

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

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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 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 a mid-sized Indian city. 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 a number of scholars 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 large part of their life menstruating is still rarely, if ever, considered when planning or executing policy.

The issue of MHM was able to catch 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

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."; Muralidharan, Patil and Patnaik, "Unpacking The Policy Landscape For Menstrual Hygiene Management: Implications For School WASH Programmes In India."

sanitary pads and detailing the lack of basic understanding of the menstrual cycle.⁴ Nielsen's study has been helpful in drawing attention to this issue and is often cited by both government and non-governmental organizations 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 years.⁵ Much of the success of this research is due to the opportunity 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 the subject of this research 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 issues surrounding menstruation 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.⁶ 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.⁷ The city is famous for its Jhansi fort from which Queen Rani Lakshmi Bai led a rebellion against the British in the 1857 revolt and is a major commercial, tourist and education centre in the region⁸.

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.⁹ Additionally, the 2015-16 National Family Health Survey reports that only 36.8% of women in Jhansi have 10 or more years of schooling.¹⁰ 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.¹¹

⁴ Sinha, "70% Can't Afford Sanitary Napkins, Reveals Study - Times Of India."

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

⁹ Ministry of Health and Family Welfare - Government of India, *District Fact Sheet: Jhansi, Uttar Pradesh*.

¹⁰ Ibid.

¹¹ Ibid.

As mentioned above, I was only able to interview one group of men due to the sensitive nature of the subject, time-limit and the inability to predict the potential responsiveness of male community members. Therefore, the gender breakdown of my research is 7 males and 109 female participants. Importantly, participants' ages ranged from 18 to 61+ with just over half of participants being under 30 (figure 1). 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 sanitation workers, beggars, and animators.

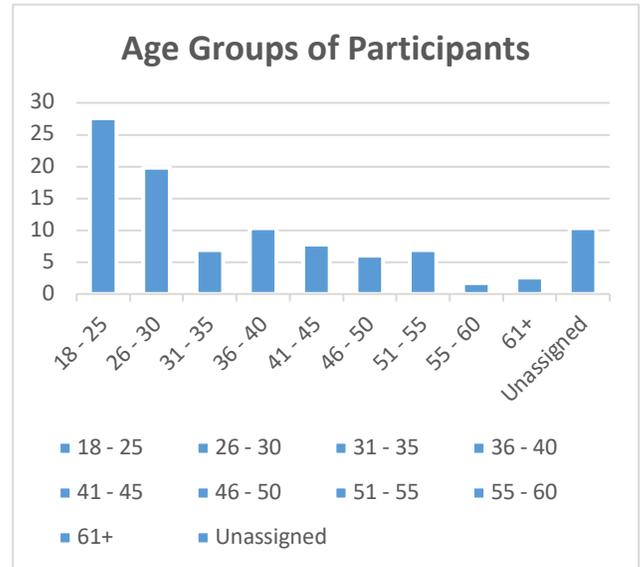


Figure 1 - Age Groups of Participants

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 around menstruation, as well as more practical problems 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.

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 groups, 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 learning process relating to 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 qualitative, grounded inductive approach. I chose a 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 their feelings and experiences with each other. 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 laugh about their monthly periods.

“We feel good because no body 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 bhabi to make her aware of all these things” – Female Animators

“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 12 semi-structured focus group discussions (FGDs) using location as a proxy for socioeconomic status and the snowball method for participant selection. Building on PRIA’s existing contacts, 9 of the FGDs were held with residents of informal settlements including 2 peri-urban communities (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 3 FGDs were held in 2 third-level educational institutes and with a community group of upper-class women which allowed for a broader selection of socioeconomic and educational statuses. In order to more directly compare the experiences and views of different generations of women, I also conducted 4 in-depth interviews in middle and lower-middle class settings that compared the experiences and views of 2 young women with those of their mother, aunt and grandmother. Finally, I conducted key informant interviews with 2 Anganwadi¹² workers and a gynaecologist and female youth counsellor at the district’s civil women’s hospital.

