

A background image showing two hands, one from the left and one from the right, holding two bright red tomatoes. The hands are positioned as if about to bring the tomatoes together. The background is a solid, muted brown color.

CHAPTER - 3

MENSTRUAL HEALTH



3.1. Literature Review

The beginning of menstruation pronounces the most integral physiological changes to happen to young women from their adolescent period until menopause. Every month, 355 million adolescent girls and women, i.e., 30% the country's population, face a miserable cycle of pain, distress, discrimination, discomfort, shame, anxiety, and isolation owing to their monthly menstrual cycles (Alexandra Geertz 2016)³⁶. Even today, access to sanitary products including pads, tampons and cups is bridled, and often mothers, who are the primary stakeholders and the point of contact for period education, resort to using proxy materials including dried leaves, animal skin, ash, husk, sand, old fabric, rags, wood shavings, newspapers, hay, and plastic, among other unhygienic materials, to absorb the menstrual flow.

Apart from the physiological changes, the phenomenon bears much more implications on the social side, making it one of the most misunderstood subjects guided by stigma, myths, and misconceptions. Obliviousness and superstition deprive adolescent girls of critical information on menstruation and the importance of menstrual hygiene, so much so that menstruation is considered a sign of illness. Studies show that 71% of adolescent girls remain unaware of menstruation until their first menstrual cycle (Gopalan 2019)³⁷. Mothers, who are the source of information on menstruation, have little knowledge to begin with, to impart to their adolescent daughters. Thus, much of the information is imparted as restrictions on movement and social behaviours. The same is reflected in the fact that 70% of mothers consider menstruation 'dirty', perpetuating a culture of shame and ignorance (Masoodi 2017)³⁸. According to the National Family Health Survey (NFHS 2015-16) report, only 57.6% of women in India use sanitary napkins—48.5% in rural areas and 77.5% in urban areas (Welfare 2017)³⁹. Further, the impact of poor menstrual health and hygiene is often overlooked as a part of the menstrual process but in fact contributes significantly to female morbidity. According to a 2012 United Nations Population Fund (UNPF) study, around 60% of women diagnosed with common reproductive tract infections reported poor menstrual hygiene (Sarah House 2012)⁴⁰. In most parts of the country, menstrual hygiene is deeply deplorable with several issues like itching, whitish discharge, and reproductive tract infections, among others.

Owing to stigma and the lack of sexual education, menstruation knowledge remains limited, leaving many girls with negative and ambivalent feelings and experiencing psycho-social stress, which also impacts their ability to learn, according to a UN study (U. N. Desk 2019)⁴¹. For example, adolescent girls are made to take off from school and college during their period, forcing them to miss at least 60-100 days in an academic year—girls are typically absent for

at least 20% of the school year, which is the second major reason, after household work, for girls to miss school (Azmat 2019)⁴². On the other hand, 31% of women in India miss an average of 2.2 days of work when they menstruate (Dasra n.d.)⁴³. According to a Dasra report, 63 million adolescent girls in India live in homes without toilets (Dasra n.d.)⁴³. The report further details that two out of five schools do not have separate toilets for girls. The lack of functioning toilets results in 23 million girls dropping out of school every year. Women in prisons, refugee camps, and in impoverished rural communities are often the most neglected with regard to sanitation practices as they struggle with poor access to water and sanitation (U. Desk 2018)⁴⁴. Owing to the untimely lockdowns and economic collapse during COVID-19, the effects ranged from lack of menstrual supplies (pads, tampons, among other things), to elevated stress levels affecting & distorting the menstrual cycles and related physical, mental & emotional issues. Further research is required to assess the impact of COVID-19 on menstruation across the country. Menstruation has given rise to several physical, psychological, social, economic, health, and environmental concerns.

On the social side, menstruation restricted the social life of over 89.5% students to an extent that one out of five did not participate in social activities or in doing housework during menstruation.

The environmental impact is seen in the fact that a woman throws away 125-150 kilograms of non-biodegradable absorbents used during menstruation in her lifetime (Shrivastava 2019)⁴⁵. Commercial menstrual napkins take 500-800 years to decompose as they are 90% plastic.

