

# Sociological Analysis on Menstruation Perception amongst Tribes of Madhya Pradesh

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## ABSTRACT

Sociologically the menstrual health and hygiene management is both mental and health issue. Recently the menstruation has become a national focus with the sanitary pad campaign #End period shame. Therefore, to know the awareness levels, the tribals of Jhabua (M.P) were selected as primary study population. The primary objective was to identify the perception among two predominant tribal groups (Bhils & Bhilalas) regarding menstruation awareness. Then the socio-physical challenges were explored which was observed by girls during menstrual hygiene management and suggestions were provide based on field-observation and respondent's feedback. The interview-schedule method was used to include 25 respondents through convenient-sampling considering the pandemic situation. The main findings revealed from the study are: -

- 1) There is no significant impact of mother's education on girl's menstrual health management awareness.
- 2) The religious restrictions are still prominent and
- 3) The majority of girls reacted with fear towards the first menstruation experience.

The Bhilala tribal community is more aware than the Bhil tribe in terms of menstruation & menopause knowledge.

**Keywords:** Girls, health, Menstruation, Tribe, Women, Bhil, Bhilala Tribes.

## INTRODUCTION

Menstruation is a natural phenomenon and a regular part of a female's life process but sociologically the phenomenon is associated with several myths and restrictions and therefore demands extensive sociological investigation. The phenomenon often leads to increasing school dropout rates particularly for young adolescent and serious health issues for women if unable to access healthy alternatives of MHM, as a result UNICEF introduces the GARIMA initiative to disseminate knowledge at school level and for latter GOI introduce the Total sanitization campaign for separate community toilet (Patil et al., 2014). Further the study shows existence of significant gaps and policy implementation issues at school level leads to low awareness among girls (Sharma et al., 2020) as a result, 23 million girls from the schools drop out annually due poor menstrual hygiene management (Dutta&Bhaskar, 2018). But accurate figures with respect to Bhil and Bhilala female population are still not explored, therefore this study is crucial to address the knowledge gaps in the literature related to menstruation among tribals. This results in limited intellectual growth and failure to keep up with school which further translated into below average intellectual output (Vashisht et al., 2018).

Despite equal contribution in farm activities and relatively better status of women; Even today the tribal women perceive the menstruation as impure and dirty and therefore prefer not to share openly which resulted in a culture of silence and invite the medical anomalies due to lack of exposure to proper information (Paria et al, 2014). Moreover, WaterAid India's survey shows that there are four lakh adolescents in MP and about 70% of them feel that menstruation is a taboo (Shruti, 2015).

Even though there are some tribal cultures exist where menstruation is celebrated as the process of a girl transforming to womanhood stage of life (BRINK, 2015). But the inquiry with respect to tribal of Jhabua district

is centre to our study. Despite several studies related to menstruation focused on Bhil & Bhilala tribes there are lacunae in the previous understanding of perceptions regarding menstruation with an exclusive focus on tribes of Jhabua, Madhya Pradesh; also, this study was helpful in identification of the knowledge gaps regarding the phenomenon and health practices attached to it. Therefore, identification of perceptions for policy intervention requires a deep understanding of issue.

## LITERATURE REVIEW

(Shrivastava, 2011) in his cross-sectional study discussed that socio-economic background and educational level have significant impact on awareness related to menstrual health and hygiene management, however the phenomenon is still perceived as taboo in many societies in general and tribal society in particular. One comparative study among tribal and non-tribal population further state that Increased monthly family income shows the earlier menarche age (Dey et al., 2020).

Further (Dhingra et al., 2009) revealed that girls belonged to tribal community are more likely to lack conceptual and practical clarity regarding the process of menstruation before its experience and; due to prevalent socio-cultural taboos they face several physiological problems.

Another study found that due to lack of conceptual clarity more than half of the tribal girl respondent in study prefer to adopt falanin and dirty clothes as main menstrual management tool, because it was considered culturally more acceptable and convenient (Shah et al., 2013); (Sood et al., 2020). Apart from conceptual clarity another most important obstacle in proper MHM is socio-cultural taboos and stigma related to menstruation (Asmat et al., 2020). Further the taboo and stigma based on socio-cultural norms often creates the roadblock in communicating the menstrual information even with the closest ones (family, friends etc) (Subramanyam, 2019). Oftentimes the communication between mother and her daughter takes place in negative tone (Costos et al., 2002).

