pure/impure’. According to Höfer (2004), as embedded in MA of 1845, at least four terms are embedded in Nepali language for ‘pure’. They are sapāh, pabitra, cokho and ṣuddha (p. 13). The terms and their meanings are outlined in Table 2: Nepali Terms for Pure and Impure from the MA of 1845. Notably, under the term ‘pabitra’, a place where a woman is menstruating is noted specifically to be ‘impure’. Although the MA of 1845 does not discuss bodily secretions in any detail, in Hindu law all bodily secretions such as faeces, urine, blood, fat, marrow, nails (cuttings), mucus, sweat, etc. are considered to be polluting (Höfer 2004).

However, the MA of 1845 does discuss, specifically, temporary impurity relating to childbirth and death (Höfer 2004). During these times, particular categories of people must be avoided for a specific number of days and compliance related to these rules is called ‘...sutak wārnu (bārnu$^{38}$)’ (Höfer 2004, p. 61). In the case of childbirth and death the rule is called ‘asuac warnu’ (Höfer 2004, p. 61). The juxtaposition of the terms comes from the four terms which are used for ‘impure’. They are jutho, withulo (bitulo), sutak and āsuac (Höfer 2004, p. 13). The terms and their meanings are also outlined in Table 2. Notably, under the term ‘sutak’, a woman in confinement (pregnant/birthing/post-birth) is specifically noted to be ‘impure’. In the MA of 1845, specific rules are outlined in relation to impurity at confinement, such as a woman may not accept water for 20 days after the birth and/or bhāt (rice) for 30 days after the delivery, otherwise she will make the provider ‘impure’ (Höfer 2004). In addition, she must not be touched for 10 days (Höfer 2004). If she is - for such things as medical treatment – the person who touches her must undergo ablation and purifying rituals (Höfer 2004).

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$^{38}$ According to Höfer (2004), the literal meaning of bārnu is ‘to demarcate’ or ‘to avoid.
Table 2. Nepali Terms for Purity and Impurity from the MA of 1845 as defined by Höfer (2004)

<table>
<thead>
<tr>
<th>Nepali Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purity</strong></td>
<td></td>
</tr>
<tr>
<td>1. saphá</td>
<td>‘pure’ in the physical sense (free from dirt);</td>
</tr>
<tr>
<td>2. pabitra</td>
<td>‘ritually pure’ in the sense of ‘holy’ or ‘consecrated’ (offerings to god must be deposited in a cleaned place; a sanctuary ceases to be pabitra if entered by a woman in her menses);</td>
</tr>
<tr>
<td>3. cokho</td>
<td>‘ritually pure’, ‘free from ritually relevant defilement’ (as pabitra), also ‘fresh’. For example, cokho páni = ‘fresh water’, as an antonym of bási ‘stale’;</td>
</tr>
<tr>
<td>4. śuddha</td>
<td>‘ritually pure’ (as cokho), also ‘limpid’, ‘clear’, ‘correct’ (antonym: aśuddha)</td>
</tr>
<tr>
<td><strong>Impurity</strong></td>
<td></td>
</tr>
<tr>
<td>1. jutho</td>
<td>a) as an adjective: used for leftovers of food which has come into contact with someone else’s saliva; and b) as a noun: used for the state of impurity which results from the death of a relative</td>
</tr>
<tr>
<td>2. withulo (bitulo)</td>
<td>as an adjective for the water which has come into contact with someone belonging to the impure castes of the category ‘Water-Unacceptable’ (See Table 2.1: The Caste Hierarchy of the MA of 1845 and the Caste Groups); in normal speech the leftovers of food are also sometimes called bitulo (as jutho)</td>
</tr>
<tr>
<td>3. sutak</td>
<td>As a noun is used for the state of impurity a) of a woman in confinement; and b) of the bereaved after the death of one of their relatives (myrtyuko sutak, ‘impurity of death’)</td>
</tr>
<tr>
<td>4. ásucac</td>
<td>As a noun is used for the state of impurity resulting from a relative’s death and thus an equivalent of sutak (b) and jutho (b)</td>
</tr>
</tbody>
</table>

2.9 The Hindu Restrictions on Sexual Relations: Six Rules of Forbidden Sexual Intercourse

Although different ethnic groups follow the same religion, in different geographical locations they may practice different rituals and traditions (Schroeder 2004). In addition, they may have different sexuality beliefs. Schroeder (2004) says, ‘it seems clear that some Nepalese individuals will base their values around sexuality on Hindu and Buddhist teachings, and others will not’ (p. 717). However, principally, the Hindu value system around sexuality dominates.
Nepali society and restrictions placed on sexuality especially for women are derived from the Hindu Legal Code, the *MA of 1845*. According to Höfer (2004, p. 35), ‘more than one third of the MA deals with sexual relations, both inter-caste and intra-caste’. In addition, he states: ‘The consequences of incest, adultery, rape, perversion, pre-marital intercourse and the like not only affect the persons immediately involved, but also their offspring and eventually their offspring and eventually even their fellow caste members’ (p. 35). In other words, there is an intergenerational impact from these sexual behaviours. According to Höfer (2004, p. 35) there are six rules embedded in the MA outlining when sexual intercourse is forbidden, and these rules are determined by the degree of relationship, the sex and the caste of the parties involved. They relate to sodomy, incest, intercourse *within* pure and impure castes and *within* the impure caste and between members of touchable castes, a woman with a higher caste status than a man, for women in general, for both partners in the case of adultery as fully-explained in Table 3.

Of course, these six rules affect marriageability between ethnic groups and castes. As Höfer (2004) points out, Rule 5 is particularly significant for women. He says, ‘Rule 5 states that the woman is more affected than the man. Her specific personal status, called henceforth “feme’s status” is affected even by legal intercourse: it is devalued with the increasing number of men with whom she has had intercourse or lived in connubium’ (Höfer 2004, p. 36). In the act of sexual intercourse, pollution rules are also enacted (Höfer 2004). According to Höfer (2004 p. 36), ‘the impurity can be a “transferred” or a “produced” one’. For example, in a violation of the intercourse rule between members of pure and impure castes (Rule 3), the lower-ranked caste member will ‘transfer’ impurity to the higher-ranked caste member (Höfer 2004). However, impurity is ‘produced’ in the case of incest (Rule 2) between people of equal or slightly different castes. Once impurity is produced, it can then be transferred to other people, so effectively, ‘…a produced impurity can thus become a transferred one’ (p. 37). The result of this is that ‘…a person who is polluted (and degraded) on account of incest can defile the members of his/her former caste by offering them *bhāt*39 or having sexual relations with them’ (Höfer 2004, p. 37). However, Höfer (2004) says ‘pollution, both produced and transferred, can entail a degradation of status, unless the impurity acquired is redeemable by expiation40 and purification’ (p. 37).

39 Rice.
40 Atonement of sin.
Chapter 2 | A Brief Overview of Contemporary Society for Nepalese Women

Table 3. The Six Rules of Forbidden Sexual Intercourse as defined by Höfer (2004)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sodomy</td>
</tr>
<tr>
<td>2.</td>
<td>Incest</td>
</tr>
<tr>
<td>3.</td>
<td>Intercourse() (a) between members of pure and impure castes (‘Water-Acceptable’ and ‘Water-Unacceptable’); and () (b) \textit{within} the impure caste category (‘Water-Unacceptable’) between members () of touchable castes.</td>
</tr>
<tr>
<td>4.</td>
<td>Intercourse with a woman of higher caste status than a man, irrespective of whether both belong to pure or impure castes.() Furthermore, regardless of the partners’ castes, intercourse has certain consequences in any case (social consequences at least).</td>
</tr>
<tr>
<td>5.</td>
<td>(Intercourse) for the woman in general.</td>
</tr>
<tr>
<td>6.</td>
<td>(Intercourse) for both partners in the case of adultery.() Conversely, unions with a woman of equal of lower caste status are legal in principle and without penal consequences for the male partner, provided that rule 3 is not violated and the union is not regarded as adultery.</td>
</tr>
</tbody>
</table>

2.10 The ‘Untouchable Women’: The Bādi and the Deuki

Two groups of women - the Bādi and the Deuki – have become ‘untouchable women’ in Nepal’s caste system because of the nature of their professions. In the \textit{MA of 1845}, the Bādi community are listed as an ‘untouchable’ group of people because of the supposed ‘polluting’ nature of their original professions: musicians (Höfer 2004; Pike 2002). Due to a downturn in their traditional industries, men and women from the Bādi community were forced to look for alternative occupations. Out of economic necessity, the women turned to sex work. The Deuki women were never listed as ‘untouchable’ in the caste hierarchy. However, they were forced into sex work because of sexually-exploitative Hindu traditions and have also become ‘untouchables’. Both professions are viewed as polluting in line with Rule 5 of the six rules of forbidden sexual intercourse (as outlined in Section 2.9), that is, having sex with many men. Their behaviour is said to deviate from ‘…the ‘ideal’ Nepali norms and practices’ (Samarasinghe 2008) which grounds their position as an oppressed caste (Pike 2002; Samarasinghe 2008). Following the end of the Maoist Civil War in 2006, the House of Representatives declared Nepal ‘…an “untouchability free” country’ (Vasily 2009, p. 216). This was embedded in the Government of Nepal’s (2006) \textit{Comprehensive Peace Accord between the Government of Nepal and the Communist Party of Nepal (Maoist)} at the end of the Maoist Civil War\(41\). In addition, a clause against untouchability has recently been

\(^{41}\) See Section 2.5.1 for more information
incorporated into the 2015 constitution. According to the NLS, International IDEA and UNDP (2015), Nepal’s Constitution of 2015, ‘Section 24: Rights against untouchability and discrimination’ states: ‘no person shall be treated with any kind of untouchability or discrimination in any private or public place on grounds of caste, ethnicity, origin, community, occupation, or physical condition (p. 21). However, untouchability issues are still pervasive in Nepal particularly for women who have engaged in and/or continue to engage in sex work such as the Bādi and Deuki women, and women who have been trafficked for sexual exploitation (see Chapter 3 for full detail).

2.10.1 The Bādi Women

The Bādi are an ethnic group who originated from middle hills of western Nepal and have been variously described as members of a ‘sano jat’ (small caste) (Pike 2000, p. 81). Pigg and Pike (2004) state ‘according to oral histories, men wove fishing nets, fished and constructed and repaired mādal (drums) and made clay chilim (pipes) (p. 294). They formed small groups of musicians and, accompanied by female singers, contracted to perform music for high caste patrons, travelling seasonally between the hills of Nepal and the Terai and India’. Each household had a semi-feudal relationship with a landlord or patron known as a ‘Bistaban’ (Samarasinghe 2008, p. 70) and they would present their goods and wares - and on occasion entertainment - in exchange for crops (Pike 2000). In the early 1950s, social and political changes in their villages in the hills and a downturn in the economy for the rulers of small principalities and large landowners, forced a reduced patronage of the Bādi (Frederick 2000; Pike 2002; Pike 2000; Pigg & Pike 2004).

At the same time, modern music, such as Radio Nepal light music, Nepali and Hindi film music and Nepalese army band music was introduced into Nepal, which began to change the music taste of the Nepali people thus reducing the demand for Bādi entertainment (Frederick 2000; Pike 2002; Pike 2000; Samarasinghe 2008). This coincided with the time Nepal opened its border to India and the western world. While Pike (2002) notes that another low caste group, the dāmāi pāncāi bājā (dāmāi as tailor/musician caste) absorbed the new music into their repertoire, which they then performed at weddings and other social events, but the Bādi did not adapt to the change (Hamal Gurung 2014; Pike 2002). As a consequence, they drifted into pesā (‘business’ meaning ‘sex work’) (Pike 2002; Pike 2000). After moving and resettling in the Terai, sex work became common in some Bādi households and communities

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42 Sometimes, Bādi is written as Bādi, Bādī or Badi. Except where quoting, Bādi will be used in this thesis.
43 See also Hamal Gurung 2014; Pike 2000; Pike 2002; Samarasinghe 2008.
due to their reduction in work and also as a result of economic hardship (Pike 2002; Pike 2000). According to Pike (2002), the sex work of the Bādi has since been described variously as a ‘cultural’ and ‘traditional’ form of prostitution and a caste ‘occupation’.

According to Pigg and Pike (2004, p. 294), ‘the Bādi also during the era of AIDS prevention, became notorious as exemplars of the ‘social evil’ of ‘traditional prostitution’’. In addition, the tradition then began to cross generations. Rana et al. (2005) state, ‘the Bādi society is an example of a culturally accepted model - where daughters are brought up with the notion they earn their living by trading their bodies’ (p. 11). However, it is not only daughters who entered the trade after their mothers, sons also became pimps and recruited more women to meet customer demands (Richardson, Poudel & Laurie 2009). In Bādi regions, gangs of traffickers are believed to have transformed localised prostitution into cross-border trafficking (Richardson, Poudel & Laurie 2009). According to Cox and Suvedi (cited in Eller & Mahat 2003), commercial sex work became a valued profession in the Bādi community as it was often the primary source of income for the family. In addition, women then provided security for their aging parents (Samarasinghe 2008). Notably Pike (2000) says: ‘while sex work is a social norm in some Bādi communities that engage in that activity, it is not a moral norm. The moral ideals of the community are in line with the Nepali social order, with representations of ideal female behaviour reflecting this wider world’ (p. 83). Although sex work does not take place in all Bādi homes and communities today, men and women from the community are still highly discriminated against for their association with sex work (Pike 2000; Samarasinghe 2008). It affects their access to land, education, health and other capital (Pike 2000). For example, Richardson, Poudel & Laurie (2009) state that ‘children of Badis are denied civil, social and economic rights because of their status’ (p. 261). According to Pike (2002; 2000), the Bādi have even been pushed out of an entire village community because of their engagement in sex work.

2.10.2 The Deuki Women

In many parts of India, a Hindu religious tradition called the Devadāsī system in which parents ‘marry’ a daughter to a deity or a temple is practised (Pike 2002; Pike 1999; Samarasinghe 2008; Shankar 1994; Verma 2010). According to Shankar (1994), the term Devadāsī literally means ‘female servant of the deity’ (p. 17). This marriage of a daughter generally takes place before puberty and a girl is then required to become a prostitute for upper-caste members of the community (Shankar 1994). Women who are dedicated to the deity are not allowed to marry and are forced ‘…to lead a life of a cheap prostitute with a religious
sanction’ (Shankar 1994, p. 17). A system like the Devadāsī system in India is practised in Nepal. It is known as the ‘Deuki’ system.

In this tradition, women are similarly offered to the gods in temples as acts of merit (Datta 2005; Hamal Gurung 2014; Huda 2006; National Human Rights Commission (Nepal) [NHRC] 2016; Pike 2002; Samarsinghe 2008). Although Pike (2002) says the Deuki system is practised in Mid and Far Western Nepal, Samarsinghe (2008) says it originated in far eastern Nepal. Once a girl child is ‘married’ to the temple gods, she makes a living by visiting homes, engaging in cultural performances, and selling her body to her patrons or hosts (Rana et al. 2005). According to Datta (2005), girls are young and bought by wealthy families. Rana et al. (2005) and Samarsinghe (2008) say this practice is also ‘culturally-accepted’ and girls often follow the footsteps of their mothers into the trade. Once offered to the gods women are not allowed to marry and are often forced into prostitution for economic survival (Datta 2005; Hamal Gurung 2014; Huda 2006; Samarsinghe 2008). According to Datta (2005, p. 53), ‘some social traditions have indirectly promoted trafficking and prostitution in Nepal’. This includes the Deuki system. As late as 1992, it was reported that 17000 girls had been sold into the Deuki system in Nepal (Coomaraswamy cited in Datta 2005). However, it also the social tradition of the ‘kamayani’ (bonded labour) system (Datta 2005). Datta (2005) claims that this bonded labour system is a nothing more than a ritualised form of prostitution which promotes female sex work in Nepal. Like the Bādi women, the Deuki women have also been caught up in the HIV/AIDS debates in Nepal and exemplified as morally-reprehensible women (Pike 2002). Bādi women and women who are Deuki have not only been trafficked into temples within Nepal but also over the border to neighboring India (Samarasinghe 2008).

2.11 Summary

This chapter has provided an overview of Nepal’s history to showcase the entrenchment of Hinduism and its patriarchal value and also caste system in Nepali society and its particular effects on Nepali women. In Nepal, the form of Hinduism that predominates is Parbatiya Hinduism as practised by the Parbatiya people, a collective of people who originated from the Gorkha district of Nepal prior to migrating into Nepal from India. Parbatiya Hinduism takes it roots in Brahmanism from India but has been shaped to become uniquely Nepali. This form of Hinduism has given Nepal its dominant language, its written Devangiri script, and a Hindu legal code which imposed a unique caste system and deeply-entrenched purity and impurity rituals through the Nepali language system. The legal code also enforced sexual restrictions, in particular, for women, which have - over time – led to the growth of ‘untouchability’ of the
Bādi Women and women who are Deuki in contemporary Nepali society. These women have been illuminated here because they emerge in the context of sex work and sex trafficking debates in Nepal which is the subject of the next chapter.
Chapter 3: ‘Cheli Beti Bech Bikhan’: A Discourse on the Trafficking of Women and Girls into the Sex Industry in Nepal

3.1 The Historical Context of Trafficking of Nepalese women and girls

Nepal - relative to its population of 27 million - has a huge problem with the trafficking of women and girls for sexual exploitation which can be traced back to the beginning of the Rana Rule (1845-1951). This political era is imprinted in the minds of many Nepalese people as one of tyranny, debauchery, economic deprivation and religious persecution (Brown 1996). During this time, women’s freedom of movement was restricted outside of Nepal’s boundaries and the current stigma attached to trafficked women had its origin. Moreover, the practice of taking girls for personal gratification by the Ranas is thought to have continued until 1951 (Kara 2009; Poudel & Carryer 2000). Poudel and Carryer (2000) argue that by then it had even become a ‘Nepali custom’ to deliver women and girls into the hands of brokers (usually people known to them) for these practices indicating the social acceptance of trafficking.

Buet, Bashford and Basynet (2012) assert that in 1951, once the Ranas were overthrown, the trafficking of women and girls to India commenced. However, Fredrick (2012) and Joshi (2010) argue that it may have begun in the 1950’s and also 1960s. Frederick (2012) suggests it may have been linked to a large recruitment of Nepali men for road-building and urban construction work. Regardless, the India-Nepal trafficking pathway is most often reported as being facilitated by establishment of the open border policy in 1950 at the end of the Rana Rule. India has since become a major transit destination for trafficking of Nepali women and girls to other countries (Hamal Gurung 2014). While the trafficking of women and girls to brothels in India is often reported as Nepal’s biggest human trafficking issue, the trafficking of women and girls within Nepal is emerging as a much greater problem. Given its long history, the trafficking of women and girls has also become embedded in Nepali language as ‘Cheli Beti Bech Bikhan’, meaning the buying and selling of girls’ (Joshi 2004; Samarasinghe 2008). Crawford (2017) states that, in Nepal, trafficking ‘…is part of a larger social acceptance of violence against women and girls’ (p. 144).

The trafficking of Nepalese women and girls into India constitutes one of the most intense human sex trafficking industries in South Asia (Jha & Madison 2011; Sarkar 2016). Moreover, according to Hynes and Raymond (2002), ‘the trafficking of girls from Nepal to India is probably the most intensive sex trade anywhere in the world’ (p.199). The severity of
the problem is related to the large number of women and girls involved\(^{44}\) and in the nature and extent of accompanying violence. The Nepal-India trafficking pathway received widespread attention in an infamous 1996 Indian brothel raid undertaken to show commitment to the prevention child sex abuse and sex tourism (Pradhan in Buet, Bashford & Basnyat 2012). Prior to this time, it was largely a ‘taboo topic’ in public discourse (Kaufman & Crawford 2011). This also related to the fact that the Government of Nepal [GoN] did not want to accuse its own people of colluding in trafficking their own children or implicate government officials in any such processes (Frederick 2012). Approximately 200 Nepali girls were rescued in the raid and as many of them had contracted Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome [HIV/AIDs], the GoN initially refused to take the girls back claiming Nepal would become ‘a dumping site for AIDS’ (Pradhan cited in Pike 2002, p. 259) (see Appendix L for full details of the Indian brothel raid). However, the government eventually relented under pressure from Nepalese NGOs working against human trafficking such as Child Workers in Nepal [CWIN] and Women’s Rehabilitation Centre [WOREC] and anti-trafficking NGOs, Agroforestry, Basic Health and Cooperative Nepal [ABC Nepal] and Maiti Nepal amongst others (Frederick 2005; Joshi 2004; Kaufman & Crawford 2011). Additional organisations included Nawa Jyoti Kendra and Istri Shakti \(^{45}\)(Shakti Samuha 2013) and Shanti Purnasthapana Kendra (Buet, Bashford & Basnyat 2012) (see Appendix M for a list of the main organisations working in Nepal’s human trafficking sector in the mid-late 1990’s).

In July 1996, approximately 124 girls were eventually returned to Nepal (Buet, Bashford & Basnyat 2012; Fujikura 2001) \(^{46}\). These girls were subsequently blamed for bringing HIV/AIDS to Nepal (Fujikura 2001; Samarasinghe 2008) even though the first case of HIV/AIDS was diagnosed in 1988 (Pike & Pigg 2004). Suffice to say, they were severely stigmatised in Nepal. While some women were welcomed back by their families, others were forced to the care of the NGOs by their families in the hope that they would find jobs for them because the girls were rejected in their village communities (Fujikura 2001) (see Appendix L for full details of stigma faced by these trafficked women and girls). However, one of the groups of surviving women also established the only NGO in South Asia - and possibly the world - to be founded and run by trafficked women: Shakti Samuha (Global Alliance Against

\(^{44}\) Hynes and Raymond (2002) claim that 7000-12000 women and girls were trafficked annually at this time. This statistic and similar estimations have been repeatedly quoted by researchers conducting trafficking research for the past 20 years.

\(^{45}\) Istri Shakti is reported across trafficking literature as Stri Shakti and also Shtrii Shakti. See Appendix M

\(^{46}\) The number reported varies widely. See Appendix L for full detail.
Trafficking in Women [GAATW] 2007; Laurie et al. 2015; Townsend et al. 2015). According to Townsend et al. (2015), the impetus to develop their own organisation was related to their treatment in rehabilitation centres with the women claiming it ‘did not help to restore their self-esteem or basis human rights’ (p. 320). Therefore, the women, having been trafficked themselves, felt they knew what was needed in the rehabilitation process for other trafficked women (Townsend et al. 2015).

Notably, around the time of the Indian brothel raid, Asia was viewed as a very vulnerable region to human trafficking because of its huge population, urbanisation and poverty (Huda 2006; Human Rights Watch 1995; Kaufman & Crawford 2011). India was considered the ‘hub of the sex industry in South Asia’ (Hamal Gurung 2014, p. 168). In addition, India’s HIV epidemic was considered to surpass South Africa (Seddon 1998; Silverman et al. 2006; Silverman et al. 2007b) and Nigeria (Silverman et al. 2007b). Mumbai, the most common trafficking destination in India (Silverman et al. 2007a) was considered a very high-risk environment for contracting HIV/AIDS compared to other Indian cities (Dharmadhikari et al. 2009; Silverman et al. 2007b) due to the high density of the population. Young girls being trafficked were considered to be very vulnerable to contracting HIV/AIDS due to their inability to negotiate condoms and, also, because of forced sex (Huda 2006; Silverman et al. 2007b; Silverman et al. 2008). This vulnerability related to biological susceptibility, long durations in the trafficking context, the high value of young attractive girls for brothel owners, and the enforcement of sex with a high number of clients (Crawford 2017; Silverman et al. 2007).

The publicity that followed the 1996 Indian brothel raid put the sex trafficking issues in the public eye in Nepal, India, and other neighbouring South Asian countries (Samarasinghe 2008). However, since this and subsequent raids and a changing customer demand, the Indian brothel industry in Mumbai has reportedly dispersed due to the perceived risk of contracting HIV/AIDS (Terres des hommes [TDH] 2005). According to TDH (2005), the sex industry has since changed from being a ‘brothel-based’ industry to one that involves bar sex workers, flying sex workers, and street sex workers. As a result, Nepali women are now difficult to locate in India (Frederick, Basynet & Aguettant 2010).

In 1996, concurrent with the Indian brothel raid, the Communist Party of Nepal (Maoists) began an insurgency in Far Western Nepal and, coinciding with it, a downturn occurred in the carpet, garment and pashmina industries. While Nepal has always had a casual

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47 For more information, see Shakti Samuha (2013) and Appendix M.
48 According to TDH (2005), flying sex workers are ‘Sex workers who commute to and from their homes to conduct sex work in rented rooms and brothels’ (p. 5). ‘Flying sex worker’ is an English term (TDH 2005).
sex work industry, many rural women were pushed into commercial sex work in urban environments out of economic necessity and the trafficking of women and girls into the entertainment industry (which acts as a front for the sex industry) reportedly increased (Frederick, Basynet & Aguettant 2010). While Free the Slaves (2015) reported that trafficking into the entertainment industry in Kathmandu decreased in the 2015 earthquakes (due to damage to the city) and other trafficking increased, the National Human Rights Commission (Nepal) [NHRC] (2016) says that the number of workers in the entertainment industry did not decrease and they believe the entertainment industry is ‘thriving’. Crawford (2017) has also reported that it is steadily increasing. The Himalayan Times (2017) has recently noted that many of the businesses in the sector are not registered so as to evade tax and avoid government monitoring. This suggests the industry is also covert. Nevertheless, the trafficking of women and girls within Nepal is now believed to surpass the issue of trafficking of women and girls to India (Frederick, Basynet & Aguettant 2010).

This chapter traces the history of the trafficking of women and girls for sexual exploitation in Nepal from the Rana Rule (1845-1951) to Post-Rana Rule (1951), through the Panchayat Era (1962-1990) to the mid-1990’s: during the Maoist Civil War (1996-2006) and the downturn of the carpet industry. It provides an exposé of the entertainment industry as at 2010 and illuminates Nepal’s governmental response to trafficking in the immediate aftermath of the 2015 April/May earthquakes. These time periods are considered to be significant timepoints in the development of the trafficking industry in Nepal. Lastly, it gives an overview of the contemporary context of trafficking of women and girls in Nepal and highlights the gaps in research on trafficking and reproductive health. Notably, the high caste Brahmin-Chettri groups are largely absent from this discussion, despite the fact that the Western and Far Western districts of Nepal where trafficking largely occurs ‘are predominantly Brahmin or Chettri’ (Frederick 2012, p. 130). In Nepal, it has taken many years to dispel the myth that women of Tamang heritage are ‘… “trafficking prone”…primarily due to the recognition that many other districts of Nepal have been affected by trafficking’ (Frederick 2012, p. 130). Thus, trafficked women, as Frederick (2012) has noted, can come from Gurung, Magar, or other Mongolian hill ethnic groups or marginalised ethnic groups or castes like the Mahji. Throughout the ensuing discussion, the Tamang women, Bādi women and women who are Deuki are mentioned in relation to the origins of the trafficking of women and girls for sexual exploitation and/or their
choices for migrating for sex work and/or engaging in commercial sex work. There is no deliberate intention to stigmatise or re-stigmatise these women and girls rather to illuminate complex debates about the nexus of trafficking of women and girls for sexual exploitation, issues with migrating for sex work, and the push to engage in sex work particularly to try and escape situations of impoverishment in Nepal. As Samarasinghe (2008) has said, in places such as Cambodia and Nepal, it is often difficult to differentiate the spaces between trafficking and being involved in sex work of one’s own volition.

3.2 Rana Rule: 1845 to 1951

3.2.1 The Muluki Ain of 1845: ‘Besyā’

In Nepal, the trafficking of women and girls for sexual exploitation dates back to the time of the ‘ruling elites’ or, more specifically, the Rana Rule (1846-1951) (Åsman 2009; Bashford, Buet & Basynet 2012; Dahal, Joshi & Swahnberg 2015; Kara 2009; KC et al. 2001; Poudel & Carryer 2000; Richardson, Poudel & Laurie 2009; Samarasinghe 2008; Sarkar 2016; Subedi 2009). In 1845, Jang Bahadur Rana implemented the Hindu legal code, the Muluki Ain of 1854 (MA of 1845) (as discussed in the previous chapter). This code instilled Hinduism, patriarchy, the caste system and restrictions on the mobility of women and also on sexuality practices. In the section on sexual relations, the MA of 1854 codified women who had slept with three men in her life as ‘wesyā’ or ‘besyā’ (whore) (Höfer 2004; Pike 2002). According Höfer (2004), this term is also applied to a woman who ‘…has already been married three times (before her present marriage)’ (p. 41). Since that time, women who have been trafficked for sexual exploitation, other sex workers, women from Bādī communities and women who are Deuki, have been labelled as ‘besya’ and, at a later date, ‘bhalu’ and ‘randi’, all of which have derogatory connotations for ‘whore’. To cite a recent example, Dhungel (2017), who undertook a recent study on microaggressions experienced by Nepali women who are trafficking survivors from the sex trade in India, says, ‘the women were often called terms like besya, randi and/or bhalu (whores or characterless women who sleep with multiple partners)’ (p. 129). The instigators of the remarks were husbands, family members and friends (Dhungel 2017). Women who have been trafficked into the sex industry and/or worked as sex workers in Nepal also suffer the same stigma (Frederick, Basynet & Aguettant 2010).

49 TDH (2005) has called for further study with Tamang women and the complicity of them and their families to be involved in trafficking processes.
In some societies across the world, sex work is tolerated, but societal attitudes towards entertainment and sex work is often negative (Frederick, Basynet & Aguettant 2010). According to Frederick (2005), there have been attempts to address this stigma in Nepal, especially for trafficked women. However, changing attitudes around social stigma and discrimination is a slow process (Frederick, Basynet & Aguettant 2010). According to Blanchet (1996), once women are branded as prostitutes in South Asia through derogatory words such as randi or bhalu, the stigma cannot be retracted even in older age and is often passed onto children. In Nepal, the consequences for women and girls who work in the entertainment and sex industry is discrimination from landlords who refuse to rent rooms, unkind remarks from shopkeepers, police and customers, and malicious gossip from villagers (Frederick, Basynet & Aguettant 2010). Notably, these issues are comparative to the issues faced by women and girls who are returned from being trafficked into the brothels in India, and the stigma is greater if women and girls have HIV/AIDS. Women with HIV are effectively ‘stigmatised twice’ (Samarasinghe 2008, p. 82). According to Frederick (2005, p. 328), ‘families fear that trafficking returnees will shame the family, spoil their daughters, continue to conduct prostitution in the village, and ruin the family’s opportunity to arrange good marriages for their children’.

### 3.2.2 The Ranas and Tamang Women: ‘The Helambu Girls’

As mentioned earlier, the trafficking of women and girls for sexual exploitation is traced, most often, to the Rana Rule. According to Samarasinghe (2008, p. 71), ‘During the rule of the Ranas, from 1846 to 1951, young girls from the surrounding hills of Kathmandu valley, notably from the Sindapulochowk district, were ‘brought’ to the palaces as maid servants (susaaray) and as concubines (bhirini) to provide sex for the members of the Rana regime’. (See also Åsman 2009; Bashford, Buet & Basynet 2012; Dahal, Joshi & Swahnberg 2015, Kara 2009; Poudel & Carryer 2000; Subedi 2009). The region of Nepal that is implicated in the trafficking context is Helambu in the district of Sindapulchowk (Kara 2009) (See Figure 1). However, it is also reported to have included the neighbouring districts of Nuwakhot (Human Rights Watch 1995; Sarkar 2016) and the Kavrepalanchowk (Kavre) and Dhading districts (Human Rights Watch 1995) (see Figure 1). Collectively, however, the women and girls became known colloquially as ‘The Helambu Girls’ (Human Rights Watch 1995; Kara 2009). According to Human Rights Watch (1995 n.p.), ‘owning concubines, or “Helambu girls”, also became a mark of high social status’. The people who lived in the district of Sindapulchowk were members of one of three Tamang clans who called themselves, ‘Lamas’,
‘Yolmo’ or ‘Helambu’ (Sherpa) (Clarke 1980; Human Rights Watch 1995; O’Neil 2001)\(^50\). According to Human Rights Watch (1995), sometimes these surnames are used interchangeably, but the women and girls are collectively reported to be Tamang girls\(^51\). The Tamangs are a Buddhist ethnic minority group who have Indian and Tibeto-Burman roots (Human Rights Watch 1995). They have had a long history of isolation and cultural entanglement with the Hindu elites of Nepal (Holmberg 1989; O’Neill 2001; Tamang 1992). This includes men and women. In relation to women, according to Tamang (1992, p. 25), ‘the system of keti basne (or nani susarey) imported women from the Tamang hills for all kinds of chores. The maintenance of scores of female retainers, some of whom served as concubines, is said to have started the trend towards prostitution among poverty-stricken Tamang communities’. Åsman (2009), KC et al. (2001) and Subedi (2009) concur.

3.3 Post Rana Rule: 1951-1960

One of the outcomes of the establishment of 1950 India-Nepal Treaty of Peace and Friendship was an ‘open border policy’, which enabled Indian and Nepalese citizens to move freely across borders without passports and/or identifying documentation such as visas or residence permits (Datta 2005; Hennink & Simkhada 2004; Human Rights Watch 1995; Kara 2009; Kaufman & Crawford 2011; Samarasinghe 2008). It enabled people whose movement was restricted during the Rana Regime to travel and migrate outside of Nepal without personal identification. Up until 1950, for example, a passport was needed to travel from the Terai to Kathmandu (Brown 1996). One year after this treaty was implemented, the Ranas were overthrown. Brown (1996) notes three reasons behind this occurrence: two world wars, the influence of the Indian nationalist movement, and division in the Rana family. Some of the Ranas stayed in Nepal and became part of the new government and the former Prime Minister assumed the role of head of the Cabinet (Borgström 1980). However, many of the Ranas fled to different cities across India taking their assets, families and housemaids with them (Subedi 2009). Like many of the women brought to the palaces in Nepal, according to Åsman (2009), the women were of Tamang origin. Some turned to sex work outside of the palaces (in Nepal) (Åsman 2009). Others who were no longer needed turned to sex work in brothels in Kolkata and Mumbai out of economic necessity (Bashford, Buet & Basnyet 2012). According to Samarasinghe (2008), the people who recruited the girls for the Ranas then began to establish

\(^{50}\) For more information, see Clarke (1980). The ‘Yolmo’ and ‘Sherpa’ live up on high ridges.

\(^{51}\) This is also my experience of this issue with the Tamang Community in Nepal.
connections with brothels in India and began to supply them with Nepali girls. Later, some of these women opened their own brothels in India and continued the trade by recruiting young girls from their districts of origin (Human Rights Watch 1995; KC et al. 2001; Subedi 2009). In fact, Nepali women have reportedly only been trafficked to brothels owned by Nepali people (TDH 2005). This nexus has lead to many of the largest brothels in India bearing Tamang names such as Lata Sherpa, Mala Tamang, Kabita Sherpa, Anita Sherpa and Maya (Tamang) Chauhan (Newar 1998) supporting the contention that they were opened by Tamang women. Frederick (2000) and TDH (2005) concur.

In addition to being trafficked by Nepalese people into Nepalese-owned brothels in India, the brothels themselves were in compounds and lanes, which became known as Nepali ‘kothas’ (compounds) and Nepali ‘gallis’ (lanes) (Hennink and Simkhada 2004; Simkhada 2008; TDH 2005). Since the trafficking pathway to India was established, the open border between Nepal and India has since become synonymous with the trafficking of women and girls to brothels in India (Datta 2005; Deane 2010; Human Rights Watch 1995; Sarkar 2016). As no identification was needed to cross the open border, it enabled traffickers to transport victims with relative ease (Hamal Gurung 2014; Kara 2009). At a later date, when the monitoring of borders began, traffickers then falsified documents and/or crossed the border at unregulated border posts (Samarasinghe 2008). Nepal has only 26 official border crossing points on the 800-kilometre border its shares with India and regulators such as police have also been implicated in the trafficking of women and girls to India (see Samarasinghe 2008).

To date, no consensus has been reached on the movement of people or indeed the routes involved in trafficking to India (Deane 2010; Hamal Gurung 2014). In addition, while trafficking to India may have begun with the Tamang women from Sindapulchowk and related districts, according to Samarasinghe (2008), women and girls of all ethnicities are trafficked into prostitution, but those that are most affected are Tamang, Sherpa, Brahmin, Chettri, Damai, Kami, Sarki, Majhi, Limbu, Rai, Rajbansi and Tharu. However, Hamal Gurung (2014) says that while most trafficked women originate from minority ethnic groups, regional issues, socio-economic factors and gender inequalities all factor into trafficking. Samarasinghe (2008) refers to this issue as the influence of patriarchal norms intersected by socio-economic and political factors, which adds a distinct layer of complexity to the issues. Moreover, Joshi et al. (2012) and Mahendra et al. (2011) argue that all ethnic communities in Nepal are involved in the trafficking and sex trade. In addition, Samarasinghe (2008) says female trafficking is not just about minor girls and nor are all victims are from impoverished backgrounds. In addition, while reports vary, NGOs working in the trafficking sector say 70 out of 75 districts in Nepal are
Chapter 3 ǀ A Discourse on the Trafficking of Women and Girls into the Sex Industry in Nepal

vulnerable to human trafficking based on reports from 2008 (Joshi 2010). Joshi et al. (2012) say it encompasses all 75 districts.

3.4 Panchayat Era: 1960-1990

In a royal coup in 1959, King Mahendra overthrew the government of B.P. Koirala and created the Panchayat Political System in which he instituted himself as absolute monarch (Muni 2011; Pradhan 2011). This system enabled local people to elect community members to village ‘panchayats’ or assemblies, but the real power remained in the hands of the monarch (Brown 1996). According to Human Rights Watch (1995 n.p.), ‘from the start, the power of the panchayat was land and caste-based and plagued by local rivalries and factionalism’. Villagers who were both landless and poor were forced to choose sides and align themselves with whoever could provide them with work (Human Rights Watch 1995). This provided a lucrative environment for the development of trafficking networks and criminal gangs (Human Rights Watch 1995).

As previously stated, during the 1960’s the trafficking of women and girls to Indian brothels is believed to have become firmly established (Joshi et al. 2012; Samarasinghe 2008; Subedi 2009). In the 1970’s, the nexus between criminal networks in the sex industry in India and Nepalese recruiters was also further consolidated (Samarasinghe 2008). Around the same time, many of the Tamang women who had been sent to India returned to their villages but were not fully accepted back into their communities once it became known that they had worked in the sex industry in India (Åsman 2009). According to Åsman (2009, p. 209), ‘this was expressed through idioms of hospitality’. For example, they were not allowed to eat and drink with guests, participate in funeral rituals, or engage in other social activities in their villages of origin (Åsman 2009). However, this phenomenon changed over time when the villagers started to reap the benefits of the women’s work: the women bought land and houses for their families, paid for trips overseas to work, covered the costs of parents’ funeral rituals, and saved their own money (Åsman 2009). Joshi (2004) reports a similar occurrence.

However, O’Neill (2001) says the flow of labour also developed as a result of the expectation to give money to families. Thus, it was also tied into cycles of indebtedness. According to Åsman (2009), the ‘collective memory’ of the villagers who were interviewed later suggests gradual acceptance of the sex work undertaken by these women. The Tamang women’s prosperity became noted in their village communities. According to Newar (1998), tin roofs began to appear on Tamang homes rather than the traditional thatch that typifies homes in the poorer villages of Sindapulchowk. The tin roofs were said then to reflect the
wealth derived from the cash income earned by women in Bombay (Frederick 2000; Frederick 2012; Newar 1998; Tamang 1992). Thus, an association developed between a daughter in Bombay and a tin roof over one’s head (Newar 1998; Tamang 1992). As a result of the changed attitudes towards trafficking, the social exclusions women once faced after being returned from Indian brothels subsided and wealthy women who had become brothel owners were actually granted statuses of prestige in their villages (Åsman 2009). A similar occurrence also took place in some Bādi Communities. According to Pike (2000, p. 83), ‘families with daughters who are sex workers are able to have relatively more affluent lives that those without’ (p. 83). Their wealth was exemplified by the pakka cement houses owned by some families, which also connoted their wealth to other members of the Bādi community (Pike 2000).

Around the time of the abovementioned occurrences, the criminal networks in Nepal are believed to have expanded from villages to brothels, village elite to local police and to the national political elite (Human Rights Watch 1995; Subedi 2001). According to Subedi (2009, p. 122), ‘by the early 1980’s, trafficking of women and girls was highly commercialised and its ‘profit’ even reached the Palace’ (in Nepal). Consistent with earlier time periods, in the 1980’s and 1990’s, a constant movement of Tamang women between Nepal and Mumbai occurred as ‘…parents visited their daughters; brothers and sisters visited their sisters, aunts or other relatives’ (Åsman 2009, p. 209). This is when the exclusion of women from hospitality and funeral rituals is also thought to have ceased (Åsman 2009). During this time, the expansion of trafficking was also facilitated, purportedly, by a lack of anti-trafficking laws in Nepal and because the Palace and its various agencies patronised and protected the criminals (Subedi 2009). Even when trafficking laws were introduced in 1984, they were not effectively implemented or enforced (Datta 2005; Subedi 2009). According to Subedi (2009), the Panchayat regime prevented the emergence of an independent civil society and, consequently, there was little evidence of any collective resistance against trafficking. However, following the Panchayat era and the reintroduction of democracy into Nepal in the early 1990’s, this pattern began to change at a grass roots level. According to Frederick (2012), hundreds of women’s groups began to spring up in rural regions around the country ‘to promote income generation, basic literacy, and legal awareness’ (p. 132). Frederick (2012) says that many of these organisations have since become well-established and have addressed issues such as social mobilisation, drinking, gambling and spousal abuse, and more recently, trafficking in village communities (see also Section 2.2).
3.5 Maoist Civil War and the Downturn in the Carpet Industry: Mid-1990’s to Mid-2000’s

According to Åsman (2009, p. 207), ‘in the mid-1990’s, the global flow of migrant women selling sex drew worldwide attention and was labelled as trafficking in women’. This surge in interest was related to the associated human rights violations (Crawford 2017; Human Rights Watch 1995) such as women’s health issues and violence against women (Crawford 2017; Levy 2008) and concern related to the global spread of HIV/AIDS in the commercial sex industry (Crawford 2017; Samarasinghe 2008; Silverman et al. 2014; Steen et al. 2014). This latter issue caused moral panic in international, regional and national contexts, and lead to a push to regulate trafficking (Åsman 2009). During this time, the Tamang women, for example, who had a long history of migrating to Indian brothels for work were suddenly labelled ‘victims of trafficking’ (Åsman 2009, p 207). In 1996, after the Indian brothel raid, anti-trafficking networks were formed in Nepal to address issues with the India-Nepal trafficking pathway (see Appendix N). This diverted attention from another issue related to the trafficking of women and girls in Nepal which began to emerge as result of the Maoist Civil War and a downturn in the carpet industry (mid-1990’s): trafficking within Nepal, and an explosion of the entertainment/sex industry.

3.5.1 Maoist Civil War: 1996-2006

In February 1996, after a half-decade of supposed democratic governance, the Maoists who largely supported the ‘Jana Andolan’, or people’s movement, to restore democracy in Nepal (Brown 1996)52 initiated an uprising in Far Western Nepal. The war was largely fought between the Maoists and the Royal Nepal Army (Singh et al. 2005). The flashpoint of the insurgency was Rolpa, Rukum and Jajarkot districts (Crawford, Kaufman & Gurung 2007; Singh et al. 2005; Thapa & Sharma 2009) (see Figure 1). These districts are situated in the most underdeveloped and inaccessible regions of Nepal (Gautam, Banskota & Manchanda 2011; Singh et al. 2005). The area was densely populated with indigenous people and a variety of other minority ethnic groups and was already subject to ‘a confluence of regional, cultural, linguistic and religious discrimination and regional deprivation’ (Gautam, Banskota & Manchanda 2011, p. 342). The Magars formed the majority of the population and the dominant political groups that discriminated against them – socially and economically – were high caste Brahmin-Chettri-Newars (Upreti 2006).

52 See Section 2.2.
At the peak of the uprising, the conflict spread across almost all 75 districts of Nepal (Integrated Regional Information Network 2005 [IRIN] 2005; Singh et al. 2005). During the war, the Maoists controlled 80% of the country (Dhungana 2006). The war was extremely violent and resulted in the loss of 10000 lives, widespread damage to infrastructure and disruption to essential supplies (Singh et al. 2005). In addition, it affected the health, education and other rights of the most vulnerable members of society, most particularly women and children (Informal Sector Service Centre [INSEC] cited in Singh et al. 2006). Seasonal migration, sex trafficking over the open border with India and the war raised the prevalence of HIV in Nepal to second in the region, after India (Seddon 1998; Singh et al. 2005). In addition, Nepal’s economy was impacted by a downturn in the tourism and business, education and health and other development sectors (Yogi cited in Crawford, Kaufman & Gurung 2007). The Maoists and the army were also involved in severe human rights violations (Singh et al. 2005). Millions of people, including men, women and children fled across the open border to India (Crawford 2010; Singh et al. 2005) and beyond. The number of people who were displaced is estimated to range from 200000 to 400000 people (Crawford, Kaufman & Gurung 2007; Global IDP Project & Norwegian Refugee Council 2004; Singh et al. 2005). The increase in the number of people desperate to leave the country opened opportunities for traffickers (Dhungana 2006) who particularly took advantage of the economic and social decline in the conflict zones in rural Nepal and turned their focus to the centre of the insurgency (Crawford 2010; Crawford, Kaufman and Gurung 2007; Singh et al. 2005). The traffickers moved their trade from Sindapulchowk and Nuwakhot districts to Rukum and Rolpa (Crawford, Kaufman and Gurung 2007; Singh et al. 2005; Thapa & Sharma 2009). Upreti (2006) argues it also includes the Jarjarkot, Salayan and Gorkha districts (see Figure 1). According to the United States Department of State [US State Dept.] (2009), the trafficking occurred predominantly within the borders of Nepal.

In the Far West of Nepal, the livelihoods of rural women were severely-affected. Men targeted by the Maoists became ‘fararis’ (absconders) and fled to jungles, other cities across Nepal and the open border to India (Gautam, Banskota & Manchanda 2011; Singh et al. 2005). While these men often migrated to India for seasonal work, they did not return after the war (Gautam, Banskota & Manchanda 2011). Families were subject to harassment by the Maoists if they tried ‘to leave or enter Maoist heartlands’ (Singh et al. 2006, p. 949). A significant number of women were forced to migrate (Singh et al. 2005; Silverman et al. 2007) and tens of thousands of women moved from rural regions to cities in search of food, shelter and security, only to end up in prostitution (Ghimire & Pun 2006). With few skills and no education,
they had little choice (Frederick, Basynet & Aguettant 2010). According to Subedi (2009, p.124), ‘it was reported that many displaced girls ended up in severely exploitative work such as in dance bars and cabin restaurants’. Cabin restaurants are rather crude constructions that provide private seating areas separated by plywood or curtains (Frederick, Basynet & Aguettant 2010; Free the Slaves 2015; Karki 2013). The number of sex workers and women working in cabin bars in Kathmandu is reported to have increased (Crawford, Kaufman & Gurung 2007), as did the number of waitresses and dancers working on the Nepali border (Subedi 2009).

According to Crawford, Kaufman and Gurung (2007), ideologically, the Maoists supported gender equality by fighting for the rights of women and they were also reported to challenge Nepal’s patriarchal society. However, during the war, they and the Royal Nepalese Army committed severe human rights violations against women, including rape and other forms of sexual violence, and women often maintained silence for fear of not being protected (Singh et al. 2006; Watchlist on Children and Armed Conflict 2005). While some women staunchly defended the Maoists position on protecting them from trafficking to India (Crawford 2010; Crawford, Kaufman & Gurung 2007; Douglas 2005), the Maoists also purportedly used trafficking to India to help raise funds for the war (Joffres et al. 2008; United Nations Department of Public Relations 2007). In addition, the Maoists are believed to have forceably recruited young women to their cause: girl soldiers (Crawford 2017; Crawford, Kaufman & Gurung 2007; Samarasinghe 2008). Suffice to say, the ‘porous Indian border’ (Singh et al. 2005, p. 1) also facilitated trafficking.

3.5.2 Downturn of the Carpet Industry: Mid-1990s to Mid-2000s

In the mid-1990s, the carpet industry is widely reported to have provided employment for impoverished women and children from rural regions (Human Rights Watch; Subedi 2009). At the time, the workforce consisted of 30000 people and more than half were believed to be children aged 5-16 years (Subedi 2009). Primarily, the workforce consisted of Tamangs from regions around the Kathmandu Valley (O’Niel 2001). According to Borgström (1980), the Tamangs traditionally practised ‘slash-and-burn agriculture’ (p. 26). However, with the introduction of terrace cultivation, their land quality decreased forcing them to seek alternative employment because agriculture could no longer sustain them (Borgström 1980) (see also Frederick 2000 and O’Neill 2001). The Tamangs were drawn to the carpet industry and worked as migrant carpet weavers and small-scale carpet manufacturers. According to Tamang (1992),

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53 See Crawford, Kaufman and Gurung (2007) and Rana et al. (2005) for more information on a study undertaken with female sex workers in the Banke, Bardiya and nearby districts.
Chapter 3 | A Discourse on the Trafficking of Women and Girls into the Sex Industry in Nepal

The women and children were also ‘prized for their deft fingers’ (n.p.). The industry is reported to have provided a significant source of income for the Tamang Community of Sindapulchowk (O’Neill 2001).

Due to the poor working conditions and low wages in the carpet factories, the environment became conducive for exploitation (Subedi 2009). As a result, in the 1990’s the United States and the European Union imposed trade restrictions on Nepal (Action Aid 2004). This was primarily due to the involvement of child labour in carpet weaving (Lama cited in Karki 2013). However, the carpet factories had also become known for sexual abuse and as a transit centre for the trafficking of women and girls to India (Human Rights Watch 1995; Subedi 2009)54. In addition, many women were enslaved in the factories (Subedi 2009). As a result of trade restrictions, the carpet and garment industries fell into decline. When the carpet factories closed in the late 1990s, many women and pre-pubescent girls lost their jobs. As they were unwilling to return to their impoverished villages, many were lured to ‘roadside eateries’ to attract customers (Action Aid 2004). Many children were particularly forced into commercial sexual work to enable them to support their families (Frederick, Basynet & Aguettant 2010).

This lead to an explosion in the development of cabin restaurants in Kathmandu and its surroundings (Action Aid 2004). Cabin restaurants gained a reputation for being salacious environments. Each ‘cabin’ is allocated its own waitress. Waitresses are expected to ‘entertain’ clients by encouraging them to spend extensive amounts of money on food and alcohol (Action Aid 2004, IRIN 2008; Karki 2013). As part of their roles involving food service, dancing and massage, women and girls are expected to perform sexual favours (Free the Slaves 2015). According to Action Aid (2004), the types of sex work women undertake in cabins includes masturbation, oral sex and sexual intercourse. Due to associations with sex work, cabin restaurants have since become established as part of the entertainment sector and, according to local NGOs such as SAATHI55 who work to address contemporary challenges faced by Nepali women including trafficked women, they have become synonymous with forced prostitution (IRIN 2008). Although there was an expansion in cabin restaurants, the dance bar and massage parlour industry in the Kathmandu Valley and other urban areas in Nepal also grew (Shakti Samuha cited in Subedi 2009). In fact, these three industries are said to constitute the ‘core of the entertainment industry’ (Newar 2012, n.p.). Subedi (2009) says women faced severe sexual

55 For more information, see Appendix M.
harassment and exploitative working conditions such as poor wages, payment delays and long hours of work. Cabin restaurants, most particularly, were feared to harbour cross border and overseas trafficking agents (Action Aid 2004)\textsuperscript{56}.

Some women reported being lured to restaurants that harboured agents for trafficking to India and escaped from them, only to be lured into sex work in cabin restaurants (Action Aid 2004). These women had been alerted about trafficking to India (Action Aid 2004). Others such as Shakti Samuha (cited in Kara 2009) say girls are ‘trained’ in Nepal for trafficking to Indian brothels. Notably, in a 2006 Ministry of Women, Children and Welfare [MoWCW] study on the entertainment industry, many of the female workers in cabin and dance restaurants and massage parlours said they had been approached by pimps to take on better jobs in Hong Kong, Saudi and Dubai (Subedi 2009). Other Tamang women searching for different sources of employment after the collapse of the carpet industry independently looked to the Gulf states (Åsman 2009; O’Neill 2001) This has not been without negative consequences as demonstrated by the case of a young Tamang girl, Kani Sherpa, who in 1998 illegally migrated to Kuwait for domestic work via a Kathmandu agent and ended up being raped and abused by male family members of her employers (O’Neill 2001). This occurred in the same year that the GoN banned the migration of women under 21 to the Gulf due to fears of the violation of women (O’Neill 2001). According to O’Neill (2001), this young Tamang woman from Sindapulchowk was embedded in the trafficking for sexual exploitation discourse even though the Tamangs have had a long history of migrating for work to escape impoverishment.

This dual issue was reflected in debates related to Government restrictions on women’s movements for ‘fear’ of trafficking for sexual exploitation as opposed to encouraging men to migrate for work at this same time (Crawford 2010; Joshi 2004; O’Neill 2001). Notably, one year before Sherpa’s migration to the Gulf, Nepal’s trafficking pathway to India had been publicly-exposed via the 1996 Indian brothel raid and Nepal had begun to establish its anti-trafficking networks, some of which were considered to be ‘over-vigilant’ in their protection of migrating women (Chen & Marcovici 2003; Crawford 2010; Joshi 2004) (see also Appendix N). For example, some of them were criticized for restricting women’s movement across the border to India for work for fear they were being trafficked – they put ‘naanis’ (girls) on border control points to patrol women’s movement outside of Nepal (Chen & Marcovici 2003; 2006).

\textsuperscript{56} In the 1980’s, Action Aid was the first International Non-Government Organisation (INGO) to address trafficking in Nepal (Frederick 2012). In their study, undertaken with 40-45 women, they reported the sensitive nature of undertaking the study because of the networks involved in the industry.
The basic premise underlying this issue is that it violates the basic human rights of women and women’s rights to migrate and travel, and it is also demeaning to women and reinforces issues of patriarchal control often exerted over women by male family members (Kaufman & Crawford 2011; Joshi 2004). This issue has also led to women being stigmatised for wishing to migrate to India for economic and personal reasons because the pathway has become associated with migration for prostitution (Chen & Marcovici 2003). In addition, women who have returned from India for work other than sex work have been connoted as prostitutes (Samarasinghe 2008).

3.6 The Sex Industry in Nepal: 2010

3.6.1 The entertainment industry as a front for the sex industry

In 2010, Frederick, Basynet and Aguettant (2010) reported that Nepal had never had a great problem with internal trafficking for commercial sexual exploitation purposes. They argue that ‘due to the openness and casualness of the local sex industry, there was no place for confined, forced prostitution’ (p. 25). However, others such as Subedi (2009) have disagreed saying that internal trafficking is a covert issue. According to Frederick, Basynet and Aguettant (2010), the Maoist Civil War, the downturn in the carpet industry - and rapidly changing social norms - have turned the phenomenon of casual sex work into a lucrative and highly organised sex industry, in which internal trafficking is now intertwined. In 2010, Frederick, Basynet and Aguettant (2010) claimed that 11000-13000 women and girls were working in the industry. However, some of this data appears to be based on 2002 statistics and it is not certain as to how it was collected (see Frederick, Basynet & Aguettant 2010 for more information). This may indicate that the data is largely speculative. However, in a report collated by them from International Non-Government Organisation [INGO] and Non-Government Organisation [NGO] reports in Nepal, the numbers of women and girls working in the industry was reportedly high and indicators for trafficking included the young ages of the women and girls; most women were under 25, many were under 18 and/or many had entered the industry under 18 (New ERA, Family Help International [FHI] & STD/AIDS Counselling and Training Services [SACTS] 2006; National Human Rights Commission (Nepal) [NHRC] & International Labour Organisation [ILO] 2004 cited in Frederick, Basynet & Aguettant 2010; Shakti Samuha cited in Frederick, Basynet & Aguettant 2010). According to Frederick,

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57 One of these organisations was Maiti Nepal and, a later date, Shakti Samuha. See Appendix M.
Basynet and Aguettant (2010), girls as young as 8 or 9 were also found working in the sector. Many women and girls were also taught to lie about their ages to social workers and police, and many – for example - said they were over 17 (Frederick, Basynet & Aguettant 2010).

Frederick, Basynet and Aguettant (2010) reported three trends in the industry 1) the number of establishments using and abusing minors was increasing, 2) the number of customers was increasing and 3) the age of children was decreasing. An End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes [ECPAT] & Maiti Nepal (2010) report on the vulnerability of young girls working in the sector also reported another trend: young people (men and women) from rural areas were being increasingly attracted to working the industry by peers and friends because of lucrative financial benefits and some were doing sex work between school hours. After 2000, the world labour market also offered opportunities for Nepali youth (Subedi 2009). In Action Aid (2004)’s cabin bar study they reported that poverty was a factor for working in cabin restaurants, but so too were ‘…the ideals of ‘high living’ and fast earning’ (p. 12). Subedi (2009) has also reported the same issue.

While the industry has attracted single men, the main clientele who frequented the sex industry in the Kathmandu Valley were married men aged 36 to 50 years (Frederick, Basynet & Aguettant 2010; NHRC & ILO 2004 cited in Frederick, Basynet & Aguettant 2010). They included army officers, government officials, police, small business men, service holders, internal migrants, and Nepali men who have benefitted financially from Nepal’s poor economy through overseas male labour or real estate (Frederick, Basynet & Aguettant 2010). Interestingly, Subedi (2009) says the entertainment industry is ‘an entertainment hub for men where only females work’ (p. 128).

3.6.2 The entertainment industry as a complex infrastructure of operations

According to Frederick, Basynet and Aguettant (2010) Nepal’s entertainment and sex industry operates across the country. However, it is largely centred in urban and semi-urban areas. The hub is situated in Kathmandu. In the past, Nepal’s entertainment or sex industry had not been brothel-based58, but a ‘red light’ district is believed to have sprung up in the Balaju-Gongabu and Koteswor-Singamangal districts, which are located close to transportation hubs.

58 According to ECPAT (2011) and Bashford (2006), the growth of a brothel and street-based industry was due to a change in government regulations related to cabin restaurants. However, in these reports it is not clear what this change in regulation was. Anecdotal reports suggest a change in hours of operation (see also Frederick, Basynet & Aguettant 2010). According to Subedi (2009) and Women Forum for Women in Nepal [WOFO WOM] and Asia Pacific Forum on Women, Law and Development [APWLD] (2014), there have been attempts to regulate the broader entertainment industry because of sexual exploitation, but they have been largely unsuccessful.
such as bus parks and truck rest stops (Frederick, Basynet & Aguettant 2010). However, primarily, the industry is comprised of cabin restaurants including street and ‘bhatti pasals’ (wine shops), massage parlours, dance bars, ‘dohori sanjh’ (restaurants where traditional male and female duets are performed) and also guest houses/lodges (Frederick, Basynet & Aguettant 2010). Cabin bars, dance bars and dohoris are considered to be the ‘access points’ for sex (Frederick, Basynet & Aguettant 2010).

In 2010, there was also a reported emergence of a ‘sex tourism’ industry frequented by Western customers, Indian men on gambling/bar-hopping holidays and Bangladeshi people on package tours offered by Indian travel agents, all of which are associated with local casinos and the hotel industry (Frederick, Basynet & Aguettant 2010). In the past, the Nepal Tourism Board has also been implicated in the promotion of the entertainment/sex industry by offering sex along with gambling and scenic mountain tours (Frederick, Basynet & Aguettant 2010). Suffice to say, Frederick, Basynet and Aguettant (2010), reported that the entertainment industry is a complex infrastructure of operations, which involves the entertainment, sex, health and relaxation and hotel industries combined as seen in Figure 2.
3.6.3 A self-perpetuating cycle of sex work

According to Frederick, Basynet and Aguettant (2010), most owners of establishments in the entertainment industry are men, but women own facilities too, and where sex is offered the owners are reported to be former sex workers. Many owners also have more multiple establishments and often move women between facilities to respond to client demand for new faces and bodies (Frederick, Basynet & Aguettant 2010). Recruiters for the industry are reported to include peers and friends (ECPAT & Maiti Nepal 2010) as well as agents/brokers (Frederick, Basynet & Aguettant 2010). In the context of trafficking and recruitment, relatives and community members are also implicated (Frederick, Basynet & Aguettant 2010). The role of ‘pimping’ is generally reported to be undertaken by older experienced women who ‘…maintain a form of maternal control over the younger girls’ (Frederick, Basynet and Aguettant 2010, p. 41). Entertainment workers who act as primary procurers are well-paid for the recruitment of new girls and sometimes their friends and ‘boyfriends’ (connoted as ‘not real’ boyfriends rather part of the network of procurers) are involved in the network. In addition, women and girls are not allowed to leave the industry until they find replacement.
girls, and/or they are forced to pay off indebtedness to owners or outstanding debts they have accrued with women ‘leaders’ (Frederick, Basynet & Aguettant (2010).

Most interestingly, women are expected to recruit women and girls from their villages of origin (Frederick, Basynet & Aguettant 2010). Frederick, Basynet and Aguettant (2010) stated that most women and girls in the entertainment industry came from districts around the Kathmandu Valley, namely Sindapulchowk, Kavrepulchowk (Kavre), Makwanpur and Nuwakot, the same districts implicated in the trafficking of women and girls to India. Action Aid’s (2004) cabin bar worker study reported that cabin bar workers – some of whom reported being trafficked - came from Sindapulchowk, Dolakha, Kavre (Kavrepalanchowk), Jhapa, Makwanpur, Nuwakot, Dhading, Chitwan, Udaypur, Morang, Sarlahi, Janakput and other locations. The first six districts were also cited as some of the most vulnerable to girl trafficking by Action Aid (2004). In their study, Frederick, Basynet and Aguettant (2010) say most women were from janjati (ethnic and indigenous minority) groups and were predominantly Tamang women. However, high numbers of women also came from Brahmin and Chettri communities (New ERA, FHI & SACTS 2006; NHRC & ILO 2006 cited in Frederick, Basynet & Aguettant 2010; Shakti Samuha cited in Frederick, Basynet & Aguettant 2010). Frederick, Basynet and Aguettant (2010) also noted that relatively few women came from dalit or other communities, but they also noted another interesting phenomenon. Firstly, Dalit women and girls are an underreported group. Secondly, Dalit women and girls often change their names to assume ‘high caste’ identities59. Action Aid (2004) also reported a prevalence of Tamang women working in cabin restaurants, along with Rai/Limbu and Brahmin/Chettri and Dalit, Magar, Newar and Dhimal/Rajbanshi, Sherpa and other women60.

3.6.4 Characteristics of women in the entertainment industry

According to Frederick, Basynet and Aguettant (2010), women and girls who work in the entertainment industry share common characteristics: they come from impoverished backgrounds; they lack employment opportunities; they are unsupported by their husbands; and they are supporting children. Drawing from data collated by Frederick, Basynet and Aguettant (2010) and from limited INGO/NGO reports in Nepal, Table 4 provides an insight into the characteristics of the women working in the entertainment industry. Frederick, Basynet and Aguettant (2010) are responsible for the development of the themes.

59 We questioned this very issue with one of the women who participated in this study. See Section 4.11.2.
60 40-45 women were involved in the research study.
Table 4. Characteristics of Women in the Entertainment Industry as extracted from Frederick, Basynet and Aguettant (2010, pp. 36-39)

<table>
<thead>
<tr>
<th>1. Poverty and lack of alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Women and girls are from farming communities and move to the cities in a ‘flight from poverty’ (Frederick, Basynet &amp; Aguettant 2010, p. 36)</td>
</tr>
<tr>
<td>1.2. Women and girls work in the industry due to economic issues and lack of alternative employment (Action Aid 2004; NHRC &amp; ILO 2006; Shakti Samuha cited in Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
<tr>
<td>1.3. Most women regret entering the profession and advise others against involvement (NHRC &amp; ILO 2006; Shakti Samuha cited in Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
<tr>
<td>1.4. Most women would like to leave the industry, but other employment cannot provide them with even a fraction of the remuneration (Frederick, Basynet &amp; Aguettant 2010)</td>
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<table>
<thead>
<tr>
<th>2. Lack of education</th>
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<tbody>
<tr>
<td>Many women have never attended school and a significant proportion have been not been educated beyond primary level (New ERA, FHI &amp; SACTS 2006; NHRC &amp; ILO 2006; Shakti Samuha cited in Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>3. Unsupported by husbands</th>
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</thead>
<tbody>
<tr>
<td>3.1. Absentee husbands are a significant issue for women and girls working in the entertainment industry (Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
<tr>
<td>3.2. Many women are married, but few live with their husbands (Action Aid 2004; ILO/Shrestha cited in Frederick, Basynet &amp; Aguettant 2010; New ERA, FHI &amp; SACTS 2006; NHRC &amp; ILO 2006; Shakti Samuha cited in Frederick, Basynet and Aguettant 2010)</td>
</tr>
<tr>
<td>3.3. Most women live with friends and some with family members (Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
<tr>
<td>3.4. Abandonment, bigamy, alcoholism and domestic violence are reasons for marriage separation. In relation to this, Frederick, Basynet and Aguettant (2010) note ‘…many girls and women refer to their male partners as ‘husbands’ but these men can be pimps, boyfriends, or married clients who are fathers of their children’ (p. 124)</td>
</tr>
<tr>
<td>3.5. Many women are abandoned by husbands (not punishable by law) (Frederick, Basynet &amp; Aguettant (2010), and men often take second wives (New ERA, FHI &amp; SACTS 2006)</td>
</tr>
<tr>
<td>3.6. Abandonment by husbands often results in women and their children becoming unwelcome in family homes or evicted from households by their in-laws, and many turn to sex work because returning to parents’ homes is not an option (Frederick, Basynet &amp; Aguettant 2010)</td>
</tr>
</tbody>
</table>
4. Supporting children

4.1. While husbands are absent, children are present. Many women choose the profession to provide for their children with no supporting husband (Frederick, Basynet & Aguettant 2010)

4.2. Women are perceived as ‘independent women’, but most work to support their children (Frederick, Basynet & Aguettant 2010)

4.3. Most married women and girls have one or more children (Action Aid 2004; New ERA, FHI & SACTS 2006; NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Aguettant 2010)

4.4. Most entertainment workers use their income for household food and rent and children’s education is not a priority (NHRC & ILO 2004 cited in Frederick, Basynet & Aguettant 2010)

4.5. As many women work late hours, child care is an issue for women with children (Frederick, Basynet & Aguettant 2010)

3.6.5 Violence against women and girls in the entertainment industry

According to Frederick, Basynet and Aguettant (2010 p. 49), ‘whether or not the entertainment worker conducts sex work or not, the level of violence against girls and women in Nepal’s entertainment industry is extremely high’. According to Subedi (2009), the government has also looked at regulating the industry because severe human rights violations have been committed against women. The forms of violence include insulting and humiliating treatment; sexual harassment; forced prostitution; rape; harassment, arrest and abuse by police; abuse of confidentiality and privacy; security outside the workplace and response to exploitation (Frederick, Basynet & Aguettant, 2010 p. 49)\(^6\).

Drawing from data collated by Frederick, Basynet and Aguettant (2010), Table 5 provides an outline of the issues relating to violence against women drawing from limited INGO/NGO reports in Nepal which provide insights into the issues. Again, Frederick, Basynet and Aguettant (2010) are responsible for the development of the themes. Notably, according to Frederick, Basynet and Aguettant (2010 p. 49), ‘although comparative research has not been conducted, informal observations indicate that violence against women and girls in Nepal’s entertainment industry exceeds that of similar entertainment industries in many parts of the world, including Thailand, Hong Kong, Malaysia, United Arab Emirates, India and Western Europe’.

\(^6\) The conception of violence here is multifaceted: physical, emotional, social, culture and more.
Table 5.  *Violence Against Women and Girls as defined by Frederick, Basynet & Agguettant (2010 pp. 49-53)*

1. Insulting and humiliating treatment
   1.1. The industry profits from enabling men to freely stare at, comment upon or touch girls and women’s bodies, thus inviting degradation and humiliation of the women and girls (Frederick, Basynet & Agguettant 2010)
   1.2. Women and girls report mistreatment by customers, such as insults and being treated as a commodity (Action Aid 2004; Shakti Samuha cited in Frederick, Basynet & Agguettant 2010)
   1.3. Around drunken and rude men, women and girls are forced to flirt and exchange in sexual commentary with men. Upon refusal, they are cursed and called derogatory names (Frederick, Basynet & Agguettant 2010)
   1.4. In dance bars and cabin restaurants, the number of polite men is reportedly nil (NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Agguettant 2010)
   1.5. Owners of establishments contribute to mistreatment by ignoring the poor behaviour of customers or humiliating the women and girls themselves (NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Agguettant 2010)

2. Sexual harassment
   2.1. The greatest issue of entertainment workers is sexual harassment (NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Agguettant 2010)
   2.2. Sexual harassment issues include ‘…lascivious stares, sexual comments, groping the body, unwanted kissing and pressuring the girl or woman to provide sex’ (Frederick, Basynet & Agguettant 2010, p. 50)
   2.3. Sexual harassment and economics are intertwined: girls and women – and owners – profit from encouraging customers to drink at inflated prices based on being sexually suggestive. No restrictions are placed on intoxication or improper manners, which fuels sexual harassment for women (Frederick, Basynet & Agguettant 2010)
   2.4. Like insulting and humiliating treatment, sexual harassment is encouraged by owners (Frederick, Basynet & Agguettant 2010).
   2.5. Owners profit most substantially from allowing their customers to drink and harass their women workers and some sexually harass their other workers as well (NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Agguettant 2010)
### 3. Forced prostitution

3.1. It is not known how many entertainment workers conduct sex work. However, many do – against their will, particularly in massage parlours (Frederick, Basynet & Aguettant 2010).

3.2. In cabin restaurants, dohori restaurants and dance bars, many owners encourage or force female workers to have sex with customers, which is the reason customers frequent these particular places (Frederick, Basynet & Aguettant 2010).

3.3. In cabin restaurants, many women are coerced into doing things they do not want to do by threats of dismissal, harm, blackmail or defamation (Action Aid 2004).

3.4. Other female workers are forced to do additional duties such as have sex inside cabins or at an outside guest house (Shakti Samuha cited in Frederick, Basynet & Aguettant 2010).

### 4. Rape

4.1. For many who conduct sex work, by choice or coerced, rape is accepted as a fact of life (Frederick, Basynet & Aguettant 2010).

4.2. Many establishment-based sex workers have reported being raped (New ERA, FHI & SACTS 2006).

4.3. Rape is not always conducted by physical force – it is often by customers who force them to have sex by threatening to tell their families or husbands that they are ‘prostitutes’ (Frederick, Basynet & Aguettant 2010).

4.4. Sex workers report being forced into sex with groups of men after agreeing to sex services with an individual (Frederick, Basynet & Aguettant 2010).

4.5. Gang rape – often to save the cost of hiring several sex workers is often practised by army men and groups of students (Centre for Research on Environment, Health and Population Activities [CREPHA] cited in Frederick, Basynet & Agguetant 2010).

4.6. The most severe problem which concerns sex workers (Kathmandu) is being duped into group sex, after the risks of contracting HIV/AIDS and getting pregnant (CREPHA cited in Frederick, Basynet & Agguetant 2010).
### 5. Harassment, arrest and abuse by police

5.1. Primarily, the police do not protect workers in Nepal’s entertainment sector (Frederick, Basynet & Aguettant 2010).

5.2. Many workers cite having needed protection from harassment by the police (NHRC & ILO 2006).

5.3. Police can legally arrest and detain any woman or girl on thin and subjective grounds of ‘public indecency’ (Frederick, Basynet & Aguettant 2010).

5.4. Hundreds of entertainment workers and not necessarily sex workers have been arrested, detained or fined in the workplace and on the street returning home from work (Frederick, Basynet & Aguettant 2010).

5.5. As women can often not pay fines or bail money, they are forced to borrow money from owners or pimps, placing themselves into further debt (Frederick, Basynet & Aguettant 2010).

5.6. The threat of arrest by police just gives police power of extortion; sexual extortion is more commonplace than monetary extortion (Frederick, Basynet & Aguettant 2010).

5.7. Rape, sex without payment and sexual harassment by police is commonplace (Action Aid 2004; CREPHA cited in Frederick, Basynet & Aguettant 2010; NHRC & ILO 2006; Shakti Samuha cited in Frederick, Basynet & Aguettant 2010).

5.8. Owners who bail out women add to girls’ debts. The bailout system is also linked to the practice of pimping and locals being provided access to girls in police stations (Frederick, Basynet & Aguettant 2010).

### 6. Abuse of confidentiality and privacy

6.1. Due to social stigma for themselves and their families, most entertainment workers prefer to keep their engagement in the profession out of the public eye (Frederick, Basynet & Aguettant 2010).

6.2. In Nepal, freedom to engage in entertainment work is a right, and freedom of confidentiality and privacy is also a right. However, by law, police can enter private homes/workplaces if they think ‘immoral acts’ are occurring. Therefore, an entertainment worker, who can easily be labelled as a sex worker, really has no rights to privacy (Frederick, Basynet & Aguettant 2010).

