

Full Length Research

Menstruation and The Dynamics of Cultural Violence

“Violence produces and defines gender identities and, in turn, is produced and defined by them” (Catia C. Confortini)

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Across the Commonwealth countries, equitable access to health care and other social services is a shared aspiration. The deficit in health policy and practice however, in most countries, results in inequity and exclusion that has contributed to structural violence against its socially marginalized section - women in their diversities in particular. Often, the contributing factors to women’s morbidity and mortality – both in rich and poor countries - have their origins in societies’ attitudes towards women and which is reflected in the structure and systems that set policies, determine services and create opportunities (WHO-Women’s Health Report, 2011). The past decades have witnessed considerable progress on health front, yet societies still fail women at key areas in their lives. The benefits have not reached equally to every one - too many girls and women are still unable to reach their potential because of persistent health, social and gender inequalities and health system inadequacies. Globally, these are more acute in poor countries and among the poorest women. It is a binding on all Governments to protect, promote and fulfill human dignity, life and health as a human right; notion of structural violence arises when the state fails in its principle to protect it. Structural violence is an “avoidable impairment of fundamental human needs”. It is a major contributing factor for premature death and unnecessary disability (Johan Galtung, Violence, Peace & Peace Research, Journal of Peace Research: 1961). This paper made an attempt to study the dynamics of cultural violence with respect to menstrual practices in India. The empirical study is carried out in few slums. The study concludes that cultural practices play a very damaging role in women’s lives; subjugating them to inhuman exclusionary practices and promoting gender inequity.

Key words: Menstrual Hygiene Management, Health, Women and Power structure, Patriarchy, Gender, Cultural Violence.

INTRODUCTION

Management of Menstrual Hygiene (MMH)

Globally, 52% of the female population (26% of the total population) is of reproductive age. Most of them menstruate each month between 2-7 days. Menstruation is a natural part of the reproductive cycle, however, in most parts of the world it remains a taboo and not much talked about. As a result, the practical challenges of menstrual hygiene are made even more difficult by various social, cultural and religious factors. Many studies have revealed that girls expend considerable energy trying to keep their menses a secret. It is supposed to be invisible and silent. In many parts of India, menstruating girls and women are housed in a hut (menstrual hut) away from

residents, or in the forest area far from the home. Menstruation which is a natural and physiological function of the human body is addressed with societal rituals and taboos. It is further prescribed with periodic marginalization implied through silence and shame. Moreover, women’s biology and physiology are marked out to be a socially and culturally constructed body, which has not been subject to any systemic inquiry. Menstruation should not be delineated emphatically as merely a physiological process; rather it needs to be unraveled with cultures, practices and discourses around society. The essentials for management of menstrual hygiene is to have access to water and sanitation; need privacy to change, clean, dry used cloth (properly for re-use), safe disposal of used

material. It is extremely shocking to learn about the neglect a girl/woman faces and is exposed to morbidity in respect to a periodic physiological activity on which they have no control. Shame, secrecy, and 5 day's exile are the regular features in a girl's life in most parts of India during menstruation. It is appalling to see girls and women use not only old cloth, and reuse it but ashes, newspaper, dried leaves, husk and sand are used as adsorbents (TNUSSP Team, 2019). These may not appear a challenge for many; but in reality this is the most neglected aspect of a girl/woman throughout her reproductive span.

Globally 500 million girls lack adequate facilities for menstrual hygiene; it is a challenging development issue (Niraj Gera, 2021). A study from Uttarakhand, in Pindar Valley, highlights the impact such illogical, insensitive, inhuman practices can have on girls; their education, self-esteem gets fractured. By denying them the use of sanitary facilities at home, not allowing them to use the water resources, forcing them to defecate in open, pushing them to cowsheds for isolation, suppressing their social interaction; "even the words used for menstruation in the local language, such as *alag hona* (stay separate), *achoot* (untouchable) and *bahar hona* (stay outside), signify impurity and segregation" (Nixon et al., 2019). All of this have a long and serious repercussion on their personality, and confidence; a sense of inferiority and in-grading in them to accept their faith, a status lower to men.