This not only hampers the female's health aspect but also create obstacles in educational attainment by increased absenteeism thus pave the way for vicious cycle (Daniela, 2018). One study found increasing educational chances can positively leads to better MHM practices among females (Kumar, 2020). However mere educational accessibility and menstrual activism does not suffice but efforts needed to be put on more structural reforms within the society (Bobel et al., 2020). Reports shows that Various implementation drives like GARIMA & SBCC program by the government as well as non-state actors prove to be helpful in generating awareness related to safe and better informed MHM (Ramaiya et al., 2019); (Sood et al., 2020); (Stevens et al., 2020).

However, with increased digital inclusion, the avenues of awareness generation are increased significantly and empower the people to satisfy their curiosity and use google for any basic to advance day to day problems. Despite so much digital inclusion drive throughout the nation, the situation of digital penetration with respect to tribals are still unknown and often overlooked by academia (Nguyen et al., 2021). As a result, majority of study shows that tribal girls have to rely on family members (mother, grandmother) or the friends as their major source of menstrual related awareness and none of the females from previous studies got the knowledge of proper MHM from the internet (Udayar et al., 2016); (Marni, 2012).

On contrary to modern urban values tribals are still believed to be living in more traditional family structure i.e., the joint family and study shows that being in a joint family atmosphere female gets more chance of discussing the menstrual information within the household and have better chances of adopting the ideal MHM practices (Gauthami, 2017). Family often influences the disposal practices of absorbent and thus girl are compelled to dispose the absorbents through either burn or bury them in most of cases but they're less likely to dispose through systematic disposal mechanism due to less awareness about prevalent waste management practices (Kaur et al., 2017).

## METHODOLOGY

This study, was done utilising the mixed-research methodology that involves both qualitative as well as the quantitative elements. The main research tool was the interview schedule with qualitative empirical field

observation and transcripts of audio recordings of the face-to-face interview to interpret the data qualitatively. The statistical analysis of two tribal communities' comparison was undertaken with the help of SPSS and MS Excel was used. The interview method helped immensely with the deep inquiry into perception, taboos, social restrictions, and health problems prevalent among both Bhil as well as Bhilala tribes of Jhabua and Aliarajpur. The convenient sampling was adopted due to the ongoing COVID-19 pandemic and only those respondents were selected who gave us advance verbal consent for face-to-face interviews and finally 25 respondents were finalised. However, the sample size of the population is small due to the COVID-19 limitations and very few provided the consent to participate in the interview process. The data were presented in graphical along with tabular form.

## ANALYSIS

The mean age of females in our research study is 24.56 (Figure 1), and the majority of the samples were from age group 15 - 25 followed by the age group 26 – 35, 36 - 45 and lastly very few women were available of 46 to 50 age group. previous studies on similar theme focused either on adolescent or only on women; where the mean age of female respondents differ from a minimum of thirteen years of age to a maximum of sixteen years (Sharma et al., 2008); (Jain et al., 2017); (Kapoor, 2004). This particular study includes both women as well as adolescent girls to understand the perception holistically.

