

Managing Menstruation with Dignity: Insights into Hygiene, Taboos, and Access Among Rural Indian Women

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Abstract: *In the rural regions of India, menstruation is frequently associated with stigma and concealment. Many girls and women are raised with a profound lack of understanding regarding menstrual hygiene, which can be attributed to entrenched cultural taboos and traditional ideologies. Consequently, they are necessitated to navigate their menstrual cycles utilizing hazardous and unsanitary materials such as repurposed fabric, ash, or sand behaviors that may result in infections and enduring reproductive health complications. In addition to health issues, menstruation significantly influences the educational pursuits, dignity, and self-esteem of girls. A considerable number discontinue their education or are absent from school during their menstrual periods owing to trepidation, shame, or insufficient facilities. In a community where menstruation is a natural physiological occurrence, such reticence proves detrimental. This study endeavors to investigate the practical difficulties associated with menstrual hygiene management within rural and urban impoverished communities in India. It examines levels of awareness, common practices, the influence of cultural taboos, and the accessibility of sanitary products. The research aims to highlight the imperative necessity for education, eliminate harmful misconceptions, and advocate for practical, inclusive approaches to improve menstrual health and preserve dignity for all individuals.*

Keywords: Menstruation Awareness, Rural India, Sanitary Products Accessibility, Menstrual Health Management, Adolescent Girls

I. INTRODUCTION

In the rural regions of India, menstruation is frequently perceived through the lenses of stigma and confidentiality. Numerous girls and women are raised with inadequate or non-existent comprehension of menstrual hygiene due to entrenched cultural prohibitions and traditional ideologies. Consequently, they are compelled to navigate their menstrual cycles utilizing unsafe and unsanitary materials such as worn cloth, ash, or sand behaviours that may precipitate infections and enduring reproductive health complications. In addition to health-related issues, menstruation significantly impacts girls' education, dignity, and self-esteem. A considerable number discontinue their education or miss academic sessions during their menstrual cycles owing to trepidation, humiliation, or insufficient facilities. In a culture where menstruation is a natural physiological occurrence, such reticence is detrimental.

This research examines the authentic challenges associated with menstrual hygiene management within rural and slum communities in India. It scrutinizes the levels of awareness, common practices, the influence of cultural taboos, and the availability of sanitary products. The objective of this study is to underscore the necessity for education, dispel detrimental myths, and propose

practical, inclusive strategies to enhance menstrual health and dignity for all individuals. Menstrual hygiene transcends mere health concerns, embodying critical dimensions of education, dignity, and gender equity. Empirical research has demonstrated that a substantial proportion of female students either miss educational opportunities or discontinue their schooling altogether due to insufficient menstrual hygiene resources within educational institutions (WaterAid India,



2016; UNICEF & IIPHB, 2022). The absence of secure and private sanitation facilities frequently dissuades adolescent girls from attending school during menstruation, consequently detrimentally affecting their academic achievement and self-worth.

Despite the Indian government's initiation of programs such as the Menstrual Hygiene Scheme and distribution efforts via Anganwadi and ASHA personnel, challenges in implementation and insufficient community involvement have significantly diminished their efficacy (Ministry of Health and Family Welfare, 2021). Non-governmental organizations and international entities, including UNICEF and the Menstrual Hygiene Alliance of India (MHAI), have underscored the imperative for holistic menstrual education, access to economically viable products, and the engagement of men and community leaders in dismantling societal taboos. This research endeavour aims to investigate the tangible obstacles associated with menstrual hygiene management in the rural and urban impoverished regions of India. It seeks to evaluate the levels of awareness, identify prevalent cultural and social norms, and assess the availability and affordability of menstrual products. Furthermore, the study aspires to formulate recommendations to enhance menstrual health outcomes, foster dignity, and empower girls and women to navigate their menstrual cycles with safety and assurance.

Objective

1. To study knowledge regarding menstruation and hygiene among girls and women residing in rural and impoverished urban environments.
2. To examine the influence of cultural beliefs, societal taboos, and established social norms on the experiences of girls and women throughout the menstrual cycle.
3. To study the availability, economic accessibility, and utilization of menstrual hygiene products and associated facilities in disadvantaged regions.