Menstrual Hygiene Management - the persistent disparity

Though girls and women make half of the population of India yet the gender disparities in access to resources is a matter of concern. This critical issue has been impacting on the overall growth and development; be it in the area of education, work participation or health. A cursory glance over the trends will reflect some interesting facts; parity is observed at the elementary level of education between boys and girls and continues till adolescence but with the onset of puberty there is a sharp decline in girls' strength; either they are withdrawn from the school due to lack of proper sanitation facilities to cater to the needs of menstruating girls; lack of schools in the vicinity, or restrictions on their mobility and agency. Apart from the cultural norms which restrict girls' access to schooling, the lackadaisical attitude of the State machinery to cater to the special needs of adolescent girls is one of the larger hurdles to add to the miserable reality. "Ensuring sufficient gender specific private toilet facilities with water for changing and washing, and provision of sanitary materials would help reduce girls' absenteeism in schools during menstruation" observes a study based on three states of India (Muthusamy Sivakami et al., 2019). According to a report (Menstrual health in India, 2016), there are over 355 million menstruating women and girls in India, millions of them still face significant barriers to a comfortable and dignified experience with menstrual hygiene management (Shantanu Shona and Devika Mehra, 2020). Girls are not allowed to play or socialize, made to stay outside home during the entire period of "impurity" (Rajasri

Yalimal et al., 2020). Meenakshi Gupta of 'Goonj' foundation refers to a particular case in Ferozeabad, Uttar Pradesh, wherein a woman used her old blouse as adsorbent and died of tetanus from the soiled hook in the garment (UCANEWS, 2019). All these restrictions and taboos, such as – they are not allowed to enter kitchen, touch certain foods, not permitted to attend religious activities, covering of whole body, the notion of uncleanliness, "evoke in the girls negative feelings towards their bodies and bitterness about having to endure not only menstruation but the changes it brings into their lives, feel inferior" (Suneeta Garg et al., 2001). In rural India and among the economically marginalized groups, the situation in homes too is not promising! Women and girls lack access to appropriate sanitation facilities. According to an estimate there are 63 million adolescent girls living in home without toilets; they are yet to gain access to appropriate facilities and community support to manage their menstruation privately and in a safe manner (ibid).

Cultural practices and taboos around menstruation impact negatively on the lives of women and girls, and reinforce gender inequality and exclusion. Gender inequity has multipronged effects; the cycle of neglect excludes women and girls from many aspects of social and cultural life. Hence, menstruation is not just a sub-topic within the WASH (Water Sanitation and Hygiene) sector but a Human Rights issue that affects the lives of approximately 26% of the world's population (i.e. female population of reproductive health) every month, as pointed out by Catarina De Albuquerque, UN Special Rapporteur on the human right to safe drinking water and sanitation (2013). Women and girls are excluded from decision making process at the household level; they generally have little or no say or control over whether they have access to a private latrine or money to spend on sanitary material. Deeply embedded power relations and cultural taboos persist even when gender inequalities are addressed. Many cultures have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Most cultures have secret codes and practices around managing periods. Some of these are helpful but others have potentially harmful implications. Many myths and social norms restrict women and girls' levels of participation in society.

Gendered social norms associated with menarche and menstruation often are perpetuated by community members and are key influencers in girls' lives; specially the mother, "and can influence a girl's MHM behavior in short term and may have larger-term effects on her transition to adulthood". The saga of menstrual blood is not as trivial as it may sound. It is deeply embedded in the cultural practices of the people, which further takes away any choice on the part of women to choose their disposition towards it. Women are trained into believing into a certain narrative from a very tender age without the freedom to question it. Gera's work is notable in this direction, (Neraj Gera: BBC News, 2020). One in five teenage girls is no longer in school; one in two is anemic and many lack access to sanitation. Their aspirations soar ahead of social limits but get thwarted by the environment. They still lack

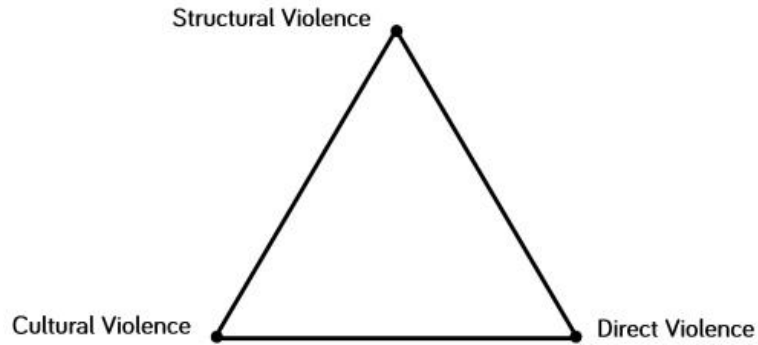


Figure 1. Violence triangle.