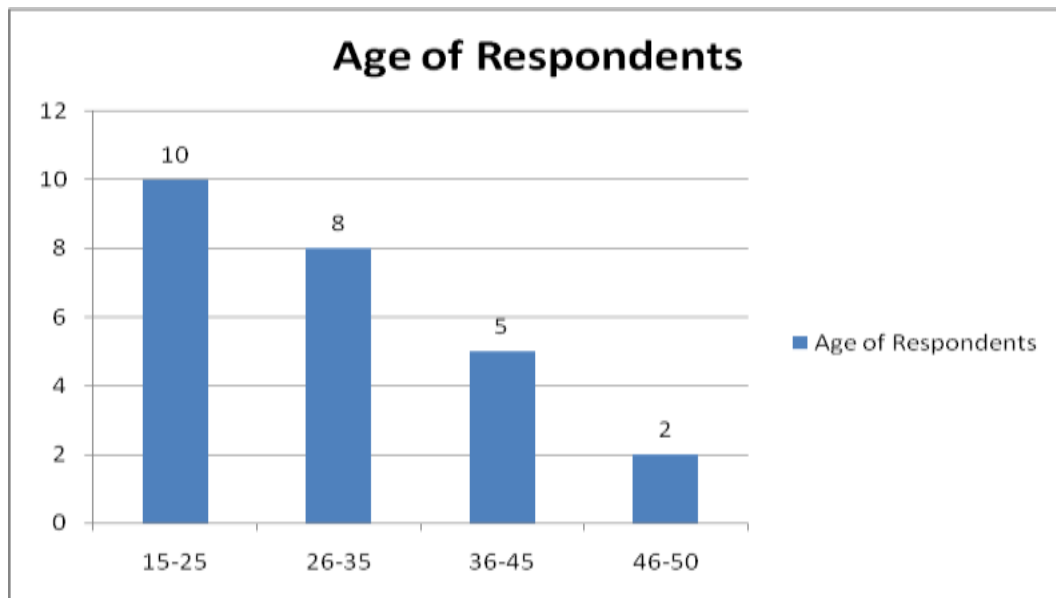


Figure 1 shows the age of respondents included in study Educational Levels of both Communities

Table 1 shows the educational attainment among two tribes.

S. No	Educational Attainment	Bhils		Bhilalas	
		Frequency	Percentage	Frequency	Percentage
1.	Not educated	4	26.7	-	-
2.	Primary education	3	20.0	2	20.0
3.	Pre-secondary	1	6.7	4	40.0
4.	Secondary	5	33.3	2	20.0
5.	Higher education	1	6.7	-	-
6.	Graduate	1	6.7	2	20.0
	Total	15	100.0	10	100.0

Table 2 shows that No Bhilalas among the selected respondents are illiterate and have achieved some level of literacy and at least finished the primary education. But when it comes to Bhils the data shows the 26.7 percent of respondents do not have any kind of formal education within the Indian educational framework. However, 33.3 percent of Bhil respondents have achieved secondary education with only one belongs to higher education and one graduate girl. (Kumar, 2020) In his study explains that educational attainment and socio-economic changes might improve menstrual health and hygiene among the tribes.

### Perception Analysis of Tribes on Menstruation First Reaction at Menarche

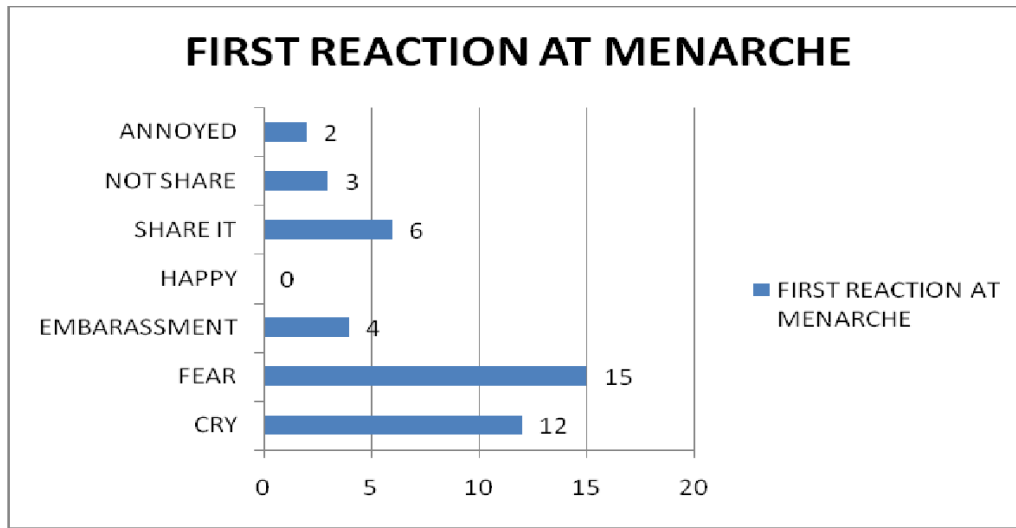


Figure 2 shows the first reaction of respondent’s menstruation experience.

