

# Curse of being an Adolescent Girl: Stigma of Menstrual Periods – Observations and Practices across India

**Dr Arpan Dasgupta**

Associate Professor

Amity School of Architecture & Planning

Amity University, Kolkata.

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## **Abstract –**

Menstrual cycles are indicative of a girl's first step towards adolescence – they are one of the most important aspects revealing their reproductive health. Girls are supposed to be treated and assured of their best physical and mental health during this period. It requires proper hygienic practices, awareness, and better knowledge for safe practices. Poor menstrual hygiene results in different kind of reproductive health issues. Girls are not supposed to be treated as a taboo or to be scrutinized under religious beliefs for this and should be ensured maximum psychological comfort during this period. But unfortunately, the situation and reality are different when we look in different areas of our country. This issue is persisting, and they are more difficult and complicated in India because of marked socio-economic variations. There are myths associated in Indian society where menstruation and menstrual periods are considered as taboos where women are being considered impure and polluted, and they are subjected to certain treatments which are not desired for. These treatments are some long-standing ill practices prevalent in different parts of our country. This paper tries to find the isolation which is prevalent in different parts of our country – the backdrop and justification with case specific surveys in different regions of our country. The paper finds the common threads attached to these grey areas and finds some possible ways that eradicate this age-old superstition existing in our society.

## **Objectives –**

- Take an overview of stigma of 'menarche' associated with our society and culture.
- Study the prevailing situation in different parts of our country.
- Document different agencies engaged, and platforms provided in this cause.
- Possible solutions to minimize and eradicate the flaws associated with menstrual cycle.

## Introduction –

*56% of Indian population do not have access to toilets... Half of them are women and girls!!!*

India ranks 131 out of 189 countries on the Gender Inequality Index, 2020 of the United Nations Development Programme (UNDP) - an index measured on gender inequalities on -

- reproductive health, measured by maternal mortality ratio and adolescent birth rates.
- empowerment, measured by the proportion of parliamentary seats occupied by females
- proportion of adult females aged 25 years and older with at least some secondary education.
- work force participation rate of female and male populations aged 15 years and older.



**Fig. Overview of Women's social representation – schematic and data.**

More than 600 million girls and women worldwide do not have access to toilet facilities during menstruation of which its 84 million are Indians. Menstruation continues to be a subject of gender disparity in India. Myths about menstruation are largely prevalent, forcing many girls to drop out of school early or secluded for the duration of their menstrual cycle every month. India witnesses a 23 million women drop out of school every year when they start menstruating. 71% adolescent girls in India remain unaware of menstruation till their early teens. Menstruation is a rarely discussed topic in homes and schools across India.

Adolescence in girls is indicative of transition from girlhood to womanhood and menarche or menstrual cycle is symbolic of her reproductive capacity. In general, menarche occurs between 11 and 15 years with a mean age of 13 years. Commencement of this cycle is an important and integral

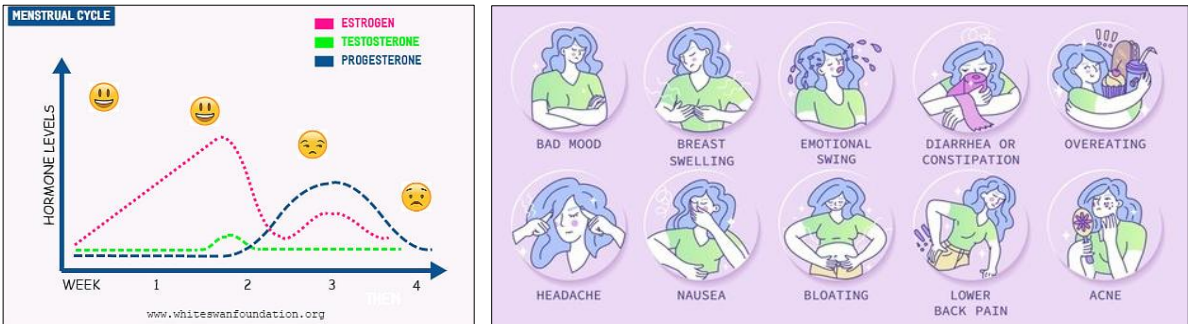
aspect of a girl’s reproductive health. The experience of first menstruation is often horrifying and traumatic to an adolescent girl. Irony remains that it remains as an enigma to many. School going girls remain absent due to lack of appropriate awareness, preventions and access to modern menstrual hygiene product during the phase. They are also bothered by social backlashes along



with physical well-being and cognitive immaturity. Studies have revealed that most of the adolescent girls have incomplete and inaccurate information about the menstrual physiology and hygiene. They were found ignorant of the scientific facts which led to their unpleasant health hazards during this period.

