PEOPLE STILL HESITATE TO TALK OPENLY ABOUT MENSTRUATION

by

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ABSTRACT

Menstruation is a normal biological process, yet it continues to be surrounded by myths, taboos, secrecy and discriminatory practices in many parts of India. Such beliefs may restrict women and girls from cooking, entering places of worship, touching water, bathing and participating in social activities in some communities during menstruation. The present paper examines these practices with particular reference to the Theog region of Shimla district, Himachal Pradesh, where the terms 'Beendki' and 'Barrine' are used in relation to menstruation and where menstruating women may be required to remain separately in cowsheds and depend upon family members for food and water. The paper considers the social, psychological, educational and health consequences of menstrual taboos and highlights the importance of menstrual hygiene, accurate health education, adequate sanitation and community participation.

Keywords: Menstruation, menstrual hygiene, myths, taboos, discrimination, women's health, reproductive health.

INTRODUCTION

Menstruation is a natural part of the reproductive cycle. It generally begins during puberty and continues as a recurring biological process during the reproductive years. Although menstruation is universal among women who menstruate, the meaning attached to it differs across societies and communities. In many society biological knowledge is accompanied by cultural beliefs concerning purity, food, religion, domestic work and social interaction.

Empirical research suggests that the educational consequences of such restrictions are considerable in scale. A 2015 study by Dasra, a Mumbai-based philanthropic foundation, found that girls in India miss an average of six school days a month because of difficulty managing menstruation, a factor associated with around twenty-three per cent of adolescent girls dropping

out of school on reaching puberty.[1] This suggests that menstrual taboos, when combined with inadequate school sanitation, can have a measurable effect on girls' continued access to education rather than remaining a purely private or cultural matter.

The difficulty is not the existence of cultural traditions in itself, but the point at which a tradition produces humiliation, exclusion, unsafe living conditions or barriers to health and education. Menstruating girls and women may be prohibited from entering kitchens or places of worship, touching religious objects or preparing food. Such restrictions are often justified through ideas of impurity or the belief that menstruation can spoil food or otherwise harm people or objects. Menstrual taboos can be particularly harmful when they combine with poverty, inadequate sanitation and lack of access to safe menstrual products. In such circumstances, a practice that is initially described as a cultural restriction may become a direct health and dignity concern.

MENSTRUAL MYTHS AND CULTURAL TABOOS IN INDIA

In some parts of India menstruation has historically been associated with impurity, supernatural beliefs and shame. Ideas of purity have been linked to bodily processes such as menstruation and childbirth. Water has also been associated with purification, which may contribute to restrictions on bathing or touching water. Such beliefs can become particularly problematic when they result in isolation or prevent women from maintaining adequate personal hygiene. The link between ideas of ritual impurity and restricted access is not confined to the domestic sphere. Prior to 2018, women of menstruating age were barred from the Sabarimala temple in Kerala on grounds connected with the presiding deity's celibacy, and when two women eventually entered the shrine in January 2019, the incident led to the temple being closed for 'purification' rituals and to protests across the state.[2] The episode illustrates that assumptions about menstrual impurity can influence access to public and religious spaces, and not merely private household practices.

[1] 'About 23 per cent Girls Drop Out of School on Reaching Puberty' (Down To Earth, 15 January 2016) <https://www.downtoearth.org.in/health/23-girls-drop-out-of-school-on-reaching-puberty-59496> accessed 20 September 2026.

[2] 'Sabarimala Shut for "Purification" after Two Women below 50 Enter Temple' The Wire (Thiruvananthapuram, 2 January 2019) <https://thewire.in/rights/sabarimala-shut-for-purification-after-two-women-below-50-enter-temple> accessed 20 September 2026.

MENSTRUAL PRACTICES IN THEOG REGION, HIMACHAL PRADESH

A significant focus of the present paper is the Theog region of Shimla district, Himachal Pradesh. The local terms ‘Beendki’ and ‘Barrine’ in connection with menstruation and describes a practice in which menstruating women may be separated from the family and required to stay in a cowshed. During this period, the woman may be prohibited from cooking, touching water and participating in ordinary household activities. She may have to depend upon family members for food and water.