6.3. Privacy and confidentiality are also routinely abused by the media (Frederick, Basynet & Aguettant 2010).

6.4. The names of women and girls who are arrested are sometimes published in newspapers, and identifiable photographs of girls and women are often placed in print/visual media (*The Economist* cited in Frederick, Basynet & Aguettant 2010).
7. Security outside the workplace

7.1. Entertainment workers face security issues in and out of the workplace, including returning home from work at night. This includes police, men and street boys who threaten them, steal their money or mobile phones, or beat them (CREPHA cited in Frederick, Basynet & Aguettant 2010) Many entertainment workers also report assault/theft from customers (New ERA, Family Health International & SACTS 2006).

7.2. When workers have been asked if police would protect them from assault, most indicated that they only be harassed by them (Frederick, Basynet & Aguettant 2010)

8. Response to exploitation

8.1. Although many groups of entertainment workers/NGOs have tried to raise responses to issues of harassment and exploitation, many workers were afraid to illuminate concerns (Frederick, Basynet & Aguettant 2010).

8.2. Many women believe they do not have the right to protest their mistreatment (Shakti Samuha cited in Frederick, Basynet & Aguettant 2010)

8.3. Issues that prevent workers from protesting is the risk of losing their jobs, being unable to support themselves and their children, and the fear of disgrace/embarrassment in the community (Frederick, Basynet & Aguettant 2010)

8.4. Some women were afraid of owners, clients and police (Frederick, Basynet & Aguettant 2010)

8.5. Some women have said protesting was useless because nobody would listen (Action Aid 2004)

8.6. However, entertainment workers have called for stricter regulations and asked that exploiters be severely punished, including being given death or life sentences (Action Aid 2004)

3.7 Earthquake: 2015

Although no data are available on trafficking after Nepal’s 2015 April/May earthquakes, Free the Slaves (2015) reported that Kathmandu’s entertainment industry dwindled after the quake due to the damage to the urban environment. However, the earthquake also exposed opportunities for traffickers to pose as aid workers (Free the Slaves 2015). The NHRC (2015) also reported that trafficking increased and identified a strong nexus between migration and trafficking. Within weeks of the quake, the Ministry of Women, Children and Social Welfare [MoWCSW] acted quickly; they suspended international adoption so that children who actually had living parents would not be sent overseas; they banned the movement of children between districts without parents or approved guardians; they prevented children being relocated out of their local districts without approval of the Central Child Welfare Board [CCWB], and they banned the registration of new orphanages (United Nations
Children’s Fund [UNICEF] 2015a. Two months after the quakes, UNICEF reported that ‘at least 245 children have been intercepted from being trafficked and unnecessarily or illegally placed in children’s care homes since the first earthquake hit Nepal almost two months ago’ (UNICEF 2015a). UNICEF supported Maiti Nepal to scale up their India and China border protection programs with 12 screening and interception points and, also to establish 11 transit centres for trafficking victims (UNICEF 2015a). They also supported Shakti Samuha to conduct surveillance and awareness-raising of trafficking in the 14 districts most affected by the earthquake: Gorkha, Kavrepalanchok, Dhading, Nuwakot, Rasuwa, Sindhupalchok, Dolakha, Ramechhap, Okhaldunga, Makwanpur, Sindhuli, Kathmandu, Bhaktapur and Lalitpur (see Figure 1).

The Indian Ministry of Home Affairs also asked for increased vigilance at its borders and implored civilians in India to act to respond to the issue of trafficking (UNICEF 2015a). In addition, 25 airline companies operating in Nepal were advised to check the papers of all child passengers to ensure they were accompanied by legal guardians (UNICEF 2015a). For the first time in Nepal’s history of trafficking, there was an unprecedented response to the country’s human trafficking issues focussing largely on preventing the trafficking of women and girls as can be seen by the involvement of Maiti Nepal and Shakti Samuha.

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62 This quick reaction to trafficking was related to Nepal’s overall human trafficking context and possibly, in part, due to lessons-learned about trafficking in Maoist War which was when ‘orphan trafficking’ was reported to have begun in Nepal (see Saxe-Smith 2015).
3.8 Current Status of the Trafficking of Women and Girls in Nepal

Over the course of approximately 170 years, Nepal’s human trafficking industry has grown extensively. According to US State Dept. (2016, p. 281) Trafficking in Persons (TIP) Report (2016, p. 281), ‘Nepal is a source, destination and transit country for men, women and children subjected to forced labour and sex trafficking’. In 2012, Nepal was classified as a ‘source’ country for human trafficking on the US State Dept. (2012) Trafficking in Persons [TIP] Report. According to Crawford (2017, p.106), ‘the TIP report is a useful but imperfect indicator of the scope of human trafficking. One limitation is that its statistics and rankings are based largely on each country’s NGO and governmental reports of its own data. Often these data cannot be independently verified’. In addition, there are also other complex issues such as patriarchy where women are viewed as property of men and may not place the welfare of women and girls as ‘…a high priority for governmental record keeping’ (Crawford 2017, p. 106). However, in 2014, two years on from this report, Nepal was reclassified as ‘source, destination and transit’ country because some migrants from Bangladesh - and possibly other countries – are believed to transit in Nepal on pathways to the Middle East with false Nepali documents and may be subject to human trafficking (US State Dept. 2016). While Nepal has made some efforts to address the country’s human trafficking issues, the country continues to be ranked ‘Tier 2’ on the US State Dept. (2016) TIP scale, which describes countries whose governments do not fully comply with the minimum standards of the Trafficking Victims Protection Act [TVPA] for eliminating trafficking but are attempting to do so.

Borrowing from Frederick, Basynet and Aguettant (2010), Nepal has three main areas of concern related to human trafficking 1) trafficking in Nepal; 2) trafficking from Nepal to India and 3) trafficking outside the region (of South Asia) to places such as the Gulf. In fact, Nepal’s women and girls are reportedly trafficked to Europe, the Middle East, other parts of Asia and across the open border to China (Tibet). Whilst women, men and children are trafficked for domestic labour, labour and sexual exploitation, the trafficking of women and girls for sexual exploitation is the country’s biggest human trafficking issue. As opposed to trafficking outside of Nepal’s borders, the trafficking of women and girls for sexual exploitation within Nepal is currently emerging as Nepal’s biggest human trafficking concern.
3.9 Gaps in Research in Nepal

3.9.1 Current status of internal trafficking research

In Nepal, trafficking research has largely concentrated on the Nepal-India trafficking pathway and, in particular, on Nepali women and girls rescued/repatriated from the 1996 Indian brothel raid and/or subsequent brothel raids and rescues. However, there is limited literature on the contemporary context of trafficking of Nepali women to India, largely due to the changed nature of the Indian sex industry and the difficulty of finding Nepali women and girls in the Indian sex industry (Frederick, Basynet & Aguettant 2010). In other words, it has become more covert (Frederick, Basynet & Aguettant 2010). This is not said to downplay the India-Nepal trafficking context or its severity – the trafficking of women and girls to India is still reported to be a significant problem. However, the often-quoted figure of ‘5000 to 7000 women and girls trafficked across the border to the sex industry in India annually and 200000 Nepali women and girls living in brothels in India’ (Huntington 2002; Kaufman & Crawford 2011) is twenty years old, largely speculative (at the time) and current figures are largely unknown. According to Crawford and Kaufman (2008) who undertook research with returnee Nepali women from trafficking to India, these women have been the source of most research ‘…because they represent the form of trafficking that is most extreme, associated with the greatest psychological and physical trauma, most stigmatised, and most controversial with respect to reintegration’ (p. 910).

However, Brown (2000), who has also done trafficking research in Nepal and other places across the world, says that more attention is given to international trafficking, but ‘…it appears as if domestic trafficking – that is from poor regions to prosperous regions within a single country is every bit as important as cross-border trafficking. The results for women, moreover, can be just as devastating’ (p. 23). Deane (2010) concurs and says that most trafficking is implied to mean moving people across continents, but most occurs ‘in house’ (p. 492). As already discussed, Frederick, Basynet and Aguettant (2010) argue that trafficking within Nepal is the country’s greatest area of concern with issues far surpassing the issues of trafficking to India. This is due to the high number of women believed to be also involved and the extreme context of violence. In relation to the overall context of trafficking of women and girls for sexual exploitation in Nepal, Deane (2010) has said, ‘the trafficking of women and girls in Nepal is considered to be in such a state that some even believe it will never end’ (p. 509). Even the media fears reporting on it as ‘…a newspaper story would be ‘tantamount to a
Chapter 3 | A Discourse on the Trafficking of Women and Girls into the Sex Industry in Nepal

‘suicide mission’ for the journalist’ (Samarasinghe 2008, p. 85). All of these issues and more contribute to the lack of academic research into trafficking into the sex industry in Nepal (Pike 2002; Pike 1999; Subedi 2009). However, Cwikel & Hoban (2005), Farr (2005) and Kaufman and Crawford (2011) have all argued that it is does not matter whether the research site is South Asia or any other region, designing and implementing solid research on sex trafficking is challenging in every part of the world. Notably, Action Aid (2004) noted that undertaking research into cabin bars in Nepal was ‘sensitive’ and accessing women was difficult. The NHRC (2014) reported that 50,000 women and girls were working in the entertainment industry. While no trafficking breakdown is available and it is not known how these data and statistics were collected, the NHRC (2014) says the young age of the women and girls – under 18 - is the indicator of trafficking. At present, the only reports available are the limited INGO and Nepali NGO reports drawn upon earlier (see Section 3.6) Some of these reports have not been published, are only available in Nepali or are not available at all63.

3.9.2 Current status of reproductive health research

According to Adhikari and Tamang (2009), Regmi et al. (2010) and Stone, Ingham and Simkhada (2003), health research with young people in Nepal has been limited. Primarily, this relates to the fact that sexual and reproductive health of young people has not been a public priority (Regmi, Simkhada & van Teijlingen 2008; Regmi, Simkhada & van Teijlingen 2010). However, in Nepal, as in many Asian cultures, it is also goes against societal and cultural norms to engage in discourse around sexuality (Adhikari & Tamang; Ghimire et al. 2011; Mathur, Malhotra & Mehta 2001; Menger et al. 2015; Regmi, Simkhada & van Teijlingen 2010; Stone, Ingham & Simkhada 2003). This is due to attitudes and moral codes on sexuality and marriage drawn from ancient Hindu and Buddhist texts and traditions (Menger et al. 2014; Regmi et al 2011; Schroeder 2004) though different attitudes to sexuality also vary in different geographic locations (Schroeder 2004). This has also limited research being undertaken to explore the sexual health and experiences of Nepali women and men (Menger et al 2015; Regmi, Simkhada & van Teijlingen 2010). In Nepal, adolescents form over 25% of the population and they have been identified as a vulnerable population in relation to reproductive health (FHD, UNFPA & CREPA 2015). According to Regmi, Simkhada and van Teijlingen (2010), this is the outcome of the limited research (thus far):

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63 I conducted an extensive search including contacting some of the NGOs in Nepal who wrote reports. I was unable to obtain some of the work. Some NGOs responded, and, equally, some did not. Free the Slaves (2015) also undertook a literature review on trafficking in Nepal and also came to this same endpoint.
Anecdotal evidence and a number of small-scale studies suggest that many young people of Nepal face a range of socio-economic, cultural sexual and psychological issues. Therefore, research into social, cultural and sexual and reproductive health status and problems is crucial for policy makers and health promoters alike, and ultimately for the population’s future economic and social wellbeing. (Regmi, Simkhada & van Teijlingen 2010, p. 61)

Acharya, van Teijlingen and Simkhada (2009), Regmi, Simkhada and van Teijlingen (2008) and Upreti et al. (2009) (respectively) have conducted systematic reviews on 1) opportunities and challenges in sex/sexual health education in Nepal; 2) opportunities and barriers for sexual health education and services utilisation for young people and 3) young people’s knowledge, attitudes and behaviour on STIs and HIV/AIDS indicating some of the pressing reproductive health issues in Nepal for young people. Table 6 provides a selection of recent research emerging from Nepal on young people generally, marginalised groups and women from 2006 to 2016:

Table 6. Recent Studies on Sexual and Reproductive Health of Nepalese People

<table>
<thead>
<tr>
<th>Area of research</th>
<th>Sample sizes</th>
<th>Papers published (2006-2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people (qualitative)</td>
<td>75 participants (10 Focus group discussions)/31 in-depth interviews</td>
<td>Regmi, Simkhada &amp; van Teijlingen (2011); Regmi, Simkhada &amp; van Teijlingen (2010); Regmi et al. (2010)</td>
</tr>
<tr>
<td>Male college students (quantitative)</td>
<td>573 Males (survey)</td>
<td>Adhikari &amp; Tamang (2009)</td>
</tr>
<tr>
<td>School-based sex education (quantitative and qualitative)</td>
<td>8 teachers (interviews); 451 Students (survey) and 4 focus group discussions with 26 students</td>
<td>Pokharel, Kulczyki &amp; Shakya (2006)</td>
</tr>
<tr>
<td>Young people in schools on sex education and attitudes towards and intentions for safer sex (quantitative)</td>
<td>634 (questionnaire)</td>
<td>Shrestha et al. (2013)</td>
</tr>
<tr>
<td>Women’s sexual health interventions (qualitative)</td>
<td>16 individual interviews; 2 Focus group discussions prior to an intervention with 88 women</td>
<td>Harman, Kaufman &amp; Shrestha (2014); Harman, Kaufman &amp; Shrestha (2012); Menger et al. (2015)</td>
</tr>
</tbody>
</table>
Moreover, in Nepal, Bangladesh and Pakistan, most government funding is directed towards training, salaries and infrastructure which results in many projects being funded by external donors who play an influential role in their outcomes (Sadana et al. 2004; Simkhada & van Teijlingen 2012).

However, the Ministry of Health and Population [MoHP] (2012a) National Adolescent and Youth Survey 2010/2011, has encouraged reproductive health research to be undertaken with a variety of Nepal’s adolescent population groups due to identifying that different population groups have different health needs. The Family Health Division [FHD], United Nations Populations Fund [UNFPA] and the Centre for Research on Environment, Health and Population Activities [CREPHA] (2015) report, The qualitative study on assessing supply side constraints affecting the quality of adolescent friendly health services and the barriers for
service utilisation in Nepal, has also recognised the need to undertake health research with ‘underserved adolescents’ (p. 73). In relation to these underserved populations, FHD, UNFPA and CREPHA (2015) say ‘these include adolescents who are same-sex attracted, adolescents who use substances, adolescents who sell sex or are affected by trafficking, young people living with HIV, and others who face discrimination’ (p. 73).

It is noticeable from the abovementioned work that many of the articles draw from the same studies and, in many cases, the same authors. This study is then poised to fill a gap in reproductive health research for young women who have been (formerly) trafficked into the sex industry in Nepal, a group of women who have not, as yet, been identified for reproductive health research.

3.10 Summary

This chapter has explored the development of trafficking of women and girls into the sex industry in Nepal throughout major time frames in Nepal’s history when trafficking is known to have increased and/or the sex industry in Nepal has become established. In addition, it has shown a strong nexus between migration for sex work and trafficking for sexual exploitation in Nepal, particularly for women and girls. It has then illuminated the gaps in research in relation to internal trafficking in Nepal and the current status of health research in Nepal, which includes (the lack of) reproductive health research with young people, highly-disadvantaged and marginalised population groups and trafficked women. This has set the foundations for this reproductive health study with a particular group of young women who been trafficked into the sex industry in Nepal. In the next chapter, the research methodology for this study will be discussed and, in particular, the new Clay Embodiment Research Method [CERM] which was designed for this study.
Chapter 4: Research Methodology

4.1. A ‘Culturally-Sensitive’ Research Design

As an Australian researcher positioned to undertake ‘culturally-sensitive’ reproductive health research in Nepal, one of the greatest ethical challenges I faced in designing this project was developing the methods. It was very important to me and to Asha Nepal, my lead partner organisation, that the voices of the young trafficked women were ‘heard’ in the research and, in addition, that the project could potentially have educative benefits for their girls. Furthermore, I needed to consider the age range and vulnerability (to reproductive health trauma) of the young women. I also hoped to include methods that were appropriate for the cultural context and illiterate women. Moreover, it was also important to me that I acknowledged the ‘power differential’ between myself and the trafficked women who would likely participate in the study. I also had another formidable challenge: I had to collect my data in a five-month frame due to limited funding\(^64\) and visa constraints. Notwithstanding this, I had to consider the human resource constraints of my partner organisations and the impact of my research on the women’s time. According to Pink (2009), in contemporary research contexts, all of these issues can lead to limitations imposed on the working lives of ethnographers and research participants, and, in applied research (as was the intention of this study), the amount of time researchers can dedicate to projects. This has led to ethnographers developing innovative methods ‘to provide routes into understanding other people's lives, experiences, values, social worlds and more that go beyond the classic observational approach’ (Pink 2009, pp. 4-5).

As has been alluded to, I was initially interested in using ethnography and ethnographic research methods. Ethnography appealed to me because it is ‘the branch of anthropology that deals with the systematic description of human cultures’ (Pelto 2013, p. 18). However, I favoured a more contemporary conception of ethnography as described by Handwerker (2001):

Ethnography, as I use the word, consists of processes and products of research that document what people know, feel and do in a way that situates the phenomena at specific timepoints in the history of individuals lives, including global events and processes. (Handwerker 2001, p. 7)

\(^64\) My Australian Government ‘2015 Endeavour Research Fellowship’.
However, another set of methods also appealed - Participatory Action and Research [PAR] methods and Participatory Learning and Action [PLA] methods – because they offered the potential to accomplish many of the objectives I hoped to achieve in this research. PAR and PLA methods are also adaptive. According to Cornwall and Jewkes (1995, p. 1668), ‘participatory methodologies are often characterised as being reflexive, flexible and iterative, in contrast with rigid linear designs of most conventional science’. They offered me the potential to work collaboratively with local people who were knowledgeable about their issues and to work together with them to find solutions to pragmatic problems (Cornwall & Jewkes 1995). They also encourage the use of visual tools which can be used with literate and illiterate populations. Although PAR/PLA techniques and strategies vary, Cornwall and Jewkes (1995) argue that many of them are underpinned by a series of common principles such as Paulo Friere’s\(^{65}\) work in education, thus the potential for learning as an outcome of the process. However, more recently, this has included feminist research and critical theory (Cornwall & Jewkes 1995). As part of a move to place human rights at the heart of development from the United Nations Populations Fund [UNFPA] International Conference on Population and Development [ICPD] in Cairo in 1994, I was also particularly cognisant of the fact that participatory approaches to health research (including reproductive health research) had been encouraged since that time. This also led to them being included in the UNFPA (1994) ICPD Program of Action (PoA) and, subsequently, carried down to, for example, the UNFPA (2013) strategy on adolescents and youth. Furthermore, I was actively aware that participatory approaches were also being used in the delivery of reproductive health education by UNFPA-supported Youth Peer [Y-PEER] Adolescent Sexual and Reproductive Health [ASRH] educators\(^{66}\) in Nepal’s schools.

Despite my interest in ethnography/ethnographic research methods and PAR/PLA methodological approaches, I had concerns that no defined research method appeared to ‘fit’ the cultural context or seemed entirely appropriate for reproductive health research I planned to undertake with such a vulnerable population of young Nepalese women. Therefore, I decided, after considerable deliberation and practical and theoretical research into visual methods, to design a new research method for this reproductive health research study.

\(^{65}\) Paulo Friere was a Brazilian educator and philosopher who was an staunch advocate of critical pedagogy. He is best known for his influential work, Pedagogy of the oppressed. See Friere (2012).

\(^{66}\) In October 2014, I had an opportunity to gain an insight into their work with Nirmala Prajapati who was a former National Coordinator of Y-PEER (and worked on this project with me) and since that time I have followed their Facebook page so I have been constantly updated on their work.
According to Liamputtong (2007), researchers often adapt research methods to meet the needs of the research participants and, also, the cultural context. In addition, she contends that a single approach of interviewing may not work, thus requiring the researcher to adopt more flexible and collaborative approaches.

Reflecting on clay therapy and photo therapy workshops I co-facilitated in the context of an art therapy and women’s reproductive health training programme with trafficked women and girls in Nepal in 2011, I then designed the new Clay Embodiment Research Method [CERM]. Drawing upon elements of ethnography, a PAR technique called ‘body mapping’ and photographic research methods (both of which considered to be visual research methods), I then created a multi-method approach, that is, the ‘CERM’, for this research. The CERM is comprised of three research methods, all of which share a degree of interdependency with one another. They are:

1. (Critical Ethnographic) Participant Observation;
2. A Series of Seven Participatory (Clay Embodiment) Workshops;
3. Group Interview using Photoethnography

In this chapter, the CERM is introduced and the background to its development. Firstly, the importance of clay in Nepal is discussed including its use in religious rituals. Secondly, an overview of clay therapy is provided because it informed my decision to use clay as a research method. Thirdly, body mapping techniques and methods are illuminated because body mapping and clay were bridged to create the participatory (clay embodiment/three-dimensional clay body mapping) workshop component of the CERM. Fourthly, the experience of using photography with trafficked women and girls in Nepal and the use of photography in reproductive health research is discussed because it informed my decision to use a photographic technique called photoethnography within the CERM. Finally, the CERM is discussed in its entirety: the process of participant observation, the structure of the seven participatory (clay embodiment) workshops, and the group interview using photoethnography. Following on, an overview of the pilot of the CERM is provided, including a brief discussion on the minor amendments made to the CERM process which resulted from undertaking the pilot. Throughout this discussion, my research team in Nepal are featured. They are Sabrina Kaur-Chettri, my primary research assistant/interpreter, Nirmala Prajapati, my co-investigator/research assistant and also Saru Shilkapar and Kamal Kafle who volunteered (and were remunerated accordingly) to help us with the pilot of the CERM. These young women and men had worked in the ASRH sector and became invaluable resources for their
understandings of reproductive health in Nepal and the cultural context. They became affectionately known as ‘The ASRH Experts’. Next, the partner organisations are introduced (including issues of access to women through them), sampling issues and consent processes followed by an introduction to the six trafficked women. The process of data analysis is then described along with the theoretical lens through which the data were viewed. Last, but not least, an ethics statement is provided outlining the ethics approval processes for this project and ethical processes undertaken to write up this thesis.

4.2 Clay

4.2.1 Clay in Nepal

In 2011, I co-facilitated a half-day clay therapy workshop in the context of an art therapy and women’s reproductive health training program in Banepa, Nepal, for trafficked women and girls and health professionals helping to reintegrate trafficked women back into the community. At the time, I was practising as a creative arts therapist in the women’s reproductive health sector in Australia and I was invited to work on this project because of my professional art therapy and women’s reproductive health background. The outcomes of the workshop, undertaken with approximately 15 Nepalese women of various ages were, from my perspective, very memorable. In the context of a safe space, I observed how the experience of working with clay was calming for the women. In addition, it enabled them to ‘visualise’ experiences that they could not, seemingly, express in words. From a psychoanalytic perspective, the clay also provided a ‘distancing object’ (Winnicott 1971) for the women to focus on, whilst inviting conversations about intimate personal experiences. Furthermore, the three-dimensional sculptures the women created were very revealing; beautiful self-images were ‘embodied’ in the clay.

In my practical and theoretical research on the use of clay in therapy and clay in Nepal, I also began to think about clay in the life of rural Nepalese women. This was partially-driven by the fact that I had learned that most trafficked women and girls in Nepal come from rural regions. In 2014, I had the opportunity to observe women and girls working in villages and fields in the Annapurna Region, which began to cement my thoughts about the value of a clay research method. In my observations, I noted that rural women learn by ‘doing’ and ‘seeing’, and they are very familiar with the ‘mato’ (earth) as they spend a lot of time connected to and

67 I was not privy to information about age-specificity as I was working under the umbrella of the Art to Healing (2017).
doing chores associated with it. For example, some of their everyday chores are undertaken using clay, such as cooking on clay stoves or, more precisely, ‘chulos’ (clay stove) (see Figure 3).

That same year, I also arranged with a Nepalese woman artist to observe children (boys and girls) sculpting with clay in one of her art classes at the Community Children Art Class [CCAS] in Pātan. Again, I observed the calming influence of clay on the children, and how, once again, they made beautiful three-dimensional clay work. In 2015, on a pre-fieldwork journey to Nepal, I was invited to run some clay workshops with sexually-abused girls and the staff counsellor from Asha Nepal68. Two things occurred. Firstly, with little instruction, the girls made ‘touching’ three-dimensional clay work. Secondly, in a sharing session about the clay work, the girls shared (with no prompting) very emotional personal stories. In one of these sessions the counsellor glanced across the room at me and (with a stunned look on her face) said the girls had never shared these stories before. She recounted that she had learned things about them that they had never divulged to her in her six months as counsellor at Asha Nepal. She was astounded by the clay workshop content, in particular, the girls’ stories and memories of life with their families in rural villages and other issues such as experiences of working in domestic labour contexts. As an ‘outsider’ to the girls’ worlds, I sat in a place of privilege because I knew the girls had entered a very deep emotional space with a stranger. Acknowledging that I would not divulge their stories to anyone, I thanked the girls for sharing their personal reflections and I recall holding my hand on my heart because the moment was emotional for me.

68 These girls were not from the trafficking cohort, but some of them had been sexually-abused.
All of these experiences with clay in Nepal and the responses of the young (sexually-abused) girls to their clay work made realises that it was a very comfortable medium for Nepalese women and girls to engage with and that it was very ‘natural’ for them to work in three-dimensions. Needless to say, I began to realise how quickly clay – with little prompting – could elicit strong (and sometimes unexpected) emotions with this group of young women. This was a caution to me to take care not to elicit trauma if we used clay in our research context. However, with my background in creative arts therapy, I felt well-placed to manage these issues, particularly as I had worked with clay with several groups of women and girls in Nepal before beginning the research. In addition, I had used it in my creative arts therapy practice in women’s reproductive health in Australia. Furthermore, while I was doing my methods research, I also used clay myself to prepare for the process and ran a clay workshop with women from different cultural groups (i.e. PhD colleagues) at Deakin University in Australia in June 2014. According to Liamputtong (2007), sometimes research with the vulnerable needs to be undertaken by researchers with backgrounds in therapy. I would concur. However, I would also argue that one also needs to know the therapeutic potential of the clay because it can, as evidenced from my example above, elicit strong emotions in very vulnerable populations.
4.2.2 Clay in Religious Rituals

Following my experiences of observing women working in the fields and with clay I have also learned that clay plays an important role in many (Hindu) religious rituals and other in Nepal. In her research exploring the social and symbolic roles of high caste Nepali women to define their position in patrilineal Hindu society with a Brahmin-Chettri community in Narikot\(^{69}\) in Mid-Western Nepal, Bennett (2002) noted that four weeks before the Rali Rali Festival\(^{70}\), unmarried girls make clay images of Shiva and Parbati who are then ‘married’ to one another on the opening day of the festival. In a full marriage ceremony, the girls act as one or other side of Shiva or Paravati’s family, then the following day, in a funereal process, they wash the images down the river (Bennett 2002). Cameron (1998), who undertook an ethnography of gender and caste relations with people in the farming village in Bhalara in the Bajhang District in Far-Western Nepal with ‘untouchable communities’ noted that clay is important in the lives of the Bādi. She says ‘the Bādi are potters, who make vessels out of local red clay. Their most popular items are water storage vessels (gāgri) and tobacco pipes called sulpa’ (Cameron 1998, p. 30). Cameron (1998) also says these pottery items were – at the time of her (pre-2000) research - being replaced by plastic, bronze and brass containers from India and also other parts of Nepal. In addition, Maslak (2003) who undertook research with the Tharu (Hindu) community, one of Nepal’s indigenous communities in the Terai, examined the cultural conditions and circumstances that factor into educational decision-making for girls. She noted that clay was used as an altar and families ‘...used to use clay sculptures to represent the duota’ (Maslak 2003, p. 156). ‘Duota’ means spirit. In other words, the sculptures embody the spirits and gods (Maslak 2003). However, Maslak (2003) noted that women in this region do not participate in the process of crafting the duotas from clay; it is the role of the men.

In summary, clay is evidently a familiar cultural material for Nepalese women. During this research, many Nepalese women also remarked to me about how they had used clay as children and by the tone of their remarks, it appears that the experience was almost ‘reverential’. During my fieldwork, many women asked me to run clay workshops to enable them to participate in them for fun, but we were not able to oblige. To illuminate this interest, engaging in clay so ignited the interest of two sexually-abused girls at Asha Nepal who undertook a clay workshop with us, that Sabrina and I arrived at the hostel one day for a visit.

\(^{69}\) According to Bennett (2002), this village no longer exists. In the 1960’s, in the Panchayat era, it – and its adjoining areas - were redefined and it became part of bigger panchayat whose centre was located elsewhere.

\(^{70}\) I have not been able to find out the meaning of this festival though it may have another more common name.
to see a find a ‘new’ production of clay sculptures. The girls were ‘bursting’ to show us what they had made. When we asked them where they got the ‘mato’, they described digging it up from the garden at the hostel (see Figure 4: Elephant, Self-Image and Flower). Sabrina and I were touched.

Figure 4: Elephant, Self-Image and Flower

4.2.3 Clay Therapy

Through my experiences of using clay in Nepal – in therapeutic and non-therapeutic contexts – I have personally observed the rapidity of its potential to elicit strong emotions in Nepalese women. However, in my search of the academic literature, I have found a paucity of research material on the use of clay in therapeutic practice. While some art and play therapists use it as part of their therapeutic toolkit when working with women, men and children from a variety of populations (for example, Betensky 1995; Dalley 1990; Lillitos 1990; Malchiodi 2007; Rabiger 1990; Sager 1990; Seftel 2006; Steinhardt 2000; Wadeson 2000), these therapists do not specialise in pure clay therapy practice, that is, use clay as the only arts medium. However, they - and clay therapists Elbrecht (2012) and Sherwood (2004) - raise
salient issues about the use of clay in therapeutic practice that have informed the development of the use of clay in the CERM.

According to Malchiodi (2007, p. 94), ‘clay is made from earth and water’. Due to its malleability, it enables the exploration of texture and provides a means to create in three-dimensions. Malchiodi (2007) also notes that clay engages the four senses of ‘...sight, touch, sound and smell’ (p.103). Sherwood (2004) says that it engages with the body and can invite the recall of memories. According to Elbrecht (2012) and Sherwood (2004), since it engages with the body, clay can also be very useful for body-related work. Although there appear to be very few examples of clay used in reproductive health contexts, Seftel (2006) has noted the use of the clay in art therapy practice with women healing from pregnancy loss. Ellen Speert (cited in Seftel 2006) who ran a workshop using paint, clay, tissue, paper and other media with this group of women, noted, ‘the three-dimensional materials allowed the powerful expression of their rage, grief, and emptiness. The women often spoke of the need to have a tangible and lasting part of their lost child’ (p. 103). Evidently, this example showcases the intensity of emotion that can be raised when clay (with other materials) is used in relation to pregnancy loss.

Interestingly, Sherwood (2004) cautions therapists not to use clay with pregnant women. In the context of therapy, Elbrecht (2012) and Sherwood (2004) also infer that care must be taken when clay is used because it can elicit trauma and/or especially when used without professional expertise. According to Sherwood (2004, p. 3), ‘work in my clinical practice with clay demonstrates that the attraction of clay lies in its capacity to capture experience as it emerges in the immediacy of the moment from the client’s body, and in the surprising and often powerfully evocative forms it arouses in the client’s consciousness’. Although clay is quick to elicit emotion, Sherwood (2004) also indicates that working ‘thematically’ or in a guided way can enable clients to remain focussed on ‘issues at hand’. In other words, working organically – without the direction of themes to cite an example – may be a precursor to elicit body and other trauma. However, I would suggest, from my experience of working with clay as a creative arts therapist with trafficked women in Nepal, that it would also depend on the amount of clay one works with and how well one knows a client/research group. In Nepal, we used small (hand-size) balls of clay with the women which enabled us to ‘contain’ their immersion in clay (see Figure 5). In comparison, clay therapists such as Elbrecht (2012) use ‘clay fields’ (i.e. large boxes filled with wet sticky clay) that allow clients to immerse themselves more fully in larger amounts of clay which may allow for a deeper sensory experience and, potentially, trigger (very quickly) deepset unconscious trauma.
In the context of this research, and despite its risks, clay offered a distancing technique and a point of entry for young trafficked Nepalese women to ‘embody’ (enter the body) experience in a way that I believed no other method could. Although I was - at first - interested in using traditional body mapping techniques that I had discovered from research into body mapping, I felt that these methods and techniques could elicit trauma in our group of research participants and that the techniques might not be ‘culturally-appropriate’. However, some of the body mapping techniques offered significant inspiration for the development of the CERM, and on the basis of my discoveries I decided to ‘bridge’ clay and body mapping techniques to create a new ‘three-dimensional’ body mapping research method.

4.3 Body Mapping

4.3.1 History

According to Jager et al. (2016, p. 2), ‘...body mapping, is a visual arts-based process’. Over the last thirty years, body mapping as part of PAR approaches or as an independent tool, technique and method, has been used in reproductive health and sexuality research and in the delivery of peer-support, health worker and qualitative methods training in reproductive health and sexuality contexts in Australia, Bangladesh, Belgium, Canada, India, Jamaica, Kenya,
Nairobi, Nepal, South Africa, USA, Zambia and Zimbabwe\textsuperscript{71}. In addition, it has been used with women, men, adolescents and youth, and children. Furthermore, techniques have been adapted to meet the needs of participant groups in both research and health education contexts.

Across the world, there appears to be some debate, and/or even confusion, as to who pioneered body mapping. However, the key women are Carol MacCormack from the United Kingdom [UK] and Jane Solomon from South Africa. According to Heggenhougen (1997), MacCormack, who died in 1997, was ‘... a social anthropologist who focused a major part of her work on public health issues, including fertility and reproductive health, malaria, primary health care and the overriding issue of gender and health’ (p. 327). Solomon is an artist who developed body mapping in response to the epidemic of HIV/AIDS. Working in different parts of the world, MacCormack and Solomon created different body mapping techniques. However, according to Jager et al. (2016), they appear to have been unaware of each other’s work. In Jamaica in a research context, MacCormack (1985) provided an outline of a woman’s body to female research participants and asked them to draw their reproductive systems to elicit their views on contraception to find out how this affected their utilisation of Jamaican family planning services. To enable women to articulate their experiences of living with HIV/AIDS,

Solomon (2007) created a different body mapping technique, a process which involved tracing a life-size body onto cloth and painting it, and/or then using other art materials to embellish it. In contrast to MacCormack’s use of body mapping in individual interviews, Solomon’s (2007) process involved ‘...several arts-based, reflective group workshops held over numerous weeks’ (Jager at al. 2016, p.2). Originally, Solomon’s (2007) process was designed to be therapeutic, but work undertaken with Jonathon Morgan, psychologist, Kylie Thomas, researcher, and the Bambanani Women’s Group became part of HIV/AIDS activism campaigns in South Africa. It then evolved into a travelling art exhibition, and the book, ‘Long Life: Positive HIV Stories’ (see Morgan and the Bambanani Women’s Group 2003).

In addition to MacCormack and Solomon, the creation of body mapping is often credited to Andrea Cornwall, a political anthropologist from the UK, who used it in her reproductive health research with rural women in Zimbabwe (See Cornwall 2002). However, in her seminal paper ‘Body Mapping in Health RRA/PRA’, she states, overtly, that she ‘...is grateful to Carol MacCormack [Jamaica] for first bringing my attention to this method’ (Cornwall 1992, p. 1). Cornwall, along with her colleague, Alice Welbourn, appear to have seeded the development of body mapping for use as a technique in Rapid Rural Appraisal

\textsuperscript{71} Other body mapping work has been undertaken outside reproductive health and sexuality contexts.
[RRA] PRA training in a variety of cross-cultural contexts across the world over the last fifteen years. Welbourn (1995) designed ‘Stepping Stones’, a HIV/AIDS, gender, communication and relationship training package, which features body mapping. In addition, contemporaries of Solomon (2007), Hayley MacGregor (2009) and Hayley MacGregor and Elizabeth Mills (2011), researchers from South Africa, have also been credited with developing body mapping methods. However, MacGregor (2009) states that the body mapping methods used in her work were developed further by the AIDS and Society Research Unit (ASRU) from the body mapping approach used in educational workshops with the Treatment Action Campaign (TAC) in South Africa (see Almeleh (2004). MacGregor (2009) also acknowledges Cornwall (2002) in her work and MacGregor and Mills (2011) defer to Morgan and the Bambanani Women’s Group (2003), that is, Solomon’s (2007) method.

Notably, MacGregor and Mills (2011) went on to develop their own HIV Body mapping education tool called ‘Visual Body Maps’ which is used for different purposes (see Centre for Social Science Research [CSSR] 2017). MacGregor (2009) also worked with Nondumiso Hwele from the Bambanani Women’s Group to develop a peer-education support program for people living with HIV/AIDS, and to update a series of body maps on living with HIV/AIDS as a chronic illness in South Africa. Jonathon Morgan, and the Bambanani Women’s Group (2003), and/or Jonathon Morgan, along with Kylie Thomas, are also credited with taking a lead in body mapping creation. However, they used Solomon’s (2007) facilitator guide for their body mapping workshops that then led to the travelling exhibition and publication of ‘Long Life: Positive HIV Stories’ (as mentioned above). Equally, Xavier Verhoest, an artist born in the Democratic Republic of Congo, is sometimes cited as a body mapping ‘pioneer’. However, Verhoest credits his inspiration to develop an arts/health consultancy with movement psychotherapist Annette Schwalbe (Art2Be), in which they have facilitated body mapping workshops in Kenya and Nairobi, from viewing the exhibition of the body maps from the ‘Long Life: Positive HIV Stories’ Project. In other words, he has also drawn inspiration from Solomon’s (2007) body mapping approach and the work of Jonathon Morgan, Kylie Thomas and the Bambanani Women’s Group (2003) (see United Kingdom (UK) Health Care 2013 for an example of Verhoest’s collaborative work in the UK with organ transplant patients).

In the context of body mapping’s history, MacCormack’s (1985) body mapping technique has been adapted to a number of other reproductive health and sexuality contexts. Akin to MacCormack’s (1985) technique, according to Stevens and Le Roux (2011), Solomon’s (2007) body mapping approach has, since it was developed in the aforementioned ‘Long Life: Positive HIV/AIDS Stories’ Project, been adapted to other contexts. However, it
is not clear whether this is always in reproductive health and sexuality research or other contexts.

4.3.2 Body mapping in reproductive health and sexuality contexts

According to MacGregor (2009), ‘The use of body mapping had an established history internationally in participatory appraisal approaches to research and activism, especially in the context of non-literate participants’ (p. 86). However, Chenhall et al. (2013) note that while body mapping has been used widely, it remains unexamined in academic literature. In a systematic review of the international body mapping literature undertaken by Jager et al. (2016), only 22 articles were located worldwide. Of these, only 9 related to reproductive health and/or sexuality research (with two articles deferring to the same study). These articles include the work of Brett-MacLean (2009), Chenhall et al. (2013)/Senior et al. (2014), Horne (2011), MacGregor (2009)/MacGregor and Mills (2011), Nostlinger, Loos and Verhoest (2015), Orchard et al. (2014) and, lastly, Stevens and Le Roux (2011). Apart from the sexuality research of Chenhall et al. (2013)/Senior et al. (2014) in Australia, all other research is HIV/AIDS focussed and uses Solomon’s (2007) method and/or derivatives of it. Notably, some of the papers mentioned above, such as Brett-MacLean (2009), Nostlinger, Loos and Verhoest’s (2015), and Orchard et al. (2014), provide only ‘light accounts’ of their use of body mapping in research and/or practice, which leaves readers questioning their work or their approaches, context and application of body mapping. An outline of the work of these authors is provided in Table 7.
<table>
<thead>
<tr>
<th>Author (Year) &amp; Country</th>
<th>Focus of study &amp; Source of approach adopted</th>
<th>Study size &amp; Study group characteristics</th>
<th>Methodology &amp; Length of workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chenhall et al. (2013) Australia</td>
<td>Sexual Health Xavier Verhoest (Art2Be); Defer to Cornwall (1992), Cornwall and Jewkes (1995) and Tarr and Thomas (2011)</td>
<td>118 young people; Indigenous and non-indigenous Australians aged 16-25 years from remote, rural and regional areas. The study was conducted with 5 school groups, and several workshops of older participants There were up to 20 in the school groups, and four participants in the older groups (gender specific and also who they felt comfortable working with).</td>
<td>Traced life size bodies onto paper or canvas of themselves through a facilitated conversation, maps, then used scenarios (adapted the method) as a basis of other body mapping/participant observation/interviews. Duration of workshops is not mentioned but there would have been constraints imposed in the case of school timetables.</td>
</tr>
<tr>
<td>Senior et al. (2014) Australia</td>
<td>Sexual Health Xavier Verhoest (Art2Be)</td>
<td>As above</td>
<td>As above</td>
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<tr>
<td>Author (Year) &amp; Country</td>
<td>Focus of study &amp; Source of approach adopted</td>
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<tr>
<td>MacGregor and Mills (2011)</td>
<td>HIV /AIDS</td>
<td>Follow up in-depth interviews with 5 women who took part in the Bambanani Women’s Group Initiative in 2003</td>
<td></td>
</tr>
</tbody>
</table>
Interestingly, Jager et al. (2016) note that due to the criteria of their systematic review, a body of important body mapping works was excluded (see Jager et al. 2016 for their review criteria.) This includes the work of MacCormack (1985)72 and MacCormack and Draper’s (1987) subsequent research, in which they interviewed Jamaican women to gain social and cognitive insights into female sexuality in Jamaica. Jager et al. (2016) argue that this is Carol MacCormack’s seminal body mapping paper. However, I discovered an earlier work. The review also omits Cornwall’s (2002) research with rural women in Zimbabwe, and other research and/or reflections of body mapping work in Bangladesh, India, Nepal, USA, Zambia and Zimbabwe. These works are relevant to this study because the research and cultural contexts are, in some cases, similar to this study. These works include Batchelor (2002), Bhattacharjee (2000), Butcher and Kievelitz (1997), Gazi and Chowdhury (2003), Kesby and Gwanzura-Ottemöller (2007), Simasiku, Nkama and Munro (2000), Sturley (2000) and Tolley and Bentley (1992) and Zaman, Mustaque and Chowdhury (1998). There may be other works too, but this is a solid cross-section of the body of RRA/PLA works. Some of the body mapping approaches and others are cross-referenced in the work of the authors.

All of this literature appears to relate to, or is an adaptation of, MacCormack’s (1985) technique. However, in some studies, such as Simasiku, Nkama and Munro (2000), it is not clear which body mapping techniques were being employed. It is reasonable to assume they are adaptations of MacCormack (1985)’s and/or Cornwall (1992)’s work because the body mapping work is situated within the body of RRA/PRA work and notes Cornwall (1992) and her contemporaries. Many of the papers are merely accounts of the pragmatic use of body mapping and subsequent experiences of being involved in and/or facilitating body mapping workshops. In addition, the papers are not well-supported (if at all) by academic literature. The authors of the papers, along with those highlighted by Jager et al. (2016) in their systematic review, showcase some of the ways in which body mapping has been used in reproductive health and or sexuality contexts. This indicates that they may not have examined their own rationales for using body mapping in their contexts and with various participant groups, rather adopting it for the purposes of it being a useful and interesting technique/tool. An outline of the work of these authors is shown in Table 8.

72 Jager et al. (2016) acknowledge her work.
### Table 8. Authors of Body Mapping in Reproductive Health Contexts

<table>
<thead>
<tr>
<th>Author (Year) &amp; Country</th>
<th>Area of interest</th>
<th>Body Mapping Approach &amp; Methodology</th>
<th>Study Participants (&amp; their Literacy level)</th>
</tr>
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<tbody>
<tr>
<td>Batchelor (2000) USA</td>
<td>Training in participatory research approaches.</td>
<td>Approach not discussed. PLA Methodologies used, but no attention drawn to specifics. The number of bodymapping workshops conducted is not specified but may be inferred to be one per study group followed by group discussions.</td>
<td>HIV prevention workers; gender –specific groups, one transgender person; group discussion of each group’s work, i.e., men responded to women’s work and women responded to men’s work. (Assumed to be literate)</td>
</tr>
<tr>
<td>Bhattacharjee (2000) India</td>
<td>Participation in training of ‘SteppingStones’, HIV/AIDS, gender and communication.</td>
<td>Welbourn and Bollinger’s (1995) ‘Stepping Stones’ training package on HIV/AIDS, gender and communication. Body mapping as part of ‘Stepping Stones’; approach not clear. The number of workshops conducted is not specified but is assumed to form part of each training session.</td>
<td>Small groups of men and women divided by gender and age. (Literacy not required)</td>
</tr>
<tr>
<td>Butcher and Kievelitz (1997) Nepal</td>
<td>HIV/STD research.</td>
<td>Work underpinned by PRA approach of Shoenhuth and Kievelitz (1994) and Chambers (1995) Body mapping as part of PRA toolkit; participants drew own bodies on paper and on the ground. The number of workshops conducted is not specified.</td>
<td>Mixed group of single and married women in a remote mountain community. (Low literacy)</td>
</tr>
<tr>
<td>Cornwall (2002) Zimbabwe</td>
<td>Local understandings of the body to bridge local knowledge and western biomedical knowledge.</td>
<td>RRA/PRA approaches/ MacCormack (1985). Women drew own body parts, on paper and ground. Body mapping was used individually and with focus groups in workshops; women were grouped according to age; interviews afterwards. The number of workshops conducted is not specified.</td>
<td>Rural Zimbabwecan women (Low literacy)</td>
</tr>
<tr>
<td>Author (Year) &amp; Country</td>
<td>Area of interest</td>
<td>Body Mapping Approach &amp; Methodology</td>
<td>Study Participants (&amp; their Literacy level)</td>
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<tr>
<td>Gazi and Chowdhury (2003) Bangladesh</td>
<td>Perceptions of STIS.</td>
<td>Body mapping from a PRA tool kit. Mentioned Butcher and Kievelitz (1997); see also Butcher and Kievelitz above Body mapping conducted as part of Focus Group Discussion. There were eight FGD; 2 sessions in each area (Kashiganj, Boilor, Tarakandi and Dapunia) Women drew body parts. Flexible interview questionnaire.</td>
<td>Groups of women (18-35) in rural Bangladesh Two groups: younger women (18-35), older women (40+); average of 8-10 participants in each group. (Most are illiterate)</td>
</tr>
<tr>
<td>Simasiku, Nkama and Munro (2000) Zambia</td>
<td>Adolescent sexual and reproductive health</td>
<td>Body mapping as part of a PRA toolkit; method not mentioned, but likely Cornwall (1992) as it sits under PLA Notes, which draws heavily on Cornwall’s (1992) work. The number of workshops conducted is not specified.</td>
<td>Adolescents (male and female) (Assumed to be literate)</td>
</tr>
<tr>
<td>Sturley (2000) Nepal</td>
<td>Experiences of vasectomy</td>
<td>Body mapping used as part of PLA approaches, but authors do not identify whose approach (assumed Cornwall (1992)). Body mapping as part of a Focus Group Discussion. 9 groups, one session each. Participants were provided with a hand-drawn outline of a male body.</td>
<td>Mixed groups of men and women. (Low literacy)</td>
</tr>
<tr>
<td>Author (Year) &amp; Country</td>
<td>Area of interest</td>
<td>Body Mapping Approach &amp; Methodology</td>
<td>Study Participants (&amp; their Literacy level)</td>
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<tr>
<td>Tolley and Bentley (1992) India</td>
<td>Assistance in the use of qualitative methods for program development and evaluation</td>
<td>Body mapping as part of a PRA tool kit after Cornwall (1992) but acknowledging MacCormack (1985). Part of a 5-day program; groups of 4, number in groups not mentioned. Participants drew own bodies.</td>
<td>Women in women’s health organisations. (Moderate of levels of literacy assumed).</td>
</tr>
<tr>
<td>Zaman, Mustaque and Chowdhury (1998) Bangladesh</td>
<td>Perceptions of reproduction</td>
<td>Approach acknowledges Cornwall (1992), Jordan (1989), MacCormack (1985), Tolley and Bentley (1992). In the three sessions, dyads were formed for body mapping. Interviews took place afterwards.</td>
<td>Trained Traditional Birth Attendants (TTBA), Untrained Traditional Birth Attendants (UTBA), and women who have not attended deliveries (25-50 years). Group 1: 20 TTBA, Group 2: 18 TBAs, Group 3: 18 never attended delivery. (Low literacy - no school available).</td>
</tr>
</tbody>
</table>
4.3.3 Body mapping with individual and groups

Although MacCormack (1985) used body mapping with individuals when she pioneered her technique, most health practitioners and researchers have adopted group approaches. In addition, researchers have adapted methods to suit their health practitioner or research groups, which have included gender-specific and mixed groups, such as for example, Batchelor (2000) when using body mapping for (part of) training in participatory approaches for HIV-prevention workers. In the context of their HIV-AIDS work, Brett-MacLean (2009), Nostlinger, Loos and Verhoest (2015), Orchard et al. (2014) and Stevens and Le Roux (2011) undertook group approaches to body mapping, based and/or adapted from Solomon’s (2007) methods. Brett-MacLean (2009) conducted body mapping workshops with a small group. Orchard et al. (2014) conducted individual interviews and body mapping workshops with gender-specific groups. In contrast, Nostlinger, Loos and Verhoest (2015) ran a mixed group for men and women. Stevens and Le Roux (2011) also used a group approach with their research cohort of four women because the focus of their work was a ‘woman-specific’ issue: forced female sterilisation.

The work of Horne (2011) and MacGregor (2009) reflects on the work of Morgan and the Bambanani Women’s Group (2003) and/or the development of a HIV/AIDS peer education program, all of which involved group body mapping work with women. However, MacGregor and Mills (2011) undertook individual interviews with women from the Bambanani Women’s Group on body mapping work five years after it was undertaken on individual approach which involved reflections on past body mapping work. In their sexuality research, Chenhall et al. (2013) and Senior et al. (2014) also used a group approach with Australian Indigenous youth. They worked with large classes of up to 20, then broke classes down to smaller groups of around four. They adapted body mapping approaches to introduce a scenario-based interview technique. Although their groups were gender-specific, they also encouraged their research participants to work with whomever they felt comfortable.

As mentioned earlier, when MacCormack (1985) pioneered her technique, she used it in the context of individual interviews. She used an interview schedule but noted the use of conversational interview techniques. MacCormack and Draper (1987) employed this same approach in their subsequent research with women in Jamaica. In her research with rural Zimbabwean women, Cornwall (2002) interviewed individual women about their reproductive
careers, and also used body mapping to facilitate discussion. However, she also employed a group body mapping discussion process after the individual interviews had been undertaken.

In their HIV/STI research in Nepal, Butcher and Keivelitz (1997) used drawing techniques with small groups of women, and asked questions in a sequence related to parts of the body that were drawn on paper. In Sturley’s (2000) Nepal vasectomy research, body mapping was undertaken in mixed focus groups. However, in their STI research in Bangladesh, Gazi and Chowdhury (2003) worked with small focus groups of women with the use of a flexible questionnaire. In contrast, Zaman, Mustaque and Chowdhury (1998), who used body mapping in their research with rural Bangladeshi women, interviewed women after their body mapping exercise was undertaken. In Kesby and Gwanzura-Ottemöl’er’s (2007) research with Zimbabwean children, body mapping was preceded by participatory questionnaires and other diagramming sessions. Using small groups, Tolley and Bentley (1992) used body mapping to facilitate group discussion with small groups of women in their qualitative methods training work with Indian women. However, Simasiku, Nkama and Munro (2000) used no predetermined questions in their body mapping group workshops in their ASRH work in Zambia. Batchelor (2000) also appears to have used this same approach in the body mapping exercise conducted for HIV prevention workers – men, women, and one transgender person - in the USA. The gender of this person emerged in the group workshop and Batchelor (2000) encouraged the person to work in the group in which they were most comfortable. In the exercise in which Bhattacharjee (2000) participated as part of Welbourn’s (1997) ‘Stepping Stones’ Program in India, body mapping was undertaken as a group process. However, the size of the groups was not specified.

In the body of work identified by Jager et al. (2016) in their systematic review of body mapping work, it is generally clear as to how the authors employ body mapping and whose approach underpins their work. However, in the body mapping work situated in and around the work of Cornwall (1992; 2002) and her contemporaries, many authors of papers do not discuss the body mapping techniques they have used. Nonetheless, as mentioned, it can be reasonably assumed it is adaptations of MacCormack’s (1985) and Cornwall’s (2002; 1992) techniques because of the location of the body of work or, that is, within RRA/PRA literature. However, the group approach has been adopted by almost all researchers and practitioners, mostly as single sessions or workshops, with the exception of Simasiku, Nkama and Munro (2000) who ran a series of workshops. In the use and/or adaptation of Solomon’s (2007) body mapping processes, Brett-MacLean (2009) and Stevens and Le Roux (2011) ran one-day workshops. Nostlinger, Loos and Verhoest (2015) ran a 3-day series of workshops. Orchard et al. (2014)
ran a four-day series of workshops. Chenhall et al. (2013) and Senior et al. (2014) also say their research was undertaken over several workshops. The body mapping and narrative work of Morgan and the Bambanani Women’s Group - the subject of subsequent reflection/research by Horne (2011), MacGregor (2009)/MacGregor and Mills (2011) - was also undertaken over a series of workshops and/or interviews held over several weeks.

4.3.4 Benefits, risks and challenges of body mapping

One of the greatest benefits of body mapping seems to be that it is a visual method, which can be used with semi-illiterate and illiterate populations. It thereby overcomes the difficulty of reliance on verbal descriptions noted by many authors (see Chenhall et al. 2013; Kesby & Gwanzura-Ottemöller 2007). For example, Zaman, Mustaque and Chowdhury (1998) argue that it is often difficult to find out how illiterate people perceive their bodies from verbal descriptions because ‘...visual literacy is independent of alphabetic literacy’ (p. 72). Cornwall (2002, p. 228) adds to this issue stating illiterate women are not ignorant of their bodies, they just think about them from a different frame of reference to biological concepts. Gazi and Chowdhury (2003) concur and argue that body mapping provides access to these experiences and another way of conceptualising them.

In contrast to this view, Cornwall (2002) and Kesby and Gwanzura-Ottemöller (2007) suggest that sometimes body mapping may not provide much insight. Alison Morgan (conversation, 3 July 2014), a doctor who has used simple body mapping techniques with women in Nepal, reports, anecdotally, that it also has limitations, particularly if women have limited understandings of the body. In discussion with Nirmala Prajapati, former National Coordinator of Y-PEER, (conversation, 23 October 2014), she reported that she has also found that adolescents in Nepal find it difficult to talk about and draw external or internal (reproductive) body parts. Furthermore, Kesby and Gwanzura-Ottemöller (2007) found that when children were asked to draw their reproductive bodies, their drawings did not show much detail. (This could be related to the age and stage of their development of the children, but they do not provide an analysis of this issue.) Other researchers, such as Butcher and Kievelitz (1997), Cornwall (2002) and Gazi and Chowdhury (2003) have also reported experiencing resistance to drawing from research participants. These authors suggest that this is due to a lack of confidence to draw pictures as many of them had never drawn prior to the research or they may have never drawn ‘...anything like this before’ (Zaman, Mustaque & Chowdhury 1998, p. 70). In her work with women and men exploring vasectomy experiences in rural Nepal, Sturley (2000) reported difficulties with body mapping, noting that ‘the villagers were illiterate, and
thus their lines were not necessarily where they wanted them to be; drawing is not a practised [sic] as an art here’ (p. 86). She suggested that providing an outline of the entire body would have worked better than ‘free drawing’ of body parts. Other researchers have reported that their participants found the drawing process quite embarrassing (Gazi & Chowdhury 2003; Sturley 2000), or they felt their drawings were ‘not good enough’. To counter resistance to drawing, Butcher and Kievelitz (1997) and Cornwall (2002) gave their research participants sticks to draw in the earth before asking them to draw on paper. The use of groups has also been noted as a positive way to enable resistances to be overcome because group processes are enjoyable and often stimulate interesting discussion (Zaman, Mustaque & Chowdhury 1998).

One of the benefits of the body mapping process is that the process can be educative and often, without intent, ‘therapeutic’, but this depends on the nature of the groups, the context and relationships between group members (Jager et al. 2016). Brett-MacLean (2009), Nöstlinger, Loos and Verhoest (2015) and Orchard et al. (2014) report important self-realisations from their research participants. However, Sturley (2000) has also reported that sometimes participants copy each other’s work and give each other misinformation about reproductive health issues, but in general the participatory processes inspire learning. However, as in all groups, sometimes dominant members can impede processes and deter the input of quieter members thereby impeding learning (Sturley 2000). This process could also, potentially, silence voices though no body mapping authors appear to illuminate this issue. However, in general, participatory body mapping processes are favoured for their impetus to invigorate lively discussion.

Despite the above general discussion about body mapping, in the context of reproductive health and sexuality, no practitioners and/or researchers appear to have critiqued the various approaches. However, it is evident that the two approaches that have been developed over the last thirty years are distinctly different. MacCormack’s (1985) technique involves an ‘indirect approach’, that is, women in her research were provided with a pre-drawn body on paper and asked to locate reproductive body parts and thus this process does not involve an engagement with the human body. In contrast, Solomon’s (2007) technique is a ‘direct approach’; it involves tracing around the life-size body of a human participant and then filling in the reproductive body parts. While most practitioners and researchers who appear to have used MacCormack’s (1985) indirect technique have not raised any significant issues with the use of body mapping in reproductive health and sexuality contexts, Batchelor (2000) who
used body mapping (probable drawing)\textsuperscript{73} with gender-specific groups of HIV prevention workers in USA, followed by a mixed group discussion, noted that facilitators need ‘good mediation skills’ (Batchelor 2000, p. 81). In Batchelor’s (2000) workshop, participants mapped ‘erogenous zones’ (Batchelor 2000, p. 81) of the body and ‘...organs associated with the birth process and those affected by sexually-transmitted diseases’ (Batchelor 2000, p. 81), and it elicited strong emotions in a mixed group discussion. Others who employed Solomon’s method or adaptations of it also talk about the need to develop a safe space and develop the trust of research participants. This is particularly important as body mapping work is documented by some researchers such as, Gazi and Chowdhury (2003) as ‘fast’. Stevens and Le Roux (2011) re-iterate the importance of developing a safe space for body mapping work because it raises sensitive issues. In their work with women and forced sterilisation in South Africa, they state, ‘...it’s clear that women will only talk accurately and honestly about their experience or beliefs about their choice or understandings about reproductive justice in a safe space’ (p.32).

A final consideration in the use of body mapping techniques is the facilitator. Solomon (2007) cautions researchers who use any body mapping techniques to use them with care because they have the potential to elicit body trauma. Further to this, she argues that only professionals with therapy backgrounds should use them. Cornwall (1992) also says training in the techniques is needed and one must, equally, be comfortable with their own sexuality. This is not explored in detail, but she infers that by asking others about their sexuality, a researcher/facilitator should have explored their own and be comfortable with the type of issues that might arise. In relation to using participatory approaches, including body mapping, Gordon and Cornwall (2004), state that talking about sexuality and gender is personal and emotional. In addition, public discourse around sexuality is not permitted in some societies and great harm can be done by outsiders by crossing these boundaries in ways they cannot anticipate (Gordon & Cornwall 2004). According to Gordon and Cornwall (2004, p. 75), ‘public participation in discussions on intimate aspects of sexuality may be dangerous for participants and the facilitator if it is not carefully planned with the groups concerned and safe ways found to talk’.

In line with these recommendations, most researchers who have used Solomon’s (2007) method and/or variations of it in the HIV/AIDS settings in Canada and South Africa, specifically in the work undertaken with the Bambanani Women’s Group, Morgan (2003), for example, notes a psychologist was present. In addition, Brett-MacLean (2009) and Orchard et

\textsuperscript{73} As the work is located in the PRA work of Cornwall’s (2002), it is assumed to be MacCormack’s (1985) drawing technique.
al. (2014) indicate that they or other facilitators had undertaken training in the methods. Although they do not provide the reasons for this, it may be to do with the fact that Solomon (2007) says facilitators need therapeutic training to use her methods. In reporting on their HIV work in Belgium, Nostlinger, Loos and Verhoest (2015) noted that an artist and psychologist were present in their workshops to support participants. In their research, Kesby and Gwazura-Ottemöller (2007) specified that a qualified counsellor from a local NGO was available ‘...if children reported abuse’ (p. 75). Borrowing from Sweet and Ortiz Escalante (2015), Jager et al. (2016) note that the depth a researcher may go to in an interview or body mapping process will depend entirely on the group participants and the dynamics between them. Jager et al. (2016) also state ‘...body mapping used as research method may be inappropriate for use with people who have experienced trauma’ (p. 14).

To that end, Jager et al. (2016) infer that a skilled facilitator is needed to run body mapping workshops (therapeutically and other) because one needs to know how research participants may ‘embody’ experience and the distress this may cause if the issues are brought to the surface the facilitator needs to know how they will then manage the issues. Notably, in their systematic review of body mapping, Jager et al. (2016) encourage the development of body mapping methods because of their potential for global health interventions. Jager et al. (2016) state the potential for body mapping to be ‘...used as an interdisciplinary research method across diverse cultures to address critical issues in health and is amenable to sharing information between researchers and the public’ (p.15). According to Aboelela et al. (2007), it is these characteristics of body mapping that make it necessary for global health research.

4.4 Photography
4.4.1 Photography in Nepal

Prior to co-facilitating the half-day clay therapy workshop with trafficked women and girls and health professionals who reintegrated women back into the community in Banepa, Nepal, I also co-facilitated a photography workshop. In this session, I brought A4 photographs of my family from Australia: my daughter as a young child and myself in the delivery suite of an Australian hospital not long before I gave birth to my son. We used these photographs to facilitate discussion around pregnancy, childbirth, and other reproductive health issues. The

74 Solomon’s (2007) facilitator guide used to be freely available on the internet. However, it is no longer available, and it is my understanding – from research in 2014 – that there is the potential to elevate trauma without training. This was pointed out on the website where her manual was once available.
Nepalese women were fascinated by the photographs and expressed intense curiosity about my family life in Australia. However, the most memorable outcome for me was the shock of discovering the lack of knowledge Nepalese women had about their reproductive bodies. Even women who had given birth really had little to no understanding of the process of conception through to giving birth. In this reproductive health context, the photography process was invaluable and it facilitated incredible in-depth discussion about reproductive health issues.

4.4.2 Photography in reproductive health research

According to Hagedorn (1994, p. 45), ‘the use of photography as a research tool has been well documented in anthropology and sociology’. In addition, these fields have since grown to become fields in their own right known as visual sociology and visual anthropology. Harper (2012) argues that Ed Curtis, a nineteenth century filmmaker, Robert Flaherty, a twentieth century filmmaker, and anthropologists Gregory Bateson and Margaret Mead also contributed to the development of another field called visual ethnography. According to Hagedorn (1994), anthropologists Collier and Collier (1986) wrote the first text on visual research titled Visual anthropology: photography as a research method and sociologist Ziller (1990), in his book Photographing the self, discussed how photography can be used to analyse interactions between individual and their social worlds (Hagedorn 1994). The field of visual methods has since expanded and includes the work of Harper (2012) (sometimes considered to be a pioneer of visual sociology75), Pink (2014) (considered to be leading the field of visual ethnography), Banks (2001) (considered to be a leader in the use visual methods in social research) and Van Leeuwen and Jewitt (2001) (considered to breaking new ground on visual analysis). The photographic methods used within the fields have variously been called photo elicitation, documentary photography and photojournalism. In addition, photographic tools are now being used by researchers and research participants (Banks 2001; Liamputtong 2007).

However, photography is still a relatively new phenomenon in health research. According to Hagedorn (1994), Betty Highley from the USA introduced it through nursing research in an application called hermeneutic photography in which she ‘...used photography in a case study method to study a specific situation over time’ (p. 45) (see Highley 1989). The analysis of photographs was undertaken by the researcher. However, at around the same time, Wang and Burris (1994), also from the USA, pioneered a concept called ‘photo novella’ in which they gave women cameras - in rural (Yunnan) China - to enable them to capture and

75 Harper’s written work on various aspects of visual sociology can be traced back to 1982. See Harper (2012).
reflect on their lives, particularly their health needs (see also Wang, Burris & Ping 1996). The specific health needs of focus were related to reproductive health. According to Wang and Burris (1994), photo novella had a specific intention:

The goal of photo novella is to use people’s photographic documentation of their everyday lives as an educational tool to record and to reflect their needs, promote dialogue, encourage action, and inform policy. It does not entrust cameras to health specialists, policymakers, or professional photographers, but puts them in the hands of children, village women, grassroots community workers, and other constituents with little access to those who make decisions over their lives. (Wang & Burris 1994, pp. 171-172)

According to Wang and Burris (1994), photo novella was underpinned by theoretical literature on education for critical consciousness (i.e. the work of Paulo Friere\(^76\)), feminist theory, and documentary photography\(^77\). Wang and Burris (1997) later recognised that ‘…the terms photo novella, foto novel or photonovel have also been commonly used to describe the process of using photographs or pictures to tell a story or to teach language and literacy’ (p. 369). Therefore, they changed the term of ‘photo novella’ to ‘photo voice’. Since its development, Wang and Burris’ (1997) photo voice has been popularised in health research, including in reproductive health research across the world, because it is particularly suitable for use with vulnerable populations. According to Wang and Burris (1997):

The process of photo voice can affirm the ingenuity and perspective of society’s most vulnerable populations…photo voice is accessible to anyone who can learn to handle an instamatic camera; and, what is more, it does not presume the ability to read or write. (Wang & Burris 1997, p. 372)

Although I was originally interested in using photovoice in this project - and I found an isolated article from Nepal in which Morrison et al. (2009) used Wang and Burris’ (1997) method of photo elicitation to enable women from marginalised populations with a ‘lack of verbal fluency’ (p. 27) to communicate their experiences of being in women’s groups to help improve maternal and newborn survival in the rural district of Makwanpur (see Figure 1) - the application of it did not seem entirely suitable for this research. Photo voice was used as a primary research method, whereas I wanted to use it as a complementary method in the context

\(^76\) See Section 4.1 and Friere (2012)  
\(^77\) Wang and Burris’ (1997) method was also developed from efforts of community photographers/participatory educators to challenge assumptions about the representation and documentary authorship of photography and their own experiences of the application of it in the process in the Ford Foundation-supported Yunnan Women’s Reproductive Health and Development Program.
Chapter 4 | Research Methodology

of a group interview. As Wang and Burris (1997) have noted, ‘photovoice is highly flexible and can be adapted to specific participatory goals, different groups and communities and distinct public health issues’ (p. 370). Therefore, I initially considered adapting photo voice methods for use in this study. Then I stumbled upon a photographic technique which has received little attention in the field of photographic research methods – photoethnography - which seemed like a ‘fit’ for this research. According to Liamputtong (2007), visual sociologist Douglas Harper is the pioneer. Shuster (2009) says that ‘while the fields of visual anthropology and sociology are fairly established traditions within the disciplines, photoethnography is in its nascent form’ (p.10). Shuster (2009) even argues that photoethnography has, as yet, no real definition. Yet, there appears to be incredible potential to define photoethnography, explore its potential for use in PAR/PLA contexts and to use in reproductive health research, which underpinned my decision to use it in this study (see section 4.5.3).

4.5 Clay + Body Mapping + Photography = Clay Embodiment Research Method (CERM)

Drawing inspiration from my experience of using clay in Nepal, ‘thematic’ clay therapy ideas, ‘indirect’ body mapping techniques, tools and methods, and illuminations from a rich photography session undertaken with trafficked women and health professionals in Nepal, I designed the Clay Embodiment Research Method (CERM). In theoretical terms, the CERM is a multi-method approach comprising three research methods drawn from ethnography, an adaptation of the RRA/PAR technique of body mapping, and a photo elicitation technique, also from ethnography. Sharing a degree of interdependency with one another, the three methods are:

1. Critical Ethnographic Participant Observation;
2. A Series of Seven Participatory (Clay Embodiment) Workshops;
3. Group Interview/Photoethnography

4.5.1 Critical Ethnographic Participant Observation

Poignantly described by De Walt and De Walt (2011), participant observation offers an opportunity to get ‘inside’ a culture:

Participant observation is a method in which a researcher takes part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and their culture. (De Walt & De Walt 2011, p. 1)
Many ethnographic researchers who undertake research in a variety of cross-cultural contexts across the world use participant observation as a means to, borrowing from Jorgenson (1989), ‘gain entrée’ to the field. However, generally, they do so for extended periods of time periods. In the context of this study, this was not possible due to constraints imposed on my time in the field (i.e. five months). Although this was a challenge to my research, my prior knowledge experience of Nepalese and Nepalese culture aided in this process: I had been to Nepal five times and I had significant knowledge of the culture from my association with the Nepalese community in Australia. Therefore, participant observation was undertaken using a critical lens, that is, I entered the field with the intent to gain specific cultural insights. In addition, researcher reflexivity was part of my process. However, it, too, was challenged due to environmental conditions in Nepal during fieldwork. Fortunately, as Pelto (2013) has noted, participant observation was just one of numerous data-gathering tools.

According to De Laine (1997, p. 142), ‘the ethnographer enters the everyday world of the other to grasp socially constructed meanings.’ In the application of ‘other’, I refer to the young trafficked women and their worlds which deeply contrasted with my own. In this study, participant-observation was overt and, in collaboration with Asha Nepal and Centre for Awareness Promotion [CAP Nepal] (who became partners to the project during my fieldwork), I was introduced to staff in their organisations and trafficked/non-trafficked women and girls in their care as a reproductive health researcher prior to beginning participant observation. However, Asha Nepal asked me not to state, outwardly, to their girls that the research would be undertaken with trafficked women and girls. From my perspective, this was perceived as an effort to avoid re-stigmatising the young women\(^{78}\). According to De Laine (1997), DeWalt and DeWalt (2011) and Jorgensen (1989), participant observation can involve taking an active or passive role depending on the research context. Due to my knowledge of Nepali culture and the need to gain trust with the trafficked girls, Sabrina and I took an active role in participant observation, engaging in the daily lives of the research participants. This process was a ‘…flexible, open-ended, opportunistic process and logic of inquiry through which what is studied constantly is subject to redefinition based on field experience and observation’ (Jorgensen 1989, p. 23). According to Jorgensen (p. 21), ‘it is highly desirable for the participant observer to perform multiple roles during the course of the project, and gain at least a comfortable degree of rapport, even intimacy, with the people, situations and settings of research’.

\(^{78}\) See Section 6.15 for more information.
Gaining ‘entrée’ to the setting – meaning permission to observe the research participants – was discussed with Asha Nepal prior to beginning fieldwork and with CAP Nepal in the field. At Asha Nepal, we were encouraged to negotiate participant observation directly with the girls to enable us to work with them around their school, homework, domestic work, craft, tutoring and other schedules. Notably, this process opened my eyes to the expectations placed on Nepali girls to achieve an education. While education is being promoted (and all girls at Asha Nepal were at school), the girls must also fulfil traditional roles of domesticity at the same time to prepare them for the roles of being ‘wife’ and ‘mother’. For example, I was shocked to learn that sometimes the girls arose at four o’clock in the morning to do homework and chores before they left for a 6.30a.m. school start. After school, they often washed their own clothes by hand (in cold water) and did other domestic chores, such as cooking, cleaning and more as part of their responsibilities in the hostel. As we had limited time to get to know the research participants at CAP Nepal – because the research participants were living in the community – we did not have the same opportunity to observe potential research participants. However, the limited time available was valuable as we were able to meet groups of mothers and babies and observe their often-dynamic interactions with one another and learn a little about this group of trafficked women. In addition, we were able to observe staff communication with the women and gain an understanding of their relationships with them.

As I had planned to do before leaving Australia and in my ethics application, I spent time getting to know the individual research participants at Asha Nepal on my own for one month, then accompanied by Sabrina for another month. During this time, some of the trafficked girls informed Asha Nepal’s manager that they had trust issues with Sabrina. They were worried about the ‘gossip culture’ among Nepali women and they were concerned she would breach their confidentiality. However, the manager and the team leader of social work spoke to the girls about this issue and let them know Sabrina had signed a confidentiality agreement with me and Asha Nepal. They also relayed to them that I needed to work with a female Nepali interpreter for my research. This discussion seemed to allay their concerns. However, we had to work through this issue before beginning data collection. Sabrina also undertook some observations alone prior to recruiting research participants. During the workshops we also undertook participant observation so we could continue to gain the trust of the research participants, to pre-empt any challenges that might arise during further data collection, and to enable us to make amendments to any research processes if needed. This process also helped us to assess group dynamics and develop techniques to encourage quieter group members to participate.
During the participant observation phase, Sabrina and I ran some informal clay workshops with staff and/or women and girls at Asha Nepal and CAP Nepal to introduce them to the concept of the CERM. However, most importantly, we did this to enable the potential research participants to become familiar with the clay and other materials being used in the participatory workshops. This process was also beneficial in other ways: it also enabled us to ascertain whether we would have any practical issues using the clay, which, incidentally, we did (see Section 6.5). By engaging in a three-step process of critical ethnographic participant observation, we gained important insights into the socio-cultural worlds of the research participants, their embodied (body) experiences, their modes of learning and group dynamics.