**Fig. Social backlashes – a graphical representation.**

Onset of the menstrual phase calls for psychological alterations and behavioral adjustments including maintenance of menstrual hygiene. As adolescent is a vulnerable stage, which calls for a transition and one seldom sees a negligence towards a girl child, especially in rural and semi-rural India. Menstrual hygiene is an issue of all girls and women face from menarche till menopause. Menstrual cycle occurs every month and every girl requires proper hygienic practices and better knowledge of menstrual safe practices. Poor menstrual hygiene practices invite different reproductive health issues including reproductive tract infections which may be contagious and transmitted to the child inside the pregnant mother. Sanitary pad and washing of genital area are something considered essential as menstrual hygienic best practices, but the fact is taken care only in middle and upper middle-class societies. Marked socioeconomic discretion, lack of education and social awareness complicate the problem.



**Fig. Week wise change in behaviors and graphics on different physical complications.**

## **Methodology –**

Our country is vast and projects multicultural aspects of existence. Hence an inclusive and holistic effort is required to address the issue. The methodologies are thus thought of in a sequence keeping the larger picture into consideration precisely of the situation that prevails across the country and propose a way forward. The work is divided into three major phases that documents the severity of the situations and comes out with possibilities and deliverables that is likely to reduce the menace of this superstition and ease the life of Indian women.

***Phase I: The Situations and Shortcomings*** – Studies on actual situations and ground realities exploring information from various secondary sources, reports from various agencies involved and numbers found during different surveys. The study mode being review of published documents, internet information, relevant literature, and media updates.

***Phase II: The Country and Countryside*** - Introspection assessing the existing physical situation. Documentation of the core and allied issue surrounding the age-old superstition that persists even to this day in different parts of the country. The study further explores the agencies engaged, government initiatives, funds allocated and possible roadmaps.

***Phase III: The Dissections and Delineations*** – Inferencing from information's collected from primary studies, secondary efforts, media and government reports. Outline some practical and effective measures that gives a direction keeping a balance between age old beliefs, present situations and futuristic endeavours of a developing country like India.

## **Urban Working Women –**

The World Economic Forum's (WEF's) Global Gender Gap Report 2021 says that the gender gap has widened instead of shrinking. In the present context, it would take the world 135.6 years to achieve gender equality. The workforce participation and leadership positions of women is significantly less in almost all sectors. The percentage earning by a women at workforce level is subsequently less - a woman earns 84 cents for every dollar that a man makes.

Menstruation is a phase countered by girls and women in general. There were times when the issue surrounding paid leaves in offices widened a series of observations which routed towards widening the gender gap. If mandatory paid leave for periods is added to this, it would end up dissuading

companies from hiring women. The notion that when the government endorses and approves 'special status' for menstruating women, it validates the social stigma surrounding menstruation which could turn out to be widening the gender gap. Also, if paid leave during menstrual cycles is to be introduced, the task lies in its implementation. Determining legitimate use of such leave and preventing potential misuse would be complex. Also appointing specific people for the job is a resource centric issue which any employer would not prefer to prioritize. So, the case being ultra-sensitive, concerns surrounding its implementation would always prevail.

### **The Sabarimala Controversy -**

Cultural and religious beliefs and practices impedes menstrual hygiene. Some communities consider menstruating women as severely impure and restrict their participation in religious activities or social gatherings. The Sabarimala issue was in prime spotlight in the year 2022. The Sabarimala temple controversy highlighted the discrimination against menstruating women, sparking debates about gender equality and the need to eliminate such practices. The Case went from the Kerala High Court to the Supreme Court.

