Periods, Perceptions, Practices: A Participatory Inquiry into Women’s Experiences of Menstruation and Menstrual Hygiene in Jhansi, India

Author: Claire Windsor, Dublin University, Intern at PRIA in 2017
Field Supervisor: Nilanjana Bhattacharjee, Program Officer, PRIA
Table of Contents

Introduction: ........................................................................................................................................... 3
Context of Research: ................................................................................................................................. 4
Methodology and Research Methods: ...................................................................................................... 5
Observations:.......................................................................................................................................... 7
  Attitudes on Menstruation and its Purpose......................................................................................... 7
  Menarche.............................................................................................................................................. 8
Knowledge of the Physiological Process of Menstruation ................................................................. 9
Sources of Knowledge ............................................................................................................................ 9
Taboos, Myths & Restrictions During Menstruation ........................................................................... 10
Coping with the Health Effects of Menstruation .................................................................................. 12
Materials for Managing Menstruation ................................................................................................. 12
  Disposing vs. Re-using Cloths............................................................................................................. 13
  Environmental Impact of Sanitary Materials ......................................................................................... 13
Sanitation, Disposal and Toilets ........................................................................................................... 14
Conclusion:........................................................................................................................................... 14
References:............................................................................................................................................ 16
Appendix 1: What is Menstruation? ...................................................................................................... 18
Appendix 2: Advantages & Disadvantages of Sanitary Protection Materials ..................................... 19
Appendix 3: Potential Health Risks of Poor Menstrual Hygiene ...................................................... 21
Introduction:

Over the past few years, women and girls in a number of different countries have begun to raise their voices – speaking to a subject that, despite its widespread and regular occurrence, has long been silenced, ignored and pushed out of the realm of normalcy. The socially constructed meanings of menstruation and menarche differ according to country, region, religion and a host of other factors and yet it remains an essential part of human life for both females and males. There is an oddly universalizing quality of menstruation in that its presence, or absence is an important marker of an individual’s femaleness, womanhood, maturity, fertility and health.1

Thus far, research on menstruation in developing settings has focused primarily on the practical aspects of dealing with it, like access to proper toilets, disposal mechanisms and absorbent materials. At the same time however, little attention has been paid to the knowledge systems that inform a community’s practices and perspectives on those practices. This research aims to remedy this oversight by gaining a greater understanding of women and girl’s experiences of the biological necessity and socially constructed meanings of menstruation within the context of the mid-sized Indian city of Jhansi, Uttar Pradesh. By asking women about their experiences with and the knowledge that informs their practices and perceptions of menstruation, this research demonstrates the importance of engaging with the social and emotional infrastructure that determines how and why people practice such knowledge.

While there has been an increased focus in the past couple decades on the gendered aspects of poverty and development, there has been surprisingly little attention paid to women and girls’ self-described experiences of menstruation.2 This has been changing recently, with those in the health and water, sanitation and hygiene (WASH) sectors emphasizing the importance of menstrual hygiene management (MHM). 3 While menstrual hygiene is increasingly being recognized as a multi-sectoral issue that cuts through the social, educational, environmental, health and sanitation spheres of a society, the fact that roughly half the population will likely spend a significant part of their life menstruating is still rarely, if ever, considered when planning or executing policy.

The issue of MHM caught the attention of the Indian government following the 2011 release of a study by AC Nielsen purporting that only 12% of menstruating women in India use sanitary pads and detailing a widespread lack of basic understanding of the menstrual cycle.4 Nielsen’s study

---

1 This is not to say that all women menstruate or that all people who menstruate identify as women but to acknowledge the specific effects on woman of the essentializing discourse around menstruation.
2 Chandra-Mouli and Patel, "Mapping The Knowledge And Understanding Of Menarche, Menstrual Hygiene And Menstrual Health Among Adolescent Girls In Low- And Middle-Income Countries."
3 Lahiri-Dutt, "Medicalising Menstruation: A Feminist Critique Of The Political Economy Of Menstrual Hygiene Management In South Asia."
4 Sinha, "70% Can’t Afford Sanitary Napkins, Reveals Study - Times Of India."
has been helpful in drawing attention to this issue and is often cited by both government and non-governmental organizations (NGOs) when discussing the need for policies like the National Rural Health Mission’s (NRHM) Menstrual Hygiene Scheme. While garnering attention is important, this and other studies exploring women and girls’ menstrual hygiene practices tend to ignore the reasoning behind such practices and perceptions and instead treats this as a simple “lack of knowledge.” Such discourse then informs projects and policies that treat women and girls as targets of development, rather than agential actors deserving of dignity. Given the intimate, personal nature of menstruation this approach is likely to prompt distrust and rejection.