The economic cost of such stigma, if tackled well, may ensure that girls do not drop out of school, thus delaying early marriages and pregnancies, having the potential to add \$100 billion to India's GDP over their lifetimes. Tackling the challenges of menstrual health and hygiene issue generates a triple return on investment with improved outcomes in education, health, and environment.



3.2. Common Myths and Misconceptions

MYTH: 01 | **Menstruation is a matter of shame and is a result of sin/Menstruation is a taboo and embarrassment, and girls/women should not talk/share about it with others.**

FACT: Menstruation is a natural part of the reproductive cycle in which blood from the uterus exits through the vagina. It is a natural process that first occurs in girls usually between ages 11 and 14, and is one of the indicators of the onset of puberty among them (H. Desk 2018)⁴⁶.

MYTH: 02 | **Menstruation implies impurity where the woman must stay separately and not enter the kitchen or temples.**

FACT: Menstruation is merely a natural process and there is nothing impure about periods. The myth that women cannot enter temples and holy ground has been a sensitive issue and a point of cultural controversy. Differential treatment of a natural process creates shame, taboos, and embarrassment towards menstruation.

MYTH: 03 | **-Women should never wash the cloth used during menstrual cycles.
It is a sin to throw stained cloth in the dustbin.
- Bathing and hair wash in the first three days of menstruation is a taboo/
will lead to difficulty in conceiving and mental illnesses.
- Sanitary pads lead to infertility.
- Menstruating women/girls must not touch the tulsi plant as it will wither.**

FACT: Cultural and religious norms around menstruation often equate and perpetuate menstrual blood with evil spirits, humiliation and embarrassment around sexual reproduction. The inherent source for these myths is also the cultural belief of impurity associated with menstruation, which is again false. These superstitions are often spread by word of mouth and are passed on from generations of menstrual practices. Thus, owing to the lack of right awareness and education, these traditions/myths continue to persist.

MYTH: 04 | **Touching/eating pickle during one's period will lead to arrhythmias.**

FACT: If general hygiene measures are considered, no scientific test has shown menstruation as the reason for spoilage of any food.

MYTH: | **Girls/women on period must be on a five-day exile and use different utensils and separate beds.**
05

FACT: Menstruation is not contagious and causes no harm to anyone in the vicinity. This practice was mostly a result of cultural controversy and the lack of supply of menstrual hygiene products.

MYTH: | **Adolescent girls can pass out from period blood loss.**
06

FACT: Menstruators experience dizziness before periods for a multitude of reasons including iron deficiency, low blood pressure and sugar levels. The fluctuation of hormones, i.e., oestrogen and progesterone level drops, with the start of periods causes an effect on the circulation, leading to a feeling of dizziness. Most women will lose less than 16 teaspoons of blood (80 ml) during their period, with the average being around 6-8 teaspoons, and not faint as a result.

MYTH: | **Girls/women should not exercise or perform strenuous activities during their period.**
07

FACT: Exercise and playing sports can, in fact, relieve period pains (H. Desk 2018)⁴⁷.

MYTH: | **Girls/women cannot get pregnant during menstruation.**
08

FACT: Periods do not protect women from pregnancy since sperm can remain active in the body for up to three days, meaning that conception during period is possible.

MYTH: | **Girls should not use tampons, menstrual cups, or any other penetrative product during their first periods since it implies losing virginity.**
09

FACT: Virginity is a social construct and a misunderstood term. The hymen is like a rubber-band at the front of the vaginal opening, which means that it is elastic, it can stretch and can accommodate things. Research suggests that cups or tampons do not affect virginity (Manorama Eti 2019)⁴⁸.