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 of a more holistic approach to issues of menstruation and menstrual hygiene experienced by women in a range of socioeconomic positions.

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 for this: the first being that

¹² Anganwadi centres provide basic health care to women and children including contraceptive counselling and supply, nutrition education and supplements and pre-school activities.

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, that is the purpose behind women's existence as well. 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"* 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"* point to reasons why women and their menstrual cycle should be 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 roles in 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 FGD

"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 humans 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 more equal treatment. 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.

"The fact is 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 Samiti

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. 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.¹³

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

¹³ Pathak, Tripathi and Subramanian, "Secular Trends In Menarcheal Age In India-Evidence From The Indian Human Development Survey."

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 bhabhis 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 bahbi, 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 the women 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 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 I asked them 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.

I also asked women about the connection between nutrition and menstruation which 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 most 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 supplemented this with assumptions which left them vulnerable to harmful rumors and myths. Some of the older women 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.

Sources of knowledge

Traditional knowledge like the kind mentioned just above is primarily passed down by female relatives and while not always believed, continues to be prevalent. 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 forces leaves boys almost entirely out of this important part of women's lives.

Interestingly, a number of women spoke as if boys had more information about menstruation than women and therefore did not need to be told. The small group of men I spoke with disproved this as they had primarily learned about the existence of periods from the internet, books and their wives, and not until they were over 18 years old. 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 was causing much confusion and worry.

“This is not a shameful matter for girls and boys – the benefits of discussing and everything is to prepare with the foreknowledge and then the shame will be ended...”
- Male Animator

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 them 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. Women 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 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.¹⁴ This practice is changing however, as more and more households are nuclear families and therefore do not have multiple women who can takeover 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 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 then, only then will they be dead because at my home, I don’t have anyone except me” – Madahk Khana

What evoked the most frustration amongst participants however, were the restrictions of movement and socialisation that accompanied menarche, a marker of a girl’s transition to womanhood. Primarily these included not being allowed to play with boys as much, 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 girls. 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 these limitations often lead to depression and disordered eating among young women, particularly when they are watching the freedom of their male counterparts increase at the same time theirs is decreasing.

¹⁴ 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 side effects of menstruation which include bloating, weakness, cramping and joint 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. 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 facing more extreme 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 not aware that these are not normal side-effects of menstruation due to the expected silence around this issue. 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, she was unable to do much else as she sees over 75 patients 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. Typically cotton cloths are preferred due to their absorbency and comfort but some were 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 any cloth is unhygienic. 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 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 women were aware of the importance of changing materials regularly however about 50% only changed twice a day due to the unavailability of privacy and proper toilets as will be discussed below.¹⁵ Changing materials regularly important as wearing a pad for a long period of time or using unclean cloths

¹⁵ Materials should be changed every 3-4 hours, even if not soiled.

can result in urinary and reproductive tract infections – both of which were common amongst the gynaecologist and youth counsellor’s patients.

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 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 use the toilet before sunrise and after sunset to ensure they would not be seen. Most of these women used cloths and 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.

This lack of appropriate facilities drastically limits women’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 even more unwelcome and uncomfortable in places like the market where open urinals are available for males.

Conclusion:

This paper represents just a brief summary of the knowledge shared with me by the women I spoke with in Jhansi so I would like to use this final section to discuss some key concepts and their implications for future research and policy. 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 social relations in a way that markedly differentiates women’s experiences of those sectors from those of men.

While previous research into the subjects of menstruation and menstrual hygiene have highlighted related issues in school-attendance, use of hygienic materials and availability of proper toilets, too often they describe harmful practices without asking why they happen or how women feel about them. My research demonstrates the importance of engaging with the social and emotional infrastructure that determines 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 with me as a complex intersection of individual emotional and physical processes with the external world. This knowledge came in the form of beliefs and traditions, rumors, myths, assumptions and facts but 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 come to the table with must be respected and understood. Current MHM efforts tend to focus on school-age children but they do not exist in a vacuum and it is vital that the women and men in their lives are respected as important sources of information. 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."

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