A group of five women lawyers challenged Rule 3(b) of the Kerala Hindu Places of Public Worship (Authorization of Entry) Rules, 1965, which restricted the entry of women during their menstrual cycles to the temple premises and shrine. They moved to the apex court after the Kerala High Court which upheld the centuries-old restriction



**Fig. The Sabarimala protest.**

and ruled that only 'Tantri / priest' is empowered to take decisions on this age-old tradition. The petitioners argued that the restrictions are against Article 14 - Equality before law, Article 15 - Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth. and Article 17 - Abolition of Untouchability, of the Indian Constitution. According to the Supreme Court judgement, the prohibition was based on a natural, physiological process. When you are suggesting that menstruating women cannot enter a temple, they are basically being castigated based on their gender. *The majority in judgement has stated that the right to equality would prevail over the right to practice.*



### Case Examples –

There are practices in many places of rural India. The following studies are precisely picked to present an overview of the severity of the situation in different parts of India. The study intends to show cases in 4 cardinal parts of the country to understand the situation of the country in totality.

#### Gadchiroli, Maharashtra (Western India) –

Menstrual periods have long been a taboo, with menstruating women considered impure and forced to live under severe restrictions in the Indian state of Maharashtra. One of the worst pictures can be seen in the Gadchiroli district, one of India's poorest and underprivileged districts. Women are barred from social functions and denied entry into temples, shrines and even kitchens. The exclusion the women of Gond and Madia tribes in Gadchiroli face is extreme.

Case I - When Chetana Madavi, 29, gets her period, she gathers a few clothes and makes her way to a 'kurma ghar' or menstruation hut a few blocks from her home. It's a mud shack with a broken door and no toilet. When it rains, water leaks through the mud- tiled roof and the huts get filled with water. Apart from this, these women are also at risk of animal attacks like snakebites and physical assault by men wandering around the sheds.

Case II - An 8ftx8ft windowless mud room with no electricity – that is where Vaishali Padmukh gets banished every time she gets her period, the 37-year-old resident of Sitatoli village in Gadchiroli. She says, "We tie a sari or make a banana leaf shelter to create a space that we use as a toilet and for bathing. When it rains, the huts are filled with water."

Case III - Barred from consuming milk and other nutritious foods, these women survive on a diet of dry foods, salt, and rice. Even carrying a blanket along is prohibited, and they're only provided with a small rug which these women fold as a pillow during the day. Without a blanket in freezing temperatures, they resort to lighting fires in their sheds, risking suffocation due to poor ventilation - Parbati Buda Rawat, was suffocated to death by smoke inhalation in one such case.



**Fig. Menstrual huts and situations at Gadchiroli, Maharashtra – Western India.**

### **Pindar Valley, Uttarakhand (Northern India) –**

Most parts of the valley lacks essential public services such as roads and electricity. Until 2005, before the roads were laid, the residents had to hike 50 km to reach the block offices. Apart from poor physical infrastructure, Pindar Valley also lags behind on access to healthcare and education. The literacy rate is significantly lower than the district average.

Case I - Radha Devi, 50 years - “I was just 12 years old when it happened for the first time. I was in the forest collecting wood and started crying. My family took me to a *gadhera* (stream) so that I could clean myself and bring me some food. Then they made a temporary hut in the forest with leaves and bamboo for me to sleep. I stayed there for 10 days. The following month, I was asked to stay in the cattle shed.”

Case II – Chandni, 18 years - Chandni, a student of class XII in the government school, describes her daily routine on the days she has her period. She wakes up at 5.00am, collects cow dung, goes out to cut grass and fetch wood. Then she goes to the stream to bathe and wash her clothes. She is not allowed to go to school or mix with other children. She has to stay back in the cattle shed and do domestic chores. At times for 9 days her father and other male members doesn't even see her as they feel they may get ill or acquire some diseases if they mingle with her.

Women and girls in Khati village of the Pindar valley hardly had any knowledge about menstruation. Out of 48 women surveyed in Khati, only 41.6 % knew about menstruation before they started their period. 95% learnt about it from their peers and only 5% cent got this information from their mothers. For many of them, it was a traumatic experience. They recall being scared and abandoned and when they had to spend several nights alone in the forest.



**Fig. Menstrual huts and situations at Pindar Valley, Uttarakhand – Northern India.**

### **Ariyagoundampatti & Chennai – Tamil Nadu (Southern India) –**

South India showed a dominating existence of this practice. One may assume that the practice of menstrual impounding is a rural area syndrome, but it continues in urban homes as well. In urban homes, girls are not allowed to access the main hall, sit on sofas, enter pooja rooms, or rest on the beds. The restrictions seem to be less in nuclear families compared to joint families.

