MOHINI SAHA

Menstruation: Social Conditioning and Barriers

...

Taboos, superstitions, lack of awareness, lack of infrastructure, shame and embarrassment about menstruation are barriers to the confidence, self-esteem and dignity of girls and women, affecting their well-being and health as a consequence

"AT THE AGE OF 13, I ATTAINED MENARCHE, AND WAS totally unaware about it. I was shocked to see the blood and was too fearful to share about it with anyone in the home. I cried and kept myself isolated. For four to five days, I just used to change the blood-stained underwear. Even my neighbour didn't say anything except for informing me about my soiled skirt when she saw it, and I was clueless about what to do with it. Then, the next month I came to know that I needed to use cloth during this period when, somehow, I dared to share it with my mother. I felt very ashamed and bad about myself."

I was very disturbed by this story. I cannot forget the innocence in her voice and her moist eyes when Anusuiya Jain said these words, holding her two-year-old daughter in her arms. I was horrified by the way we (family, society) behave and act when the subject of menstruation

Rural areas face a challenge when it comes to human health and well-being. And of all the sections of society, women are the most vulnerable and their health needs, by and large, remain unaddressed

comes up. As if it is something to be ashamed of.

This was one of my first interactions with women on the sensitive subject of menstruation. I wanted to know how the women in these remote rural areas dealt with menarche (the first menstrual cycle). The questions to which I wanted answers were: What did the *didis* think about menstruation? How did they feel about themselves during their periods? What experiences had they had? What situations have they faced? Where and with whom do they usually share their problems regarding menstruation? Or do they even share?

Being a woman, fortunately the subject was not new or strange for me and I was used to talking about it openly. However, I did find that speaking about it in the areas that we were working in was more intense and, somehow, disheartening. Hearing Anusuiya's painful story, I realized that something was missing in society.

According to the UN Universal Declaration of Human Rights, the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom and justice. We talk about equality and fairness and, yet, we keep behind a veil the natural phenomenon of shedding blood. This secrecy violates the dignity and respect of women and hurts their identity, self-worth and self-esteem. And here, in these villages, it was an inherent part of the journey of every girl and woman who menstruates. For the *didis*, who we work with, it was all about tradition and spirituality, but there are many more dimensions to the superstitions around menstruation. Reflecting upon it, I understand it as the politics of social construction and a game of power relations that is being disseminated through the process of socialization.

Rural areas face a challenge when it comes to human health and well-being. And of all the sections of society, women are the most vulnerable and their health needs, by and large, remain unaddressed. According to the National Family Health Survey 2015-16 (NFHS-4), the nutritional status of women is very low. As high as 37.9 per cent of the rural women have a Body Mass Index (BMI) that is below normal and 67.7 per cent of the rural women, between the ages of 15 and 49 years, are anaemic.

Specific to girls and women in rural India, menstrual management is a problem. Adolescent girls are usually considered as a vulnerable group, particularly in India, where the girl child is still neglected in most parts of the rural and tribal areas of the country (Pandit S. 2014). Menstruation is a normal physiological process; in India, however, it is considered dirty, leading to the isolation of the menstruating girls and restrictions being imposed upon them by the family and the community. These practices have reinforced a negative attitude towards menstruation in girls.

A study found that there was very little awareness about menstruation among girls when they first experience it. Social inhibition prevents any open discussion of the subject, even with immediate family or with women. Owing to this secrecy, adolescent girls do not have access to the right kind of information, especially in rural and tribal communities. The topic of menstruation is shrouded under a heavy veil of taboos. For centuries, communities across the world have associated menstruation with all things dark and evil. Menstrual blood is considered impure and

Although they are equal contributors in work, women's identity as farmers, decision-makers, etc., is largely non-existent because agriculture is deeply steeped in patriarchal norms

menstruating women are often forbidden from entering places of worship, kitchens and even farmlands due to a fear of them 'polluting' these spaces whereas it is scientifically proven that menstruation is a perfectly normal, healthy, biological function.

Menstruation: What is it all about?