Source: (Violence, Peace, and Peace Research Author(s): Johan Galtung Source: Journal of Peace Research, Vol. 6, No. 3 (1969), pp. 167-191 Published by: Sage Publications, Ltd.)

lack autonomy, are afraid to travel, do not know how to navigate the outside world. World Bank social scientist Deepa Narayan points out those girls are taught to erase their personhood, deny their bodies and mute their voices, to fear the world and depend on men for protection. An ASER report observes that girls do not trust themselves to take on tasks; they internalize society's low esteem of them (Times of India, 27.10.2018).

Theorizing Violence

Johan Galtung has shown that there are several different ways of classifying the phenomenon of violence. To summarize there are three main types of violence viz; personal or direct; structural or indirect, and cultural or symbolic. Galtung suggests that the three types of violence could be represented by the three corners of a *violence triangle* (Figure 1). The image is meant to emphasize that the three types are causally connected to each other.

In the first case there are concrete persons or actors- there is visibility of perpetrator; whereas the same is absent in the structural violence...." the violence is built into the structure and shows up as 'unequal power and consequently as unequal life chances". 'Cultural violence' refers to those aspects of culture, the symbolic sphere of our existence that 'normalizes & legitimizes' the direct and structural violence, even feel right at least not wrong. . . .one way cultural violence works is, by changing the moral color of an act from red/wrong to green/right or at least to yellow/acceptable... by making reality opaque, so that we do not see the violent act as fact, or at least not as violent.... in the realm of beliefs, attitudes, and symbols" (Galtung: 1990: 291-292).

'Culture' may not be the root cause of violence, since the causal influence runs bilaterally among the three corners of

violence triangle "yet, without some support from the culture, neither direct nor structural violence can go for long" (ibid). Violence, Galtung observes, gains justification and legitimization from various sources/directions - most significantly from religion, ideology and cosmology.

Feminists argue that gender as a social construct organizes social life in hierarchical, mutually exclusive categories, which are in a relationship of sub/super ordination to one another. Culture expresses itself through rituals, practices and through symbols. The patriarchy throws various challenges at women to survive through- both visible and invisible. Women often are the mute carriers of the legacy by transferring it to next generation of women thus continuing the male hegemony. Women are the repositories of cultural ethos...unfortunately which go against their own tribe. Patriarchy works through females-by first subjugating them through un-equal power structure and then coaxing them to accept the responsibility of socialization of children in lines which promotes and perpetuate the gender stereotypes (Confortini, 2006).

Women's bodies have become the battle field for patriarchal power structures. Women have to negotiate between the biology and the sociology of gender. Two cases are reflective of the trajectory a woman of reproductive age walks on. In western Maharashtra, known as "the sugar belt", around 80% labourers migrate from surrounding areas to work in the sugar cane field as sugar cane cutters for six months. Since menstruation means few days off, no privacy, as there are no toilets, should defecate in open, also the fear of conception if the contractors sexually abuse them, which is common. Hence, the best way is to remove the womb-the cause of all ills. This will have long term effect on their health and their lives. Women have undergone surgical procedure to remove their wombs; the enormity of the situation could be gauged by the fact that in a single village alone, an astonishing number of 4,605 women have undergone hysterectomy, most of them under 40 years and some in their 20s! These are known as villages of "womb-less women" (Geeta Pandey; BBC News,

2019). The effects are highly indescribable.

The second case is from a multibillion dollar garment industry in Tamil Nadu wherein 300,000 women are employed. Whenever a woman complained of menstrual pain, the employers give her unlabelled drug at work instead of a day off. Women suffered untold health related issues. The drug had caused havoc in their lives and there was an enquiry. Such is the treatment women are meted out during their special days.