This research was conducted with the support of PRIA (Participatory Research in Asia), an Indian NGO that specialises in participatory research and training and has promoted “participation as empowerment” for over thirty-five years. Much of the success of this research is due to the opportunities and support I was given in building upon PRIA’s existing links with the various communities I worked with in Jhansi. The intimate and taboo nature of menstruation made a participatory approach all the more necessary as it allowed me to create spaces of mutual understanding where the women I interviewed felt comfortable discussing their personal experiences and feelings.

In India, the issue of open defecation is often referred to as the “final taboo,” yet neither the government or society at large seem particularly hesitant to discuss the subject and have taken the task of ending the practice quite seriously. The fact that menstruation and related issues have only recently been deemed acceptable to discuss, and continue to have their seriousness doubted and misunderstood speaks to the larger sexism at play both within Indian society and the development sector.

**Context of Research:**

Jhansi is a mid-sized city in the Bundelkhand region of Uttar Pradesh state with a population of 505,693 of whom an estimated 26.5% live in the city’s 56 slum settlements. The vast majority of the population is Hindu (81.1%) with Islam being the second most popular religion at approximately 16.51% of the population. The city is famous for its Jhansi Fort from which Rani Lakshmi Bai led a rebellion against the British in the 1857 revolt and is a major commercial, tourist and education centre in the region.

Despite this regional importance, the city, like many other urban centres in India struggles with issues like sanitation and water supply – all amidst a larger environment of gender inequality. While the average literacy rate is 83.02%, this differs greatly between men and women with only 76.57% of females being literate compared to 88.9% of men. Additionally, the 2015-16 National Family Health Survey reports that only 36.8% of women in Jhansi have 10 or more years of education.

---

5 "Participatory Research In Asia: About PRIA."
6 "Jhansi City Population Census 2011 | Uttar Pradesh."; Administrative Staff College of India, Hyderabad, India, City Sanitation Plan Jhansi 2014. p.31
7 "Jhansi City Population Census 2011 | Uttar Pradesh."
8 Administrative Staff College of India, Hyderabad, India, City Sanitation Plan Jhansi 2014. p.30-31
schooling. Women in Jhansi are also reported to have a lower nutritional status than men, with 23.9% of women having a below-normal body mass index (BMI) compared to 15.8% of men.

Methodology and Research Methods:
This research was conducted over a period of three months (May to July 2017), including six weeks spent at PRIA’s Jhansi Field Office, with preparation and analysis conducted in their Delhi Headquarters. During my time in Jhansi, I employed a translator from a local community who assisted me in conducting focus group discussions (FGDs), in-depth interviews and key informant interviews, translating on the spot. All the interviews, except for the two conducted in the civil hospital, were recorded upon receipt of oral or written permission from participants, all of whom were over the age of 18. My translator and I then transcribed these recordings in English, translating as we listened in order to preserve the words of participants as accurately as possible.

An ongoing process of sensitization and open, frank discussions with my translator was vital in creating spaces where participants would be comfortable and would not be judged for their practices, knowledge or perceptions. From my experiences working with my translator and other PRIA staff, it became clear that any future work that PRIA or other organizations do in this area must include comprehensive efforts to sensitize and educate those involved in the research. In this case that included reflecting on the fact that my own knowledge and perceptions of menstruation has been heavily influenced by my experiences with the subject in both personal and societal contexts.

Due to the exploratory nature of my research, I utilized a grounded inductive approach which allowed me to build knowledge and theory in a methodologically systematic manner. I specifically chose a feminist, qualitative approach because it is the most appropriate in terms of its participatory qualities and ability to value and respect the information and feelings shared by the women I interviewed.

The semi-structured format of my FGDs enhanced the participatory nature of my research as participants were not just sharing their knowledge and experiences with me, but with the women in their communities as well. When I began my research I was concerned that participants would be unwilling to speak on such a taboo subject, however the majority of the women I spoke with were enthusiastic about the chance to share and learn from each other’s knowledge and experiences with menstruation. Not only did this help to legitimise and normalise concerns about a subject that is often very isolating but it also provided women with a space to celebrate and even laugh about their monthly periods.