The first reaction in any situation tells a lot about perception and therefore figure 2 informs four major responses that came naturally during the first menarche. The top reactions are fear, crying, share with someone out of fear, and felt embarrassed about themselves. Findings suggest that the majority (60 percent) felt fear and 48 percent cried at first menarche. Similar reactions have been identified in the research undertaken by (Marván&Herrera, 2014) states that the most likely emotional reactions to menarche are feeling scared and worry too much while being sad throughout the duration. The data is appropriate in identification of perception revolves around the menstruation in tribal community.

### Menstrual Awareness amongst Two Communities

S. No.	Tribe	Menstrual Cycle Awareness	Frequency	Percent
1.	Bhil	Yes	2	13.3
		No	13	86.7
		Total	15	100.0
2.	Bhilala	Yes	3	30.0
		No	7	70.0
		Total	10	100.0

Table 4 Shows the community wise distribution of menstrual awareness.

The data of Table 4 shows the rate of menstruation awareness among tribal adolescent girls aged between 15 and 25 respectively. The study is fully consistent with (Dambhare et al., 2012) who performed their research on the women population resided in central India. Eventually, our study is also based on the tribal belt of central India in Jhabua (Madhya Pradesh).

Table 4 also illustrates the awareness level of the females from two tribal communities. The data showcases

comparatively increased awareness among the Bhilala community. Unfortunately, when it comes to awareness only a few girls are positively aware of the phenomenon. 86.67 percent of females among the Bhils and 70 percent of Bhilalas do not know about menstruation before it occurred.

Similar findings were shown by (Bhawsar, 2005) who expressed that a large population of tribal girls from the Bhil community are not aware of menstruation before it happened. Furthermore, the report by ICMR also showed that in 2015-2016; roughly 70 percent of adolescents across India had no information on the menstrual cycle at the beginning of menarche (Sara, 2016).

### Menopause Awareness among Tribal Women

S. No.	Menopause Awareness	Bhils		Bhilalas	
		Frequency	Percentage	Frequency	Percentage
1.	Yes	-	-	2	20.0
2.	No	7	46.7	1	10.0
3.	Not Applicable	8	53.3	7	70.0
	Total	15	100.0	10	100.0

Table 6 shows the data related to Menopause awareness among two tribal communities

Table 6 shows the data for menopause of women between the age group of 36-50. In terms of menopause awareness, the menstruation phenomenon already became a routine of women's life. But the sudden changes require some health intervention and self-care in terms of hygiene. According to our data, the awareness related to menopause is significantly low. Our study suggests 80 percent of women respondents do not have proper knowledge related to menopause. In qualitative interviews, it is also found that most women in our research confuse menopause with menstruation and take this transition for granted.

### Mother's Literacy and Menses Awareness

S. No.	Mother's education	Bhils		Bhilalas	
		Awareness		Awareness	
		Yes	No	Yes	No
1.	Not Educated	1	10	1	5
2.	Primary	0	2	1	0
3.	Pre-Secondary	-	-	1	1
4.	Higher Education	1	1	0	1
	Total	2	13	3	7

Table 5 Shows the cross tabulated analysis of mother's literacy and awareness

Several pieces of research show the impact of parent's education on girl's menstrual awareness (Udayar et al., 2016); (Upashe et al., 2015). But in our study, it is found that the mother's education does not correlate with the girl's menstrual awareness (Table 5). Mere educational attainment has not proved to be effective in our study. Even the most educated, modern, and liberated families consider Menstruation a prevalent taboo in urban areas. As a result, the topic is far from the domain of discussion in the open and therefore the situation demands the

organised intervention at grassroots levels (Elin, 2019).