II. LITERATURE REVIEW

Menstrual hygiene constitutes not solely a matter of individual health but is profoundly interconnected with public health, educational outcomes, gender equity, and the preservation of human dignity. In the context of India, especially within rural and impoverished urban regions, this subject remains enveloped in a cloud of misinformation, societal stigma, and systematic disregard. Both national and international empirical studies have persistently underscored the myriad challenges encountered by adolescent girls and women as a result of insufficient awareness, restrictive cultural conventions, inadequate access to sanitary products, and the ineffective execution of governmental health initiatives. The subsequent review integrates pivotal findings from eminent research endeavors that address these barriers.

A lack of foundational understanding and scientific knowledge regarding menstruation continues to pose a considerable challenge in economically disadvantaged areas. Dasgupta and Sarkar (2008), in their study of adolescent females in rural West Bengal, discovered that only 37% employed sanitary pads. The majority of the population relied on cloth, which was often washed and reused under unsanitary circumstances, consequently increasing their vulnerability to urinary tract infections, skin irritations, and infections of the reproductive system.

Garg and Anand (2015) noted that the majority of adolescent girls acquired knowledge regarding menstruation solely after its onset, lacking formal instruction. This deficiency in menstrual education engenders confusion, trepidation, and dependence on hazardous practices, underscoring significant deficiencies in both educational frameworks within schools and familial contexts. The economic accessibility and availability of menstrual hygiene products persist as significant obstacles in rural and economically disadvantaged urban regions. Owing to exorbitant prices or the absence of nearby resources, numerous women and girls continue to resort to the utilization of antiquated cloth, ash, sand, or sawdust.

Kansal et al. (2016), in their investigation conducted in Varanasi, determined that merely 36% of adolescent girls employed sanitary pads, primarily attributed to financial constraints and limited accessibility. Similarly, Sahoo et al. (2021) reported analogous findings in Odisha, where a substantial number of girls were deprived of menstrual products, clean water, and adequate toilet facilities, thereby rendering them highly vulnerable to infections. Participants in these investigations disclosed that they were compelled to conceal and reuse cloth pads without appropriate drying or



sanitation practices. This not only precipitates physical health complications but also engenders psychological distress, diminished self-esteem, and feelings of shame. While the Government of India has initiated programs such as the Menstrual Hygiene Scheme (MHS) and the Ujjwala Sanitary Napkin Initiative, the efficacy of these initiatives is frequently hampered by suboptimal implementation, insufficient awareness, and inadequate outreach to rural populations.

UNICEF and the Indian Institute of Public Health Bhopal (IIPHB) (2022) underscored the critical significance of inter-agency cooperation—particularly among educational institutions, healthcare providers, and familial structures—in enhancing menstrual health outcomes. The investigation illuminated the necessity for enhanced training of Accredited Social Health Activists (ASHA) and Anganwadi workers to facilitate the provision of consistent menstrual health education and services. WaterAid India (2022) investigated menstrual hygiene practices within urban slum contexts and concluded that, although awareness levels are on the rise, numerous areas continue to suffer from a lack of adequate infrastructure and a reliable supply of menstrual products. Their results underscore the pressing requirement for sustainable distribution frameworks and community-driven awareness initiatives.

The Menstrual Hygiene Alliance of India (MHAI) has promoted community-driven awareness initiatives and the local manufacturing of affordable sanitary products through organizations led by women. These grassroots interventions have demonstrated efficacy in enhancing both the accessibility and acceptance of hygienic menstrual practices.

The current body of research conclusively demonstrates that menstrual hygiene represents a crucial yet frequently neglected issue within rural and marginalized populations across India. Insufficient awareness, detrimental cultural taboos, inadequate sanitation facilities, and restricted access to economically viable menstrual products collectively create a multifaceted array of challenges. Despite the presence of governmental initiatives and non-governmental organization interventions, the enhancement of educational outreach, infrastructural development, and cultural reformation is imperative to guarantee that every girl and woman has the capacity to manage menstruation with dignity, health, and self-assurance.