“We feel good because nobody discusses it and the information that you have and what we have is being shared – before we didn’t used to tell our daughter so much, its kind of a job for her bhabi (aunt) to make her aware of all these things” – Female Animators

---

10 Ibid.
11 Ibid.
12 No recording was permitted in the civil hospital due to privacy concerns.
“After you go, we’ll go to home and we’ll laugh a lot about all the things we have talked about” — Pal Colony

Since this research is a new area for PRIA, I wanted to talk to a wide range of women from different socioeconomic backgrounds and education levels. Therefore, I conducted twelve semi-structured FGDs using location as a proxy for socioeconomic status and the snowball method for participant selection. Building on PRIA’s existing contacts, nine of the FGDs were held with residents of informal settlements including two peri-urban locations (one of which was a tribal community), and an Ashram that was home to orphans, disabled people and their families. I also conducted separate FGDs with PRIA’s male and female field animators — residents of informal settlements who are employed in data collection and community organisation. The other three FGDs were held in two third-level educational institutes and with a community group of upper-class women thus allowing for a broader range of socioeconomic and educational statuses to be considered. In order to more directly compare the experiences and views of different generations of women, I also conducted four in-depth interviews in middle and lower-middle class settings that compared the experiences and views of two young women with those of their mother, aunt and grandmother. Finally, I conducted key informant interviews with two Anganwadi workers and a gynaecologist and female youth counsellor at the district’s civil women’s hospital.

Due to the sensitive nature of the subject, time-limit and the inability to predict the potential responsiveness of male community members I was only able to interview one group of men. Therefore, the gender breakdown of my research is 7 male and 109 female participants. Importantly, participants’ ages ranged from 18 to 61+ with just over half of participants being under 30. The education levels of individuals varied greatly and appeared largely dependent on socioeconomic status, however that trend was not as strong amongst the younger participants. Just under 30% of participants were still in school, 15% had attended post-secondary school, 20% left school between the ages of 11 and 15 and just under 20% had no formal schooling. The majority of participants were married (60%), yet only 30% were primarily occupied as homemakers with others working as students, sanitation workers, beggars, and animators.

While I spoke with a total of 116 individuals, I do not claim that this is a fully representative sample of the population of Jhansi. This research is exploratory and given the limited amount of time I had in the field, it would not have been feasible to conduct a fully representative study. That being said, the research presented below clearly demonstrates the importance and efficacy

---

13 It is common for individuals who were orphaned as children to marry other orphans. Due to the low socioeconomic status of both individuals, their resultant families often continue to live in Ashrams.

14 Anganwadi centres provide basic health care to women and children including contraceptive counselling and supply, nutrition education and supplements and pre-school activities. It is the responsibility of the Ministry of Women and Child Development to train Anganwadi supervisors and workers on MHM in accordance with the 2015 National Guidelines on Menstrual Hygiene Management.

15 Civil hospitals are public hospitals that serve those who cannot afford private healthcare, charging just 1 or 2 Rupees for a consultation.
of a more holistic approach to issues involving menstruation and menstrual hygiene that are experienced by women in a range of socioeconomic positions.

The following section will highlight some of the most important findings of this research, including women’s attitudes towards menstruation and menarche, the common beliefs, myths and restrictions that accompany menstruation, as well as more practical problems that the women I spoke with face when managing their periods. This will be followed by a short discussion of some of the social and gender dynamics revealed in the knowledge of my participants, and how this understanding can contribute to future research and policy.

**Observations:**

**Attitudes on Menstruation and its Purpose**

I began most of my interviews by asking women “Do you consider your period to be a good or a bad thing?” This was a key question as it revealed women’s understandings of the purpose of menstruation and how this informs their feelings about the role it plays in their own lives. The vast majority of participants immediately responded that their period was a good thing and some even questioned how it could possibly be bad. There were two main reasons given for this: the first being that god has created periods so they must be good and the second, more prominent reason was that without menstruation women would not be able to reproduce. The importance placed on motherhood and reproduction cannot be overstated, as that is not only considered the overriding purpose of menstruation but for some of the women I spoke to, reproduction is the very purpose of women’s existence. While the importance of fertility was emphasized across the board, the degree to which women saw this as the key determinant of their own lives varied. More abstract sentiments like “Because of it, there is everything; life keeps on moving” (Laxmi Gate) and “Even God has created a woman first because if there won’t be any woman, there won’t be a single person in this world” (Madahk Khana) point to reasons why women and their menstrual cycle should be actually celebrated or at least honored and respected. However, when menstruation was talked about in terms of something they and their daughters face in their everyday lives, society’s expectations of women superseded their contributions to the creation and continuity of that society.

“If they won’t give birth to a child, who will take the family name later on?”

“If they came to know that she’s not suffering from [her period] then they will just kick her out of the house or just leave her.”

“When you can’t move a family forward, what is your purpose for being here?” – Laxmi Gate

“This is good because if this don’t happen nobody will ask for a woman.” – Female Animator

The above statements highlight the ways in which women’s value as individuals is pushed aside in favour of their ability to create heirs and pass on family names. As will be discussed further in the section on the problems the women faced in managing their periods, this has profound
implications in terms of women’s health, happiness, desires and motivations for change. In fact, almost none of the participants characterised their periods as being entirely bad and those who did discuss negative aspects primarily pointed to the pain and suffering felt by some and the inconvenience this and the restrictions on menstruating women cause.