—

Menstruation is an inevitable, natural, beautiful, and sometimes painful process of experiencing womanhood, and it begins with the onset of adolescence. Adolescence, as a period, can be defined as the transition from childhood to adulthood, and is characterized by major biological changes such as physical growth, sexual maturation and psycho-social development; it is considered a milestone of puberty. Menarche is the most important event in the lives of adolescent girls and marks the beginning of a woman's menstrual and reproductive life; because of this, it requires specific and special attention. Menarche is an onset of a regular cycle in which girls usually have their first vaginal bleeding. Menarche occurs somewhere between the ages of 9 and 15 and continues until the early 50s (Mehra S., 1995). Menstrual periods usually occur once a month and last for several days every time. A missed menstrual period is frequently the first sign that pregnancy has occurred. As a woman ages and the hormone levels in her body slowly begin to decrease, the menstrual cycle eventually ends (menopause).

Why am I writing about it?

—

Village Study is an important part of a one-year programme of apprenticeship in PRADAN. On the agenda is an opportunity to observe, explore and learn about the communities which we will be working with. For my Village Study in Rajpur, a village in Masulpani *panchayat* of Narharpur, Chhattisgarh, I stayed with the family of one of our SHG members, Sulochna *didi*. I enjoyed the beauty of the place, the love and acceptance from the family and the community, and the richness of their culture. However, some of the social and political issues, I observed, disturbed me.

A usual day in the life of a woman in Rajpur starts with the first crow of the cock before sunrise and her tasks continue until the end of the day. Tribal women are responsible for managing household chores and child care, collecting wood and water, and taking care of the family, in addition to the farm and forest-based activities. Their contribution to agriculture includes crop-weeding, manuring and harvesting; they are the lead players in all post-harvest and storage operations and hold knowledge of seed storage and preservation. Although they are equal contributors in work, women's identity as farmers, decision-makers, etc., is largely non-existent because agriculture is deeply steeped in patriarchal norms. I found that a woman goes through several physical and psychological stresses and, yet, her contribution to society remains unaccounted for. I was very shocked to see cases of polygamy; this not only increases the vulnerability of the women in a family but also causes extreme mental harassment.

The burden of their daily chores inside and outside of the home, combined with inadequate nutritious food, proper sanitation facilities, food and care during pregnancy, and the gendered behaviour towards women, exposes them to the hazards of anaemia, low BMI, muscular deformities, malnourishment and other health and hygiene issues. The life of a rural, tribal woman is sheer drudgery. As an

In our society, gender stereotypes have been constructed, structured and perpetuated. Sharing about periods with the family or anyone else may damage the image of a 'good girl'; plus, the image of the family gets attached to the image of the girl in the larger society

extension of these issues, poor girls and women bear tremendous hardships in managing the basic and natural biological function of menstruation.

I decided to go deeper into the subject and conduct a study when one day I met Priyanka Saroj, a 20 year-old girl. She shared the menstrual problem that she was facing. She said that she had an itching and burning sensation in the genitalia during her periods. I noticed that she had wounds in her feet. When I inquired further about the disease, she said that she had visited the Community Health Centre of Narharpur and found that the reason behind the entire suffering was her menstrual problem. Additionally, she mentioned that her weight was declining rapidly and her health was deteriorating. She told me that she was unaware about menstrual hygiene practices such as avoiding having a bath in the village pond during periods, not reusing cloth used earlier for menstruation, or drying the cloth in the sun.

The dissemination of this information is usually done by the *anganwadi* workers, who talk to the women who visit the *anganwadi* during pregnancy or for immunization; the information often remains unshared with the other women of the family or the community. Priyanka was, moreover, very hesitant and shy about sharing the information she did. She said, *"Didi ye baat gaon me kisi ko mat batana warna wo mujhe acha nai samjhenge* (Please don't share this with anyone in the village, they will not think good about me)." In our society, gender stereotypes have been constructed, structured and perpetuated. Sharing about periods with the family or anyone else may damage the image of a 'good girl'; plus, the image of the family gets attached to the image of the girl in the larger society.

According to a report by the Water Supply and Sanitation Collaborative Council (WSSCC), in the world's second-most populous country, with nearly 355 million menstruating women, 23 per cent of adolescent girls drop out of school after their first period. Only 12 per cent of the women in our country use sanitary pads and as many as 10 per cent of the girls in India believe that menstruation is a disease. A study of 478 girls in Rohtak found that more than 75 per cent of these women were forbidden from worship, 45 per cent were not allowed in the kitchen and nearly a quarter had dietary restrictions. The report also states that the researchers in the Menstrual Hygiene Management Lab of the Nirmal Bharat Yatra listened to the girls' reports of not being allowed to cook or eat pickles or pray with the rest of the family. Menstruation, therefore, becomes a signal for the society to restrict, control and monitor a woman, hampering her personal, educational and professional growth.