3.3. Case Study- Water Wives, an Odd Solution to the Problem of Water Scarcity and Women's Health

It is true that water, or the lack of it, is where our inequalities stand naked. Parched areas with extreme water shortage face the dual challenges of safe drinking water and women's health. While polygamy is illegal for non-Muslims in India, the barren villages of Maharashtra and Rajasthan hold another intriguing story. 'Water wives' is a phenomenon unique to these arid regions and an odd solution to water scarcity problems. In Rajasthan, in areas of extremely scarce availability and accessibility of water, the responsibility of fetching water from the nearest source to one's household relies solely on the woman/women of the house. This

'nearest' source may be 200 metres away or it may be over one-and-a-half kilometre away. Data from the 2011 Census tells us that around 21 million Indian women reportedly walk these long distances for the most basic need—water. This puts the health and safety of these women at risk. As data suggests, a lot of time and energy is spent in bringing pots of water up and down the hills of Aravalli, often traversing great distances. Meanwhile, if the woman of the house fails to do so owing to menstrual health or pregnancy, the man marries another woman specifically to perform the job of fetching water. The men in these areas take a second, and sometimes a third, wife so that their water supply stays uninterrupted.

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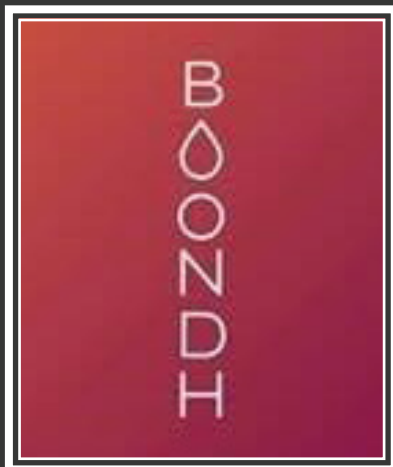
The poor understanding of menstrual and maternal health coupled with the issue of water scarcity has proved to be detrimental to the sanctity of the marriages of the women in these arid villages

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This second woman is usually from a poor family and her family/father wants to get her married off, to relieve themselves of the responsibility. These 'water wives' are often widows or single mothers wishing to 'regain respect' in their communities. The poor understanding of menstrual and maternal health coupled with the issue of water scarcity has proved to be detrimental to the sanctity of the marriages of the women in these arid villages.



3.4. Experts Speak



Ms Bharti is the founder of Boondh (Boondh n.d.)⁴⁹, and Ms Ananya Chhaochharia is the founder of Paint It Red (Paint It Red n.d.)⁵⁰. These are among the leading organisations working at the grassroots to combat the challenges of menstrual stigma and to create access to sustainable menstrual products.



Dr Tanaya Narendra, popularly known as Dr Cuterus on Instagram, is an award-winning, internationally trained medical doctor, embryologist and women's health content creator busting medical myths for her half a million followers on social media platforms.

01

What has been your biggest challenge in this sector and how did you/your team deal with it?

Boondh: Evangelisation of the concept of healthier, sustainable and economical consumption, and reduction in usage has been the biggest challenge and continues to be, keeping intact feminist values of agency, consent, and informed choice. Our workshops, information, education, and communication (IEC) language, programmes are all focused on taking all these concepts and values together.

Paint It Red: The challenges in this sector are two-fold. First, the deep rooted stigmatisation requires us to be extremely sensitive in our educational approach. While debunking myths and taboos, we have to be mindful of not disrespecting cultural and religious beliefs. Second, often it can be difficult to create a collaborative space between civil society organisations and government initiatives. There is a lack of understanding of the intersectional demands of the space.

02

A lot of menstrual misinformation tends to be couched in medical terms, which makes it inaccessible to the majority of the menstruators. What has been your experience in busting menstrual myths on social media platforms?

Dr Narendra: A lot of misinformation stems from people who are not menstruators. In my experience, this has mainly been from accounts that are run by cis-men who will say things like the gel in the core of the pad contains something that will give you cancer or wearing a pad for over two hours will make you ill. Yes, of course there's a limit on how long you should be wearing the pad but it's not two hours. It's more like six or eight hours. There are a lot of myths around the use of tampons, that people shouldn't use tampons because they will cause Toxic Shock Syndrome. In my experience so far, it is important that the conversation is very approachable. People don't care for big things like the anatomy of your pelvis. People care about very basic things like can I wash my head on my period? Is it okay if I eat pickle on my period? How long can I use a pad for? Is a menstrual cup going to give me an infection? It's very simple questions that people seek answers to and we don't have to get caught up in making elaborate 15-minute videos or 35-page explanations. We need simple, to-the-point answers that are accessible to people of all levels of intelligence, all levels of socio-economic status, and all levels of comprehension.