### Source of Awareness among Tribes

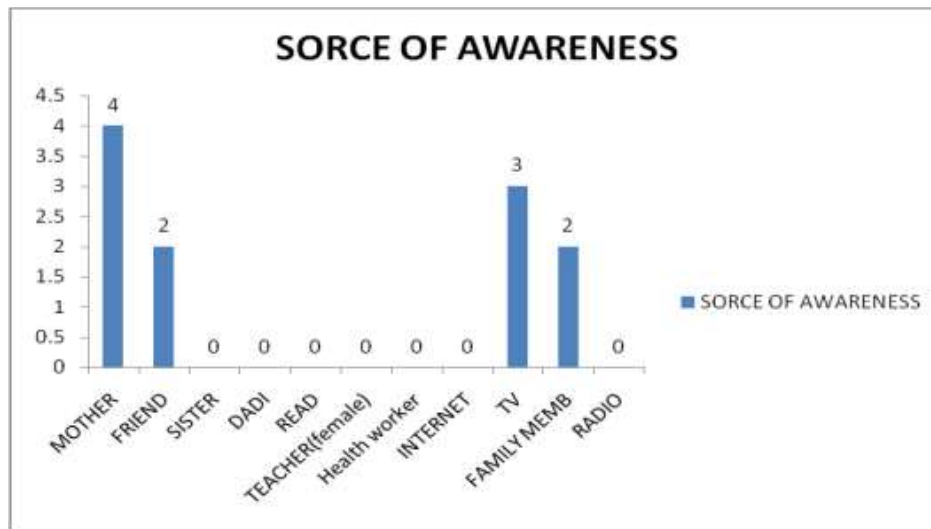


Figure 3 illustrates the source of menstrual awareness.

Figure 3 illustrates four major sources of awareness regarding Menstruation in our study. In a qualitative interview, some respondents agreed that sharing the information with outsiders like friends or the neighbour is more comfortable otherwise prefer to keep the information secret. However, figure 3 makes it clear whenever it comes to awareness majority gets informed from their mother. Therefore, mother's literacy level is prominent in disseminating accurate information concerning menstruation at an early age.

### Symptoms of Menopause

The data pertaining to major symptoms of Menopause are helpful to assess the awareness levels concerning the menopause among women. The majority of respondents face common symptoms like sleeping problems, mood swings, and feeling cold. Even the (Narayana&selvaraj, 2007) study of Menopause among tribal women found that women go through significant depression between the pre- and post-menopause stages. Our study also finds similar patterns related to the sleeping problem and mood swings. Furthermore, comparatively small group of women also experiences the menopause till a decade before it actually occurred with the similar common symptoms like hot flashes, sleep disturbance followed by the depression and the study identified the median age of the women to be around 51 years (Jennifer, 2020). Additionally, another study also validates the findings related to depressive symptoms at the onset of menstrual irregularities (Wariso et al ., 2017).

### Initial Contact Preference during Menstruation Occurrence.

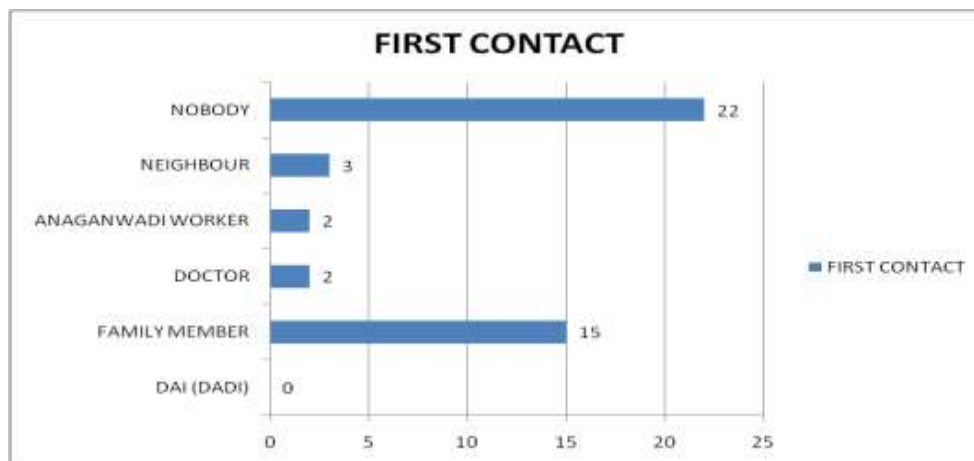


Figure 4 shows the first contact preference during Periods.