Although I planned to engage in (written and audio-recorded) observational note-taking after visits to our organisations and after workshops, this process was challenging in Nepal because of the external environment during fieldwork (i.e. issues relating to the fuel crisis). In addition, I did not take notes in the presence of the research participants because I had already concluded, prior to fieldwork, that it would make the women and girls feel uncomfortable. This could have been deleterious to gaining their trust and impacted negatively on the recruitment process for the study. However, I carried a small journal with me and I recorded Nepali words and phrases taught to me by the women and girls and/or drew pictures and diagrams to help me remember things, such as words for body parts which became important to the research. The pages were often inscribed with memories of moments when I had learned significant things about the girls’ worlds. To the girls, this book became ‘Tricia’s Nepali words book’ and it became a counterpoint to developing trust with the women. It often caused moments of great hilarity for the girls when I tried to speak Nepali (and I showed vulnerability in relation to my poor Nepali language skills) and they, in turn, tried to speak newly-learned English words I exchanged with them (showcasing theirs).

One of the phrases I coined, ‘Mero pukka pukka ghala harayo’ (meaning ‘my fluffy/chubby cheeks got lost’) after losing extensive amounts of weight following a severe chest infection, thus ‘thinning’ my cheeks, will likely be memorialised by the girls and staff of Asha Nepal because I twisted their language to try and express myself in Nepali. The phrase was not accurate, but they found my ‘dramatised’ efforts extremely humorous. It then became expected that my next visits to the office (or hostel) would be accompanied by another newly-constructed comical Nepali phrase. Of course, this process also challenged me to keep learning Nepali. The girls at Asha Nepal also taught me, very significantly, how to say ‘mato ko khel’, or, that is, ‘play with clay’, which became important for this research. When we began the first series of clay workshops in the counselling room at Asha Nepal’s main home, some of the
children (i.e. non-research participants) learned the value of confidentiality regarding the clay workshops and made a poster for the door to ensure our sessions would not be disturbed. They labelled these posters in English and Devanagiri script as ‘Clay Work Going On’ (see Figure 6).

Figure 6: ‘Clay Work Going On’

4.5.2 A Series of Seven Participatory Clay Embodiment Workshops

As I have outlined, I was inspired by ‘indirect’ techniques of body mapping when I designed the series of seven participatory clay embodiment workshops that informed the design of the CERM. The CERM is innovative because it extends the traditional notion of body mapping as a two-dimensional drawing technique which is used to ‘visualise’ reproductive body parts into a three-dimensional body mapping technique and process using clay, which enabled the women to ‘visualise’ and ‘sculpt’ representations of their reproductive bodies.

Although I was aware of the risk of elevating reproductive trauma in indirect and direct body mapping approaches from my research, I was guided by the clay therapy work of Sherwood (2004) in the creation of the ‘thematic’ body mapping workshops to enable use to stay focussed on relevant reproductive body parts and/or reproductive health issues. Being cognisant of the fact that Nepalese women and trafficked women were likely to have very limited reproductive body knowledge due to cultural taboos around engaging in discourse around sexuality and marriage (as outlined in Section 3.9.2), I decided to keep the reproductive
body themes simple for the CERM. I also came to this conclusion after a discussion with the UNFPA and Y-PEER ASRH Educators in Nepal who also informed me that it was their experience that the women would unlikely know much about their reproductive bodies, so we should aim to start from basic knowledge foundations. Akin to other reproductive health researchers who have used body mapping, I decided to use a flexible interview questionnaire to help guide Sabrina and I through delivering the body mapping workshops. We adapted this questionnaire throughout the workshop process and often ‘in the moment’, if needed.

When thinking about the lines of questioning, I often had art therapist Mala Betensky’s (1995) concept of intentional ‘phenomenological looking’ (at art or images) in my conscious thought so I was ready to leap in and ask the ‘what’, ‘who’, ‘how’ and ‘where’ of issues related to the reproductive body. Sabrina and I also felt that the women and girls – even those who had used clay before – may need to familiarise themselves with clay in a research process. As we also wanted them to conceptualise being a woman or girl before full engagement in the workshops, Sabrina suggested adding a workshop to the CERM (see Section 4.6). Finally, I drew on my practical experience of working with clay in Australia and Nepal to help design the CERM. In my original research design, I had planned to undertake six participatory (body mapping) workshops. However, in Nepal, after we had piloted the CERM, Sabrina and I then added an additional workshop, which was placed at the beginning of the series of workshops (see Section 4.6). We also simplified the titles of the workshops in Nepal. As mentioned, as part of the CERM, we also used flexible interview questionnaires (see Appendix A and Appendix B for the the original flexible interview questionnaires. These were transcribed into Nepali before undertaking data collection). In the final research design, the CERM themes then became:

1. ‘I am a Woman/Girl’
2. Outer Female Reproductive Body
3. Inner Female Reproductive Body
4. Menstruation
5. Pregnancy
6. Male Reproductive Body
7. Outer and Inner Female Reproductive Body

In the clay workshops, each session theme was undertaken in the above sequential order. However, Sabrina and I gave the research participants a choice about changing the order

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79 This last workshop was added to enable us to revisit any unfinished work.
of ‘Workshops 5: Pregnancy’ and ‘Workshop 6: Male Reproductive Body’ because we knew these workshops would likely be sensitive. At Asha Nepal, the workshops were undertaken a week apart because we were able to plan around the girls’ schedules at the hostel. However, at CAP Nepal, at times, two of the workshops were undertaken in a day because the women had to travel on public buses with their babies to attend the workshops as they were living in the broader community. They were also experiencing transport delays in the fuel crisis, so, in as much as was possible, we did not want to extend on the time they agreed to give us. At the end of each workshop, the clay work of the research participants was photographed by myself or the women themselves. Although we gave the women a choice to photograph their own work, some wanted to and some, equally, did not. We also took several photographs of each of the clay works so we had reasonable quality images. Then these photographs, one from each workshop for all women, were chosen (by me) to be used in the group interview as the photoethnography tool.

The clay workshops were also audio recorded. Although Sabrina and I were unable to take notes in sessions due the intensity of the process, we made (limited) notes after each session and took detailed notes in our ‘debriefing’ sessions a day or so later. We did not debrief immediately as we often needed time to reflect. Sometimes we used clay in our own debriefing sessions to help us articulate issues such as, for example, group dynamics. Although I anticipated trust issues in relation to audio recording the clay workshops, I introduced the audio recorder - in a fun and relaxed way - to the non-research/research participants during the first two months of participant observation to familiarise them with it. (This was pre-planned to ensure we had no issues with audio-recording). For example, I taped a spontaneous singing session which we then played back to them. (It caused a lot of laughter when the young women heard the playback of their singing voices.) Thus, we had no audio recording issues. As many of the staff at Asha Nepal and CAP Nepal have mobile phones with audio recorders and cameras, they often audio/video recorded house events, such as their annual Christmas party, so the women and girls were accustomed to this process.

As anticipated, Sabrina and I actively engaged in the participatory clay embodiment workshops to enable the women and girls to feel comfortable using clay and to help facilitate discussion. After a few workshops, the women and girls took the lead in the clay work, and we only participated when we felt it was necessary to prompt for more information. However, there was still a shared sense of co-creating data. The duration of the clay workshops was different with each group workshop we ran, but in general, they lasted from 30 minutes to just over an hour. We used the women’s interest and energy level to guide the the duration of
sessions and we were sensitive to the fact that if they divulged a lot in a session, we should not extend the sessions for too long or prompt for too much more information. As we got to know the groups, we were able to gauge this energy level well. Sabrina was instrumental in guiding this process by listening to the women’s voices, and I – with her – ascertained it through observing the women’s body language.

4.5.3 Group Interview using Photoethnography

In a final session undertaken a week after the seven participatory (clay embodiment) workshops had been completed at Asha Nepal and CAP Nepal, we undertook Group Interviews using Photoethnography. We also undertook an individual interview due to circumstances beyond our control (i.e. one of the women withdrew from the workshops after ‘Workshop 5: Pregnancy’ for personal reasons). According to Liamputtong (2007, p. 96), ‘in depth interviews aim to elicit rich information from the perspective of a particular person and on a selected topic under investigation’. The rationale for using photographs in a group interview was based on the premise that people respond differently to interviews that use imagery and text compared to interviews that simply use words because there is a response to ‘two forms of symbolic representation’ (Harper 2002, p. 13). Collier and Collier (1986) frame photography as a bridge to communication. Sontag (1977) refers to it as ‘putting oneself into a certain relation to the world that feels like knowledge – and, therefore, like power’ (p. 4). According to Harper (2002), there is also a physiological reasoning underlying the way we interpret visual information compared to verbal information:

The parts of the brain that process visual information are evolutionarily older than the parts that process verbal information. Thus images evoke deeper elements of human consciousness that (sic) do words; exchanges based on words alone utilise less of the brain’s capacity than do exchanges in which the brain is processing images as well as words. These may be some of the reasons the photo elicitation interview seems like not simply an interview process that elicits more information, but rather one that evokes a different kind of information. (Harper 2002, p. 13)

In this reproductive health study, my rationale for using photoethnography (and to define it as such) was driven by the belief that the clay photographs would be ‘themed’ in ethnographies of the (cultural) body. They enabled us to return to the place where we had ‘documented’ information about the reproductive body. In other words, as Berger (1980) and Collier and Collier (1986) have described, we used them as part of a process to return to a situational place. While they refer to returning to a situational place in terms of location, in this
study this refers to the situational place of ‘where we undertook’ each themed workshop. The photographs enabled the women to delve more deeply into some of the ‘reproductive body spaces’ they had already reflected upon.

In the group interviews which lasted approximately one hour, we provided A4 photos of the clay works to the research participants - one or two from of each of the clay works of the research participants from each of the thematic workshops – in envelopes. We then used the flexible questionnaire to guide the group/individual interview process. Whereas we encouraged ‘uninhibited’ active participation in the clay workshops, we ran the group interview process similarly to a focus group. We posed questions to each of the research participants individually, then we asked the women and girls - at opportune times - to respond to the each other's photographs (if they wanted to). We also provided them with an opportunity to add anything else they might have wanted to say. This process enabled the women to delve more deeply into some the ‘reproductive body spaces’ they had already been in and we received profound and unexpected responses from the women because they were viewing enlarged photographs of their personal clay work. The women were also able to recall the process they had undertaken because they could also see the series of photographs of their clay work - from the first workshop to the last – and those of the other women. As used within the group interview process in our study, photography, or more aptly, the process of photoethnography, added a layer of richness and depth to our findings that was unanticipated (see section 6.3.3). Described so poignantly by Sontag (1977), ‘all photographs are memento mori. To take a photograph is to participate in another person’s (or thing’s) mortality, vulnerability and mutability’ (p. 15).

4.6 Pilot of the CERM

On Saturday 16 January 2016, Sabrina and I travelled to Bhaktapur to pilot the CERM. Bhaktapur is one of three large cities in the Kathmandu Valley. The people are predominantly Newari and the city is renowned for its ancient Buddhist and Hindu temples, arts and culture. Bhaktapur is famous for its pottery, especially its famous ‘Pottery Square’, so piloting the CERM in this city was very symbolic for us.

In Bhaktapur, Saru organised for Sabrina and I to run the pilot at the Mahendra Vidhya Ashram school located in Barahisthan on the fringes of the city, which Saru had attended when she was growing up. To undertake the pilot at the school, we had to seek formal approval (by letter) from the school principal. Saru arranged for four women from Bhaktapur Youth Information Forum (BYIF), which works on issues related to reproductive and sexual health and rights, to volunteer their time to undertake the workshop. As Saru volunteers for this
organisation, she had a point of access to women and girls which would otherwise have been difficult because of the nature of the research we had planned to undertake. (I hit a roadblock on this issue when Kamal, Communication Coordinator of Y-PEER, who had tried to initiate this process through his connections in Nepal’s schools. We were concerned we would have to get permission from the school and parents. Due to my foresight on this issue, I purposely organised for two people to work on initiating the pilot of the CERM, so we had a contingency plan.) The school provided us with a small room for the day, in which we planned to run two workshops.

As mentioned, four young women, all who had some degree of reproductive health education, volunteered their time. However, on the day of the workshop, only three women committed to the workshops: two Newari women aged 18 years, and a Tamang woman aged 23 years. The two Newari women had been formally educated in school and had been exposed to reproductive health education through the school curriculum. They had also attended BYIF reproductive health workshops. The Tamang woman had not been formally educated in school, but she had also received some reproductive health education through BYIF. The Newari women were transitioning into higher education and the Tamang woman ran a small shop. Saru organised for us to have ‘chai’ (tea) during the workshop, and for all of us - including Nirmala who joined us to provide insights on the clay work after the pilot - to share ‘momos’ (dumplings)\(^80\), chips and drinks, at the end of the workshop. I also organised gifts for Saru who donate her time to help us and for the women who participated in the workshops.

Prior to running the CERM pilot, Sabrina and I spent a significant amount of time discussing how to approach the session for the day. After doing so, we decided to run the CERM workshop that we envisioned would be the most difficult for the women to undertake using clay: menstruation. We planned to use clay to initiate discussion and then photograph the clay work for use in a group discussion later in the day. However, this process did not occur as planned because, after doing the clay work, the Tamang woman was eager to get back to her shop. (We concurred that it was probably because she was losing income by participating in the workshop.) However, we were grateful for her time and for the content she shared - because it was poignant. We ran the menstruation session in the morning and had a general dialogue about the clay work in the afternoon.

\(^80\) A ‘momo’ is a type of dumpling that is native to Bhutan, Nepal, Sikkim and the Darjeeling district of India.
Sabrina and I set up the workshop in the manner that we hoped to run the series of workshops. We placed cushions in a circle on the floor and layed the clay mats in front of them in the way we imagined sitting with the women in a workshop. This process was not unlike the way women normally gather in Nepal, so we knew it would be very familiar for the research participants (see Figure 7). Sabrina and I planned to face each other, with the women sitting opposite, to our left and right sides. This would enable Sabrina and I to connect with each other, whilst observing the women: we could listen to their voices, note their body language, and have an unobscured view of their clay work.

*Figure 7: Sabrina sets up the clay for the CERM pilot*

During the pilot, we gave the women simple instructions to create whatever they knew about menstruation in clay. At first this process was difficult because the women could not think of a way to represent menstruation, especially in relation to the inner body. The Newari women who had received school education eventually created uteruses and menstrual pads, including menstrual blood (see Figure 8). The Tamang woman was initially resistant to engage with the clay because she did not know what to do with it. However, Saru, who was with us
for the first part of the workshop coaxed her through this resistance. Sabrina and I also participated at a superficial level to show her how to use the clay. After Saru left, we then started asking questions about menstruation and menstruation processes. One of the issues that emerged immediately is that the women could not explain where the ‘bleeding’ comes from during menstruation. However, the two Newari women had a sense that it came – somehow – from the uterus. When we questioned the women about the age at which they first menstruated, the Tamang woman then proceeded to discuss menstruation traditions and practices as she had experienced them in her village: secluding women at menstruation, not touching utensils in the kitchen and more. She revealed a lot of information.

The Newari women also spoke about menstruation rituals. However, for them, the former ‘seclusion rituals’ had been changed to become celebratory rituals for entering womanhood; the first menstruation experiences had been remembered as positive experiences with their families. In this same session, we also managed to do some clay work around pregnancy. None of the women had given birth and we observed - through their work - that pregnancy was represented as an outer body experience. During the pilot, we also practised audio-recording so we ascertain if the audio volume was adequate. (I had tested the audio recorder elsewhere in Nepal, so I was aware of some of the environments in which it would not have worked well. Later in the fieldwork, I also recorded a session on the rooftop at CAP Nepal and the audio recorded picked up a lot of peripheral noise, so we were unable to use a private outdoor space that was initially offered to us for the clay workshops.) We explained to the women that the audio recording was for use for my personal records and that none of the recordings would be used in any part of my thesis. We also asked permission to take photographs of their clay work for our learning. None of the women had any objections to this process. As we participated in the clay work and began observing the women closely, we also discovered we could not take notes due to our hands being covered in clay. However, I did not view this as an issue as I believed we could notate afterwards and we would have audio-recordings of sessions to refer back to.
Figure 8: Menstruation in clay

Figure 8a

Figure 8b
During the pilot, we found the process of working in a small room to be intimate; it felt safe for the women. The formation of the group circle was perfect. Thus, we agreed to proceed with this placement in the forthcoming series of workshops. Sabrina and I felt that the circular formation enabled us to connect well and do the necessary observational work. We also realised we would need to depend on eye contact to give each other signals to prompt the women - which was not unexpected – and that this process would also necessitate working in the clay at a very superficial level so we could observe the clay content and/or listen to issues the women discussed which were not represented in the clay. As the Tamang woman was particularly resistant to engaging in the clay work (mostly because she did not know how to represent menstruation rather than not wanting to engage with the clay which she divulged later), we felt that we needed to allocate another workshop (as discussed earlier) at the beginning of the series of workshops. Interestingly, the other Newari women enjoyed working with clay and had no trouble with engagement.

After seeking ethics approval from Deakin University Human Research Ethics Committee [DUHREC] by email, we made a formal amendment to the series of workshops. The rationale for this was driven by two factors; (i) giving the women an opportunity to ‘warm-up’ to the clay process at the beginning of the workshops series, and (ii) giving the women time to conceptualise ‘being a girl’. This led to the addition of a new ‘Workshop 1: ‘Ma keti hu (‘I am Woman/Girl’)’ to the workshop series. We then also created a new consent poster for this
workshop. From the pilot, we also discovered that sometimes we had to prompt the women to talk about their clay work, while at other times it facilitated unprompted, rich, in-depth discussion. The pilot also reaffirmed that we needed to keep our line of questioning very simple; we ‘trialled’ some of the questions from the flexible questionnaire developed in Australia and the simple questions seemed very appropriate.

At the end of the pilot workshop after some of the women had left, Nirmala observed an inaccuracy in the clay work Sabrina had made of her inner female reproductive body and, from this, she learned something about a reproductive health issue she did not know about. From this discovery, I realised that the research workshops might be educative for Sabrina. I also became cognisant of an issue that I knew I needed to address before the beginning of data collection: I had to caution Sabrina about providing too much information about reproductive health issues to the women during the workshops because she often became overly-excited by the discoveries she was making and might potentially ‘deliver’ educative information in the research. As the weather was cold on the day we ran the pilot, we also had some practical issues with the clay. The clay became hard making it difficult to work with, and we also had to clean up very cold winter conditions which was not pleasant. As a result, cleaning took a lot of time (see Section 6.5). As we were not able to access clay in Bhaktapur, we also had to bring the clay and research tools with us. Suffice to say, portability was an issue then and also at a later date (see Section 6.5). As the clay was too heavy for Sabrina to carry, I took responsibility for it. However, I did so for another reason: I had become precious about the care of the clay because was such important tool in our research process that I wanted to ensure nothing happened to it.

From the pilot, Sabrina and I realised that we would likely need no other materials for our research apart from the clay because it had set the foundations of things to come. In other words, we would not need to undertake any other forms of body mapping as I had anticaped (in my DUHREC ethics application) that we might need to do. In addition, we would not need pens, pencils, paper, or any other tools. This was particularly difficult for me ‘to let go of’ as I wanted a contingency plan for ‘What if?’ moments. However, I followed my intuition that clay would be enough, and supported by Sabrina, it was.
4.7 Partner Organisations

4.7.1 Asha Nepal

As mentioned earlier, my primary partner organisation for this research project was Asha Nepal\(^{81}\). Based in Kathmandu, Asha Nepal is a small human rights organisation that work towards the social and economic empowerment of Nepali women and children affected by sex trafficking and sexual abuse. It operates as a Non-Government Organisation [NGO] in Nepal and is also UK-registered charity. Philosophically, Asha Nepal is person-centred and aims to achieve ‘What’s best for the girls’. In 2014, they were cited by the Ministry of Women, Children and Social Welfare [MoWCSW] in Nepal as an example of ‘best practice’ for working with victims of sex-trafficking (P. Bashford, Chairperson, Asha Nepal (UK), conversation, October 2014). My relationship with Asha Nepal developed from working on an art therapy and women’s reproductive health program for trafficked women and girls in Nepal with the Australian organisation, Art 2 Healing, in 2011. I had established a trusting relationship with Smriti Khadka (see Prologue). Throughout the project, Sabrina and I worked closely and collaboratively with her and the staff team in Nepal, but we also maintained close contact with Peter Bashford, the UK founder.

At the time this study was undertaken, Asha Nepal had approximately 100 children (girls and boys) in their care in foster homes and hostels for girls, many of whom were being provided with educational opportunities up until 18, after which they transitioned into living in the general community. They also provided support to many women over 18 who were living and working in the community and wishing to continue their education and some families. It was very important to me to work with a ‘known’ organisation for this research as many anti-trafficking organisations and orphanages caring for children in Nepal have been implicated in the trafficking of children. Smriti also warned me about these issues. From the beginning of my fieldwork in Nepal, Smriti and the Asha Nepal team welcomed Sabrina and I ‘into their fold’ and encouraged our weekly efforts to drop into their main office and keep them updated on the progress of the research as we were working with the women and girls in two distinct houses. It was a very respectful working relationship and we had no difficulties discussing challenging issues as they arose, including (as mentioned earlier) the women’s initial rejection of Sabrina as my research assistant.

\(^{81}\) For more information, see Asha Nepal: http://www.asha-nepal.org/pages/home/
At Asha Nepal, we were able to access a small group of women who fitted the inclusion criteria for the research from the young women living in their hostels. They then consented to participating in the study. Asha Nepal were also able to access some women living independently in their community who were also working and studying. However, just prior to the consent process being undertaken, Sabrina and I were concerned that they were ‘time poor’ and, perhaps, attending the (preliminary) research workshops out of a duty to participate. When we raised this issue with them, they both indicated that they were interested, but inferred they trying to manage a lot of different issues in their lives. As we did not want to pressure them to participate, Sabrina and I decided to leave the counselling room where we were undertaking the consent process to give the women time to consider what they wanted to do. When we returned to the room to listen to their decision, they both indicated they were eager to participate, but final school exams were impending. When we probed into the issue, one of the women then looked at me directly and said, ‘we want to put our education first’. Sabrina and I were both enamoured by this response because we knew what education meant for these women and girls: it could delay early marriage, early childbearing, and so much more. We acknowledged the importance of this decision and gave them our full support; the smiles on their faces were irrepresible. As it was one of the young women’s birthdays, we then played with clay (including creating a cake in it) and celebrated the moment as if we were ‘birthing’ a new beginning for them. Instead of feeling disappointed that we had ‘lost’ two research participants, we honoured the fact that we had not disrupted the education of these young trafficked women and their chance to create a new and brighter future.

4.7.2 CAP Nepal

As Asha Nepal could only provide access to a limited number of women and girls who fitted the inclusion criteria for this study, I was faced with the need to identify another partner organisation in Nepal who might be willing to work with us on the research. Asha Nepal then approached some reputable anti-trafficking organisations on my behalf. At first it was difficult to get responses from them. However, an organisation that showed interest was CAP Nepal82, and I knew some of their staff from my work with trafficked women and girls in Nepal in 2011. After a meeting with the team from Asha Nepal, CAP Nepal agreed to work with us and, after we made an amendment to the DUHREC ethics application to bring another partner organisation on board, we were able to work with them. During the aforementioned meeting,

82 For more information, see CAP Nepal: http://www.capnepal.org/
one of the staff at CAP Nepal also remembered the clay workshop I had run for trafficked women and girls in 2011 in Banepa; it was an amazing recollection. Then I recalled that I had - at their previous hostel under a former manager - also run an art therapy workshop for their young trafficked girls.

In the beginning, I found I needed to clarify with CAP Nepal that I was no longer working as an art therapist and that my research was a reproductive health study, in which I was using art therapy tools. However, this challenge was overcome when I ran the clay workshop with their staff, women and girls because I was able to articulate the difference between art therapy and a reproductive health research process. The CAP Nepal team were able to get a number of women interested in participating in the study. However, when a group of women arrived at a meeting to discuss the workshops, two or three of the women told staff that they had returned to sex work. As it was part of our exclusion criteria not to work with women who were currently working in the sex industry so as to ensure we had an homogenous group of formerly trafficked women, these women were not able to participate in the study. In addition, CAP Nepal wanted to encourage two young trafficked women who had just entered their care to participate. We were forced to decline this opportunity to undertaking research with these women due to the likelihood of recent reproductive health and/or trafficking trauma. However, two women from CAP Nepal’s extended community did meet the inclusion criteria for this study and were, therefore, able to participate in this research.

4.8 Purposive Sampling

In this study, purposive sampling was employed. According to Oliver (2006) purposive sampling is ‘a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research’ (p. 245). As part of this process, I employed inclusion and exclusion criteria based on my best knowledge of the group of trafficked women from extensive research on the population. Although we hoped to recruit 10 trafficked women to the study (as approved by DUHREC), we had difficulties with recruitment due to access to the women and girls and the inclusion and the exclusion criteria we applied. However, we worked closely with Asha Nepal and CAP Nepal to try and ensure maximum variation sampling in our small research sample.

As this study was undertaken with trafficked Nepali women, the women and girls needed to be born in Nepal. As Asha Nepal and CAP Nepal are based in Kathmandu - and I
had a limited time frame to undertake the study - all research participants also needed to be living in urban Kathmandu and it surroundings. As research has reported that traffickers do not discriminate on the basis of ethnicity or religion regarding trafficked women and girls, we aimed to ensure that the women came from a variety of both. As mentioned in Section 2.7 (Footnote 35), we did not defer to caste status to support Nepal’s outlawing of the caste system and so as not to stigmatise the women by caste. The age range of the women and girls was intended to be 13 to 18 years, but we were forced to amend this to 13 to 22 years due to issues of access to trafficked women in Nepal. It was also a pre-condition of the study that all women had entered the reproductive life stage, or, that is, menstruate (i.e. had begun menstruating) because we were exploring factors related to the reproductive health of trafficked women and girls. This age range encompasses the definitions for adolescents and youth as accepted by United Nations Children’s Fund [UNICEF], World Health Organisation [WHO] and UNFPA: Adolescents: 10-19, Young People: 10-24, Youth: 15-24 (United Nations Youth [UNYouth] 2013). In addition, it acknowledges the different cultural interpretations and understandings of women and girls. We planned to recruit trafficked women and girls who were unmarried, married women and/or formerly married women, and also women may have been pregnant and/or had children.

Having women of all educational backgrounds and abilities was also important to this study. Suffice to say, the methods were planned with illiteracy issues in mind. We also assumed we would likely recruit illiterate women as most trafficked women and girls come from impoverishment in rural regions of Nepal and educational opportunities are often denied to them. As three trafficking pathways are generally spoken about in Nepal - trafficking in Nepal, trafficking to India and trafficking outside the region of South Asia - no exclusions were set in relation to this issue. In addition, as Nepali women are often trafficked via primary and secondary pathways, such as, firstly, into domestic work and, secondly, into the sex industry, this nature of these trafficking pathways was also open.

However, as this study hoped to recruit women who were no longer working in the sex industry to ensure some sample homogeneity, women who had returned to sex work were excluded from participating. So too were pregnant women and girls due to their potential vulnerability to, for example, pregnancy from rape. It was intended that all women had undergone psychological assessment (as deemed appropriate by Asha Nepal and CAP Nepal83)

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83 Psychological assessment occurs when trafficked women are referred to these organisations. It appears that sometimes these assessments are undertaken by Nepali-trained counsellors and/or psychologists, but the extent of these assessments was not well known.
to ascertain their suitability for participation in the study due the possibility that women could be psychologically unstable and therefore, potentially disrupt the study. Furthermore, it was important that the women and girls had not contracted HIV/AIDS as it was outside the boundaries of my professional expertise to work with them in this research. Accessing these women and girls would also – likely - have been difficult and the requirements of specialist medical care could have impeded the completion of the study within the required timelines. However, it was anticipated that some women and girls may have had Sexually-Transmitted Infections [STIs] and other health issues, which were not considered impediments to participating in the research.

4.9 Limitations of the Study

From the outset, this study had several limitations imposed on it. These related to the complexity of the cross-cultural environment for me as a researcher, the cultural sensitivity of the reproductive health study, the age range of the research participants, the high level of vulnerability to reproductive health trauma of the research participants, and the expected illiteracy of some research participants. In addition, Asha Nepal - as a small organisation – asked me to be sensitive to their limited time and human resource capabilities. This became especially important during the India-Nepal border blockade when resource constraints (of many kinds) became even more apparent. This was also an issue I was cognisant of when collaborating with CAP Nepal. However, neither Asha Nepal nor CAP Nepal ever made us feel that we were a burden to them during fieldwork. Furthermore, as an Australian researcher, I also had financial and time constraints imposed on me in the field: I was only funded for a five-month period of fieldwork in Nepal on my Australian Government ‘2015 Endeavour Research Fellowship’ (as previously mentioned). I also had visa restrictions to comply with upon entering Nepal: I could only spend five months/150 days (in a calendar year) in the country. Due to these constraints, I was also only granted permission from DUHREC and Nepal Health Research Council to undertake research with a maximum of 10 research participants.

4.10 Consent

In this study, three levels of consent were gained: organisational, guardianship and individual. Asha Nepal and CAP Nepal were both provided with a ‘Plain Language Statement’

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84In my presentation to the Nepal Health Research Council, one of the ethics committee members articulated that the research was ‘culturally-sensitive’.
(translated into Nepali) and gave written consent in the form of letter for the trafficked women and girls in their organisations and/or their beneficiaries to participate in this project (see Appendix C and Appendix D for copies of these letters). As the parents of the trafficked girls are often estranged from their daughters, they were unable to fill the role of legal guardians. Therefore, Asha Nepal were the secondary guardians to the trafficked women and girls and were fully responsible for their daily care. As CAP Nepal encouraged community women to participate in the project (i.e. their beneficiaries) they also acted in loco parentis for their participants. In addition to providing and signing letters, both organisations also signed ‘Guardianship Consent forms’ (also translated into Nepali) for the participants in their care which were signed by staff who worked more directly with these women and girls (see Appendix E). In consultation with staff at Asha Nepal and CAP Nepal, Sabrina and I worked closely together with them to identify suitable research participants to recruit to this study, based the inclusion and exclusion criteria as outlined in Section 4.8. We ensured that all research participants were fully briefed about the project and consented to participate in this research of their own volition. Women over 18 were able to freely consent and women under 18 were also given this opportunity in accordance with Article 12 of the United Nations Human Rights Office of the High Commissioner [OHRHC] (2017a), *Convention on the Rights of the Child [CRC]*, which enables children to participate in decision-making that affects their lives. In this study, it was also extremely important that the research participants gave their own consent to participate because some of the girls had been trafficked into the sex industry by their families and/or family members.

The process for consent for the trafficked women and girls was undertaken using verbal and visual processes. Firstly, Sabrina and I verbally outlined the nature of the study and the requirements for participation using a ‘Plain Language Statement for Verbal Consent’ (also translated into Nepali) (see Appendix F). Secondly, we then used A4 posters (using photographs/visual imagery) and a small fabric doll to explain the themes of each of the participatory clay embodiment workshops and the focus of the group interview using photoethnography (see Appendix G). Another A4 poster was used to explain the process of audio recording, photographing the clay work and publishing a thesis/journal articles (see Appendix H). The women’s individual consent was then taken verbally and audio-recorded. All written information was forward/backward translated to ensure the cultural context was appropriate. This process was undertaken by Dr. Sabrita Kaphle in Australia and cross-checked by Sabrina. As a requirement of the Nepal Health Research Council, thumbprints of the women were also taken. Six trafficked women and girls consented to participate in this study. The
women and girls were compensated for their time through the gift of a doll kit, chocolates and a certificate of participation which was designed by Nirmala and signed by Sabrina and myself (see Appendix I).

4.11 The Six Trafficked Women

4.11.1 The six trafficked women and group construct

The six trafficked women who participated in this study were Aisha, Indira, Niuresha, Rosina, Soniya and Sulob who – apart from possibly Indira – appeared to have been trafficked into the sex industry in Kathmandu before reaching the age of 18. All the women were from rural regions of Nepal and all were from impoverished home environments. The names of the women as they appear here are pseudonyms chosen either by the women themselves (i.e. the young unmarried women) or myself (i.e. the older married women) to protect their personal identities. The process of choosing their own names was a particularly empowering experience for the women who chose to do so because they selected names they liked, made up, and/or modelled from women whom they valued in their lives. In some cases, pseudonyms have also been used to de-identify other key people in the women’s lives, such as the names of children, friends and/or relatives or family members and other. These names were chosen by me.

In this study, the workshops were undertaken in two groups. Aisha and Indira formed the first group. Niuresha, Rosina, Soniya and Sulob formed the second group. Although we had hoped to be able to combine a group of unmarried women who did not have children with women who were married and did have children, this was not possible due to issue of access to the women at Asha Nepal and CAP Nepal. This was not possible as the organisations were not in immediate proximity to one another and transport issues to one or other organisation in the fuel crisis resulting from the India-Nepal border blockade prevented it. Also, the women’s familiarity with one another due to connections to their respective partner organisations made it easier to work with women related to their individual organisations. Aisha and Indira also had to travel with their babies to meet us at CAP Nepal and it was very difficult for them due to transport delays. Although CAP Nepal paid their transport costs, which we discovered at a late stage in the workshops, this was little compensation for the practical challenges. We adjusted the series of workshops to help with this matter (see Section 6.3.2 for further discussion on this issue). Niuresha, Rosina, Soniya and Sulob were living at one of Asha Nepal’s hostels so our point of access to them was also much easier. While combining the groups would have been ideal, it was simply not possible for all the practical reasons outlined.
4.11.2 ‘Aisha’

Aisha, who identified as Chettri, was Hindu and aged 20 years. She was married and had a daughter, Laxmi. She had never been to school because her family was too poor to educate her and other daughters. Although her place of birth was recorded by CAP Nepal as Shankharapur (Sankhu) on the fringes of Kathmandu Valley, some doubt was expressed by staff about this and it is believed that she may have been born in the east of Nepal and migrated to Sankhu at a later time with her family. In appearance, Aisha also did not look like a woman from the Chettri ethnic group and in one of the workshops where her ethnicity was discussed, she gave us the impression she was not Chettri because she circumvented questions about her identity. Aisha was trafficked – via a restaurant - into a dance bar in the Kamalpokhari district of Kathmandu by an actor who came to do a performance in the village of Sankhu. However, she also indicated in the workshops that her husband may have been involved in the trafficking network as she claimed that he introduced her to dance bar work. We think she spent an extended time working in the industry. During her time working in the dance bar, she was promised a wage of $3000NPR (approximately $30US) a month, which she was never paid. Aisha is thought to have come from an unstable home environment (i.e. experienced possible domestic violence related to her father), prior to trafficking, sexual abuse during trafficking, and sexual abuse from a paternal uncle in her husband’s family (a joint family unit) she lived in following her marriage. At the time of this study, she was residing in Jorpati, Kathmandu, with her husband and daughter with no extended family. She was being supported by CAP Nepal to start a business, probably a butcher shop.

4.11.3 ‘Indira’

Indira was Buddhist and from a Magar Community. She was aged 22 years and married with a son, Aarjan. She was born in the Myagdi district in Mid-West Nepal. She was lured into waitressing work in a cabin restaurant to support her impoverished family before being asked to perform sexual activities. Later, she was trafficked into a dance bar in the Chabahil district of Kathmandu. We are not sure how long she spent working in the industry though we think it was an extended time. She had an opportunity of an education to Class 12. At the time this study was undertaken, she was living in Jorpati, Kathmandu with her husband and was being supported by CAP Nepal. Indira withdrew from the study after ‘Workshop 4: Menstruation’ for personal reasons. We became aware of the reason, but it is sensitive so cannot be revealed in this study.
4.11.4 ‘Niuresha’

Niuresha was Buddhist and from a Tamang Community. She was aged 17 and unmarried. She was born in the Nuwakot district in Central Nepal. She was trafficked by her own family into hotels and later guest houses around Kathmandu. Her experience lasted a few months. Niuresha had been in and out of school because of her trafficking experiences but was currently in school at the time of the study. She lived in one of Asha Nepal’s hostels for girls in Dhapasi Heights, Kathmandu. Her younger sister was also in the care of Asha Nepal and living in a separate home. As she was approaching 18 and could no longer live in the girls’ hostel, Asha Nepal was implementing a plan for Niuresha to live in the general community while she worked and continued to study. Asha Nepal aimed to support her during this transition and she was to remain a beneficiary of their care.

4.11.5 ‘Rosina’

Rosina was also Buddhist and from a Magar Community. She was aged 14 and unmarried. She was born in the Myagdi district in Mid-West Nepal. She was trafficked into a hotel in Kathmandu by her stepfather where she was then sexually-abused. In the study, Rosina’s home environment was revealed to have been ‘volatile’. She was currently in school and living in one of Asha Nepal’s hostels for girls in Dhapasi Heights, Kathmandu, but plans were in place for her to return to the Myagdi district – as per her wish – to live with her mother. Fears were held for her safety in relation to the potential of being re-trafficked because of the family living environment. Rosina said her aunt referred her to Bishwa Nepal before she came to Asha Nepal to help her transition out of the sex industry. She was believed to have been in the sex industry for approximately one year.

4.11.6 ‘Soniya’

Soniya identified as Hindu and Chettri. However, according to her surname and other evidence, she was Brahmin. She was unmarried, 18 and born in the Lalitpur District in Central Nepal. Soniya was trafficked into a massage parlour by her sister-in-law where she experienced sexual abuse. Her experience only lasted only a few weeks because she escaped from it. Soniya was in school but had been in and out of the education system due to her trafficking experiences. Before trafficking, she had also been sexually-abused. She was also living in one of Asha Nepal’s hostels for girls in Dhapasi Heights, Kathmandu. At the time of the study, Asha Nepal was negotiating a return to family while she continued to study, work and live in the community. She was also to receive continued support from Asha Nepal.
Chapter 4 | Research Methodology

4.11.7 ‘Sulob’

Sulob was Buddhist and also from a Tamang Community. She was aged 18 and unmarried. She was also born in the Nuwakot district in Central Nepal. She was trafficked by a friend into a restaurant, which acted as a front for the sex industry. Her experience also lasted only a few months. Sulob was in school but had also been in and out of school because of her trafficking experiences. She was currently living in Asha Nepal’s hostel for girls in Dhapasi Heights, Kathmandu, but plans were in place for her to live in the community while she works and continues to study. Asha Nepal planned to continue to support her. Sulob was particularly anxious to begin living an independent life.

4.12 Data Analysis

In this study, the data were analysed using Guest, MacQueen and Namey’s (2012) Applied Thematic Analysis (ATA). The rationale for using this approach is that it is best suited to applied research. According to Kothari (2008), research can be defined in two ways:

Research can either be applied (or action) research or fundamental (to basic or pure) research. Applied research aims at finding a solution for an immediate problem facing a society…whereas fundamental research is mainly concerned with generalisations and the formulation of a theory (Kothari 2008, p. 3)

This study was concerned with exploring the reproductive health knowledge and experiences of young women who had been trafficked into the sex industry in Nepal with an intended pragmatic application: to improve their reproductive health education and reproductive health support.

According to Guest, McQueen and Namey (2012, p. 4), ‘briefly put, ATA (Applied Thematic Analysis) is a type of inductive analysis that can involve multiple analytic techniques’. Their methodological framework focuses primarily on the analysis of qualitative data within an interpretivist paradigm, but it can also be used for quantitative data analysis within a positivist paradigm. Guest, MacQueen and Namey (2012) argue that ‘hypothesis-driven’ approaches can be used for qualitative data analysis, but they are not often used in social/behavioural research because inductive, exploratory analyses are more highly favoured. Their framework focusses predominantly on analysing text, such as field notes or transcripts from focus groups or individual interviews and text from observational note taking (Guest, MacQueen & Namey 2012). However, their techniques can be applied to visual images to gain additional nuances in the data (Guest, MacQueen & Namey 2012).
The data for this project were derived from three sources:

1. Audio recordings
2. Nepali transcriptions/English translations
3. Photographs of clay work

Before the data were analysed, the audio recordings were transcribed into Nepali, then translated from Nepali into English and, finally, cross-checked for any inaccuracies in contextual meaning. The data were transcribed by Sabrina. Initially, she undertook the process of translation into English alone. However, as completing this task in my fieldwork timelines was challenged by electricity outages in Nepal - at Sabrina’s home electricity was only available in the early hours of the morning due to the load-shedding schedule, which resulted in her becoming fatigued - this process was undertaken collaboratively towards the end of the translation process. This proved beneficial as we were able to reflect on the workshop processes in significant depth and check the context of some of the conversations together. Notwithstanding, this process also enabled me to become extremely connected to the data before leaving Nepal in ways I could not otherwise have done in the workshops due to the need to maintain eye contact with Sabrina and concentrate on the women’s body language and tones of their voices. In the latter stage of this process, we worked at Ting’s Tea House in Lazimpat where we often met to discuss the workshops after they had taken place and Newa Chen Guesthouse in Pātan where I stayed after data collection. Both places had 24-hour electricity because of generator support and staff were happy for us to work there because they knew us. Suffice to say, we celebrated the completion of the translation process together at Newa Chen; we both squealed, simultaneously with delight and laughter when this occurred. Nirmala also cross-checked the transcriptions and English translations before I left Nepal. On my return to Australia, Sabrina and Nirmala continued to play support roles. They continued to check the translations for me and provide important context related to a few issues I had concerns with. In addition, they also verified some details in the photographs that Sabrina and I had not observed in women’s clay work during the workshops and/or when we or the women had taken photographs in the workshops.

The data sets were complex to analyse due the participatory conversations between Sabrina and I and the women and the intersecting nature of many of the issues that emerged. While the CERM themes provided a ‘guidepost’ for my beginning, it was necessary to find a variety of other methods and techniques to ‘get inside’ or ‘underneath’ the rich layers of data. To that end, I analysed the data by, firstly, reading and re-reading the Nepali
transcriptions/English translations on my computer and in hard copy. Secondly, I ‘rough coded’ the data by hand on hard copies of the translations. I particularly noted intersections between material and I also highlighted details using highlighter pens. I also used a variety of mind-mapping techniques on large sheets of paper when I was struggling to make sense of the data. In addition, I tabularised information to ‘try on’ themes and sub-themes, including looking at intersections with the photographs of clay work. I used content analysis to analyse the photographs, primarily because most of the content in the photographs was self-evident. However, in the latter stages of looking at the photographs, I noticed a cultural detail (i.e. a ‘patuka’) in one of the menstruation photographs that required cross-checking with Sabrina and Nirmala by email (see Section 5.6.5 and Figure 14e). I also created a PowerPoint presentation to try and articulate ‘my thinking’ to my primary supervisor. One of the most beneficial processes I undertook during the data analysis process was looking at the data for sustained periods, then stepping away from it for reflection. When I did this, one of the most fascinating things occurred: I would fall into a deep sleep at night, then in the morning, the deepest insights would emerge on waking. Headings, sentences and words would often enter my conscious thought. I became so accustomed to this process that I put a clipboard and note paper on the breakfast table ready for the ‘morning explosions’. The process was exciting, and I learned to trust it because this (and writing to these insights) led to firmly analysing the most complex components of the data. I also found that presenting at a post-graduate seminar at Deakin University (November 2016), the Asia-India Institute Post-Graduate Conference (December 2016) and a panel discussion for International Women’s Day at Deakin University (March 2017) helped me to articulate my findings and clarify details that I was struggling with. However, I was cognisant that I, at times, overanalysed some aspects of the data in my excitement to try and make sense of it all. I also acted a lot on my intuition about the meaning of the data, and it was not until six months or so into the writing up my findings that I had the ‘aha’ moment that it was complete; it was a joyous experience.

While most of my data were analysed in Australia, I also undertook data analysis in Nepal in October 2016. This process of returning to Nepal enabled me to meet and/or talk with Sabrina and Nirmala to discuss a few issues in the data. However, it also raised some ethical dilemmas for me in relation to representing the six women’s voices in the study when one participant had withdrawn and how to explain violence issues in the writing up of my thesis in a way that was considerate of Nepali women. I particularly learned that using the word ‘violence’ was highly-sensitive, particularly when referring to women’s violence against women. Upon reflection I believe this was driven from the fact that violence against women is
so prevalent in Nepali culture, and many forms of it cannot – as yet – be spoken about openly. I also felt that many of the women I knew had experienced it and/or were still experiencing it in their daily lives; it was very ‘close-to-home’ 85. In a study on sexual violence with married women, which is considered to be the most comprehensive (to date) on the prevalence and association of violence against women in Nepal, Lamichhane et al. (2012) have noted that one of the limitations to undertaking research on sexual violence was that ‘violence experience may have been underreported because of the sensitivity of the subject’ (p. 8) (see also Puri et al. 2012; Puri, Shah and Tamang 2010; Puri, Tamang & Shah 2011). This occurred even with using adequately trained research assistants who were skilled in interviewing and building rapport (Lamichhane et al. 2012) (see also 6.4.1). Thus, on the basis of this discovery, I became very cautious about using the word ‘violence’ in the writing of my findings. In addition to these issues, I also struggled with the notion of having to de-identify women and their places of origin and/or other places they were connected to because this information was crucial to explaining the context of some of the reproductive health concerns for women of ‘particular’ ethnic groups. In other words, I really wanted to ensure that all of the women’s personal stories and experiences were ‘heard’. I also felt that revealing some issues related to trafficking in my thesis might also put my personal safety at risk following my PhD on return to Nepal. In the process, I also recollected a scenario from fieldwork related to trafficking, which had unknowingly at the time - put me in a situation of danger. In Nepal and on my return to Australia, I consulted with my primary supervisor to allay my concerns over all of these issues.

4.13 Theoretical Lens

Women in contemporary Nepalese society have been identified as oppressed, dominated and discriminated against due to Hindu patriarchal norms that have been entrenched in the culture for more than 170 years. Most particularly, this includes women from the ethnic groups that have been demarcated to the bottom of the five-tier hierarchy of the caste system, which is still in operation at a structural level in Nepalese society despite being outlawed in 1963 and at other points in Nepal’s history since that time. These women are the Dalits or ‘untouchable women’; women from Bādi communities, women who are Deuki, and other Nepali women who have been forced into sex work involuntarily and/or out of economic

85 Some of these women actually shared personal stories with me about these issues when I returned to Nepal in October-November 2017 whilst sharing some of the findings of my thesis.
necessity and/or women who engage in sex work by choice. Of course, it goes without saying that this includes trafficked women.

In this study, the data were viewed through the lens of intersectionality theory. According to May (2015), intersectionality theory takes its historical roots from Black Feminist, critical race and women of colour theory and politics. First named ‘intersectionality’ by feminist sociological theorist Kimberle Crenshaw in 1989, intersectionality is the study of intersections between forms or systems of oppression, domination or discrimination. Although intersectionality theory is considered to be relatively new with Kimberle Crenshaw viewed as its pioneer, May (2015) argues that it was developed in the nineteenth-century by Anna Julia Cooper, a Black feminist intellectual, educator and activist. Regardless of its history, however, the purpose of intersectionality theory is to analyse a multiplicity of intersecting factors that contribute to the oppression of women with intended pragmatic outcomes. Although it originated from Black feminist thought, its applicability has not been limited to these research contexts and it has been used in a variety of other contexts, such as reproductive health and sex trafficking research. That said, May (2015) cautions researchers to attend to its roots so as not to adopt a ‘reductionist approach’ and risk the multidimensional ‘matrix’ approach to its orientation being lost. She says many people have utilised the theory, but have misunderstood, misinterpreted or misapplied it, and have therefore been known to ‘...depoliticise, undercut and violate its most basic premise’ (May 2015, p. vii). She argues that this has even occurred when many feminist theorists have used the theory.

According to May (2015, p. vii), ‘intersectionality is meant to be applied to real world problems, unsettle oppressive logics, to plumb gaps or silences for suppressed meaning and implications, and to rethink how we approach liberation politics’. In addition to its pragmatic focus, intersectionality theory is contextualised within an interpretive paradigm, that is, it is concerned with capturing ‘...the multifaceted nature of subjectivity as well as the complexity of social structures’ (May 2015, p. 11). In the context of this reproductive health study, an intersectional orientation offered the opportunity to assess, for example, how history, society, ethnicity/caste, gender (and attitudes to) reproductive health, shape the multiple identities of trafficked girls in relation to their reproductive bodies. According to Price 2011, who has employed intersectionality in a reproductive health study (abortion) with women of colour, gender is not the only factor that affects the lives of women (and indeed men), and issues such as race, ethnicity, class, sexual orientation, disability, and other, are at interplay with one another. She argues that these issues ‘...work in tandem to shape the social, cultural, economic and political conditions of individual and social groups’ (p.1). In other words, identities are
shaped by the social, cultural, political and economic processes inherent in people’s lives (Price 2011).

4.14 Ethics Statement

Before this research project was undertaken, it underwent an extensive ethical review process in Australia and Nepal. Firstly, it was peer-reviewed through the Confirmation of Candidature [CoC] process at Deakin University, Melbourne. With a panel chaired by the School of Health and Social Development [HSD] Higher Degrees by Research [HDR] Coordinator, I presented to a panel of experts in the field of research, my primary and associate supervisors, a team of doctoral candidates who were interested in my work and a cultural expert on women’s issues in Nepal. (This person was also Dr. Sabrita Kaphle who had undertaken a maternal health study (PhD) in one of Nepal’s remote rural regions.) This was opportunity to explain the study, the context of the study, and demonstrate the CERM.

Secondly, as the study was identified as ‘high risk’, it underwent a pre-review and full ethics review process with DUHREC. As part of the review, I was required to provide a comprehensive risk management plan to address issues of safety in Nepal such as political instability, accommodation, natural disasters, seasonal events, health and hygiene, communication, culture, travel, personal and other miscellaneous issues. This became particularly pertinent as I entered the field in post-earthquake Nepal and at the height of the India-Nepal border blockade and I encountered numerous other personal safety risks (i.e. risk of sexual assault), so it had to be enacted. Following the review, ethics approval for this project was granted on 30 March 2015 (see Appendix J). Initially I was not required to make any amendments to my project as I had developed ‘culturally-appropriate’ methods and adapted consent processes for the culture. However, some amendments had to be made to my project in Nepal.

Thirdly, as this health research was undertaken in Nepal, I needed to seek ethics approval from Nepal Health Research Council. Initially, the ethics committee had questions about my project (i.e. the CERM and other issues). Therefore, I was invited to present to the ethics committee in Nepal on 4 November 2015 (see Figure 9). Following this presentation and once the ethics committee was satisfied with my responses, ethics approval was granted and confirmed in writing on 16 November 2015 (see Appendix K).
Prior to beginning this research project, I had extensive experience of Nepali culture acquired through many visits to Nepal and by association with the Nepalese community in Australia. Before data collection, I travelled to Nepal in October 2014 to prepare for the research and to meet with the relevant organisations needed to help me undertake the project. After the 2015 April/May earthquakes, I also made a pre-fieldwork/risk management trip in October 2015 to ensure it was safe for me to continue the project considering the situation of
aftershocks and to assess the ‘on-the-ground’ challenges with the recently-begun India-Nepal border blockade. I also wanted to ensure I did not cause more trauma for the potential research participants by beginning the project at a time of such complex crises. I undertook fieldwork from November 2015 to April 2016. In October 2016 (after a short period of sick leave from the project), I undertook data analysis in Nepal which enabled me to contextualise the findings with women in the field. I also returned to Nepal in October/November 2017 to finish writing up my thesis and to enable Sabrina and Nirmala to read my findings chapter and cross-check it for any cultural ambiguities.

During this trip, I also disseminated the findings of the study/recommendations (inclusive of photographs) to Asha Nepal and the UNFPA. I had also hoped to share my findings with CAP Nepal, but this was challenged due to time constraints and other issues. Ethically, as an outsider to Nepal, it was always my intention to ensure that this project was extremely considerate of the culture and was (in as much as is possible) representative of the voices of young trafficked women in Nepal in their reproductive health context. It was also important to me to disseminate the findings of this study in some capacity in Nepal before I submitted my thesis so that I could ensure final input from Nepali women and I have valued their input from the beginning of this research to the end. They are the cultural experts in this field of reproductive health and I have simply been a ‘conduit’ to the delivery of this reproductive health research with one of their marginalised groups of women.

4.15 Summary

This chapter has provided a background to the development of the CERM, which was designed - after considerable practical and theoretical research into body mapping and photography - for use in this reproductive health study with young trafficked women in Nepal. In addition, it has illuminated the different components of the CERM, described the pilot undertaken with a group of young women in Nepal, and discussed the process of the pilot which guided minor adaptations of the method to best suit the overall context. It then introduced the partner organisations involved in the project followed by sampling issues, the process of sampling process and limitations imposed on the study due to logistical issues in Nepal. Furthermore, it has outlined the consent process used to to enable the six trafficked women to participate in this study and then introduced each of them. It has also discussed the process of

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86 At the time of writing this thesis, I was in the process of planning for this to occur in writing and/or on a forthcoming trip to Nepal.
Chapter 4 | Research Methodology

APA which was used to undertake data analysis and the theoretical lens of intersectionality through which the data was viewed. Lastly, it has provided an outline of the ethics approval processes for this project in Australia and Nepal. The next chapter illuminates the findings of this study. It also brings the CERM to life along with the voices of the young trafficked women in relation to their reproductive health knowledge.
Chapter 5: The Findings

5.1 The Reproductive Health Knowledge of Trafficked Women and Girls

The reproductive health knowledge of young women who have been trafficked into the sex industry in Nepal has, to date, not been researched. This qualitative research undertaken using the Clay Embodiment Research Method (CERM) illuminates the reproductive health knowledge of six such women. To begin, this chapter reviews the CERM workshops, provides an outline of the findings, and illuminates how the findings will be represented. In addition, it explains how the researcher and interpreter/research assistant will be represented in dialogue with the women. Finally, the findings themselves will be presented. The findings emerged as three dominant themes related to the reproductive body – physical body, emotional body and cultural body. In addition, interspersed with these findings, the women illuminated how they sourced reproductive health knowledge and the ways in which they learned about reproductive body, that is, through the six senses, pain, sensation and other.

5.2 Clay Embodiment Research Method

After a period of approximately two months of participant observation with the research participants, seven ‘themed’ participatory clay workshops using a flexible interview questionnaire and a ‘Group Interview using Photoethnography, also using a flexible interview questionnaire, were undertaken with six women in the following order:

1. Workshop 1: ‘I am a Woman/Girl’
2. Workshop 2: Outer Female Reproductive Body
3. Workshop 3: Inner Female Reproductive Body
4. Workshop 4: Menstruation
5. Workshop 5: Pregnancy
6. Workshop 6: Male Reproductive Body
7. Workshop 7: Outer and Inner Female Reproductive Body
8. Group Interview using Photoethnography

In the context of discussing the findings, all of the workshops in which information was revealed will be identified in the manner outlined above.
5.3 Outline of Findings

5.3.1 Dominant Themes

The findings of this study will be presented in the following dominant themes:

**Part 1 - Physical Body** (sections 5.5 to 5.17)

(a) Female Reproductive Body
(b) Menstruation
(c) Menstrual Stigma
(d) Pregnancy and Birthing
(e) Male Reproductive Body
(f) Contraception

**Part 2 - Emotional Body** (sections 5.18 to 5.20)

(a) Fears of Reproduction
(b) Hopes for Motherhood

**Part 3 - Cultural Body** (sections 5.21 to 5.23)

(a) Impressions of Men
(b) Stigma associated with menstrual stigma, pre-marital sex, pregnancy before marriage and for having a female child

**Part 4 – Benefits of the Workshops** (sections 5.24 to 5.26)

5.3.2 Sources of Knowledge

In the section on reproductive bodies, the young women often told us where they sourced knowledge (in formal and informal capacities) about female and male reproductive bodies. In presenting the findings, the depth of reproductive knowledge will firstly be illuminated under sub-themes of the dominant themes (as outlined above), and where possible, the source of this knowledge - or ‘educator’ – will be acknowledged in the text and, also, in summary tables at the end of each relevant dominant theme or sub-theme. The knowledge sources identified were:

1. Women (Aunt, Mother, Sister, Nurse)
2. Self
3. Men (Uncles, Fathers, Brothers/Doctor/Teacher)
4. Unknown Educator (Elders, School, Hospital/Clinic)
5.3.3 Six Senses, Pain, Sensation, Embarrassments/Sensitivities and Other

In the context of discussing female and male reproductive bodies, it was also evident that the young women had learned about their reproductive bodies through the following six senses:

1. Audition (hearing)
2. Vision (three-dimensional) sight)
3. Vision (two-dimensional) (sight)
4. Somato-sensation (touch)
5. Gustation (taste)
6. Olfaction (smell)

However, some knowledge about their reproductive bodies was gained through the experience of pain and/or other sensations.

It was notable that some women actively sought information to address gaps in their knowledge systems or out of interest to know more about various parts of the body and/or in relation to misunderstandings around some aspects of the reproductive body. In addition, some embarrassments/sensitivities were identified in relation to naming parts of the female and male reproductive bodies and other issues. In these circumstances, the women often pointed to their clay sculptures to assist them to articulate the issues. Sometimes the women also used gestures to help them further explain other relevant issues. All issues mentioned here will be identified in text, including matters not discussed. In addition, summary tables will be provided at the end of relevant sections to identify who the women sourced knowledge from or by whom they were educated. The six senses, pain, sensation and information-seeking will be identified in the summary tables by the symbols in Table 9: Key to Symbols. Symbols for embarrassments and sensitivities will follow relevant sub-headings where it was identified that conversations on those reproductive body parts were extremely difficult to undertake and/or other sensitivities were identified in discussion.
Table 9. *Key to Symbols*

<table>
<thead>
<tr>
<th>Sense, pain and/or other</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Audition (hearing)</td>
<td>🎧</td>
</tr>
<tr>
<td>2. Vision (three-dimensional) (sight)</td>
<td>🌗</td>
</tr>
<tr>
<td>3. Vision (two-dimensional) (sight)</td>
<td>📜</td>
</tr>
<tr>
<td>4. Somato-sensation (touch/feel)</td>
<td>🌧</td>
</tr>
<tr>
<td>5. Gustation (taste)</td>
<td>🍽</td>
</tr>
<tr>
<td>6. Olfaction (smell)</td>
<td>�皲</td>
</tr>
<tr>
<td>7. Pain</td>
<td>🍑</td>
</tr>
<tr>
<td>8. Sensation</td>
<td>🍊</td>
</tr>
<tr>
<td>9. Information- Seeking</td>
<td>🔢</td>
</tr>
<tr>
<td>10. Embarrassments/Sensitivities</td>
<td>🌾</td>
</tr>
<tr>
<td>11. Did not discuss</td>
<td>—</td>
</tr>
</tbody>
</table>

5.4 Researcher and Interpreter/Research Assistant

In the next section, the findings will be illuminated. All of the CERM workshops and/or Group Interview using Photoethnography will be identified and participatory group discussions will sometimes be used to illuminate themes and sub-themes. As Sabrina led many of these discussions her voice will be heard in amongst the voices of the six women, Aisha, Indira, Niuresha, Rosina, Soniya and Sulob. She will be identified as the research assistant by ‘RA’. However, where I invoke leading questions or may have been clarifying issues with Sabrina, dialogue that is tangential to the main discussion has been removed and will be identified with an asterisk (*). As mentioned, all the workshops were conducted in Nepali and audio recorded. In some parts of the discussion, it has been important to retain the Nepali language to contextualise themes and/or sub-themes.
PART 1 – PHYSICAL BODY

5.5 The Female Reproductive Body

5.5.1 Role of the female reproductive body

All of the young trafficked women knew about the role of the female reproductive body in relation to becoming pregnant. While Niuresha, Soniya, Rosina and Sulob had learned about some parts of it at school and also through observation, Aisha and Indira appeared to know about it primarily from experience, such as, for example, their own pregnancies. In the context of discussing sexual intercourse, some of the young women appeared to be aware of a process that could be described as ‘pleasure and will’ involved in having sex (female body). Whilst discussing the topic of ‘white blood’ (semen) in ‘Workshop 6: Male Reproductive Body’ with the young women, Sulob indicated that she was aware that a woman’s vagina will only ‘open’ if she senses pleasure is coming; ‘It’s according to the pleasure or according to your will only’. Notably, early in the workshops, all women indicated that they only knew women’s outer reproductive body in terms of ‘vagina’. In other words, they did not distinguish between vagina, vulva, cervix, clitoris or other. Thus, the term vagina (‘puti’ or ‘yoni’ in Nepali) is maintained throughout this chapter. These other terms were not known by any of the women and there are also no Nepali equivalent words for them. Suffice to say, with the introduction of reproductive health education in Nepal, western biomedical language has been introduced, but this cohort of women – even those who have had some access to reproductive health education in school – did not refer to any of these other body parts by their western biomedical names.

5.5.2 The outer body

All six participating women talked about the outer parts of their bodies from head to toe, including breasts, nipples, hair, eyes, nose, mouth and, for some, belly buttons, pubic hair and vaginas. All of the women also created the back parts of their bodies in the full body sculptures they made from clay, although Soniya stated that ‘I am not making it for you to see it. I will not show it’. She was referring to the making of a naked outer female reproductive body part or, that is, vagina. (More detail will be provided in the sections to follow.)
5.5.3 Vagina

All of the women knew that a vagina was a part of their own body, but they did not find it easy to name this body part. In ‘Workshop 2: Outer Female Reproductive Body’, Niuresha and Sulob created vaginas in their clay work. However, Rosina and Soniya did not. Later, when describing her clay work, Rosina said ‘I have not made this’, meaning she forgot to and pointed to where the vagina should be on her clay sculpture. Notably, however, she made it later. In addition, Soniya said, ‘I have not made the front one (vagina)’ (see Figure 10: Outer Body [Niuresha, Rosina, Soniya and Sulob]). Earlier in this workshop, as mentioned above, Soniya indicated she would not make the outer body for anyone to see. Notably, often the vagina was referred to as ‘the place where we pee’ indicating that the women knew that they pee from there, but not necessarily knowing it was from a ‘different hole’. Whilst Niuresha, Rosina, Soniya and Sulob were trying to get over the embarrassment or shyness of saying the word they knew or had heard of for ‘vagina’, Niuresha wrote it at Sabrina’s suggestion on a clay mat. However, she quickly destroyed it after Sulob, Soniya and Sabrina had seen it. In the following extract, Sulob, Soniya and Sabrina discuss the issue while Niuresha engages in the writing of the word:

Sulob: I know what it is called but I can’t say it, I am shy
Sabrina (Research Assistant): Because I don’t know, I’m asking you
*Sulob: Sister she...
*Soniya: Sister she feels odd to say it
Sabrina (RA): Then write it
(*Niuresha writes ‘puti’ on clay mat)

After Niuresha had written the word, Sulob then articulated that ‘puti’ was a ‘dirty word’ and Niuresha and Sulob concurred once Sabrina had said it aloud. In this extract, Rosina, Niuresha and Sulob talk about the issue (while ‘laughing off’ their embarrassment). Notably, the most commonly used word for vagina is ‘yoni’, and Soniya – surprisingly - was the only woman to use this word across the workshops, in particular, in ‘Workshop 3: Inner Female Reproductive Body’ and ‘Workshop 6: Outer and Inner Female Reproductive Body’. We were surprised by this because she had not wanted to show or make this part of the body. (After this workshop, Sabrina and I noticed that this was a ‘turning point’ in trust for us as researchers. In
other words, we had made the environment comfortable to discuss sensitive issues by acknowledging that we knew it was not easy to discuss such matters.):

_Sabrina (RA):_ Everyone agreed with what Niuresha wrote?
_Sulob:_ I have not seen what she wrote
_Sabrina (RA):_ Yes
_Sulob:_ I have not seen it
_Rosina:_ I have seen it
_Sabrina (RA):_ So they call it ‘puti’ (Rosina is the only one who saw it)

(All four women laugh about it in an uncontrollable manner)

_Sulob:_ Not used
_Tricia:_ They know the naughty word
_Sulob:_ This is very ... dirty, it’s not nice. So how do you say ‘na ramro’ (inferring not good in English) (*To Sabrina (RA) and Tricia)
_Niuresha:_ Negative
_Sulob:_ Called not good
_Sabrina (RA):_ Dirty
_Sulob:_ Dirty word
_Tricia:_ Slang
_Sabrina (RA):_ It’s not good
_Tricia:_ How do you spell it?
_Sabrina (RA):_ SLANG
_Tricia:_ No no the naughty word
_Sabrina (RA):_ Puti? (Nepali word for vagina)
_Niuresha:_ PUR
_Sabrina (RA):_ PUTI
_Niuresha:_ Puti
_Sulob:_ You have PUTI? (To Tricia)
_Tricia (Workshop Leader):_ Yeah.
_Niuresha:_ Why are you using this dirty word?
_Tricia (Workshop Leader):_ Because I’m a woman
_Sabrina (RA):_ Rosina, why aren’t you talking? Rosina was the only person who was talking last time. Anything else?

*Sabrina (RA):* Do you use only this or is there something else that you use too?
_Sulob:_ I only know this
_Niuresha:_ I only know this too
Figure 10: Outer Body (Niuresha, Rosina, Soniya and Sulob)

Figure 10a (Niuresha)

Figure 10b (Rosina)

Figure 10c (Soniya)

Figure 10d (Sulob)
In the same workshop, Aisha and Indira also shared some of the words they use to ‘name’ the inner and outer female body parts using the clay work to help discuss them. Notably, while Indira used the word ‘puti’, Aisha had a different name for it. (Although we were uncertain as to its origin, we think it is a name/names used for vagina by her ethnic group.) Aisha and Indira both created quite ‘lifelike’ vaginas in their clay work (see Figure 11). In the following extract, Aisha and Indira discuss the names of female body parts with Sabrina and amid the discussion Aisha says she is ‘embarrassed’ about naming the vagina:

**Sabrina (RA):** What did you think about when you started making this? Did you think about your own body or someone else’s body?

**Aisha:** I thought about my own body

**Sabrina (RA):** Tell me what all the things are in your body

**Aisha:** This is my breast, my head, this is from the place (vagina) where we pee (Gesturing to her clay work)

**Sabrina (RA):** What do you call the place from where you pee?

**Tricia:** Everyone has different names.

**Aisha:** (She keeps on laughing) You call it the place from where you pee. I’m embarrassed

**Indira:** You call this breast. You call this ‘muji’ (The place from where you pee) (Slang word for place where we pee)

**Aisha:** You don’t call the place from where you pee ‘muji’, you call it ‘cando’

**Sabrina (RA):** The dee cut is called puti, this is muji and the butt is chaak

*Sabrina (RA):* What do you call this? (Referring to the nipple she made in the clay)

**Indira:** Nipple

**Sabrina (RA):** You are saying this in English

**Indira:** Munto (Nipple)

**Aisha:** Munto (Nipple)

**Indira:** It is the same, boobs, nipples, vagina and that’s the male reproductive organ or penis (Note: She uses the word ‘lado’ and has also created a male body in clay, with erect penis, in this workshop without being asked)

**Sabrina (RA):** This is the same thing that she did (Aisha) and this is the male penis and she said in Nepali

**Indira:** And this is the tube for uterus (patheyghar) to vagina
In this same workshop, Aisha, in the context of describing the three sculptures she had made of her outer body showing changes in her body from girlhood to pregnancy, pointed to the middle one and said: ‘Okay, I’m done, I have made this one, and I have not made this (vagina) in that one’. She would not say the word for ‘vagina’ (see Figure 11).
5.5.4 Invisibility of vagina

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, in the context of talking about how a baby is birthed from the vagina, Sabrina asked Soniya, Niuresha, Rosina and Sulob whether they have ever looked at their vaginas. In this extract, Sulob raises an important point about her vagina – she has never seen it, which although not explicitly articulated, infers that it is hard to see on oneself:

_Sabrina (RA):_ Sulob, you have probably seen what the vagina looks like when you take a shower

_Sulob:_ Do you mean the pubic hair?

_Sabrina (RA):_ Inside the pubic hair?

*Sulob:_ I have never seen it

_Sabrina (RA):_ Don’t you have it for yourself? (Vagina)

_Sulob:_ I have never seen it

5.5.5 Pubic hair 🌿

In ‘Workshop 2: Outer Female Reproductive Body’, Sulob, Rosina and Niuresha described pubic hair as part of the outer female reproductive body and used different names for it, perhaps from the language of their different ethnic groups. This is shown in this brief extract, which is retained in Nepali language:

_Sabrina (RA):_ Rau bhancha ho? (What is pubic hair called?)

_Sulob:_ ma kapal bhanchu (I call it hair)

_Rosina:_ rau nai bhanchu (I call it rau)

_Niuresha:_ bhutla bhanchu (I call it bhutla)

In this workshop, Niuresha also said ‘I feel shy’ when talking about pubic hair and, notably, Soniya, Aisha and Indira did not talk about it at all. However, Aisha and Indira created pubic hair on their body sculptures along with their vaginas (see Figure 11). In ‘Workshop 4: Menstruation’ Sulob and Rosina also put pubic hair on their body sculptures, but did not discuss it either. In ‘Workshop 7: Outer and Inner Female Reproductive Body’, Niuresha created a more ‘explicit’ vagina and pubic hair, which she – then – did not feel shy talking about it. So too did Rosina (see Figure 21).
5.5.6 Vaginal canal

In the context of discussing the length of the vagina in ‘Workshop 4: Menstruation’, Indira told us that she had some knowledge of the vaginal canal because she said she had ‘felt’ inside the vagina. In this extract, she describes her discovery to Sabrina:

*Sabrina (RA):* Is it this long? (Gesturing with hands)

*Indira:* It’s this long itself when I touch it! (*Gesturing with hands)*

*Sabrina (RA):* Yeah, the same size (To Tricia)

*Indira:* It’s really soft and egg like inside. It’s the same hole from somewhere that you menstruate and give birth.

Earlier in this same workshop, Sabrina had asked Aisha and Indira a question: ‘From where do you bleed when you are menstruating?’ Aisha replied: ‘From where the child comes out’. However, later, Indira offered a little bit more information about this issue, indicating that she had felt quite deeply inside the vaginal canal to almost as far as she could feel. She shares this knowledge: ‘There’s something that’s really round inside like an egg that has a hole in it, so from that hole’ (possibly related to the cervix as we might know it). In ‘Workshop 6: Male Reproductive Body’, Aisha also explained that she could conceptualise the length and width of the vagina - without realising this was body knowledge - because of sex.

5.5.7 Invisibility of the vaginal canal

In ‘Workshop 3: Inner Female Reproductive Body’, 'Aisha, explained to Sabrina and I in a conversation with Indira about the length and width of the vaginal canal that some parts of the birthing process were invisible to her. (She was inferring the process of the baby travelling from the uterus through the vagina canal to delivery at birth.) In this extract, Aisha and Indira comment on this issue and Aisha indicates that only a doctor could know this information as (he) is operating there every day while Indira explains what the doctors do at the birth:

*Sabrina (RA):* Since you have shown this, how long would our pipe be?

*Aisha:* What’s pipe?

*Sabrina (RA):* So how long would this be from here to here? (Gesturing to Indira’s clay work)

*Indira:* It’s 1 or 2 palm widths

*Aisha:* That’s long

*Sabrina (RA):* How wide is it?

*Aisha:* It’s probably wide. I have never seen it
Sabrina (RA): You probably know

Aisha: How wide or how big is probably what a doctor knows. They do operation every day. They should know.

Sabrina (RA): What do you mean by giving?

Aisha: Giving birth

Sabrina (RA): You should know when you give birth how big or long it is

Aisha: You can’t see anything when you give birth

Indira: It must be big. They (doctors) put in the hand

In this same workshop, Niuresha, Rosina, Soniya and Sulob began to try and imagine the ‘pipe’ (vaginal canal) as Sabrina titled it to give it a ‘friendly name’ because they were interested in knowing about it. After Niuresha attempted to make it in clay which she later destroyed, Soniya said she would seek out information about it. In this extract, we captured this discussion after Soniya had also made a pipe. Notably, Niuresha and Soniya think there is a difference in the size of a girl child’s vaginal canal compared to that of a pregnant woman. This is a point Aisha also raised in this same concurrent workshop:

Sabrina (RA): No one actually knows about it, it is just imagining how it is looks. Repeat (Acknowledging to the girls that each of us does not know)

Niuresha: Nobody knows about it?

Sabrina (RA): No

*Soniya: I’ll learn about this answer and come

Sabrina (RA): Do you think it’s similar hole to the younger person and the older person whose given birth to be similar?

All four together: No, it’s not

Niuresha: It’s smaller in a child

Soniya: Pregnant woman’s is bigger

In ‘Workshop 4: Menstruation’, Soniya, Niuresha, Sulob and Rosina then told us they sought information as a group about the length of the vaginal canal from the nurse at their hostel. In the following extract, they briefly discuss the information they were given. However, Sulob indicates she was left feeling a bit confused because the nurse who gave them the information was not sure about the information herself:

Sabrina (RA): It is 4 inches. How long is a woman’s vagina?