Rajpur Gaon

—

Rajpur is one of the five villages of Masulpani *panchayat*, and has a hamlet called Bharripara, 2 km from the village. According to the 2011 Census, Rajpur has a population of 403 people. There are about 81 houses in the village. A majority of the villagers are *adivasi* (ST), comprising Gond tribes. There are six women SHGs promoted for financial inclusion, collective action, sensitization and empowerment.

Rajpur village has a government middle school (Class 1 to 8) and two *anganwadis* as part of the Integrated Child Development Scheme (ICDS), one in the village and the other in its hamlet. There is a high school in Masulpani. Both the *anganwadis* cater to 29 children and help combat malnutrition. A *phoolwari* centre is run by the state government,

Menstruation, therefore, becomes a signal for the society to restrict, control and monitor a woman, hampering her personal, educational and professional growth

to cater to women and children, providing nutritious food to feeding mothers, pregnant women, and children in the age group of six months to three years. According to the *anganwadi* data, there are 23 adolescent girls in the village. There are three ASHA workers, whose responsibility it is to mobilize, educate and motivate the community on healthcare.

The study was conducted in 2016 and used a community-led interactive approach. Primary information was also collected from key informants such as ASHA workers, *anganwadis*, the Auxiliary Nurse Midwife (ANM) and school teachers about the social and cultural practices, the barriers to hygiene and how behavior and attitude towards menstruation could be changed. Thereafter, a Focussed Group Discussion (FGD) was planned, with the women and girls combined, to raise the topic of menstruation. Adolescents were filled with enthusiasm because this was the first time that they were going to talk about this forbidden topic.

The FGDs were conducted with 8 to 15 people, selected on the basis of age groups. The topics were related to awareness about menstruation, hygiene, the practices and the restrictions during menstruation, sources of information regarding menstruation, and the history of any menstrual abnormality. Checklists of open-ended questions were prepared for discussion and notes were taken to record perceptions, feelings and experiences. This was followed by a two-way discussion to educate girls about the normal physiology of menstruation, the importance of maintaining hygiene and other safe hygienic practices during menstruation.

Individual interviews were carried out simultaneously with the FGDs, in order to get more insights into individual interests and issues. It helped to cross-check the patterns found in individuals that were then validated by the whole group. Girls who had attained menarche were eligible and participated in the study. Others who had not yet attained menarche were not included although there were interactions with them too to identify their awareness before menarche. Women who attained menopause were not included. A verbal consent was obtained from the girls before administering the interview schedule.

Special characteristics of the respondents were studied, including the age group, education level, caste category, marital status, and age of marriage. A majority (66 per cent) of the respondents of the study belonged to the ST category whereas 33.96 per cent are OBCs. Included in the study were 15 girls in the age group of 11–21 years, 21 women in the age group of 22–31 years and 17 women in the age group of 32–50.

Based on the educational background, the respondents were classified into six categories. Illiterates made up the lowest percentage (7.55 per cent). Of the total respondents, 9.43 per cent had an education level of below primary and the third category was primary education at 9.43 per cent. The largest percentage, 21 per cent was of women who had completed their middle school-level education. Also, 33.96 per cent of the women had secondary school education and above.

The study revealed that the girls were forced to drop their education to support their family in household chores (getting trapped in the vicious web of societal gender roles), which denies her the right to education and choice. Often, the girls were married at an early age. As per the responses of 53 *didis*, 34 were married and 29.41

Only 17 of the 53 respondents were in the normal weight range; the rest were underweight. Women who were underweight had more menstrual problems compared to women with normal weight

per cent of them were married before the marriageable age. Marriage was largely driven by patriarchal values as well as to control a woman's sexuality. Not only did this hamper girls' future—health, mental stability, growth and opportunities in life ahead—it also stripped away the greatest years of their childhood, adolescence and dreams.