This data is very crucial to understand the subconscious perception of females regarding their menstruation and what moves an individual to share the information with others. Figure 4 shows that the majority tribal girl respondents prefer to keep menstruation a secret. However, most of our respondents feel comfortable sharing with the family member preferably the mother. Some even shared it with the doctors, Anganwadi workers as well as neighbours. But in our feedback session, two girls said to us that – “We restrict ourselves from sharing such sensitive information concerning menstruation from our own grandmother or Dadi (Dai) due to their conservative outlook and even if they came to know that our cycle is going on then they tend to place various kinds of restrictions on us related to food habits, religious and hygiene”. (Bhil, Age 24)

“Sometimes it’s more comfortable to share such information concerning ongoing periods with our neighbors than to our family members because our family members including mother herself- They have not given such atmosphere at home to share and discuss the topics considered taboo”. (Bhilala, Age 20)

The data from figure 4 shows that the majority of the girls prefer to avoid discussion related to menstruation. Surprisingly 88 percent of the study population prefers to keep information secret. Therefore, keeping secrecy might be one of the major reasons for poor menstrual health management. But for 60 percent family members are first preference particularly their mothers which is also confirmed in cross-sectional study on Andhra Pradesh tribal (Kuppan) where in majority cases mother is the main source of menarche-related information (Udayar et al., 2016).

The other preferred choices are neighbours (3 percent) followed by doctors (2 percent) and Anganwadi workers (2 percent). Thus, almost all the girls in our study consider menstruation as an impure occurrence in some way or the other.

### Social Challenges and Obstacles

#### Health Challenges faced during Menopause by Women

In India, an expected 70 percent of all pelvic infections are the result of poor menstrual hygiene. Yet, society is not open to discussing it. Indeed, even in educated families, people use code word to depict menstruation and still consider it taboo (Isha, 2020).

Contrary to (Shah et al ., 2013) findings who identified Dysmenorrhea as the major health challenge during the menstrual cycle. Our study identified 72 percent experienced stomach ache during periods (Figure 5). However, Our study is consistent with the findings of (Mane et al ., 2012) where Majority of the Kanjarbhat girls (73 percent) and the Lamani girls (53 percent) experienced pain in the abdomen In some cases, diseases like tuberculosis can often lead to premature menopause conditions (Chauhan, 2017). In another study it was found that premature menopause (before age 40 year) is high in India and more likely to hits certain sections of the society like widow, minority or the women from scheduled caste (Pallikadavath et al ., 2016). Therefore, inquiry from tribal community context is very important to identify the health challenges patterns.

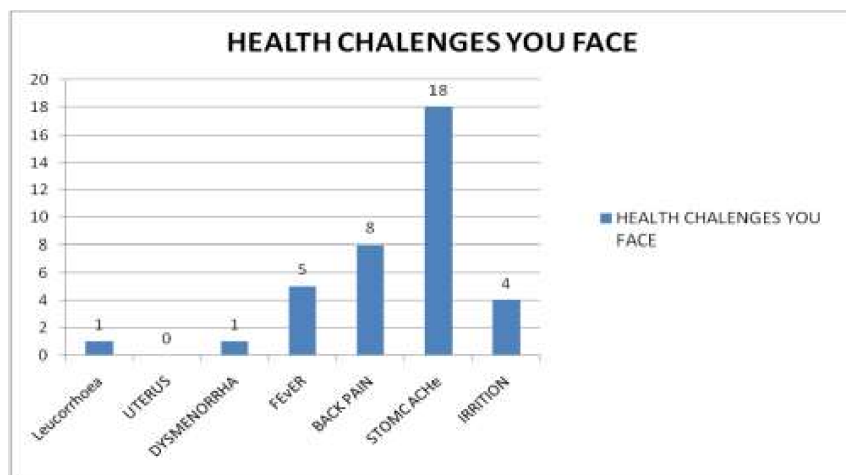


Figure 5 shows the health symptoms surrounding the women during Menopause.

Our research data shows the majority of the respondents i.e., 60 percent experienced normal blood loss frequency. However, some respondents experienced more than normal blood loss which has been categorised into two different levels one is Scanty (more than normal) faced by 24 percent and second is more than scanty (over the limit) blood flow faced by 16 percent of the population if combined makes 40 percent of the study population falls in the dangerous blood loss zone and thus requires serious attention (Table 6). The heavy or more than scanty blood loss is popularly known as hyper menorrhoea situation. Surprisingly 40 percent of our study population shows the data about blood loss as above average and are at risk of anaemia and other medical conditions (Staff, 2020).

Table 6 shows the blood loss amount faced by girls and women during periods.