03

Mothers, who are the primary stakeholders and the point of contact for period education, often lack the relevant and required knowledge. What has your experience been with this at the grassroots level?

Boondh: This is true. A 'Spot On' report⁴³ by Dasra stated that over 88% mothers think menstruation is a disease. This is reflective in the way mothers in India perpetuate stigma, taboo, and restrictions in public and private spaces.

Paint It Red: Mothers play a pivotal role in period education. There exists a huge gap in their knowledge of how and why people get periods. Most mothers, in fact, do not explain the same to their children except reinstating the existing norms. However, a change can be seen amongst young mothers who are willing to be more informed and even try new products which will be convenient for their daughters. They are less hesitant in taking their children to doctors in case of anomalies. Educating mothers is, therefore, of primary importance to ensure that archaic ideas are not carried forward and an intergenerational empowerment can be established.

04

Given that rural India still struggles with meeting basic needs like water, health, and sanitation, what should be at the core of sustainable change on menstrual health in rural India?

Boondh: The core is realisation of our fundamental right to health which, in turn, is access to WASH (water, sanitation and hygiene), products, information, clinical access, etc. Just providing one of these can never be a standalone solution.

Paint It Red: Every community is unique and needs a unique solution. An understanding of the WASH facilities helps provide them with adequate sustainable solutions. For instance, a lot of them use community bathrooms but wash clothes in their houses, making it easier for them to use cloth pads, while some are still defecating and urinating in the fields. Where privacy is so important, we try and talk about menstrual cups as a convenient alternative.

05

Menstruators in the cities usually say that they already use good-quality pads or tampons and don't need to switch to cups, or that they are scared to put cups inside their bodies. What is your take on this transition from pads to menstrual cups?

Dr Narendra: The crotch is a very moist environment. And large parts of India being humid, the issue is that using pads or tampons can lead to the area becoming very moist and this can lead to bacterial infections. It can lead to a lot of itching and pad rashes, which are common problems with menstruators in India. However, the menstrual cup drastically reduces/eliminates these problems because there's something that's sitting inside your vagina. The silicone (of the cup) itself provides such a smooth surface that it is hard for bacteria to colonise and grow there. That is not to say it never happens, which is why you have to be careful while using products related to menstrual health.

Coming to the point of whether putting a cup inside you for that long is safe or not, the answer is that it is wonderfully safe because it is made of a material called medical-grade silicone. When something is medical grade, it means it is tested to not react to your body. For example, a pacemaker contains medical-grade plastic. You put a pacemaker inside your body because it's integral to your health. Nobody will chide you for putting a foreign substance inside your body with a pacemaker, but when it comes to policing women's bodies, everyone will jump up and tell you that putting a menstrual cup inside you is a bad idea because it is putting something foreign inside you. Cups are a very sustainable, very body-friendly way

of collecting your menstrual blood instead of the discomfort that comes with wearing pads and tampons. But there is a lot of disinformation regarding cups; the other common myth is that a menstrual cup ruptures the hymen hence takes away a girl's virginity. First of all, virginity is a social construct, but I do understand that in our country and the prevalent socio-cultural practices, virginity is important to certain people. That said, putting a menstrual cup inside won't take away your virginity and it won't destroy your hymen. Your hymen is elastic; it has a ring that you can insert the menstrual cup through; it already has a hole in it.

06

Behavioural change is one of the toughest goals to achieve, especially with a menstrual cup. How do we address this problem considering that lack of awareness is the first hurdle here?

Boondh: Information, education and awareness dissemination programmes, using creative tools like digital advocacy, arts, media, etc., apart from regular programming, are important. Working with influential stakeholders towards advocating the same is another way forward.

Paint It Red: Stimulating behaviour change is a mammoth task. We have set SMART (smart, measurable, attainable, relevant, time-based) targets which are achievable. For example, teaching young girls to track their periods, creating low dependency on medicines for period pain, ensuring their hygiene practices are healthy. When it comes to behavioural change, I truly believe that 'small ripples can create big waves'.