Early marriage and unplanned pregnancies were found to be detrimental to the health and nutritional status of women and children. Added to these health adversities were other gendered values and poverty. Families could not afford fish or egg more than twice or thrice a month; so they had either vegetables or *daal* in their meal. They were also unaware of what a nutritious diet might include. Their diet, usually, included the staple food—rice.

The role of the women was to feed the others in the family first and then eat the remaining food, which may or may not be sufficient for them. Parvati *didi* said, *"Didi, man ke abbad kaam hothe didi, ghar badi ke kaam, laika man ke kaam, khet khar, bazaar ke kaam, ek pal ke fursat nai have didi man ke* (Women are overburdened with workload in house, child care, agricultural and field work and the market work. They don't have time to relax)."

Underweight and malnourished women face several problems related to menstruation. The weight and height of all the respondents were recorded and the BMI was calculated for each of them in order to get a picture of malnutrition in Rajpur. The absence of periods and infertility are usually associated with both high and low BMIs. A low BMI often stops menstruation. A normal BMI falls between 18.5 and 24.9. Having a high or low BMI may cause women to experience an absence of menstruation, irregular menstruation and painful menstruation. Only 17 of the 53 respondents were in the normal weight range; the rest were underweight. Women who were underweight had more menstrual problems compared to women with normal weight. Of 37 women who had a menstrual disorder, 29 were underweight whereas only eight where of normal weight.

Menstrual Patterns and Current Menstrual Practices among Girls and Women

—

Adolescence—the period of transition from childhood to adulthood—is characterized by major biological changes and is a significant milestone of puberty. Menarche marks the beginning of a woman's menstrual and reproductive life, and requires specific and special attention. Because menstruation is considered dirty and something to be hidden, girls have little awareness about it and are afraid to talk about it. The maximum number of women (30.19 per cent) attained menarche at the age of 12 and 26.42 per cent of the respondents attained it at the age of 14 years, with the mean age of menarche being 13 years, approximately. Four of the women had delayed menarche (primary amenorrhea) at the age of 16 or 17. However, they were totally unaware that it could be a menstrual problem.

In the villages, anaemia among women is very common, mainly due to the deficiency of vitamins and iron in their food intake. One of the reasons for poor nutrition is the shift from the traditional food habits to modern agriculture, and the other is the prevalent gendered norms existing in society such as the girls or women eating last in the family and eating leftovers that may or may not be sufficient.

A 37 year-old lady says, *"Didi, jab tak ghar ke bhaiya man or siyaan man nai kha letis tab tak hum man nai kha sakthan, hum man phele*

A large proportion of the girls used and re-used old cloth; this practice has been linked to microbial growth; the women in the study had symptoms indicative of infection

kha lebo to bane nai laghi (It will not look good if we eat before the elders and the men in the family, even if we are hungry)." In Rajpur, 28 per cent of the women had less than a three-day duration of menstrual cycle and 36 per cent of the respondents had three days due to low haemoglobin count. It was also found that 15.09 per cent of the respondents reported long menstrual periods of more than six days, which may also possibly indicate cases of menstrual problems.

The study covered detailed aspects of menstrual practices among girls and women of different age groups. Only 18.87 per cent of the menstruating women used commercial sanitary pads during their period; they fell in the age category of 11–21 and 22–31 years. Some women (20.75 per cent) used both sanitary pads and cloth; they used cloth at home and pads in the workplace or school. A majority (56.6 per cent) used old cotton cloth and discarded the cloth after re-using it at least for 3–4 months; these fell in the age category of 22–31 and 32–50 years. Of 43 respondents, who used cloth as menstrual material, the majority (72.09 per cent) washed the soiled cloth in cold water and 46.51 per cent dried the cloth in sunlight whereas 37.20 per cent dried the cloth pieces in sunlight but covered it with a saree and 16.28 per cent dried it in the shade or at some secret place like in a corner in the house. Of the women who fell in the age category of ages 22–31, half covered their menstrual cloth pieces while drying them in the open, mainly due to the shame attached to it by society.

A large proportion of the girls used and re-used old cloth; this practice has been linked to microbial growth; the women in the study had symptoms indicative of infection. FGDs revealed that women in the age groups of 11–21 and 22–31 years dry the washed clothes away from the eyes of the male members of the family to avoid embarrassment whereas women in the age group of 32–50 years hide their cloth, to protect their family from black magic. Due to several similar notions, women hesitate to talk about hygiene practices and even conversations between mothers and daughters are have these social barriers.