“There is a fact that if we need to go somewhere then we can’t — like there are so many boundaries for us — that is why we face problems, that is why it’s just bad.” — Samarpan Sava Samit

Menarche

Menarche is the term used to denote the first time a girl has her period. On average this occurs between the ages of 10 and 16, with the mean age in India being 13.76 years and 13.86 years for participants in this study.\(^{16}\) It should be noted that the mean age of menarche varies greatly from country to country and even girl to girl as it is dependent on a number of factors, many of which are not fully understood. Nutrition level has however been identified as a significant factor which explains the later occurrence of menarche in many developing countries.\(^{17}\)

A significant part of our discussions was spent talking about the first time that participants had learned about menstruation and the sources of that information. Apart from a handful of respondents who either reached menarche at a late age or learned about it in school, the first time the vast majority of women I spoke with ever heard of periods was when they had their first one.

“I was surprised from where the blood is coming (laughing). Actually, I was not knowing. And I was even scared to tell my mum about it.” — APT Computer Institute

Emotions like panic, fear, confusion, anger and nervousness accompanied this experience and even when girls felt comfortable asking their mothers or bhabis (aunts) what had happened, the most common explanation was simply that it is a normal process that girls must go through.

“For me, it was night, I went to my bhabi, I just removed my clothes and threw them at her and told her ‘have a look, I do not know what happened, I do not know where the hell this blood is coming from, go and check it — I do not know, I have not even got hurt or anything!’ Then she took me inside a room and then she told me ‘apply this cloth and you don’t have to worry about it, your month is starting now and that’s it.’” — Grandmother, Laxmi Gate

The majority of participants reported being dissatisfied with the knowledge they were given at that time. Those who did say they were satisfied admitted that this was largely because they were just children and not knowing anything about the subject, would not have known what to ask anyways. A few women were not even aware that it would happen more than once and were

\(^{16}\) Pathak, Tripathi and Subramanian, “Secular Trends In Menarcheal Age In India-Evidence From The Indian Human Development Survey.”

\(^{17}\) ibid.
shocked and unprepared to find their clothes were once again stained with blood the following month.

Women of all ages indicated that this lack of information combined with the sudden restrictions placed on them led to a fairly negative perception of themselves and their bodies, feeling as if they had done something wrong to deserve this suffering. It is worth noting that a large proportion of the women I spoke with frequently used the term ‘suffering’ when talking about having their periods.

“My parents used to tell me don’t play with boys. But I didn’t listen and when I was dealing with this I was thinking I am suffering from it because I deal with boys a lot so its my punishment, that’s why I’m suffering from it.” – Female Animator

Knowledge of the Physiological Process of Menstruation

While participants were generally confident when discussing their own experiences with menstruation, when asked to describe, in their own words, what menstruation was, I was often met with silence. Most cited the common belief that menstrual blood is particularly dirty and can carry diseases, stating that menstruation was how the body cleans itself. Only a handful of women used terms like ovary and uterus and despite knowing its connection to reproduction, were extremely hesitant to mention sex or fertilisation in their descriptions. While the avoidance of discussing sex in front of strangers was unsurprising, the fact that the two Anganwadi health workers I spoke with said they had never been informed about the connection between menstruation and fertility was concerning given their training and expected roles in the community.

Asking about the connection between nutrition and menstruation revealed interesting information about their understanding of temperature’s affect on blood flow. Women from a range of backgrounds emphasized the importance of eating ‘hot things’ like tea and fatty foods to increase the rate of flow so their period would not last as long. Despite many pointing to the importance of eating healthy during this time to avoid weakness and other problems, a few mothers were unaware of this and said that they and their daughters would stop eating entirely during their periods.

While the vast majority of women I spoke with recognized the existence of connections between menstruation and other physiological processes, much of this knowledge was surface level and missing key pieces of information. Even the women who had the most accurate knowledge of menstruation were forced to supplement this with assumptions which left them vulnerable to harmful rumors and myths.

Sources of Knowledge

Traditional knowledge is primarily passed down by female relatives and while not always totally believed, continues to be prevalent. For example, some of the older women I spoke with claimed
that not having your period would cause blindness – knowledge that the women from the tribal community I spoke with said had been passed down from their ancestors. Very few participants reported learning anything about menstruation in schools and those that did were often told to refer to friends or female relatives when they had questions. While it is not uncommon for teachers to be hesitant discussing menstruation with students in many countries, the fact that any discussion of periods tends to be limited to private, female-only spaces leaves boys and men almost entirely out of this important part of women and girls’ lives.