III. RESEARCH METHODOLOGY

This investigation employed a straightforward quantitative methodology to examine the menstrual hygiene practices, levels of awareness, and difficulties encountered by females residing in rural and slum regions of India. A total of 100 participants, aged between 12 and 35 years, were systematically selected from a range of geographical locations to ensure a comprehensive spectrum of responses. The majority of participants consisted of adolescent girls and young women. A Google Form was developed containing multiple choice and open ended questions, addressing topics such as knowledge regarding menstruation, types of menstrual products utilized, cultural stigmas, accessibility of hygiene products, and familiarity with governmental initiatives. The form was disseminated digitally via WhatsApp and social media platforms. Participants were allotted one week for their responses, with all data compiled and stored in Google Sheets. Microsoft Excel was employed to generate charts and graphs for fundamental analytical purposes. In addition to the primary data gathered through the survey, a comprehensive review of various national and international research articles and reports was conducted to substantiate and contrast the findings. The survey was executed over a fortnight in April 2025.

IV. DATA ANALYSIS & INTERPRETATION

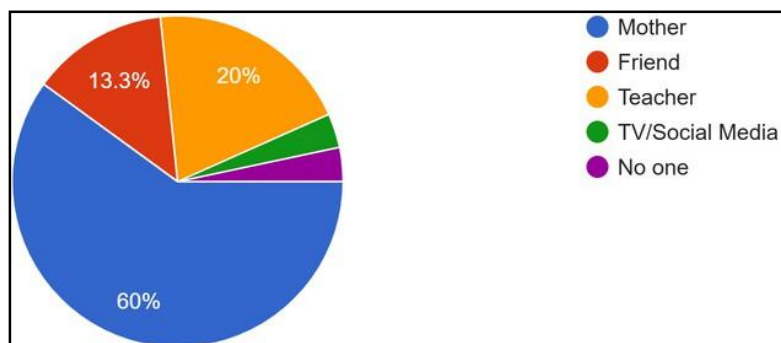
Based on the responses from the survey, the following key findings and data points were observed:

1. Source of Menstrual Knowledge

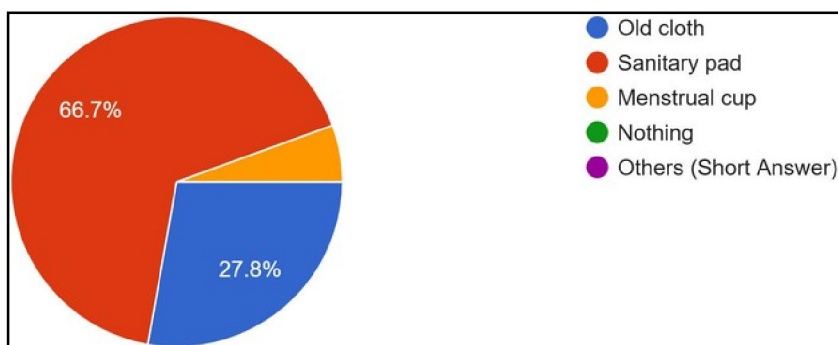
A considerable proportion of participants (60%) indicated that their primary source of information regarding menstruation was their mothers, whereas 40% reported either a lack of information or having acquired knowledge from peers or educators. This finding suggests a deficiency in formal menstrual education, particularly in rural regions, where young females frequently depend on informal sources that may disseminate incomplete or inaccurate information. This observation is corroborated by Dasgupta and Sarkar (2008), who discovered that numerous adolescent girls in rural West Bengal were uninformed about menstruation prior to the onset of their first menstrual cycle, resulting in feelings of fear, confusion, and inadequate hygiene practices. In a similar vein, Garg and Anand



(2015) noted that the lack of timely and structured educational interventions exacerbates unsafe practices and perpetuates menstrual myths among young females.