According to the study, used cloth and pads were mainly disposed of by burning or burying or, in some cases, by throwing it away in public spaces. Almost 43.4 per cent of the respondents washed the soiled absorbent and then buried it, 41.50 per cent of them burned the absorbent and about 15 per cent of the women either threw the absorbent cloth in open spaces such as fields and ponds, or flushed them in the toilets.

Of the 43 women using old cloth, around 79 per cent used coloured cloth so that the stains would not be visible to others and it could be used repeatedly. However, according to the ASHA workers and *anganwadi* workers, white or light coloured cloth must be used as menstrual cloth so that any abnormalities in the blood are visible and noticed immediately. During their period, approximately 75 per cent of the women took a bath at the bore well, well, or hand pump, which is an appropriate practice as mentioned by *Mithanin* or the *anganwadi* workers. These findings were further supported by the FGDs.

To maintain hygiene and cleanliness, the soiled cloth needs to be changed at least thrice a day. However, the reality is that 18.87 per cent of the women change the soiled cloth or pad only once a day, 56.6 per cent of them twice a day, 30.18 per cent of the women change it thrice or more than thrice a day. The women are helpless and unable to change the soiled cloth or sanitary

Lack of awareness gives rise to various myths and misconceptions, which the community members then perpetuate, leading to further isolation of girls during and around menstruation

pad frequently or as required, considering the circumstances. Women working in the fields have no suitable place to change and wash the cloth just like schoolgirls who cannot change in schools. Lack of infrastructure and social stigma are the big constraining factors. In addition, when women and girls change the menstrual cloth, they do not clean their external genitalia (the frequency of cleaning is less than two times a day); in fact, only 17 per cent clean their genitalia when changing the soiled cloth. Absenteeism when menstruating, therefore, is common, hampering academic performance.

Menstrual Disorders

—

Many of the participants (69.81 per cent) have some problem related to menstrual cycles. Dysmenorrhea prevails among 54.71 per cent of the girls and premenstrual syndrome prevails among 75.47 per cent of the participants. Fifteen (28 per cent) participants have menstrual period for less than three days, whereas the bleeding for eight (15 per cent) subjects lasted for more than six days. About 17 per cent of them had irregular cycles whereas the rest had regular menstruation.

Of the 40 girls or women suffering from premenstrual syndrome, pain in the abdomen (39.62 per cent) was found to be the most frequent complaint, followed by headaches (30.62 per cent), pain in the legs and knees (37.74 per cent), irritation (22.64 per cent) whereas 15.09 per cent and 9.43 per cent reported experiencing loss in appetite and food cravings, respectively, during their menstruation cycle.

In addition, 14 respondents reported the problem of rashes or itching or burning sensation; 50 per cent of these fell in the age category of 22–31 years. In FGDs too, both women and girls complained of rashes and itching. The possible reasons could be the quality of the material used, wearing wet and soiled cloth for too long, or because they were unable to wash frequently during the menstrual cycle. Unfortunately, although girls and women face many menstrual problems, these remained unrecognized and neglected due to lack of awareness about most of them.

Socio-cultural and Economic Barriers

—

In the present study, only 34 per cent of the girls or women knew about menstruation or menarche before its onset. Also, from the FGDs, it was clear that awareness about menarche was poor. Around two-thirds of the participants were not aware about menarche before its onset. This usually leads to psychological stress like shock, fear or anxiety at the time of the initial periods. The rest of the girls had just heard from or seen other women menstruating but did not have enough information to manage their menstrual flow. The dissemination of information about menarche is not an important agenda for the *anganwadi*, ASHA workers, government programmes or any of the stakeholders, leading to inadequate or incorrect knowledge and a low level of awareness, especially among mothers. The lack of awareness gives rise to various myths and misconceptions, which the community members then perpetuate, leading to further isolation of girls during and around menstruation.

Mothers, sisters or friends are the initial sources of information about menstruation. About 39.62 per cent of the girls were scared at the time of their first menstrual cycle, 32.08 per cent

Rarely had anyone learned about menstruation from school. According to conversations with school teachers, there are chapters on menstruation in science books, but they remain untaught to students

were anxious, 13.20 per cent were shocked, and 11.32 per cent were frustrated and disgusted due to lack of proper information whereas 18.87 per cent of the girls considered it normal.