Interestingly, a number of women spoke as if boys in general had more information about menstruation than women and therefore did not need to be told. This contrasted with the responses from my male participants, all of whom did not learn about the existence of periods until they were over 18 and whose sources of knowledge were primarily the internet, books and their wives. Both male and female participants, particularly the younger women, were however quite curious and interested in learning more about the process of menstruation.

It should be noted that while there are many excellent resources on menstruation online, the internet is also rife with misinformation. I was often asked by participants to confirm or deny rumors they had heard through social media and online message boards. One case involved a forwarded WhatsApp message claiming to be a “public service message from Tata Cancer Hospital” saying that 56 girls had died of cancer from the gel in pads like Whisper and Stayfree – misinformation that had caused much confusion and worry.

One particularly interesting source of information discussed was advertisements for sanitary pads which are increasingly common and are in the unique position of speaking to both men and women. While many women reported feeling comfortable sharing their knowledge with friends, younger siblings and daughters, their reaction to advertisements was often one of shame and discomfort. However, most of the younger women considered these adverts to be an important source of knowledge and awareness.

**Taboos, Myths & Restrictions During Menstruation**

As mentioned earlier, there are a number of restrictions on the activities placed on both Hindu and Muslim women during their menstrual period. These stem primarily from the notion that during this time women are impure and even infectious. Participants of both religions abstain from any type of religious activities, from going to the mosque to touching food or garments that may be used in worship. While this particular restriction was fairly uncontroversial, the youth counsellor I spoke with explained how this practice evolved from a practical consideration into widely accepted belief:

“*In previous times all things like bathing and sleeping were done together so it made sense to separate menstruating girls for hygiene and to give girls rest. Now these things are taken the wrong way. Not going to the temple in the old days was because you had to take a bath*”

- Male Animator
before going into the temple and this could not happen when menstruating.” – Youth Counsellor, Civil Hospital

The more contentious practice discussed was the avoidance of the kitchen, food, plants and cooking. In Hinduism, the kitchen is considered a pure space, therefore when a woman is on her period she is expected to avoid entering it. This practice is changing however, as more and more households are nuclear families and therefore do not have multiple women present who can take over a menstruating woman’s household duties. Many of the women I spoke with questioned the efficacy of this practice, pointing to the fact that while they obeyed such rules in the homes of their in-laws, if they did not cook or perform household tasks for their family, no one else would.

“it’s all just myth – they said that if you touch a plant it will die but I have touched them and it was fine, I have touched a pickle and then it was also fine. I live alone and I do water the plants, it’s nothing as such. I live in a nuclear family and if we do not water them, only then will they be dead because at my home, I don’t have anyone except me” – Madabk Khana

What evoked the most frustration amongst participants however, were the restrictions of movement and socialisation that accompanied menarche, which is widely considered a marker of a girl’s transition to womanhood. Primarily these included not being allowed to play with boys, not going places alone or leaving the house at night, as well as the general discomfort with being in public for fear of leaking and staining. While this general discomfort in part has to do with the effectiveness of materials used for managing period blood, the fear and shame involved in revealing to the world that one is menstruating causes so much stress that many women reported changing their habits as a result.

The first time when I had it I felt like ‘what the hell am I going through?! What had I done so bad that I am going through this?!’ – like when she was telling me. I was feeling so angry, irritated because everything changed. After you have your first period life is just upside down, life fully changed.” - Samarpan Sava Samiti

The treatment of that women as “untouchable” during this time was quite prevalent and caused a lot of anger and resentment at the fact they were born female. The youth counsellor I spoke with sees over 500 girls between the ages of 10 and 18 each month, about 60% of whom consulted her on problems related to menstruation. She explained that the imposition of these limitations often leads to depression and disordered eating among young women, particularly when they are watching the freedom and independence of their male counterparts increase at the same time theirs is decreasing.

---

18 Mazumdar and Mazumdar, "Of Gods And Homes: Sacred Space In The Hindu House."
Coping with the Health Effects of Menstruation

Many of the health problems reported by the women I spoke with are relatively common associated effects of menstruation which include bloating, weakness, cramping and lower-back pain. Some of the women dealt with the pain of menstrual cramps by taking over-the-counter medicines but many refused to do so, stating that taking medicine would either increase their flow or simply not work. Rest was the most common way of dealing with the above symptoms but as a result many women reported missing school, work and falling behind on their household tasks. Those women from poorer communities who were employed doing more physical labour tended to carry on working and use it as a distraction from pain and discomfort. While physical activity can be very effective at reducing cramping, it is important that women are able to recognize excessive pain as it can be an indicator of larger health issues.