Soniya: 4 cm
Sabrina (RA): 4 cm only
*Sabrina (RA): That’s not even 4 cm
Soniya: I also asked
Niuresha: Nurse sister told us
Sulob: She was also confused, she did not guarantee us

5.5.8 Uterus, ovaries and fallopian tubes

In ‘Workshop 3: Inner Female Reproductive Body’, Sulob and Niuresha said that they had learned about the uterus in school (health class) and that Soniya should have learned this information from school too. However, Soniya stated that she does not remember learning about the uterus in her school in Lalitpur. She also disputed the suggestion that all health classes in all schools deliver the same information on the basis that there is a difference between the information taught in her school in the ‘Lalitpur’ district and her urban school ‘Kathmandu’. (We think this comment was related to being ‘in school’ in the village district prior to trafficking, then ‘out-of-school’ during trafficking, then going back to being ‘in school’ in Kathmandu. In addition, we know that the young women were attending schools that could address their level of education from being ‘in’ and ‘out’ of school because of trafficking. For example, some of the girls were doing Class 8 at the age of 17-18, when this class would usually be for adolescents aged approximately 15-16.). Sulob also indicated that she agreed with Soniya as she had a similar experience. Notably, the young women were also all attending different schools in Kathmandu following their trafficking experiences. In the following extract, they discuss this issue but none of the women notes ‘who’ (teacher) taught them this information and how the information was delivered or, that is, aurally or by text. However, we got a sense from the clay work they created later in the workshop that it was by image/picture and probably included some orally-delivered information (see Figure 12).

Sabrina (RA): Aren’t you Class 10, you are to be taught about uterus aren’t you? How does it look like?
Sulob: I had seen the uterus, how it looks like
Sulob: They don’t teach us in health
Niuresha: Isn’t it you are taught about uterus in Class 6, isn’t it?
Sulob: Nowadays it’s from Class 6
Niuresha: It’s not nowadays, it’s been since we studied Class 6. You can’t say you don’t know anything because you were taught from Class 6
Soniya: I didn’t study in Class 6
Niuresha: You are taught in Class 8 now
Soniya: I don’t remember studying (Referring to the uterus)
*Soniya: There is a difference between Kathmandu and Lalitpur (Referring, maybe, to the course of study)

In the context of trying to imagine how large or small a uterus is, Soniya then related that she had also seen ‘pictures’ of it in ‘life skills training’. (This training was facilitated by the nurse at the hostel as we saw the end of this session as it was being delivered.) This issue is discussed in the following conversation. Notably, Rosina who has continually said she knows ‘nothing’ is encouraged by Niuresha, Soniya and Sulob to share anything she knows, and all women then create the uterus, ovary and fallopian tubes in their clay work (with vague understandings in some cases) as they have seen it in pictures or, more likely, simple sketches. In the concurrent workshop, Indira and Aisha did this too. However, we think the source of information might have been different and they also used the clay differently to express what they knew (see Figure 12):

Sabrina (RA): If they were to imagine how big or small the uterus is, how big or small do they think it would be?
Niuresha: I would be really small
Sabrina (RA): Small
Soniya: It is big didi
Sulob: It’s neither big nor small
Soniya: When I have seen in pictures, they are a bit big
Sabrina (RA): Compared to the pictures they made, it would be bigger than that (To Tricia)
Niuresha: Rosina, how big do you think it is?
Sabrina (RA): Rosina, tell anything
Rosina: I don’t know
Sabrina (RA): Let’s hear it from Rosina again
Rosina: I don’t know, I just made it (All three girls encourage Rosina to share what she made)
Tricia: It is very very hard to imagine
Sabrina (RA): It doesn’t matter, just tell what you imagined and made

87 ‘Didi’ means ‘older sister’ in Nepali. It is often used affectionately to address women older than oneself.
Rosina: I’ve only see a picture
Sabrina (RA): Have you seen a uterus picture?
Rosina: No
Soniya: I saw it in life skills training
Rosina: I don’t know much
Sabrina (RA): What are these? (Referring to Rosina’s claywork)
Sulob: Just say what you’ve made
Rosina: These two are ovaries
Niuresha: Where’s your uterus?
Sabrina (RA): These are something that produce eggs. And this is how a vagina looks from inside. Is this a uterus? Is it an ovary?
Niuresha: Are girl (body parts) called vagina?
Sabrina (RA): Yes
Sulob: How weird is the name vagina
Rosina: I don’t know anything

Figure 12: Inner Body (Aisha, Indira, Niuresha, Rosina, Soniya and Sulob)

Figure 12a (Niuresha)  Figure 12b (Rosina)
In the same workshop, in the context of explaining that she knows a woman can give birth to a baby with one ovary Indira shared that her mother had told her about the uterus and where a baby sits in it and also about the ovaries. Gesturing to her clay work, she elaborated on her knowledge: ‘This is the ovary, this is where the baby sits, my Mum said that...’. (see Figure 12). Although Indira’s mother may have told her about the uterus, it is also possible – and this is indicated in her representations in the clay work - that she may also have seen some pictures. We know, for example, that she had attended school and may have had some access to reproductive health education. Notably, Indira’s representation of the uterus, ovaries and fallopian tubes was not anatomically accurate as we might know it. In addition, we observed
Aisha copying Indira’s clay work in this workshop and she openly articulated later that despite having given birth to a child: ‘I don’t know anything about this (pointing to her clay work). I’ve not learned about it’ (see Figure 12).

In ‘Workshop 2: Outer Female Reproductive Body’, Sabrina was providing an overview of the day’s workshop, that is, discussing the outer body and inner female reproductive body, to Aisha and Indira when Indira asked a question that led to Aisha stating: ‘I’ve never seen a uterus’ and ‘The baby was in the stomach and that’s it. How do we know?’ This statement indicated that conceptualising the uterus and the place where the baby sits in relation to it in pregnancy is difficult because the uterus is invisible. However, in ‘Workshop 3: Inner Female Reproductive Body’, after Aisha had said she did not know about it, she then said she could conceptualise where the uterus sits internally by imagining it on the outside of her body. In the following extract, she explains this concept and also shares her awareness of the involvement of the uterus in menstruation pain:

    Sabrina (RA): You both have no general idea how the uterus looks like, so do you know where your uterus is?
    Aisha: Our uterus is here (Gesturing to stomach)
    Sabrina (RA): Is it below your stomach or in your stomach?
    Aisha: Below my stomach (Gesturing to stomach)
    Sabrina (RA): Abdomen
    Aisha: Our uterus is here. That’s why when we have our periods, we have abdominal pain

In addition, in the ‘Group Interview using Photoethnography’, Aisha shared that she was able to conceptualise the uterus from her baby’s movement during pregnancy even though she says she does not know where it is inside her:

    Sabrina (RA): How big would it start getting after the baby sits?
    Aisha: It starts getting bigger in the process. As the baby starts getting bigger, the uterus starts getting bigger. The place where the baby sits starts getting bigger. I don’t know where the uterus is so I can’t say about that.

In ‘Workshop 3: Inner Female Reproductive Body’, in the context of trying to imagine how long the vagina might be in their clay work, Indira and Aisha indicated that they had not given any thought to imagining the inner female reproductive body from the inside until they
were pregnant. Then, at the time of having a pregnancy X-ray, they were able to see the uterus from the scan. However, it was not clear. In this extract, Indira and Aisha explain:

**Sabrina (RA):** You have learned a lot after pregnancy, did you think about it before pregnancy?

**Indira:** When the baby’s inside the stomach, they do an X-ray and that’s how I found it

*Sabrina (RA):* How big was it?

**Aisha:** It was really blurred. I couldn’t see it properly.

**Aisha:** It’s really expensive to get a clear one where you can get to see the baby and the uterus

### 5.5.9 Invisibility of uterus, ovaries and fallopian tubes

As evidenced above, across the workshops, the young women pointed out that many of the inner female reproductive body parts are actually ‘invisible’ to them. Primarily, this related to the uterus and vaginal canal, but also – though not spoken about as directly – the eggs, ovaries and fallopian tubes. In addition, often Niuresha, Rosina, Soniya, Sulob and to some extent, Aisha, knew ‘theoretically’ how the body parts worked in relation to menstruation and pregnancy. However, they could not ‘apply’ this theory to an actual woman’s body. As already mentioned, this was evident in the two-dimensional clay works they created and Indira’s clay work of the body (see Figure 12). For example, no woman could use her clay work to represent and describe menstruation as ‘blood flow’ from the uterus or ovulation as the ‘eggs bursting’ from the ovary, then travelling down the fallopian tubes for possible conception. However, some women, such as Aisha were keen to know this information and sought this knowledge during and outside the workshops.

In ‘Workshop 7: Inner and Outer Female Reproductive Body’, Niuresha, Rosina, Soniya and Sulob particularly returned to the topic of ‘pregnancy’ because they wanted to know more about it. Soniya, who wanted more knowledge about the uterus in pregnancy, created a baby in a uterus in clay. However, even when she did this, she did not create or acknowledge the role of the ovaries and fallopian tubes in conception (see Figure 15c). In addition, it was evident that some women had misunderstandings about where in the female body the ovaries are located. In ‘Workshop 5: Pregnancy’, Sabrina asked Aisha this question: ‘Where do you find the egg, in which part of your body?’ Aisha replied: ‘Inside the uterus’.
5.5.10 Summary – Female Reproductive Body

Table 10 provides a summary of the young women’s knowledge of the female reproductive body including from where the women have learned and/or not learned about the female reproductive body parts. Notably, the vagina is a body part that the women know about as evidenced from their clay creations. They may have gained knowledge of the vagina through ‘touch’ as it is self-evident that they would know about it this way even though for the most part they did not say.
### Chapter 5 | The Findings

**Table 10. Female Reproductive Body**

<table>
<thead>
<tr>
<th>Workshops attended</th>
<th>Breasts</th>
<th>Uterus</th>
<th>Ovary</th>
<th>Fallopian Tubes</th>
<th>Vagina</th>
<th>Length and Width of Vaginal Canal</th>
<th>Level of Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha</td>
<td>2, 3, 4</td>
<td></td>
<td></td>
<td>Never learned</td>
<td>Never learned/ Invisible/</td>
<td>(self)</td>
<td>(sex)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indira</td>
<td>2, 3</td>
<td></td>
<td></td>
<td>Mother</td>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niuresha</td>
<td>2, 3</td>
<td></td>
<td></td>
<td>School (unknown teacher)</td>
<td>School (unknown teacher)</td>
<td>(self)</td>
<td></td>
</tr>
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<td></td>
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<tr>
<td>Rosina</td>
<td>2, 3/4</td>
<td></td>
<td></td>
<td>Unknown ?</td>
<td>Unknown ?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Soniya</td>
<td>2, 3/7</td>
<td></td>
<td></td>
<td>Life skills training (nurse)</td>
<td>Life skill Life skills training (nurse)</td>
<td>(self)</td>
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<td></td>
<td></td>
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<tr>
<td>Sulob</td>
<td>2, 3</td>
<td></td>
<td></td>
<td>School (unknown teacher)</td>
<td>School (unknown teacher)</td>
<td>(self)</td>
<td>Invisible (self)</td>
</tr>
</tbody>
</table>

Key to symbols:  Vision (three-dimensional) (sight);  Vision (two-dimensional) (sight); Audition (hearing); Somato-sensation (touch/feel); Information- seeking; Sensation. (See Table 9 and explanation in Section 5.3.3)
5.6 Menstruation

The young women indicated that they had learned about menstruation through a process of self-discovery and also through other women who menstruated before they did. Mothers were sometimes present when the women menstruated for the first time, but they did not appear to educate them about the physiological processes of menstruation (except perhaps for Indira), rather they were involved in educating them about menstruation traditions. The young women learned more about menstruation in school and/or possibly through hospital clinics. All of the young women were in rural communities or villages when their first periods arrived and, in some communities, menstruation traditions were enforced (see Section 5.7 for more information).

5.6.1 Role of mothers

In ‘Workshop 4: Menstruation’, Indira, from a Magar Community, explained that she had learned about menstruation from her mother before her first period arrived. This is articulated in the following short extract when she responds to a question from Sabrina about first periods:

*Sabrina (RA):* And Indira, did you know about it? And if you did, who told you?

*Indira:* Me? My Mum told me, I knew about it.

However, Indira did not illuminate the context of the information her mother gave her.

5.6.2 Role of sisters

In the process of telling us about the discovery of her first period by herself, in ‘Workshop 4: Menstruation’, Niuresha shared that sisters were involved in teaching her about periods: ‘My sister used to tell me about periods like stomach used to pain and everything’. Later in this same workshop she also said her sister said she would learn about menstruation by herself. She explains: ‘I used to ask from where the blood comes but they used to scold me. You would get your own and you would know by yourself. They used to sleep because they had a stomach pain and I used to shout at them’. In other words, her sister was inferring that menstruation was an ‘experiential process’ about which you could only know through experiencing it. In addition, in this same workshop, Sulob later added to the conversation: ‘I

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88 This can be understood as a collective term for aunts, mothers, sisters and friends.
knew about it (menstruation) because of my sisters and my school friends because they had it before I had it, so I knew about it’. Again, she does not say exactly what they told her.

5.6.3 Role of own selves / self-discovery

In ‘Workshop 4: Menstruation’, Aisha, Niuresha, Rosina, Soniya and Sulob all told us that first menstruation was a process of self-discovery. Indira did not elaborate on this issue. First, Sulob, from a Tamang Community, describes her ‘self-discovery’:

I just felt some kind of wetness in my underpanties and when I went to check I saw blood and knew I was menstruating. So I told my Mum, and my Mum said many people are sent to another house, but you do not have to go anywhere, you can stay in the house. Just don’t touch anything that’s in the kitchen.

In her discovery of first menstruation, Niuresha, also from a Tamang Community, told us her mother was physically present at first menstruation, but she did not say whether her mother explained anything about the process of menstruation to her. In the following extract, she describes the moment she got her first period:

I was in my home. It was Shiva Ratri and it was day after that I was sleeping with my Mother. My sister was sleeping with my Dad. And my other sisters were there too. And when I woke up at 6 the other day, I was a lehenga that was white in colour so the blood was all over my clothes so my Mum asked me to go to the toilet and when I asked her why she was worrying so much, she brought new clothes for me and asked me to change it fast

In addition, Rosina, from a Magar Community, told us she discovered she was menstruating by herself, but she went to her mother to tell her about it. In this extract, she actually says her mother did not tell her anything about periods before her first menstruation experience or at its arrival:

Sabrina (RA):  And Rosina, where were you when you first menstruated?
Rosina:  I was at my home
Sabrina (RA):  You were at your home! Did you know about menstruation?
Rosina:  No
Sabrina (RA):  Who told you?
Rosina:  Mummy

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89 Traditional Tamang dress
**Sabrina (RA):** How did you feel when you saw the blood in your underpants?
I would be telling them my story. (All of the girls laugh) So how did you feel when you saw the blood in your underpants?

**Rosina:** I told my Mummy and she told that I am menstruating

**Sabrina (RA):** Didn’t you ask her ‘what’s periods?’ Didn’t you ask?

**Rosina:** No

Furthermore, Soniya, from a Brahmin Community, articulated that she was working in the village when her first period arrived; another process of self-discovery. Although she said she had some knowledge of menstruation beforehand she did not say from whom she obtained it. She also said she started to learn more about periods after their arrival. In the following extract, Soniya talks about her first period experience, in particular, about how she went to her mother and what her mother told her she must do:

**Soniya:** I was at work. I was in the village

**Sabrina (RA):** Did you know about menstruation?

**Soniya:** Yes

**Sabrina (RA):** Who did you tell first?

**Soniya:** A friend

**Sabrina (RA):** You were in school or at your home?

**Soniya:** I went to gaze at the animals

**Nituresha:** When you went to gaze, you had your periods?

**Rosina:** I was in my home

*Soniya:* I knew what periods meant but then...

**Sabrina (RA):** How did you have your periods? Didn’t you know?

**Soniya:** I did not know what kinds of things happen and what kinds of changes there are. I started knowing it afterwards. I started knowing the changes so I started learning it. I went to my Mum and told my Mum and she asked me to go to some other place.

In addition, Aisha, from a Chettri community, had an experience of self-discovery for her first period though she said she was at her sister’s house at the time. She explains: ‘I did not know. I went to the jungle and I felt like peeing and I saw the blood in the pee. I thought it was a leech bite, so when I told my sister about this, and when I told her about this she scolded me for touching everyone even after menstruating’.
5.6.4 Age at first menstruation

In ‘Workshop 4: Menstruation’, while discussing their first experiences of menstruation, all of the women articulated the age at which they first menstruated. Rosina was 13 and Niuresha was 14-15. Soniya was 17. Sulob was 14-15, but she was a little bit uncertain. Aisha and Indira were both 14 (see also Table 11).

5.6.5 Menstrual pads

In ‘Workshop 4: Menstruation’, while describing where she was (village) when she first menstruated, Rosina told us that after she told her mother that she was menstruating, her aunt had taught her how to wear a menstrual pad. Notably, she does not say what type of menstrual pad it was. In the following extract, Rosina talks to Sabrina about this issue:

*Sabrina (RA):* Were you taught to wear the pad?
*Rosina:* My aunty told me

*Sabrina (RA):* And your Aunt taught you
*Rosina:* And friends too

Apart from Rosina and Sulob, none of the other women spoke about menstrual pads and/or described the type of menstrual pads they used at menstruation or the blood flow. However, when reflecting on her self-image in clay, Sulob said she had created a menstrual pad (see Figure 13). It was not evident as to whether this was a western menstrual pad or ‘talo’, which is a menstrual cloth made from cotton fabric that is washable and most often used in Nepal. When Sabrina posed this question to her about her clay work, ‘What is this, is it undergarments or pad?’, she replied: ‘It’s a pad and it shows the blood flow too’. Aisha appeared to create one too (see Figure 14g). However, Indira appeared to create a ‘patuka’, which is a piece of cloth/clothing that is tied around women’s waists to prevent back pain while working, but she did not talk about it (see Figures 14e and 14f). Aisha and Indira were not menstruating because they were breastfeeding, so menstruation was not at the forefront of their minds. Aisha particularly noted she was happy about this: ‘I feel really pleased. I hope I don’t menstruate again’. Evidently, the experience of menstruation has not been pleasant for her.
5.6.6 Process of ovulation and menstruation

In ‘Workshop 4: Menstruation’, some of the women showed us that they had significant knowledge of the physiological process of menstruation while, equally, some did not. It can be reasonably assumed that those who had learned about it did so in school because Niuresha, Sulob and Soniya indicated that that they learned about the inner female reproductive body in school in ‘Workshop 3: Inner Female Reproductive Body’. (Menstruation and menstrual hygiene is taught in the school curriculum in Nepal. In fact, it is an ‘accentuated’ part of the curriculum as menstrual hygiene is a significant issue in Nepal, and many women do not have access to sanitary pads as women do in western countries. However, it was unclear ‘who’ at school had taught them about it.

In the following extract, they discuss the process of ovulation and menstruation with Sabrina. In this discussion, Rosina says she does not know much. Sabrina supports her and acknowledges that she is learning through the discussion. Soniya indicates she is thinking about veins pulsing through the general body which she is evidently aware of from some health
education. Notably, Niuresha, much as her sister said to her about menstruation (as mentioned previously), tells Rosina that she has ‘experienced’ menstruation so she knows something about it. Notably, it was evident in this workshop that the women could not represent the ‘inner body’ process of menstruation through clay; it was represented as an ‘outer body’ pain experience. In addition, some of the young women indicated that the ‘stomach’ is the place where menstruation occurs, that is, not the uterus, and that the ovaries are located in the uterus much as Aisha did in ‘Workshop 5: Pregnancy’:

**Sabrina (RA):** We talked about inner body last week, we talked about menstruation this week, where does the blood come from?

**Sulob:** In our stomach, there are two different round stuffs

**Niuresha:** Egg holders

**Sulob:** Ovary or egg holders, it is the same thing

**Niuresha:** It’s the same thing

**Sulob:** When the eggs burst, the blood comes, so our new blood develops after the dirty is gotten rid of

**Sabrina (RA):** Niuresha, you feel the same?

**Niuresha:** The place where babies sit is the uterus and it has tissues and when you don’t have a relationship with a boy, and the sperm does not meet the egg, the egg bursts, and that comes in the form of the blood

*Sabrina (RA): What do you think Soniya?

**Sulob:** Me, didi?

**Rosina:** I don’t know

**Sabrina (RA):** It doesn’t matter

**Soniya:** What am I to say?

**Sulob:** About ovaries

**Niuresha:** About the uterus... pipe

**Sabrina (RA):** Is it similar to them? (To Soniya)

**Soniya:** It’s similar, but then our veins throw the dirty blood, then we have a new blood. The eggs burst and then we have periods. I don’t know a lot about it

**Sabrina (RA):** You are wasting our time saying saying you don’t know in the end (Humorous)

*Sabrina (RA):* Rosina, you have learnt too

**Niuresha:** You don’t have to learn, you’ve just experienced
Sabrina (RA): You have just been menstruating for a year now (of periods), you have still more to learn. You’ve learned a lot by listening to them haven’t you? (To Rosina)

5.6.7 Misconceptions about ovulation

In ‘Workshop 5: Pregnancy’, Aisha was explaining the process of conception, ‘...you need to mix it (sperm) with the female and that’s the only way you get pregnant’, when Sabrina asked her about what part of the body holds the egg. This led her to explain that she only thinks a woman has ‘eggs’ at the time you get pregnant, inferring that she does not understand the process of ovulation and or the menstrual cycle, though she did tell us later in ‘Workshop 6: Male Reproductive Body’ that there is a ‘particular time’ to get pregnant. In this extract, she explains her understanding of this process to Sabrina:

Sabrina (RA): Which part of the body holds the egg?
Aisha: Are you referring it to the baby or the egg?
Sabrina (RA): So we don’t have an egg before we give birth to a baby?
Aisha: You only have eggs when you get pregnant

5.6.8 ‘White fluid’

In the context of talking about changes to the body at menstruation in ‘Workshop 4: Menstruation’, Sulob also mentioned the presence of ‘white fluid’ between periods. Then Niuresha, Rosina and Soniya all explained that they too have noticed it, but that the experience of it is different for each of them. In this extract, Sulob, Niuresha, Rosina and Soniya discuss ‘white fluid’, and some of the issues they have had with it. Notably, the young women articulate ‘who’ they have sought advice from over white fluid issues from the nurse at their hostel:

Sabrina (RA): What kind, is it blood?
Niuresha: It is blood. When you have your periods, only blood comes out
Sabrina (RA): Blood comes out?
Niuresha: When you get your periods
Sulob: Or white fluid
Sabrina (RA): White fluid comes?
Niuresha: You get it before your periods
Sulob: Everyone has it sister
Sabrina (RA): Does everyone have it? (To the group)
All four: Yes
Rosina:  It’s very light  
Sulob:  Everyone has it light  
Soniya:  Some people have a big flow of white fluid  
*Niuresha:  Didi she’s saying that what Sabrina (RA) is trying to explain is, before your periods, do you get white fluid or not because everyone has it  
Sabrina (RA):  Did anyone get white fluid before having periods?  
All Four:  No  
Niuresha:  That’s some kind of disease  
Sabrina (RA):  No it’s not any kind of disease white fluid  
Sulob:  No, it’s not any kind of disease  
Niuresha:  No, I am actually trying to explain that before you get your periods  
*Sabrina (RA):  Everyone gets white fluid so how big or how light is it?  
Sulob:  Little, little  
Rosina:  It used to be really big before, but it has reduced now  
Soniya:  Before it used to be really huge, but after Neema suggested drinking water and giving exercise, it reduced  
Sabrina (RA):  Niuresha you?  
Niuresha:  Mine is very light  
Sulob:  Mine is also light  
Sabrina (RA):  It only comes when you are going to have your periods?  
Sulob:  Yes, it is 4-5 days before I get my periods  
Sabrina (RA):  Rosina doesn’t have bigger flow of white fluid, Soniya had before Neema the nurse gave her tips about drinking a lot of water and some exercise and she doesn’t have it frequently, Niuresha has it in a average scale, and Sulob only she, it’s only  
Sulob:  Why are you only saying only because it comes before I get my periods?  
Sabrina (RA):  She (Sulob) only has it before menstruation. White blood comes before periods  
All four:  Yes  
Sabrina (RA):  (To Sulob) You just said you have it 4-5 days before you menstruate  
Sulob:  I get white blood throughout the month, but I get more before her periods  
Rosina:  Mine is very light nowaways
In contrast, Aisha and Indira who had not resumed menstruating following the birth of their babies could not recall any aspects of the menstrual cycle apart from issues associated with menstruation itself: bleeding, pain and skin changes (see also Section 5.6.14). According to Aisha, on probing a little, she clearly recalled nothing more: ‘No, nothing happened other than that (abdomen and back pain and itchy thighs)’. In other words, she – very definitely - could not recall getting ‘white fluid’.

5.6.9 Stomach and back pain

In ‘Workshop 4: Menstruation’, Rosina was the first to share that she experienced pain at menstruation. In a conversation initiated by Sabrina, Niuresha, Sulob, Rosina and Soniya discuss their various issues:

\textit{Sabrina (RA):} Menstruation means mainawari ((menstruation in Nepali). During menstruation, what changes occur in your inner and outer body? Where do you menstruate from? Tell or show everything you know.

\textit{Niuresha:} Oh my god!

\textit{Sabrina (RA):} What kind of changes happen to your body in menstruation? What different changes occur every month? What kind of changes happen in you? It’s always different from girl to girl, so just make what happens to you

\textit{Sulob:} While you are on your periods?

\textit{Sabrina (RA):} ahh means huda, periods huda.

\textit{Sulob:} Nothing happens to me

\textit{Sabrina (RA):} Nothing happens to you?

\textit{Sulob:} I only bleed

\textit{Sabrina (RA):} You only bleed?

\textit{Rosina:} I have a pain in my stomach

\textit{Niuresha:} It’s not painful for her

\textit{Sabrina (RA):} Isn’t it painful?

\textit{Soniya:} How do you show if it’s painful? (In reference to making something in clay)

*\textit{Sabrina (RA):} If you don’t have painful stomach, you might have headache or something

\textit{Sulob:} I don’t feel anything when I am menstruating. It’s just the blood coming and I don’t even realise/feel it

\textit{Sabrina (RA):} Just do whatever happens to you

\textit{Sulob:} But how can I didi?
*Sulob: Nothing happens
Sabrina (RA): Does the stomach pain?
Niuresha: It’s really painful for me, the stomach pain and the back pain, I fall sick for a whole day
Rosina: It is really difficult for me for three days because it’s really painful for me, we are to make the part where it’s painful for us

As is evident, almost all of the young women's menstruation experiences were ‘felt’ experiences of pain, and they indicated this issue through their clay work representing themselves holding their abdomens or backs where pain occurs at menstruation (see Figure 14). Notably, Rosina created a vagina with pubic hair in her clay sculpture in this menstruation workshop. In addition, some women did not even create the lower part of the body in the clay work to show where the bleeding occurs or, that is, from the vagina. Although Aisha and Indira were not currently menstruating, they recalled the same experiences of back and stomach pain. Interestingly, as previously mentioned, Indira appeared to created a ‘patuka’, which may have indicated that she used one to help with her back pain at menstruation because it was evidently a significant issue for her. In this extract, they reflect on menstruation experiences they remember:

Sabrina (RA): Before pregnancy, what was it like to menstruate?
Indira: I used to have back pain, stomach pain
Sabrina (RA): (To Aisha) What about you Aisha?
Aisha: I had back pain 5 days before I would start menstruating
Sabrina (RA): Anything else?
Aisha: There would be nothing other than that. I used to have stomach ache 5 days before. I used to know that I would be having my periods through that. This area used to be very painful (Gesturing to her lower back)
Figure 14: Menstruation

Figure 14a (Niuresha)

Figure 14b (Rosina)

Figure 14c (Soniya)

Figure 14d (Sulob)
Chapter 5 | The Findings

Figure 14e (Indira) (front)

Figure 14f (Indira) (back)

Figure 14g (Aisha)
5.6.10 Breast changes

In ‘Workshop 4: Menstruation’, Rosina and Soniya discussed breast changes at menstruation with Sabrina when they were explaining the self-sculptures they had made in clay (see Figure 14):

Sabrina (RA):  What is that? (Pointing to Soniya’s clay work)
Soniya:  That’s what changes in our breast
*Sabrina (RA):  Rosina, what’s up there? (Indicating to upper body on claywork)
Rosina:  This?
Sabrina (RA):  Below that?
Rosina:  Breast
*Sabrina (RA):  That’s boobs
*Sabrina (RA):  That’s pimples?
Rosina:  Yes
Sabrina (RA):  Rosina also knows a lot
Tricia:  And chocolate? (To Soniya)
Soniya:  No
Sabrina (RA):  What is this that you have made?
Rosina:  After you have your periods, it gets large

In ‘Workshop 5: Pregnancy’, Sulob also said that some people say breasts get sore during periods. However, we were not certain as to who learned this information from though she did indicate that she did not experience this issue herself.

5.6.11 Itchy thighs

In ‘Workshop 4: Menstruation’, in the context of talking about changes to the body before menstruation, Aisha – the only woman to do so - recalled feeling skin sensation changes at menstruation: itchy thighs. In this extract, she discusses this issue with Sabrina:

Sabrina (RA):  While you menstruate, your stomach and back pains and you have it five days before you menstruate, is there anything else that happens before you menstruate?
Aisha:  Before I am going to menstruate, I get back pain and my thighs get itchy
Chapter 5 | The Findings

Sabrina (RA): And, nothing happened other than that, it just happened for 5 days before you menstruated?

Aisha: Nothing would happen after I menstruate

Sabrina (RA): Indira, was it before menstruation, after menstruation or during?

Indira: Me? I just had abdominal pain

5.6.12 Heaviness in body and vagina sensations

Although none of the other young women mentioned this, in ‘Workshop 4: Menstruation’, Niuresha, who seemed to be very ‘body aware’, articulated that she ‘feels’ an interesting change in her body when she is about to menstruate. She explains: ‘My body feels really heavy, and when we get our periods, it feels strange in the place where we pee (vagina).’

5.6.13 Pimples

In ‘Workshop 4: Menstruation’, Sulob, Niuresha and Rosina talked about changes they noticed to the facial skin at menstruation. In this workshop, Sabrina asked Sulob, Niuresha, Rosina and Soniya this question: ‘If you don’t have period cramps, how do you know your periods are coming?’ Sulob then replied: ‘I get a few pimples’. Later she said: ‘I just have it in my face’. Niuresha also shared that she had the same experience: ‘I get pimples, that’s what happens to me’ as did Rosina who said: ‘I get pimples too’. All four women created pimples on their clay representations of themselves (see Figure 14). Aisha and Indira, the two mothers, did not recall getting pimples associated with menstruation.

5.6.14 Regular and irregular menstrual cycles

In the context of asking the young women about changes in their bodies at menstruation in ‘Workshop 4: Menstruation’, an opportunity arose to discuss regularity and irregularity of periods. In the following extract, Sulob, Rosina, Soniya, and Niuresha, share the age at which they first menstruated and the changing nature of their periods, which they have observed for themselves. Notably, Rosina - 14 years of age - articulated that she has just started menstruating and that her periods are ‘stopping’ and ‘starting’ at present. (This is a normal adolescent phenomenon.) Interestingly, Rosina comments that she thinks she menstruated young because she lived in a ‘hot place’:

Sabrina (RA): Do you have regular periods?

Niuresha: It’s irregular sometimes
Sulob: Mine too, sometimes Didi
Sabrina (RA): Do you have periods every month?
Sulob: Some months ago, I had periods after two months and it was really hard for me as I had a lot of bleeding
Sabrina (RA): (To Rosina) Yours?
Rosina: Mine also stopped for a month last time
Sabrina (RA): Rosina, you are the smallest, how many times have you been menstruating until now. How old were you, and where were you?
Rosina: When I was 13 years old
Sabrina (RA): You menstruated when you were 13?
Rosina: I just started menstruating
Sabrina (RA): It’s been a year, is it regular?
Rosina: Yes, that, but last month it stopped for a month, but it then again came
Sabrina (RA): One month?
Rosina: It was winter
Sabrina (RA): It was winter, and what about you Soniya?
Soniya: Me, didi?
Sabrina (RA): Yes
Soniya: I menstruated at 17
Sabrina (RA): You menstruated at 17. Is it regular?
Soniya: Yes
Sulob: You menstruated at 17?
Sabrina (RA): Niuresha, you also have a regular period?
Rosina: I menstruated fast because I stayed in a very hot place

In the concurrent workshop, Aisha also articulated that she recalled her periods being irregular before the birth of her daughter. She explains: ‘It was not regular. Sometimes I had after 3 months and sometimes I had it after a month’. Notably, we worked out that she would have been in late adolescence when she gave birth to her daughter and she had also been pregnant before this time, also in late adolescence. In the context of this same conversation, Indira then said she recalled her periods being regular before she gave birth to her son and she said she knew how to ‘map’ her menstrual cycle by counting the days of it numerically. To calculate when her period was due, she says she did the following: ‘Suppose I menstruated at 8th, and I would be having my periods for 5 days, then it would stop, then again it would start
on the 8th next month.’ Interestingly, Indira did not tell us who taught her how to do chart periods in this way, but it could have been explained to her using a pictorial chart or calendar or someone may have taught her to do this aurally by counting the 28 days of a regular menstrual cycle. In contrast to Indira's regularity, many women’s cycles actually vary from this basic principle. Both Aisha and Indira articulated that their periods had not returned since giving birth and also during breastfeeding, but they both indicated that they know a change happens in relation to menstruation after childbirth and while breastfeeding and that they knew their periods would eventually return. However, no women spoke about periods stopping in the latter part of womenhood. Therefore, we can reasonably assume then that they did not know about menopause.

5.6.15 Menstruation after childbirth

In ‘Workshop 4: Menstruation’, as mentioned, Aisha and Indira both indicated that their periods had not yet returned following childbirth. When they were undertaking the workshops, they were breastfeeding their babies, both under one year of age. In the context of this conversation, Aisha shared with us that her mother had told her about her experience of the return of periods after childbirth, and that she knows it differs from woman to woman. Indira did not seem to know about this issue, nor did the younger unmarried women. In the following extract, she explains the information she knows and also makes a statement about the unpleasantness of having periods for her:

*Sabrina (RA):* Do you feel like you are about to have your periods anytime soon or don’t you feel anything?

*Aisha:* What do mean by are you going to have your periods?

*Sabrina (RA):* I am asking, like menstruation has stopped, but do you feel like would be menstruating anytime soon now?

*Aisha:* It depends. It’s not predictable. You can’t be sure of it

*Sabrina (RA):* Indira, you?

*Indira:* I don’t know

* *Aisha:* Some do not even have periods two years after giving birth. Some have it after 5 months.

* *Aisha:* We’ve still not had periods until now. My Mum had her periods three months after she gave birth to my sister. It’s good that I don’t have periods. It’s disgusting.
5.6.16 Pain changes from first menstruation to the present\textsuperscript{90}

In ‘Workshop 4: Menstruation’, in the context of talking about pain at menstruation, Niuresha, Rosina and Soniya, shared that their pain experiences - from first menstruation pain until the present time – have changed over time. In this extract, they discuss the issue:

\textit{Sabrina (RA)}: You might not have the similar experience in the first period. Do you still have it?

\textit{Niuresha}: No, I used to not have a lot of stomach period pains, but I have lot now

\textit{Rosina}: I also did not have it before, I have it now

\textit{Sabrina (RA)}: Soniya?

\textit{Soniya}: Didi, I used to have period pains before

\textit{Sabrina (RA)}: You don’t have them now?

\textit{Soniya}: I have a little

5.6.17 Seeking information about the process of menstruation

In the context of discussing menstruation knowledge, it was evident that while the women knew about bleeding and that it came from the abdomen somewhere, but not always clearly the uterus, some of them wanted to know more about the physiological process of menstruation in relation to pregnancy, and also in relation to just simply understanding menstruation. In ‘Workshop 3: Inner Female Reproductive Body’, Aisha indicated that she had an idea that the pain comes from the uterus (and not stomach) at menstruation, which none of the other women described in such a way: ‘Our uterus is here (gesturing to abdomen). That’s why when we have our periods, we have abdominal pain’. In ‘Workshop 4: Menstruation’, Aisha indicated that she knows that the ‘bleeding’ comes ‘From where the child comes out (vaginal canal)’, but she indicated she could not ‘see’ this process because it occurs inside the vagina. In relation to menstruation and pregnancy, Aisha also articulated that she knows there is a connection between menstruation and pregnancy, but she does not know exactly ‘what’ it is, which she indicated after Sabrina asked her this question: ‘So what’s the connection between getting pregnant and having periods?’. Aisha replies: ‘So when you are menstruating, you don’t have kids or baby and when you are pregnant you don’t menstruate. I don’t know what the connection is though’. In the ‘Group Interview using Photoethnography’, Aisha while looking at the photograph of her uterus from ‘Workshop 7: Inner and Outer Female Reproductive Body’

\footnotetext[90]{This is important to note because it is a normal adolescent occurrence.}
also indicated that she may have sought further information about menstruation whilst undertaking the workshops, but she still struggled to conceptualise the menstruation process (see Figure 17). This issue is captured in the following discussion with Sabrina:

_Sabrina (RA):_ What do you know about menstruation? Do we menstruate because the egg inside us gets burst?

_Aisha:_ No, it’s not the egg that causes menstruation, it’s the blood that’s inside the uterus that causes menstruation (She had been thinking or perhaps asking people)

_Sabrina (RA):_ From where does the blood come?

_Aisha:_ It’s from there itself (Looking at the photograph of her uterus)

_Sabrina (RA):_ So if this is the uterus, from where does the blood come?

_Aisha:_ I don’t know about that. I don’t know if it comes from the place where we give birth or another place

Although some of the other young women could discuss the process of menstruation in terms of information they had heard, this was a process that Indira, Rosina, Soniya, Sulob - and even Niuresha who had significant knowledge of the physiological process of menstruation - could not fully conceptualise in relation to their own bodies.

5.6.18 Summary - Menstruation

Table 11 provides a summary of the knowledge the young women had about their reproductive bodies related to the menstrual cycle and menstruation, including who taught them this information or, equally, not. Table 12 then provides an insight into the understandings they had about the physiological processes of menstruation and their levels of understanding. Evidently, there were significant gaps in the women’s knowledge about menstruation and how they relate menstruation to their own bodies.
**Table 11. Menstrual Cycle and Menstruation**

<table>
<thead>
<tr>
<th>No. of Workshops</th>
<th>Age at First Menstruation</th>
<th>Bleeding</th>
<th>Thighitchiness</th>
<th>Pimples (Premenstrual)</th>
<th>Stomach</th>
<th>Back</th>
<th>Body Heaviness/Strange Feeling in Vagina</th>
<th>Breast Change</th>
<th>Regularity/ Irregularity</th>
<th>Menstrual Pads</th>
<th>White Fluid (before menstruation)</th>
<th>Pain Changes Over time</th>
<th>Source of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha 4/7*</td>
<td>14</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Irregular ***</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Self</td>
</tr>
<tr>
<td>Indira 4</td>
<td>14</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Regular ***</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Mother before first period/Self</td>
</tr>
<tr>
<td>Niuresha 4</td>
<td>14-15</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Irregular</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sisters before first period/Self/Mother after first period</td>
</tr>
<tr>
<td>Rosina 4</td>
<td>13</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Irregular (enlarge)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Self/Mother after first period and friends</td>
</tr>
<tr>
<td>Soniya 4</td>
<td>17</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Regular (change)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Self/Mother after first period</td>
</tr>
<tr>
<td>Sulob 4/5*</td>
<td>14-15</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Irregular ***</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sisters before first period/Self/Mother after first period</td>
</tr>
</tbody>
</table>

*Note: The symbols represent different levels of symptoms or conditions. For example, ☐ indicates the presence of a symptom, ☐ indicates absence, ☐ represents mild symptoms, and ☐ represents moderate to severe symptoms. The asterisk (*) denotes the type of menstruation (regular or irregular).
*In the ‘Group Interview using Photoethnography’, Aisha indicated to us that she had been trying to understand the process of menstruation and was seeking more knowledge about it – and we think she had done so between workshops. However, she still could not fully conceptualise the process – in relation to her inner body – at the end of the workshops.

**Aisha said she recalled getting stomach and back pain 5 days before her periods began. She had not yet menstruated following childbirth.

***Aisha and Indira were not yet menstruating following the birth of their babies, so they were recalling menstruation before pregnancy.

****Sulob said she gets ‘white fluid’ 5 days before her periods.

? In ‘Workshop 4: Menstruation’, Rosina said breasts enlarge at periods and Soniya said they change. In ‘Workshop 5: Pregnancy’, Sulob said that some people say breasts get sore during periods. We do not know who told them about these changes and we also do not know whether any of these young women experienced these issues themselves.

In relation to menstruation education, we surmised - from the information given by the young women themselves - that mothers, sisters and friends only taught them about the practical aspects of menstruation and not the underlying physiological processes.

Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
### Table 12. Physiological Processes of Menstruation

<table>
<thead>
<tr>
<th>No. of Workshop</th>
<th>Menstruation</th>
<th>Ovulation</th>
<th>Mapping Menstruation</th>
<th>Menstruating after childbirth</th>
<th>Connection Between Menstruation and Pregnancy</th>
<th>Level of Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha</td>
<td>4/Group Interview using Photoethnography</td>
<td>(Unknown)</td>
<td>(Unknown)</td>
<td>-</td>
<td>(Mother)</td>
<td>(Unknown)</td>
</tr>
<tr>
<td>Indira</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nuiresha</td>
<td>4</td>
<td>(School/Hospital clinic)</td>
<td>(? School/Hospital Clinic)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Rosina</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Soniya</td>
<td>4</td>
<td>(School)</td>
<td>(School?)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Sulob</td>
<td>4</td>
<td>(?School)</td>
<td>(?School)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
5.7 Menstrual Stigma

In the context of discussing the age at which they first menstruated, Aisha, Indira, Rosina, Niuresha, Soniya and Sulob also shared experiences about menstrual stigma as instilled through menstruation traditions and practices in their villages. Some of the women experienced harsh traditions and practices while others experienced few. However, all women, even those who said they had not experienced any traditions, shared information about one, two or even more aspects of the practices and/or menstrual stigma. In some cases, they also knew about traditions practised for women in other ethnic community groups. These traditions included seclusion rituals, restrictions to touch and/or look at things, engaging in religious rituals and/or entering sacred spaces such as temples. In addition, both women (mothers and sisters) and men (uncles, fathers and brothers) were mentioned in the enforcement of the traditions in active or, equally, passive ways.

5.7.1 Untouchability

In ‘Workshop 4: Menstruation’, all six women spoke about their experiences of first menstruation and their variable practices of menstruation traditions in their village communities. While some women were forced to practise these traditions, others had more relaxed experiences. However, despite this, there seemed to be a ‘collective unconscious belief’ held by them that women were ‘untouchable’ at menarche. This is best articulated by Sulob. After listening to Soniya’s articulate the restrictions she faced at menstruation in her Brahmin community, and describing – in detail – other issues she knows about from her Tamang community, Sulob who had faced limited restrictions, then made a statement in a group discussion with Niuresha, Rosina and Soniya: ‘You are dirty when you are on your periods’. Interestingly, both Sulob and Soniya also spoke about menstrual blood as being ‘dirty’. Sulob said: ‘When the eggs burst, the blood comes, so our new blood develops after the dirty (blood) is gotten rid of’. In addition, in this same workshop, Soniya said: ‘It’s similar, but then our veins throw the dirty blood, then we have a new blood. The eggs burst and then we have periods. I don’t know a lot about it.’

Although Niuresha believed that she did not practise any menstruation traditions, when she first menstruated and woke up to discover blood on her ‘white lehenga’ - her mother asked her to ‘...change her ‘lehenga’ fast...’ which may signify

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91 Interestingly, Aisha also described the water from birthing as dirty in ‘Workshop 5: Pregnancy’. We were not certain if that meant it was dirty by colour or by inference meant an ‘untouchability factor’ too.
92 Traditional Tamang dress.
(though this is not clear) that no family members (i.e. father, brothers or sisters) were allowed to ‘see’ the blood.

5.7.2 Seclusion

In ‘Workshop 4: Menstruation’, whilst beginning to tell us about the severe restrictions she faced at menstruation, Soniya, from a Brahmin community, articulated that she got her first period when she was with a friend in her village, gazing at the animals, but then she went to her mother for support. This is what then happened: ‘I went to my Mum and told my Mum and she asked me to go to some other place (different house)...’ While articulating her experience of seclusion, Soniya also then described some of the other restrictions faced by women in her village community, such as where they sleep, cook and how they bathe during menstruation. In addition, she said menstruating women are not allowed to look at men. Though she is not sure what it is called, from the information Soniya gave us, we believe the menstruation tradition she experienced was ‘chaupadi’ though she calls it ‘gupha’. Chaupadi is a tradition where women are banished to cow sheds, mud huts and caves when they are menstruating. It is generally practised in Brahmin communities. Notably, in response to Soniya's descriptions, Nuiresha is shocked because it is the first time she has heard about these severe menstruation traditions and practices. Notably, Soniya states that women are not supposed to be involved in hard labour at this time, but not why and the it is evident from her discussion that there is a significant amount of harm to women’s health likely to arise from the practise of these traditions:

*Sabrina (RA):* What about you Soniya, since you are Brahmin? Don't you have anything?
*Soniya:* They hide us
*Sabrina (RA):* What sort of thing? Is it something like ‘gupha’?
*Soniya:* You are not allowed to see in the direction of your home, no one like your brother, or any male member of the family
*Sabrina (RA):* So what do you call that ritual?
*Soniya:* ‘Gupha’ itself?
*Sabrina (RA):* It’s not called ‘gupha’ I think
*Soniya:* You call it that (‘gupha’)
*Sabrina (RA):* ‘Gupha’ is for Newar culture. Bahun have something different
*Soniya:* I know that only
*Nuiresha:* ‘Gupha’ is where you have to stay inside the house only
Sabrina (RA): You are sent to another person’s house. What is this ritual called? And with whom do you stay, and how do you stay?

Soniya: If you have your own sister, you stay in their house, if not, in someone else’s house

Sabrina (RA): Do you have different places to sleep too?

Soniya: You are not allowed to sleep in a bed

Sabrina (RA): You are not allowed to sleep in bed?

Soniya: On the fifth day, you are to wash all the clothes. If you were to have menstruated for the first time, you would have to wash all your clothes after 21 and then 14 and then after 7 days

Sabrina (RA): You are sent out three times?

Soniya: Yes

Niuresha: Baa (She shows a shocked expression on her face)

Sabrina (RA): If you have any questions, you can ask Soniya (To everyone)

Niuresha: 21, you are sent for 21 days outside? (Separate house)

Sabrina (RA): She is sent 3 times (To Tricia in surprise/shock)

Soniya: I couldn’t stay so I ran away for the 7th day

Sabrina (RA): Nothing happens in your culture Rosina?

Rosina: No, nothing happens

Niuresha: Are you allowed to go outside the room or do you have to stay inside? (To Soniya)

Soniya: You are expected to do everything the house. People like you are to cut the grass and everything. You should not carry big loads, when you have your periods, but you are expected to carry big loads

Sulob: What do you expect when you stay in other peoples’ house?

Sabrina (RA): What do you call that ritual to be? It is not ‘gupha’. ‘Gupha’ is where you have to stay inside the house without looking at anyone, but you are allowed to go outside to do daily chores, and you are only not allowed to look at your house and the male members. So what do you call these kinds of rituals?

Soniya: I don’t know Didi (To Sabrina (RA))

Sabrina (RA): You seriously don’t know. Just ask someone tomorrow and come.

*Soniya: You have to wake up early in the morning and bathe with cold water

In the same workshop, in a conversation with Aisha, Indira also told us she was sent to a different house at menstruation and she also could not look at men or women in the family: ‘You have different utensils there and you have a different place to sleep. You have a different
place to cook and you cannot look at anyone in the family, a boy or girl’. Later in the workshop, she also described the practice of ‘guniyo cholo’: ‘...So when you menstruate for the first time, they send you. We are not allowed to see our parents’ face. They keep you in a room. After the periods stop, they bring you new clothes and take you home’.

While describing some of their experiences of seclusion and restrictions they faced at their first menstruation, Aisha and Soniya also illuminated a role that mothers and ‘sisters’ play at menstruation. In ‘Workshop 4: Menstruation’, Aisha said mothers and sisters support each other during seclusion rituals: ‘We are not allowed to see the faces of the male member of the family. Our mothers and sister used to come during the night to sit with us’. Similarly, in ‘Workshop 7: Outer and Inner Female Reproductive Body’, while reflecting on all the workshops she had done, Aisha added that she used to support her sisters at menstruation, as articulated in this comment: ‘I used to go and sit with my sisters when they used to menstruate’.

In ‘Workshop 4: Menstruation’, Soniya also said that ‘a sister’s house’ is one of the places where seclusion rituals happen in her community: ‘If you have your own sister, you stay in their house, if not, in someone else’s house’.

In the same workshop, in the context of discussing the likelihood of being expected to practise menstruation traditions in the villages with their daughters, Aisha spoke acerbically about an issue in relation her father and menstruation: ‘Fathers can go to any place they want for seven days’. While women are secluded in their villages at menstruation, it appears that fathers – paradoxically - have complete freedom of mobility. In this same workshop, while conversing about different practices of menstruation traditions, Soniya also said this ‘My father’s Tamang friend, they are allowed to go anywhere’. Although Soniya did not clarify whether she was talking about men or women, the implication here is that she knows there are lesser restrictions in Tamang Community, and we discerned it was likely women (see Section 5.7.6 for the full conversation).

5.7.3 Touch restrictions - people

When Aisha described the discovery of her first period, she said her sister scolded her for ‘...touching everyone’. Aisha later related that menstruating women are not allowed to touch ‘men’ in their families. In the following extract, she describes this issue and Indira added that she cannot look at anyone in the family in her community, men or women when she is

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93 This a collective term used to describe ‘blood sisters’ and/or other women and girls in Nepalese culture.
menstuating. Notably, she also says she has to go to a different place to cook at menstruation.

In the following extract, Sabrina discusses the issues with Aisha and Indira:

* Sabrina (RA): When you first menstruated, your sister scolded you. Do you know why she scolded you?

* Aisha: When you menstruate you should not touch any male member of the family. I touched. That’s why they scolded me

* Sabrina (RA): Do you practise it now too with your husband?

* Aisha: You can do it in the village, but you can’t do it here (*In the city)

* Indira: You have different utensils there and you have a different place to sleep. You have a different place to cook and you cannot look at anyone in the family, a boy or girl

* Aisha: You can to a girl, but you cannot to a boy

* Indira: In our culture, it’s both

When Indira spoke to us about the practice of ‘guniyo cholo’ in her Magar community, she said: ‘We are not allowed to see our parents’ face’ which indicates that she is also not allowed to look her mother or her father. In addition, as mentioned earlier, Soniya said also she could not look at men at menstruation: ‘You are not allowed to look in the direction of your home, no one like your brother, or any male member of the family’.

5.7.4 Touch restrictions – kitchen, kitchen utensils and food

While describing the tradition and practices they faced at menstruation, Soniya, Indira and Sulob all mentioned that women in their Brahmin, Magar and Tamang communities were expected to go a different place to cook when they were menstruating and/or had to use different kitchen utensils (as also mentioned above). Notably, while Sulob indicated that in her village ‘...many people are sent to another house, but you do not have to go anywhere, you can stay in the house. Just don’t touch anything that’s in the kitchen’. She had said previously that she practised no traditions. Soniya also mentioned that these practices were only reinforced in her father’s home: ‘There are two houses. If I go to the place where my father stays, then I would have different things (*kitchen utensils) for everything, but where I stay there is nothing’

For some of the women, the rituals associated with menstruation also impacted on their ability to touch fruit and flowers, or to attend temples. In this extract, Rosina, Niuresha, Sulob

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94 She is referring to the hostel she is living in Kathmandu.
discuss these issues with Sabrina. Notably, Rosina and Niuresha had said previously that they practised no menstruation traditions. However, they appeared to know about some of the ‘touch restrictions’ practised at menstruation. Interestingly, Rosina who experienced no menstruation traditions seemed knowledgeable about a restriction to enter temples whilst menstruating. A conversation about these issues is presented here:

Rosina: We were not restricted to do or go anywhere (*Indicating to Sabrina (RA) about the practice of restricting women to go to kitchen or to temples)
Niuresha: We are also not restricted. What about you didi? (To Sabrina (RA))
Sabrina (RA): There is no restriction
Niuresha: Same here
Sabrina (RA): You are not allowed to touch a fermented pickle and you are not allowed to touch the flowers
Sulob: I’m not allowed to go to the kitchen
Niuresha: I’m not allowed to touch fruits
Rosina: You are not allowed to touch fruits? (To Niuresha)
Niuresha: The fruits decay. You shouldn’t touch

5.7.5 ‘Tikka’

In a conversation that transpired between Niuresha, Rosina and Soniya on the restrictions of touching things at menstruation, Rosina also said that ‘You are not allowed to wear tikka’. In other words, women cannot receive blessings on their forehead, that is, ‘tikka’ during holy rituals, and probably not participate in holy rituals at menstruation. Notably, as mentioned in the previous section, Rosina also reported that women are not allowed to enter temples when they are menstruating. Interestingly, in conversation between Niuresha, Rosina and Soniya and Sulob about the different practices of menstruation traditions they know about in other communities, Niuresha also said this about a friend of hers and the giving of ‘tikka’ at ‘guniyo cholo’: ‘One of my friends was a Magar, she had a ritual where she was given ‘guniyo chulo’ and they were given tikka without showing their face to the brothers’.

5.7.6 Continuum of menstruation traditions and practices

As the women participating in the workshops came from diverse regions of Nepal and from different ethnic groups and cultures, not all of them experienced the menstruation traditions described earlier. For example, Niuresha expressed disbelief upon hearing Soniya
describe her experiences of menstruation traditions in her Brahmin community which is when Sulob then stated: ‘You are (considered) dirty when you are on your periods’ to finalise the conversation. Initially she suggested Sulob was ‘...just bluffing’. However, she later acknowledged: ‘I didn’t know about all these (menstruation traditions). I just came to know after I came here (the workshops)’. This conversation then led to Niuresha, Rosina, Soniya and Sulob discovering the different traditions – and/or lack of restrictions – that they have observed and/or seen practised in their own or other communities. Notably, Sulob, Rosina and Niuresha say that some communities (Tamang/Magar/Tamang) practice the traditions and some do not. In this discussion, Soniya, from a Brahmin Community who faced the harshest traditions, pointed out that from her observation Tamang and Magar communities have ‘relaxed’ menstruation traditions and practices.

In the following conversation, Sulob, Niuresha, Rosina and Soniya discuss various menstruation traditions and practices. Like Niuresha from a Tamang community, Rosina says the traditions do not matter in Magar communities, which is – interestingly – overturned in the concurrent workshop by Indira also from a Magar community. Soniya then also states that she thinks the ‘touching’ of fruits and flowers by menstruating women which is believed to cause decay, is a ‘myth’ and she explains why. In addition, Niuresha shares her personal belief about menstruating women and ‘purity’. Notably, in this conversation, men are discussed in relation to the practice of the traditions:

*Sabrina (RA): All three of you are Tamang?*
*Sulob: Only two of us*
*Sabrina (RA): You both are Tamang? (To Sulob and Niuresha) What kind of rituals are there in Tamang society in regards to menstruation? Anything such as ‘guniyo cholo’?)*
*Sulob: It happens like this. My uncle’s daughter was sent for 7 days outside the home and she was only brought after her brothers did ‘guniyo cholo’ and brought her back home. I just heard it, but it doesn’t happen back in my home*
*Niuresha: I wasn’t given ‘gunoyo chulo’ after my periods*
*Sabrina (RA): You weren’t given?*
*Rosina: I was given ‘gunoyo chulo’ before I had my periods95. After 7, I had my tooth fall*

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95 In Rosina’s Magar Community, ‘guniyo cholo’ appears to be practised as a different time, perhaps not related to menstruation rather as a ‘coming of age’ ritual at an earlier time.
*Niuresha:* There is no hard and fast rule that you have to give before and after your periods. It doesn’t make any sense

Sabrina (RA): There is no hard and fast rule that you have to give guniyo chulo?

Niuresha: No

Sabrina (RA): Periods is not a big deal in your case? (To Niuresha)

Niuresha: No, there is nothing. Some people have so many rituals, but I don’t think there is anything as such in mine

*Sabrina (RA):* Do you want to ask each other any questions?

Niuresha: I don’t want to. I have asked everything

Soniya: I have something to ask Sulob, why are you allowed to go everywhere on your periods from kitchen to other places?

Sulob: Allowed? We are not allowed to go anywhere

Soniya: You are allowed

Sulob: I don’t know

Soniya: According to my observation, you are allowed

Sulob: I don’t know

Soniya: My father’s Tamang friend, they are allowed to go anywhere

Sulob: It’s different in all places. I don’t know.

Niuresha: Like I don’t have anything as such

Sulob: Niuresha and I are from the same district, still our culture is different. How can yours and mine match? (To Soniya)

Niuresha: Some people follow rituals, some people don’t, in Tamang society

Sabrina (RA): There is something like this in Tamang society?

Sulob: I don’t know

Niuresha: It doesn’t matter in mine

Rosina: Magar’s also do the same (*It doesn’t matter in Magar society*)

Sabrina (RA): Do you have rituals or not?

Rosina: Some have, some don’t have

Niuresha: One of my friend’s was a Magar, she had a ritual where she was given ‘guniyo chulo’ and they were given tikka without showing their face to the brothers

Sabrina (RA): It depends, it depends on the culture. Being a Magar (to Rosina) she never had any difficulty like going inside kitchen and stuffs like that. But then, a few Magar do have, like barnu lai k bhancha English ma mailey birsya. They follow the rules
like any menstruation, menstruating rules, I don’t know what barnu\textsuperscript{96} is in English (To Tricia)

*Sabrina (RA):* A few Magars do, few Tamangs do, few Tamangs don’t. Like I’m a Chettri but my family doesn’t abide by the rule of having me, or not allowing me to go inside the kitchen. But she has different which differs from every stuff. Are you Bahun or Chettri?

Soniya: Chettri

Sabrina (RA): I am also Chettri, but I am allowed to do everything like I am allowed to touch God. I am just not allowed to touch flowers or the fermented pickle.

Soniya: I have tried once (touching) when I was on my periods

Niuresha: You are allowed to touch God too (Temples)

Soniya: Like people say

Rosina: You are not allowed to wear tikka

Sabrina (RA): You are allowed to

Niuresha: Even if you are menstruating? (*To Sabrina (RA))

Soniya: The fruits decay, but then I touched it once and nothing happened

Niuresha: I do the prayers

*Niuresha: I am allowed to touch everything. If your heart is clean, you can touch everything

5.7.7 Discontinuing menstruation traditions and practices

In ‘Workshop 4: Menstruation’, Aisha articulated that she would not practice menstruation traditions with her daughter in her urban living environment due to residing in a ‘one-room living environment’. She explains: ‘I wouldn’t be practising here in Kathmandu since it’s not possible since we stay in the same room, but yet it would be practised if we go to the village’. Indira indicated that her same living conditions would preclude the practice of menstruation traditions in the city too. In the context of asking Niuresha, Rosina, Soniya and Sulob about the menstruation traditions and practices in their rural communities, they also said they were not practising menstruation traditions in their hostel in Kathmandu. Sabrina directed a question at Niuresha about this issue. Sabrina: ‘You guys stay in a hostel? There is nothing as such there (In the hostel)?’. Niuresha’s response: ‘No, there is nothing as such. There

\begin{footnotesize}
\textsuperscript{96} Barnu is restricting the menstruating girls from doing certain things like going to and touching temples, kitchen utensils, flowers etc.
\end{footnotesize}
shouldn’t be anything as such.’ Coming from an environment of relaxed menstruation traditions and practices, it appears she does believe in the practice of them.

Earlier in this same workshop, when Soniya mentioned that there were ‘two houses in her village’, and one, in particular, for menstruation in which she used different kitchen utensils, she confirmed that she was no longer practising menstruation traditions in the hostel where she is currently living. In the participant observation period, we became aware that menstruation traditions were not being continued - with intent - in the young trafficked women’s lives because they are outlawed in Nepal. As Soniya previously explained: ‘There are two houses. If I go to the place where my father stays, then I would use different things (*kitchen utensils) for everything, but where I stay there is nothing’. She is referring the hostel where she has been living post-trafficking.

Notably, Soniya, who faced the harshest menstruation traditions, disputed the ‘touching myth’, as mentioned above and also told us that ‘...when you are menstruating you are supposed to carry light stuff and I was asked to carry heavy stuff so I ran away’. She appears to be challenging the practice of menstruation traditions in her Brahmin community. Notably, she gave no indication of where she had begun to change her attitude over the practice of menstruation traditions. However, we were aware that the hostel where she was living had not only actively stopped the practice of menstruation traditions, but was also educating the young women on the harms associated with the practices.

5.7.8 Continuing menstruation traditions and practices

As noted above, Aisha and Indira explained that they would not be able to practice menstruation traditions with their daughters in Kathmandu because they were confined to living in single rooms. However, they indicated, equally, that menstruation traditions must continue to be practised. For example, in the context of her discussion on ‘guniyo cholo’, Indira said this: ‘...You have to send your daughters to another’s house when they menstruate for the first time’. After this conversation, Aisha and Indira then explained why the practice of menstruation traditions is important to them. As Sabrina was describing to them that ‘Chettris also have something like this (menstruation traditions)’, Aisha then said: ‘It’s our culture so everyone has to practise it’. Sabrina then directed a question at Indira about the issue and it appears, from her response, that it is actually a cultural imperative to practice the traditions, which is indicated here:
**Sabrina (RA):**  Like Aisha is not going to do with her baby, Indira would you also practise it if you have a daughter in the future?’

**Indira replies:** ‘We have to practise it’

### 5.7.9 Summary – Menstrual stigma

Table 13 provides a summary of the knowledge the young women had of stigmatising menstruation traditions and practices gleaned through their own experiences of the traditions or knowledge they had gained from others. Notably, this knowledge – like that of menstruation – is variable and inconsistent and appears to be related to the ethnic communities in which the women grew up. However, the changes in knowledge and attitudes are largely unknown, but may have come about through exposure to the practices of others and/or possibly education. There is certainly an active effort being made in urban areas such as Kathmandu and other cities and also through anti-trafficking organisations and schools to stop menstruation traditions and practices.
### Table 13. Menstruation Traditions and Practices

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<thead>
<tr>
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<th>Seclusion (house)</th>
<th>Touch /Sight Restrictions</th>
<th>Other traditions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>People</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Aisha (Chettri)</td>
<td>Self (Secluded with sisters)</td>
<td>Self (Touch men / See faces of men)</td>
<td>-</td>
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<tr>
<td>Indira (Magar)</td>
<td>Self (‘guniyo cholo’)</td>
<td>Self (Look at men or women, including parents)</td>
<td>Self</td>
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<tr>
<td>Niuresha* (Tamang)</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Rosina* (Magar)</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Soniya (Brahmin)</td>
<td>Self (‘chaupadi’) (Father’s home / Sister’s house)</td>
<td>Self (Look at men/direction of home at father’s home)</td>
<td>Self (Father’s home)</td>
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<tr>
<td>Seclusion (house)</td>
<td>Touch /Sight Restrictions</td>
<td>Other traditions</td>
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<tr>
<td></td>
<td>People</td>
<td>Kitchen</td>
<td>Kitchen Utensils</td>
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<tr>
<td>Sulob* (Tamang)</td>
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<td>-</td>
<td>Self</td>
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</table>

*These women said that some women practise menstruation traditions in their communities by some women, and, equally, some do not.
5.8 Pregnancy

The young women understood a lot about the reproductive body and pregnancy from ‘experiencing’ or ‘observing’ the processes. Aisha and Indira had given birth, but we still identified gaps in their knowledge which Aisha particularly sought to fill. Soniya and Niuresha overtly discussed learning about aspects of pregnancy through ‘seeing’ birthing processes. In contrast, Rosina and Sulob said they did not know a lot about pregnancy, but had some knowledge of processes from things they had observed. Primarily, the women identified pregnancy as an ‘outer body’ experience and the gaps in knowledge and understanding related to inner body processes.

5.8.1 Conception

Most of the young women articulated that they had an understanding of the process of conception. In ‘Workshop 5: Pregnancy’, in response to Sabrina’s question, Aisha replied that you need ‘elements’ (sperm and eggs) from a woman and a man for conception to occur. However, interestingly, she did not say from which parts of the male or female body these ‘elements’ come. In the following extract, Aisha and Indira discuss this issue with Sabrina. As can be seen, Indira indicated that she thinks she knows but she is not entirely sure where the (female) ‘eggs’ might sit because her mother told her. However, she does not know the name of the body part:

\[
\begin{align*}
\text{Sabrina (RA):} & \quad \text{Do you know that you can’t get pregnant as soon as you have had sex, so what should you do to get pregnant?} \\
\text{Aisha:} & \quad \text{The male and female should both produce the element that gets mixed and that gives birth to a baby. If there is only one, you can’t get pregnant} \\
\text{Indira:} & \quad \text{Ovary} \\
\text{Sabrina (RA):} & \quad \text{You call it ovary?} \\
\text{Indira:} & \quad \text{I don’t know what it’s called} \\
\text{Aisha:} & \quad \text{It’s not only if you have boys or a male thing, so you need to mix it with the female and that’s only when we get pregnant}
\end{align*}
\]

Later in the conversation, Indira iterated that she knows a little bit more about conception than she had at first indicated: ‘The baby does not sit (in the uterus) if the female egg and male sperm couldn’t meet. If they meet, then only the baby sits’. In ‘Workshop 6: Male Reproductive Body’, Soniya gave the most accurate description of the process of conception.
in terms of ‘white blood’ (eggs) and ‘white blood’ (sperm) needing to combine. In this extract, Sulob, Soniya and Niuresha discuss the process with Sabrina and me. This discussion caused a few laughs because Niuresha pointed out that you cannot go around touching a boy of their own age’s penis, so they cannot know what the fluid (sperm) looks like.

_Sabrina (RA):_ What has to mix with the female eggs to get you pregnant?

_Sulob:_ Like, while we are having periods, it is a similar thing with the boys, and it comes when we are having sex

_Sabrina (RA):_ How many kinds of white blood do they have?

_Soniya:_ Two, there are two kinds of white blood when we combine it with a boy and a girl

5.8.2 Timing of conception

In ‘Workshop 5: Pregnancy’, in a conversation between Niuresha, Sulob, Rosina and Soniya about getting pregnant by having a sexual relationship with someone, Sabrina then asked the young women whether there is an ‘appropriate time’ to conceive. In the following extract, Sulob and Niuresha indicated that they knew, and Niuresha provided some ‘statistics’ on the issue, which she may have heard about (though we cannot be sure) in a hospital clinic. These statistics seems like western biomedical statistics. Notably, they use menstruation as their guide to timing of conception:

_Sabrina (RA):_ How many days? We conceive the baby, but what’s the appropriate time for you to get pregnant?

_Sulob and Niuresha: (Niuresha allows Sulob to speak) After you menstruate

_Sulob:_ 15 days after you menstruate

_Sabrina (RA):_ 15 days

_Sulob:_ Something like that. I forgot about it

_Sabrina (RA):_ Niuresha, after how many days of having a relationship with a guy will you get pregnant?

_Niuresha:_ Something like after 20 to 10 days

_Sabrina (RA):_ Soniya, do you know about it?

_Soniya:_ No, didi

_Niuresha:_ Sometimes when you get pregnant when you are on your periods too. 90% when you do between your periods, 10% to 5% when you are menstruating
In addition, in ‘Workshop 6: Male Reproductive Body’, Aisha shared this information about the timing of conception: ‘There’s a particular time’. However, she did not elaborate on this notion. Although it is probably reasonable to assume she gathered this information from a hospital clinic – because she shared where she was getting contraception from and she had also given birth in a hospital - it is not exactly clear who gave her this information.

5.8.3 Conception with one ovary

In ‘Workshop 3: Inner Female Reproductive Body’, whilst trying to ‘imagine’what her uterus and ovaries looked like in clay, Indira explained that she had to ‘lose an ovary’ because of a blood clot. She explained: ‘This is the ovary, this is where the baby sits, my Mum said that. I had to throw (lose) one ovary because of the blood clot’ (see Figure 12e). When Sabrina asked her whether you can ‘give birth (get pregnant)’ with just one ovary, she said, emphatically, ‘Yes you can’. Although it is likely a doctor may have told her this, it is also possible she just discovered this by getting pregnant: Indira gave birth to her son, Aarjan, one year after her ovary was removed.

5.8.4 Determination of sex (gender)

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, while engaged in self-questioning regarding the son preference issue in her husband’s family, Aisha indicated that she knows something about ‘who’ determines the sex of a baby (a man or a woman), but the source of this information is uncertain. She stated: ‘It’s God’s wish, whatever he gives, but then I have heard about if my husband throws a sperm that’s for a daughter, I can’t do anything about having a son? (Self questioning)’.

5.8.5 Misunderstanding about conception

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, Aisha indicated that she had a misunderstanding about the process of conception. While she knows that a male sperm and female egg are needed for conception to occur, she also believes that conception will only take place if there is an ‘emotional connection (between partners)’ at the time of having sexual intercourse. Aisha describes her understanding: ‘It’s like this: if we both are interested, that is the only time when I would conceive. If it’s only him who is interested, then I wouldn’t get pregnant. Both should be interested’.
5.8.6 Signs of pregnancy

After making their pregnancy clay works in ‘Workshop 5: Pregnancy’, Niuresha, Rosina, Sulob and Soniya shared what they knew about ‘signs of pregnancy’; periods stop, vomiting occurs, and some people hold their backs (see Figure 15). Interestingly, Niuresha shared that ‘white fluid’ appears. In the following conversation, Sulob, Niuresha and Soniya share the various things they have heard about and/or likely observed:

Sabrina (RA): When you are menstruating, your abdomen pains and your back pains. Just think about the body parts that’s used during the pregnancy
Rosina: I don’t know anything
Niuresha: Maybe the back
Sulob: No
Niuresha: People hold their backs when they are pregnant
Sulob: Isn’t it Soniya?
Niuresha: People hold their back and sit, that’s what I’m saying
Sulob: Stomach pains
Sabrina (RA): Yes, stomach pains. And?
Niuresha: White things
Sabrina (RA): White fluid? White fluid goes?
Soniya: I don’t know about that
Niuresha: You stop your periods. And after that, you start getting white fluid
Sabrina (RA): Except for white fluid, what else?
Sulob: I don’t know
Sabrina (RA): What all happens during pregnancy? What part would be used during pregnancy?
Soniya: Some people vomit
Sabrina (RA): Except for vomit?
*Sabrina (RA): Which time or which part of pregnancy does backache happen?
Niuresha: I don’t know
Sulob: When you are about to give birth?
Soniya: After you give birth, two to three months after pregnancy
In ‘Workshop 5: Pregnancy’, Aisha and Indira each confirmed that they knew they were pregnant when their periods ceased which is a sign they would have observed, and the experience of vomiting. In this extract, they elaborate on the issues. Noticeably, they both said that their pregnancies were confirmed via pregnancy tests. However, they did not say whether these were ‘self-test’ kits or tests conducted by a doctor. Interestingly, Aisha spoke about
pregnancy ‘self-test’ kits’ in the ‘Group Interview using Photoethnography’, reporting that she has regularly them used because she had been afraid of getting pregnant while using contraception and, in particular, the contraceptive ‘Depo Provera’ because she did not trust its ability to prevent her from getting pregnant (see also Section 5.15.8):

_Sabrina (RA):_ How did you know that you were pregnant?
_Aisha:_ My periods stopped and I started vomiting
_Sabrina (RA):_ So how many times did you vomit?
_Aisha:_ After one to two months?
_Indira:_ Two to three months (Vomiting)

* _Sabrina (RA):_ Were you amazed that you were pregnant or were you expecting a baby?
_Aisha:_ I was expecting a baby

* _Sabrina (RA):_ You only thought you were pregnant because of the vomiting or did you take a test?

_Both:_ Test
_Aisha:_ I knew it from the first month that I was pregnant

Interestingly, Aisha and Indira did not mention anything about the presence of ‘white fluid’ after their periods stopped as an indicator of pregnancy. In ‘Workshop 5: Pregnancy’, Sabrina asked Rosina to indicate what changes she might have noticed on the outer body of woman who is pregnant. At first, she said stomach changes, then she indicated she did not know much. However, then she noted something she had seen that no other women remarked on: freckles:

_Sabrina (RA):_ …Rosina, what is the difference between a pregnant and not a pregnant woman? Rosina, what sort of changes do you see?
_Rosina:_ Your stomach gets big
_Sabrina (RA):_ There are a lot of differences in the body, and what kind of changes do you see in your body and your mother’s body?
_Rosina:_ I don’t know didi. But then you get a lot of black spots in your face

_Sabrina (RA):_ You get freckles?

In the context of discussing what she might have learned about the uterus, in the ‘Group Interview using Photoethnography’ Aisha explained that she knew that the uterus expands during pregnancy because the baby starts getting bigger, which –significantly - she noted as an ‘outer body change’ that she had observed during pregnancy:
Aisha: Our uterus is probably big. The baby gets bigger so it might be this big

Sabrina (RA): How big would it be before you get pregnant?
Aisha: Small

Sabrina (RA): How big would it start getting after the baby sits?
Aisha: It starts getting bigger in the process. As the baby starts getting bigger, the uterus starts getting bigger. The place where the baby sits starts getting bigger. I don’t know where the uterus is so I can’t say about that.