Case I – Priya and Vasantha, 28 years - Women in most of the villages in the Naicker community feels like a responsibility to carry on the tradition. Priya, a resident of Naicker Thiru, said the practice of sequestering women during their menstrual period was ‘not forced’. “We voluntarily go to that house, and we are doing it for the welfare of our families.”. Another village resident, Vasantha said: “It is our tradition, and we want to keep it alive forever. Bringing this to the media would be an insult to our women who strongly believe in culture and tradition.”

Case II – Jaya, a 22-year - Was brought up in urban Chennai recalls how she was scolded by her family members for sitting on a plastic chair in her house and touching a TV remote on the morning of the Pongal festival because she was menstruating at that time. “I was yelled at and the others in the house refused to touch the TV remote until the prayer and other rituals got over. It really made me rethink my value in my house,” she says.

Case III - RK Srividya, a 28-year-old - Chennai-based journalist recalled the kind of period segregation she had to face in her own house in Sivagangai. She says, “The rules of menstruation are different for a married woman and an unmarried woman. While the former can access all rooms, except the pooja area after taking a bath on all menstruating days, the latter is barred from even touching the essentials”. Srividya was not allowed to participate in the ritual of Sumangali Prarthana (a ritual performed in memory of women who passed away before their husbands) because she was a young menstruator. “Not knowing how to avoid inviting a young menstruator, some completely avoided talking to me or even keeping an eye contact,” says Srividya.



**Fig. Menstrual huts and situations at Ariyagoundampatti – Tamil Nadu, Southern India.**



### Sombaria Village, Sikkim – (Eastern India) –

In a pioneering move, the Sikkim High Court has introduced a menstrual leave policy for its women employees, marking a first for any High Court in India. Announced on May 27 2024, the policy allows women employees to avail 2-3 days of menstrual leave every month. The reason being amongst the eastern states, Sikkim predominantly shows the existence of isolating girls and women during their menstrual cycles. Mostly a practice amongst the Nepalese, Sombaria is remotely situated in the Indo Nepal border and is dominated by people of Nepali origin. This village is 112 km from the capital city of Sikkim, Gangtok.

Case I – Kalpana, 16 - She had her first period. “I remember the day when I first menstruated. I was going to my sister’s house. and suddenly felt the spurt of blood running through my body”. She recalls, “I stayed in *goth* (period huts) with my friends. That somehow took away all my fears. But I am still scared of snakes,” she adds. “I missed my home, my sisters and mother. Despite being with friends, I felt alone and odd.

Case II - Tulasi Majhi, 50, Kalpana’s mother says - “We grew up hearing that the God becomes angry if menstruating woman enter the kitchen or touch male members. We fear that bad will happen if we break the rules”. She adds, “Villagers may stop coming to our home if we discontinue the tradition - the entire village follows it and “we are not in the position to challenge it”.

Case III – Tulasi Shahi, 19 – The teenage girl in Nepal has died after she was bitten by a snake while banished to a cowshed during a menstruation ritual that sees young women separated from their families and made to sleep alone. It’s a ritual Tulasi had likely endured many times before, but on the fated night she was bitten twice on her head and leg by a poisonous snake.



**Fig. Menstrual huts and situations at Sombaria – Sikkim, Eastern India.**

**Summation of Situations –**

India is a large country with different sects, castes creed and language. The studies from four different parts of the country showed that the these factors were different, but the beliefs, superstitions and social practices remained same. Young girls and women were found on the receiving end when social issues like the menstruating phase came into consideration. There were even harsher consequences in incidents in Bhuj, Gujarat in 2020 where 66 girls were forced to strip naked to verify their menstruation status, or the 2017 case in Muzaffarnagar where 70 girls faced similar treatment. All these conditions, underscore the need for sensitive and respectful policies regarding menstruation in India.