S. No	Blood Loss	Bhil		Bhilala	
		Frequency	Percentage	Frequency	Percentage
1.	Normal	11	73.3	4	40.0
2.	Scanty	1	6.7	5	50.0
3.	<b>More than scanty</b>	<b>3</b>	<b>20.0</b>	<b>1</b>	<b>10.0</b>
4.	Total	15	100.0	10	100.0

### Social Restrictions:

Our primary data gathered through interviews signalizes the religious restrictions faced by 48 percent of the study population during menstruation among the tribal community. Whereas Bath compulsion and food restrictions when combined faced by another 48 percent of the respondents (Figure 6). The bath compulsion further fortifies the norm of impurity related to menstruation and became part of adult socialization. Furthermore, other restrictions like a separate place for sleep, not involve in sex, play activities, or deny mirror usage during the menstruation phase, and expected to be inside the home and leave school. Such restrictions further strengthen the social stigma and taboo revolves around the menstruation phase.

A period cycle is a natural characteristic that every woman experience but only few attempts to discuss. In terms of religion as a dimension, it appears to be that females are still perceiving the menstrual cycle as a sin not supposed to happen. Even though religion is an important part of tribal life, it is also an essential obstacle in women's empowerment and plays a key role in shaping the myths and taboos surrounding menstruation. (Ruchitra, 2020) in her article also confirms that during the nationwide lockdown women had experienced double lockdown, one sponsored by state and another during menstruation enforced through perception & social norms.

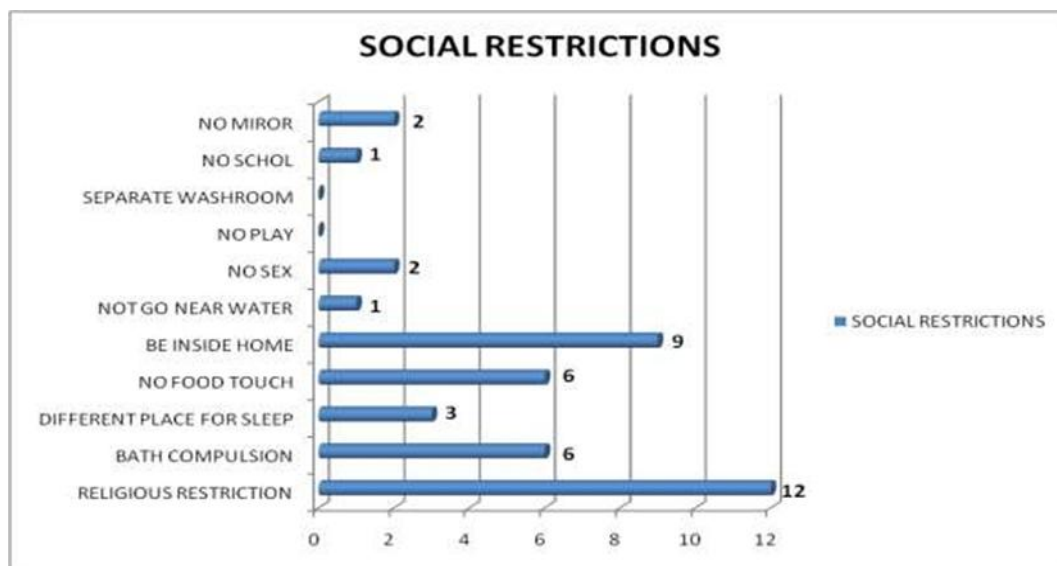


Figure 6 illustrates the data pertaining to existence of social restriction



## DISCUSSION

Based on overall findings and data collection it can be said that taboos, social stigma and confused perception related to menstruation still exist among the tribal females of Jhabua, Madhya Pradesh. This study provides the unique dimension to the issue as it includes two different sections of population (Girls and Women) as well as include two distinct tribal communities, for pattern recognition.

Another study outcome is that no Bhil population in our study ever shared the menstrual information with their teachers, while only 7.3% of the Bhilala shared it with the teachers at school levels (Figure 4) and neither the teachers are their primary source of awareness (Figure-3), as no respondents interviewed told us teacher as knowledge giver of menstrual phenomenon and therefore when females are not able to discuss with family or teachers, they had to adopt the unhygienic MHM.