Later in the same workshop, Sulob added that she knew there was a change to the chest, face and ‘vagina’ though, noticeably, she does not name the vagina: ‘Our chest gets really big, the part from where we have sex also gets big. We have a lot of facial change’. Notably, in this same workshop, Aisha explained (twice over) that she noticed a change in her cheeks while she was pregnant: ‘Nothing like that (cheeks getting fatter) happened, but then my cheeks got softer’. This conversation occurred after she and Indira had spoken about their breasts enlarging during pregnancy.

In ‘Workshop 5: Pregnancy’, Sulob then also described the changes in the breasts and vagina in more depth. She has heard: ‘The breast gets full. It gets sore because before we have our periods because some people say that and the vagina gets big or gets swollen up’. When Sabrina was validating the young women’s knowledge, especially Rosina’s, Rosina then tells Sabrina where she has seen the ‘black spots’ (freckles) - on her aunt when she was pregnant. In this extract, she shares this information with Sabrina along with some other body changes that the other young women have noticed take place in pregnancy:

Sabrina (RA): What kind of boobs do you have now, what happens to it afterwards?
Sulob: After the baby is born, it feeds on something (nipple), and that also gets bigger after feeding
Sabrina (RA): How does the lower part of your body get changed?
Sulob: After you give birth, it gets large (Breasts)
Sabrina (RA): You know a lot of things (To Sulob)
*Sabrina (RA): You know a lot of things (To Rosina)
*Sabrina (RA): When you talked about freckles, many people don’t talk about it which you said Rosina
Rosina: I saw it with my Aunty
Later in the discussion on breast enlargement during pregnancy, Sulob explained that breasts get sore for an important reason: ‘When someone is on their periods, or when someone is about get their periods, their breasts get sore. That’s similar to pregnancy too as it produces milk, a real kind of milk’. Niuresha elaborated on an important reason why the breasts enlarge during pregnancy: ‘When you are pregnant, you breast gets big because you have to give nutrition to the baby. That’s why it gets big.’ Interestingly, Niuresha later added that she knows – likely from what she has seen and possibly heard - that women get very ‘itchy bodies’ at a particular time during pregnancy: ‘You have an itchy body, while you are pregnant at 8-7 months, you have a very itchy body, so if you scratch it you have stretch marks’. Aisha confirmed that this had been an issue for her – she had ‘felt’ a skin sensation during pregnancy and she believed ‘scratching’ had caused her stretch marks.

5.8.7 Taste change and pregnancy

In ‘Workshop 5: Pregnancy’, Soniya articulated that she knows that when some women are pregnant, their tastes change. This is something we can reasonably assume she has heard from someone or observed with her sister-in-law as she has seen her give birth. She explains: ‘You have an urge to eat a lot, like a lot of spicy and sour (food), and some like to eat something that’s really cold’. In this same workshop, in the context of talking about the signs of pregnancy, Aisha also told us that when she was pregnant she did not like the smell of some foods, could not tolerate some foods, and had a ‘penchant’ for others: ‘I did not like the smell of chicken. I did not feel like eating egg. I ate only momo’.

5.8.8 Bleeding during pregnancy

In ‘Workshop 5: Pregnancy’, in the context of discussing some changes to the outer body during pregnancy, Aisha explained to us that she had experienced some bleeding during pregnancy. She sought advice from the hospital about this issue and she was told by ‘someone’ that it was normal for some women. In this extract, Aisha shares this information with Sabrina:

Sabrina (RA): Did you bleed during pregnancy?
Aisha: I did bleed when my baby was due to come.
*Sabrina (RA): Was it normal?
Aisha: Some people bleed
5.8.9 **Summary - Pregnancy**

Table 14 provides a summary of the young women’s knowledge of the outer body at pregnancy. Then Table 15 provides an additional summary of the knowledge the women demonstrated of other signs of pregnancy they were aware of through observation of other women and/or their own experiences (i.e. Aisha and Indira).
## Table 14. Signs of Pregnancy (Outer Body)

<table>
<thead>
<tr>
<th>No. of Workshops</th>
<th>Breasts</th>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha</td>
<td>5/6 Group Interview using Photoethnography</td>
<td>Abdomen gets bigger (Uterus expanding / Uterus sits below belly button/ abdominal area, starts getting bigger and spreads). (Self)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Cheeks softer) (Self)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gets bigger (Self)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Itchy (Sensation) (Self)</td>
</tr>
<tr>
<td>Indira</td>
<td>5</td>
<td>Abdomen gets bigger (Self)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sore back (Self)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Niuresha</td>
<td>5</td>
<td>Abdomen gets bigger (full of milk to feed baby)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abdomen gets bigger (baby sits there in uterus)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holding backs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Unknown)</td>
</tr>
<tr>
<td>Rosina</td>
<td>5</td>
<td>Abdomen gets bigger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freckles (Aunt)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Soniya</td>
<td>5</td>
<td>Abdomen gets bigger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holding back (two to three months into pregnancy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Sulob</td>
<td>5</td>
<td>Abdomen gets bigger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holding back (close to birth)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gets bigger (swells up) (Unknown)</td>
</tr>
</tbody>
</table>

Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
Table 15. Signs of Pregnancy (Other)

<table>
<thead>
<tr>
<th>No. of Workshops</th>
<th>Periods</th>
<th>Vomiting</th>
<th>Food Cravings/Dislikes</th>
<th>Pregnancy Confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha</td>
<td>5/6</td>
<td>Group Interview using Photoethnography</td>
<td>Periods stop/ Bleeding during pregnancy (Self)</td>
<td>(Self)</td>
</tr>
<tr>
<td>Indira</td>
<td>5</td>
<td>Periods stop (Self)</td>
<td>(Self) (Women who have daughters vomit more)</td>
<td>-</td>
</tr>
<tr>
<td>Niuresha</td>
<td>5</td>
<td>Periods stop (then white fluid comes)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rosina</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Soniya</td>
<td>5</td>
<td>-</td>
<td>Some people vomit</td>
<td>(Craving for spicy and sour foods) (? Sister-in-law)</td>
</tr>
<tr>
<td>Sulob</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
5.9 Birthing

5.9.1 Pre-birth movement

In relation to the experience of pregnancy, both Aisha and Indira noted that they ‘felt’ their babies’ move during their pregnancies. When they were discussing pregnancy indicators, a conversation was initiated about ‘internal movement’, and, also, in what months of their pregnancies, they began to feel it:

*Sabrina (RA):* Except for vomiting, what other difficulties did you face?
*Aisha:* I had vomiting in the beginning phase, and I faced difficulty when the baby used to move around
*Indira:* I had nothing as such. When the baby used to move, I used to get surprised

*Sabrina (RA):* What does the movement feel like?
*Indira:* It used to move and I asked a few people, they said it’s the baby moving

*Sabrina (RA):* He used to move like this (Gesturing to her abdomen)
*Indira:* After how many months did you feel the baby moving?
*Indira:* After 3 months

*Sabrina (RA):* You felt nothing during the first month? Nothing happened?
*Aisha:* Mine was after 5 months

In relation to feeling more internal movement of the baby, in ‘Workshop 7: Outer and Inner Female Reproductive Body’, Aisha said she used to feel the following movements on the ‘outside’ of her body: ‘The leg used to be there, sometimes here, sometimes there, the head used to be here, and when I used to touch, it used to be round, the toe used to be really small and round and the hand used to be small too’ (Gesturing to her body).

5.9.2 Pre-labour and labour pains

In the context of discussing their birth experiences, in ‘Workshop 5: Pregnancy’, both Aisha and Indira indicated they experienced stomach and back ‘pain’ as Sulob mentioned in the same workshop, and an urge to urinate which indicated to them that they were ready to give birth. In this conversation, Aisha and Indira converse with Sabrina about the issues and Indira indicates that she had a ‘stop-start labour’ over the course of 5 days:

*Sabrina (RA):* How did you know that the baby was coming?
Chapter 5 | The Findings

Indira: The back used to pain, my stomach used to pain
Sabrina (RA): There’s nothing more than that
Indira: There was nothing more than that. The baby moved a lot. I wanted to pee frequently. I felt cramps in my stomach. I felt like going to the toilet, but nothing happened.
*Aisha: I had three hours of labour pain. When the baby turned, I had a very terrible stomach ache and they took me to the hospital
*Indira: Mine was 5 days

5.9.3 ‘Urge to push’

In relation to knowing how to give birth, in ‘Workshop 5: Pregnancy’, Sabrina asked Aisha and Indira this question: ‘How do you know when the baby is going to come out?’, to which Aisha replied that it was a ‘felt experience’: ‘We push our vagina so that’s how we know’.

5.9.4 Breaking the water

In ‘Workshop 5: Pregnancy’ Aisha and Indira were describing the process of giving birth, and, in particular, how their water was broken. Aisha described the water as ‘dirty’ but we are not sure if she meant dirty colour or ‘dirty’ as in ‘not be touched’. (This is questioned because of the Hindu tradition of stigmatising women at menstruation and pregnancy). Indira described it as ‘white’. Notably, Aisha created a lot of detail about her birthing process with her daughter Laxmi in her clay work, including her birthing position, about which she did not actually talk in any depth (see Figure 16a). However, she did acknowledge that this was the way she gave birth, that is, using stirrups. Indira also related that she had thought a lot about how the baby would come out in relation to birthing. In this extract, Aisha and Indira share their birthing experiences and the process of ‘breaking the water’. Notably, they also shared that it was a painful process and Aisha indicates her water was broken by a doctor:

Sabrina (RA): (To Indira) Did the baby come head first? (Repeat)
Both: Yes
*Sabrina (RA): How does it feel to give birth?
Aisha: I thought I couldn’t give birth to a baby
Sabrina (RA): Indira, you?
Indira: More than thinking about how to give birth, I thought ‘How would it come out?’
*Sabrina (RA): Was the baby moving?
Aisha: First they broke my water, cutting it, and after they broke the water, they asked me to pressure97. After that the baby comes out. Just in case the baby’s head doesn’t come out, they cut the vagina so the baby’s head easily comes out (Note: she did not get cut)

*Sabrina (RA): What happened in your case? (To Indira)

Indira: I went there (hospital). They took me to the different room where my water broke. I don’t remember if they broke it or the water broke itself. They asked me to pressure and more than putting on pressure I was shouting, and afterwards it came out itself

*Sabrina (RA): How much water was there?

Aisha: It was a lot of water
Indira: It broke down
Aisha: It was a dirty water
Indira: White water
Aisha: It’s white in colour and when you cut it, it’s a lot (Breaking of water by doctor)

Figure 16: Pregnancy (Aisha and Indira)

97 Pressure is the commonly-used word in Nepal, but it means ‘to push’.
In the concurrent workshop, Niuresha, Rosina, Sulob, and Soniya all said they had learnt a lot about how a baby ‘sits’ inside a uterus during pregnancy from discussing and working it out over clay. However, the young women asked additional questions about the process, and, in particular, about how the water breaks at birth. Niuresha and Sulob who had not given birth also shared information about the breaking of the water from things they may have heard from others and/or observed. In this workshop, Soniya, who was creating a clay model of a baby in utero indicated that she had observed a cow (as had Niuresha) and her sister-in-law giving birth (see Figure 15c). As part of this discussion, Nuiresha then shared some information which she had gained from a hospital clinic about ‘9 layers’ needing to break open before the baby comes. Notably, Sulob says she thinks labour pain comes after the layers break. This information is discussed here:

*Sabrina (RA):* So we call it uterus, uterus is the place where the baby sits  
*Sabrina (RA):* It’s the womb, you can say that too  
*Sulob:* You say...  
*Sabrina (RA):* Closed (To Soniya’s clay work)  
*Nuuresha:* Ok, it’s closed before, but when you are about to give birth it opens up and the water starts to break? (Confused)  
*Sulob:* It breaks! It breaks! (Excited)  
*Niuresha:* It wouldn’t break at the first go  
*Sulob:* First the water breaks, then you start to have labour pain  
*Niuresha:* If this is a vagina (‘yoni’), after the water breaks, we have 9-10 layers. Those layers slowly open so the doctor puts his hands inside to see how many layers are open (Made a vaginal canal from clay)

In ‘Workshop 3: Inner Female Reproductive Body’, as Rosina, Niuresha, Soniya and Sulob were expanding on their knowledge of the uterus and its size, Niuresha then told the group that she has heard the information about ‘nine layers’ needing to open before a baby is born from an unexpected place: hospital clinic. Interestingly, Aisha shared the same information in ‘Workshop 7: Outer and Inner Female Reproductive Body’ and we think she may have been ‘rote-learned’ it from a hospital clinic. We think this is also the case with Niuresha and it was evident that neither of them really understood its application to the birthing
process and a women’s reproductive body at birth. Niuresha shares this information in the following extract:

_Sabrina (RA):_ The baby comes out of the uterus itself, so do you think it’s that small itself?

_Niuresha:_ It expands

_Sabrina (RA):_ Soniya, make how big or small you think it is

_Soniya:_ I’m scared didi (Not in a scared way, more unexpected)

_Sabrina (RA):_ They say it gets stretched

*Sabrina (RA):_ Yeah it stretches.

_Niuresha:_ There are 9 layers in our uterus???

_Sabrina (RA):_ Nine layers? What are you talking about?

_Niuresha:_ It opens before a child is born

_Sabrina (RA):_ Are there nine places from where the baby comes?

*Niuresha:_ I have heard it in the hospital about the layers

5.9.5 Cord and sac

In ‘Workshop 5: Pregnancy’, Aisha and Indira indicated that they had normal deliveries of their babies in a hospital setting. During this process, they had seen a number of things, including the (umbilical) cords attached to their babies, water being released and ‘who’ cut the cord attached to the baby at the birth. In a discussion with Sabrina and me, they describe the things they observed. Aisha indicates they she has learned about the weight of her baby, which she must have learned from the hospital nurse, and she also ‘guesses’ the weight of the cord:

_Sabrina (RA):_ Did you both see the cord?

_Both:_ Yes

*Sabrina (RA):_ Anything else other than that?

_Indira:_ And the water, which comes along with the baby and the cord

*Sabrina (RA):_ How big was it (cord)?

_Indira:_ As big as the baby.

*Indira:_ It was this big (Gestures using hands)

_Sabrina (RA):_ And you? (To Aisha)

_Aisha:_ My baby was 2 kgs, so my cord would be of 1 kg

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98 Notably, I was stunned by this information as I had never heard about it in relation to giving birth.
*Sabrina (RA): Did you see the cord being connected to the baby?  
Both: Yes, we’ve seen

*Sabrina (RA): What was the cord connected to in the baby?  
Both: Belly button (Baby’s belly button)

*Sabrina (RA): Who cut the cord?  
Indira: Sister in the hospital

In the ‘Group Interview using Photoethnography’, when Aisha was looking at the photograph of the clay work of her uterus from ‘Workshop 7: Outer and Inner Female Reproductive Body’ and describing a miscarriage, she said she had also seen the cord at this birth (see Figure 17). (We believe this to be the first time she had learned about the cord attached to a baby.) She described the term of the pregnancy as first trimester: three months. In the concurrent workshop, Soniya, Niuresha, Sulob and Rosina, who had not yet given birth, explained that some of them (Soniya and Niuresha) had seen the birthing process from cows and a sister-in-law. In particular, this is how Soniya and Niuresha knew about the ‘cord’ and ‘sac’ being delivered along with the baby. In the following extract, Soniya, Niuresha and Sulob discuss the birthing process with Sabrina - and Soniya explains how the baby has a ‘sathi’ (friend) wrapped around it when it is born. We discerned that this is a ‘cultural metaphor’ used to describe the umbilical cord. Notably, the young women have a ‘friendly banter’ about this issue and they ‘correct’ each on the details of the information they share:

Soniya: After pregnancy, the baby has a friend (‘sathi’) that is wrapped around it  
Sabrina (RA): Sathi? Friend to the baby?  
Niuresha: Cord  
Soniya: Cord, I just forgot the term  
*Sulob: It comes out after the baby  
Soniya: Didi, for example, haven’t you seen the cow giving birth to the baby? (To Sabrina (RA))  
Sulob: She probably doesn’t know (To Sabrina (RA))  
Niuresha: She probably doesn’t know  
Soniya: There is something like that  
Niuresha: Saal (Cord)  
Sabrina (RA): Shawl  
Niuresha: I am telling it’s the ‘saal’, friend to the foetus  
Sabrina (RA): A child’s friend?
Sulob: Who told it’s a friend?
Niuresha: It comes with the baby so it’s called a friend to the baby
Sulob: It’s not a friend to the baby!
Niuresha: Then what?
Sulob: When a baby is born, with the blood, there comes something with the baby inside it, that’s where the baby sits, but that’s not the uterus (Confusion about cord and sac)
Soniya: I have seen my sister-in-law giving birth to a child
Sulob: The cord comes for everyone
Niuresha: I have seen a cow giving birth

5.9.6 Misunderstandings about cord and sac

In ‘Workshop 5: Pregnancy’, in the context of talking about pregnancy and how the uterus changes in size to accommodate the growing baby, Sabrina asked Aisha and Indira (both of whom have had babies) what they think holds the baby inside the womb. According to them, they think it is the cord. While it seems reasonable to assume, it is inaccurate. This misunderstanding is captured in the following discussion with Sabrina:

Sabrina (RA): What keeps the baby from the womb? Like when we menstruate, we bleed, so why doesn’t the baby fall out like the blood?
Aisha: What holds the baby? (To all)
Indira: The cord
Sabrina (RA): The cord
Aisha: That’s where the baby sits (Referring to the cord)

This concept was also embraced by the young women who had not had babies. In ‘Workshop 5: Pregnancy’, when Soniya created her baby in the uterus (see Figure 15c) which ignited a discussion with Niuresha, Rosina and Sulob about birthing, the young women spoke about the water sac that covers the baby and Niuresha spoke about ‘9 layers of the uterus’ needing to break first, as described above. However, none of the young women could fully conceptualise how the baby stays in the uterus beyond imagining a cord, baby and ‘one sac’ (uterus). For example, even in clay, they could not imagine the fluid-filled (water) membrane covering the baby and the role this plays in keeping the baby in the uterus. In addition, no woman spoke about the ‘after birth’ (placenta) that gets delivered with the baby and/or its role in pregnancy. Notably, in her clay work of the ‘baby in utero’, Soniya did not create the ovaries
and fallopian tubes in clay, which – in fact – no woman did indicating they all could fully conceptualise the inner parts of a female reproductive body in totality related to pregnancy and/or menstruation (as has been pointed out earlier).

5.9.7 Term of pregnancy

In the context of discussing menstruation and ovulation in relation to pregnancy, and then subsequently birthing, Soniya said that the term of a pregnancy was 10 months. This is captured in the following dialogue from ‘Workshop 5: Pregnancy’.

Sulob: The reason we have our periods is because of the two ovaries
Niuresha: Eggs
Sulob: So there are two ovaries and the two ovaries produce two eggs which burst turn by turn and that’s why we have our periods. The baby sits there so it is the place where it sits itself, it bursts and that’s it
Sabrina (RA): It comes after it bursts (baby) Sulob thinks (to everyone). What do you think about it Niuresha? Do you think there is a membrane? If the baby falls when we pee, what would happen?
Sulob: What kind of question is that?
Soniya: After 10 months of pregnancy...
Sabrina (RA): Is it possible just to have 10 months of pregnancy?
Soniya: I just forgot, it is 10 month (to everyone)
All three: It is 9 months

Notably, Aisha and Indira did not talk about the terms of their pregnancies, though Aisha indicated she went ‘full term’ with her daughter Laxmi and Indira gave birth early with her son Aarjun. In addition, in the ‘Group Interview using Photoethnography’, Aisha indicated that the term of her miscarriage was three months. We are not sure how she knew this information, though it is possible someone in the hospital she was taken to after the delivery may have told her.

5.9.8 Summary - Birthing

Table 16 provides a summary of knowledge the young women had about pre-birthing and birthing processes and also where they had sourced this information, if not from themselves.
<table>
<thead>
<tr>
<th>No. of Workshops</th>
<th>Pre-Birth Movement</th>
<th>Pre-Labour</th>
<th>Urge to urinate</th>
<th>Lab-out</th>
<th>Urge to Push</th>
<th>Breaking the Water</th>
<th>Cord</th>
<th>Sac</th>
<th>Water</th>
<th>Vaginal Canal</th>
<th>Breasts</th>
<th>Term of Pregnancy</th>
<th>Source of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha 5/7/Group interview Mis-carriage</td>
<td>(inner body) (outer)</td>
<td>(stomach)</td>
<td>-</td>
<td>(connected to baby’s belly button)</td>
<td>Invisibile (but knows it expands at birth)</td>
<td>Get bigger for feeding, including nipple</td>
<td>3 months (mis-carriage)</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indira 5</td>
<td>(back/stomach) (at labour)</td>
<td>(connected to baby’s belly button)</td>
<td>-</td>
<td>-</td>
<td>Get bigger for feeding including nipple</td>
<td>-</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niu-nresha 5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(9-10 layers)</td>
<td>Made one from clay</td>
<td>Get bigger for feeding, including nipple (nutrition for the baby)</td>
<td>9 months</td>
<td>Cow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosina 5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(make a belly button out of it)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soniya 5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Connected to baby’s belly button</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10 months</td>
<td>Cow/Sister-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 16. Pre-Birthing and Birthing
Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
5.10 Types of Births

5.10.1 Normal birth

When Aisha and Indira were detailing their personal birthing experiences in ‘Workshop 2: Outer Female Reproductive Body’, they both said they had had ‘normal births’ or, that is, the baby came with its head down first as exemplified in Aisha’s clay work (see Figure 16a). In the following conversation, they share this information. Notably, I spoke about my birthing experience with them which was very reaffirming for them and helped them to discuss their birthing processes:

_Sabrina (RA):_ You both had a normal delivery, so what was the experience then?

_Aisha:_ So how does a baby sit, and if the baby comes leg down, then it is very difficult for the mother to give birth, but then if the baby comes head down, it’s a normal thing. First the water breaks. After the water breaks, you are then taken to the place where you would be giving birth. They ask to pressure you (push on your abdomen) and they also give you injection.

_Indira:_ I’m done (with the clay work)

_Tricia:_ He (my son) was laying this way and he turned (Gesturing to my abdomen)

_Sabrina (RA):_ Did he come with the leg first or the head?

_Tricia:_ No the head. What about Aisha?

_Both:_ Head first

5.10.2 Miscarriage

In the ‘Group Interview using Photoethnography’, Sabrina was asking Aisha where she thought the baby would ‘sit’ on the photograph of her clay work of the uterus she made in ‘Workshop 7: Outer and Inner Female Reproductive Body’. In this workshop, she had struggled to conceptualise it. When discussing the photograph of this clay work, Sabrina then picked up – through her body language – that looking at it had triggered a ‘painful pregnancy experience’ (see Figure 17). We think she realised – by looking at the openess of the upside down ‘v’ in her clay work - that the uterus could not ‘contain’ the baby. Thus, she then remembered a pregnancy loss: her babies ‘falling out’. Sabrina then asked her about this experience. In the following extract, Aisha describes a traumatic miscarriage experience to Sabrina which had occurred before Laxmi was born:
Sabrina (RA): Where does the baby sit, if this is the uterus? (Pointing to her photograph)
Aisha: It would sit here
Sabrina (RA): Here. (Pointing to the ‘V’ shaped thing in her clay work)
Aisha: Not here, in between this, and this would get large
Sabrina (RA): How big would it be, what size, how large a size?
Tricia: And what keeps it in there?
Sabrina (RA): Did you have a miscarriage?
Aisha: I had twins. It had a developed head and hands and it was a boy (3-month term)
Sabrina (RA): How did you have a miscarriage?
Aisha: I used to work at dance bars and used to wear high heels and when I sat with the guest, they used to press at my stomach, and once there was a fight and someone’s feet hit my stomach and that’s how the baby fell out
Sabrina (RA): You had a miscarriage? Whose baby was it? Were you married then?
Aisha: Yes
*Sabrina (RA): yeah about how much the uterus would grow, because if it was this small by the time the baby would grow it would get really big so this would also get really big (Pointing to photograph)
*Sabrina (RA): Now that you had miscarriage, did you see the cord that joined the baby with you? Cord)
Aisha: I saw the cord. Because after the whole incident happened, a wife of a person who is a big celebrity she took me to the toilet and asked me to pressure (on abdomen) and the baby came out with the cord. The cord went back and another baby came out and that’s when I started bleeding, but I also felt relief after it (babies) fell down. And the taxi also was
5.10.3 Breech birth

In ‘Workshop 2: Outer Female Reproductive Body’, when Aisha and Indira had just finished sharing that they had given birth normally (as described previously), Aisha also said she knew about breech birth from a story she had been told by someone in her mother’s village: ‘I knew a person from my maternal house and she gave birth to a baby from legs down and she (mother) died in the process’.

5.10.4 Caesarean birth

In ‘Workshop 2: Outer Female Reproductive Body’, in the context of sharing some knowledge about women and the small size of their uteruses, Aisha noted that sometimes women need to have caesarean births. Notably, she used the English word, ‘caesarean’, as there is no Nepali equivalent. We can reasonably assume that she gleaned this information from her doctor. She explains: ‘Some people have a small uterus that’s why doctors suggest caesarean babies and if the uterus is of a normal size, she will have a normal delivery and the doctor when looking at me said I only look small, but I had a big uterus’.

5.10.5 ‘Cutting’

After Aisha told us she had had an uncomplicated normal delivery for Laxmi’s birth in hospital in ‘Workshop 5; Pregnancy’, she also said she was aware that sometimes a vagina is cut in hospital to help in the delivery of a baby and to ensure that the vagina does not remain ‘loose’ afterwards, they stitch it up again. (The western concept as we might know it is
‘episiotomy’.) In this extract, from the ‘Group Interview using Photoethnography’, Aisha describes this process and why – in her view - the vagina needs to be stitched up again. Notably, she also noted that this process does not happen in home births - possibly in the village – which, presumably, someone has told her:

*Sabrina (RA):* What about the pipe? What happens to the pipe after pregnancy? Does it get smaller too?

*Aisha:* The place where we cut?

*Sabrina (RA):* If our pipe is this long, it would get longer when you are pregnant?

*Aisha:* The place from where we pee has nothing to do with it, but then another, they cut the small bit of it then again stitch it so that it is again the normal size so the hole doesn’t get loose during the sex. This doesn’t happen when you give birth in the house.

In the context of discussing vaginal changes after birth, in the same workshop, Aisha also mentioned about the ‘stitching’ of the vagina to return it to size: ‘They stitch it and it gets smaller by itself’.

### 5.10.6 Vaginal change after birth

In addition to talking about ‘stitching’ as a means to help the vagina to go back to size after birth after ‘cutting’ (episiotomy, Indira also told us in ‘Workshop 5: Pregnancy’ that she was told (by someone in the hospital we can reasonably assume) to ‘do this’ after the birth of her son: ‘They ask to massage (the vagina)’. This was presumably related to her to help an ‘unstitched vagina’ to get back to its normal, or pre-birth shape.

### 5.11 Breastfeeding

#### 5.11.1 Breastfeeding in public

In ‘Workshop 3: Inner Female Reproductive Body’, Aisha said she felt embarrassed talking about breastfeeding and birthing (inner body issues) in the workshop we had just completed. She and Indira also indicated in ‘Workshop 2: Outer Female Reproductive Body’ that they were comfortable breastfeeding around women but not ‘outside’ (in public). This short discussion is captured in the following extract:

*Sabrina (RA):* Don’t you feel awkward when you breastfeed outside?

*Both:* Yes

*Indira:* I don’t feel embarrassed in front of the girls (Women)
5.11.2 Baby’s instinct to suckle

In ‘Workshop 2: Outer Female Reproductive Body’, Indira had her baby son in the workshop and was breastfeeding him. This gave us an opportunity to discuss aspects of the (inner and outer) body related to pregnancy and breastfeeding, which were intended to be discussed in other workshops. In the first instance, we were able to ask Indira and Aisha about beginning to breastfeed. They told us they had learned about breastfeeding in hospital (likely through a nurse), but they had particularly learned about a baby’s instinct to suckle by observing their own babies at their breasts and were amazed by it:

**Sabrina (RA):** Who taught you to breastfeed?

**Indira:** In the hospital

* **Sabrina (RA):** Doesn’t the milk come as soon as you give birth to the baby?

**Indira:** Yes

**Sabrina (RA):** What’s there to learn?

**Aisha:** First you are asked to rest for some time, and they give some food, then they bring the baby and ask to feed the baby, then we take the baby and put their mouth on our nipple, and that’s how they suck it themselves

**Indira:** It’s strange how they actually know how to suck it. They do it as soon as they are born

5.11.3 ‘Let down’

In ‘Workshop 2: Outer Female Reproductive Body’, Aisha and Indira also spoke about a ‘feeling’ that happens in their breasts before and after they have breastfed their babies: ‘let down’. In this extract, Sabrina and I discuss this breastfeeding issue with them. Notably, Aisha notes that her breasts get ‘itchy’ and she also articulates what might happen if they do not drain the milk, they might have to operate on the breast to cut it out. She is referring to what we might know as ‘mastitis’ or blocked milk ducts, which occurs when the breasts are not drained properly of milk:

**Sabrina (RA):** How do you feel breastfeeding?

* **Aisha:** Before we breastfeed, the breast is really sore because of the milk, but after we breastfeed, it gets lighter

**Sabrina (RA):** Is it a similar thing as you have it during menstruation or is it more?
Indira: It’s more than that
Aisha: It gets sore, and itchy, and painful
Indira: If you don’t feed, the milk gets bad
Sabrina (RA): Does the milk get bad inside?
Aisha: If you don’t take it off, it starts getting inside the gland and you have to operate and get it out

When talking about their breastfeeding experiences in ‘Workshop 2: Outer Female Reproductive Body’, Aisha shared her knowledge of the potential issue of ‘blocked ducts’ (as above), Sabrina then asked her what they would do with the breasts (milk) if a baby dies at birth. Aisha replied: ‘They give medicines so you don’t produce any kind of milk’. Although we are not sure where she learned this information, she could have heard it when learning to breastfeed in hospital or from elsewhere. However, we do not think she learned any of this information before giving birth. In ‘Workshop 2: Outer Female Reproductive Body’ when Aisha and Indira were discussing breastfeeding and how some women have excessive and low supply which were not issues faced by them, Indira said that if you eat a certain kind of food, it will help with milk supply: ‘If you eat ‘juwano’\(^99\), you have a lot of milk’.

5.11.4 Breastfeeding ‘on demand’

In ‘Workshop 5: Pregnancy’, Aisha and Indira say they breastfeed their babies whenever they cry out for it and we observed this process during the workshops and at other times. However, Aisha said she sometimes gives her daughter a bottle. In the following extract, the women discuss this process, and Sabrina asks them if they have done the ritual ‘rice feeding ceremony’ with their babies, a blessing that takes place when babies are six months old and when babies begin to take solid food (rice) for the first time. Notably, in western culture, this is the same time babies are also introduced to solid food. However, a religious ritual/ceremony also occurs at the same time for a baby in Nepal:

Sabrina (RA): How many times do you breastfeed in a day?
Aisha: It’s a lot of times. I can’t even count
Indira: A lot of times
*Sabrina (RA): Is it only the breastfeeding or do you give her a bottle?
Aisha: Sometimes I give her a bottle, but mostly it’s this (Breastfeeding)

\(^99\) ‘Juwano’ (also known as ‘ajwain’ or ajowan’) is caraway seeds.
Chapter 5 | The Findings

Sabrina (RA): Bottle is for sometimes.
Aisha: She doesn’t drink normal bottled milk, but then she does drink cow’s milk
*Sabrina (RA): Both the babies have had the rice-feeding ceremony?
Both: ah (Yes)

In addition, when Sabrina asked them this question ‘Does your milk leak?’, both replied: ‘Yes’.

5.12 Post-Birth Body Changes

In ‘Workshop 5: Pregnancy’, Aisha and Indira spoke about several changes that they have observed occurring to their outer bodies after pregnancy. In this extract, they discuss the issues, most of which relate to gaining and losing weight in particular parts of their body after pregnancy: abdomen and breasts. In addition, they relate to skin changes. Notably, the women were breastfeeding when they were considering breast enlargement, so they could relate to it as a current experience:

Sabrina (RA): Did you get fat?
Indira: I was fat while I was pregnant, but after giving birth I lost weight
Aisha: I had a small stomach when I was pregnant
*Sabrina (RA): Any changes in the skin?
Aisha: It got softer
*Sabrina (RA): So do you see any bodily changes before pregnancy and after pregnancy?
Aisha: I was very thin before pregnancy, but now I have gained weight
Indira: I’m like before
Sabrina (RA): She has the same body (Indira) but she is a bit hefty now.
*Sabrina (RA): Have you got fat through your entire body or just a few areas?
Aisha: My clothes do not fit in here (Gesturing to breasts)
Sabrina (RA): Ok her boobs. Neck down.
Indira: My breasts have got bigger

Whilst talking about the uterus (called ‘stomach’ by her) and looking at her uterus photograph, in the ‘Group Interview using Photoethnography’, Aisha also related that she has gained what she calls ‘stomach pads’ since giving birth (see Figure 17). This is captured in the following conversation in which she mentions that the stomach gets smaller (inferring uterus.)
Chapter 5 | The Findings

**Sabrina (RA):** After you give birth the uterus gets big, does it remain the same size?

**Aisha:** If that would be that big, our stomach would be this big, so it starts getting smaller

*Sabrina (RA):* Does it get to the original size or does it just shrink?

**Aisha:** So if our stomach was really (like) this before pregnancy, we have stomach pads now so I was really slim back then like my sister is

In addition, in ‘Workshop 2: Outer Female Reproductive Body’, Aisha and Indira told us that they had noticed that they gained stretch marks in particular places of their bodies. Interestingly, as reported above, Aisha says that she believes the stretch marks come from scratching her itchy body in those places. This information was captured in the following discussion with Sabrina. Notably, Aisha says her stretch marks are due to ‘scratching’ at pregnancy and menstruation:

**Sabrina (RA):** Do you see any bodily changes after you have given birth to the baby?

**Aisha:** It’s different from what it looked like before and now

**Indira:** It’s not changed much

*Sabrina (RA):* What kind of change? Indira says she has stretch marks? What kind of changes are there in yours? (To Aisha)

**Aisha:** You could go everywhere and there wasn’t anything that would stop you. You can know how a person has given birth by through the stretch marks in your boobs, I have stretch marks in this area (Gesturing to thighs)

*Aisha:* People still don’t think I have given birth to a baby

*Aisha:* Ask me why? Because when you are on periods, you scratch it and you have it

**Sabrina (RA):** Do you get stretch marks due to scratching?

**Aisha:** It was scratching

**Sabrina (RA):** I thought my stretch marks are due to my weight fluctuation. But she says when you menstruate and when you scratch your boob that’s when you get stretch marks

*Sabrina (RA):* A lot of people before have also told me about the scratching thing

**Aisha:** When you (general) are on your periods, it was really scratchy so that’s when you get the stretch marks. I did not have it before. I had it after the baby
In addition to this, in ‘Workshop 3: Inner Reproductive Body’ not long after Aisha and Indira had talked about trying to locate their uteruses through X-ray, they both told us they had noticed changes to their breasts including nipples: they are bigger and they sag. This is reflected in Indira's ‘breast sag’ on the clay work from ‘Workshop 2: Outer Female Reproductive Body’, which she made on the same day. Her clay work had not yet been destroyed (see Figure 11b). In the following extract, they discuss this issue with Sabrina and myself:

_Sabrina (RA):_ So you see a lot of stretches marks in your body, you have it in your stomach, and you have it in your breasts, that was because of the pregnancy, did you see anything as such before pregnancy?

_Aisha:_ No, there wasn’t anything when I was on my periods

_Sabrina (RA):_ After you have your baby, your vagina gets big, does your boobs get bigger too?

_Indira:_ It’s bigger and it sags.

*Indira:_ The nipple gets bigger

*Sabrina (RA):_ Except for the nipple getting bigger, there’s nothing else?

_Indira:_ So after you give birth to the child, your nipple gets bigger, your breasts get bigger and even if it was smaller back then it gets bigger

*Indira:_ If it was like that before, it is like this now (She demonstrates how breast sag using her clay body sculpture

### 5.13 Body Changes over the Reproductive Life Stage

#### 5.13.1 Girl to pregnant woman

In ‘Workshop 1: I am a Girl/Woman’, Aisha told us through her clay work that she knew about the changes in her body from childhood to becoming a pregnant woman. Over her clay work, this is what she said, in particular, about changes to the outside of her body that she remembers: ‘This is from my childhood, where I reached adolescence and my boobs started coming. This is after I got pregnant with my daughter, and this is my husband’s picture’ (see Figure 18). Notably, this is the clay work she made of her naked husband with an erect penis which she later said she was embarrassed about making.
5.13.2 Vaginal canal

In ‘Workshop 3: Inner Body’, Aisha told us that she knows something about the ‘feeling’ of vaginal canal from before having sex or becoming sexually active to pregnancy. She explains: ‘Since we have given birth to a baby, and we’ve also had sex, ours is bigger. Since you (Sabrina) are not married, yours is probably small’. (Here Aisha was inferring that Sabrina is not married or, that is, ‘sexually-active’ and therefore abiding by expected Nepali norms for women of not having pre-marital sex.) In the same workshop, Aisha also noted that a vagina enlarges during pregnancy and shrinks back after birth. To describe the enlargement, she used her hand as a guide, and then (directing her comment at Sabrina as someone who had not given birth), she says: ‘Since we have given birth to a baby, our hand could get in, yours would only fit two or three fingers in’. In addition, in relation to the vagina, Sabrina asked both Aisha and Indira a question about the difference between a young girl and older woman. Here is the conversation that features a reply:

_Sabrina (RA):_  
*What’s the difference between a very young girl or small baby to yours or another person? Since you have a daughter too, what difference would there be between yours and your daughter’s?*
Aisha: *How big would a small baby’s be? (Ponders)*

Sabrina (RA): *If ours is big, how big or small would the baby’s be?*

Aisha: *A small baby’s would be this long (She has a guess using hand gestures)*

In the context of imagining how wide and long a vaginal canal is and how Soniya said she would seek out this information in ‘Workshop 3: Inner Female Reproductive Body’, Rosina, Niuersha, Soniya and Sulob indicated that they think there is a change in the size of the vagina between a pregnant woman and a child:

Sabrina (RA): *Do you think it’s a similar hole to the younger person and the older person who’s given birth to be similar?*

All four together: *No, it’s not*

Niuresha: *It’s smaller in a child*

Soniya: *Pregnant woman’s is bigger*

5.14 Male Reproductive Body

All of the young women had understandings of the male reproductive body and body parts and their related processes, such as erection and sexual intercourse. However, one of the most surprising issues to emerge was a misunderstanding about the process of erection. In addition to this, the women had very little understanding of inner male reproductive body processes, such as where sperm is made and the difference between peeing and sperm release. However, this is something about which we had not planned to ask them as part of the workshop process; we had planned to focus only on the outer body.

5.14.1 Role of the male reproductive body

In ‘Workshop 6: Male Reproductive Body’, a key question was posed to the young women about the role of the male reproductive body. Best described by Aisha, it has two purposes: childbirth and pleasure. In this extract, she articulates her thoughts to Sabrina:

Sabrina (RA): *And what’s the male reproductive part used for?*

Aisha: *It’s to give birth to the baby (Part of the process)*

*Sabrina (RA):* *We’ll start asking questions now? What you have made now, what’s the use of it?*

Aisha: *It’s for the pleasure and the enjoyment (for boys and girls) when we have sex*
In this extract, from the same workshop, Niuresha, Rosina and Sulob also point out what they know about the role of the penis: ‘peeing’ and childbirth:

**Sabrina (RA):** What the male body part used for?

**Niuresha:** It’s to pee

**Rosina:** No, didi, it’s not just to pee, it’s also important to give birth to a child

**Sulob:** To give birth

### 5.14.2 Penis 🧵

In the early part of ‘Workshop 6: Male Reproductive Body’, as Sabrina was encouraging Rosina, Niuresha, Soniya and Sulob to make any parts of the male reproductive body that they know about, Rosina, the youngest group member, who had openly said she was embarrassed (‘laaj lagyo’) at the beginning of the workshop, was the quickest person to respond with its name – ‘linga’ – captured here. Notably, Sulob laughed about this, which we also discerned as embarrassment. Although she said she does not know the name for it, later in the workshop she said she knew ‘lots of names’, but she found it ‘funny’ to say them out loud:

**Sabrina (RA):** ...Where is the most important body parts of a man?

**Rosina:** Didi can I make? (Seeking permission)

**Sabrina (RA):** Yes

**Rosina:** Am I to make the penis? (‘linga ho’ in Nepali)

**Sabrina (RA):** Am I to make to make the penis!?! What’s the proper term you call it for yourself?

**Sulob:** (Laughing) Didi, what kind of questions do you ask? (In jest)

**Sabrina (RA):** These questions are to be asked itself

**Sulob:** Shut up! (In jest/embarrassment)

**Sabrina (RA):** I have to ask you this because it is my job to ask it. You might just have a new term or slang for linga

**Sulob:** We call it linga itself

**Sabrina (RA):** What do you call it?

**Sulob:** I don’t know

Later in the same workshop, when we were asking about what the women knew about the penis, Soniya had said she had seen pictures in a nurse’s health text. Sabrina then asked the young women again if they had a slang name for the penis. Niuresha, Rosina, Soniya and
Sulob all said they knew other names, some of which were slang, and others derived from their own ethnic communities and/or languages. In addition, Sulob then said she knows ‘...a lot about it (meaning different words)’: 

*Sabrina (RA):* What do you have a slang for a male thing?  
*Niuresha:* Lado (laughing)  
*Sabrina (RA):* Sulob, do we have anything other than that?  
*Rosina:* Didi, can I tell? ‘Gula’ is another term  
*Sabrina (RA):* What do you call it in Tamang?  
*Niuresha:* Tokpa  
*Soniya:* Mylaga  
*Rosina:* We call it ‘turi’  
*Sulob:* I know a lot about it, but when you say it out loud, it is funny

In ‘Workshop 6: Male Reproductive Body’, Aisha created two clay works of the penis and she told us that she had learned about it by ‘sighting’ them. She explains: ‘I made this by looking at my husband’s and my grandfather’s’ (see Figure 19a). Earlier in the workshop, she said she had ‘seen’ her grandfather’s penis as a child and she told us it had scared her: ‘I came to know about this because I saw during a ‘saradya’ (burial ritual) my grandfather was doing and he was wearing a ‘dhoti’ and that’s when I saw it.’ However, she would not name the penis. In ‘Workshop 1: I am a Girl/Woman’, Aisha created a male body (her husband’s) in clay without being asked (see Figure 18) and in ‘Workshop 2: Outer Female Reproductive Body’, Indira, also without being asked, created the male body of her husband, but she did verbalise how she had learned about the penis (see Figure 19b). She also did not name it. Notably, both women created ‘erect’ penises, one of which was an accurate representation (Indira), and one was not.

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100 Traditional dress
**Figure 19:** Penises (married women)

Figure 19a (Aisha)

Figure 19b (Indira)
5.14.3 Length of penis

In the process of trying to imagine how a penis becomes erect, in ‘Workshop 6: Male Reproductive Body’, Sulob asked a pragmatic question about sex: ‘How do they throw the white blood into the vagina/uterus when we have sex?’. The young women then began to ‘visualise’ how long an erect penis might be. To do this, Sabrina asked them a question about its length in relation to conceptualising the length of the vaginal canal, a concept which was of great interest to the young unmarried women. Rosina then tries to imagine it. The following extract illuminates this conversation, and Sulob says that a woman’s vagina will only open if she senses pleasure. In the context of the conversation, Niuresha then asks a poignant question about ‘forced sex’:

_Sabrina (RA):_ Last time we asked about you knowing how long the pipe is from our uterus to our vagina because of this reason. If you think that this is how long a boy’s penis is to be then this would be matched with a girl’s vagina. Every girl’s vagina is different, so generally boy’s penis would get fully inside the women’s vagina, so now can you imagine how big or wide the pipe

_Rosina:_ It’s probably really long

*Sabrina (RA):* It all depends on your brain. Some might not get erect because they would not want to do it, similarly a girl’s vagina would get bigger or smaller according to her will, so is it as per your will?

_Sulob:_ It’s according to the pleasure or according to your will only

_Sabrina (RA):_ If you want to have pleasure, it will get bigger, if not it wouldn’t

_Niuresha:_ Is that why they say people die due to forced sex?

In the same workshop, Sabrina asked Aisha if she could imagine how long a penis might be by imagining how long her ‘pipe’ is. At first, she says she does not know because her vaginal canal is invisible. Then, however, she is able to imagine it from ‘sex’. In the following extract, she illuminates her understanding of the probable length of the penis:

_Sabrina (RA):_ So you know how long a male body part is, so can you just imagine how long the pipe from uterus to vagina might be?

_Aisha:_ I don’t know, I have never seen it

*Sabrina (RA):* You mentioned the pipe between uterus and vagina?

*Aisha:* It’s this long, I have made smaller than the usual size. It’s usually bigger than this. It depends on the person

_Sabrina (RA):_ That’s a male body part?
Aisha: Our pipe is probably a bit longer

Sabrina (RA): How can you say you are comparing it to our body part? Is it because of sex?

Aisha: Yes

5.14.4 Testicles

In ‘Workshop 6: Male Reproductive Body’, acknowledging that it might be difficult to talk about the male reproductive body with Niuresha, Soniya, Rosina and Sulob because Rosina had said it was ‘embarrassing’ at the beginning the workshop, Sabrina gave them ‘a point of entrance’ to create the penis in clay. Niuresha said (confidently): ‘We’ve studied about it’ (inferring in school). However, she does not say ‘who’ was involved in teaching them this information, that is, teacher or through books. In addition, not all the girls seemed to have learned about it this way. Then, gently probing the young women to provide more information about their knowledge of the penis or that is, specifically the sperm, Soniya then (as mentioned) said had seen ‘pictures’ of the penis from another source: ‘I’ve seen it in Neema didi’s book’ (the ‘health text’ belonging to the nurse at the hostel). Notably, we sighted this health text, which held complex biomedical information.

In clay, Rosina, Soniya and Sulob made full body sculptures of men with a penis and two testicles. However, Niuresha made only a penis with pubic hair and a scrotum. We were not sure if she knew that there are two testicles from the dialogue over the clay work. In the following extract, Niuresha and Rosina, the youngest member of the group who had consistently said ‘I don’t know’ throughout the workshops, then showcased considerable knowledge about the penis and, in particular, the testicles. In addition, Sulob says men have ‘boobs’ which she also showed on her clay work, as did Soniya (see Figure 20c and 20d):

Sabrina (RA): What kind of body parts do we have, like we have boobs?

Niuresha: There’s nothing they have sister

Sulob: They have it but then they have it very small (Breasts)

*Sabrina (RA): Big? Is it something like ours?

Niuresha: It’s small

Sabrina (RA): Small

*Niuresha: And there’s something hanging from the place below where they pee

Rosina: Two

Niuresha: There are two places from where they pee?
Rosina: No
* Rosina: It’s two balls that’s hanging
Tricia: Two?
Sabrina (RA): Make anything that you know
Soniya: Sister, and two

Figure 20: Penises (unmarried women)
In the ‘Group Interview using Photoethnography’, when Aisha was in the process of explaining that she felt ‘disgusted’ to look at the photograph of the claywork of two penises (grandfather and husband) (see Figure 19a) she made in ‘Workshop 6: Male Reproductive Body’, Sabrina asked what the ‘balls’ (testicles) are used for. In this reply, Aisha indicated – and she was the only woman to do so - that she knows it is part of the process of conception, but she does not ‘name’ that ‘sperm’ is produced there:

**Sabrina (RA):** So what is this (testicles) used for? Ours is used for menstruating and to have kids, what’s theirs used for?

**Aisha:** It is also used to pee and have sex

**Sabrina (RA):** What’s the ball used for? Is it only used to pee and have sex?

**Aisha:** It’s to conceive the baby. If they don’t have it, you can’t have babies

### 5.14.5 Urethra

All of the young women understood that men pee from a hole in their penis. However, only Niuresha seemed to understand that urine or pee comes from a different place inside the penis to the hole where sperm comes from. However, it is not known that she knows about the two different tubes inside it. The thinking around this issue is captured in this brief discussion as Niuresha, Soniya, Rosina and Sulob think about it:

**Sabrina (RA):** Like Niuresha made earlier, there is a different hole to pee and a different hole to menstruate, is a similar or a different hole to pee or to do other things

**Niuresha:** It’s probably different because girls have it different too

**Soniya:** It’s the same maybe didi

**Sabrina (RA):** Is it the same or is it different?

**Rosina:** I don’t know

**Sabrina (RA):** Now you have made it, where would he pee from?

**Rosina:** From here (tip)

**Sabrina (RA):** Have you ever seen a boy peeing in the roads? People do a lot of those things in Nepal

**Sulob:** We can’t see it closely, but we have seen it from afar
5.14.6 Sperm

While discussing the different kinds of fluid women have during a menstrual cycle, in ‘Workshop 6: Male Reproductive Body’, Sulob recounts that boys have fluid (sperm) too, and she knows ‘where’ it comes from on the outer body:

Sabrina (RA): What has to mix with the female eggs to get you pregnant?
Sulob: Like, while we are having periods, it is a similar thing with the boys, and it comes when we are having sex
Sabrina (RA): How many kinds of white blood do they have?
Soniya: Two, there are two kinds of white blood when we combine it with a boy and a girl
Sabrina (RA): If you are to tell only about a man, how many?
Soniya: Just one
Sabrina (RA): How does it look like, similar to ours?
Niuresha: It might be similar to ours
*Sabrina (RA): Where does the white blood come from? Here or here? (To Namita’s claywork)
Sulob: From the tip
Sabrina (RA): Like when you menstruate, you actually have a hint from where the egg falls, similarly, where does theirs fall from?
Niuresha: The place where you pee. And this is probably the place from where the egg comes
Soniya: It’s not the egg that holds the egg
*Soniya: As far as I know there are two types of fluid, like girls have white fluid, boys have it too ...
*Sabrina (RA): What’s fussy?
Soniya: I’m thinking about it
*Sabrina (RA): Why are you laughing? (To Sulob)
Sulob: I don’t know about the male white fluid
**Sabrina (RA): Fussy. Just tell us what you know
All four: We don’t know anything
Sabrina (RA): And why is this like eggs? (To testicles on Niuresha’s clay work)
Niuresha: We can’t go around touching their balls!
5.14.7 Pubic hair

Across the series of workshops, no young trafficked woman spoke about ‘pubic hair’ as part of the male reproductive body. However, in ‘Workshop 6: Male Reproductive Body’, Niuresha represented it in her clay work of an ‘almost life-size’ representation of the penis (see Figure 20a). Interestingly, in this workshop, Aisha and Niuresha also said that their clay work of the penis looked like a ‘Shiva Linga’. Shiva is a Hindu god. Linga is the name given to a penis from this god and this is how this reproductive body part was given its name. (In Hindu culture, ‘Shiva Linga’ has a complex religious meaning. ‘Shiva Linga’ is also commonly considered to be a ‘phallic symbol’ as it can, despite restricted societal discourse on male reproductive body parts, be viewed in artwork on temples and other places across Nepal.) In this same workshop, Aisha said her clay work of the erect penis looked like a ‘Shiva Linga’ (see Figure 19a). After Niuresha had made the penis, she looked at what the other girls had made and covered her clay work in embarrassment; she was extremely embarrassed.

5.14.8 Invisibility of penis

In ‘Workshop 6: Male Reproductive Body, when Soniya told us she had seen a picture of the penis in the hostel nurse’s health text, Niuresha raised a point about the ‘invisibility’ of the penis of a boy the same age as her in this statement: ‘You can’t go around asking them (the boys) to show it’. Later in the conversation, when the young women were discussing (boys’) ‘white fluid’ (sperm), she also mentioned its invisibility (see Section 5.16.6) However, in an earlier part of this same conversation, when Sabrina asked her if she had seen boys peeing at the side of the road Sulob said: ‘We can’t see it closely, but we have seen it from afar’. Notably, she also did not mention that the angle of the penis might be different when urinating, which no other woman mentioned either. In the ‘Group Interview using Photoethnography’, she also pointed out when she was talking about her photograph of the clay male reproductive body that she also saw it as ‘invisible’: ‘I’ll tell. Maybe because we have never seen (penis) is why I feel different about it’.

5.14.9 Erection

In the context of ‘Workshop 6: Male Reproductive Body’, Niuresha, Soniya, Sulob and Rosina told us they knew about the process of erection, that is, that the penis grows both wider and longer before and during sex. We can reasonably assume from information the young

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\textsuperscript{101} See Pigg and Pike (2004) for more information
women shared earlier in the workshop that they have heard this information, and, perhaps, also seen it in books. However, this was a sensitive subject for some of the younger unmarried women and, in particular, Soniya and it cannot be ascertained as to whether some of them have in fact seen an erection. In this extract, they elaborate:

* Sabrina (RA): Is the penis as big or wide as Rosina made? How big would it be after you started having sex?
* Niuresha: I don’t know didi
* Sabrina (RA): Nobody knows. Soniya?
* Soniya: I don’t know
* Sulob: Didn’t you say it gets small?
* Sabrina (RA): When you have sex, at that time
* Rosina: It swells up
* Sabrina (RA): Does it swell more than you’ve made?
* Rosina: It might
* Sabrina (RA): It gets bigger?

* Sabrina (RA): Rosina, what you made, does it look like this after it gets swollen or before? (Rosina is making a penis from clay, which she later destroys)
* Rosina: I don’t know

* Sabrina (RA): Sulob? Can you guess, I also don’t know actually (To Tricia)
* Sulob: I think it’s a similar size, and it might get swollen up a bit

In the process of talking about the use of the male reproductive body as ‘...for pleasure and the enjoyment when we have sex’, in ‘Workshop 6: Male Reproductive Body’, Aisha indicated through her clay work that she knew (most likely from her husband though she does not say directly) that the penis changes during sex because she has ‘seen’ it. In the following extract, she talks about this issue with Sabrina:

* Sabrina (RA): So does it look like this every time? (Indicating to the penis hanging down on Aisha’s clay work)
* Aisha: What about it?
* Sabrina (RA): Is it like this every time?
* Aisha: Sometimes it’s hanging, sometimes it’s like this (Using her clay penis, she shows us how it hangs and how it becomes erect)

Later in the discussion, Aisha actually demonstrated the process of erection using the penis she had made from clay. When Sabrina asked her about the position of the penis during
erection, she also showed it in a ‘vertical position’ (relative to the supine position). In the following extract, Aisha explains her understanding of erection to Sabrina:

Sabrina (RA):  What you made here (Gesturing to Aisha’s clay work). Is it like this before sex, after sex or during sex?
Aisha:  Before sex
Sabrina (RA):  Before.
*A Sabrina (RA):  If you were to make this while you were having sex, what would it look like?
Aisha:  I don’t know
Sabrina (RA):  If it looks like this before sex, what does it look like while you are having sex?
*A Aisha:  If it looks like this before sex, while you are having sex (Pause)
Sabrina (RA):  How does it look?
Aisha:  First it looks like this (Penis in a ‘non-erect’ state)
Sabrina (RA):  Is it during sex that it looks like this? (Straight)
Aisha:  Before sex and after sex, it is straight (Vertical)

5.14.10 Misconception about erection

Apart from Indira who created an accurate representation of an erect penis in ‘Workshop 2: Outer Female Reproductive Body’, the young married and unmarried women showed us that they had a surprising misconception about the process of erection, that is, they believed that when a penis becomes erect, it goes into a rigidly 90-degree position relative to the body (‘vertical’ relative to the ‘supine’ position). This indicates that while some women definitely know about the process of erection, they have not ‘fully observed’ the penis becoming erect. This is surprising for Aisha, for example, as she is sexually-active and seemed to know so much about the process of sex. It also shows, potentially, that the information the young women have received from school only relates to instruction around the anatomical aspects of the body, but not the processes or the more sensitive issues.

In the following extract, from ‘Workshop 6: Male Reproductive Body’, Sabrina converses with Niuresha, Sulob, Soniya and Rosina about the process of erection in the context of discussing how a vagina changes size during sex. Notably, Sulob says that no one in the room would even know about erection and Rosina who had consistently said she does know
much about the male reproductive body, created a penis in clay that was fairly ‘ lifelike’ then quickly destroyed it:

* Sabrina (RA): Erect like this? (Laughter). If it is to be erect, how is it to be erect?. (Sabrina does hand gesture) Is it to be like this or this?

Sulob: Straight (Meaning at a right angle from the body)

Niuresha: It’s not upward

*Niuresha: It would break if it is up

Sulob: Nobody knows about this here, just Tricia and sister

5.14.11 Sexual intercourse

In ‘Workshop 5: Pregnancy’, after skirting around the question a few times, Sabrina asked Sulob, Soniya, Rosina and Niuresha about the process of getting pregnant. Eventually, the youngest member of the group, Rosina articulated it; sexual intercourse. In the following extract, they discuss this issue:

* Sabrina (RA): How do you get pregnant?

Sulob: How a baby comes out? Mean how does the baby come out?

Sabrina (RA): Talking about how the baby gets out and how the baby gets in?

Sulob: Like this (Gesturing to the rounding of stomach

Sabrina (RA): Not the way it sits, but what we do to get pregnant

Sulob: A baby should do what?

*Sabrina (RA): What should you do to get pregnant?

Sulob: What should you do to get pregnant?

Rosina: A boy and a girl should sleep together

Further into conversation, they elaborate more. Notably, Sulob contextualises sex as situated within the context of marriage. She did this twice across the workshops:

* Sabrina (RA): What should a girl and a boy do Rosina?

Niuresha: Sleep together
Sułob: If you sleep together, you get pregnant
*Sabrina (RA): If you sleep together, how do you get pregnant Sułob?
Sułob: Uhh, after you have some kind of relation
Sabrina (RA): What kind of relation?
Sułob: I don’t know
Sułob: You can make how a baby sits?
Sabrina (RA): Anything you know. Anything that’s to do with pregnancy
*Sabrina (RA): What kind of relation? Me and Trish also have relations, do we get pregnant?
Niuresha: It’s like this
Sabrina (RA): What is it?
Sułob: When you have a sexual relationship with someone when you are married, that’s when you get pregnant isn’t it? After you have anything as such

In ‘Workshop 6: Male Reproductive Body’, in the context of beginning to talk about the process of getting pregnant, Sabrina also asked Rosina, Sułob, Niuresha and Soniya a question about sexual intercourse. This process imbued laughter from Sułob as Rosina quickly demonstrated the act of sexual intercourse using hand gestures. In the following extract, along with Niuresha and Sułob, this process is described by Rosina. Notably, Rosina thinks the penis enters the uterus during sex and Soniya does not engage in this conversation. As she later tells us, it was too sensitive for her (see Section 5.18.7)

*Sabrina (RA): After a girl and a boy have sex, where should a male body part be to give birth to a baby?
Rosina: In our vagina (She did not use this word) (Gestured using hand actions)
Sabrina (RA): Sułob, don’t laugh! Rosina, you know, you can tell more
Rosina: In our uterus
Sabrina (RA): Where in our uterus?
Niuresha: In the place where we pee
Sabrina (RA): Sułob, how does it is get in?
*Sabrina (RA): If it’s in the place where we pee, how big is that?
Sułob: I don’t know how big is that, I just know how a small baby looks like
Sabrina (RA): How big is the hole that gets inside?
Sułob: By inserting
Notably, Aisha and Indira did not speak about having sex with their respective husbands. However, Aisha spoke about her husband’s various ‘sexual transgressions’ in the ‘Group Interview using Photoethnography’ and her refusal to have sex with him because of this – and other – issues (see Section 5.21.2). Indira had also withdrawn from the workshops before we could talk about the male reproductive body with her in any detail.

5.14.12 Body changes over the reproductive life cycle

In ‘Workshop 6: Male Reproductive Body’, after talking about the process of erection, Niuresha, Soniya and Sulob related that they knew about some of the body changes in a male over the reproductive life cycle, possibly through being taught at school, through pictures, or, equally through seeing them in men and boys. In addition, Soniya notes that she has observed that boys’ voices change, as does the outer body part of their throat. Earlier in this workshop, Sulob had also said men had small breasts. In conversation with Sabrina, the young women explain:

Sabrina (RA): Like girls have a lot of bodily changes, do you boys have it too with age?
Niuresha: Linga starts growing
Soniya: Their voices change
Sulob: Like before girls menstruate, they have white blood, they do have white blood or something like that (Sperm/wet dreams)
Sabrina (RA): Yeah, after puberty, they have penis change, voice change, and white blood,
Soniya: Adam’s Apple

In ‘Workshop 6: Male Reproductive Body’, Sulob, Niuresha Rosina and Soniya were asked how long they think a male reproductive body part might be, including a boy of their age. They tried to guess in the context of this conversation. Rosina says she thinks a man’s penis shrinks as a man gets older, but she gives no indication of how she knows this information:

Sabrina (RA): How big would a male body part be from a boy of your age?
Sulob: It might be very long
Sabrina (RA): How long?
Sulob: I don’t know
Sabrina (RA): Why don’t you know, you should know? (In jest)
Niuresha: You can’t go around asking them (boys) to show it!
Chapter 5 | The Findings

Sabrina (RA): Sulob, keep on thinking about it. Niuresha, how long is it?
Niuresha: This big (Gesturing with hands)
Rosina: No, can I make it?
*Sabrina (RA): yahh she’s making
*Sabrina (RA): Niuresha how long?
Niuresha: She’s going to make it (Rosina)
Sabrina (RA): Soniya, how long?
Soniya: Just a minute didi
Rosina: A smaller kid would have smaller than this, a bigger one would have bigger that this
Sabrina (RA): How big is a bigger man? How wide is a bigger man Soniya?
Soniya: I don’t know anything
Sabrina (RA): Sulob, how wide is it?
Sulob: This wide
Sabrina (RA): When we are going to have sex, our hole gets bigger and when we give birth our hole gets bigger again. Is it normal that they have a bigger or smaller thing going on?
Niuresha: Are you asking if it is big or small after we give birth to a child?
Sulob: No, when you have sex
Sabrina (RA): I am not asking sex. Is it this wide every time?
Niuresha: No, it depends
Rosina: It gets smaller once you get older
Sabrina (RA): If it gets smaller once they get older, how long and wide is it when they are of our age?
Rosina: I don’t know

However, in the process of discussing erections in the same workshop, Aisha articulated that she thinks a penis changes in size over the reproductive life cycle for a man from comparing a baby’s penis to that an older man that is, in this case, her grandfather. In the following extract, using the clay work of the penis to help her explain her understanding of this change, she elaborates (see Figure 19a):

Sabrina (RA): Is it the same for all men? (Erection)
Aisha: Yes
Sabrina (RA): Yeah
**Sabrina (RA): Is it the same for the younger boys too?
Aisha: The babies?
Sabrina (RA): If it’s like this, how big or small would a baby’s be?
Aisha: Small
Sabrina (RA): And how does it look like of an older person?
Aisha: It’s big for an older person
*Aisha: If this is a bigger person (Using her clay work to demonstrate)
Sabrina (RA): I am talking about an older person
Aisha: If it’s an older person, it’s about this (Using her clay work to demonstrate)
*Aisha: It gets bigger as you grow older
*Aisha: Is it longer or wider?
Aisha: Wider...
*Aisha: I came to know about this because I saw during a ritual my grandfather was doing and he was wearing a dhoti and that’s when I saw it

5.14.13 Seeking knowledge on the process of loss of virginity

In ‘Workshop 6: Male Reproductive Body’, Niuresha was very curious to know about the physical process and pain at loss of virginity and actively sought information about it, which sparked a group discussion on the issue with Rosina, Soniya and Sulob. All of them were very attentive during the discussion and curious to hear responses to a dialogue between Niuresha and myself. (Niuresha asked about my process of virginity loss.) However, this discussion also ignited issues related to stigma and personal fears of virginity loss (see Section 5.20.9). Niuresha returned to ask questions about it (pain) again in ‘Workshop 7: Outer and Inner Female Body’, which – she later told us – had allayed her fears about it. However, none of the young women asked about the ‘cause’ of the pain as virginity is broken, or the underlying ‘physiological process’ of breaking of the hymen. In other words, they may (still) not have had understandings of this process in relation to their physical bodies.

5.14.14 Summary – Male reproductive body

Table 17 provides a summary of the young women’s knowledge of the male reproductive body and also sexual intercourse as it is understood by the young women. This table outlines also from where the women have learned about the male reproductive body and who might have been involved in teaching them about the male reproductive body.
Table 17. Male Reproductive Body

<table>
<thead>
<tr>
<th>No. of Workshop</th>
<th>Penis</th>
<th>Scrotum</th>
<th>Testicles</th>
<th>Urethra</th>
<th>Pubic Hair</th>
<th>Sperm</th>
<th>Understanding of Erection</th>
<th>Knowledge of Sexual Intercourse</th>
<th>Virginity</th>
<th>Source of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha</td>
<td>1*/6**</td>
<td>(Erect) penis (with tip)/Knows about relative length and width from sex</td>
<td>-</td>
<td>Two</td>
<td>Part of penis</td>
<td>-</td>
<td>Comes from testicles</td>
<td>Inaccurate</td>
<td>Good</td>
<td>Husband/Grandfather</td>
</tr>
<tr>
<td>Indira</td>
<td>2*</td>
<td>(Erect) penis</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Accurate</td>
<td>Good</td>
<td>-</td>
<td>Husband</td>
</tr>
<tr>
<td>Niuresha</td>
<td>6</td>
<td>Penis (with tip)</td>
<td>Scrotum</td>
<td>One?</td>
<td>Different hole (like women)</td>
<td>Pubic hair</td>
<td>White blood/Comes from penis tip</td>
<td>Inaccurate**</td>
<td>Good</td>
<td>School (?) Other</td>
</tr>
<tr>
<td>Rosina</td>
<td>6</td>
<td>Penis</td>
<td>-</td>
<td>Two</td>
<td>-</td>
<td>-</td>
<td>Unsure***</td>
<td>Good</td>
<td>-</td>
<td>Unknown</td>
</tr>
<tr>
<td>Soniya****</td>
<td>6</td>
<td>Penis</td>
<td>-</td>
<td>Two</td>
<td>Part of penis</td>
<td>-</td>
<td>White Blood</td>
<td>Unsure</td>
<td>Unsure</td>
<td>-</td>
</tr>
<tr>
<td>Sulob</td>
<td>6</td>
<td>Penis</td>
<td>-</td>
<td>Two</td>
<td>Part of penis</td>
<td>-</td>
<td>White Blood</td>
<td>Unsure</td>
<td>Good</td>
<td>Fear of stigma</td>
</tr>
</tbody>
</table>

*In these workshops, Aisha and Indira created male bodies in clay without being asked to do so. They were both embarrassed afterwards. Both created erect penises on the male body. Aisha’s representation of an erect penis was inaccurate, but Indira’s was accurate.
**Using her clay penis, Aisha demonstrated the difference between an erect and non-erect penis in ‘Workshop 6: Male Reproductive Body’. Using clay, Sabrina discussed the process of erection with Niuresha, Rosina, Soniya and Sulob, and we think they worked it out or, that is, the ‘angle’ of the penis at erection. However, Niuresha thought it was ‘vertical’.

***Rosina demonstrated the process of sexual intercourse, using gestures, so we think she did have some understanding of the process of erection.

**** In the ‘Group Interview using Photoethnography’ Soniya told us that ‘Workshop 6: Male Reproductive Body’ was a very difficult workshop for her to participate in, and she struggled to listen to discussions on sexual intercourse.

Refer to Table 9 for the key to the symbols used and to Section 5.3.3 for an explanation of them.
5.15 Contraception

During the workshops, we were not sure whether we would be able to reach the topic of contraception and discuss it openly with all the young women due to the sensitivities related to the penis and sexual intercourse. However, as we approached the end of the workshops, and after gaining the trust of the women, we were able to get a sense of the knowledge the young women had about contraception. Apart from Indira, who withdrew from the workshops before we could reach this topic, we were able to discover that Aisha, Niuresha, Rosina, Soniya and Sulob knew about various family planning methods from school, hospital clinics, television, and – in some cases - unknown sources. While Niuresha, Rosina, Soniya and Sulob idealised the methods they might choose in the future (once married) with the hope that decision-making would be a shared responsibility, Aisha illuminated the reality of her family situation and the challenges she has faced, which have made her decide to go on contraception without the knowledge of her husband.

We also ascertained that, due to side effects, she is ‘at risk’ of stopping her current method. Interestingly, all women spoke about ‘modern contraceptive methods ‘introduced into the culture’ and no women spoke about any indigenous methods. In addition, no young women appeared to have any knowledge about how any of the contraceptive methods worked on the body.

5.15.1 Family planning methods

In ‘Workshop 6: Male Reproductive Body’, whilst discussing ways to prevent pregnancy, the topic of contraception arose for the first time, and Soniya, Niuresha, Sulob and Rosina articulated that they knew about ‘family planning methods’ including pills, condoms, ‘Norplant’ and the female condom. Soniya said she had learned about them at school from a male teacher, which she indicated was difficult for her through her body language, and also from television. In the following extract, Soniya, Niuresha, Sulob and Rosina share their knowledge. Notably, Soniya indicated to Sabrina by her facial expression that being taught about contraception by a male teacher was difficult for her. Sabrina relayed this to me:

*Sabrina (RA):* If I don’t want to get pregnant, what sort of protection should I use not to get pregnant? What should we do not to get pregnant?

*Niuresha:* Family planning methods

*Sulob and Soniya:* Temporary family planning methods or unnatural
Chapter 5 | The Findings

Sabrina (RA): What are the family methods?
Sulob: Norplant/s
Sabrina (RA): Rosina, do you know anything about condoms and stuff like that? (Niuresha was making it)
Rosina: I just know about that (Condom)
Sabrina (RA): You also know you can buy pills. Did you know about that?
Rosina: To make a baby or not to make a baby
Sabrina (RA): Not to get pregnant. As a girl or a boy, what should you not to get pregnant?
Rosina: I know about the medicine (Pills)
Sabrina (RA): Anything else? Any other family planning devices?
Soniya: The teacher has mentioned about Norplant, injections, pills and condoms, and he has also mentioned about a condom for girls
Sabrina (RA): The same, norplant, condom
Tricia: How did they know?
Sabrina (RA): They knew it from school
Soniya: T.V.

In addition, in ‘Workshop 7: Outer and Inner Female Reproductive Body, in the context of discussing pregnancy again by group consensus, Niuresha created a vagina in detail (as did Rosina) the injectable ‘Norplant’, pills and a condom through clay, indicating she had in the very least seen pictures of them or perhaps even observed them in real life, but she did not provide us with any further information (see Figure 21). From top left to right in clockwise order, contraception, vagina, baby-in-utero, pregnant women). However, in the ‘Group Interview using Photoethnography’, Niuresha indicated she thought she knew about an ‘injectable’ contraception (though not by name) and asked us a question about it: ‘So what is it that you put in here?’ (Gesturing to her upper left arm)’.
Chapter 5 | The Findings

Figure 21: Pregnancy (2)

Figure 21a (Niuresha)

Figure 21b (Rosina)

Figure 21c (Soniya[i])

Figure 21d (Soniya[ii])
In the context of discussing the appropriate time for a woman to get pregnant and how to prevent pregnancy, in ‘Workshop 5: Male Reproductive Body’ Aisha shared that she knew about family planning methods, and she was using the ‘Depo Provera’ hormonal implant. She described when she began using it, and it is reasonable to assume she gained knowledge about it from the hospital clinic, which is where she told us she accessed it. However, she did not indicate who advised her or who taught her about the method/methods. In the following conversation, Aisha talks to Sabrina about the family planning methods she knows about and describes ‘Norplant’ which was used by her friends as looking like a ‘salaiko’ (matchstick), which is implanted in the left arm:

_Sabrina (RA):_ If you have sex every day, is there any chance of you getting pregnant then, so when’s the appropriate time for you to get pregnant

_Aisha:_ There’s a particular time

_Sabrina (RA):_ Just in case you don’t want to get pregnant in that period of time too, what should you use while having sex?

_Aisha:_ I don’t know a particular name but then a male has to wear that (Condom)
5.15.2 Access to contraception

In ‘Workshop 6: Male Reproductive Body’, in the context of describing how she suffered from the side effects of ‘Depo’, Aisha also told us where she accessed contraception, a (hospital) clinic:

Sabrina (RA): Where do you go to get Depo?
Aisha: hospital.
Sabrina (RA): Which hospital?
Aisha: Here Sankharpur
Sabrina (RA): Hospital, somewhere here.
*Aisha: Clinic or hospital?
Aisha: Hospital here, Sankpur Hospital

In addition, in ‘Workshop 7: Outer and Inner Female Reproductive Body’ Aisha then also shared how she had helped a friend gain access to family planning methods from a hospital clinic without her friend’s husband’s knowledge because her friend was facing pressure from her husband to bear a son. In the following extract, she explains this issue to Sabrina. Notably, she shared this information after she told us about the same son-preference issue in her own family:
Sabrina (RA): Have you ever encouraged any of your friends who are facing the same problem as yours to use any family planning methods or DEPO without asking their husbands?