A surprisingly large proportion of the women I spoke to reported that they or their daughters regularly face more serious problems including vomiting, fever and debilitating cramps however almost none of them had ever consulted a doctor or health worker about these issues. While most women I spoke to said they would be comfortable discussing menstruation with a doctor, those reporting such symptoms were unaware that these are not normal associated effects of menstruation. Since there is such silence around menstruation even amongst women, they are not able to construct a notion of what a healthy or unhealthy menstrual cycle looks and feels like. A gynaecologist at Jhansi’s Civil Hospital reported that only about 25% of her patients consulted her about menstrual problems and while she would sometime prescribe medicine for pain, there was little else she could do for them as she sees an average of 75 women per day.

Materials for Managing Menstruation

The materials that a woman chooses to manage her monthly flow of blood depend on a number of factors including absorbency, comfort and cost. Out of the women I spoke with, roughly 65% used disposable sanitary pads purchased from the market while the other 35% either used cloths or were already in menopause. Additionally, a number switched between materials depending on flow, activity and location. For a full list of the types of materials that can be used to manage menstruation see Appendix 2. Women using cloths typically prefer cotton due to its absorbency and comfort but low-income women were often forced to use whatever leftover cloth they had due to the unaffordability of pads (roughly 50 rupees for 5 pads). Complaints about the cost of pads were common in my discussions with lower-middle class and middle-class women as well, where they noted an increase in price in recent years.

---

Most of the women over the age of 30 had grown up using cloths but those who could afford it had switched to pads due to the influence of advertisements and messaging insisting that using cloth is unhygienic regardless of its preparation, storage and disposal. This created a fair amount of stigma against women and girls who continue to use cloths, many of whom find them more comfortable than pads. When I asked whether women using cloths washed and re-used them there was a high level of opposition to the practice, with even the least educated women describing the practice as unusual and unhygienic.

The biggest issue women had with cloths was the way they shift, which increased the fear of leaks and typically led women to further limit their physical movement. Pads had their own issues too, as a number of women complained about developing rashes and lacerations from store-bought pads, likely from buying the wrong size and/or wearing them for too long. Most of the participants were aware of the importance of changing materials regularly, however half reported changing only twice a day due to the unavailability of privacy and proper toilets as will be discussed below.

Disposing vs. Re-using Cloths

While commercial manufacturers and governments often proclaim that cloth is an unhygienic and potentially dangerous material to manage one’s period, if the proper washing, drying and storing procedures are followed, cloth can be a cheap, safe and environmentally friendly material. Cloths should be washed with soap and clean water prior to and between uses. There are two known ways to dry cloths that sanitize materials and make them safe for use:

- hang in the open under the sun
- iron with a hot charcoal iron or other iron

The primary difficulty women face in this regard is their ability to discretely wash and dry such materials. It is common for women to store wet cloths under beds or in rafters in order to keep males from seeing them. This is very problematic as bacterial will grow on the cloths which will lead to vaginal and reproductive tract infections.

Environmental Impact of Sanitary Materials

Most women use between 7,000 to 10,000 pads or tampons in their life which equals 125 to 150kg of solid waste which will take between 500 to 800 years to biodegrade. Incineration is a common method of dealing with used sanitary materials however, due to the chemicals in most commercially available pads and tampons, burning releases toxic chemicals into the atmosphere unless done at a temperature of 800 degrees Celsius. Disposal is a particular concern for places like Jhansi where solid waste collection and disposal systems do not operate effectively.

---

20 Materials should be changed every 3-4 hours, even if not soiled.
of other risks to health that result from poor menstrual hygiene management, see Appendix 3.

Sanitation, Disposal and Toilets
Regardless of which material a woman uses to manage her menstruation, clean, private and safe washrooms with a reliable water source are vital to the comfort and hygiene of women during their periods. While most of my participants did have private toilets in their homes, a number relied on community toilets and a couple communities practiced open defecation. Despite these differences, women from all socioeconomic groups discussed the importance of shielding their trips to the toilet and disposal of materials from males. Those who went to the washroom in the open faced particular difficulty with this and would only relieve themselves before sunrise and after sunset to ensure they would not be seen. Most of these women used cloths and during these trips would bury them or hide them under a stone to decompose. Even women with private washrooms sometimes faced difficulty and shame when disposing of materials as most households have just one central dustbin.

“Yes, of course, we feel afraid if anybody is watching us or if anyone has seen us throwing it away – we just feel weird – nobody should look at us or we shouldn’t face anyone like we for washroom in an open area so we feel a bit shameful and afraid, no men should come and see while we are there” – Pal Colony

In the 5 different interviews where public toilets were discussed, only 1 was reported to meet women’s needs of privacy, safety and cleanliness however it did not have any handwashing facilities. None of them were designed to be accessible to people with disabilities. Many women had never used public washrooms due to the lack of cleanliness and safety and therefore had to limit their time in public accordingly. I was particularly surprised when the women I interviewed at the University said they never used the school toilets because “they are dirty and have no dustbin.” Instead girls would have to leave school to use the toilet or change materials at a friend’s hostel some distance from the school. This means they are forced to weigh the importance of class with their personal comfort, hygiene and confidence.