Rarely had anyone learned about menstruation from school. According to conversations with school teachers, there are chapters on menstruation in science books, but they remain untaught to students. Ms Netam, a teacher in a Rajpur School, said, "Students and teachers become very conscious whenever the topic of reproduction and the biological process of menstruation are discussed in class; often, science subjects are taught by male teachers, who usually skip the topic."

Social and cultural restrictions during menstruation are common. All the girls and women, we learned, were restricted from visiting places of worship, and touching religious items or even praying. All of them were restricted from cooking and doing household work, as well as touching community hand pumps. Around 28 per cent of the respondents reported sleeping separately or staying in isolation during menstruation. Also, 62.26 per cent and 18.87 per cent of the girls were not allowed to bathe in community ponds and were not allowed to visit agricultural fields, respectively, which have a religious significance for the community as a whole.

Approximately, 68 per cent of the respondents were aware of the use of sanitary pads during menstruation. Yet, 37.7 per cent of the girls or women only knew about personal cleanliness practices during periods. Only 15 respondents out of 53 were aware about the nutritional food chart (Tiranga food), only 15 had any understanding about the menstrual cycle such as the source of the menstrual blood, its importance in relation to pregnancy, and about menstruation as a normal process. A mere 20.7 per cent knew that long periods, missed periods or light periods were menstrual problems and that it was essential to consult a doctor.

Of 37 women, who had various complaints around their periods, approximately 30 per cent visited and consulted doctors whereas the rest resisted going or didn't see it as a 'problem'.

Only 10 women use sanitary pads whereas 11 use both old cloth and disposable pads. To map the socio-cultural barriers to menstrual health, the reasons for not using sanitary pads were further explored. Of the remaining respondents, 17 were not using pads due to lack of information regarding them, 15 were unable to afford sanitary pads, and 9 were unwilling to use such products due to personal preferences or attached myths or misconceptions to such products.

In total, 14 participants reported poor accessibility or unavailability of proper disposal infrastructure, or both, as the restraining factors. One woman expressed her hesitation in buying sanitary pads for fear of what the shopkeeper would think of her when she asked for it.

School absenteeism is prevalent among schoolgirls during menstruation. Of 53 respondents, 36 attained menarche during their schooling whereas the rest dropped out before that. This study captures the menstrual experiences and management issues of girls and women of all age groups during their schooling.

The study revealed that of 36 girls, 42 per cent missed school during their menstruation, that is, usually three days. As many as, 17 per cent of the girls skipped

Due to social barriers, the topic of menstruation is rarely discussed with, or taught to men until they get married. But what are a man's perceptions about the women experiencing bleeding every month?

school on the first day of the cycle and the rest attended school during menstruation but only a few changed their soiled cloth in school.

Of the 15 girls that missed school or of the 13 girls that were not able to change in school, 17 said there were no water facilities in the school; 15 said they felt shy or uncomfortable to change in school; 13 girls mentioned that they do not carry pads or cloths to school for fear of the boys peeking into their bags; 12 girls reported that there were no toilets in the school; 10 girls said there was no place to dispose of the soiled cloth; five of them missed school because of menstrual pain and weakness whereas two complained that the toilets were of poor quality and unusable for changing.

Jaimila, a class IX student, said, *"Didi period ke time school me bahut muskhil hota hai ki kahin daag na lag jaye; dhyan se uthna baithna padhta hai jiske karan padhai me dhyan bhi nai de pate* (It is very difficult in school during the periods; we are afraid that our dress may get stained. We have to be very careful while we sit or

Focused group discussion with adolescent girls

Discriminatory and gendered social norms, deep-rooted in collective beliefs, perceptions and attitudes of society perpetuate the myth that women are inferior

stand, and because of this, we cannot focus on studies)."

Her friend Dumeshwari adds, *"School me hum kapda leke bhi nai jate, ki kahi koi ladka dekh na le or mazak na udhaye* (We do not take cloth to school to change because some boys may see it and make fun of us)." Their words took me to my schooldays when it was a nightmare for every girl to get up with a large red stain on her skirt. Every time a girl got a stain, she would start searching for a way to hide the stain as if it is something very bad.

What does a man say about it?