*Aisha:* Yes, I have told one of my friends. Her husband was also persistent about having a baby boy so I took her to the hospital and also asked the hospital people to say that it was just a regular check up, if he would come and ask about (it), and helped her use DEPO.

As Indira withdrew from the workshops at ‘Workshop 5: Male Reproductive Body’, it was not possible to ask her about contraception and also potential points of access to it. Interestingly, Niuresha, Rosina, Soniya and Sulob did not talk about points of access to contraception. However, it is possible Niuresha may have known because (as mentioned) we know she gained some reproductive health knowledge from a hospital clinic.

5.15.3 Factors of (potential) contraceptive choices

In the context of a conversation on contraception Soniya initiated in the ‘Group Interview using Photoethnography’, Sabrina asked Soniya, Niuresha, Sulob which contraceptive they might consider using in the future from knowledge they had gained through discussion in the workshops. In the first instance, Sulob replied ‘the one that is easiest’, while Rosina – the youngest member of the group – articulated that she thinks condoms would be easiest, but she does not say why. However, in these preliminary comments, it seems ‘easiest’ is an important factor for consideration, but, perhaps the young women have not thought beyond this concept yet because they were not – that we were aware – engaged in sexual relationships at the time of the workshops. This brief conversation is captured here:

Sabrina (RA): If you were to choose a contraception, what would you use in the future?

Niuresha: What would you do not to get pregnant? (Asking everyone)

Sulob: The one that’s easier

Sabrina (RA): Which one is easier?

*Sabrina (RA): So which do you think might be easier as per the workshop

Rosina: Condom

A little later in the conversation, after she had thought about it, Soniya then adds what she has ‘heard’ about ‘Norplant’ from someone though she does not say whom: ‘Norplant is the easier form of contraception, and others are also easier is what I have heard from people’. Following on, Niuresha asks Sabrina a question about contraception, which indicates she is
also thinking about the easiest form of contraception: ‘One question, which form of contraception is the easiest?’ Sabrina then replies: ‘I don’t know. Niuresha then indicates that she knows about ‘Norplant’ and asks, again, about which form of contraception is easiest, which is captured in this brief dialogue:

Niuresha: So what is it that you put in here? (Gesturing to upper left arm)
Sabrina (RA): It’s Norplant
Niuresha: Is it easier to do that?

Although it appears the young unmarried women would –potentially – make contraceptive choices based on what is ‘easiest’ to use, in the context of discussing other methods, such as condoms, ‘Depo’ or pills, Niuresha posed a question to the group about boys and the use of condoms, indicating that she – perhaps as a result of what she has ‘heard’ - would want to make a contraceptive choice for herself or, that is, her body. In addition, Soniya raised an issue about the injectable ‘Norplant’, which might be influential in her decision not to use it. In the following conversation, Niuresha, Sulob and Soniya discuss these issues with contraception with Sabrina:

Sabrina (RA): Do you think a boy should use a condom or do you think you would compromise and use Depo or pills?
Sulob: The imaginary boy is a husband or someone else?
Sabrina (RA): Husband
Sulob: So if that is the case, we would first discuss amongst ourselves about how long we would want to have babies and that’s when we would be using the appropriate method
*Niuresha: Boys don’t prefer using condoms is it?
Sabrina (RA): Some use it, some don’t. If you were to have a relationship with a man, would you use or would you ask him to use?
Niuresha: I would use it for myself
Soniya: Didi, I would ask her partner or her husband to use it (contraception) because from what I’ve heard, they say that it would be really difficult once you start using implant because it gets you really weak

5.15.4 Factors of (actual) contraceptive choices

Across the workshops, Aisha explained that a number of issues in her family – and extended family – had forced her to ‘self-determine’ to use contraception without the
knowledge of her husband. They were economic issues, son-preference pressure, and her husband’s refusal to wear a condom. In addition, the side effects of her current contraceptive method, ‘Depo (Provera)’ and her mistrust of it to prevent pregnancy were factors in her – potentially - stopping its use.

5.15.5 Economics

In ‘Workshop 6: Male Reproductive Body’, Aisha shared with us that she had chosen to go on the contraceptive, ‘Depo Provera’, 45 days after the birth of her baby because she wanted to prevent having another baby for economic reasons. Her choice to use ‘Depo’, not ‘Norplant’ as was used by her friends, related to her perception of needing to have a ‘good diet’ whilst on it. However, a good diet in the context of the ‘fuel crisis’ was an issue for her. At the time this study was undertaken, the blockade on Nepal’s border with India was limiting gas, fuel and other basic supplies from entering Nepal and Aisha was suffering directly from the consequences of it in her family. In the following extract, Aisha explains this issue to Sabrina:

Sabrina (RA): Like you felt easier to wear, what do your friends do?
Aisha: They wear something that they put in here (Gesturing to left upper arm/Norplant)
Sabrina (RA): Norplant? Anything else?
Aisha: They find this where you put it inside (indicating to arm) easier. When you would put those things you would have to have a good diet and since it’s not economical for me, and since I gave birth to a baby, there was a fuel crisis, that’s why Depo is economical for me

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, in the context of discussing the son-preference issue in her husband’s family, Aisha also explained again that she was using contraception for economic reasons because she could not afford to have another baby at the present time because of current situation of impoverishment in her family. In the ‘Group Interview using Photoethnography’, she then told us that her husband (amongst other issues) was withholding his earnings from her and the impact that this had had on herself and her daughter, Laxmi. The addition of another baby would make her situation worse. Notably, Aisha says she asked for the easiest contraceptive method, and ‘Depo’ was advised. She explains:

Aisha: If I have a baby right now, I can’t feed the baby properly nor can I have my meal properly and I can’t take care of both the babies. That’s why I went to the clinic and asked what would be
In ‘Workshop 7: Outer and Inner Female Reproductive Body’, in the context of discussing the notion of having more children in the future, Aisha also related that, in addition to going on contraception for economic reasons, she did so to avoid facing the pressure of having a son, which her husband – and her husband’s family - had instigated at her miscarriage and also immediately after her daughter was born (see Section 5.15.1). In this extract, Aisha explains the issue, and indicates - also - her wish to have more children, but with some birth spacing between babies:

Sabrina (RA): So you talked about having another baby last time when you talked about it with Indira, what’s your biggest fear about having a baby now since you have had sex already?

Aisha: I’m not worried about sex. It’s just that the next baby would or wouldn’t be a boy. We should be happy with what God would send us. When Laxmi was born, my husband actually told me in the hospital that he wants a baby boy next time so I think there’s a lot of pressure so I was worried about it so I am on Depo now. I don’t want a baby right now since Laxmi is really small. Even if I have a baby, I’ll have it after Laxmi gets a bit big.

5.15.7 Condom refusal

In ‘Workshop 6: Male Reproductive Body’, Aisha, while discussing her use of ‘Depo’, shared that in relation to using contraception, she had faced a significant behavioural issue in regard to her husband: he refused to wear condoms. This issue had also been a factor in the type of contraception she had chosen. In the following conversation, she converses with Sabrina about this issue and she tells her why her husband refuses to wear a condom:

Sabrina (RA): Anything other than that? What your husband uses?

Aisha: No

Sabrina (RA): Your husband doesn’t use a condom?

Aisha: No...

*Aisha: He feels disgusted to use a condom
In ‘Group Interview using Photoethnography’, she said she had asked him, repeatedly, to bring that ‘...thing you get in shops nowadays (condoms)’, but he has continually refused. She said she had particularly asked him to do because she had discovered that he had been ‘lingering around’ (sleeping with) with other women. Notably, she said she was afraid of contracting HIV/AIDS (see Section 5.18.10). She said that she had refused to have sex with him over this issue, but it just made him ‘linger around’ more.

5.15.8 Side effects of contraception

In ‘Workshop 6: Male Reproductive Body’, in the context of talking about contraception, Sabrina asked Aisha if she suffered from any side effects on ‘Depo’. In this extract, she explains an issue related to ‘Depo’ to Sabrina and she also indicates that she is aware of the side effects of ‘Norplant’, that is, excessive bleeding at menstruation, which may have been a factor in her decision to choose ‘Depo’ after having Laxmi recalling that in ‘Workshop 4: Menstruation’, she said she hopes she never menstruates again as ‘...It’s disgusting’:

\[\text{Sabrina (RA):} \quad \text{There are side effects for anything for Norplants and injections, are there any side effects for Depo?}\]

\[\text{Aisha:} \quad \text{Depo makes my stomach bloated}\]

\[*\text{Sabrina (RA):} \quad \text{That’s it?}\]*

\[\text{Aisha:} \quad \text{That’s all about Depo and about Norplant, you bleed a lot in menstruation if you are on Norplant}\]

In the ‘Group Interview using Photoethnography’, Aisha also indicated that she is uncomfortable with the side effects of ‘Depo’, and she has kept buying pregnancy test kits to check she is not pregnant because she is not confident ‘Depo’ will protect her. In the following extract, she explains her issue. Notably, she expresses anger towards her husband in relation to his sexual behaviour and his other behavioural issue of withholding money. This display of anger was also evident in her body language in the interview:

\[\text{Aisha:} \quad \text{If he behaves well with me, if he doesn’t hide money from me, if he gives the money, then I would consider. If not, I have not even asked his permission about the DEPO. My stomach has been bloating because of the DEPO. I don’t even menstruate because of DEPO. It’s OK for me. I sometimes bring the pregnancy kit to see if I am pregnant, so I am relieved right now}\]
Based on her comments, it also appears that Aisha might also, be on the cusp of discontinuing ‘Depo’ due to its continued side effects as she mentioned several times that they were of discomfort to her. She also inferred she wanted her husband to use condoms to take reproductive decision-making ‘off her shoulders’, so she did not have to suffer from the side effects, to protect her from getting pregnant, and, as already mentioned, contracting HIV/AIDS. Notably, we think she was aware that the only contraceptive that could prevent HIV/AIDS contraction was condoms.

5.16 Roles in Reproductive Decision-Making

5.16.1 Idealising roles in reproductive decision-making

In the context of discussing pregnancy in ‘Workshop 5: Pregnancy’, Soniya, Niuresha, Sulob and Rosina were given an opportunity to think about who should play the biggest roles in having sexual intercourse, and, also, in relation to reproductive decision-making. Not being married\(^{102}\), this question really challenged the young women’s thinking, and it appeared as if they were ‘idealising’ perfect relationships with men and disregarding some of the impressions they later shared about men in Nepalese culture (see Section 5.21). In this extract, they share their initial opinions with Sabrina which vary from ‘it is the man’s role’ to ‘the woman’s’ to ‘both’:

\[ \begin{align*}
\text{Sabrina (RA)}: & \quad \text{Who has the biggest role, the boy or the girl?} \\
\text{Niuresha}: & \quad \text{A girl} \\
\text{Sulob}: & \quad \text{Didi, I have heard that it totally depends on a man} \\
\text{Sabrina (RA)}: & \quad \text{Why is it only in a man?} \\
*\text{Sabrina (RA)}: & \quad \text{If I have sex with a female, do I get pregnant?} \\
\text{All four}: & \quad \text{No!} \\
\text{Sabrina (RA)}: & \quad \text{If I have sex, who has the bigger role, the person with whom I am having sex with, or me?} \\
\text{Rosina}: & \quad \text{We have a bigger role} \\
\text{Sulob}: & \quad \text{I am about to say something. I think both have an equal role. Both have an equal role, a girl can’t get pregnant without a boy} \\
\text{Sabrina (RA)}: & \quad \text{Both are equal, both have equal roles?}
\end{align*} \]

\(^{102}\)Some of these young women told us in confidence that they had boyfriends in the participant observation phase of this study. They were very secretive with us about this matter and they asked Sabrina to tell me not to tell the staff.
Sabrina (RA): (Niuresha) she thinks we, girls have greater role of getting pregnant, she thinks its equal because sometimes a girl cannot get pregnant and sometimes a boy cannot make us pregnant. Rosina, what do you think about it?

Rosina: Didi, I don’t know

Sabrina (RA): Just don’t be shy telling me (To Rosina) (In a friendly tone)

Rosina: It took two years out of the blue

Sulob: You should know a little bit (To Rosina)

Rosina: Who would tell me?

Niuresha: You should know a bit

Sulob: You see, you learn, you read, you should know

Sabrina (RA): Soniya, say whatever, Rosina doesn’t know, Rosina would be sharing everything in the last workshop

*Soniya: Didi, could you repeat the question please?

Sulob: If you are to get pregnant, who takes the bigger role, the boy or the girl? It’s the girl’s role

Soniya: It’s the girl’s role didi

Sabrina (RA): Would you get pregnant without a boy?

*Soniya: No, the male doesn’t play a bigger role

In addition, in ‘Workshop 7: Inner and Outer Female Reproductive Body’, when Niuresha, Rosina, Soniya and Sulob had returned to the topic of pregnancy and after Nuiresha had made ‘Norplant’, condom, and pills in clay (see Figure 21), Sabrina asked the young women, again, who takes a bigger role in deciding on having children. Again, the responses varied, but Niuresha points out the importance of a woman having a say about her body as though she has really considered it:

Sabrina (RA): Niuresha has made this (pointing to the contraceptive devices in clay), so if I don’t want to have children, whose role would be bigger, mine or my husband’s?

Sulob: Both

Niuresha: The girl’s role

Rosina and Sulob: It’s our role

Sabrina (RA): It’s the girl’s role. They think that for getting pregnant women have to have upper hand

Niuresha: In the process of giving birth, the boy also takes a role

Sabrina (RA): Just in case my husband wants a baby and I don’t want a baby, is it just his will or does he have to listen to me too?
5.16.2 Realising roles in reproductive decision making

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, after I had picked up the cue in Aisha’s body language that she was ‘hiding something’ in relation to contraceptive decision-making, she revealed, as described above, that her husband is not aware that she is using contraceptives. She told us that she had tried to get her husband to use condoms, but (as already mentioned) he refused, so the decision was left to her. However, she was not afraid to make this decision alone or to face her husband’s anger in the process. In addition, she articulated that she felt ‘empowered’ to make this decision by herself. This decision is articulated by her here:

Aisha: I don’t care. I don’t care if he gets angry.

*Aisha: I don’t care. I don’t care. He would get angry and then talk to me after a few seconds

*Sabrina (RA): So you’ve thought about your reproductive health by yourself? How does it feel to decide by yourself?

Aisha: I am really happy (Expresses pride in body language)

In the ‘Group Interview using Photoethnography’, in the context of discussing a wish to have more children, Aisha said the reason she was hiding the issue over her contraceptive use is because she has not sought her husband’s approval: ‘If not, I have not even asked his permission about the DEPO’. This may indicate that women are expected to ask men’s permission to use contraceptives. Notably, this would also explain why Aisha helped another friend of hers to get contraception also without the knowledge of her husband (see Section 5.15.2).

5.17 Summary: Part 1 - Physical Body

Part 1 of the Findings (Sections 5.5 to 5.16) seeks to illuminate the connection between perceptions of the reproductive body and the physical body of young Nepalese women who have been trafficked into the sex industry. They show, specifically, the female reproductive body as an entity in itself, menstruation and the stigma that is associated with menstruation. They cover the women’s knowledge of pregnancy and birthing issues, including some complications related to these issues. Furthermore, they give an indication of the women’s knowledge of the male reproductive body and closely-related to it, contraception. Interspersed
with the discussion, they highlight the women’s sources of knowledge (where they are known) and/or the methods of learning the information. Importantly, they also showed significant gaps in knowledge which have important implications for reproductive health education for this group of Nepalese women. The next sections show that the physical body cannot be separated from the emotional body and that, in discussing the physical body, it is important to consider emotional issues.
PART 2 – EMOTIONAL BODY

5.18 Fears of Reproduction

5.18.1 Getting pregnant on ‘Depo’

In the ‘Group Interview using Photoethnography’, Aisha articulated that she had been getting pregnancy test kits to check whether she was pregnant as she said she was fearful of getting pregnant on ‘depo’ as she did not trust it to prevent pregnancy (see Section 5.15.8).

5.18.2 Giving birth

In ‘Workshop 5: Pregnancy’, Aisha and Indira told us about their experiences of pregnancy but did not appear to fear the process of giving birth. Aisha’s concerns were more related to thinking about the facts of ‘pushing out a baby’. She particularly said: ‘I thought I couldn’t give birth to a baby’. In addition, Indira said: ‘More than thinking about how to give birth, I thought ‘How would it come out?’’. However, while discussing whether they wanted to have children in the future in ‘Workshop 7: Outer and Inner Female Reproductive Body’, Niuresha articulated that she was scared of giving birth: ‘I fear the process of giving birth’. In trying to gain more in-depth insights into this issue, Sabrina then asked Niuresha, Sulob, Soniya and Rosina a question: ‘Which part of the process do you fear?’ All four responded: ‘The birthing process’ (Pain at birth). This fear was expressed in the young women’s body language more than it was through verbal articulation.

5.18.3 Losing another baby

In the ‘Group Interview using Photoethnography’, Aisha, who miscarried twin boys in a dance bar, said she was afraid of having another miscarriage and how, while she was pregnant with her Laxmi, she managed the fear: She sought medical help. In the following extract, she tells what she did in the subsequent pregnancy, and she shares her husband’s response to the loss of her twin boys– an accusation that she had deliberately ‘thrown’ (aborted) the twin boys:

*Sabrina (RA):* Are you scared of having kids because of the miscarriage before, like you would still have a miscarriage again?

*Aisha:* Yes, I went and had a medical check up

*Sabrina (RA):* And didn’t your husband have any problem because of the miscarriage?

103 For the young trafficked women who had not had babies
Aisha: He accused me of having the medicine and throwing (aborting) the baby

5.18.4 Having another daughter

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, whilst discussing fears of having another baby, Aisha told us that she is not fearful of the process of sexual intercourse, rather she fears having another girl child as her husband pressured her – at the birth of her daughter – to have a boy (see Section 5.15.6). Later in this same workshop she told us, while we were talking about how happy her husband’s family would be for her to have a son, Aisha told us that she has tried to tell her husband that she has no power to determine the sex of a child. In the following extract, she speaks about this issue and implicates her mother-in-law in the ‘son-preference’ pressure:

Sabrina (RA): Just in case you had a baby boy, would everyone be happy?
Aisha: Yes, my mother-in-law and everyone would be happy. My mother-in-law has two sons, but if her son’s seed gives birth to a daughter, how can I give birth to a son. I have told them I am ok with having a son or daughter, but my husband is not okay with that

Sabrina (RA): Just in case your husband doesn’t have a seed that would produce a baby boy, you would always have a baby girl?
Aisha: Yes

Sabrina (RA): Your seeds and seeds and your husband’s seed causes a baby to sit, but it’s in your husband’s hands about having a baby boy or baby girl. You don’t have any hand to giving birth to any sex baby, do you know about that and does your husband know about that?
Aisha: I have told him about that

In the same workshop, as Aisha was discussing the issue of son-preference she faced with her husband - and the subsequent fears she had about it – she reported that her mother-in-law had physically threatened Laxmi 6 days after she was born because she was a girl. Aisha explains: ‘Yes. When Laxmi was born, he asked me for a boy. If the next time I give birth to girl, what would happen? On the sixth day for a name-taking ritual, my mother-in-law came and pressed Laxmi’s throat just because she was a girl child’.

After later discussing how she had made a decision to go contraception without her husband’s knowledge, Aisha then described why she was particularly fearful of the issue of
son preference in her husband’s village of origin: her sister-in-law had been murdered for having two daughters. She explains: ‘In the eastern part in Mahendranagar Dhangadi people wish for a boy more than a girl. My sister-in-law, my husband’s brother’s wife was killed (burned with kerosene) because she had two daughters’. This has led to Aisha’s refusal to go her husband’s village: ‘That’s the reason I don’t go to the village... Whenever, he would ask me to go to the village, I find an excuse’. She then followed this discussion with outlining the reason for the son-preference issues in her husband’s family, and how she has found out about the issue: ‘People don’t like having a daughter because they would give their property after marriage. I have heard about it in TV and radio, and I ended up being married there (Mahendranagar Dhangadi)’. In addition, she then said that she also she believes there is an issue in this particular village: ‘There’s some kind of fate there’. When asked this question by Sabrina: ‘Have you seen these things in Kathmandu?’, Aisha replied: ‘No’. Evidently, she thinks the son-preference issue is only related to her husband’s rural village.

5.18.5 Having to ‘throw a baby’

In ‘Workshop 7: Outer and Inner Female Reproductive Body’ in the context of talking about becoming mothers in the future, the young women who had not had babies, told that us that education at school had taught them that it is really important for them to become financially independent before having children. This imbued a conversation about an underlying fear of having to ‘throw babies’ because they cannot afford to raise them. For example, Soniya told us that she had ‘seen’ this occurrence and, also, how it had made her feel: ‘I’ve seen people throw kids, it’s really heartbreaking’. Following on from Soniya’s comment about what she has seen, Niuresha, Sulob and Rosina then articulate that they know about the issues of abandonment of babies too, and especially ‘who’ abandons them. In addition, Sulob points out that if babies are not abandoned (in difficult circumstances), it can lead to child abuse.

At the end of this discussion, Rosina points out that couples and unmarried women ‘throw babies’ because of the stigma they face for getting pregnant before marriage. In addition, she says women ‘throw babies’ before and after birth inferring that they abort and abandon them. This discussion then led to the story Soniya told the group about how she and a friend had helped to care for a baby boy abandoned in the jungle and Niuresha’s story about her aunt caring for the baby girl of a mentally-ill girl who had been gang-raped (see 5.21.2). Here is the group discussion about these issues:
**Sabrina (RA):** She (Soniya) is saying that she has seen people throwing their babies, and she has thought about it and that's how she is conscious about not having a baby.

*Sabrina (RA):* About throwing the baby, do you think it is before they got married or after they got married and had sex?

**Niuresha:** The baby that was thrown?

**Sabrina (RA):** Yes, the baby that was thrown

**Niuresha:** Before they got married

**Sulob:** It can be both

**Niuresha:** Is it both?

**Sulob:** It’s more about child abuse too if not throwing

**Sabrina (RA):** So those kinds of kids have a lot of siblings. Have you ever seen that happening in Dhapasi?

**Sulob:** No

**Sabrina (RA):** Where have you seen this? In Kathmandu?

**Sulob:** I have seen here too, the step mom doing that with their kids

*Rosina:* Sometimes it can be a married couple throwing the baby and if it’s not someone who is married and has had sex, so they throw it because of the fear of society and their parents (*Stigma for unmarried mothers*)

**Sabrina (RA):** Is it after they give they give birth?

**Rosina:** Are you asking about giving birth? They do throw before giving and after giving birth too (*Abandonment and abortion*)

### 5.18.6 Fear of pain on losing virginity

In ‘Workshop 6; Male Reproductive Body’ after initiating a conversation on having sex for the first time, Niuresha asked if it was ‘painful’, which lead to a discussion on virginity-loss with Soniya, Sulob and Rosina. Not satisfied with the discussion - and we tried only to encourage the young women’s responses - in the context of discussing the fear of sexual intercourse with Soniya, Sulob, Niuresha and Rosina in ‘Workshop 7: Outer and Inner Female Reproductive Body’, Niuresha then initiated another discussion on the ‘pain’ of virginity loss. Notably, Sulob deflected the pain question to me assuming that because I am married and presumably sexually-active, I would know about it. At the end of this conversation, Rosina, Niuresha and Sulob exclaimed that they wished to be boys possibly thinking the process of sex would not be painful for them and Niuresha talked about knowing about the process of being able to change a sex organ, making a penis in clay to demonstrate:
Chapter 5 | The Findings

Niuresha: Is it painful for the first time when you break your virginity (with boys)?
Sabrina (RA): I don’t know
Sulob: You can ask Trish sister
Sabrina (RA): she is asking if you, when you break your virginity is it painful?
Tricia (Workshop lead): Yeah it can be for some people and not for some others.
Sabrina (RA): It depends on people (Different for everybody)
Sulob: We’ve discussed about it before
Rosina: Is it really hard that time (*Painful, hard, difficult)?
Sabrina (RA): It depends, some might have difficulty, some might not
*Rosina: I wanted to be a boy
Sulob: I wanted to be a boy too
Niuresha: You can be a boy
Sulob: I also want to be a boy
Niuresha: You can go and change your sex organ and become a boy. You can put this on? (Pointing to the male reproductive part she made in clay)

In the ‘Group Interview using Photoethnography’, when we were discussing some of the things the the young women had learned in the series of workshops, Niuresha then directly articulated her fear of the pain of loss of virginity, but also how – because of the conversation in the workshops – her fear had been allayed (see also Section 5.25.2).

5.18.7 Having sexual intercourse

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, Niuresha, Rosina, Soniya and Sulob returned to the topic of pregnancy because they wanted to know more about it. In the context of the discussion, Sabrina asked the girls if there was anything they feared about it and Rosina was quick to respond that she feared the male reproductive body part, in relation to sex, for what it meant for her: getting pregnant. In an exchange with Sulob, she explains the issue and Soniya also articulates that she was frightened about ‘speaking up’ about the male reproductive body part in Workshop 6: Male Reproductive Body’. In addition, she says it was very difficult for her to listen to the discussion about sexual intercourse:

Sabrina (RA): You’ve learned a lot from the workshops, is there anything that scares you?
Sulob: Scares us?
Sabrina (RA): Anything from the workshop from the male reproductive part to pregnancy, how you give birth to a baby and menstruation. You never had a back pain or anything during menstruation, so after listening to them, do you fear anything?

Sulob: Nothing didi

Niuresha: No

Rosina: I was scared

Sabrina (RA): No! Rosina you got scared?

Rosina: I was scared of the male reproductive part

Sabrina (RA): So what about the male reproductive part?

Sulob: The process of getting pregnant?

Rosina: The process of getting pregnant

*Sabrina (RA): And Soniya, you?

Soniya: There were many things that I was scared of

Sabrina (RA): What things did you fear?

Soniya: I feared speaking up

Sulob: What was there to fear about speaking up?

Soniya: About the intercourse, it was really scary to even listen to it

Deeper into the conversation, as we were discussing fears of birthing, Sabrina also asked Soniya, Sulob, Niuresha and Rosina this question: ‘The process that you need to do before giving birth, the sex, or the entire process?’ All four replied: ‘It’s scary (referring to the the process of having sex)’. In the ‘Group Interview using Photoethnography’, when they were also talking about their photographs of their clay work from ‘Workshop 6: Male Reproductive Body’, Niuresha also said this: ‘I like men, but then I fear things’. When Sabrina asked this: ‘Why do you fear?’. Niuresha replied: ‘I don’t know’. However, soon after an interlude in a conversation with Sulob, she then said she feared sexual relations: ‘Why, why, I don’t know the reason behind it. So after we get married, you have to get involved in a relationship, I don’t like it’. She was referring to sexual intercourse.

5.18.8 Being raped

In the context of discussing the photographs of clay of the male reproductive body from ‘Workshop 6: Male Reproductive Body’ in the ‘Group Interview using Photoethnography’, Soniya told us that she does not particularly dislike the penis itself, rather that she has a fear of rape because of what she defines as ‘... lot of stuffs going on like 8-year-old girls getting raped
in Nepali culture’. To note, Soniya had already been sexually abused prior to trafficking (see Section 4.11.6).

5.18.9 Being stigmatised for loss of virginity

In ‘Workshop 6: Male Reproductive Body’, Niuresha - after reflecting on what could happen to a vagina in a situation of forced sex (rape) – posed this question to Sabrina: ‘So if you have sex for the first time, is it really painful?’ Sabrina replied: ‘I also don’t know the answer to it’. This question stimulated a discussion about breaking virginity, and, in the middle of it, Sulob then related (and her body language indicated this) a fear of being *stigmatised* for losing virginity, and, in addition, she told us the stigma is often initiated by men, or, that is, husbands. Notably, Sulob appeared to know that ‘bleeding’ occurs when a woman loses her virginity, which no other woman spoke about:

Sulob:  
*So there is a stigma that when you have sex for the first time after marriage and you don’t bleed. The boy would ask you whether you have done it before*

Sabrina (RA):  
*You can’t judge it, like if I have had sex, there’s not much of a body change and people wouldn’t actually know about it too, so me having sex is something private and nobody would actually know about it.*

Sulob:  
*You don’t bleed, they actually ask you if you have had sex before*

5.18.10 Contracting HIV/AIDS

As reported earlier, in ‘Workshop 6: Male Reproductive Body’, in the context of discussing contraception, Aisha explained that her husband ‘...feels disgusted to use a condom’. In other words, he refuses to wear them and he has potentially never worn them. In the ‘Group Interview using Photoethnography’, she elaborated on the reason and she was evidently angry about this issue, which we discerned from the tone of her voice and her body language: she had discovered her husband had been ‘lingering around’ (sleeping with other women). While discussing HIV/AIDS, a disease she seemed to know about, Aisha then told us that she had ‘fears’ contracting it (HIV) and she has told her husband that he is blatantly trying to infect her. She explains:

Sabrina (RA):  
*Don’t you know about HIV/AIDS?*

Aisha:  
*It depends on you. If you go and sleep with someone for 10 to 15 000 rupees, then you would get AIDS*
**Sabrina (RA):** You might get infected with AIDS, you know about that don’t you?

**Aisha:** That totally depends on us. If you go and sleep with every other guy, then it’s probably difficult for you and you’ll get it. If you just lingering around with the person and just flirt with them, you wouldn’t get affected by it

**Sabrina (RA):** Your husband sleeps with a lot of women, so what about from him?

**Aisha:** That’s why I don’t sleep with him

**Sabrina (RA):** So you fear of getting infected from your husband?

**Aisha:** I am using DEPO because I don’t want to have kid, but then you can get infected by having sex, so I ask him to bring the thing that you get in shops nowadays (*Condoms) and if he says ’no’, I say that he is trying to infect with his infection

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### 5.18.11 Fearing masturbation

In ‘Workshop 6: Male Reproductive Body’, when the young unmarried women were looking at the clay work they created of the male reproductive body which lead to a discussion on sexual touching, Niuresha said she feared that kind of behaviour, particularly referring to masturbating: ‘No, I have never been through that but I fear’.

### 5.19 Hopes for Motherhood

#### 5.19.1 Valuing birth mothers 🌟

In ‘Workshop 1: ‘I am a Girl/Woman’, when some of the young trafficked women were reflecting on what it was like ‘to be a girl’ (in any way that they wished), Soniya first spoke to her clay work about how her mother and grandmother had protected her when she was very sick as a young child (see Figure 22). Her body language indicated this was a very moving moment for her and gesticulating to her clay work enabled her to articulate what she wanted to say about it:

> **Ohh (exclamation) when I was 8 years old, I was sick, with minimal chance of living, everyone used to say that this child won't live, but my mum one day, even when it was so strict in my village, Mum collected so much of grass and fodder. She came back, there used to be a chair in our house, she sat there and looking at me, she said’ I will save you no matter what other people say’

> My mum, despite all family members saying that I won't live, my mum and maternal uncle’s family never gave up. My Mum’s mother (grandmother) said to my mum that, you have to save her no matter what it takes. Then my mum...
worked very hard to save me. And one day that 8-year-old child was crying by herself and her mum arrives.

Figure 22: ‘I am a Woman/Girl’ (Soniya)

In the ‘Group Interview using Photoethnography’, when Soniya was asked to share her favourite photograph from the clay workshops, she returned to the photograph of this same clay work (above), and the photograph from ‘Workshop 5: Pregnancy’ where she imagined what a baby in a uterus would look like. On reflection, she reiterated the same feelings about her birth mother: ‘This represents how I was really sick when I was really small and my Mum took care of me, so I just remembered that I made because I personally like this picture, so the other picture I like is because I imagined how a baby would sit in a womb so I like this picture’.

Choosing her photograph of clay work from the first workshop Niuresha also shared a very moving moment about her birth mother, in particular, how she had given her strength to face life’s hardships (see Figure 23):

The reason I like this picture is we’ve all seen how much hardship our mums go through. I like my Mum. And after we would get older we would also be like our mum, so our mothers always face the hardship to bring us up. So now it’s our turn, so I hope we can also make our kids as strong as our mums have made us. Second, she just made the picture. (*I am a girl) (*She was just referring to the flower part of this picture as irrelevant).
In this same conversation, after recapping what Niuresha has said, Sabrina then asked the young women the following question: ‘...So does anyone want to add anything about Mum or anyone?’ Inspired by Niuresha’s photograph, Sulob and Rosina then reflected on their own birth mothers, recognising the hard work that they do and how they had protected them at difficult times, in particular, from physical harm (as described in Section 5.2.1.4). In Workshop 7: Outer and Inner Female Reproductive Body, while talking about educating children about reproductive health issues, Rosina also mentioned her bond with her mother: ‘That’s how my mum and I are (close)’. While also responding to a comment by Soniya about the ovaries she made in another claywork photograph, Sulob made this comment about the hardship her birth mother has faced:

*Our Mother faces a lot of hardship and struggle when we are in their womb and also after she gives us birth. Fathers don’t take care of their kids as much as mothers do, but then mothers do a lot with their kids, that’s why I like this picture (*To Niuresha’s photograph)*

In the ‘Group Interview using Photoethnography’, at a poignant moment in the discussion about mothers, I then asked Sabrina to ask the young women whether they had thought about their mothers (because of the burdens they faced across their reproductive lives) during the series of workshops. Their reply is illuminated here:
Chapter 5 | The Findings

Sabrina (RA): Throughout these workshops, has everyone thought about their mothers?

All four: We have

*Sabrina (RA): So did you think about it in terms of being mothers and giving birth to kids?

All four: We have thought about it

Tricia: Is there anything they want to say?

All four: No, didi (*Sensitive)

Given the silence that ensued - and the body language of the young women at this moment - it was evident that speaking about birth mothers was a very sensitive issue for them so we chose not to probe any further. All four women were living in a ‘girls’ hostel’ away from their mothers because of their trafficking encounters. Although Aisha and Indira did not speak much about their mothers, except to say they educated them about menstruation after pregnancy (Aisha) and uterus/ovaries (Indira), we did have some evidence that they valued them too. In the participant observation period, we met Aisha’s mother and one of her younger sisters.

5.19.2 Becoming mothers (Idealism)

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, when Sulob, Rosina, Niuresha and Soniya, returned to the topic of pregnancy by group consensus, it gave us an opportunity to ask them if they wanted to become mothers in the future, even though they had explained that they had some fears of the birthing process and sexual intercourse issues (see Section 5.18.2 and 5.18.7). In the following conversation, they talk about the potential of motherhood with Sabrina. Notably, Soniya says ‘yes’, as long as it does not involve her, and Sulob says she would like to adopt a baby:

Sabrina (RA): We did a lot of workshops with you, we did menstruation, inner body, outer body, did you only choose pregnancy? Do you want to become mothers in the future?

Rosina: Yes

Sabrina (RA): Soniya you?

Soniya: If it’s not to do with me

Niuresha: Do you want or not? (*Getting irritated with Soniya)

Soniya: In the future, yes

Sabrina (RA): Niuresha, you?
Niuresha: Yes, didi
Sabrina (RA): Sulob, you?
Niuresha: She wants to have
Sulob: Just because I like kids doesn’t not mean I like them a lot
*Sabrina (RA): everyone wants (children)
Sulob: More than giving birth, I would like to adopt a baby and keep it for myself

In the ‘Group Interview using Photoethnography’, in the context of discussing how Soniya had seen women ‘throwing babies’ and how she and her friend had helped an abandoned baby boy in the jungle, Sulob said that it was these ‘abandoned babies’ she would like to keep, and she preferred the idea of adoption to actually giving birth: ‘I like to keep these (abandoned) babies more that I would like to give birth’.

5.19.3 Reframing motherhood

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, in the context of a discussion about the roles women and men play in reproductive decision-making, Rosina, Sulob, Soniya, and Niuresha spoke about the need to develop a career before having babies. In the following extract, they discuss this issue, and, also how they have formed this opinion - from the opportunity of education. Notably, this conversation is also closely linked to the notion of not being able to afford to raise children, ‘throwing babies’, and observing the hardships their own mothers have faced (see Section 5.19.1):

Sabrina (RA): We are all educated now, so if our husband wants to have a kid and we don’t want to have a kid, how would we explain it to him?
Sulob: I would want the kid afterwards, not now
*Sulob: Babies can come later or you can give birth to the babies later. Right now, let’s think about our future and make our career
*Niuresha: Can I talk? Let’s start earning for ourselves first and then if we are able to give the baby what it wants, we can sustain with the baby too, then we can have a baby
Sabrina (RA): Rosina?
Rosina: First we have to have a very stable economic condition and after that we could have kids (*Experience has taught them)
Sabrina (RA): You are going to say that? (*Teasing Rosina)
Rosina: Yes
Chapter 5 | The Findings

**Sabrina (RA):** Soniya, you? If you don’t want to have a kid, and your husband want to have a kid, what would you do?

**Soniya:** First we would want to make a career, like I have seen a lot of people throwing their babies because they cannot take care of their babies right now, so after we stand on our own feet, we would be thinking of having a baby.

*Sabrina (RA):* Just think about your career now before you give birth to any baby. Is this something you thought about after the workshops or while you were studying in school?

**All four:** At school di (didi)

5.19.4 Continuing motherhood (Realism)

In the ‘Group Interview using Photoethnography’, Aisha indicated that she would like to have more children in the future. However, she said she needed assurance that her husband would be faithful to her and that she hoped he would also not withhold financial support because her economic situation has left her in deep distress. In this conversation with Sabrina, as reported earlier, Aisha explains:

**Sabrina (RA):** So you have thought about doing something by yourself? And if you have a very good relationship with your husband later on, would you have kids?

**Aisha:** If he behaves well with me, if he doesn’t hide money from me, if he gives the money, then I would consider. If not, I have not even asked his permission about the DEPO.

5.19.5 Protecting her daughter

In the ‘Group Interview using Photoethnography’, in the context of telling Sabrina and I that her husband had been ‘...hiding his earnings from me’, Aisha related that she had considered going back to dance bar work after she had also tried to get domestic work when her husband disappeared for 5 days and her daughter was sick. She said he refused to give her money for medicine. However, she wanted to protect her daughter from this environment because she knows it would be ‘unpleasant’ for her and she would be separated from her. She explains:

**Aisha:** Yes, I feel like going back there but then I can’t. I have searched for a job nearby that’s to do with dishes and cleaning the table. They would give me 5000 rupees (*Month). I wouldn’t go back to the dance bar. If I go back to the dance bar, mothers
would be drinking and the babies would be somewhere else, so I wouldn’t.

5.20 Summary: Part 2 - Emotional Body

This section has illuminated that the perceptions of the reproductive body of young Nepalese women who have been trafficked into the sex industry encapsulates an emotional component which is coupled with fears of reproduction and, paradoxically, hopes for motherhood. Fears related to past experiences of pregnancy and birth and/or their future possibilities and sexual intercourse because of knowledge of sexual violence in the culture, contracting HIV/AIDS, or stigma. Hopes related to beginning motherhood and also continuing to be become a mother in the future. This insight indicates that emotional factors must be given consideration in relation to reproductive health support and reproductive health education for young trafficked women in Nepal. The next section shows that, along with physical and emotional body, cultural inscriptions are also impressed upon the bodies of the women.
PART 3 – CULTURAL BODY

5.21 Impressions of Men

5.21.1 Men dominating women

Although the young women were not always consciously aware of it, they often expressed through their anecdotes and stories that their society was one that was shaped by men. This was most poignantly expressed by Niuresha in ‘Workshop 1: ‘I am a Girl/Woman’. In the following extract, when she was reflecting on the clay work she created in relation to being a woman – of a mother and baby - she shared that women face a lot of hardship in bringing up their children and men dominate them in the process (see Figure 23):

This is a mother and this is a baby, being a girl, everyone has to bear children, a mother works very hard to bring up her children, goes to field, carrying doko, although she lives in a hut, she does everything she could to raise her children. But some children after growing up, misbehave with the mother herself, hate her. Females are always dominated and disregarded by males, just because they are female.

5.21.2 Men taking sexual advantage

In the ‘Group Interview using Photoethnography’, all of the young trafficked women indicated that they did not like their photographs of the clay representations of the male reproductive body in naked form and, specifically, the penises they had made, for individual and varied reasons. Indira withdrew from the workshops at ‘Workshop 5: Male Reproductive Body’, so she did not do any clay work from this workshop onwards. However, in ‘Workshop 2: Outer and Inner Female Reproductive Body’, she did create a clay representation of her husband’s naked body (see Figure 19b). Soniya articulated that her reaction was due the ‘culture of rape’ of young girls that she believes is prevalent in Nepal. This has made her fearful of being raped and also of having to ‘throw a baby’. She said: ‘I don’t particularly hate it (penis), but then since there are a lot of stuffs going on like 8-year-old girls getting raped in Nepali culture and also the reason is when men use women, as per their wish, and leave as per their wish so that’s why I don’t like it’. Soon after sharing this reflection, she told us a story

104 A ‘doko’ is a kind of basket made from bamboo moven into a ‘V’ shape. Dokos are especially used by women in villages to carry grasses and other things, but porters also used them carry goods in Nepal, Bhutan and northern India’s mountainous Sikkim and and other states.
about a friend of hers who was ‘in love’ with a boy and the consequences she faced after they had sex: ‘I don’t remember both of them’.

In addition, in ‘Workshop 7: Outer and Inner Female Reproductive Body’, when Rosina, Niuresha, Soniya and Sulob returned by group consensus to the topic of pregnancy and were discussing how women and men, including individuals and married couples, abandon babies because they cannot afford to take care of them, Soniya ended the workshop with a personal anecdote about how she had been involved in feeding a baby boy who had been abandoned in the jungle. This was said in the context of the rape discussion. However, it is not certain as to whether abandonment occurred in relation to a rape issue. This then led to Niuresha sharing an anecdote about her aunt who raised the baby girl of a mentally-ill girl who had been gang-raped and abandoned by a group of boys. In the following conversation, Soniya and Niuresha shared their stories:

Soniya: I saw the baby being thrown in the jungle when I went with my friend there. I asked my friend to bring biscuits too and we fed the baby

Sulob: When? How? What?

Rosina: Son or daughter?

Soniya: Son

*Sulob: I like to keep these babies more that I would like to give birth

Niuresha: A mentally ill girl was raped once and she got pregnant then so the baby was abandoned and the person I know, one of my aunts, started taking care of the baby because they did not have any child

Sabrina (RA): Was the baby ok?

Niuresha: Yes

Rosina: Was the Mum mentally ill?

Niuresha: The Mum was mentally ill, that’s why the boys took advantage of her and got her pregnant, so they just brought the baby home and the baby is really big now

Sulob: Boy or girl?

Niuresha: It was a girl, she’s really pretty

In the Group Interview using Photoethnography’, when Aisha was also looking at the photograph of her clay work of her grandfather and husband’s penis, she then shared that she was ‘disgusted’ by it because she had discovered her husband was ‘lingering around’ (sleeping with) other women. In the following extract, she shares this issue with Sabrina:
Sabrina (RA): Is it before sex or after sex that you’ve had the disgust for it (penis)?

Aisha: Since the time he has been lingering around with everyone (Other women)

Sabrina (RA): Since when?

Aisha: Outside, he goes outside and sleeps with other women, that’s when I started getting disgusted

Sabrina (RA): Eh, it’s about other girls

Aisha: And it wasn’t even with a proper girl. She is really old.

* Sabrina (RA): And didn’t you say anything until now?

Aisha: I had heard about it. The woman came to ask for money because he slept with her, knocking on her doors, asking for him, like if it was Dinesh dai’s 105 room. Looking at her, I told her that she was older to him and asked what work did he have with him, and she said that her husband had sent her to get money from me and she has asked for 500 rupees and I said ‘no’ because he had never given me money for medicine or anything. So she directly came asking for money because he slept with her.

In addition, later she shared that she had refused to have sex with her husband after she discovered his encounters with other women were multiple, which – she says – have led him to engage in further sexual encounters, and, potentially, also, with her friends. Aisha explains:

Aisha: He usually asks me to have sex and I ask him. I decline it and he gets angry and goes out, and when I ask why does he go out, he says, ‘You don’t let me do so others let me do it, so that’s why’. He has also asked this to Kamala....

Sabrina (RA): Did he ask Kamala too?

Aisha: I asked him why does he go to Kamala’s room, and her husband’s name is Krishna, so I ask him why does he go to his room, and he does everything that Kamala asks him to do, from buying cigarettes to everything. So I asked him why, What you have not given me, Kamala gives me, and she says, How wouldn’t I doubt if he says things like that?

Earlier in this workshop when ‘Aisha’ was talking about her husband’s infidelity, she also said that this situation had led her to mistrust men. She explains this issue to Sabrina:

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105 ‘Dai’ means older brother. It can mean brother by blood, as in blood relation, it can just mean male friend who is older.
Sabrina (RA): Is that just that you hate your husband’s reproductive part, or is it all men?

Aisha: It’s all men. You can’t trust anyone when your husband does this to you.

Notably, from information we were given, we were aware that Aisha had been trafficked into a sexually-exploitive situation of a dance bar and that she had also been sexually-abused by an uncle on her husband’s side of the family. We gleaned that this mistrust of men might also have had a deeper underlying context. Also, when Aisha found out about her husband’s sexual transgressions and another man near by her house started helping her with cooking when her husband disappeared for days on end, she said ‘…my husband doubted me with him too’ indicating that her husband tried to make her feel as they she was being unfaithful to him.

5.21.3 Men neglecting familial responsibility

In the ‘Group Interview using Photoethnography’, when Sulob was articulating why she liked Niuresha’s photograph of her clay work of a mother and baby from ‘Workshop 1: I am a Girl/Woman’ (see Figure 23), she shared – in the context of a discussion about the hardship mothers face to bring up their children – that fathers are not as involved in caring for their children as much as mothers. In the following extract, she shares her thoughts: ‘Our Mother faces a lot of hardship and struggle when we are in their womb and also after she gives us birth. Fathers don’t take care of their kids as much as mothers do, but then mothers do a lot with their kids, that’s why I like this picture’. Earlier in the workshop, after Niuresha had shared a reflection of how she valued her mother over her own clay work photograph (as above), Sulob also remembered a story about her father and mother. (This story was probably related to her by her mother because she would have been too young to recall it by the suggestion of the age she says she would likely have been. However, it is a poignant memory.) When questioned about it by Sabrina, she only responds in relation to remembering her mother’s care. In other words, her father is disregarded in relation to his role in caring for the family. Sabrina and Sulob discuss this issue:

Sulob: I want to say something. So when I was 8 to 9 month, I used to get really sick so I had to be taken to the place across the river and my Dad used to carry my Mum, and my Mum used to carry me. So she took me all the way to that place so that I am ok, so that’s what I remember.

106 Fathers, sons and husbands.
Chapter 5 | The Findings

Sabrina (RA):  So you remember your Mum or your Dad?
Sulob:  I remember my Mum because mothers do a lot for their children

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, soon after articulating that she had decided to go onto contraception – without the knowledge of her husband to prevent having to deal with the ‘son-preference’ issue in her husband’s family – Aisha told us that women in Nepali culture were undertaking additional roles in caring for their parents these days and that sons (in her family at least) were neglecting familial responsibilities. In this extract, she shares that her brother, in particular, is ‘implicated’ in this issue:

Aisha:  I am not scared of him even if he comes and fights with me for the DEPO reason. If he is really interested in having a baby, he should be satisfied with whatever we have, boy or a girl. If we would have a baby boy he would like it, if we have a baby girl, he wouldn’t like it. Nowadays, girls look after their parents more than boys do

Sabrina (RA):  Do you have a brother?
Aisha:  Yes, I have a brother. But then he doesn’t take care of my parents.

In addition to this, in the ‘Group Interview using Photoethnography’, Aisha then shared, in the context of discussing her husband’s ‘lingering around’ that she had experienced neglect from her husband. In this extract, Aisha discusses this issue and she articulates that she has considered returning to dance bar work because of her situation of impoverishment:

Sabrina (RA):  You are really strong. You worked for 8 months when you were pregnant with your baby too
Aisha:  It wasn’t 8 months. It was two months that I was pregnant with Laxmi. I asked for advance from the dance bar to buy a TV so that he would stay inside the room and watch TV because he used to go out and see the TV, he still did not do that. He used to get lost for 5, 6, 7 days. There was a person who used to stay with us beside our room and he used to bring vegetables for me and cook for me, and my husband doubted me with him too. I was so frustrated with his things. He used to get lost for 5-7 days. He used to hide earnings from me. Even if he earned a lot he used to show only 200-300 rupees. He never gave us money. He never fills the gas too. And whenever I would say I am hungry and let’s go and eat, he used to say he does not have money. I worked as a domestic worker for a month, I sometimes feel like going back to the dance bar to work, but with my baby being very small, I feel like it would affect her
In the beginning of ‘Workshop 6: Male Reproductive Body’, when beginning to think about making the male reproductive body out of clay, Aisha also indicated that - in her experience - men do not play a huge role in Nepalese society, inferring women are burdened with huge domestic responsibilities. In a point-blank manner, she stated: ‘Men are different than women. They work. They earn. That’s it’.

5.2.1.4 Men causing physical harm

In the ‘Group Interview using Photoethnography’, when Aisha was sharing her miscarriage experience of twin boys in the dance bar, she told us that, firstly, the men in the dance bar used to touch her pregnant abdomen, then she said she got caught in fight and the ‘knock’ to her abdomen caused her miscarriage. We can reasonably assume it was sexual touching from her description of sitting on the laps of men. As she described this memory, it was evident – through her body language - that the experience had been quite traumatic (see Section 5.10.2). In addition, she indicated that her husband was also causing her physical harm by not wearing a condom during his sexual encounters with her and other women putting her at extremely high risk of contracting HIV/AIDS (see Section 5.18.10).

In the concurrent workshop, in the context of discussing the importance of their birth mothers, Rosina remembered a story about physical harm inflicted on her by her stepfather: ‘When I 6-7 months, my Mum went with my stepfather, my stepfather got drunk and threw me outside, and my Mum came and took me again.’ She shared this story with Sabrina while looking at the photograph of the clay work of her representation of the male reproductive body (see Figure 20b). Further into the conversation, she then shared with Niuresha, Soniya, Sulob - and Sabrina and myself - that she had two fathers and she did not like either of them.

Rosina: I don’t like this one in particular because I don’t like men. It’s not that I don’t like men in general, it’s just that I don’t like their penis. The second thing is I had two fathers and I don’t like them both.

Sabrina (RA): Is your big father your biological father?

Rosina: My first father was my biological father, and I don’t like this boy too (*Referring to her clay work)

Notably, Rosina’s stepfather was the person who trafficked her.

5.22 Stigma
During the workshops, reference was made to four forms of stigma in Nepalese culture; menstrual stigma, stigma for pre-marital sex and stigma for pregnancy before marriage, and stigma for having a female child. In ‘Workshop 4: Menstruation’, all women spoke about an aspect of menstrual stigma through describing their first menstruation experiences and/or menstruation traditions they had partaken in or knew about from other women and/or men (see Section 5.7).

In addition, in ‘Workshop 6: Male Reproductive Body’, in the context of discussing breaking of virginity, Sulob spoke about her fear of the stigma of ‘loss of virginity’ before marriage and how a husband is likely to be the one who stigmatises a woman (see Section 5.18.9). Furthermore, in ‘Workshop 7: Inner and Outer Female Body’, in the context of discussing why unmarried women who have sex ‘throw’ abandon or abort babies, Rosina said they do so because ‘...because of the fear of society and their parents’ (see Section 5.18.5). In ‘Workshop 7: Inner and Outer Female Body’ and the ‘Group Interview using Photoethnography’, Aisha told us how she had been stigmatised for having a female child and how the stigma was enforced by her husband and her mother-in-law and also how her sister-in-law was killed as a result of having daughters (see Section 5.18.4).

5.23 Summary: Part 3 - Cultural Body

This section has shown that the perceptions of the reproductive body of young Nepalese women who have been trafficked into the sex industry are inscribed with a cultural component that is comprised of impressions of men, which appears on many levels to be unconscious. In addition, it has illuminated four forms of stigma that are impressed by men, women or society as a collective. These issues also have implications for the development of reproductive health support and reproductive health education for young trafficked women in Nepal in relation to physical health and, also, emotional wellbeing. The next section illuminates the women’s learning in the context of the research and highlights the value of the workshops.
PART 4 – BENEFITS OF THE WORKSHOPS

5.24 Building Reproductive Health Knowledge

5.24.1 Accruing accurate knowledge

Across the series of clay workshops, the young women articulated that they were learning a lot about reproductive body/health issues. In fact, it was evident that there was a continuum of learning, where some women knew quite a lot about the reproductive body, such as, for example, Niuresha who had acquired a lot of knowledge from western biomedical theory, and, equally, Aisha who had gained experiential knowledge from having sexual intercourse, being pregnant, and giving birth. Even then, Rosina, the youngest participant who constantly said she ‘knew nothing’, surprised us with her insights. In the ‘Group Interview using Photoethnography’, Sulob provides rich insights into the knowledge she had built up over the workshops, and, also - not withstanding - knowledge she had accrued beforehand:

I have learned a lot. I have learned at what age should a child be informed about things and I also learned about how our inner body looks like through imagination or through friends (in the workshops). Also about the bodily changes that we go through, about period pains, and also about how a girl would be and all the stuff that’s related to being a woman. I have also learned about how a baby comes out, so after how many days is the appropriate day to conceive through discussion

5.24.2 Accruing inaccurate knowledge

Across the workshops, it was evident that informal learning, where peers, for example, share knowledge with each other, can lead to inaccurate knowledge. This was particularly evident with Aisha. In the ‘Workshop 3: Inner Female Reproductive Body Workshop’, Aisha copied Indira’s depiction of a uterus in clay (see Figure 12e and 12f) as she said had never learned about this inner female reproductive body part before the workshops. In ‘Workshop 7: Outer and Inner Female Reproductive Body’, she created another in the approximate size of a uterus in clay, which she then exclaimed ‘...I learned it from Indira’. However, Indira’s representation of a uterus was ‘anatomically inaccurate’, and she then left the workshops with this skewed understanding.
5.25 Improving Psychological Wellbeing

5.25.1 Enjoying ‘the knowing’

Across the workshops, Niuresha showed us that she had a significant amount of reproductive body knowledge, and that she learned her information from school, hospital clinics, and through experiential means. In ‘Workshop 5: Pregnancy’, when the group (Niuresha, Rosina, Soniya and Sulob) were discussing Soniya’s clay work of a ‘baby-in-utero’ (see Figure 15c), Niuresha shared detail about how water breaks during pregnancy, including how ‘9-10 layers’ need to break before the baby comes out recalling that we know she had observed a cow giving birth. We asked her how she came to know about the ‘layers of the uterus’. (We think it was from a hospital clinic). However, she also said that she believes it is important to know these things about the body though she does not say why, but she says she likes learning - especially the detail of things. This discussion is captured in the following extract:

Niuresha: These kind of information are to be known
*Sulob: Really?
Niuresha: I like keeping these kinds of information
*Niuresha: I like knowing things
Sulob: It's deep
Niuresha: I like knowing things, from where it starts, where it ends and where it goes

5.25.2 Allaying fears

In ‘Workshop 6: Male Reproductive Body’ and ‘Workshop 7: Outer and Inner Female Reproductive Body’, Niuresha raised the topic of virginity because she wanted to know more about the ‘pain’ associated with losing virginity. In the ‘Group Interview using Photoethnography’ she then described how the group discussion in the workshops had allayed her fears over this issue. She explains:

I had a lot of questions and I got a lot of answers to my questions. Most of our elders used to say that it would be really difficult for you to have a sexual relationship with a boy for the first time and I used to get scared about the thing so after the workshops, I learned virginity break is painful for some and
not painful for a few, and also that a virginity tissue can be broken through exercise and stuffs like that.

5.25.3 Promoting self-development

In ‘Workshop 7: Outer and Inner Female Reproductive Body’, Aisha explained that she had learned a lot about the reproductive body by undertaking the workshops. In particular, she said she felt she had helped herself for the longer term and her friends had noticed indicating, also, that she has become a role model for them.

Sabrina (RA): I am asking about now (immediate moment). Do you think about it (the workshops) after going back home, like things like this?
Aisha: People ask me what I do in [name of organisation removed], and I tell them that I do these kind of things and they see that I have learned a lot, and will probably do better than they would do (in life)

Later in the workshop, she also explained that she had learned about the reproductive body (from Indira) and that it gave her happiness to be able to share her ‘hardships’ - she was particularly referring to her pregnancy experiences - and how being engaged in the research had been a productive use of her time:

Sabrina (RA): What are the things you have learned?
Aisha: From last time?
Sabrina (RA): From last time until today?
Aisha: I’ve learned about how the baby would sit, all kinds of hardship I faced that I could show in the clay, and I’m happy that I could make it, and have learned a few things to that I did not know

Sabrina (RA): Like?
Aisha: How big a uterus would be, I learned it from Indira. It is better to come here and learn something than lingering at home with friends. I have also learned that these kinds of organisations help and are established to look after the girls above 14 who are raped or sexually abused, and I also learned a lot from you both, and to be playing with you both, I have learned a lot and I am really happy, and I can also make stuffs like that, and for that I am really happy.

5.25.4 Building confidence

Across the workshops, the youngest woman in the cohort, Rosina, said constantly ‘I don’t know’ when asked anything about the reproductive body, but as we validated her
knowledge, such as pointing out in the pregnancy workshop that she was the only woman to say that some women have ‘black spots’ (freckles) on their faces in pregnancy, her confidence grew. In addition, she began to contribute more to the group. In fact, by the end of the workshops, we observed that she also shared some intimate information about sexual intercourse before the other women in the group volunteered this kind of information. In the ‘Group Interview using Photoethnography’, she explains exactly what she has learned in the workshops, and how it has made her feel:

Throughout these workshops, I have learned about the inner body, about how a male reproductive body would look like, what all the things are in it, how we would get pregnant, about menstruation, and I’ve also learned a lot from the three of them (Niuresha, Soniya and Sulob), that’s why I feel really happy.

5.25.5 Enabling problem-solving

In ‘Workshop 5; Pregnancy’, Niuresha, Rosina, Soniya and Sulob were sharing the knowledge they had gained about pregnancy, some of which was experiential, and, also theoretical (western biomedical information). However, when Soniya started to create a ‘baby-in-utero’ out of clay, it was evident that all of the young women could not conceptualise the uterus and ‘how the baby sits’ within the uterus. Through discussion of Soniya’s clay work, there was an opportunity to engage the girls in a conversation that enabled them - with Soniya taking the lead - to work out through the clay (in three-dimensions) these issues: where the umbilical cord is attached to the baby/mother, how the baby breathes/gets nutrition, how the water breaks even though they did not create the water sac/water, how the vagina sits in relation to the uterus, and so forth.

The dialogue over the clay work caused great excitement, as some women, such as from Niuresha, who knew that ‘...after the water breaks, we see 9-10 layers (uterus). Those layers slowly open so the doctor puts his hand inside to see how many layers open’ began to really understand what this ‘theory’ meant in relation to a ‘real uterus’. Some of this problem solving is captured in the following group dialogue over Soniya’s clay work (see Figure 15c):

*Sabrina (RA):* One is connected to the baby, one is connected to the mother’s body, why is it connected?
*Sulob:* Is it connected to the mother’s stomach?
*Sabrina (RA):* Yes, it is in the mother’s stomach
*Niuresha:* The stomach has water in it
**Sabrina (RA):** Even if it’s connected to the sac full of water, what’s the use of it getting connected to the mother’s body

**Sulob:** A baby needs water to sit, that’s why it’s connected

**Sabrina (RA):** What?

**Niuresha:** So that it sticks to the mother, that’s why it’s connected, to stay alive

**Sabrina (RA):** Is it because it needs to get attached to it or because it needs something else?

**Niuresha:** The baby sits inside the water so it needs something so that it can breathe

**Sabrina (RA):** Except for to breathe?

**Niuresha:** If the mother is breathing from her lungs, the baby should also be breathing from somewhere

**Sabrina (RA):** Next, next, next, next, why does the baby sit there, Rosina tell me

**Niuresha:** My brain is working well today because I am thinking a lot

*Sabrina (RA):* How does the baby grow?

*Niuresha:* First we get pregnant, then by 2-3 months everything is developing from nose to eyes to mouth to everything...

*Sabrina (RA):* We are asking you question after question, but how do we grow big? How do you get big, how do you grow?

**Niuresha:** After it is born

**Sabrina (RA):** Ok, that’s a hint for you

**Niuresha:** Yes

**Sabrina (RA):** Is it enough for you to only have enough water and wind?

**Niuresha:** No, we need food too

### 5.25.6 Educating others

In the ‘Workshop 7: Outer and Inner Female Reproductive Body’, after Niuresha, Rosina, Soniya and Sulob had spoken about ‘throwing babies’, Sabrina acknowledged that the young women had learned a lot from sharing their stories. This acknowledgement then led to a conversation about the young women contemplating educating their children, girls and boys, in the future and why it is important to share reproductive health information. This conversation is shared here. Notably, Rosina says she wants to ‘...save my daughter from evil’. We surmised from this comment and others made throughout the workshops that she, as a daughter/young
girl, has already experienced a lot of life trauma recalling that she spoke about her mother’s abuse from her stepfather and more:

_Sabrina (RA):_ They have learned a lot from this, so would you be telling your daughters about this in the future? Niuresha, would you tell about it? About menstruation, about the body parts we have? About the inner and outer body parts we have? About pregnancy? About everything we have done here?

_Niuresha:_ Yes I would tell

_Sulob:_ Yes, I would tell. I would teach her from the very beginning. It would be more of a friendship than a mother-daughter relationship, nothing would be hidden.

_Rosina:_ That’s how my Mum and I are

_Sabrina (RA):_ Is it? Would you also say? (To Rosina)

_Rosina:_ I would share stuff. I have learned a lot from here and I would be learning a lot in the near future. I would tell her. I would want to save my daughter from evil

_Sabrina (RA):_ Soniya, would you share?

_Soniya:_ Yes, I would

_Sabrina (RA):_ Like what Rosina said, like what Sulob, would you also be friends with your daughter? (To Soniya)

_Soniya:_ I would be teaching everything from when she’s a kid

* _Sabrina (RA):_ So would you be sharing it with your friends? (*The knowledge)

_Sulob:_ You can share it? (*Questioning group confidentiality)

_Sabrina (RA):_ Not about everything, but about these things. Would you tell people? Soniya said she would be sharing it with people she could share it with. Would you be sharing?

_Rosina:_ I would tell what I know

_All four:_ We would share anything that we know

* _Sabrina (RA):_ You would be sharing it with your daughter, but if you had sons, would you be sharing it with your sons too? Would you be sharing the differences between a male and female body with your sons too?

_All four (Rosina the loudest) We would share*

* _Soniya:_ Anything that I can share, like the difference between the male and the female reproductive parts, like you cannot share it when he grows old as it would be embarrassing for him, so I would be sharing it with him from when he is really young

_Sabrina (RA):_ Rosina, you?

_Rosina:_ same

_Sabrina (RA):_ Sulob, you?
**Sulob:** I will be sharing about body changes with them to, with a boy child or a girl child

**Niuresha:** There’s a whole lot of difference between a boy body part and a girl body part. I would be informing the boy body part to my son so it would be easier for him in the future (with his wife)

In the ‘Group Interview using Photoethnography’ while discussing individual learning in the workshops, Soniya raised the issue that the group had not talked about what they had learned about contraception. She then articulated that she had learned about it; how to prevent having children, how to (hopefully) discuss these issues with her future husband, and how she and Niuresha would want to educate their children – sons and daughter – about reproductive health in the future. Soniya particularly says she would want to educate them *from a young age*:

**Soniya:** I have thought about it. And they have not talked about contraception and family planning methods

*Soniya:* If we don’t want to have a baby, we can keep Norplant and injections and stuffs like that, and if my husband wants to have a baby and if I don’t, I’ve learned how to explain things to him and discuss about it together.

**Sabrina (RA):** That was the bit where everyone discussed about it and all four of you said you would be explaining it to him

**Soniya:** And about it, I would also be educating my kids from the tender age of their childhood

**Sabrina (RA):** Would the baby be a son or a daughter?

**Niuresha:** Both

**Soniya:** Both

In addition, in ‘Workshop 2: Outer Female Reproductive Body’, Indira created a male figure in clay with the most accurate representation of an erect penis without being asked to do, much as Aisha had done in ‘Workshop 1: I am a Woman/Girl’. She added breasts to this sculpture in the next workshop – done the same day - for explaining an issue related to breastfeeding (see Figure 11b). Looking at Aisha and Indira, I said to them that Sabrina was *learning from them*. They indicated that they felt happy sharing their knowledge not just about the male reproductive body, but about breastfeeding. This was particularly aided by the fact that Indira was breastfeeding her baby in the workshop, which had also a flow-on effect in enabling us to ask a lot of questions about the process of breastfeeding. In addition, Indira said that it will easier for her – accepting Sabrina as a peer or woman from Nepalese culture - if she
knows some of these things for later in her life. Notably, ‘joy/pride’ was expressed through the body language and facial expressions of Aisha and Indira:

*Sabrina (RA):* With the male there (pointing to Indira’s clay work), I never knew it was upward, like when it’s erect it straight or...

*Tricia:* it’s upward. Like that

*Sabrina (RA):* Aah that’s why it’s ‘erect’.

*Tricia:* Sabrina (RA) is learning from both of you (To Aisha and Indira)

*Aisha:* You ask us, so why shouldn’t we tell you things that we know

*Indira:* It will be easier for you in the future

### 5.26 Summary: Part 4 – Benefits of the Workshops

This section has illuminated the value of the workshops undertaken by the women during this reproductive health research because they shared, often without being probed, that they were gaining knowledge from the process. While some of this knowledge was built upon knowledge they had already gained elsewhere, some of it was excited - and unexpected - learning. However, some of it also led to acquiring inaccurate knowledge. Positively, some of the women shared that they loved learning, learning allayed their fears and it promoted self-development. Others pointed out that learning helped to build confidence. Moreover, it was evident that discussing reproductive health issues whilst working with clay enabled problem-solving.

All of these issues have important implications for the development of reproductive health support and reproductive education programming for trafficked women in Nepal because they encompass physical and emotional factors which relate specifically to this group of women. Most importantly, the women shared that the learning will help them to educate their children in the future: girls and boys. In addition, they hope to do so from a very young age.
5.27 The Findings – Concluding Remarks

This chapter has illuminated the findings that emerged from this study using the CERM. Four dominant themes emerged, three of which related to the reproductive body – physical body, emotional body and cultural body – and the last related to the value of the workshops undertaken in the research. Interspersed with the findings were discoveries about from whom the trafficked women learned reproductive health information and how the ways in which the six senses and other were used to gain such knowledge. The next chapter provides a discussion on the benefits, risks and challenges of using the CERM in this research and opportunities for its use in future research and also on the reproductive health findings that emerged in this study with young trafficked Nepalese women. In addition, it will provide recommendations for reproductive health education and reproductive health support for these young women in Nepal. To that end, this study had shown that these women have specific reproductive health needs.
Chapter 6: Discussion

6.1 Explication of the Clay Embodiment Research Method [CERM] and the Findings

This ‘first-of-its-kind’ study explored the reproductive health knowledge of young Nepalese women who had been formerly trafficked into the sex industry in Nepal. Using a culturally-sensitive research method, it particularly aimed 1) to explore how these women perceive and experience their reproductive bodies; 2) to document their hopes and fears about reproduction; 3) to ascertain how these factors influence their reproductive decision-making and; 4) to develop a set of recommendations for reproductive health education and reproductive health support for young trafficked women for the Ministry of Education [MoE], Ministry of Health and Population [MoHP], Ministry of Women, Children and Social Welfare [MoWCSW], United Nations Populations Fund [UNFPA] and (UNFPA-supported) Youth PEER [Y-Peer] and Anti-Trafficking Non-Government Organisations [NGOs] in Nepal. In addition, it implemented the new Clay Embodiment Research Method [CERM] designed for this cultural context in Nepal.

This chapter discusses the CERM and its use, particularly exploring issues for the research participants, clay body mapping, facilitation of the CERM and other practical considerations. It then makes general recommendations for the use of the CERM in other reproductive health research and/or reproductive health education contexts. Next the chapter discusses the major thematic findings of the study in relation to limited available literature on reproductive health for women and girls in Nepal and also some of the emergent literature on Sexual Violence Within Marriage [SVWM] and Intimate Partner Violence Against Women [IPVAW] sexual violence literature because it is pertinent to this study. In addition, it addresses some of the limitations of this study sample group which emerged during data collection. Lastly, it makes recommendations for reproductive health education and/or reproductive health support for young trafficked women in Nepal. These recommendations have considered the status of reproductive health education for women and girls in Nepal, the limited capacities of anti-trafficking organisations to undertake reproductive health education and reproductive health support, funding issues and training capacities. In addition, it considers Nepal’s challenge to only offer ‘blanket programming’, that is, to provide reproductive health education and reproductive support for all marginalised and disadvantaged groups of young people in Nepal (M. Karmacharya, ASRH Program Officer, UNFPA, conversation, 3 November 2017).
6.2 Remarks on the Clay Embodiment Research Method [CERM]

6.2.1 Clay body mapping with visually-literate women in Nepal

As the trafficked women were from rural regions of Nepal and had varying degrees of alphabet literacy and/or no literacy at all, they were as Zaman, Mustaque and Chowdhury (1998) have described very ‘visually literate’. Therefore, along with verbal dialogue, the process of working with clay gave them a frame of reference to articulate their knowledge of the reproductive bodies of both women and men. As Cornwall (2002) who has undertaken body mapping\textsuperscript{107} with women in rural Zimbabwe has said, ‘…rural, non-literate women are not ‘ignorant’: they theorise and make sense of their experiences within frames of reference that are different from the biological model’ (p. 228). To support this contention, this study illuminated that trafficked women learned about reproductive health from vision in three-dimensions, auditory, and other sensory methods. In addition, it showed that they could not relate to western biomedical information learned by rote or as they had seen it in images such as in health texts (see Section 6.6.2). One of the reasons why it appears clay body mapping was so successful in this study is that the CERM – which used auditory, visual (three-dimensional) and sensory methods - ‘matched’ the women’s ways of learning. While these methods have been distinguished as independent here, it is also important to acknowledge, as Pink (2009) – a pioneer of the concept of sensory ethnography - has noted, the multisensoriality of the experiences. She says ‘rather the idea of a sensory ethnography advanced here is based on an understanding of the senses as interconnected and interrelated’ (p. 3). Sensory ethnography is ‘concerned with mainly smell, taste, touch or vision’ (Pink 2009, p. 3).

As argued in the CERM chapter, clay was a culturally-appropriate material for use with this group of women as most were familiar with it and it was – for the most part - enjoyable to work with it. Although we encountered some resistance to working with clay, this was largely related to the fact that some women had not used it in the way we used it in the research (see Section 4.6). This resistance was overcome when Sabrina and I engaged in the clay work with the women and as they became familiar with it. We also encountered resistance related to the properties of the clay itself. It was very ‘temperature dependent’ and reacted to the hot and cold environments in which we were working (i.e. becoming wet and sticky and/or dry and hard). This required me to spend additional time preparing the clay between sessions. However, the

\textsuperscript{107} The drawing technique of Carol MacCormack. See Section 4.3.1.
women also became accustomed to dealing with these issues and added water to it themselves to make it pliable or rolled out water if it was too sticky. It was a learning curve for all of us and we captured some humorous dialogues related to frustrations of working with clay in our audio transcriptions.

6.2.2 Individual and group clay body mapping

In this study, clay body mapping was undertaken in individual and group formats. Although we had not anticipated undertaking body mapping with individual women, we were forced to do so when one of our participants withdrew from the workshops. However, Sabrina and I worked with this woman together, so effectively we were a group of three. As Nepal’s culture is collective, the group approach suited this group of women and the experience was enhanced because the women shared common experiences of trafficking. It is worth noting here that a group approach might not work in individualistic cultures, which could be only ascertained through research on the use CERM in both individualistic and collective cultures. However, the most vigorous discussions happened through group body mapping, particularly when the women observed each other’s work after its creation. The women would comment on each other’s clay sculptures, ask each other questions, and even correct each other if they thought details in each other’s clay works were incorrect and/or parts of the body were missing. Limiting group numbers to a maximum of four was perfectly situated for the fast pace and intensity of the sessions, especially with the emergence of sensitive content. Creating a safe space was an imperative not just in relation to working with the clay, but for the context of the research itself. Interestingly, in a menstruation study in Nepal, Crawford, Menger and Kaufman (2014) limited their focus groups to four based on the sensitivity of the reproductive health study alone. In addition to managing individual and group dynamics with the women, Sabrina and I also had to manage the clay, audio-recording, participation (i.e. getting our hands dirty), interpretation/translation, interview questionnaires, occasional note-taking and so on and so forth. Therefore, keeping group numbers small was essential.

An important point to note here is that the CERM was positioned not to illuminate reproductive health trauma (i.e. sexual abuse experiences for the young women), which was a key consideration for using this method with such a vulnerable group of women in Nepal. This was also outlined in my ethics application to Deakin Human Research Ethics Committee [DUHREC] and Nepal Health Research Council [NHRC]. It was always a risk that

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108 See Section 6.5.4 for recommendations for research with the CERM.
reproductive health trauma could emerge (as it did), but the CERM - despite its fast pace - enabled us to safely negotiate between ‘a reproductive health knowledge gathering space’ and ‘reproductive health trauma’. However, I would add that this issue could also relate to my professional expertise in working with clay therapeutically in a reproductive health context and knowing when these lines of distinction could be crossed, thus managing a session accordingly (see also Section 6.4.1). As already noted, Liamputtong (2007) argues that sometimes sensitive research with vulnerable populations needs to be undertaken with researchers who have therapeutic backgrounds for these reasons (see Section 4.2.1).