2. Menstrual Products Used

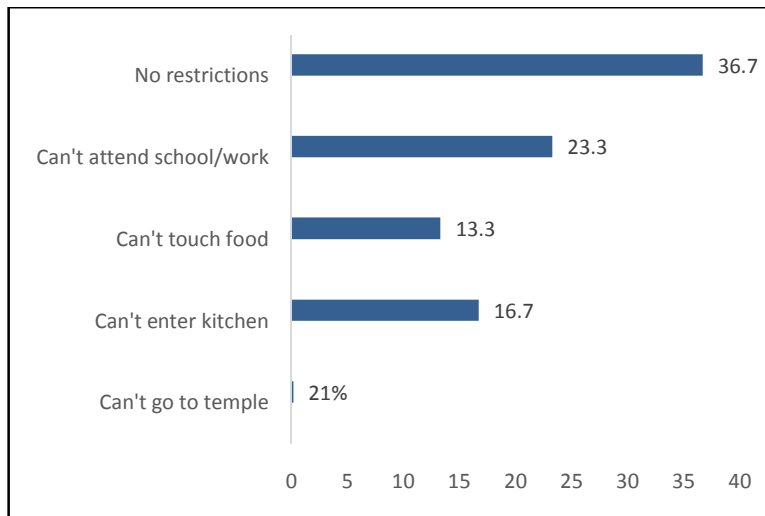


The results of the survey indicated that 66.7% of the participants utilized sanitary pads, whereas 27.8% depended on cloth or traditional materials such as ash and sand. The predominant motivations for opting for cloth included cost-effectiveness (40%) and insufficient availability of sanitary pads (30%). Furthermore, 32% of the respondents indicated inconsistent access to sanitary pads attributable to financial limitations. These results corroborate the research conducted by Kansal et al. (2016), which demonstrated that merely 36% of schoolgirls in Varanasi consistently employed sanitary pads, with financial and supply-related issues identified as the principal obstacles. In a similar vein, Sahoo et al. (2021) discovered that adolescent girls in Odisha encountered considerable difficulties in obtaining menstrual products and maintaining access to hygienic sanitation facilities, thereby heightening their susceptibility to infections and suboptimal menstrual hygiene practices.

3. Cultural Restrictions and Taboos

Approximately 64% of the participants recognized the imposition of various forms of cultural constraints during menstruation, which encompassed restrictions from religious undertakings, prohibitions on culinary activities, and enforced seclusion. These observations underscore the persistent stigmatization associated with menstruation, particularly within traditional and conservative sociocultural contexts. Khanna et al. (2005) similarly indicated that 70% of adolescent females in Rajasthan perceived menstruation as a pathological condition, a perception influenced by intergenerational myths and inadequate education. In corroboration of this, WaterAid India (2016) identified that cultural stigma not only precipitates emotional distress but also contributes to school absenteeism and social marginalization, particularly among females residing in urban slums.





IV. FINDINGS

The investigation revealed several fundamental insights regarding the status of menstrual hygiene among females residing in rural and impoverished urban environments in India. A pronounced deficiency in formal menstrual education was discernible, with the majority of participants depending on informal channels such as mothers, peers, or educators for information. This absence of structured instruction perpetuates limited awareness and the persistence of detrimental practices. Although numerous respondents indicated the utilization of sanitary pads, a noteworthy proportion continued to depend on unsafe traditional substitutes such as cloth, ash, or sand, predominantly attributable to financial limitations and restricted product accessibility. Indeed, affordability emerged as a significant impediment to the regular use of sanitary products. Moreover, cultural prohibitions and social constraints associated with menstruation were determined to be pervasive, culminating in the marginalization of menstruating individuals from religious, social, and domestic engagements. These cultural and educational deficiencies aggravate inadequate menstrual hygiene practices and heighten the vulnerability to infections and other health complications among adolescent girls and women. Furthermore, awareness of governmental programs and initiatives aimed at bolstering menstrual hygiene was found to be minimal, thereby indicating a disconnect between policy intentions and their grassroots ramifications.

V. RECOMMENDATIONS

In order to mitigate these challenges, it is imperative that menstrual hygiene education be systematically integrated into educational curricula, thereby facilitating precise, early, and stigma-free comprehension. Empirical evidence indicates that well-structured menstrual health education markedly enhances knowledge and hygiene practices (UNICEF, 2020). Community based workshops facilitated by healthcare professionals or trained volunteers can also serve to ameliorate the knowledge deficit, particularly in regions where access to educational institutions is constrained.

Enhancing accessibility to economically viable menstrual products constitutes another essential measure. It is crucial for governmental initiatives to endorse the local production and distribution of affordable sanitary pads through self-help groups, thereby empowering women economically whilst simultaneously addressing supply chain challenges. Prior investigations have demonstrated that such models effectively reach marginalized communities (WaterAid India, 2022). Tackling cultural taboos necessitates ongoing engagement at the community level. Engaging both males and females in awareness initiatives can diminish stigma and foster transparency regarding menstruation. Furthermore, the enhancement of infrastructure, including the provision of clean toilets and disposal facilities in educational institutions and public areas, must be prioritized to ensure the hygienic management of menstruation (Sahoo et al., 2021).