—

"Masik ke bare me laika mann jaan ke ka kari (Boys have nothing to do with periods)."

"Ye goth la purush ke samne nai ho saki (We cannot talk about this in front of men)," say the women.

Due to social barriers, the topic of menstruation is rarely discussed with, or taught to men until they get married. But what are a man's perceptions about the women experiencing bleeding every month?

Rajesh Kunjam said, "I don't think of periods as bad or evil, neither have I ever mocked it. Also, I do help my wife in household chores or in fetching water at that time of the month because she is not allowed to touch the community well during her periods. In case we break the social rules and norms, we will be expelled from the *samaj* and excluded from all community benefits." Talking about the restrictions, he continued, "We are just carrying forward the tradition." According to him, the other men in the village, especially the elders, believe that these traditions must be followed otherwise it will bring ill luck for everyone.

Conclusion

—

Looking at the bigger picture, almost all the issues revolve around stigmatization of menstruation, which is a result of gender inequality or socially constructed gender norms, which further perpetuate gendered behaviour. Discriminatory and gendered social norms, deep-rooted in collective beliefs, perceptions and attitudes of society perpetuate the myth that women are inferior. And evidence shows that these norms become stricter when adolescent girls reach puberty and menarche; there are then increased restrictions on their mobility and actions. These gender norms are often maintained and enforced by the community and the key influencers such as the mother, who again influences the girl's behaviour, in the short as well as the long term.

As a result of this stigmatization, the topics of menarche and menstruation are not discussed openly—this is, in turn, linked to misconceptions and practices and, hence, contributes to gender inequality. Women, especially adolescent girls, are regularly and adversely affected by the social stigma and taboos surrounding menstruation. Emotional stress such as depression, anxiety, worry or fear can further affect their menstrual cycle. And the stress has its grounds in a sense of embarrassment, resulting in, for instance, girls missing their school due to the fear of staining their clothes.

The feeling of shame and embarrassment every month hurts the confidence, self-esteem and the dignity of girls and women. It restricts them from managing menstruation, a biological phenomenon, naturally. All these factors affect their well-being and health. Following norms and not challenging them

There is critical need for a space between girls and their close ones, where they can share their feelings, concerns, experiences and have open and frank discussions, without being embarrassed and ashamed about the subject

contributes to the acceptance of systematic gender discrimination.

The prevailing social norms lead to an absence of dialogue between girls and their care-providers (the mother or any other person) about the changes during puberty and the physiology of the menstrual cycle. Conversation on the subject is limited to the passing down of the rules and prohibitions, to be followed strictly during menstruation.

Following all the restrictions and knowing how the community views menstruation, the mothers believe that this is not a topic to be discussed in detail with their daughters prior to menarche; the girls, on the other hand, believe that the others expect them be silent about menstruation and, thus, hesitate to seek clarifications about their bodily changes and periods. In this scenario, the silenced become the executors of the function of social institutions, and consider themselves responsible for the fulfillment of the roles designed by the institution. This leads to lack of information or awareness and makes the natural biological process of menstruation difficult to manage.

So, there is critical need for a space between girls and their close ones, where they can share their feelings, concerns, experiences and have open and frank discussions, without being embarrassed and ashamed about the subject. Communication about the subject will, then, contribute to breaking the taboos and minimizing its negative consequences.

What we cannot talk about, we cannot change!

—

Way Forward

PRADAN has a vision of a 'just and equitable' society. The oppressed and vulnerable sections must be helped to break free from their past by developing an alternative vision of their future. The way forward will be to make women and girls envisage a respectful, dignified and healthy life for themselves, realizing their self-worth, which they have lost somewhere in the midst of the systemic gender oppression. SHGs and Village Organizations (VOs) can be the space and act as change agents, whereby women can understand and deliberate upon the whole idea of gendered behaviour around the natural phenomenon of menstruation.

We need to encourage and sensitize girls and women to challenge societal norms and to help draw them out of traditional beliefs and norms through awareness and capacity-building. Both young girls and boys must be educated about the changes in puberty, the facts of menstruation, the physiological implications, and about the significance of menstruation and proper hygienic practices. It is essential to motivate and build understanding amongst health workers and ensure that they focus more on the practical aspects of managing menstruation, including biological and physiological changes.

—

Mohini Saha is based in Narharpur, Chhattisgarh