After the workshops, Sabrina and I commented on the idea of having an observational note-taker in the room. However, as we had formed strong relationships with the women in the participant observation period we think this would have been intrusive and impeded on the trust we had gained with this group of women during this period. We also discussed the value of being able to video-record the clay workshops. However, this would not have been possible due to the need to protect the women’s anonymity and confidentiality. Even taking video of women’s hands and their clay work could have identified them as I realised later. While I was collating the photographs for my thesis, I recognised specific features of the women such as hair, facial expressions, hand gestures, and more in their claywork. Therefore, the audio recordings became an extremely important record of the workshops and captured – due to the excellent sound quality109 – important details of sessions such as moments of humor, embarrassment and sensitivities expressed by the women through the tones of their voice. As such, we were also able to review the recordings as needed, which Sabrina and I did on numerous occasions to seek clarification on a variety of issues.

6.2.3 Interpretation and translation

In this study, I worked with Sabrina who was a bilingual female Nepali research assistant. She interpreted the women’s dialogue for me during the body mapping workshops and transcribed and translated the audio data. Due to the fast pace and intensity of the sessions, and the fact that I did not share a common language with the research participants, the process of interpretation undertaken during the CERM workshops was not an easy task and, sometimes, I felt like an ‘outsider’ to the process. At times, I also had to stop Sabrina to ask her to summarise conversations between the women across the clay so that I did not miss key information being discussed by them and so I could adapt my line of questioning, if necessary.

109 We did ‘test’ recordings in a number of indoor and outdoor environments to ensure the audio could be heard as rooms in Nepal are not very soundproof. Fortunately, we had no major issues with audio-recording.
We then discussed any issues we experienced in this process in our de-briefing sessions (see Section 6.4.2) and/or during the process of translating the transcriptions into English. This was important as I needed to ensure I had fully contextualised the information. In a concept so poignantly articulated by Edwards (1998), who has undertaken a critical examination of the use of interpreters in the qualitative research process, I attempted to ‘carry out interviews with, rather than through interpreters’ (p. 197). Principally, Sabrina and I worked as team throughout the interpretation process and also in all other aspects of the data collection process in Nepal (see also Section 6.4.1).

6.3 Clay Body Mapping
6.3.1 Three-dimensional body mapping

Reproductive health researchers such Cornwall (2002) and Kesby and Gwanzura-Ottemöller (2007) who have undertaken body mapping with rural women and school children in Africa have acknowledged that sometimes two-dimensional body mapping (drawing) does not provide much insight. However, three-dimensional clay body mapping used in this study did just the opposite. It showcased the trafficked women’s knowledge of their reproductive bodies and, equally, what they did not know (see also Section 6.7.2). The tactile and pliable nature of the clay enabled the women to shape and/or re-shape sculptures of the female and/or male reproductive bodies in clay until they were satisfied with them and, if necessary, even add body parts that they may have forgotten. This process also seemed to reinforce the women’s own reproductive body/reproductive health knowledge. By using clay, the women could also demonstrate their understandings and/or misunderstandings of the reproductive body, such as Aisha so poignantly did by moving the clay sculpture of her grandfather’s penis up and down to show the angle of erection. The women were also able to work on clay sculptures together to solve problems related to reproductive health issues - best demonstrated by the pregnancy sculpture created by Soniya in which the women used her clay work as a group to try and work out the processes of pregnancy and birthing (see Section 5.9.5).

Through the process of working with clay, there was also no way to hide explicit clay work (i.e. Niuresha’s sculpture of the penis). As a result, some women even refused to create reproductive body parts in clay (i.e. Soniya’s refusal to create a vagina). Clearly, the explicitness of the clay work also caused embarrassment and we, as researchers, had to address this issue to make the space safe for the women to be able to create their explicit clay works and talk about sensitive issues. This was essential, too, as sometimes there were ‘surprise
emergences’ in the clay that shocked the women (i.e. Aisha and Indira’s depictions of their husbands’ erections in the first and second (female) reproductive body workshops). Moreover, it was very important for divulging traumatic stories (i.e. Aisha’s miscarriage experience). Suffice to say, counsellors/psychologists were available for the women (through Asha Nepal and CAP Nepal) if needed. Many body mappers, such Chenhall et al. (2013), Kesby and Gwanzura-Ottemöller (2007), Morgan and the Bambanani Women’s Group (2003) and Nostlinger, Loos and Verhoest (2015) who have undertaken sexuality and/or reproductive health research have also spoken about having counsellors or psychologists in sessions with their research participants and/or making them available to research participants after sessions because sensitive issues do emerge. As far as we were aware, none of our research participants accessed these services for trauma emerging in the research and we did not need to make counselling referrals. While clay body mapping could be called an indirect body mapping method (i.e. it does not involve tracing around a real body), it seemed to be direct in another sense because it became an extension of the women’s own bodies, which made them very connected to it. Clay therapists Elbrecht (2021) and Sherwood (2004) have argued that this is the reason why clay is sometimes used in body-based psychotherapy. Notably, all women articulated that they were thinking about their own bodies when they were creating their sculptures and/or other parts of reproductive bodies that they had seen (i.e. Aisha and Indira and their husbands’ penises). As we were working on the floor, the women were able to cover their clay sculptures with their own bodies at moments of embarrassment. However, if they had been working at a table, for example, this may not have been possible unless we had a cloth available to cover the work. This is a probable consideration for working with clay in reproductive health research in the future as explicit content is likely to emerge.

While the women represented their reproductive bodies in three dimensions in clay, they did not represent all of issues they discussed, such as menstruation traditions, in the clay itself. Rather the clay work ‘facilitated’ more in-depth discussion over such issues. Sometimes the women also created clay work that they did not discuss directly, perhaps due to the sensitivity of the experience (i.e. Aisha and the birth of Laxmi) (see Section 5.9.4 and Figure 16a). However, this is largely unknown. The photoethnography process complemented the clay process by giving the women time to reflect on the clay work they had made in previous workshops. This process was particularly poignant when Aisha – whilst looking at the clay representation of her uterus in a photograph - realised her uterus was ‘open’ and, thus, could not contain a baby. From our observation, it triggered the memory of her traumatic miscarriage. However, she did not recreate this memory or experience of miscarriage, per se, in clay.
Notably, Liamputtong (2007, p. 68) has noted that ‘where sensitive issues exist, the research processes may be traumatic for the participants. In research relating to women's experiences of violence, for example, the women may experience distress, anxiety and flashbacks. The researchers need to be prepared for this possibility’. As photography does not appear to have been employed in the way we used it in this reproductive health research study – as a photoethnographic technique – and we discovered its potential to trigger reproductive trauma, this is a risk of using such a method without skill or expertise. Suffice to say, my professional expertise in using photography in the creative arts therapies (including in reproductive health contexts) prepared me for this outcome (see also Section 6.4.1).

6.3.2 A series of thematic clay body mapping workshops

In this study, clay body mapping was undertaken using a thematic approach. Although the themes were decided before data collection began, we amended the process (including titles of the workshops) after undertaking the pilot of the CERM (see Section 4.6). The themes were simple and ‘perfectly-situated’ for women who had experiential knowledge systems and limited exposure to formal reproductive health education. In addition, this approach was suited to the applied research outcomes we hoped to achieve from this research. Introducing the next week’s workshop at the end of each session enabled the women to attend upcoming sessions prepared to discuss the next theme. This was especially important as we approached the most sensitive workshops (i.e. male reproductive body).

While we anticipated undertaking the workshops once a week for seven weeks, it was necessary to adapt to the young women’s school/house schedules and/or transport issues in the fuel crisis for the women who had young babies. Sometimes we ran two sessions in a day. However, we were able to pre-plan for this and the women knew about this occurrence beforehand. Importantly, this issue did not appear to affect the quality of information the women shared with us. The weekly staging of the workshops was also valuable for Sabrina and I as it gave us time to reflect on workshops and adapt questions (if needed) for the next session. The flexible interview questionnaires also enabled us to be very adaptive in the clay body mapping space. An interesting outcome of the process of undertaking thematic workshops and also using flexible interview questionnaires is that many of questions we had hoped to pose in the workshops were answered before we got a chance to ask them. However, at times we had to prompt for more information and/or seek clarification on some issues. Liamputtong (2007) has reported many researchers across the world have used flexible research methods to meet the needs of vulnerable research participants, including working thematically and with flexible
interview questionnaires. Researcher who have undertaken body mapping have also done the same (see Section 4.3). According to Liamputtong (2007), there is no right or wrong approach. Rather she argues that ‘sensitive researchers need to think carefully about which method will be best for them to use to work with vulnerable individuals and groups and the moral and ethical issues that go with the method’ (Liamputtong 2007, p. 138). These issues were extensively considered in the research design for this study (as outlined in Chapter 4).

The thematic workshops were scheduled for 60 minutes. However, our sessions lasted for no more than an hour (with translation) because of the fast pace of the sessions, their intensity, and the emergent content. We were also very cognisant of the women’s energy levels and finished sessions in under an hour if we observed this was needed, particularly when working with two women in a group with unsettled babies in sessions or one woman alone and other issues they had to contend with during the fuel crisis (see Section 4.5.2). As we ran a series of workshops, we had the opportunity to review some issues with women when needed. According to Liamputtong (2007), it is extremely important to pay attention to the particular needs of sensitive research participants. Moreover, Meadows et al. (2003) argue that logistical issues including access to field sites, costs of public transport, parking and weather can affect people’s decisions to participate in research. Moreover, Liamputtong (2007) argues that these issues can be more difficult for ‘…‘doubly vulnerable individuals’ ’ (p. 69).

6.3.3 Group interview using photoethnography

One of the most successful parts of the CERM was the group interview – and also individual interview - using photoethnography. Reflecting on the photographs of the clay work from each of the seven workshops was deeply personal for each of the women. Their initial responses were ones of silence as they contemplated the work they had done. Dynamic conversations then exploded forthwith as they reflected upon their own clay work and the work of the other women. The flexible interview questionnaire was a formative guide to the interview, but we ran the session similiarly to a focus group giving the women the opportunity to speak individually about the photograph they most liked and, equally, the one they did not and other relevant questions. We then invited the women to comment on each other’s photographs.

For all women (except Indira who withdrew at ‘Workshop 6: Male Reproductive Body’) the photographs stirred the most sensitive content to emerge in the workshops (i.e conversations about birth mothers and men). The women liked images around mothers and the inner female reproductive body (even if it triggered issues such as miscarriage). However,
‘individually-and-collectively’, they disliked images of the male reproductive body due to the issues it raised around men in Nepali culture. Although the photographic process was not intended to be therapeutic, we think the women may have divulged issues in the group interview that they may have not have been able to express elsewhere in their worlds. (We cannot be sure of this because the interview was the last session with the women, so this may also have been a contributory factor.) Equally, Sabrina and I also found the group interviews to very moving because of the content the women shared. Bendelow (1993), a medical sociologist from the UK who has used photographs in the context of an interview to elicit personal responses to pain from her research participants, has noted that responses to photographs can be rich and profound. In addition, she says that the process can be ‘therapeutic for both the participants and the researcher’ (Bendelow 1993, p. 142).

6.4 Facilitation

6.4.1 Skilled female facilitators

In this study, I employed Sabrina to work with me during data collection. Sabrina was a new social work graduate who had worked in the area of reproductive health with adolescents through the Family Planning Association of Nepal [FPAN]. She also had significant knowledge of other cultural issues for women in Nepal. The combination of my background in reproductive health, creative arts therapy and my own knowledge of women in Nepali culture combined with Sabrina’s skill set made us a ‘good team fit’ for this research. As Sabrina was youthful, fun, willing to get involved in the clay work, and close to the age of the participating women, they also connected with her (once they got over their initial mistrust of her) as a peer and friend. Similarly to this, in sexual violence study in Nepal, Puri, Shah and Tamang (2010) have reported that they worked with research assistants who were ‘Nepalese, university graduates, and experienced in conducting research on sensitive topics and were similar in age and sex to the respondents’ (p. 1878). Although they used female and male research assistants, only female research assistants were involved in data collection because of the sensitivity of the research topic (see Lamichhane et al. 2011; Puri et al. 2012; Puri, Shah & Tamang 2010; Puri, Tamang & Shah 2011). Regmi et al. (2011) have argued that it is not possible to conduct interviews on sexual issues with the opposite sex in Nepal. In addition, Axinn (1991), who has

110 Sabrina and I discussed the process at length.
also conducted interviews in Nepal, has also noted that the gender of the interviewer can significantly influence responses to questions on sensitive issues in less developed countries.

The implementation of the CERM was also successful because of the ‘way of working’ developed by Sabrina and I. During data collection, we were viewed by the women as ‘an inseparable duo’. We arrived at workshops together, set up the space together, packed up and departed together. It was an intentional way of working which we developed in our training sessions and an approach we continued in the workshops. We also formulated our own strategies to handle trauma (if it arose) and we think the women felt safe in our company because of our ways of working. Sabrina was particularly sensitive to picking up cues in the women’s verbal language re: trauma issues and I through body language so we complemented each other. As the workshops progressed, we found that we worked very intuitively with each another which made the process of facilitation a very positive experience for us.

Sabrina and I were also able to openly discuss sexuality issues with one another which made this process easier when the women raised sensitive issues in the workshops. One such example is a conversation around my personal loss of virginity, a question that was directed at me by Niuresha in the male reproductive body workshop. We agreed that facilitators need to be comfortable with their own sexuality when facilitating body mapping workshops too because of the likelihood that questions relating to reproductive health and sexuality would be directed at us. Facilitators need to know how to respond. In this study, sensitive questions were particularly directed at me as I was perceived to be a ‘married woman’ - and therefore engaging in sexual intercourse - while Sabrina was assumed to be an unmarried woman who was not. This issue was, of course, reflecting the historical cultural taboo of unmarried women not being allowed to engage in pre-marital sex in Nepali culture (see Section 2.6 and Section 6.13.3).

6.4.2 De-briefing

Debriefing was an essential component of this research process, particularly due to the fact that the fast pace and intensity of the workshops did not give us time to reflect on issues for the women or us. This was a process I planned to undertake prior to leaving Australia and was also included in my ethics application to DUHREC because knew we would probably need to process issues related to the young trafficked women’s experiences of reproductive health trauma. According to Morse and Field (1995), data collection processes can have innumerable impacts on researchers, particularly in some research contexts:

Data collection can be an intense experience, especially if the topic that one has chosen has to do with the illness experience or other stressful human
experiences. The stories that the qualitative researcher obtains in interviews will be stories of intense suffering, social injustices, or other things that will shock the researcher. (Morse & Field 1995, p. 78)

Sabrina and I found issues emerging for us that were extremely important to reflect upon. For example, when Aisha revealed her miscarriage story in the group interview, I paused the session because I could see that Sabrina was emotional. After checking that she – and Aisha - were both comfortable, we continued. However, in one of our debriefing sessions a week or so later, Sabrina told me that the issue had really upset her, and she had spoken to her mother about it. We then discussed the issue at length to ensure she was not traumatised by it or needed counselling support.

At the end of each workshop, Sabrina and I debriefed informally (often as we were packing up) by discussing the ‘surprise emergences’. Then we would travel away from the field site for a cup of tea and/or drink to unwind. A day or so later, we would meet formally to reflect on the workshops, issues with the women, partnership problems, personal matters and other issues in considerable depth. We met in a quiet place due the sensitivity of the reproductive health issues we were discussing. During data collection, we had severe environmental issues to contend with due to the fuel crisis (i.e. transport delays, increased pollution, electricity outages, earth tremors, etc.) which affected our health, so we also often discussed the management of them to enable us to maintain some degree of equilibrium.

6.5 Practical Considerations
6.5.1 Local materials

In Nepal, I sourced local grey/brown pottery clay from Thimi (which is situated just outside the Kathmandu Valley) to use in this research. A friend of mine who is an artist traced it for me as it was not available in Kathmandu. This was challenging in the fuel crisis, so my friend negotiated for a friend of hers who lives in Thimi to bring the clay on the back of a motorbike to a closer location (Pātan) to store it until I needed it for my fieldwork. (I paid a small cost for transport.) In Kathmandu, I sourced ‘diyas’ or ‘diyos’ (clay pots used in religious rituals) to use for ‘watering’ the clay in the workshops. In addition, I purchased a plastic container to store the clay. However, I brought plastic mats from Australia to cover floor surfaces because I was concerned that I might not be able to get appropriate sheeting in Nepal. As a contingency, I also brought white clay from Australia in case we did not have enough clay or it was difficult to get more if the fuel crisis did not abate. During data collection, we did not
need to use the Australian clay. Butcher and Kievelitz (1997) who have undertaken body mapping in rural Nepal, and Cornwall (2002) who has used it with rural women in Zimbabwe, have both discussed the importance of using local materials because it helps to prevent resistance to engaging in research if materials are familiar, especially with illiterate populations. This was generally consistent with our experience though we did encounter some resistance to working with clay, which we were able to counteract through a familiarisation process and our participation in clay work (see Section 4.6).

6.5.2 Portability

Due to the difficulty of getting clay in the fuel crisis and the need to transport it between field sites on buses as taxis were too expensive to afford in a daily basis in the fuel crisis\(^\text{111}\), I was forced to find a way to make my research tools (i.e. clay, clay mats, audio recorder, mini-tablet, notebook, pens, etc.) portable. The plastic container I sourced was able to hold the exact number of clay balls we needed for each workshop and I found a way to fit all materials/tools in my daypack. Initially, it was heavy to carry and and I struggled to get it in and out of public buses, but I soon became accustomed to the weight. I then began to walk to field sites so I did not have to negotiate trying to jam my backpack into tight spaces in public transport or risk bumping into people with it. My daypack was too heavy for Sabrina to carry so I assumed full responsibility for carrying and caring for the entire ‘research kit’ (see Section 4.5.1). This situation was quite unique to this research due to the environmental conditions in Nepal at the time this research was undertaken, and this – and other issues – meant I need to be constantly adaptive.

6.5.3 Messiness

As a research tool, clay was a very messy medium to work with and to clean up after workshops. This issue was particularly difficult to manage in Nepal because we could not store the clay at field sites (except on occasion) and we often had to clean up with cold water in the middle of a bitter winter. This process consumed a lot of my time as I nominated myself to be responsible for the clay (as outlined in Section 4.5.1 and Section 6.5.1). After initial cleaning at field sites, I then carried the clay back to my apartment to wash everything with hot water when it was available. An ongoing issue with electricity resulting from the fuel crisis (i.e. not being able to get fuel for the generator for back-up power) led to limited hot water. I often had to put the half-dirty clay mats into plastic bags into my daypack until I returned to my apartment

\(^{111}\) The taxi prices became more than taxi prices in Australia for a much lesser distance.
to wash them. Sometimes the clay from the mats and the plastic container leaked onto my clothes and, on occasion, bus seats, making the experience somewhat embarrassing for me, and also unpleasant for others.

6.5.4 Recommendations

Despite the practical challenges we encountered using clay, overall the CERM proved to be a very advantageous research method for undertaking reproductive health research with trafficked women in Nepal who are from a collective culture. As argued in the CERM chapter, clay was a culturally-appropriate material for this group of women as most were familiar with it and found of working with it to be enjoyable. While there were definite risks associated with using the CERM, that is, three-dimensional clay body mapping and photography, the benefits far-outweighed the dangers of its use. In addition, it was evident that the CERM could be adapted to other reproductive health research contexts and/or other reproductive health education, particularly for visually-literate women (or others) and where clay is a familiar cultural material. However, as the method is fast and has the potential to elicit emotion rapidly, is direct and can be explicit, and practical challenges may be encountered, it is advised that training is undertaken for researchers and research assistants who might wish to use the CERM. It is also essential to understand the properties of clay, the potential for emotional release through clay, the pace of a clay process and how the process works over an extended time frame. It is also necessary to have strategies to manage individual/group emotion with clay in the research milieu. Lastly, it is also important to understand the dimension that photography adds to the CERM: the CERM is the sum of all its parts.

A forwarding recommendation is to also undertake research on the practical use of the CERM in individualistic and collective cultures to ascertain its potential for use for reproductive health research and/or reproductive health education in both contexts, and also with other vulnerable populations. Most importantly, it is important to fully explore the associated benefits and risks of using this method as the issues associated with its use have only begun to be illuminated in this study.
6.6 Remarks on the Findings

In this study, the data were viewed through the feminist theoretical lens of intersectionality. According to Symington (2004, p. 1), ‘intersectionality is a tool for analysis, advocacy and policy development that addresses multiple discriminations and helps us understand how different sets of identities impact on access to rights and opportunities’. According to Symington (2004), this makes it perfectly situated for development and human rights, particularly for women:

While all women are in some ways subject to gender discrimination, other factors including race and skin colour, caste, age, ethnicity, language, ancestry, sexual orientation, religion, socio-economic class, ability, culture, geographic location, and status as a migrant, indigenous person, refugee, internally displaced person, child, or a person living with HIV/AIDS, in a conflict zone or under foreign occupation, combine to determine one’s social location. Intersectionality is an analytical tool for studying, understanding and responding to the ways in which gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege. It is therefore an indispensable methodology for development and human rights work. (Symington (2004, p. 1)

In Nepal, women suffer multiple forms of discrimination. Much of this relates back to Nepal’s history when – at a particular point in Nepal’s political history – religion (Hinduism) and the institution of complex patriarchies – began to shape and affect the lives of women from all ethnicities, castes and sexualities in different geographical regions, but most particularly Nepal’s rural women. In Nepal, trafficking, which involves migration and issues such as internal conflict, natural disasters and more, adds layers and dimensions to these already complex issues for women. These intersecting factors contribute to women’s oppression, affect the education of women, and also contribute to women’s reproductive health issues across their entire reproductive lives. In Nepal, these issues are also significant human rights and public health issues. The following sections illuminate these intersecting factors through the remarks on the findings of this study.

6.6.1 Sources of knowledge

In Nepal, no research has been conducted into how trafficked women source reproductive health knowledge. However, some of the general (limited) Adolescent Sexual and Reproductive Health [ARSH] literature that is emerging from Nepal such as that of Regmi, Simkhada and van Tiejlingen (2010) suggest that adolescent girls learn from self-observation,
through friends and from teachers. Parents are not generally implicated in learning processes because of the cultural sensitivities related to discussing reproductive health issues (Regmi, Simkhada & van Tieijlingen (2010). To talk about such issues is considered to suggest approval of pre-marital sex (Bott et al. 2003; Regmi, Simkhada & van Tieijlingen 2010). However, contrary to this, one of the Tamang women in this study indicated that her elders (presumed to be women) talked to her about a very sensitive sexuality issue, the loss of virginity. This was indicative of, potentially, an openness to discuss sexuality issues in her community contra to the cultural ‘taboo’ for women to discuss such sensitive issues in Nepal (see Section 6.6.3). However, this is akin to what Regmi, Simkhada and van Tieijlingen (2010) have noted: different ethnic groups have different norms and values related to sexuality and sexual health. In other words, the dominant Hindu values of sexuality may not be prevalent in this ethnic group or this woman’s place of origin: the Tamangs from Nuwachot. Notably, the issues of sensitivity related to discussing sexual and reproductive health issues are not issues that are isolated to Nepal; they have been observed in many South Asian societies (Ali et al. 2006; Garg, Sharma & Sahay 2001; Regmi, Simkhada & van Tieijlingen 2010), such as India and Pakistan.

For the trafficked women in this research, learning about reproductive health issues occurred in formal and informal ways. Exposure to formal processes largely depended on whether the girls were in school and the quality of delivery of reproductive health education via the school curriculum. Notably, in Nepal, teachers are not necessarily trained in reproductive health education and, according to Pokharel, Kulczycki and Shakya (2006), they have had their own sensitivities around delivering the curriculum in response to this issue, which has impacted on the delivery of reproductive health education. Pokharel, Kulczycki and Shakya (2006) have also reported that students feel uncomfortable when receiving such education from teachers. One of the trafficked woman in this study reported exactly this issue in relation to a male teacher instructing on reproductive health issues, particularly on contraceptive methods. The United Nations Populations Fund [UNFPA] and Ministry of Education [MoE] (2014) conducted a review of the curricula in Nepal’s schools and discovered that teachers often had no in-service training to deliver Comprehensive Sexuality Education [CSE]. As a result, this issue is now being addressed in the implementation of the new CSE program in Nepal (see Section 1.6). While some other reproductive health information appeared to be sourced from/provided in hospitals and clinics, the quality of information was largely unknown and the women did not articulate whether it was formally delivered or whether they just picked up this information from listening to conversations in these environments. From our observation, it seemed to be the latter.
While the trafficked women indicated that they sourced reproductive health knowledge informally from women (grandmothers, aunts, mothers, sisters, friends, mother-in-law and nurses), self-observation, men (grandfathers, uncles, fathers, brothers, husbands, male teachers) and from unknown sources (‘elders’, hospital/clinic, school, radio, other), the quality of this information was also largely unknown. In addition, most of the women appeared to source knowledge about the female reproductive body through self (and other) observation and from peers. This is also consistent with some of the general ARSH literature emerging from Nepal. Regmi et al. (2010) have noted that young people rely heavily on friends rather than, for example, approaching families for sourcing reproductive health knowledge. In this study, the trafficked women indicated that friends were an important ‘go to’ source for knowledge and information sharing. One participant also showed that she had become an important a source of knowledge for her own friends to gain access to contraception in defiance of husbands who were anxious for them to produce sons. However, these sources sometimes led to inconsistencies in the knowledge gained and sometimes the inaccurate acquisition of knowledge acquisition as showcased by Aisha who learned some inaccurate information about the uterus from another participant in one of the workshops (i.e. Indira). This is consistent with findings from Regmi et al.’s (2010) research which indicated that young people source inaccurate reproductive health knowledge from peers in Nepal.

Although aunts, mothers, sisters and friends were mentioned in relation to providing information on menstruation (often before menarche), it appeared that no information was actually given to the women in relation to the physiological processes of menstruation. However, some of the women had learned a little about physiological processes in school (though they did not really understand it), and some knew about it from seeing their sisters go through menstruation. This is consistent with findings from a study by Mahon and Fernandes (2010) who have said that girls in Nepal are often aware of menstruation before their first menstrual period, but many do not understand the physical process of it. However, in a study on menstruation in the Chitwan district, Adhikari et al. (2007) have noted that young girls (aged 13-15) had limited knowledge, but knew a little about the physiological process and also a hormonal component. Alternatively, though, Crawford, Menger and Kaufman (2014) found that women in their study who were from the greater metropolitan area in Kathmandu knew little about menstruation prior to menarche. Sapkota et al. (2013) have reported a different finding; the girls in a study undertaken by them with adolescents in school in rural Nepal had better knowledge of menstruation, which was attributed to menstrual health education being included in the school curriculum. However, in a WaterAid in Nepal (2009) study, they noted
that even when menstrual education had been included in the curriculum, it did not include information on biological and physical processes. Rather, it related to the use of cloth (pads) in menstruation, the rituals and traditions of menstruation, the concepts of pollution, and warnings about behavioural issues with men and boys (WaterAid in Nepal 2009). Largely, knowledge of menstruation relates to whether women and girls are in rural or urban locations and like this study, in school and/or out of school, but even this issue is variable. Notably, to date, only one study from Nepal by Yadav et al. (2017), which was undertaken to examine the knowledge, attitude and practices on menstrual hygiene management of young adolescents in school, seems to have acknowledged that young women have any knowledge of the cessation of periods at the end of the reproductive life stage, or that is, menopause. Similarly, the young trafficked women in this study, whether married or unmarried, had no such knowledge. However, the married women who had been pregnant knew about the cessation of periods before and after pregnancy because they had experienced it.

In this study, the trafficked women said that other women, largely in their rural village communities, specified cultural rules regarding what women were not allowed to do when they were menstruating. In rural village settings, mothers and sisters appeared to *actively implement* menstruation traditions which the research participants learned about through listening to these women. Suffice to say, uncles, fathers, brothels appeared to *passively enact* menstruation traditions and the trafficked women learned about some menstruation traditions from men, especially those practised outside of their own ethnic communities by observing the rituals or listening to stories about them. Notably, while women have been noted as the ‘keepers of menstruation traditions’ in Nepal, the active or passive role that men play has largely not been documented in any significant detail though it has been noted by Crawford, Menger and Kaufman (2014) (see Section 6.13.2).

Finally, a particularly diffuse range of sources provided the trafficked women with knowledge of men’s reproductive health issues. While the school curriculum was one, incidental observation was another. One young unmarried trafficked woman may also have had some knowledge from a source she may have been unwilling to share possibly because of her personal experiences with it (i.e. Niuresha and the penis). Her clay sculpture indicated detail of the penis that no other woman showed, including the married women who were likely to be engaging in sexual intercourse. However, despite all women being trafficked into the sex industry and being involved with men in some way, trafficking experiences in the sex industry were not alluded to as a main source of knowledge about the male reproductive body. However, it is possible though that some of the young women may have deflected attention away from
divulging the sex industry as a source because it was too sensitive to discuss. For example, the young unmarried Tamang woman (as mentioned above) who had extremely detailed knowledge of the penis said she had learned about it in school. However, she was extremely embarrassed when she made her clay penis in the associated workshop, especially when she observed that it was nothing like the penises made by the other young women (see Section 5.14.7). At the time, we questioned whether she had indeed seen a penis - perhaps in the guest house she had been in - because of the explicitness of the detail. As Frederick, Baysnet and Agguetant (2010) have noted, in Nepal’s sex industry, guest houses are ‘go to’ places for sex. Another unmarried Brahmin woman who articulated that she had been taught about contraception by a male teacher in school (and found the experience particularly difficult to discuss) may have also been indicating that she had seen one when she was in the massage parlour she had been trafficked into and/or a result of her prior experiences of sexual abuse before trafficking.

6.6.2 Modes of learning - six senses, pain, sensation

As mentioned, the trafficked women were from rural regions of Nepal and had no or disrupted education. Those who had been to school had only been exposed to basic reproductive health education. Resulting from this, it was very evident that the women’s methods of learning about reproductive health issues were largely experiential. Indications were that they learned through the six senses: audition (hearing), vision (three-dimensional) (sight), vision (two-dimensional) (sight), somato-sensation (touch), gustation (taste), olfaction (smell) and/or pain and other sensations. In relation to the female reproductive body, the predominant methods were auditory, visual (three-dimensional) and/or sensory. This related to the processes of menstruation/menstrual cycle (i.e. stomach pain/back pain/pimples/‘wetness in my panties’/blood/‘white fluid’/change in vaginal sensation/itchy thighs) and pregnancy (i.e. freckles/holding backs/pre-birth body changes/baby movement/birthing/breastfeeding/post-birth), and pregnancy issues (i.e. breech birth and maternal death). Mostly the women learned about these things from observing the outside of their bodies and/or the related sensations and feelings. Some of the unmarried women who had not had given birth had also observed cows and/or a sister-in-law give birth. Notably, gustation and olfaction learning related only to pregnancy. However, some women knew about these issues from hearing about or observing them in other women.

Although the women said they learned about the inner female reproductive body from western biomedical images that they had seen (i.e. probable health texts/life education posters),
and some had ‘rote-learned’ western biomedical information, they could not translate this visual (two-dimensional) and auditory information into their experiential knowledge systems and relate it to their own bodies. This issue also highlighted gaps in the women’s experiential knowledge systems. However, in this study, two trafficked women appeared to be psychologically connected to their bodies and were extraordinarily aware of bodily sensations. Others, comparatively, seemed to be disconnected from them and less aware of sensory aspects. Suffice to say, it is also very well-known that women who have experienced severe trauma can experience a disconnect, or, that is, dissociation from the body (Rothschild 2000). However, this issue of lack of awareness of the body may also be related to the women’s biological stages of development (i.e. some of the women were young and just beginning to learn about their own bodies).

Knowledge of the male reproductive body was similarly derived from a combination of sources. Thus, while some women told us they had learned about the male reproductive body from the school curriculum, others said they had observed their grandfathers’ and/or husbands’ genitalia. Others said they had observed features of the male reproductive body from a distance, such as when boys were urinating by the side of the road. Some women did not indicate whether or not they had ever seen male genitalia, but one unmarried woman appeared to know a significant amount detail about it as mentioned earlier. While she said she had learned about it in school (i.e. presumably from a school health text), the ‘lifelike’ nature of what she created in clay suggested otherwise: it was not like images in the school health texts sighted by us.

6.6.3 Embarrassments and sensitivities

In Nepal, societal discourse around reproductive health issues is a taboo subject (Kaufman et al. 2012; Menger et al. 2014). However, limited research has been conducted into these issues for Nepalese women in the general population in Nepal and/or with trafficked women. According to Harman, Kaufman and Shrestha (2014), Kaufman, Harman and Shrestha (2012) and Menger et al. (2014), the discussion of sexual subjects is particularly difficult for Nepalese women. In addition, Ahearn (2001) suggests that sex has been and continues to be, largely, a male domain. Puri, Shah and Tamang (2010) have also reported that ‘communication between a young woman and her husband on matters related to sexuality is rare’ (p. 1876). Regarding sexuality issues, many women believe it is also their dharma (defined as religion, moral duty and universal law) to obey, respect and please their husbands (Bennett 2002; 112 The education system in Nepal is largely based on rote-learning. For more information, see Bista (2011)
Chapter 6 | Discussion

Cameron 1998; Puri, Tamang & Shah 2011). Kaufman, Harman and Shrestha (2012) have also noted that ‘…women are stigmatised for being informed about sex….and there are strong social sanctions about communicating across caste lines’ (p. 328). They have also argued that ‘language barriers can also exist, as Nepali terms for sexual acts and reproductive anatomy are very passive and sanitised, and vocalising them is not appropriate for Nepali women’ (Kaufman, Harman & Shrestha 2012, p. 329). The findings of this study concur. However, we identified specific reproductive health subjects which were extremely sensitive for trafficked women to discuss and/or caused embarrassment when they were. These issues largely related to talking about and/or naming the vagina, for which the women most often used the colloquial term ‘puti’ rather than the more commonly used term derived from Hinduism, ‘yoni’ - and ‘lado’ for penis rather than ‘linga’. Rather than talk about the vagina, the women also gestured to their clay work and/or called it ‘the place where we pee’ to circumvent saying the word.

They did much the same thing when talking about the penis using the colloquial term ‘lado’ or the commonly-used term also derived from Hinduism, ‘linga’. In addition, some of the women also used other names for the penis and pubic hair which may have originated from the languages of the women’s differing ethnic groups. Some trafficked women simply refused to make vaginas in clay and had difficulty listening to discussions about the penis, though no woman refused to make the male reproductive body part in clay. Other women expressed embarrassments and sensitivities when talking about breastfeeding and outer female reproductive body parts more generally. Although the issues mentioned here may relate to cultural taboos about discussing reproductive health issues, it is probable that these sensitivities might be heightened for trafficked women. However, more research would be needed to define the issues. In relation to Kaufman, Harman and Shrestha (2012) findings on issues of communicating across caste lines, the trafficked women in this study did not have difficulty communicating with each other as members of different ethnic groups (or if one were to highlight the women by caste, also across caste lines). (As mentioned in Section 2.7 (Footnote 35) we did not seek caste information from the women so as not to restigmatise the women for caste status in support of the outlawing of Nepal’s caste system is outlawed.) This may also be related to the fact that the different women from different ethnic groups are living in the care of anti-trafficking organisations where caste is not discussed. In the case of the trafficked women living in the community who were also from different ethnic groups, we wondered whether their trafficking experiences gave them ‘common ground’ to discuss such issues. However, regardless of this, Kaufman, Harman and Shrestha (2012) have noted that the issue
regarding communicating across caste lines can make reproductive health interventions difficult across age and caste groups in Nepal.

6.6.4 Filling knowledge gaps

As mentioned in the findings, the trafficked women also sought to address gaps in their knowledge systems to find out more about women’s reproductive health issues. These gaps related primarily to the inner female reproductive body and/or associated processes (i.e. menstruation, pregnancy and birthing) about which the women had misunderstandings and/or misconceptions or a lack of knowledge. Some women also had misunderstandings about the male reproductive body and its functions (i.e. Aisha and Niuersha and the angle of erection). However, none of the women sought to fill gaps in knowledge around the male reproductive body and/or its issues. The women’s misunderstandings, misconceptions and gaps in their knowledge systems are discussed in Section 6.7.2.

6.7 The Female Reproductive Body

6.7.1 Knowledge

This study identified that trafficked women, while understanding that the sexual body can be used for pleasure, only conceptualised women’s bodies as ‘pregnant/not pregnant’ bodies. Suffice to say, they did not conceive of their bodies beyond the reproductive life stages of menstruation and pregnancy and, therefore, did not give any consideration to the end of the reproductive life stage of menopause because it was (from our observation) simply not known about.

The trafficked women illuminated that they had a significant amount of knowledge of the outer female reproductive body and some outer/inner reproductive body processes, which largely depended on their biological stage of development or reproductive life stage they had experienced (i.e. just beginning menstruation/regular menstruation/irregular menstruation/period stopped after childbirth). It depended upon whether they had been in or were in a sexual relationship and/or had given birth to a baby, and their exposure to formal reproductive health education. Another contributory factor to knowledge was their own life experience in urban and also rural environments (including positive and negative experiences as detailed in Section 6.6.1). In addition, it also included experiences in the sex industry as illuminated by one of the women who miscarried twin boys in traumatic circumstances in a dance bar which indicated they manner in which she had learned - for the first time - about the cord and the sac attached to a foetus at birth. Other sex industry experiences may have also
been important to the acquisition of knowledge about the reproductive body, but they were not articulated. Notably the women indicated they had begun to menstruate during early, mid or late adolescence, indicating differing experiences of a universal female phenomenon.

One of the interesting issues that did not emerge overtly in this study was any significant discussion on traditional healing practices and the body, such as the Shaman practices of Tamang and Yolmo people (of Tibetan origin) in the Helambu district as outlined by Desjarlais (1992), which are based on humoral theory. Humoral theory relates to the ‘humors’ of the body, or, that is, bodily fluids such as bile, phlegm and blood, which then correspond to temperament. (Loosely connoted, it can be understood to mean knowing about the body through systems of ‘hot’ and ‘cold’). In relation to this, we wondered whether one of the Tamang women in this study may have had a very strong ‘felt’ connection to her reproductive body at menstruation because of such ancient belief systems. Another example of this possibility is the Magar woman’s articulation that ‘juwano’ (caraway seeds) are used to increase breast milk supply (i.e. they are used to ‘warm’ up the body to increase milk supply). A second Magar woman also mentioned that her first period occurred due to being in a ‘hot place’. As we discovered, the trafficked women indicated that they learned about the reproductive body through experiential means. However, it is also possible that the introduction of ‘western biomedical concepts’ might have been also disrupting their own reproductive body knowledge (or experiential) learning pathways leading to some of their misunderstandings and misconceptions of how the reproductive body works. Notably, very little research has been conducted on the body - or ethno-cultural understandings of the body – with the various different ethnic groups in Nepal.

In relation to the female reproductive body, the women also had gaps in their knowledge systems which were not just specific to women in Nepal, but rather shared by women across the world regardless of their reproductive body knowledge systems. They related to the invisibility of the inner female reproductive body and reproductive body processes.

6.7.2 Gaps in the women’s knowledge systems

In this study, the trafficked women demonstrated gaps in their knowledge related to phenomena such as knowing what the ‘eggs’, ovaries, fallopian tubes, uterus and vaginal canal look like and the location of them in their bodies. Though some women could articulate the processes of the menstrual cycle (i.e. ovulation, menstruation, ‘white fluid’, timing of conception), they could not really relate these processes to their actual inner female reproductive body parts. In addition, they could not define the relationship between
menstruation and pregnancy. One such example is that no woman could articulate that menstrual blood comes from the uterus and how it factors into becoming or not becoming pregnant. None of the women spoke about the physiological process of losing virginity in the context of a female reproductive body though one woman spoke about knowing that bleeding occurs (i.e. from the breaking of the hymen as we might know it) on a first experience of sexual intercourse. The young unmarried women had a ‘particular fascination’ around wanting to know the length and width of the vaginal canal and they sought answers to their questions around this issue from a hostel nurse.

One married woman also had a surprising misconception about getting pregnant indicating that she thinks pregnancy can only occur when there is interest from a woman and man during sex. In relation to menstruation, both married women did not know about cervical changes during the menstrual cycle. However, they did know about the cessation of menstruation while breastfeeding and its return sometime after the birth, which was knowledge that had not been acquired by the unmarried women. Only one woman knew that the timing of the return of menstruation after giving birth and that it is different for everyone. Another knew about the process of charting her menstrual cycle (i.e. a regular 28-day cycle) though she did not know about the cervical changes (i.e. ‘white fluid’) associated with it or that every woman’s menstrual cycle is different. Notably, it was concerning that she was using this system without full knowledge of it because she could have passed this (western) menstrual charting method onto other women who might (if they were trying to use this ‘natural method’ to avoid getting pregnant) get pregnant if their menstrual cycles were not a regular 28 days long. In addition, this woman could also have become pregnant if, for any reason, her menstrual cycle changed from being a 28-day cycle and she was not using contraception.

In relation to pregnancy, all women struggled to conceptualise another aspect of it; visualising where a baby’s umbilical cord and sac with birthing fluid would sit in the uterus. They could not imagine the sac as a separate ‘container’ for the baby within it or the notion of a placenta being delivered after a baby is born. Predominantly, they only conceptualised a ‘closed container’ (uterus) – though one woman thought it was open – with a canal for the baby to travel down at birth and then a vaginal opening through which it is birthed. Also, as mentioned earlier, no women could fully conceptualise the entire reproductive life stage of a woman, that is, menarche, menstruation, pregnancy/birthing and menopause. No women seemed aware that menstruation stops at a particular life stage (i.e. menopause) at which time women can no longer get pregnant.
6.8 The Male Reproductive Body

6.8.1 Knowledge

All of the women articulated that they knew something about the male reproductive body including the penis, penis tip, testicles and scrotum, and that the penis is used for urinating and sex and that it plays a role in conception. In addition, others knew about male pubertal changes including the development of the ‘Adam’s apple’ and associated voice changes, men having breasts, and sperm (also called ‘white blood’), and some women thought that the penis changed size over the reproductive life stage. However, there were some discrepancies as to whether it gets smaller or larger over time. While one woman knew about the difference between the holes for urination and sperm in the penis, only one woman knew where sperm is located in the male reproductive body (i.e. inside the testicles).

All of the participants knew about the process of sexual intercourse though no one – including the women who had given birth - spoke about their personal experiences of it. Only one married woman was able to conceptualise an erect penis and another knew the length of the erect penis (by feeling) from engaging in sex. However, the young unmarried women were able to guess the size of the penis and they all knew that it ‘grew’ during sexual intercourse. Only two women (one unmarried/one married) mentioned having knowledge about the pleasurable aspects of sex. One unmarried woman who had (as it appeared to us) normalised some aspects of cultural sexual violence against women (i.e. rape) by the ‘non-plussed’ way she spoke about. However, she also questioned the notion of a women’s ‘non-pleasurable response’ at sex (i.e. indicating that vaginal canal does not open) and the possibility that a woman could die from forced sex through such an experience. We are unsure as to how she had acquired this information, but it indicated that she may have been aware of the physiological process of a rape for a woman.

6.8.2 Gaps in the women’s knowledge systems

All but one of the women in this study did not know (or did not articulate) that a man has pubic hair. In addition, it was not clear whether all women knew about the scrotum and testes in full detail. For example, one unmarried woman thought that a man has only one testicle. However, she may have known that ‘one scrotum’ contains two testes, which is what the other women may have called ‘two testes’.

Some of the women also said that the penis gets bigger as a man gets older, while others said that it shrinks. Both of these responses are, in fact, correct: it largely depends upon which time in a man’s reproductive life cycle to which the women might be referring. One woman
mentioned that she has seen boys urinating by the side of the road, but she did not indicate – nor did any other women – that the penis is at a different angle for urination. As some of the unmarried women mentioned, this man’s reproductive body part is invisible, so they cannot see it. It was questionable as to whether some of the married women had even seen their husbands’ body parts in full detail when it was surprisingly revealed by one of them that she did not know the angle of an erection. Another unmarried woman questioned this same issue indicating that she thought it possible that a penis could be damaged (i.e. break) if it was at a certain angle at erection. It is possible that the married woman may not have touched her husband’s fully erect penis or seen an erection in full detail indicating, perhaps, a low level of involvement in the sexual act, forced sex where it could not be sighted, and/or environmental conditions, such as low light which may have precluded the possibility of sighting an erection.

As mentioned, every woman seemed to have some knowledge about sexual intercourse, but one unmarried woman also thought that the penis travelled right up ‘into the uterus’ during sex, which would make sense if one conceptualises the female reproductive body as only a vagina, vaginal canal and uterus. Identifiably, these gaps in knowledge could also be filled by reproductive health education.

6.9 Contraception

In Nepal, no research has been undertaken in relation to (formerly) trafficked women’s knowledge of contraception. In this study, the trafficked women indicated that they knew about at least one and/or all family planning methods, which included ‘Norplant’, ‘Depo Provera’, condoms, pills and the female condom. Twice over ‘Norplant’ was described as a ‘matchstick’ that is put in the upper arm, first by a married woman and second, by an unmarried woman. Only one woman was actively using contraception that we were aware of (i.e. ‘Depo Provera’) and she told us she accessed it at a hospital clinic. The Ministry of Health and Population [MoHP] (2017) Nepal Demographic Health Survey 2016 has reported that almost all women and men in Nepal have knowledge of at least one modern method of family planning (i.e. modern methods of contraception). Moreover, the most common methods known about by women were injectables, female sterilisation, male condoms and the pill (MoHP 2017). Shrestha et al. (2014) say that women in Nepal prefer oral contraceptives followed by injectable hormones and then implants. Most women also access contraception through the public hospital system (MoHP 2017). This was largely indicated by one of the trafficked women in this study. Although she had chosen to use ‘depo provera’, the side effects were an indicator for stopping its use. The MoHP (2017) has also recently reported that women in Nepal often
discontinue contraceptives within the first twelve months of use due to husbands being away, side effects and the desire to become pregnant.

The contraceptive that is most highly discontinued is injectables, or, that is ‘depo provera’ that which was mentioned as being used and possibly discontinued by one of our trafficked women, also, incidentally, within a twelve-month time frame. In our study, this same trafficked woman also indicated that she also had a mistrust for ‘depo provera’ over its effectiveness to prevent pregnancy. She indicated that she had chosen this form of contraception because it was recommended to her as the easiest to use, the most economical in the fuel crisis, and because it was supposed to have lesser side effects. In a study undertaken on the acceptable of family planning methods with patients in a hospital in Dhulikhel, by Shrestha et al. (2014), convenience also emerged as a factor for decision making in family planning decision-making, and education also was found to help women and men to understand the definitions of contraception so as to make the best choice for them. Radulović et al. (2006) have also reported a similar finding on convenience factors and education from a study in Serbia. Shrestha et al.’s (2014) also reported that higher levels of education indicated higher acceptance of family planning methods. In addition, they say it was easier to explain the advantages and disadvantages of the use of contraception to literate and educated groups as compared to illiterate and non-educated groups. Despite the fact that one of , the married trafficked woman who was using contraception in this study was illiterate, she had not only found the means to access contraception, but was also aware of various methods and their side effects. She also knew that condoms are the only method that will prevent HIV/AIDS. In other words, she had educated herself about contraception.

Some women knew about the side effects of ‘Norplant’, such as excessive bleeding at menstruation and that it can make you feel weak, though the young unmarried women who knew this the ‘weakness issue’ did not indicate her source of such knowledge. However, the side effects of other methods were not discussed, due to a probable lack of knowledge on the issues. Notably the married trafficked women who had chosen to use ‘depo’ said she thought periods were ‘disgusting’, which might have been a factor for her choosing ‘depo’ over ‘Norplant’ (used by her friends) because she knew about the excessive bleeding with this contraceptive. Interestingly, this same woman indicated that she had chosen to be on contraception without her husband’s knowledge because of his pressure for her to deliver a son, which was an issue also experienced by some of her friends. In a study on the effect of spousal communication on contraception in the Terai, Yue, O’Donnell and Sparks (2010) have reported on an issue related to the perception of husbands’ disapproval of women using
contraception. However, in their study, one woman said her husband appeared to know she was using contraception because he had asked her why they were not conceiving. Like the married trafficked woman in this study, some of the women in Yue, O’Donnell and Sparks (2010) said some of their women had tried to educate their husbands about contraception (for birth spacing), which had been successful in some cases and in others, not.

In this study, none of the women spoke about any local methods of contraception and/or the natural method of withdrawal, which is interesting considering the high number of Ayurvedic and traditional medicine systems practised in Nepal. According to Koirala (2001, p. 295), ‘these unbroken traditions of healing practices play a big role in Nepal’s health care systems in Nepal’. For example, Nepal has a lot of Ayurvedic hospitals. Interestingly, Shrestha et al. (2014) have reported that women in Nepal sometimes do consider natural methods. In this study, none of the women also displayed any knowledge of how modern contraception methods work indicating (as mentioned) a probable lack of being given detailed information and education on the methods. As mentioned, one of the married trafficked women said convenience was a factor for contraceptive choice. However, the unmarried trafficked women indicated, like her, that if they were to use contraception they would also choose the easiest methods. One of the young unmarried women indicated that she held a perception that condoms would be the easiest method. Another indicated she was aware of a condom-refusal issue with men in Nepali culture. In a study with young migrant men in Nepal, Puri and Cleland (2006) have reported on condom refusal issues in Nepal and say that men refuse to use them because it creates a loss of pleasure during sexual intercourse, but the issues had also relate (at that time) to a lack of availability of condoms. Only one married woman appeared to have a notion of the threat of HIV/AIDS and that condoms are the best means of prevention during sexual intercourse. The unmarried women appeared to have no understanding of this issue though one woman did mention ‘rog’ (disease) in relation to ‘white fluid’ in a menstruation workshop, so she may have had some knowledge of sexually-transmitted infections. However, she did not expand on this at the time. As already mentioned, one of the married women’s husbands refused to wear condoms even after she had tried to educate him about their use to prevent her contracting HIV/AIDS after she found out about him engaging in extra-marital relationships. Kaufman, Harman and Shrestha (2012) have noted that Nepali women are at

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113 This issue may now have changed, but Regmi et al. (2010) have referred to this work suggesting it might still be an issue in Nepal.
increased risk of HIV/AIDS and STIs due the behaviours of their partners. Notably, this led to sex refusal refusal by her.

In a quantitative study on intimate partner violence in Nepal, Dalal, Wang and Svanström (2014) have reported that Nepali women sometimes refuse to have sex with their husbands. While their study does not illuminate consequences, in their study on the consequences of sexual violence for young married women in Nepal, Puri, Tamang and Shah (2011) have reported that sex-refusal leads to physical and emotional abuse: physical violence, emotional harassment, accusations of infidelity, and other health consequences. Puri, Tamang and Shah (2011) have also noted that ‘…scolding, abusing, and accusations of a wife’s infidelity were some of the common tactics used by a husband to his wife for coercive sex’ (p. 6). These very same issues were reported by one of the young married trafficked woman in this study. In addition, we questioned whether she had been forced to engage in sex with her husband because of these issues. We particularly questioned this when she indicated she had a misconception about the angle of an erection (i.e. she had not sighted it because most sex was forced).

The young unmarried women debated about who has a bigger role in reproductive decision making, the man, the woman and/or both, and ‘idealised’ the roles of making collaborative contraceptive decisions with their future husbands. Shrestha et al. (2014) have also reported that many women in Nepal still do not use contraceptives, but generally more women do so than men. Shrestha et al. (2014) and World Bank (1997) have also indicated that educated women usually make family planning decisions. However, in this study an uneducated married trafficked woman made her own family planning decisions. She brought the reality of her situation to light indicating she had been forced to make a decision to use contraception alone (for pressure to bear a son and more) and in secret because her husband would not have approved of her using contraception. In defiance, she said she did care about his thoughts on this issue. However, in making the decision to go on ‘Depo Provera’, she also knew that she had chosen a form of contraception that would not protect her from contracting HIV/AIDS. Suffice to say, she was at extremely high risk of contracting it because of her husband’s refusal to use condoms and his sexual philandering. Notably, her husband was also working in the sex industry (i.e. dance bars) where condom refusal issues are also probable with other women. She also reported that her sex-refusal had resulted in a very negative behavioural consequence from her husband: it just made him actively-decide to sleep with more other women because he could not get sex from her.
This situation exemplifies the challenging nature of reproductive decision-making in relation to physical and psychological factors for a Nepalese woman and the behavioural issues she must contend with. Although this situation is not generalisable, it is a particularly poignant example of the level of challenge to negotiating contraceptive use within - and also outside of – marriage in Nepali culture. In addition, it showcases how one man’s decision not to use condoms can affect the health of his wife and also innumerable numbers of other women who presumably have faced (and will continue to face) the same condom-refusal issues.

6.10 Fears

In Nepal, no research has been conducted in relation to the fears associated with reproduction held by trafficked women. In this study, the trafficked women indicated that their fears were individual and may, in some cases, be related to experiences before, during and after trafficking. Their fears may also relate to their reproductive life stages and exposure to experiences of other women/girls in the culture. Their fears centred on pregnancy and birth (i.e. getting pregnant on ‘depo’, giving birth, losing another baby, having another daughter, having to ‘throw a baby’ (abandon or abort) out of economic necessity) and sexual intercourse (i.e. having sexual intercourse, being raped, pain for loss of virginity, stigma for loss of virginity, getting HIV/AIDS and/or observing masturbation).

6.11 Hopes

In Nepal, no research has been conducted on the hopes associated with reproduction for trafficked women. In this study, the young unmarried trafficked women shared that they valued their birth mothers even though they had been separated from them in the process of trafficking. The married trafficked women (i.e. Aisha and possibly Indira) appeared to be reunited with their mothers and spoke of them with fondness. Most interestingly, it was noticeable that the young women reverted to thinking about their mothers when discussing reproduction and mothering. In addition, one of the married trafficked women who was already a mother was very protective of her young daughter. Suffice to say, the daughter-mother and mother-daughter bond was extremely striking with this cohort of young trafficked Nepali women.

Interestingly, some of the young women shared stories about how their grandmothers/mothers had protected them in their early childhood and, yet, they had not been able to protect them from trafficking. The young unmarried women particularly noted that their mothers were role models for future mothering and that the role of becoming a mother was important to them. It is not clear whether this related to Hindu patriarchal norms which expect
women to become mothers and also work to keep women in the domestic sphere (see Section 2.6), or whether the role of being and/or becoming a mother is also genuinely important to Nepali women.

However, giving birth itself was not a shared vision: one young trafficked woman wanted to adopt such children as those that had been abandoned. None of the unmarried women also wanted to repeat their mothers’ cycles of impoverishment and they could see a pathway out of this cycle by developing careers and becoming financially independent. Surprisingly, education was articulated as a factor in this realisation. However, it was uncertain as to how these aspirations might play out in reality as the women try to live independently in the community (after the age of 18) and the support they might need to achieve this, especially given cultural expectations of marriage and childbearing for Nepali women (see Section 2.6). Comparatively, one married (non-school educated) trafficked woman had recognised that she was becoming trapped in a situation of impoverishment because her ‘absentee husband’ had refused to support her and her daughter. Trying to get domestic work had been largely unsuccessful which had made her consider returning to the dance bar work. However, she had stopped short of doing so because she wanted to protect her daughter from this salacious environment and also because she did not want to be separated from her. Nevertheless, we think she was at very high risk of doing so - even though she may want to try and prevent her own daughter from becoming a part of the industry she has since left - because she inferred it was ‘financially-lucrative’ for her to return. Many trafficked women in Nepal do return to the sex industry due to the stigma they face in Nepal’s community, and for economic survival. According to Kaufman and Crawford (2011) and Joshi (2004), there is also paucity of research on the efficacy of rehabilitation programs in Nepal which relate to whether trafficked women are able to enter the workforce in positions that are not related to the sex industry.

In addition, Kaufman and Crawford (2011) suggest that ‘follow-up may be nonexistent or limited to a check on where the woman is living’ (p. 660). Notably, Kaufman and Crawford (2011) and Joshi (2004) also refer to returnee women who have been trafficked to brothels in India. However, Frederick, Basynet and Aguettant (2010) have said this also occurs with women who have worked in the entertainment/sex industry in Nepal. In this study, two women have been identified as ‘at risk’ - a mother and daughter – and the reproductive health consequences would likely be great for her and, in the future, her daughter if the cycle of dance bar work/sex work is repeated. Suffice to say, the married trafficked woman who discussed this issue seemed to be well aware that she would be separated from her daughter if she returns to working in dance bars, which suggests she knows (perhaps from talking about the issues
with other trafficked women) what situation she would then face. In addition, with her known risk of contracting HIV/AIDS because of her husband’s promiscuity and his refusal to use condoms she could, if she returned to sex work, potentially, become involved in the spread of HIV/AIDS herself, especially if she encounters the same condom-refusal issue with other men. Significantly, this issue has not been discussed in any trafficking literature in Nepal. This same married trafficked woman, after having a daughter and experiencing son-preference issues with her husband and husband’s family, also wanted to have more children. However, she articulated that she would need to be able to trust her husband again after his sexual transgressions to be able to even consider it, and this was unlikely as she had already begun (at 20 years) to lose all faith in men.

6.12 Impressions of Men

In Nepal, no research has been undertaken in relation to trafficked women’s impressions of men. In this study, the trafficked women described very negative experiences related to men, underpinned – largely - by patriarchal norms (see Section 2.6). These norms were associated with their experiences of trafficking as well as with Nepali men more generally, even though the women may not always have been consciously aware of them. These experiences were articulated as men dominating women, men taking sexual advantage, men causing physical harm, and men neglecting their families. Many of these issues were largely cultural rather than being specifically related to trafficking experiences, except for one example of a trafficked woman taking a knock to the abdomen in a dance bar which resulted in a traumatic miscarriage. Intimate partner violence between a mother and step-father was indicated by one of the unmarried women and, potentially, one of the married women.

While some women seem to be aware of men’s dominance over women, some of them seemed to normalise it. This may be to do with different levels of emotional development and/or the level of impact of the various life experiences on the trafficked women. One particularly disturbing issue to emerge from the conversations around men was the fear related to the ‘culture’ of gang rape of young Nepali girls, which was considered to be a norm. One of the married trafficked women also gave the impression that she is beginning to accept her situation of sexual violence (i.e. her husband’s infidelity) as normal because she is powerless to control the situation. We were given the impression that she would not consider leaving him but accept it as her fate as her efforts to control him had not worked. This woman was just 20 years old, married as an adolescent, had given birth twice and had been sexually-abused (possibly) prior to, during, and after trafficking. From our observations, her future with men
was already looking very grim, particularly in relation to issues of Intimate Partner Violence Against Women [IPVAW]. IPVAW is as defined as physical, sexual or psychological harm which can include physical aggression, sexual coercion, psychological abuse and controlling behaviour caused by an intimate partner or ex-partner (Dalal, Wang & Svenström 2014; Garcia-Moreno et al. 2005; World Health Organisation [WHO] 2002) which usually takes place between family members and intimate partners in the home, but not always (WHO 2002).

According to Dalal, Gifford and Lee (2012), Dalal and Lindqvist (2012), Dalal, Wang and Svenström (2012) and Puri et al. (2012), a high prevalence of Intimate Partner Violence Against Women [IPVAW] is indicated in the low-income countries, most particularly in South Asia, but little research has been conducted on the issue. Dalal, Wang and Svanström (2014) have argued that there is particularly a paucity of research IPVAW in Nepal. However, some research has been conducted with women which is relevant to this study. Women who have controlling husbands are more likely to experience IPVAW (Dalal, Wang & Svanström 2014). Dalal and Lindqvist (2012) and Dalal, Wang and Svanström (2012) say that education is protective factor against IPVAW in Nepal and India, respectively. However, Puri et al. (2012) who have undertaken a study focussed on on sexual violence of young married women by husbands in Nepal say education is not a preventative factor, rather women’s autonomy is needed (see also 6.16.7).

In 2009, the Government of Nepal (2009) passed a comprehensive law on gender-based violence making it a criminal offence, for example, for a man to have forced sex with his wife. However, the law is rarely strictly enforced (Puri et al. 2012; Puri, Shah & Tamang 2011; Puri, Tamang & Shah 2011). According to Puri et al. (2012, p. 2), regarding the law, ‘moreover, the majority of Nepalese people, including local authorities, local police and other agencies that supposedly deal with gender-based violence, are still unaware of its existence’. Early indications from Puri, Shah and Tamang’s (2010) research is that the prevalence of sexual violence within marriage in Nepal is higher that in neighbouring Bangladesh and India (see also Jejeeboy & Bott 2003; Khan, Townsend & D’ Costa 2002; Santhya & Jejeebhoy 2005).

6.13 Stigma

6.13.1 Four stigmas

In this study, the trafficked women discussed four forms of stigma in relation to reproductive health issues; menstrual stigma, stigma related to pre-marital sex, stigma related to pregnancy before marriage, and stigma related to having a girl-child. Although involvement
in the sex industry did not emerge as stigmatising with the women, it did so with the partner organisations involved in this research thus we know the burden of stigma is extreme for these women; they suffer ‘cultural’ reproductive health stigmas and stigma for being involved in sex work and/or the sex industry (see Section 6.15).

6.13.2 Menstrual stigma

According to Standing and Parker (2017, p. 156), ‘menstruation is a natural and regular occurrence experienced by nearly all women of reproductive age. The average woman will have about 450 menstrual cycles over approximately 38 years of her life; this translates to managing menstruation for roughly 6.25 years’. Yet, it is almost a universal experience for menstruation to be a cultural taboo and for women to be stigmatised at menstruation (Crawford, Menger & Kaufman 2014; Standing & Parker 2017).

In South Asia, little research has been conducted on attitudes to menstruation ‘…despite religiously-based menstrual restrictions imposed on women’ (Crawford, Menger & Kaufman 2014, p. 1). In Nepal, particularly in Hindu communities, ‘menstrual pollution’ beliefs are widespread (Bennett 2002; Cameron 1998; Crawford, Menger & Kaufman 2014). While menstruation pollution beliefs vary among different religions, class, social status and caste, traditionally women are viewed as polluting during menstruation and childbirth regardless of their caste (Standing & Parker 2017). According to Adhikari et al. (2007), Sapkota et al. (2013) and Standing & Parker (2017), taboos are particularly prevalent in rural regions. In Buddhist communities, menstruation is considered to be a natural and normal physiological process (Jnanavira 2006; Ranabhat et al. 2015). In Nepal, Bhartiya (2013) argues that ‘however in practice this is not followed…because of the influence Hinduism has had on Buddhism’ (p. 524). In some Hindu communities, menarche is marked with the custom of gupha basne (which literally means ‘staying in a cave’) and a girl must stay in a darkened room for up to 12 days (Bennett 1976; Crawford, Menger & Kaufman 2014). Religious rules forbid a menstruating woman from sharing a bed with her husband, entering a temple and/or a kitchen, preparing food or touching a male relative (Crawford, Menger & Kaufman 2014). Further to this, it has been reported that women cannot participate in religious activities such as worship and the lighting of holy lamps (Archarya, Shakya & Sthapit 2011), or go to temples or do household chores (Sapkota et al. 2013). Mahon and Fernandes (2010) even say women must refrain from looking at their reflections at menstruation or on using public water supplies. (This issue with water is also why, globally, there are many programs being created in developing countries which link menstruation with Water and Sanitation Hygiene [WASH] programs.) These
traditions are implemented from menarche and for all menstrual periods until menopause (Kondos 2004).

The young trafficked women in this study came from both Hindu and Buddhist communities in different regions of Nepal (Lalitpur, Myagdi, Nuwachot, Shankharapur) and were from Brahmin, Chettri, Magar and Tamang ethnic groups. All women, regardless of their religion, district of origin and/or ethnic group, knew about or practised an aspect of a Hindu menstruation tradition in their own rural communities and/or knew about them from women and girls from other ethnic groups (though we were not sure if this was always in the same districts/villages). In addition, some of the women from the same ethnic groups and districts (Magar/Tamang) practised the traditions differently in their respective villages. Some women were not even consciously aware that they even practised them because their mothers or sisters introduced rituals when they were young, so they were not consciously aware of the meaning of the rituals.

While the practices required of the women were similar to those outlined above, some variations emerged in this study. Three women (Brahmin, Chettri and Magar) articulated that they were not allowed to look at men during menstruation. However, one Magar woman said this issue related to both men and women in her community. This practice has been described by Kondos (2004), but only in relation to some Parbatiya communities – of which Magars are not (see Section 2.7). According to Kondos (2004), ‘…custom demands that for the entire period of seclusion the girl must not come in contact with or even see certain people of her natal family (her father, brothers, and for some Parbatya114, also her mother). To do so would bring harm’ (p. 3). Notably, as mentioned, the Magar woman in our study referred to above was also Buddhist, though sometimes Magars can also be Hindu and/or practise traditions from both religions. Interestingly, in a study by Ahearn (2001) with a Buddhist Magar community in Junigau, she said women there have previously practised harsh menstruation traditions, but the practices (i.e. not going to a main house, touching men and going near temples) were declining at the time of her research. In the Brahmin community where the harshest traditions are practised, women also had to bathe in cold water and women (or at least the woman in this study) was not even allowed to look in the direction of her father’s house at menstruation.

In relation to the Parbatiya community of which Brahmin is a part, Kondos (2004) has noted that during seclusion a woman must be taken so far away from her home that she is not even allowed to see the rooftop and it is only after the period of seclusion that she is once again

114 Kondos (2004) says ‘Parbatya’ though it is sometimes written as ‘Parbatiya’ and/or ‘Parbat’.
able to see her kinsfolk. Kondos (2004) also says there are complex kinship traditions involving others in the practice and that extended family are also at risk of being ‘polluted’ in the process. She indicates that the reason for this is that ‘purity’ and ‘impurity’ rituals are implemented in relation to specific family members of the menstruating girl. While the woman from the Brahmin community indicated that she knew her menstruation tradition practice as gupha – usually a menarche tradition only – we think the tradition of chaupadi was being practised because of the harshness of the traditions. According to Robinson (2015), ‘chaupadi’ is taken from two Hindu words, ‘chau’ meaning ‘menstruation’ and ‘padi’ meaning ‘women’. She had to go to another ‘goth’ (house) (Robinson 2015, p. 193) and faced many of the stigma issues including having to cook in a different kitchen using different kitchen utensils and she was ordered not to touch certain foods in case they might rot. Interestingly, however, one of the Magar women (as mentioned above) faced similar issues to the Brahmin women related to the use of a different kitchen and cooking. We also think the Chettri woman (recalling we questioned her ethnic group) might also have faced the chaupadi tradition as she talked about ‘sitting with her sisters’ in another house. The practice of chaupadi was supposedly outlawed in Nepal in 2005, but according to Robinson (2015) government regulations were not instilled in remote western regions.

Notably, the practice of chaupadi has been directly linked to reproductive health issues arising from poor hygiene practices and unsanitary conditions (Standley & Parker 2017; Ranabhat et al. 2015). In addition, it has also been linked to a high prevalence of depression amongst Nepalese women (Lamicchane et al. 2012). Many women have to live in isolation during menstruation (Amgain in Yadav et al. 2017) and women in the Far West of Nepal, for example, experience rape and physical assault whilst in chaupadi (Dahal 2008; Yadav et al. 2017). However, to illuminate an issue of difference in this study, only one women (Indira) was from a district that could be considered western Nepal, but she was not from one of the remote districts usually implicated in the practices. According to Robinson (2015), it is usually the Accham district (see Figure 1). The same Magar woman (as mentioned before) was also sent to a darkened house at menarche. However, she called her menarche tradition guniyo cholo (‘guniyo’ means ‘sari’ and ‘cholo’ means ‘blouse’). In addition, she said that after the menarche tradition was practised, her parents brought her new clothes. Kondos (2004) has also spoken about a Parbatiya menarche tradition (not called guniyo chulo) where women are given new clothes after seclusion at menarche. In addition, she has remarked on when the clothes are presented, what they traditionally are, and what the symbolism of them is related to. According
to Kondos (2004, p. 4), ‘as part of the finale the father presents her with a red sāri signifying her transformation to womanhood and her marriageability’.

Kondos (2004) also speaks about the Hindu concept scheme of ‘gunas’ (triguna) emanating from Hindu philosophy, which roughly translates to the qualities that determine a person, which appears to bear a relationship to the term ‘guniyo cholo’. ‘Guniyo cholo’ then appears to be a coming of age ceremony, which is how it is generally anecdotally-reported in Nepal. However, the ceremony is usually for young girls aged 8 or 9 and is not necessarily reported as a menarche tradition or even related to menarche. Interestingly, one of the other woman who was also Magar and Buddhist and from the same district but a different village than the woman discussed above, also spoke about practising ‘guniyo cholo’. However, it was definitely not a menarche ritual. Rather, it was practised when her first tooth fell out. While these two practices of ‘guniyo cholo’ do not appear to be associated, they may - in fact - be related. Both involve rituals that appear to be practised around secretions that are viewed as ‘polluting’ in Hindu culture: blood/bleeding (see Section 2.8). Interestingly, one of the Tamang women spoke about the practice of ‘guniyo cholo’ related to a Magar friend indicating she was given ‘tikka’ and not allowed to show her face to her brothers. However, this tradition was clearly articulated as a menarche tradition as it was raised in the context of a comparative discussion on menstruation traditions and practices by the young trafficked women.

Clearly, the Tamang women in this study faced some restrictions at menstruation and/or experienced some forms of menstrual stigma too. However, as the young woman from the Brahmin community pointed out, in comparison to her community, the traditions faced by Tamangs were less harsh as she has observed them through her father’s friend who was Tamang. While the Tamang women largely confirmed this, contrastingly, the two women from Buddhist communities in the same district but from different villages said oppositional things. One woman articulated that ‘we’re dirty when we bleed’ (using the English word ‘dirty’ as opposed to the Nepali word ‘jutho’) and she was told not to touch anything in the kitchen when she menstruated for the first time. However, the other articulated that ‘if our hearts are clean we can touch anything’ though she was told to change her ‘lehenga’ quickly (at first menstruation) so the blood would not be sighted. This suggests some form of menstruation-associated stigma. In keeping with this, in their study, Archarya, Shakya and Sthapit (2011), noted that some women ‘perceived menstruation negatively as disgusting, shameful, dirty, and untouchable; and some perceived it positively as the indication of maturity, feminity and reproductive capacity’ (p. 123). However, as one of the Tamang women in our study also
expressed, ‘…if your heart is clean, you can touch anything’ (even though she practised some pollution rituals without realising).

Interestingly, as has been documented by Crawford, Menger and Kaufman (2014), Robinson (2015), and Standing and Parker (2017), menstruation traditions are usually maintained and enforced by women. In this study, the young unmarried women indicated that they were not practising the traditions in their urban living environments (as the anti-trafficking organisations who were managed by women were actively taking measures to stop the traditions). However, the married women who were living independently indicated that they would continue to practise the menstruation traditions with their daughters because it was expected of them, culturally. However, they largely indicated it would only happen in their rural village (Chettri and Magar) communities. Interestingly, these women were forced to stop the practices in their urban one-room living environments as they could not be secluded in an ‘alternate house’. While these married women said that they would continue to practise the traditions, the young unmarried women indicated that they would not continue to practise them and (as mentioned) were not doing so. The woman from the Brahmin community particularly indicated that she had challenged the harsh traditions numerous times over. We are not sure whether this was related to education around the harmful aspects of menstruation traditions or whether she had had her own personal realisations about the harshness of traditions from reflecting on the severity of issues she had personally experienced. It is also largely unknown whether the unmarried women would be expected to practise the traditions again upon return to their village communities. According to Standing and Parker (2017 p. 159), ‘there is evidence that attitudes are changing in urban areas, but there is less evidence of this in more remote rural regions’.

However, it is likely they would be pressured to do so once they are again surrounded by their mothers and sisters who maintain and practise them. Crawford, Menger and Kaufman (2014) have said that mothers and mothers-in-law are strict ‘enforcers of menstrual rituals’ (p. 8). Robinson (2015) has also indicated that it is ‘ingrained in a culture’ (p. 193). Crawford, Menger and Kaufman (2014) concur. In Archarya, Shakya and Sthapit’s (2011) study undertaken with adolescent girls from a variety of different areas across Nepal, they noted that menstruation practices varied between districts, but many girls responded that they must practise the traditions because it was part of the culture and ‘disobedience to the mothers/elders is a sin’ (p. 118). It is also unknown then whether the change of attitude of the young trafficked women in the urban environments would endure in a greater village community where the menstruation traditions appear to be more entrenched.
In this study, all trafficked women mentioned men (uncles, fathers and brothers) in relation to the practice of menstruation traditions and the ways in which some of them were implicated in the traditions. In their study, Crawford, Menger and Kaufman (2014) said that a few women commented on the strictness of their husbands, fathers and sons in relation to instilling the traditions. The trafficked women indicated that they learned about the roles undertaken in the practice of menstruation traditions by observing the behaviours of women in relation to men implementing the traditions rather than implicating any particular men directly. This was expressed through various commentaries: ‘fathers’ having freedom of mobility at menstruation (Chetrri), my ‘uncle’s’ daughter’ (Tamang), my ‘father’s’ Tamang friend having more freedom’ (Brahmin), the ‘brothers’ giving tikka (Tamang), parents (men and women) presenting new clothes (Magar), ‘father’ in the room at menstruation and needing ‘to change a lehenga fast’ (Tamang), not looking at a ‘father’s’ home (Brahmin) and not looking at faces of ‘men’ (Brahmin, Chettri, Magar).