This lack of appropriate facilities drastically limits a woman’s ability to operate in public spaces to the same degree as her male counterparts even when she is not menstruating. Women and girls are made to feel additionally unwelcome and uncomfortable in public places like markets where males either have open urinals provided for them, or simply relieve themselves in the open.

Conclusion:
As can be seen from the wide variety of topics I have touched on above, the treatment of menstruation and menstruating women is in many ways a physical marker of gender inequality in Indian society. It intersects the areas of health, hygiene, sanitation, education, religion, spatial and

22 House, Mahon and Cavill, Menstrual Hygiene Matters. p. 95.; "Menstrual Pads Vs. Tampons Vs. Menstrual Cups - Times Of India."
social relations in a way that markedly differentiates women’s experiences of these sectors from those of men.

This research began as an attempt to gain a greater understanding of women and girls’ experiences of the biological necessity and socially constructed meanings of menstruation in the setting of a small Indian city. While I knew that much of my research would involve mapping the practical aspects of managing menstruation, throughout the course of my field work my focus shifted to the knowledge that informs these practices and the way women feel about them. By focusing on the construction and application of knowledge of menstruation, my work raises questions about which sectors should be targeted for intervention in the name of menstrual hygiene. Improvements in WASH facilities or formal health education may improve certain aspects of women and girls’ lives, but without a more holistic consideration of the role menstruation plays in a society, the benefits of such efforts are limited.

The vast amount of data collected in this exploratory research demonstrates the importance of engaging with the social and emotional infrastructures that determine how and why people practice their knowledge in certain ways. Rather than treating knowledge as a monolith, something that is either right or wrong, my work treats the knowledge shared by participants as the result of a complex intersection of individual emotional and physical processes with the external world. While this knowledge came in the form of beliefs and traditions, rumors, myths, assumptions and facts, the type of knowledge does not change the fact of its existence. If progress is to be made in facilitating the improvement of women and girls’ experiences of menstruation, the previous knowledge that they and their male counterparts come to the table with must be valued and understood. As the founder of PRIA, Dr. Rajesh Tandon has said “You cannot learn if you dismiss what you know – that is not learning, that is imposition.”

---

References:


Appendix 1: What is Menstruation?

Menstruation is a natural process linked to the reproductive or menstrual cycle of women and girls. The first time a person menstruates is referred to as menarche and usually occurs between the ages of 10 and 19. Menstruation continues until menopause which usually takes place between the ages of 45 and 55.

The menstrual cycle is usually around 28 days but may vary from 21 to 35 days in length. During each cycle, a change in hormones prompts the ovaries to release an egg which then moves through the fallopian tubes into the uterus (ovulation). Tissue and blood begin to line the walls of the uterus. If a sperm cell does not fertilize the egg, the lining of the uterus is shed through the vagina. The blood and tissue that comes out during this time is referred to as menstruation or a period. This bleeding usually lasts between 2 and 7 days, with the flow of blood being heavier or lighter on different days. It is normal for the cycle to be irregular for the first two years after menarche.

Most women and girls experience some of the following effects associated with menstruation:

- Abdominal cramps, nausea, fatigue, feeling faint, headaches, back ache and general discomfort
- Emotional and psychological changes (e.g. heightened feelings of sadness, irritability or anger) due to changing hormones.

The experiences of these effects varies from person to person and can change significantly over time.
*Not everybody who gets a period identifies as a girl or woman. Transgender men and genderqueer people who have uteruses, vaginas, fallopian tubes, and ovaries may also menstruate.