The poor awareness due to blurred perception of menstruation is major obstacle. on combining our study data 80 percent of the total female tribal population still does not know about menstruation before it occurred that may exhibit poor awareness despite effective information penetration through mobile phones, internet and digital literacy (Table 4).

Further in our study it was found that the mother's education does not co-relate with the girl's menstrual awareness. Therefore, the policy intervention needs to be more focused on other social indicators instead of education only models. Furthermore, the education in Indian format are merely a formality of taking test and securing marks, but dissemination of such crucial information related to menstruation require more value based monitored education, and information can better be spread through creative means like poster making competition and animated advertisement, hoardings within the school itself.

In another study, the school restrictions are so rigid that data shows three out of ten girls respondents skip regular academic classes due to unbearable painful period experience (Armour et al., 2020)

One adolescent respondent also told us that: -

I felt scared and angry at the same time shared with my mother then she sent me to discuss it with anganwadi worker. During my menstrual cycle villagers told me not to attend the school but I attended it anyway.

The unintended consequence of skipping school due to the menstrual cycle can further hamper the mobility of the girl as the school skipping norm quickly converts into social expectation and weakens women empowerment from within reference.

Among other prevalent restrictions the other main restrictions cited by the respondents in our study are Separate toilet, frequent bath, different place of sleep, not to touch food, sex and play activity restrictions, not watch in the mirror, and in most cases, they are told to stay inside homes and this data aligns with the study where girls advised to skip schooling during menstruation.

The study also shows that when the smell has been experienced by the girl she immediately goes into defensive and isolating mode and subconsciously starts to develop feelings like an inferior complex and lack of self-confidence which led to serious concentration issues that may hamper the social mobility at large (Kate, 2006).

### Suggestions

The discussion revealed a lack of awareness as the primary cause for denial in cases of poor menstrual hygiene management. Also, no proper mechanism to address such issues is available among the family. Fear and not able to share are other major reasons for hiding the seriousness of cases. Therefore suggestions will help in overcoming these obstacles: -

- a) Policies must be based on the strategic intervention by including family members and the community as a whole by making it two-way interaction rather than relying on one-way resolution.
- b) Mere education is not effective to break the prevalent cultural taboos but proper mechanisms for women

inclusion in the household as well as administrative decision making can empower the women from within the community.

- c) The promotion of locally made sanitary pads should be accelerated at a fast pace in a phased manner so it can cover most of the tribal population even in difficult-to-reach areas.
- d) Gender sensitization is the most crucial part that should be taken care of at earlier levels of education and homes within the family. Today's child with proper sensitization will tomorrow support their daughters, mothers, and female peers.
- e) Reproductive health education needed to be part of the school curriculum as well as political agenda to take positive shape in remote areas.

## CONCLUSION

In numerous instances, men also came forward and involved in tackling the social stigma by assisting women with the menstruation awareness movement. The most prominent example is Nishant Bangera who launched the movement named "Period of Sharing" to break the menstruation stereotypes through games, dramas, and theatre activities. There are many other examples where males undertook initiatives as social workers, researchers, or activists to break the cultural silence and normalize menstruation.

However, considering the contemporary gender power relations within the Tribal society, India is still far from achieving full menstrual hygiene awareness. Our study focuses on the identification of current socio-health challenges and found certain prevalent obstacles in destroying the myths and taboos concerning the menstruation. Combining that with an absence of instruction, legitimate foundation, and awareness about physical development, the beginning of the period becomes traumatic for most adolescents and women. Therefore, issues related to health and hygiene tend to emerge in large numbers and incremented every day with a lack of accessibility and legitimate information. The importance of health education should be prioritized because lack of menstrual hygiene management can prompt numerous contaminations which can also cause serious cervical cancer. Thus, awareness is essential at early ages to manage the critical phase. Moreover, the report by the International Women's Health Coalition claims that in India, 70 percent of adolescents didn't have a clue what was happening when they are on their first monthly cycle. This absence of information sustains the taboos and reinforces the stigma. Addressing these intricate and interrelated difficulties requires a holistic community-based approach with the involvement of both genders.

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Availability of the data: data has been primarily collected and is been cited and referenced properly.

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