**Possibilities and Way Forward –**

The intensity and seriousness of the issue can be derived from the above situations prevailing in different forms and in different parts of the country. All stakeholders to be responsible for the menace that persists in our society still. While proposing the possible solutions – technology has also been considered as a tool for change in the societal changes where virtual simulations can be used to preach apt hygiene practices, demonstrate the biological processes involved, and address myths and misconceptions. A few possible solutions that may be initiated as an effort to reduce the menace of the issue can be listed as under -

**Holistic Approach:** The policy makers should be the first torch bearers for the cause. A proper way forward to be drafted with involvements from all relevant government departments. A practical roadmap considering the different demographic, socio economic aspects of our country need to be worked upon. All departments bearing the responsibility to execute the policies at ground level to be apt and responsibly involved.

**Awareness Programs:** Mass awareness programs especially in the rural and semi-rural areas of our country highlighting the severity of the issue must be relevantly drafted. The hubs where the practices are on the higher side needs to be identified. Representatives of the local communities and senior member of families are to be called for common sessions to be made aware of ways to treat girls and women of their families during the menstrual phase.

**Instill Self Belief:** Sessions needs to be thought of with adolescent girls and women on understanding the realities they face. This may be region specific and must be dealt relevantly. Girls and women should be first given the feeling of confidence to speak up of the issue. They should not feel suppressed and be allowed to shake off their inhibitions. They need to come out of their shell and not treating the issue as a curse will surely help.

**Inclusive Approach:** The societal mindset has to be accommodative enough to include different sect who menstruate. A generalized perspective must be advocated. Hence, menstrual needs of the differently abled, trans male, trans female, and people with other gender identities – all needs to be considered. Gender-nonconforming persons face safety problems and a lack of menstrual supplies. Hence, their unique needs are to be urgently understood as well.

**Panchayat level Interventions:** Hygiene can be ensured only when there is a vigilance on quality control on products supplied by the government. A different and special cell must be there in each Panchayat level offices comprising of Women Staffs – much unlike Mahila Samity/Sangathan (Ladies Cell), who will dedicatedly be working for the cause at ground level. This has to be done by the authorities who monitor on-field situations.

**Observation and Supervision:** Periodic monitoring on improved quality of sanitary products must be prioritized. Sufficient stocks ensuring one point availability. These should be free or should be cheap and affordable. Officials must note quality issues in sanitary napkins distributed under various government schemes. Menstrual cups are cheap, sustainable, and eco-friendly alternative to sanitary napkins, but they are still treated with skepticism.

**Telemedicine and Teleconsultation:** Accurate information should be easily accessible regardless of geographical constraints. A specific helpline number from the government is to be facilitating the cause. Introducing telemedicine platforms can provide remote access to healthcare professionals in most rural areas. Video consultations will help women and girls receive personalized guidance, support, and expert advice on menstrual hygiene.

**Online Tools:** Mobile phones these days are almost being used by all. Awareness must be raised among women through initiatives like the use of mobile applications, interactive websites, and voice-based information systems regarding information on menstrual health and hygiene. Augmented Reality (AR) and Virtual Reality (VR) technologies can create immersive and interactive learning experiences for menstrual health education.

**Educating Peers:** The study portrays the severity of the issue is region specific. Understanding region specific local beliefs, their culture and language key to successfully dealing with the issue. Engaging local communities through innovative peer education programs can help break the silence and stigma surrounding menstruation. These programs can train and empower women and girls to become menstrual hygiene ambassadors.

**Sanitation Facilities:** Lack of proper sanitation facilities, clean toilets and water supply, poses a significant barrier to menstrual hygiene in India. Sufficient infrastructure in public places, and households to make women and girls manage their periods safely and with dignity. Essence should be shown in informal working sectors like construction work, domestic work etc. Their access to washrooms, clean water, and cost-effective products and their safe disposal to be ensured.

**Smart Toilets:** Using household toilets even on premises was found as defamatory in the studies across all regions. So, the construction of smart toilets, both mobile and permanent ones to be there in the villages. These toilets assure best hygiene practices and can provide real-time feedback on supply and availability of menstrual products and send alerts for maintenance and restocking. These toilets should have adequate washing, bathing and spaces with resting facilities.

**Waste Disposal:** Since products generating out of the menstrual cycle phase is considered a stigma. So safe disposal of sanitary napkins and all related products including the clothes and accessories must be dealt with empathy. IoT technology can be employed in the smart toilets mentioned above which will be equipped with sensors for detecting menstrual waste and automatically initiating proper segregation and disposal mechanisms.