METHODOLOGY

The present paper is based on an empirical study conducted in the slums of Hyderabad, in the state of Telengana in India, which is dominated by Muslim community, demographically. All respondents are married and are in the age group of 20-40 years. The present study tried to explore the intricacies of menstrual practices and the cultural undercurrents among Muslim women and used narratives as method of data collection by using gender lens. There is no better way to gain an understanding of a society than through its stock of stories - myths, fables, parables, and the tales (Kakar, 1989). The study was conducted with an objective to know the menstrual hygiene practices they follow, their accessibility to menstrual hygiene material, ways of disposal of used cloth/ napkin, availability of running water, availability of private toilet, menstrual morbidity and the privacy if any for young women during special days.

Menstruation, Sanitary practices and the Cultural Violence

Overall, 150 women of reproductive age (20-40 years) were interviewed for the purpose of collecting empirical account. The survey was conducted in the three slums of Hyderabad. This is a qualitative empirical study based on narratives. Majority of the women belong to the age group of 25-35 years. Further, it is observed that 80% of respondents stay in a single roomed house. 53.3% of the households have 7 members in and 20% more than 12 members. All the families draw their income from daily wages they earn by working in Butchers, auto driving, or as salesmen. 70% earn an income of around Rs.5000/per month; which reflect the socio- economic conditions they live in. A very important and essential part of a house planning is to consider the special needs of women and girls at home. It was disheartening to observe that there is absolutely no space to cater to special feminine needs such as toilets, running water, and privacy; which are so essential for the dignity of an individual. Findings reveal a pathetic condition of the families - more so of the female members. Majority use the public toilets which is indescribable when it comes to hygiene. 33.4% use open drains. Only a handful has a private toilet which badly cries for "water treatment" as the filth has accumulated in layers reflecting the lack of sufficient water.

Majority (76.6%) of women have told that they do not have privacy to attend to their special needs since the house is very tiny. Most of them (93.4%) use old cloth as sanitary material.

The agonizing fact is that the same cloth is reused for the next cycle as well due to lack of sufficient waste cloth at disposal. 80% said they don't have privacy to clean and dry the soiled cloth, and 66.6% use only water to clean the cloth whereas 33.4% use soap to clean it. Also when enquired about the maintenance of hygiene during those special days, 33.6% revealed that they wash the material only once during cycle and an equal number, (33.4%), it is learnt, never wash during the entire cycle. 93.4% wash and dry and safe keep the material for reuse whereas 6.6% disposed it in dustbins since they use sanitary pads available in the market. One more very shocking revelation is they cannot dry the cloth in open, when the men are not around they try to dry it under table fan or throw it on the roof away from the sight. This practice could lead to lot of bacterial accumulation. When probed further, it is learnt that these women have no sufficient water to clean their external genitalia, during the menses; added to their woes is that the defecation area does not have running water; also they use the open drains to defecate. The above description vividly reflect the living conditions of the people and it further provides a peep into the difficult lives of the women of reproductive ages when it comes to the upkeep of their hygiene during special days. There is nothing worse than poverty in a human life as it opens up a plethora of challenges in day today life - be it hunger, indignation, morbidity, and the very survival, and it impacts women and men differently. An attempt has been made in this empirical study to learn the sanitary practices of women and the various factors which are impinging upon this essential aspect of human survival.

Stories from the field...a glimpse into women's experiences

The following narratives are reflective of gendered reality and an extreme violation of basic human rights:

Narrative 1

Habeeba Begum (name changed) age 30. TalabKatta. Married.

"I do not know how to express our helplessness when it comes to our menstrual issues!! We are told and socialized into believing that it is a highly private issue and a matter of shame to disclose and talk about menses in open. When you start getting periods... our mothers take us to a separate room and start advising that you have to keep it a secret and no one should know that you are menstruating, specially men. I was completely into shock when I saw the blood for the first time as I was never told about this earlier. During Ramzan, fasting is compulsory. Girls and women continue 'fasting' during menses even though it is forbidden, again the reason being shame and fear that the men will learn; we fake fasting...do not eat and partake water. It is very difficult for our girls. There is absolutely no choice. Our culture does not allow these matters to be discussed and a lot of shame and silence is attached to this biological fact. We are very poor, I earn around 50-100 Rs per day from my work as maid servant. My

husband is alcoholic. We are eleven (11) members staying in one room!! We do not have our own toilet; we go to public toilet which is extremely filthy, does not have running water. We do not have tap connection; have to fetch water from out. Under such circumstances menses bring stress, discomfort, ill-health, pain, unwanted, hate; it is all unhygienic- added to it there are several menstruating women at home so all the time the mess!!”