As menstruation traditions and practices and stigma are such an issue in Nepal, in August 2017, Nepal’s parliament passed legislation to prevent the seclusion of women at menstruation with violations incurring a possible three-month jail term or a fine of $300 Nepalese rupees (approximately $29US) (Lamsal 2017). These laws will be implemented in 2018 (Lamsal 2017). As part of this same initiative, laws have also been passed to stop acid attacks and the ancient Hindu custom of demanding dowry payments for marriage (Associated Press 2017).

6.13.3 Other stigma

The trafficked women indicated that they were aware of or had experienced a number of other stigmas associated with women’s reproductive health issues. While the general limited ASRH and women’s reproductive health literature comments on the societal issues with pre-marital sex as not deemed to be appropriate for women, it is quite a different consideration for men. In a study undertaken by Regmi, Simkhada and van Teijlingen (2010) with young people in Nepal with a particular emphasis on sexual and reproductive health issues, it was reported that young women have said ‘boys sleep with many girls but boys remain prestigious but girls become (regarded as) prostitutes’ (p. 63). This is consistent with reports across Nepal’s history for women who engage in premarital sex (see Section 2.6). To date, no reproductive health literature in Nepal reports on who instils this stigma (see also Section 2.6). In this study, one of the trafficked women (Tamang) said a husband expects his wife to bleed at their first sexual encounter after marriage and it is he who will instil the stigma if she does not. Another woman
(Magar) spoke about the stigma related to becoming pregnant before marriage being societal. The young age at which she knew this was surprising indicating it must be a widely known issue among women and girls. Notably, Ahearn’s (2001) study with a rural Magar community indicated that the social stigma attached to premarital pregnancy was instilled by villagers. From the stories the trafficked women shared, it also seemed evident that men/boys take no responsibility for premarital sex and pregnancy, thus women largely suffer the societal consequences. However, Ahearn (2001) says these issues do not always result in shame – it largely depends on neighbours and families – and sometimes men do take responsibility. Nonetheless, resulting from these stigma, the trafficked women reported that unmarried Nepali women who become pregnant abandon or abort babies - both male and female – due to the shame they bring. However, so to do married couples for economic reasons. All of these issues require further research.

Stigma related to producing a daughter rather than a son was also prominently articulated in the workshops by one of the women indicating that son-preference is not only prevalent among husbands, but also a strongly-held value by the husband’s broader family and their village community. Despite the rates of fertility decline in Nepal, Brunson (2010) says son-preference in still pervasive in this patrilineal and patrilocal society (see also Section 2.6 for the historical context of this issue). It was evident, too, that trafficked women who bear daughters could be stigmatised across their entire reproductive lives and if a daughter is born, the stigma crosses into the next generation of women. In South Asia, Fikree and Pasha (2004) have reported on this issue of gender discrimination for women and its consequences: ‘gender discrimination at each stage of the female life cycle contributes to health disparity, sex selective abortions, neglect of girl children, reproductive mortality, and poor access to health care for girls and women’ (p. 823). In this study, the views of stigma related to having girl children appear to be maintained even when people migrated to Kathmandu from outer rural regions where these practices and beliefs are prominent, as demonstrated in an instance of wife-burning which resulted as a consequence for bearing two daughters on return to a village environment. The woman who reported this issue was stigmatised by her husband for bearing a girl and their daughter by her husband’s mother indicating an impact across generations. This led to a fear of her own life related to travelling to Far Western Nepal to visit her husband’s family knowing about the killing of her sister-in-law. While she did not share how she had learned about the wife-burning incident, it was interesting that her own response to the issue was (being forced) to restrict her own social mobility. In addition, it was notable that she had learned - by radio - that the son-preference issue was related to property inheritance. Suffice to say, this issue did
not appear to be communicated to her by her husband’s family and possibly ingrained more deeply in her the fear of being murdered for having a daughter.

Puri, Shah and Tamang (2010) have also recently illuminated that not giving birth to a son is a contributory factor for sexual violence within marriage and can also lead to forced sex within marriage. The value of son has also been expressed thus ‘…“jasko bhaisi usko ban, jusko chora usko dan”’ (those who have buffalos own the jungle, and those who have sons have money)’ (Puri, Shah & Tamang 2010, p. 1886).

6.14 Benefits of the Workshops

All of the trafficked women and girls indicated that they had learned a lot about reproductive health from engaging in the workshops undertaken in this research. This new knowledge related to physical aspects of reproductive health and psychological wellbeing. In other words, the workshops were capacity building on two levels. Each participating woman also appeared to take what learning 

she needed from the workshops as well as information and knowledge that would help her in the future. However, some of the women acquired inaccurate knowledge related to reproductive health built on information shared by friends (peers).

As mentioned, this issue with peers has also been reported as problematic in general ASRH literature (see Section 6.6.1). However, the young women also shared the importance of engaging in these reproductive health research workshops with their friends. In addition, we observed that the women in this study really began to trust one another as group cohesion developed and they then felt safe to share intimate reproductive health information in a non-judgemental space. One of the women also noted that she had become an important role model for her friends because of her participation in the workshops. This was extremely empowering for this young married trafficked woman because she appeared to have been through deep psychological trauma as a result of her trafficking and other traumatic life experiences.

6.15 Limitations of the Sample Group

During data collection, it became evident that our research participants were not an homogenous group of trafficked women. While all women originated from rural regions of Nepal and came from impoverished backgrounds, and some women shared the same ethnicity, religion and regions of origin, their village districts were different. As such, they had differing reproductive health experiences related, strikingly, to their districts. This phenomenon was particularly illuminated through the continuum of the practices of menstruation traditions. In addition, it was evident in relation to the way the trafficked women sourced knowledge and/or
learned about reproductive health issues (i.e. through the six senses, pain and other). Due to the small sample size, it cannot be not assumed that these findings relate to Nepalese rural women and girls as a collective or whether they were related specifically to this group of rural young trafficked women. As there is a lack of data on many women’s reproductive health issues in Nepal, it is relatively unknown as to whether the findings might relate to rural women more generally. Thus, this issue warrants further study. However, it can be assumed that the practice of menstruation traditions is a broader country issue for women because the Government of Nepal has taken serious measures to address the issue through legislation at two different timepoints in Nepal’s history to outlaw practices: 2005 (*chaupadi*) and 2017 (the practice of menstruation traditions and practices more generally). In August 2018, laws will become effective to criminalise persons who force women to practise the traditions (see Section 6.13.2). Media coverage of the issues has taken place consistently in recent years, including through online media and through videos, such as that produced by Safe Hands for Mothers’ (2017) *Chaupadi: banished for bleeding* 115, via international and national organisations with an interest in the issues, news media and other women activists. However, the UNFPA has reported, for example, that education around the harmful practices of menstruation traditions in communities where the issues are most prevalent has not, to date, been successful (M Karmacharya, ASRH Program Officer, UNFPA (Nepal), conversation, April 2016).

While the harms have been understood at some level, people in remote mountain communities in places such as in Aacham will remove menstruation huts in the presence of the UNFPA, but once staff leave the villages the communities will then rebuild them (M Karmacharya, ASRH Program Officer, UNFPA (Nepal), conversation, April 2016). This indicates just how strongly beliefs are held about menstruation traditions in some village communities and the difficulty associated with changing them. Anecdotally, it has also been reported (via social media) that conversations have begun to take place to educate Brahmin priests (men) in remote rural regions of Nepal on menstruation traditions and practices, who will – in turn – begin educating their village communities on the greater harms of the practices. However, there is no evidence to suggest the efficacy of this approach or other issues it may raise. To that end, it remains to be seen whether the process of criminalisation will affect the practice of menstruation traditions in Nepal given the long history of their implementation.

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115 To get a sense of this issue, a quick search of YouTube using the term ‘chaupadi pratha in Nepal’ will reveal approximately 350 videos on menstruation traditions and practices, including the rape and death of women in huts. Most of the videos appear to be pitched to target audiences outside of Nepal to raise awareness of the issues, but not to the village communities where the issues are problematic.
While it has also been also reported, anecdotally, that the practice of menstruation traditions is subsiding in urban centres due to activism around the issues, current research such as that of Standley and Parker (2017) highlights a difference in attitudes between urban and rural areas. It is evident that the subject of menstruation traditions and practices in Nepal – and attitudes and beliefs for women and men – needs dedicated research. Standley and Parker (2017) argue that a cross-sectional study is needed across a range of locations in Nepal. In addition, the findings of this study suggest that research could be undertaken with older men, middle-aged men and young men on their knowledge, beliefs and attitudes towards menstruation, and a comparative study with grandmothers, mothers and daughters, both of which might illuminate ways to tackle change across the generations.

All of the women in this study had been trafficked into the hub of Nepal’s sex industry – Kathmandu – under the age of 18 years (though the age at trafficking of one woman was unknown\(^{116}\)). Traffickers included family, sister-in-law, a friend, an actor, and a husband as, potentially, part of the greater trafficking network, or unknown person/s. Some women were trafficked directly into the sex industry - into guest houses, hotels, massage parlours and restaurants - or indirectly via restaurants/cabin bars into dance bars. Different levels of violence (possibly sexual and other) also appeared to have occurred in different parts of the sex industry, and women may also have been exposed to different forms of sex (i.e. sexual intercourse, oral and anal sex and/or masturbation) depending on which part of the industry they had been trafficked into. An interesting finding from this study is that some of the trafficked women seemed to indicate that they may not have engaged in full sexual intercourse in the sex industry. Drawing upon the work of Terres des hommes on Nepali sex workers in India (see TDH 2005), Frederick, Basynet and Aguettant (2010) noted a new trend occurring in this sex industry – men were ceasing to engage in sexual intercourse with pre-pubescent and pubescent girls because it was considered ‘to be unnatural and reprehensible, and thought that men who did such should be severely punished’ (p. 46). We wondered about the applicability of this to this study. However, Frederick, Basynet & Aguettant (2010) say that the demand for girls under the age of 18 in the sex industry is believed to be high and children, especially those aged 15, 16 and 17, are not well protected by Nepali law. As such, this finding is inconclusive and requires research. However, differing lengths of time spent in the different parts of the sex industry appeared to reflect in different levels of psychological trauma, which was indicated in various behavioural presentations of the women. However, pre-and-post trafficking

\(^{116}\) We believe it was under 18 due to her age, the age of her child and her age at marriage.
experiences of domestic violence, intimate partner violence and sexual abuse may also factor into this behaviour. Predominantly, some of these issues were also unknown in relation to some of the women, but we suspected other forms of abuse in some of cases.

While Asha Nepal and CAP Nepal reported the severe stigma faced by the women in relation to their experiences of being trafficked into the sex industry in the broader Nepali community, none of the young women in this study spoke about being stigmatised \textit{per se}. There are various reasons for this. Firstly, some of the young women were being housed in a protected environment (i.e. hostel) and did not have to face the stigma directly. However, Asha Nepal particularly shared some of the issues they faced ‘on behalf’ of the young women in relation to trying to reduce the stigma the girls were facing in the community: their staff were encouraging girls in their care not to wear heavy ‘\textit{kohl}’ (charcoal) eye makeup to school because it connotes them as sex workers. Various (carefully-managed) discussions had not resulted in behavioural changes because they (probably like many young ‘risk-taking’ adolescent girls in other places across the world) did not understand the consequences of their actions. However, Asha Nepal was dealing with issues at the girls’ schools and trying to manage ‘street gossip’ in their local community. Related to the stigma issues, Asha Nepal was also dealing with the concern that the young women were soon to be leaving the hostel to live in the community and the effect this could have on them once living independently, if behavioural change did not occur.

In order to stay focussed on the reproductive health knowledge of the young women and not to induce stories of reproductive health trauma in the workshops, we did not question the women specifically about the stigma they might have faced in relation to being trafficked into the sex industry. However, it is possible that it might have been discussed if we had continued the series of workshops for a longer time span due to the trust we had gained with the women. Although it cannot be ascertained for certain, we know the young married trafficked women who had children and were living independently in the community had only recently exited the sex industry so they may not have been fully-aware of the stigma that they (and other women who have been involved in the sex industry) might face. These young women were relatively new ‘beneficiaries’ of CAP Nepal’s services and had only recently sought their help prior to this research being undertaken. Notably, Frederick (2005) has reported on the stigma issues faced by anti-trafficking organisations in Nepal and the efforts of organisations such as Shakti Samuha to address the stigma for people living with HIV/AIDS\textsuperscript{117}. It has been a challenging issue. Maiti Nepal, for example, has tried to work on reducing stigma during the

\textsuperscript{117} This was largely in the aftermath of the 1996 Indian brothel raid, so relates to survivors from this raid.
reintegration of returnees from trafficking to brothels in India, but sometimes efforts have backfired because the strong anti-trafficking messages they have delivered have reportedly increased stigma for returnees (Frederick 2005). Notably, as Frederick, Basynet and Aguettant (2010) have reported, women who have been trafficked into the sex industry in Nepal also face the same stigma issues.

Although all women had entered the reproductive life stage (i.e. menarche), some women had only just begun menstruating (i.e. at 14 and 17 years of age). Others were experiencing irregular menstrual periods and the women who had given birth were not menstruating due to breastfeeding. While some of the young unmarried women said that they had boyfriends, they did not elaborate on the nature of these relationships, such as whether they were anything more than normal adolescent girls’ interests in boys or whether they involved sexual intimacy. The married women appeared to be actively involved in sexual relationships and had experienced pregnancy, birthing (including a traumatic reproductive experience of miscarriage of twin boys in a dance bar), breastfeeding and post-pregnancy. However, some of the women had observed reproduction through the birthing of other women and/or animals. One of the women who had been married in late adolescence had also been particularly impacted upon by the cultural issue of son-preference. Suffice to say, this young woman who had been married in late adolescence had extensive reproductive life experience and compounded reproductive health trauma as result of this issue and also her miscarriage of twin boys in the dance bar. Due to disrupted education or no education at all, and the women’s differing reproductive life experiences, the women also had different levels of reproductive health education. Resulting from their ages, their reproductive life experiences, trafficking and other, the women were also at different stages of emotional development. However, all were ‘wise-beyond-their-years’ for their young ages.

All of the above factors make it difficult to generalise the findings beyond the present study and to reach broad conclusions about the reproductive health knowledge of trafficked women in Nepal. However, the findings provide some insight into the lives of trafficked women and indicate that further research with larger sample groups is required to identify factors that are common to all trafficked women in Nepal and those that are specific to a particular subgroups.
6.16 Recommendations

6.16.1 Trafficking research

As no other research has been conducted with women who have been trafficked into the sex industry in Nepal, it is recommended that further research is undertaken, in particular, exploring the different components of the sex industry (i.e. cabin restaurants, dance bars, guest houses, massage parlours and restaurants) as it appears that sexual violence and other sexual experiences may be different in these differing environments. Trafficking research might also illuminate whether there is a trend for men to stop engaging in sexual intercourse with pre-pubescent and pubescent girls in the sex industry in Nepal, which was potentially indicated in this study (see Section 6.15). In addition, a study could be undertaken into the violence married formerly trafficked women experience following trafficking. As Oram et al.’s (2012) systematic review on the prevalence and risk of violence and the physical, mental, and sexual health issues associated with human trafficking reported, ‘future research on trafficking-related violence should not just be limited to violence that individuals experience in the workplace, but should also include violence perpetrated by, for example, trafficker and partners’ (p. 10) (see Section 1.5).

6.16.2 Reproductive health research

As this study has shown, trafficked women gain reproductive health knowledge from a diversity of sources. Therefore, it is recommended that further research is undertaken to illuminate gaps in reproductive health knowledge and reproductive health education and how these can then be addressed through communities (including anti-trafficking organisations), schools, hospitals, parents/guardians, peers or other.

6.16.3 Delivery of reproductive health education

As this study identified that rural trafficked women learn, predominantly, about their reproductive bodies through audition, sensation and vision (3D), it is recommended that reproductive health education for this cohort of women is delivered using these methods (in combination). In the delivery of reproductive health education, it is also important to validate trafficked women’s experiential knowledge systems as this is an important way of knowing for them. This recommendation could apply to reproductive health education for adolescent girls more generally as it supports some of the processes already being implemented in the delivery
of reproductive health education in Nepal’s schools (K. Blokhus, Deputy Representative, UNFPA (Nepal), conversation, 3 November 2017).

6.16.4 Comprehensive sexuality education

In designing a reproductive health education program for trafficked women and girls, Comprehensive Sexuality Education [CSE] needs to be incorporated as many gaps exist in the women’s knowledge systems. Attention needs to be directed to the female and male reproductive body and all physiological processes, contraception, HIV/AIDS prevention and negotiating condom use. It is highly-recommended that sensitivities relating to the discussion of the female and male reproductive body are given due consideration and that experiential tools are used to provide indirect methods to facilitate discussions. As the new CSE program is being implemented in Nepal’s schools, it could be an opportune time to consider this approach as some trafficked women are in school and as others have access to mobile phones. These issues could also be considered in relation to information being provided on the new mobile phone app ‘Khulduli’ (meaning curiosity) to promote adolescent sexual and reproductive health and rights in Nepal (see UNFPA 2017). (This would assume owning ‘smart phones’ which or may not be accessible to trafficked women and girls and depend on the ability to read and write in some capacity. Some of these smart phones could be accessed through the staff of anti-trafficking organisations and/or smart phones owned by other staff of such organisations118.)

6.16.5 Comprehensive relationship education

In addition to CSE, it is recommended that a Comprehensive Relationship Education [CRE] be developed specifically for trafficked women because early indications are that trafficked women are ‘at risk’ of falling into abusive relationships with men from their trafficking experiences and men more generally in the culture thereafter. Puri et al. (2012) have reported a high level of SVWM for young married women in Nepal, which affects the young married women in this study and may affect the young unmarried trafficked women into the future. Education programs need to be developed for men in rural and urban communities to address cultural issues around men’s treatment of women (including in reproductive health contexts). Furthermore, trafficked women need positive male role models/mentors to enable

118 We observed women and girls calling their families on phones we think may have been owned by the anti-trafficking organisations and the married trafficked women had mobile phones of their own, though they were not smart phones because, presumably, the cost would be preclusive.
them to develop trusting relationships with men. Organisations, such as Asha Nepal, are already abreast of the issue and have some young positive male mentors on staff in administration roles (only).

6.16.6 Female reproductive health educators and group construct

As the fears of reproduction were so personal for trafficked women, it is recommended – because some are very traumatic and can be derived from personal experiences directly related to men – that reproductive health education programs are delivered by trained female reproductive health educators with trauma-informed backgrounds. In addition, these facilitators need to be extremely aware of the specific cultural reproductive health concerns of Nepali women and the deeply-entrenched patriarchal issues related to violence with Nepali men. Furthermore, age-related/similar experience-related groups should be run independently so as not to traumatis/re-traumatisse women (especially young women) with harrowing trafficking for sexual exploitation experiences. The space should be made safe and non-judgmental as reproductive health trauma and sensitive reproductive health issues are likely to emerge and women may find them difficult to discuss. Groups of women should also be small (if possible) for this same reason. A group approach is advocated because of the collective culture and the possibility that group cohesion can be formed with women who have shared similar experiences because of the potential of such a group to become supportive as a ‘flow on’ effect.

Furthermore, it is recommended that female reproductive health educators are not former trafficking survivors or women who have had long stays in the sex industry because of the same concern of re-traumatising women. The approach to reproductive health education should be positive, fun and empowering for the women and they should be given incentives to participate in reproductive health education programs because of the potential of negative consequences to affect them across their whole reproductive lives because their experiences build upon the gender discrimination and health consequences already suffered by women in South Asia as outlined by Fikree and Pasha (2004) (see Section 6.13.3). These female trauma-informed educators could be trained through some of Nepal’s counselling organisations, which has been recommended by Asha Nepal (S. Khadka, Manager, Asha Nepal, conversation, 20 October 2017).
6.16.7 Economic support and economic initiatives

In addition to reproductive health education, it is recommended that economic support and economic initiatives are provided/continue to be provided for trafficked women who are transitioning into the community/already living in the community. These initiatives need to be sustainable. This is to ensure that these women are not put ‘at risk’ of returning to the sex industry due to impoverishment and thus placed at further reproductive health/reproductive health trauma risk. Economic initiatives are particularly needed for married women with children who are living in the community because this study has identified that these trafficked women appear to be at much greater risk of returning to the sex industry than unmarried trafficked women without children who are living in the protected environments of anti-trafficking organisations. To support this recommendation, in Puri et al’s (2012) study on Sexual Violence Within Marriage (SVWM) against young married women by husbands in rural Nepal, they identified that ‘higher levels of individual women’s autonomy were significantly associated with lower risks of SVWM’ (p. 11). This includes autonomy on individual and community levels (Puri et al. 2012). As already mentioned in Section 6.15, they have argued that education and occupation are also unrelated to sexual violence against women in Nepal. In addition, they also that no level of community education of men and women has made any difference to the risk.

6.16.8 Public health campaign

As reproductive health stigmas for women are so entrenched in Nepali culture, it is recommended that a public health campaign is developed to address menstrual stigma, stigma for pre-marital sex, stigma for pregnancy before marriage and stigma for having female children because these combined issues can have a ‘whole of life’ and intergenerational effect on women; the message that physical, emotional, cultural, social and other longterm harms can result needs to be delivered strongly. While the target of such campaigns should largely be men, it is also necessary to include women in conversations as they are actively involved in the implementation of menstruation traditions, for example, through action and language. Such laws as the outlawing of chaupadi and other menstruation traditions should continue to be instituted and enforced, particularly in village communities where the continuation of these traditions appears to be strongest. Furthermore, reproductive health messaging (i.e. the language used to address the issues) needs to be tackled at a societal level so that the mindset of women and men regarding attitudes to reproductive health and its greater life consequences for women can be changed. Standley and Parker (2017) who have recently been involved in
Menstrual Hygiene and Management Programs in Nepal [MHMP] support this view in relation to menstruation issues and state that ‘the whole community, including men and boys, needs to be involved in initiatives to challenge the social norms that exclude and marginalise women and girls’ (p. 165). Yadav et al. (2017) who have also undertaken a study on the knowledge, attitudes and practice of menstrual hygiene management in the Doti district in rural Nepal have also reported that ‘massive advocacy campaigns are also required to combat the deeply ingrained religious and cultural malpractices, restrictions, and taboos relation to menstruation’ (p. 215).

6.17 Conclusion

This thesis has explored the reproductive health knowledge of young women who have been formerly trafficked into the sex industry in Kathmandu, Nepal. The sex industry in Nepal is enmeshed in a complex infrastructure of industries that constitutes the overall entertainment industry. This salacious environment exposes women to violence and sexual harassment and all pathways lead to sex work. Predominantly, the industry is female-dominated and approximately 50000 women and girls are reported to be actively working in the sex industry. The young age of the women - under 18 – is believed to indicate they are trafficked. This group of women is extremely stigmatised for being involved in the sex industry regardless of whether they have actively engaged in sex work or by mere association with it. In South Asia, this stigma can have a lifelong and intergenerational impact on the women, their families, and their communities. The origins of this stigma in Nepal can be traced back to the Hindu Legal Code, the Muluki Ain of 1845 [MA of 1845], which was implemented by the oligarchical ruler Jang Bahadur Rana (1846-77). This stigma typecasts women who have slept with three men as ‘besyā’ (a whore). The MA of 1985 has had a profound impact on Nepal and remained largely unchanged for over 100 years during the extended Rana family rule (1845-1951). Although it has undergone many amendments, the MA is still operational as Nepal’s civil code. This Hindu legal code particularly imposed Hinduism, patriarchy and the caste system on Nepali society.

One of the effects of Nepal’s unique caste system is that it typecasts women who have engaged in sex work as ‘low caste, ‘dalit’ and ‘untouchable’ and places them on the lowest rung of a five-tier caste hierarchy. Although the caste system is rooted in the Hindu caste system from India, it is practised differently in Nepal, and is distinctly different to other caste systems practised in other parts of South Asia. As embedded in MA of 1845, the caste system socially stratifies people by occupation. However, it also incorporates a complex system of
‘purity and impurity’ rituals about who can give water/rice to whom, who can be in contact with whom, who can have sexual intercourse with whom, who can marry whom and so on and so forth. Primarily, it was developed to distinguish the Parbatiya (Brahmin-Chettri-Newar) people – or ‘hill people’ - from other indigenous and ethnic minority groups in Nepal who were perceived to be lower in status. In 1963, the caste system was purportedly outlawed in Nepal’s constitution. However, the caste system still has a profound effect on Nepali society. By its very nature, it sanctions inequality through religion, and its particular effects are felt by uneducated women from rural regions of Nepal. However, some women of lower castes – and other ethnic communities in Nepal – do not abide by it. Although Nepal was also declared an ‘untouchability free’ country’ in 2006 - and clauses against untouchability were incorporated into Nepal’s new constitution in 2015 - discrimination on the basis of ‘untouchability’ by caste is still very prevalent in Nepal.

A significant proportion of the MA of 1845 also focused on sexuality restrictions. In addition, it impressed ‘six rules of forbidden intercourse’, which deny women the right to sexual intercourse. Rule 5 states that women are more affected than men and that a woman’s status is devalued by the increasing number of men she has had sexual intercourse with or with which she has ‘lived in connubium’. This rule affects women in general, but most particularly women from the Bādi communities and women who are Deuki who were forced into sex work out of economic necessity and/or due to Hindu ‘deity’ practices. However, it also affects all other sex workers in Nepal and, therefore, women who have been trafficked for sexual exploitation. The MA of 1845 also imposed rules of untouchability for women at menstruation and women during birth confinement because the associated secretions, such as blood and other bodily fluids, are viewed to be polluting and impure to men and other family members.

Until this study was undertaken, no reproductive health research had been conducted with women who have been formerly trafficked into the sex industry in Nepal to discover their reproductive health knowledge with the aim of improving their access to reproductive health education and reproductive health support. Using a new culturally-sensitive research method – the Clay Embodiment Research Method [CERM] - this study illuminated the reproductive health knowledge and experiences of young trafficked women. It showcased that reproductive health for trafficked women involves ‘knowing’ about aspects of the physical reproductive body through experiential means. However, it involves emotional factors, such as personal fears of not contracting HIV/AIDS from a ‘philandering husband’ and hopes to become a mother in better economic circumstances than those faced by own birth mothers. Importantly,
education was articulated by some of the young unmarried trafficked women as the key to escaping economic hardship, which was a view acquired from being in school.

This study also illuminated deeply-entrenched cultural issues related to the effects of Hindu patriarchal norms on women. The young trafficked women’s impressions of men were very negative and related to, for example, men taking sexual advantage of women in Nepali culture, which was exemplified through the perceived ‘culture’ of gang rape of young Nepali girls. In addition, it illuminated the cultural practice of stigmatising women at menstruation through the practices of the following menstruation traditions: ‘gupha’, ‘guniyo cholo’ and ‘chaupadi’. Despite the ancient Hindu tradition of ‘chaupadi’ (‘chau’ meaning menstruation and ‘padi’ meaning women) being outlawed in Nepal since 2005, in this study Buddhist and Hindu women indicated that they have all internalised the notion of ‘we’re dirty when bleed’.

Furthermore, this group of young trafficked women showed that they gained a significant amount of reproductive health knowledge from peers and, in this research, through group sharing in the (clay and photography) workshops. However, the knowledge they acquired was not always accurate. In addition, several psychological benefits also emerged from the women’s engagement in the workshops, such as the allayment of women’s personal fears on the pain one might experience on first sexual intercourse. Suffice to say, some of this study’s findings indicate that the forms of sex women were exposed to in the sex industry may not have been sexual intercourse rather – potentially – other forms of sex such as anal and oral sex.

Using visual and sensory methods (and especially clay which was culturally-familiar to the trafficked women) also showcased the way in which trafficked women learn about reproductive health: through the six senses. These senses were identified as audition, vision (three dimensions) and vision (two dimensions), somato-sensation, gustation, olfaction, pain, sensation and more. While these six senses have been separated, the ‘multisensoriality’ – or the interaction between multiple senses - needs to be underscored. An unexpected outcome of using a research method which used a three-dimensional approach with a sensory component is that it connected with (rural) trafficked women’s ‘ways of knowing’. It particularly illuminated the importance of ‘visual literacy’ over ‘alphabet literacy’ and ‘experiential knowing’ for women who had not been formally educated through the school system. The three-dimensional method also showcased that this group of trafficked women struggled to conceptualise western biomedical concepts of reproductive health delivered orally and in pictorial (two-dimensional) form. It is also highlighted gaps in the women’s knowledge systems related to the invisibility of the inner reproductive body (for women and men) which
are issues that are not specific to women in Nepal; they are a universal phenomenon for all women.

This group of trafficked women also indicated that they sourced knowledge from a variety of known and unknown sources, which included women and/or men in hostels, schools, hospitals/clinics, village communities (particularly regarding menstruation) and other. While some women learned about reproductive health from their ‘elders’ (gleaned as women), male teachers, doctors and nurses, most women learned about the outer female reproductive body from self-observation, especially related to menstruation and pregnancy. The concept of an ‘end-of-reproductive life stage’ – menopause - was unknown. While some of the women learned about the male reproductive body by observing their husbands and/or grandfather’s such as from sighting one under a ‘dhoti’ (traditional dress) at a ‘saradya’ (death ritual), others did not disclose their personal methods of discovery because they may have been too sensitive to divulge. Yet, it seemed evident that some of the women had ‘definite exposure’ to some parts of the male anatomy via means other than health texts that were cited as primary sources of knowledge acquisition. Notably, all the women had sensitivities related to discussing aspects of female and male reproductive bodies – penis, vagina and other parts of the outer female/male reproductive body – which relate to cultural taboos to engage in societal discourse on sexuality and reproductive health issues. These sensitivities be traced back to Hindu and Buddhist traditions and the institution of patriarchal norms, which made sexual intercourse exclusively the domain of men and, consequently suppressed the experience of women. In this study, these subjects of sensitivity were perceived to be heightened due to the young women’s experiences of trafficking. However, ‘entrée’ was gained to this sensitive space using the CERM and a young Nepali female bi-lingual research assistant who was a similar age to the young trafficked women and myself as an Australian lead researcher.

Using an innovative new research method, this thesis has filled a gap in reproductive health knowledge for formerly trafficked women in Nepal and has made recommendations for improved reproductive health education and reproductive health support for trafficked women, some of which relates specifically to their personal reproductive health needs. However, others relate to the need for a public health campaign to address issues of menstrual stigma which continues to be a significant cultural issue in Nepal and was also experienced by the young trafficked women. In future, it is an imperative that research is conducted with trafficked women in Nepal to identify homogenous groups of trafficked women because the women in this study appeared to have had different experiences of sexual abuse in different parts of the sex industry (i.e. dance bars, guest houses, massage parlours, restaurants, etc.). In addition,
more extensive reproductive health research needs to be conducted with trafficked women. While this study has provided an insight into reproductive health issues for trafficked women in Nepal, the findings are not generalisable and the study has only touched the ‘tip of the iceberg’ in relation to the issues. Moving forward, it is extremely important that global, regional and local pressure is continually imposed on Nepal to improve human rights for trafficked women and girls because – as for other such women and girls in South Asia – these young women are severely discriminated against in relation to reproductive health and trafficking, which is a lifespan issue in both contexts. Furthermore, these issues are a significant part of a broader context of violence against women in Nepal. Suffice to say, it is now important that men and boys in all communities are involved in conversations about reproductive health, trafficking and violence issues for Nepalese women and girls because greater change cannot happen without the collaboration of men and women. As Ban Kim Moon, the former UN Secretary-general, so famously remarked to the Commission on the Status of Women in New York on 25 February 2008, ‘there is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable’ (Ki-moon 2008).
Epilogue: ‘Pheri betaula’

This research project has been a labour of love. Therefore, saying goodbye to it comes with a plethora of emotions as does, at the very same time, saying goodbye to my own reproductive life years upon entering menopause. I do so ‘knowing’ about it through my own reproductive health education in Australia and – much like the trafficked women in this study - through visual (three-dimension) and sensory means. Suffice to say, I identify with their ways of knowing about the reproductive body.

To end this project, it was my dream to be in Nepal to spend a moment beneath the sacred mountain, ‘Machapuchare’ (fishtail), in the Annapurna region where my journey with Nepal began 30 years ago. I wanted to be reminded of the rural women whose lives have become so central to this research. I also felt I needed to spend time in Kathmandu cementing my knowledge of the sex industry because my understanding of it grew substantially after completing my fieldwork. Against many odds, like so many of the challenges associated with this project, I made it happen. Returning to the Himalayas brought me face-to-face once again with the reality of issues surrounding migration for women, the associated risks of trafficking, and Nepal’s reproductive health context for rural women. In urban Kathmandu, I was confronted with emotion as I peered into the shop frontages of ‘bhatti pasals’ (wine shops), cabin restaurants and guest houses and looked at signboards for dance bars and massage parlours that I had once fleetingly passed because I had a full realisation of what goes on ‘behind closed doors’. I was also able to converse with a person ‘one step removed’ from the sex industry who illuminated the nature of the industry and the client base (of men). It was truly sobering to think that the women and girls in this study were ever part of this world and that we only touched - scantily - upon the reproductive health issues of women and girls who have worked in and/or continue to work in this highly covert industry.

I began this project with a lot of hope, but – along the way – I have also experienced moments of despair when discovering just how far Nepal must come to realise the reproductive health and rights of its women and girls, especially for marginalised communities. I have been particularly saddened by some of the revelations of this research; knowing that a woman was burned to death by kerosene for bearing two daughters, discovering that Nepal may have a ‘culture’ of gang rape of 8-year-old Nepali girls, and hearing that a woman was forced to suffer the indignity of giving birth to twin boys in a dance bar which resulted in a devastating foetal
loss. During my numerous field trips to Nepal, I - as an Australian woman – have also born the brunt of Nepal’s Hindu patriarchal value system or, simply put, issues with men. Amongst other things, it forced me to shift ‘homes’ while living in Nepal rather than ‘beat up against’ a male personality who – in my mind – had such a deeply-entrenched view that all women were ‘lesser beings’ and dealing with issues with him was always met with a ‘no compromise’ attitude. I, as a ‘bideshi’ (foreigner) was also forced, many times over, to take my place in Nepal’s caste hierarchy, which was distinctly difficult for me in the context of my relatively ‘free life’ as an Australian woman. However, at times it was necessary to do so to avoid conflict and as a measure of personal safety. That said, these encounters gave me a combined sense of ‘walking in the shoes’ of Nepali women in relation to men and also their experiences of oppression. While these experiences initially had a negative impact on me, I also encountered such warm Nepali hospitality from men so as to ‘tip the scale’ into a more favourable balance. This has enabled me to find the determination and will to continue to want to do more to make a difference in the lives of Nepali women and girls, particularly in a reproductive health context. Before I left Nepal, I also found myself beginning to defend the rights of women where I saw injustice being done, but only when I felt my safety would not be compromised. I also began to reframe the Nepali proverb ‘Chori janma, hareko karma’ (To be born a daughter is an ill fate) which devalues women into one which women paints women in a more positive light: ‘Chori vayera janmanu ramro bhagya ho’ (To be born a daughter is a good fate).

In 2011, this research project was inspired by words spoken to me by a trafficked girl during an exchange of farewells in Nepal after working on an art therapy project with trafficked women and girls and, a year later, by a promise made over a cup of Nepali tea between myself and Smruti Khadka, manager of Asha Nepal, in which we expressed a wish to work together. Despite the challenges of this PhD journey, it ends with the achievement of a dream for both Smruti and myself. However, I hope it is not the end of my time with Nepal as the country and its people have etched a special place in my heart. In a phrase coined (in English) by one of our research participants on the difficulties of saying goodbye, I hope my departure is just a temporary one: ‘It’s not goodbye, it’s see you later’, or as it is simply coined in Nepali: ‘pheri betaula’ (see you later). It is my wish to return to Nepal to continue the work that we have, in reality, only just begun. I also hope to to find ‘mero sani naani’ (my little girl) whose photograph adorns the opening pages of this thesis. Against incredible odds, Nirmala (my co-investigator/research assistant) discovered who she was during this PhD journey so we are now
trying to trace her. Nirmala and her family live in Bhaktapur, the city of clay, and her mother recognised the little girl from my old photograph.

P.S. At the end of the Series of Seven Participatory Workshops and Group Interview using Photoethnography, we gave the trafficked women and girls gifts of a doll kit, chocolates and a certificate to thank them for participating in the study. As we had some doll kits remaining after the workshops had been completed, I gave them to Saru who helped us to plan the CERM pilot because I thought she could use them in her reproductive health work with young women at the Bhaktapur Youth Information Forum [BYIF]. Several weeks after I returned home to Australia from my fieldwork, I saw a post on the BYIF Facebook page which featured photographs of women and girls holding familiar calico dolls which had been decorated with (recognisable) fabric and beads. I contacted Saru to ask her about the post and she said she had used the doll kits in her ‘Bindi’ reproductive health project and the young women who participated in the workshops had made ‘puberty dolls’ from them (see photographs below119). The dolls had become a fantastic tool for use in Saru’s project, and a beautiful addendum to our reproductive health research.

119 These photographs have been used with permission of the BYIF and have already appeared (as mentioned) on social media.
Appendices
## Appendix A: Sample Flexible Interview Questionnaire (Clay Embodiment/Three-Dimensional Body Mapping Workshops)

<table>
<thead>
<tr>
<th>Workshop no.</th>
<th>Theme</th>
<th>Instructions</th>
<th>Format</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 1           | Enbodying the body (outer body)                                       | Using these large sheets of paper and drawing materials, we are going to create a map of our bodies. (This means we are going to trace the outside of your bodies to find out what they look like.)                                    | Pairs/group     | • What does your body look like on the outside?  
• What body parts do you have?  
• What things did you notice about your body? |
| 2           | Envisioning the female reproductive body                              | Remembering the body maps we made in workshop one; the size of your body, its shape, and your different body parts, we are now going to spend some time thinking about the inside of our reproductive bodies; this part here (pelvis) and what it is used for. Using this clay, create (in any way you like) what you think this part of your body looks like on the inside. (To be done individually.) | Individual/group | • What do you think this part of your body (pelvis) looks like on the inside?  
• How many body parts do you think you have in here (pelvis)?  
• What are these body parts used for?  
• What sort of things did you notice about your body? |
| 3           | Imagining how the reproductive body works (Menstruation)              | Remembering the body maps we made in workshop one and the clay images we made in workshop 2, we are now going to spend some time thinking about how the inside of our bodies work, and, in particular, menstruation. Now some of you may have only had one menstruation and some of you may have had many, this does not matter. We will talk about all of this. Using drawing materials or clay, create an image that shows what menstruation looks like for you. | Individual/group | • What happens to your body during menstruation?  
• What parts of your body are used during menstruation?  
• Where does the blood come from?  
• What does the blood look like?  
• What things do you notice about your body during menstruation? |
| 4           | Imagining how the reproductive body works (Pregnancy)                 | Remembering the body maps we made in workshop one, the clay images we made in workshop 2, and the drawing/clay images we made in workshop 3, we are now going to spend some time thinking about how the inside of our bodies, and, in particular, pregnancy. Now some of you may have been pregnant, and some of you may not have, this does not matter. We will talk about all of this. Using clay, create an image of what your body might look like during pregnancy. | Individual/group | • What happens to your body during pregnancy?  
• What parts of your body are used during pregnancy?  
• Where is the baby held?  
• What do you think this body part looks like (where baby is held)?  
• How does the baby get in?  
• How does the baby get out? |
| 5           | Envisioning the male reproductive body (Outer body)                   | Remembering the body maps we made in workshop one, the clay images we made in workshop 2, and the drawing/clay images we made in workshop 3, and the clay images in workshop 4, we are now going to spend some time thinking about men’s bodies and how they help with pregnancy. Using clay, create an image of what you think the outside of a man’s body (the part that is used to help make babies) looks like. | Individual/group | • What does a man’s body look like on the outside?  
• What parts does a man’s body have?  
• What are a man’s outside body parts used for?  
• How does this happen?  
• Are there any things that can stop a woman getting pregnant? |
| 6           | Re-envisioning the body (outer body and inner body)                   | Remembering the body maps we made in workshop one, the clay images we made in workshop 2, the drawing/clay images we made in workshop 3, the clay images in workshop 4, and workshop 5 on men’s bodies, we are now going to spend some time doing a new body map, like the one we made in Workshop 1, but this time we will try and put in all the body parts we think we know about. | Individual/Group | • What does your body look like on the outside?  
• What does your body look like on the inside?  
• What sort of things do you feel or think or see when you look at the body maps? What feelings do you have about your outer body, inner body, menstruation, pregnancy, getting pregnant?  
• Are there any things about your (reproductive) body that you feel happy about?  
• Are there any things about your (reproductive) body bring you tension? When you think about the future, what sort of choices would you like to make about reproduction? |
Appendix B: Sample Flexible Interview Questionnaire (Group Interview/Photoethnography)

<table>
<thead>
<tr>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Looking at these photograph (of your body mapping work), can you tell me anything that you remember about making these body maps (drawing/clay)?</td>
</tr>
<tr>
<td>2. Which photo of your (reproductive) body means the most to you?</td>
</tr>
<tr>
<td>3. What sort of things do you think about when you look it? (Tell me more)</td>
</tr>
<tr>
<td>4. Are there any things about your body that make you feel happy?</td>
</tr>
<tr>
<td>5. Are there any things about your body that make you feel tension?</td>
</tr>
<tr>
<td>6. Are there any things that scare you in relation to your reproductive body?</td>
</tr>
<tr>
<td>7. In the future, what sort of choices would you like to make for your reproductive body?</td>
</tr>
<tr>
<td>8. Did you learn anything about your reproductive body?</td>
</tr>
<tr>
<td>9. Are there any other things you would like to tell us about your reproductive body?</td>
</tr>
<tr>
<td>10. Is there anything else you would like to say?</td>
</tr>
</tbody>
</table>
Appendix C: Organisational Consent (Letter from Asha Nepal)

To the Deakin University Human Research Ethics Committee (DUIREC),

Rec National Ethics Application Form (NEAF) Deakin University

This letter is to support the NEAF (ethics application) for Tricia Ong’s PhD Research Project.

“Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health”, which she plans to undertake in collaboration with our organisation, Asha Nepal, in Nepal, in 2015. Asha Nepal is a human rights organisation, established in the UK in 1996 and in Nepal since 2008, which works towards the social and economic empowerment of women and children affected by sex trafficking and sexual abuse. Based in Kathmandu, Asha Nepal is governed by a separate Board of Trustees in the United Kingdom (UK) and also in Nepal. In addition to being a registered charity in the UK, we are registered as a Non-Government Organisation (NGO) in Nepal. Asha Nepal acts as secondary guardians for the trafficked girls and women, sexually abused girls and their children until they have reached a state of independence and/or are returned to their families (where possible). We provide them with a residential support, psycho-social support, healthcare, education, training and support into meaningful employment to enable them to become self-sufficient and fully reintegrated into society. We aim to give the women and girls hope, opportunities and independence to create new worlds for themselves. Our staff team consists of house managers, project managers, case managers, psychological counsellors, social workers, house mothers, foster mothers, job coordinators, and liaison and social mobilizers. You can read more about our work here: http://www.asha-nepal.org/pages/home/index.php. Our organisation is person-centred, that is, we aim to put the needs of the individual girls first.

Asha Nepal currently receives financial support from a number of International Non Government Organisations (NGO) and donors, such as World Childhood Foundation, Sweden, Global Fund for Children, USA, Geneva Global, Switzerland, Gentle Rain Foundation, Burma, RHEST, Nepal, Teka Group, Nepal, Jubilee Action UK, Sanctuary for Kids, Canada, Project Didli, Australia.

In relation to Tricia Ong’s ethics application, we have known Tricia since 2011 when she worked on an art therapy and women’s reproductive health program with the Art 2 Healing Project (Australia) in Nepal. Since then we have maintained contact with Tricia. She has returned to Nepal and run an adolescent girls’ reproductive health workshop with our girls and, further to this, helped us develop a reproductive training program for our trafficked adolescent girls. We are very happy to collaborate with Tricia on the development of her qualitative PhD research project, which aims to capture various aspects of reproduction with trafficked girls (in the reproductive life stage), and we consent to our trafficked girls participating in it, because reproductive health needs are significant issues for our girls. We believe our girls may also gain knowledge about various aspects of reproduction and their bodies as a result of their participation in this research, which

Asha Nepal, Dhapasi-6, Kathmandu, Nepal, 014370160, asha.nepal@vflink.com.np; www.asha-nepal.org
Prevention Research Education Health Rehabilitation
may help them to help other trafficked girls. We also hope that this project will also produce some significant results about trafficked girls' reproductive health needs, which may then help to inform the development of a reproductive health education program for their specific needs.

Again, we at Asha Nepal – at Board and staff levels – are happy to support the development of this reproductive health research project and we look forward to collaborating with Tricia in 2015. Tricia has provided us with detailed information about the research project and the methods she plans to use, and we have no concerns about them.

Yours sincerely,

Suniti Khadka, Manager Asha Nepal, Nepal
Peter Bashford, Founder and Chairperson of Asha Nepal, United Kingdom
Appendix D: Organisational Consent (Letter from CAP Nepal)

28 January 2016

To the Deakin University Human Research Ethics Committee (DUHREC),

RE: National Ethics Application Form (NEAF) Deakin University

We are writing this letter to provide you with organisational consent for Tricia Ong to undertake research with our trafficked girls at Centre for Awareness Promotion (CAP Nepal) for her PhD Research Project, “Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health” (or “A Qualitative Inquiry Exploring Understandings of Reproductive Health of Young Trafficked Women in Nepal”, Nepal Health Research Council amended title.) Tricia was recommended to us by Asha Nepal, her current research partner organization in Nepal, to see if we could jointly find some additional research participants for her PhD Project. One of our staff has met Tricia before when she worked trafficked women and girls in Nepal in 2011.

CAP Nepal is a non-profit organization that was established in Kathmandu in 2003. The organisation’s primary aim is to emancipate women and girls from gender-based violence and discrimination; to rescue and prohibit the trafficking of women and children and; to reform cultural malpractices. CAP Nepal also works to abolish commercial sexual and labour exploitation of women and children. You can read more about our work on our website: http://www.capnepal.org/about-us.html/ and also see our main financial donor.

With Asha Nepal staff, Tricia has met with us with her research assistant, Sabrina Chettri, to explain her research and the research process and we would like to work together to help her achieve her research goals. We think our girls will benefit from this important reproductive health work. We have also learned that Tricia will be attending the 8th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSH) in Myanmar from 21-29 February, which is also being attended by two of our staff. This conference has a focus on Adolescent Sexual and Reproductive Health. This will give us an additional opportunity to learn from each other’s work.

We look forward to collaborating with Tricia, Sabrina and Asha Nepal.

Yours Sincerely,

Sharada Paudyal
General Secretary
CAP Nepal
Appendix E: Plain Language Statement and Consent Form (Guardians)

Plain Language Statement and Consent Form (Guardians)

Namaste, mero naam Trista Org. I am from Melbourne, Australia. In 2013, I worked as a creative arts therapist with trafficked women and girls in Nepal on an art therapy and women’s reproductive health project. This is how I met Smriti Khatik and came to Asha Nepal for the first time. I was really inspired by my experience of working with trafficked women and girls and learning about their reproductive health needs, and I wanted to do more to help trafficked women and girls in Nepal. Therefore, I enrolled in the Doctor of Philosophy Degree at Deakin University, Australia, to do a research project called “Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health”. I have been to Nepal five times, and I have lots about Nepal from my Nepalese friends in Nepal, and also from the Nepalese Community in Australia.

I would like to invite the trafficked girls at Asha Nepal to participate in this research project because I think they might have valuable knowledge to share about their reproductive health needs and they might also have valuable knowledge that can help us to help other trafficked girls with their reproductive health. If you are happy for the trafficked girls to participate in this study, and not all of them can as we have a selection criteria, they will be asked to share your experiences with us about things which might affect their reproductive health. This research aims to explore factors that can have an impact on trafficked girls’ reproductive health – their perceptions of the reproductive body, their hopes and fears about reproduction, and things that influence their reproductive decision making. We would like to know these things from trafficked girls so we can find out how we can give trafficked girls some reproductive health support – and maybe even try develop a reproductive health education program for trafficked girls in Nepal.

Firstly, we hope to get to know the girls through participating and observing them in their daily lives for a couple of months to get their social worlds, how they embody their experience, how they learn, the dynamics in the group, and for us to note our reflections. (To note, we will not take notes around the girls.) Then we hope to run 6 participatory workshops where the trafficked girls, myself and a female Nepali research assistant, will work with the girls on a group with art and clay materials to do some body mapping work, and ask questions related to it. We will talk about these themes (female outer body, female inner body, pregnancy, menstruation, male outer body and female outer/men body, See Sample Consent Poster (Participatory Workshops/Individual In-Depth Interviews)) at the end of each workshop, we would like to photograph the body mapping work of the girls (no photos of the girls) so we can publish them as part of the research. During the workshops, we would also like to voice record what the girls say on an audio recorder because we think it will be important to hear the content of what is said. The workshops will last one to two hours and we will probably need three days to do them. The things we will talk about and do in the workshops will be kept absolutely confidential; we will not tell anyone else about it. After all of the workshops are finished, we would also like to do an in-depth interview with each of the girls. The interviews will take about one hour. In the interviews, we will show the girls the photographs of their body mapping work, and ask questions related to it. (We can also do a group interview if the girls were more comfortable with that. The things we talk about and do in the interviews will also be kept absolutely confidential)

we will not tell anyone else about it. We also plan to only work with a small number of girls as we know this topic is sensitive and we do not want to take up too much of Asha Nepal’s time.

After each of the workshops and interviews are over, we will listen to the digital audio recordings and write down everything that has been said in them by the girls. We will not write the girls names down with their information. We will use special codes, which will help to tell us who they are in the information you provided, and we will also keep any personal details separate in the event that we might need to contact the girls again during the research period. In anything we write about the girls, we will give them a pseudonym (a name that is not their real name), which we will ask them to choose so that they cannot be identified in the data. The data and digital audio recordings we collect will be stored safely in Nepal, and will go into university storage back in Australia after this project is completed.

Before we start the participatory workshops and interviews, I would like your advice about the best place to hold the workshops for the girls (with their input), and we will give the girls an opportunity to choose a place and time for their individual interviews. If the girls decide during the participatory workshops that they wish to stop participating, they are free to leave even if they have agreed at an earlier time to participate. If they wish to discontinue the interview completely, or continue at another time they are also free to leave, even if you have agreed at an earlier time to be interviewed. We know this research topic is sensitive for the trafficked girls, so if they feel at any time that they would like to speak to professionals or other persons about any issues that come up, we will encourage them to talk to the counsellors at Asha Nepal, or we may help assist them to contact a person that they feel comfortable talking to, if they are happy for us to do so.

Please know that the girls are free to withdraw this consent to participate at any time during the study for any reason. If this happens, any information that has been collected from them in the participatory workshops will need to be kept, but we can talk about this with the girls (and a staff member from Asha Nepal) at the time this happens if we need to. Any information that has been collected from the girls in the individual interviews will be destroyed.

One of the things I have to do for the university is to ask for your consent to enable to the girls to participate in the participatory workshops and individual interviews. In addition, I need to ask for the girls consent to participate in the participatory workshops and individual interviews and for me to audio tape the participatory workshops and interviews, photograph their art/day work, and allow me to publish things/from photographs in my thesis. In any papers I might write, or when I present at conferences. After I talk to the girls about the study and help them to understand what it is about, I plan to gain consent at the beginning of the participatory workshops. I hope to use posters to help them understand the details of the study, and what they are consenting to participate in. (See Appendix F: Sample Consent Poster (Participatory Workshops/Individual In-Depth Interviews) and Appendix G: Sample Consent Poster (Data Use))

If you have any questions about this study, you can talk to me or we can talk together at any time. Asha Nepal can also talk to our university or Nepal’s National Research Council if they have any concerns about the trafficked girls’ participation in this study. We have already provided Asha Nepal with this information.

On behalf of the staff (guardians) at Asha Nepal, we are happy for the following trafficked girls to participate in Trista Org’s PhD Research Project, “Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health”.

348
Appendix F: Plain Language Statement for Verbal Consent (Trafficked Girls)

Plain Language Statement for Oral Consent (Trafficked Girls)

Namaste, mero nam Tricia Ong. I am from Melbourne, Australia. In 2011, I worked as a creative arts therapist with trafficked women and girls in Nepal on an art therapy and women’s reproductive health project. This is how I met Smriti Khadka and came to Asha Nepal for the first time. I was really inspired by my experience of working with trafficked women and girls and learning about their reproductive health needs, and I wanted to do more to help trafficked women and girls in Nepal. Therefore, I enrolled in the Doctor of Philosophy Degree at Deakin University, Australia, to do a research project called “Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health”. I have been to Nepal five times, and I know lots about Nepal from my Nepalese friends in Nepal, and also from the Nepalese Community in Australia.

I would like you to participate in this research project because I think you might have valuable knowledge to share with us about your reproductive health needs and you might also have valuable knowledge that can help us to help other trafficked girls with their reproductive health. If you are happy to participate in this study, we will ask you to share your experiences with us about things we think might affect your reproductive health. In this research, we hope to find out about how you feel about factors that can have an impact on your reproductive health – your perceptions of the reproductive body, your hopes and fears about reproduction, and things that influence your reproductive decision making.

We would like to know these things from you so we can find out how we can give trafficked girls some reproductive health support and maybe even try to develop a reproductive health education program for trafficked girls in Nepal.

After getting to know you at Asha Nepal by doing things with you in your daily lives, we hope to work with you through 6 participatory workshops where you, myself, and a female Nepali research assistant, will work in a group with art and clay materials to do some body mapping work, and we will also ask you some questions related to it. We will talk about these themes: female outer body, female inner body, pregnancy, menstruation, male outer body and female outer/inner body. [See Sample Consent Poster (Participatory Workshops/Interviews)]. At the end of each workshop, we would like to photograph your body mapping work so we can publish them as part of the research, but we will not take photographs of you. During the workshops, we would also like to voice record what you say because it will be important for us to record the important things you say. We think the workshops will last one to two hours and we will probably need three days to do them. We will not tell anyone else about the things we will talk about and do in the workshops. This will be private for us. After all the workshops are finished, we would also like to do an in-depth interview with each of you. The interviews will take about one hour. In the interviews, we will show you photographs you made of your body mapping work, and we will ask you questions related to it. [See Appendix K: Sample Consent Poster (Participatory Workshops/Interviews) and Appendix K: Sample Consent Poster (Data Use)]. Then I will ask you to talk into the audio recorder to say you are happy to participate.

If you have any questions about this study, you can talk to me or we can talk together with a staff member from Asha Nepal. Asha Nepal can also talk to our university or Nepal’s Health Research Council if they have any concerns about your participation in this study. We have already provided Asha Nepal with this information.
Appendix H: Data Consent Poster for use in Verbal Consent Process for Trafficked Girls
Appendix I: Certificate of Appreciation

Certificate of Appreciation

Thank you for participating in my women's reproductive health research study. Your contribution has been highly valued and appreciated.

We thank you for your time and wish you lots of happiness in the future.

Tricia Ong, PhD Candidate, Deakin University
Appendix J: Deakin University Human Research Ethics Committee Ethics Approval

Memorandum

To: Prof David Meller
   School of Psychology

B

From: Deakin University Human Research Ethics Committee (DUHREC)

Date: 30 March, 2015

Subject: Trafficked into the Sex Industry: Young Nepalese Women and Reproductive Health

Please quote this project number in all future communications

The application for this project was considered at the DU-HREC meeting held on 16/3/2015.

Approval has been given for Tricia Ong, under the supervision of Prof David Meller, School of Psychology, to undertake this project from 30/03/2015 to 30/03/2019.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

- Serious or unexpected adverse effects on the participants
- Any proposed changes in the protocol, including extensions of time.
- Any events which might affect the continuing ethical acceptability of the project.
- The project is discontinued before the expected date of completion.
- Modifications are requested by other HRECs.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9251 7123
Appendix K: Nepal Health Research Council Ethics Approval

16 November 2015

Ms. Ong Maria Patricia
Principal Investigator
Deakin University
Australia

Ref: Approval of Research Proposal entitled A qualitative inquiry exploring understanding of reproductive health of young trafficked women in Kathmandu, Nepal

Dear Ms. Patricia,

It is my pleasure to inform you that the above-mentioned proposal submitted on 27 July 2015 (Reg.no. 176/2015 please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on 04 November 2015.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, the total research amount is US$ 1,500.00 and accordingly the processing fee amount to US$ 150.00. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M & E section of NHRC.

Thanking you,

Dr. Khem Bahadur Karki
Member-Secretary
Appendix L: Indian Brothel Raid: 1996

On 5 February 1996, at the directive of the Chief Justice of the Maharastha High Court in India, police conducted a brothel raid in the infamous red-light district of Kamathipura in Mumbai as part of attempt to show commitment to the prevention child sex abuse and sex tourism (Pradhan cited in Buet, Bashford, & Basynat 2012). During the raid, approximately 500 minor girls were rescued and amongst them were over 200 Nepali girls (Buet, Bashford and Basnyat 2012; Crawford 2017; Fujikura 2001; Joshi 2004; Kaufman & Crawford 2011; Samarasinghe 2008). According to Joshi (2004), the numbers of girls rescued was approximately 400-450 girls, but reports vary from 408, 437, 456 and 473. Fujikura (2001) concurs and says reports vary from 477 to 538 and the numbers of Nepali girls amongst them ranged from 218 to 238. According to Fujikura (2001, p. 36), ‘as the government of Nepal was reluctant to repatriate the rescued girls, they were kept in Bombay from February to June 1996’. This was due to the fact that many of the girls were HIV-positive (Frederick 2005; Frederick 2012; Joshi 2010; Samarasinghe 2008) and the government did not want Nepal to be implicated in the spread of HIV/AIDS (Fujikura 2001; Joshi 2004; Jha & Madison 2011; Kaufman & Crawford 2011; Pike 2002).

Notably, the first case HIV/AIDS was diagnosed in Nepal in 1988, but due to ‘fear-based’ messages being spread by the Government of Nepal about AIDS at the time, people had become fearful about the spread of the HIV/AIDS epidemic (Pike & Pigg 2004). The entry of the disease into Nepal was originally blamed unfairly on sex workers and foreigners because of the way in which the government imparted information about the HIV/AIDS test results (Pike 2002). Notably, Bādi women and women who are Deuki were caught in the crossfire of this debate. At around this same time, fears were held globally about a HIV/AIDS epidemic with the focus centred on the global HIV/AIDS hub of Mumbai, India. In the early 1990’s, the Nepali girls who were returned from the brothels in India were unfairly blamed for causing of the spread of HIV/AIDS (Fujikura 2001; Samarasinghe 2008). Even the secretary of the Ministry of Women and Social Welfare reportedly called the girls ‘… “rotten apples” ’ (Fujikura 1996, p. 37).

In India, an unexpected backlash occurred from some of the women. According to shared testimonies, no plans were made for their care and they were left languishing in remand homes across Mumbai without the necessary care and protection they needed until they could be returned to Nepal (Buet, Bashford & Basynat 2012). Ostensibly, these homes were 10
remand homes and schools for ‘…‘orphans and destitute children’ and some of the women reported being held against their will’\textsuperscript{120} (Joshi 2004, p. 252). Some women demanded food claiming rations provided by the Indian government were insufficient and they threatened to become violent if not released. Others escaped (Buet, Bashford & Basynat 2012; Joshi 2004). According to the media, the Bombay Court was then forced to ‘…segregate the ‘prostitutes from the destitutes’’ (Joshi 2004, p. 252). According to Fujikura (2001, p. 36), ‘during the 5 months, several NGOS in Kathmandu formulated a detailed plan for repatriation and rehabilitation, and requested that the government receive the rescued girls’. Ostensibly, this resulted from the government’s lack of action to want to help the girls (Fujikura 1996; Kaufman & Crawford 2011). The NGOs then submitted a petition to the Maharastha High Court to release the girls who were then handed into the care of Kathmandu-based NGOS (Fujikura 2001). These NGOs included Child Workers in Nepal [CWIN], Women’s Rehabilitation Centre [WOREC], Agroforestry, Basic Health and Cooperative Nepal [ABC Nepal] and Maiti Nepal amongst others (Frederick 2005; Joshi 2004; Kaufman & Crawford 2011).

In July 1996, 124 girls were returned to Nepal (Buet, Bashford & Basnyat 2012; Fujikura 2001). According to Fujikura (2001), this was the outcome of the women’s return to Nepal:

> After the reunion, many girls went back to their home communities with their parents. However, there were also many girls who did not go back: some girls preferred to stay in the centers; some of them did not have family; some of them died in the centers (sic); and some of them came back to Kathmandu because of the difficulty they faced in their home communities (Fujikura 2001, p. 38).

As many of the women had HIV/AIDS – connoted as ‘…the foreigners’ disease or the Bombay disease’ (Samarasinghe 2008, p. 1), many were not welcomed home. Even when parents accepted the girls back, sometimes the communities did not and parents then returned some of the women to the NGOs and asked for their help to find jobs for them (Fujikura 2001). Some of the women returned of their own volition without contacting the NGOs and found their own jobs while others returned to sex work (Fujikura 2001). Although reports vary, approximately 100 women refused to come back (Joshi 2004). According Joshi et al. (2012) and Mahendra et al. (2001), Nepalese women who have been trafficked to India often do not want to return to Nepal because of the social stigma they will face.

\textsuperscript{120} For example, St Catherine’s Home and Nirmala Nektan
Appendix M: Main Organisations in Nepal’s Human Trafficking Sector in the Mid-Late 1990’s

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Founder/ Country</th>
<th>Est.</th>
<th>Organisatio n type</th>
<th>Focus/Work</th>
</tr>
</thead>
</table>
| Action Aid (UK).                            | Cecil Jackson Cole (UK) | 1972          | INGO               | - Education, hunger and women’s rights  
- Research and policy analysis to try and influence development debates and policy change which have long-term effects for women and girls in developing countries  
- First INGO to address trafficking issues in Nepal |
| (Currently known as Action Aid International. Originally established as a child sponsorship charity called Action in Distress) [https://www.actionaid.org.uk/about-us/where-we-work/nepal/](https://www.actionaid.org.uk/about-us/where-we-work/nepal/) |                  |                |                                 |
- First NGO in Nepal to raise issues of human trafficking and attempt to change societal attitudes regarding the human trafficking and the violation of human rights |
- Reintegration for rescued trafficking victims  
- Research on trafficking |
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<tr>
<th>Name of Organisation</th>
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<th>Organisaton type</th>
<th>Focus/Work</th>
</tr>
</thead>
</table>
| Maiti Nepal (Also has an international fundraising arm in the US, ‘Friends of Maiti Nepal’) http://maitinepal.org/ | Anuradha Koirala (Nepal)      | 1993  | NGO              | - Prevention of trafficking for forced prostitution, rescuing victims from the sex trade and rehabilitation of victims  
|                                                           |                               |       |                  | - Justice for victimised women and girls through criminal investigation and taking legal action against the criminals  
|                                                           |                               |       |                  | - Advocacy at local, national and international levels  
|                                                           |                               |       |                  | - Its founder, Anuradha Koirala has won many awards international and national awards for her work with Maiti Nepal |
| Nava Jyoti Kendra (Appears to be no longer operational)    | -                             | -     | NGO              | - Once rehabilitated trafficked women                                                                                                                                                                     |
| Nepal Aradhana Samaj (Karuna Bhawan) http://www.nas.org.np/ | The Sisters of the Adoration of the Blessed Sacrament (India) | 1993  | NGO              | - The sisters entered Nepal to began teaching with the ‘Little Flower Congregation’ (CST) missionaries at their school in Nepal  
|                                                           |                               |       |                  | - In 1996, the sisters were invited by the Bishop of Nepal to start a home for the HIV-infected girls who were sold to Indian brothels because they did not have homes to return to when they were brought back to Nepal by some NGOs. This home was opened in 1998 and registered as the NGO, Nepal Aradhana Samaj (Nepal Adoration Society)  
<p>|                                                           |                               |       |                  | - Currently, their work has extended outside of Kathmandu to provide care and support to housewives, migrants and children affected and infected by HIV/AIDS |</p>
<table>
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<tr>
<th>Name of Organisation</th>
<th>Founder/ Country</th>
<th>Est.</th>
<th>Organisation type</th>
<th>Focus/Work</th>
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</thead>
</table>
| SAATHI               | Arzu Rana Deuba, Bandana Rana, Pramada Shah and Madhuri Rana Singh (Nepal) | 1992 | NGO               | • Addresses contemporary challenges faced by Nepali women, especially violence against women and children and has been working on such issue since its foundation and have operated care facilities and transit homes for trafficked women  
• Its co-founders have individually and collectively won international and national awards and honours for their ongoing work with SAATHI. Bandada Rana has contributed significantly to steering the organisation over the last seven years particularly with advocacy and introducing new concepts for community-based women’s organisations |
• Establishing adolescent girls’ groups in Nepal’s poorest communities to inform them of the dangers of trafficking; now extending this work into rural districts where trafficking is most prevalent to ensure the women’s safety and take a stand against traffickers  
• In 2013, Shakti Samuha was awarded Asia’s prestigious ‘Ramon Magsaysay Award’, which is considered to be the region’s equivalent of the Nobel peace prize. In June 2018, Sunita Danuwar was awarded a United States Department of State ‘2018 Trafficking in Persons Hero Award’ for her leadership in founding the organisation and her relentless commitment to preventing human trafficking and improving issues for trafficking survivors in Nepal |
<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Founder/ Country</th>
<th>Est.</th>
<th>Organisation type</th>
<th>Focus/Work</th>
</tr>
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<tbody>
<tr>
<td>Shanti Punarsthapana Kendra</td>
<td></td>
<td></td>
<td>NGO</td>
<td>• Once rehabilitated trafficked women</td>
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<tr>
<td>Shtri Shakti (S2) (also known as Istri Shakti and Stri Shakti)</td>
<td>A group of development professionals, activists, researchers and project implementers (Nepal)</td>
<td>1991</td>
<td>NGO</td>
<td>• A women-led national development organisation who are experienced in project design, implementation, technical contingency planning, advocacy, networking, monitoring and evaluation</td>
</tr>
<tr>
<td>Terres des hommes [TDH] (under the umbrella of the International Federation of Terre des Hommes [TDHIF] with independent organisations in Canada, Denmark, France, Germany, Italy, Luxembourg, the Netherlands, Switzerland, Spain and Syria)</td>
<td>Edmond Kaiser (Switzerland)</td>
<td>1960 (In Nepal for over 30 years)</td>
<td>INGO</td>
<td>• Stopping child exploitation; programs in Nepal</td>
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<td></td>
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<td></td>
<td>• Current focus is child protection, health, emergency relief, girls and women’s rights, education and other programs; they have a special interest in removing children from sexual exploitation, protecting the health of children who work in the brick kilns, and educating communities around hygiene</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• TDH has also undertaken trafficking research</td>
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<tr>
<td>United Nations Children’s Fund [UNICEF]</td>
<td>United Nations</td>
<td>1946 (In Nepal since late 1970’s)</td>
<td>INGO</td>
<td>• In the 1990’s, UNICEF particularly tried to help women to become more self-sufficient and in the 2000’s they worked for women’s protection during the conflict (Maoist Civil War).</td>
</tr>
<tr>
<td>Name of Organisation</td>
<td>Founder/Country</td>
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<td>developmental assistance to children and mothers in developing countries) <a href="http://www.unicef.org.np/">http://www.unicef.org.np/</a></td>
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<td>• UNICEF works predominantly in the 15 most impoverished districts in Nepal but has a nationwide impact, especially with advocacy work with the Government of Nepal in developing legislation, plans, budgets, coordination and monitoring mechanisms that enable the survival, development, protection and participation of children, adolescents and women</td>
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• Has also worked on the prevention of trafficking of women and children and advocating for the rights of trafficking survivors  
• Founded the Alliance against Trafficking of Women and Children [AATWIN] and National Alliance of Women Human Rights Defenders [NAWHRD]  
• Currently the lead national organisation in Nepal working on the prevention of violence against women and its causes and consequences, and ensuring the economic, social, cultural wellbeing of women and other marginalised groups by promoting access to rights and social justice  
• Has campaigned at local, national and international levels on Violence Against Women [VAW] and Economic Social and Cultural Rights [ESCR] in partnership with community-based organisations, local women groups, national and international partner organisations and networks |
Appendix N: Establishment of Anti-Trafficking Networks: 1997

Following the 1996 Indian brothel raid, the Nepal and Indian Governments were forced to address the issue of the trafficking of women and girls across the open border. The governments had known about the issue, but largely ignored it due to, for example, the ‘possible collusion of government officials in trafficking’ (Frederick 2012, p. 131).

In 1997, the Ministry of Women and Social Welfare [MoWSW]\(^{121}\) created a task force aimed at establishing policies and legislation to prevent the trafficking of girls in Nepal (Samarasinghe 2008). After considerable debate around the conception of what constitutes a ‘girl’ in Nepal, girl trafficking by age was targeted because young girls were considered the most ‘at risk’ demographic in the trafficking pathway (Samarasinghe 2008). Several Nepalese NGOs created anti-trafficking networks and coalitions to enable them to share resources and to avoid duplicating projects (Samarasinghe 2008). According to Samarasinghe (2008), the three mains network were: Alliance Against Trafficking in Women and Children in Nepal [AATWIN]; National Network Against Girl Trafficking [NNAGT] and Children At Risk [CAR]. These organisations shared ideological differences in their approaches to trafficking largely based on whether prostitution by adult women was considered sexual exploitation or whether it was ‘work’ freely chosen by the women (Crawford 2017; Joshi 2004; Samarasinghe 2008). In addition, they aligned themselves with global trafficking networks and their associated ideologies. For example, NNAGT aligned with the United States Coalition Against Trafficking in Women [CATW]. CATW viewed prostitution as harmful and degrading to women and proffers the view that every effort should be made to rescue women and prevent them from engaging in commercial sexual activity (Crawford 2017; Doezema 2005; Worthen 2011). They reject the view that sex work can be consensual and argue against its legalisation or decriminalisation (Crawford 2017; Farley 2004).

In contrast, AATWIN aligned with Bangkok-based Global Alliance Against Traffick in Women [GAATW] which integrates the perspectives of the sex worker rights movement arguing that prostitution is a legitimate form of work (Doezema 2005; Worthen 2011). They argue that trafficking is intertwined with migration for labour and that trafficking is a problem relating to labour exploitation (Worthen 2011). They also push for sex workers to find solutions to trafficking (Crawford 2017). They do not consider prostitution to be a problem rather suggest that people must protected from enslavement in all industries including the sex industry

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\(^{121}\) This ministry is now the Ministry of Women, Children and Social Welfare (MoWCSW).
(Worthen 2011). Notably, this ideological positioning is related to a global debate that arose in 1970’s when sex workers challenged the United Nations [UN] 1950 adoption of the Convention for the Suppression of Traffic in Persons and of the Exploitation of the Prostitution of Others because it defined prostitution as ‘…incompatible with the dignity and worth of the human person’ (UN 1950, p. 3). Instead they argued that the stigmatisation and criminalisation of prostitution leads to exploitation of sex workers (Worthen 2011). The sex worker rights movement pushed for prostitution to be legalised and for governments to protect the rights of workers (Worthen 2011).

This global debate forced anti-trafficking advocates to deliberate on their positioning related to ‘…whether prostitution, exchanging sex for material benefit, was always violent or exploitative or whether sometimes women could decide to engage in prostitution’ (Worthen 2011, p. 89). According to Samarasinghe (2008), this ideological positioning was important because it informed the type of prevention programs the organisations ran, that is, whether they aimed to protect victims, and/or prosecute traffickers in relation to sex trafficking. According to Worthen (2011), who studied this ideological positioning with anti-trafficking NGOs in Nepal, most lean towards the stance that prostitution is harmful and degrading to women. This positioning is related to the fact that most of the NGOs are run by high-caste Brahmin women who embrace Hindu value systems and thus do not encompass the value systems of other ethnic groups, such as those communities who have different marriage and sexuality beliefs, such as polygamy (Joshi 2004). Notably, there is a significant moral debate around this issue in Nepal because most people who work in the ‘veritable rescue industry’ (Augustin 2007, p. 4), that is, having an urge to help or save migrant women specifically those involved in sex work are also high-caste women and men. According to Åsman (2009), they consider themselves ‘…the guardians of a social order based on sexual morality upheld by women. They create distinction by claiming high moral ground in contrast to the loose sexual morals of ‘the other’ ’ (p. 208).

In the context of ‘the other’, this refers to the classes of the elite of people above them and the ethnic groups and low classes of people situated below them (Åsman 2009) within the Hindu caste hierarchy. However, according to Samarasinghe (2008), despite the ideological positioning of the NGOs, they all oppose sex trafficking and particularly of young girls.
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376


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**END OF THESIS**