07

Menstrual health is a taboo and has many negative socio-cultural and religious attributes attached to it. How did you deal with this stigma when you started off and how do you continue to battle this crucial challenge?

Paint It Red: For centuries, menstruators have been convinced that their periods are dirty and impure. We use innovative tools like interactive games to stimulate critical thinking which is geared towards undoing these indoctrinated principles. It would be insensitive towards their faith if we simply declare all their existing knowledge as false. We try and build stories, experiments, and even discuss the good practices from the ancient knowledge which has been passed on to them intergenerationally.

08

One of the most important aspects of menstrual health is to seek the right information from medical sources. However, a lot of women (married and unmarried) hesitate to speak freely with gynaecologists owing to the fear of judgement from them. How do we navigate through these fears and seek the right guidance?

Dr Narendra: Gynaecologists are a product of the society we live in. And our society is deeply patriarchal, deeply misogynistic, and deeply superstitious. We have to accept that. These gynaecologists are people coming from the same background; sure, they have scientific training, but the people who train them also come from the same deeply patriarchal, deeply misogynistic, deeply superstitious backgrounds. This is a systemic change, and it will take time. It is an uphill task and I know it is difficult to find a good gynaecologist to listen to your problems without judging you and shaming you, and I completely understand and respect the fact that this is genuinely a problem in the world and not just our country. But health is a priority, and we must prioritise it in that way. We spend hours searching for the perfect mascara, and hours searching for whatever bra fits best, or hours searching for a good movie on Netflix or a good book. In the same vein, we should spend hours and a certain amount of money searching for a good gynaecologist who prioritises our health.

09

Considering the problem runs deep, what kind of strategies should the state/local governments adopt to tackle this important challenge? Have you tried to partner with any of the state/local governments to aid your cause?

Paint It Red: Menstrual health and hygiene is an intersectional domain requiring coordination between several state/central agencies. It also demands a deeper look into WASH facilities and infrastructure. Currently, governments are fixated with the idea of providing ‘free’ products only without taking into account the other corollary issues that need to be addressed. In a country as diverse as India, a one-size-fits-all solution will never work. A collaborative effort with civil society members and grassroots agencies would help governments design effective, impactful, and, most importantly, inclusive policies. I think that is one of the biggest things that needs to be done to address the problems in this sector.



3.5. Conclusion

Lack of access to sanitary pads is only the tip of the iceberg when it comes to solving the issues with menstrual health in India. While sanitary pads still struggle to make the cut in the government's list of essential items, young girls continue to be shamed and made to feel guilty about this natural part of the reproductive cycle. Taboos surrounding menstruation exclude women and girls from many aspects of social and cultural life. The persistence of misinformation owes both to the psychological responses and to the social contexts under which misinformation spread; potential interventions should target both fronts. At the individual level, although interventions to correct misperceptions are proven effective at times, efforts to retract misinformation need to be carried out with caution to prevent backfiring. A more constructive approach may be to cultivate critical thinking and to improve health and media literacy, thereby equipping individuals with the faculty to critically assess the credibility of information. While the good news is that a lot of groundwork is already being done at the grassroots, it is crucial to pursue how these efforts are translating into real-time impact on adolescent girls.

This will include a multi-sectoral approach and continuous Information, Education, Communication (IEC) techniques to spread and improve awareness. Stakeholders including parents and teachers, especially men, who are the primary decision-makers, are crucial to the process and must be included in menstrual hygiene trainings. Another huge potential is to tap into the role of ASHA and Anganwadi workers, who have social capital with the local communities, in facilitating menstrual hygiene and awareness among the communities, and mobilise social support against busting menstruation-related myths. The pandemic has only added further layers to the existing problem. Given today's access to scientific knowledge, the conversation around menstruation must be normalised and understood as a natural biological process. It is indeed a long battle ahead but introducing relevant menstrual education for both adolescent boys and girls must be prioritised so that we can slowly work towards a behavioural change in the perception and acceptance of menstruation as a normal process.