As such there are not many restrictions and taboos in Islam during menstruation, excepting for offering prayers, and other religious duties, yet we fail to offer prayers during normal days as we always feel the “house” is dirty, we are dirty, and every space is unclean - always. So the fear of impurity always haunts. Since we do not have running water we cannot afford to take bath very often, once in ten days maybe, we do!! During menses no bathing is done. Also for the very reason, I do not change my menstrual cloth during the complete period, may be sometimes once in all....wash and reuse, otherwise for the whole period we never wash or change. When washed we dry it by spreading it on the roof tiles which are never clean, but there is no alternative. We re-use as we have no waste cloth much at home. We are very poor cannot afford to buy sanitary napkins or soaps to clean, hence also minimize bathing.

Narrative 2

Ameena Bi. Mohajreen Camp, 25 years, married.

“Periods only add to our woes of being women; it is a curse to be born a woman in a poor family or get married into one!! A great amount of shame and lot of taboos are attached when it comes to menstruation, though it is a natural phenomenon. We were brought up with a sense of guilt, embarrassment and impurity for no fault of ours -which make us feel lesser than the male at home. Now that I am a mother but the same values, and ethos I transfer to my daughters, because this is our culture-good or bad-must adhere to. It is miserable to face every month all this mess and during deliveries our situation gets further miserable-pathetic, which you all cannot even comprehend. Even though our children also work, we are able to manage to earn around Rs.1000-1500. We do not have privacy, dignity, and self-esteem. Compromise, adjustment, tolerance, obedience and abuse have become our soul mates. What with this poverty, one roomed house with FIFTEEN members, sans toilet &water facility at home!! We use open drains (naaliyan) in the backyard to defecate. I use cloth during my periods –only once I wash, then dry it under fan inside the home....and re-use. It is common that we often continue using the same unwashed cloth throughout the period. We do not bath during menses. There is no water, sanitation, and privacy to women, whatsoever. We know of sanitary napkins but we cannot afford. Women hardly can complain for not having any choice. Can you imagine our plight? We cannot question nor can we break away the shackles of tradition. It is sheer helplessness.

The sanitary practices strongly reflect the cultural undertones. The narratives provide a very succinct account of the control the society has over the women and their natural physiological processes over which the women themselves have no control.

The ‘periods’ are considered an ‘essential evil’ which should be kept under wraps more so from male gaze. A menstruating woman is marginalized in many ways - in partaking/touching certain food items to performing rituals which are termed as auspicious - such as marriage rituals. They are isolated from religious activities during this period of menstruation. The worse fact is that the women themselves engage with such self-dialogue, there appears to be no agency but the norms, the phobias of God’s wrath, the guilt, shame and the related complexes & beliefs which keeps them on “track”. A great part of conversation ends with a sigh ‘with all this, it feels “why being born as a woman? Men are so free – clean from all this mess”. This helplessness and guilt have been in graded into their minds and has led to their thinking of themselves as an inferior to men - without a visible agency. This paves way to subjugation by men - to the ones, who have already accepted themselves as inferior. The process of gendering becomes that “normal”.

Narrative 3

This girl of 20 years was suffering from vaginal fungus infection which had spread to her under arms, ears etc from vagina. She had developed UTI due to lack of menstrual hygiene. After developing rapport the girl was in a position to share her ordeal.

“According to her, she acquired this infection in her young age while in parental home. When she confided in her mother, her mother avoided for long time to seek medical help. At last when the problem became unbearable she took her to a lady doctor who suggested vaginal tablets. The mother’s contention was “how can I tell and allow my unmarried daughter to use something like that. Let it be, it will go on its own!!The girl suffered so severely that her fungus had spread to other parts making the life of a young girl extremely miserable. When asked about proper cleaning and drying practices of her undergarments during menses, she said she used to spread them in one corner on cloth line covered under some cloth to avoid visibility and during rains it used to be damp often because the clothe got no direct sun light. That must have caused the vaginal infection. This girl got treatment after marriage but by then as it appears, it was wee too late since she faced problems in conceiving, and continuing her pregnancy- she had abortion and a very difficult child birth through section. Unfortunately, the child is autistic. She attributes all the problems to the culture which mounts inhibitions and she feels mother is a part of this culture, she could not imagine an unmarried girl using vaginal tablets or cream for treatment. Such is the secrecy, shame and imprudence!!”