Ultimately, the more effective implementation of government initiatives such as the Menstrual Hygiene Scheme (MHS) and the establishment of robust partnerships with non-governmental organizations can significantly augment outreach



and impact. Training frontline health workers, including ASHAs and Anganwadi personnel, in menstrual health awareness and product distribution is vital for achieving sustainable transformation (UNICEF & IIPHB, 2022).

VI. CONCLUSION

This study highlights that menstrual hygiene continues to be a significant concern for females in rural and impoverished urban areas of India. The results indicate a pronounced deficiency in formal educational resources regarding menstruation, with the majority of respondents depending on informal channels such as maternal figures or peers for guidance often leading to misconceptions and hazardous practices (Dasgupta & Sarkar, 2008; Garg & Anand, 2015). Financial limitations and the scarcity of sanitary products exacerbate the predicament, compelling numerous individuals to resort to unsanitary alternatives including cloth, ash, or sand (Kansal et al., 2016; Sahoo et al., 2021). Deep-seated cultural stigmas persistently inhibit menstruating individuals from engaging in religious and domestic activities, thereby perpetuating stigma and social isolation (Khanna et al., 2005; WaterAid India, 2016). Despite the existence of governmental and non-governmental initiatives, the levels of awareness and implementation at the community level remain insufficient (UNICEF & IIPHB, 2022). Consequently, an urgent need for a comprehensive strategy is evident, one that integrates educational initiatives, accessibility to sanitary products, and cultural transformation to foster dignity and enhance menstrual health for all individuals.

REFERENCES

- [1]. Dasgupta, A., & Sarkar, M. (2008). Menstrual hygiene: How hygienic is the adolescent girl? *Indian Journal of Community Medicine*, 33(2), 77–80. <https://doi.org/10.4103/0970-0218.40872>
- [2]. Garg, S., & Anand, T. (2015). Menstrual health practices and challenges faced by women in India: A review. *International Journal of Public Health*, 60(3), 279–285. <https://doi.org/10.1007/s00038-014-0585-8>
- [3]. Kansal, S., Singh, S., & Kumar, A. (2016). Menstrual hygiene practices among adolescent girls in Varanasi. *Indian Journal of Medical Research*, 143(3), 314–318.
- [4]. Kansal, S., Singh, S., & Kumar, A. (2016). Menstrual hygiene practices in context of schooling: A community study among adolescent girls in Varanasi. *Indian Journal of Community Health*, 28(2), 124–128.
- [5]. Khanna, A., Goyal, R. S., & Bhawsar, R. (2005). Menstrual practices and reproductive problems: A study of adolescent girls in Rajasthan. *Journal of Health Management*, 7(1), 91–107. <https://doi.org/10.1177/097206340400700103>
- [6]. Menstrual Hygiene Alliance of India (MHAI). (2022). Promoting menstrual health through community participation. <https://mhai.org.in>
- [7]. Ministry of Health and Family Welfare. (2021). Menstrual Hygiene Scheme: Guidelines for implementation. Government of India. <https://nhm.gov.in>
- [8]. Sahoo, S., Dasgupta, A., & Mahapatra, P. (2021). Menstrual hygiene among adolescent girls in Odisha: Practices and challenges. *BMC Women's Health*, 21(1), 123. <https://doi.org/10.1186/s12905-021-01293-9>
- [9]. Sahoo, S., Mahapatra, P., & Dasgupta, A. (2021). Menstrual hygiene among adolescent girls in Odisha: Practices and challenges. *BMC Women's Health*, 21(1), 123. <https://doi.org/10.1186/s12905-021-01293-9>
- [10]. UNICEF & IIPHB. (2022). Menstrual health and hygiene in Odisha: A situational analysis. Retrieved from <https://www.unicef.org/india/reports>
- [11]. UNICEF & Indian Institute of Public Health Bhubaneswar (IIPHB). (2022). Menstrual health and hygiene in Odisha: A situational analysis. Retrieved from <https://www.unicef.org/india/reports>
- [12]. UNICEF. (2020). Guidance on menstrual health and hygiene. United Nations Children's Fund. Retrieved from <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>
- [13]. WaterAid India. (2016). Menstrual hygiene management: Breaking the silence. Retrieved from <https://www.wateraidindia.in>
- [14]. WaterAid India. (2022). Menstrual hygiene in urban slums of India: Situation analysis and recommendations. Retrieved from <https://www.wateraid.org/in>
- [15]. <https://unicef.in>