**Policy Measures:** Considerations to be there for working women, government and private women employees unlike. Policies like reduction of tax, setting standards for sanitary products and creation of female friendly infrastructure should be implemented in work places. Relaxation in workplace like ‘Right of Women’ to ‘Menstrual Leave’ and free access to ‘Menstrual Health Products’ bill should be made a ‘Law’ and should be implemented.

**Professional Supervision:** Rural areas often face a shortage of healthcare providers, including doctors, nurses, and midwives, who are specifically trained in addressing menstrual health issues. This shortage further hampers women's access to knowledgeable healthcare professionals. A structured system dedicated specifically to cater to this issue to be in place. This will also contribute to the persistence of myths and misconceptions about menstruation.

**Government Policies:** Government initiatives are key to address the root cause of this issue. There are multiple Govt Schemes to Promote Menstrual Hygiene Management in India. These schemes and policies are to be nurtured and implemented at the grassroot level –

- The Right of Children to Free and Compulsory Education Act (RTE), 2009.
- Menstrual hygiene scheme launched by the Ministry of Health and Family Welfare.
- Rashtriya Kishore Swasthya Karyakram.
- SABLA programme of Ministry of Women and Child Development.
- National Rural Livelihood Mission of the Ministry of Rural Development.
- Swachh Bharat Mission and Swachh Bharat: Swachh Vidyalaya (SB:SV).
- Guidelines for Gender Issues in Sanitation, 2017.
- The National Guidelines on Menstrual Hygiene Management Scheme supported by the National Health Mission.

**Non-Governmental Organization:** The role of Non-Governmental Organizations can't be denied. The following NGO's work for the cause. They should be encouraged in terms of funding, security and even working in partnerships to eradicate the menace and superstition -

- |                              |                     |
|------------------------------|---------------------|
| • Child Rights and You (CRY) | • Jatan Sansthan    |
| • Goonj                      | • Pad and Prejudice |
| • Belaku Trust               | • Sanitation First  |



- EcoFemme
- Pinkishe Foundation
- Humanify Foundation
- The Pad Project

### **Concluding Discussions –**

A survey conducted by the NGO - Child Rights and You (CRY) revealed that access to sanitary pads was limited to many girls, with 44.5% of girls admitting to using homemade absorbents or cloth. The report also found that around 11.3% of the girls did not know the correct cause of menstruation and said that it was a curse from God. Further, 20% of menstruators have Polycystic Ovary Syndrome (PCOS) and approximately 25 million suffer from endometriosis in India. The report further highlighted the hesitation or shyness to purchase pads from the shops, difficulty in disposing of pads, poor availability and no knowledge of pads were the reasons for not using sanitary pads. As much as 61.4% of girls have accepted that a sense of embarrassment existed in society regarding menstrual periods. Access to affordable and hygienic menstrual products is a major challenge in India. Many women, especially those from low-income groups, struggle to afford sanitary pads or tampons. The most recent National Family Health Survey (NFHS) -5 report has highlighted how approximately 50% of women between the ages of 15 to 24 in India continue to rely on the use of cloth for menstrual protection. Experts caution that reusing cloth can increase the risk of contracting multiple infections.

The study shows that lack of awareness about menstrual hygiene and related issues is a significant barrier across India. Limited knowledge, improper hygiene practices and social myths harbors the issue in its own way - expressed in similar setup everywhere. The study further documents how menstruation is still surrounded by social stigma and cultural taboos. The severity is huge in rural areas. The case examples portrayed in four cardinal directions covering four prominent states in this paper is to give an idea of the situation that persists by and large across the country. The common observations that menstruating women facing discrimination, restrictions, and isolation, leading to shame, embarrassment and untoward incidents like loss of life was found in all the case examples. Girls compelled to stop from going to schools, discontinuing education or facing social exclusion during their menstrual cycles was found in all the case examples.

The 2022 ‘Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill’ specified three days of paid leave for women and transwomen during their periods, and additional benefits for students is yet to become an Act. Only two states, Kerala and Bihar, currently have menstrual leave policies for women.

Lastly, the proposals and possibilities drafted in this paper are in sync with the overall situations observed in the studies combined with ground realities. Implementation as discussed lies on government and law enforcing agencies. As an author, I still will end on what Swami Vivekananda said some 150 years back – “*Education is the panacea for all social evils.*”

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