**Appendix 2: Advantages & Disadvantages of Sanitary Protection Materials**

<table>
<thead>
<tr>
<th>Sanitary Protection Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Natural materials (eg mud, cow dung or leaves)</strong></td>
<td>• Free.</td>
<td>• High risk of contamination.</td>
</tr>
<tr>
<td></td>
<td>• Locally available.</td>
<td>• Difficult and uncomfortable to use.</td>
</tr>
<tr>
<td><strong>Strips of sari or other cloth</strong></td>
<td>• Easily available in the local market.</td>
<td>• If old cloths are not cleaned well they can become unhygienic.</td>
</tr>
<tr>
<td></td>
<td>• Re-usable.</td>
<td>• Users need somewhere private, with a water supply and soap, to wash and dry the cloths.</td>
</tr>
<tr>
<td><strong>Toilet paper or tissues</strong></td>
<td>• Easily available in the local market.</td>
<td>• Loses strength when wet and can fall apart.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Difficult to hold in place.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be too expensive for the poorest users.</td>
</tr>
<tr>
<td><strong>Cotton wool</strong></td>
<td>• Good absorption properties.</td>
<td>• Difficult to hold in place.</td>
</tr>
<tr>
<td></td>
<td>• Easily available in the local market.</td>
<td>• May be too expensive for the poorest users.</td>
</tr>
<tr>
<td><strong>Locally made re-useable pads</strong></td>
<td>• Available locally.</td>
<td>• Supply chain limitations may make it difficult to reach potential users.</td>
</tr>
<tr>
<td></td>
<td>• Income generation opportunity.</td>
<td>• Users need somewhere private, with a water supply and soap, to wash and dry the pads.</td>
</tr>
<tr>
<td></td>
<td>• Cost effective as are re-usable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More environmentally friendly than disposable pads.</td>
<td></td>
</tr>
<tr>
<td><strong>Locally made biodegradable, disposable pads</strong></td>
<td>• Available locally.</td>
<td>• Not always absorbent enough or the correct shape for higher-flow days.</td>
</tr>
<tr>
<td>Product Type</td>
<td>Advantages</td>
<td>Disadvantages</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Commercially available re-usable pads | • Cost effective as are reusable.  
• More environmentally friendly than disposable pads.  
• Available on the internet.                                                                                                                                  | • Cost may be prohibitive to potential users.  
• Users need somewhere private, with a water supply and soap, to wash and dry the pads.  
• Most poor women and girls lack internet access. |
| Commercially available disposable pads | • Often available, except in remote locations.  
• Range of sizes and types available in some locations.  
• Well designed through research and development.                                                                                                         | • Cost is prohibitive to many potential users.  
• Generate a lot of waste to dispose of, so not environmentally-friendly. |
| Tampons (with or without applicators) | • Convenient and comfortable to use.                                                                                                                                                                     | • Not available in many contexts.  
• Cost is prohibitive to many potential users.  
• Generates a lot of waste to dispose of, so not environmentally-friendly.  
• May not be culturally appropriate, particularly for adolescent girls, as need to be inserted into the vagina.  
• Hygiene and availability of water and soap for hand-washing are particularly important, as need to be inserted into the vagina. |
| Panties/Underwear                    | • Useful for keeping a sanitary product in place.  
• Good for keeping the vaginal area hygienic.                                                                                                               | • Cost may be prohibitive to potential users.  
• Cheap elastic can wear out relatively quickly. |
| Menstrual cups                       | • Re-usable.  
• Only need emptying, washing and drying.                                                                                                                                                                    | • May not be culturally appropriate for use, particularly for adolescent girls, as need to be inserted into the vagina.  
• Hygiene and availability of water and soap are particularly important, for washing hands and menstrual cup, as need to be inserted into the vagina.  
• Expensive capital outlay. |
Appendix 3: Potential Health Risks of Poor Menstrual Hygiene

<table>
<thead>
<tr>
<th>Practice</th>
<th>Health risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclean sanitary pads/materials</td>
<td>Bacteria may cause local infections or travel up the vagina and enter the uterine cavity.</td>
</tr>
<tr>
<td>Changing pads infrequently</td>
<td>Wet pads can cause skin irritation which can then become infected if the skin becomes broken.</td>
</tr>
<tr>
<td>Insertion of unclean material into vagina</td>
<td>Bacteria potentially have easier access to the cervix and the uterine cavity.</td>
</tr>
<tr>
<td>Using highly absorbent tampons during a time of light blood loss</td>
<td>Toxie Shock Syndrome.</td>
</tr>
<tr>
<td>Use of tampons when not menstruating</td>
<td>Can lead to vaginal irritation and delay the seeking of medical advice for the cause of unusual vaginal discharge.</td>
</tr>
<tr>
<td>Wiping from back to front following urination or defecation</td>
<td>Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely.</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>Possible increased risk of sexually transmitted infections (see below) or the transmission of HIV or Hepatitis B during menstruation.</td>
</tr>
<tr>
<td>Unsafe disposal of used sanitary materials or blood</td>
<td>Risk of infecting others, especially with Hepatitis B (HIV and other Hepatitis viruses do not survive for long outside the body and pose a minimal risk except where there is direct contact with blood just leaving the body).</td>
</tr>
<tr>
<td>Frequent douching</td>
<td>Can facilitate the introduction of bacteria into the uterine cavity.</td>
</tr>
<tr>
<td>Lack of hand washing after changing a sanitary towel</td>
<td>Can facilitate the spread of infections such as Hepatitis B or Thrush.</td>
</tr>
</tbody>
</table>

House, Mahon and Cavill, *Menstrual Hygiene Matters*. p.34