One recently married young girl’s personal experience will

reflect the intensity of the fact as to how culture is playing a decisive role in a women's life and how the subordination gets 'normalized' in the whole process of socialization. Such shame and guilt are attached to the female anatomy and physiology that often it leads to neglect and in turn that leads to health hazards, morbidity and mortality.

The illogical taboos override their daughter's wellbeing!! Since unmarried girls are not supposed to know anything related to sexuality & reproduction, it is extremely a matter of shame and taboo to engage in all that. Hence, this girl exonerate mother from any ill- will or guilt A recent study from Tamil Nadu also points towards this fact that the young girls are socialised into believing that menstruating and its related activities are to be hidden; it is dirty, shameful and hence the material used cannot be washed or dried in open. Most of the girls are unprepared for their menstruation as they were kept in dark and as a result when they spot at menarche the experiences are of shock, disbelief, and fear (TNUSSP Team: 2019). Such practices create and strengthen the gendering process leading to discrimination, subjugation and oppression and moulding the girls' thinking into accepting all such inhuman rituals and practices as "normal". 'Cultural violence' refers to these aspects of culture, the symbolic sphere of our existence that 'normalizes & legitimizes' the direct and structural violence, even feel right at least not wrong...(Galtung) "it makes the reality opaque, so that we do not see the violent act as fact, or at least not as violent.... in the realm of beliefs, attitudes, and symbols". (ibid. 1990: 291-292).

DISCUSSION

The case of menstruating women and girls in India could be examined from the lens of Galtung's Theory; his concepts are intuitive and provide pertinent clarity in this situation. The three dimensions of direct, indirect and the cultural violence could very well be understood in case of the taboos associated with menstruation and its cultural ramification. The community's and specially the mothers' approach towards menarche and socialization process leave a compounding impact on the young girls psyche and run into generations unless intervened strategically. This cultural violence takes many dimensions and at times proves fatal!! The denial of human rights is normalized!

The hygiene practices of women during menstruation are of considerable importance, as they affect their health by increasing their vulnerability to infections, especially infections of urogenital tract. The majority of them have no access to clean & safe sanitary products, or to a clean & private space in which to change menstrual clothes or pads and to wash. The best place to make an impact or improving the lives of girls & women is in water & sanitation. The time has come to promote loudly and unashamedly the role of good menstrual hygiene management as a trigger for better, stronger development of women & girls in all prospects of personal, educational and professional. There is also clear evidence to show that ignoring

good menstrual hygiene is damaging not just for women and girls directly but also for school, businesses and economics. Menstrual hygiene management should be part of an expanded definition and agenda for sexual and reproductive health services.

The SRH status of women is a most neglected area to say the least. The 'silence of culture' dominates throughout the path which is marred with morbidity and sheer neglect. Starting with onset of menarche the trajectory of female reproductive life is an unending saga of discomfort, pain, indignation, disability, shame, discrimination and exclusion. This biological phenomenon of menstruation has social ramification of serious nature.

Conclusion

Sexual and reproductive health is the most neglected area of women's life, more so in India. The socio-cultural practices are highly debilitating to the wellbeing of women in India. It is because of these blind beliefs, taboos, and other exclusionary practices which result in denial of achieving their full health potential. Menstruation is though a natural biological process which marks the beginning of ability to reproduce, it continues to be surrounded by varying degrees of stigma, silence & shame. The archaic practices associated with menstruation are highly harmful and at times lethal. Such attitude and practices not only translate into significant gaps in opportunity and capability, it can lead to greater vulnerability to gender related ill health. Empowerment is relational; it is about the relations of power in which people are located, within which they may experience disempowerment or come to acquire the ability to make strategic life choices. An attempt has been made here to analyze the whole gamut of inhuman cultural practices related to menstruation and tried to examine them by using the lens provided by Galtung. Cultural violence is the most overarching, compared to structural and direct violence. If viewed from the lens, the 'triangle' of Galtung appropriately explains the three dimensions of violence. We see how the violence gets "normalized & legitimized". As Galtung observed "The violence is built into the structure and shows up as 'unequal power and consequently as unequal life chances."

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