The absence of adequate toilet and bathing facilities for a woman who is required to stay separately. These circumstances raise concerns that extend beyond cultural belief. When menstrual isolation takes place without safe sanitation, privacy and adequate hygiene facilities, the practice may expose women to avoidable physical discomfort, infection risks and psychological distress.

Comparable practices have been documented across upper Shimla and neighbouring areas. Journalistic accounts note that menstruating women in areas including Theog, Chopal, Rohru, Kotgarh and Kinnaur continue to be barred from cooking, from touching pickled foods and from entering parts of the house.[3] In the neighbouring Kullu district, an administrative survey found that women were confined to cattle sheds during menstruation in more than ninety of the district's two hundred and four panchayats, prompting the district administration to launch the 'Naari Samman' campaign in 2018 to engage Anganwadi and ASHA workers in addressing the practice at the grassroots.[4]

This regional example is important because menstrual taboos cannot be understood solely through statistics at the national level. Local terminology, family practices, community expectations and access to facilities shape the lived experience of menstruation.

[3] Monika Singh, ‘In the Shadow of Myths’ The Tribune (Shimla) <https://www.tribuneindia.com/news/himachal-tribune/in-the-shadow-of-myths-51374> accessed 20 September 2026.

[4] Rinchen Norbu Wangchuk, ‘This District Administration in Himachal Is Shattering Taboos on Menstruation’ (The Better India, 3 January 2018) <https://www.thebetterindia.com/126346/district-himachal-menstruation/> accessed 20 September 2026.

IMPACT OF MENSTRUAL TABOOS

Physical Health

Safe menstrual management requires access to appropriate absorbent materials, clean water, washing facilities, privacy and safe disposal arrangements. Restrictions on bathing and access to toilets can further complicate menstrual hygiene. Primary healthcare providers therefore have an important role in identifying menstrual-health concerns and correcting harmful misconceptions. National survey data illustrate the scale of this disparity in access to safe menstrual materials. The fifth National Family Health Survey (2019-21) found that close to ninety-nine per cent of women in the Andaman and Nicobar Islands used hygienic menstrual products, compared with under sixty per cent of women in Bihar, with rural women in several states lagging well behind their urban counterparts.[5] Such state-wise variation indicates that access to menstrual hygiene remains uneven and is shaped by regional infrastructure and income levels rather than by biology alone.

Psychological and Social Effects

Menstrual stigma can generate embarrassment, anxiety, fear and a sense of shame about the female body. When girls receive no accurate explanation before their first period, the first experience may be confusing or frightening. Secrecy can reinforce the idea that menstruation is something abnormal or shameful. Such experiences can have consequences for self-esteem and social participation.

Education and Economic Participation

Menstrual difficulties can interfere with girls' education, particularly where schools lack private toilets, water, menstrual products and supportive environments.

Recognition of this problem has begun to translate into concrete institutional responses. Kerala became the first Indian state to introduce menstrual leave for female students in state universities in 2023, later extending a comparable relaxation to school students and Industrial Training Institutes, while the private food-delivery company Zomato introduced up to ten days of paid

[5] 'More Women Opting for Safe Menstrual Practices, NFHS-5 Data Shows' (Down To Earth, 2021) <https://www.downtoearth.org.in/health/more-women-opting-for-safe-menstrual-practices-nfhs-5-data-shows-74758> accessed 20 September 2026.

'period leave' a year for menstruating employees in 2020.[6] At the same time, the Supreme Court has been reluctant to mandate a uniform, compulsory menstrual leave policy at the national level, expressing concern that such a requirement could inadvertently affect career opportunities for women, which suggests that the legal and policy response to menstrual leave in India remains uneven and contested.[7]

For adult women, menstrual restrictions may also affect employment and household responsibilities. Thus, menstrual hygiene should be understood as part of an enabling environment for education and economic participation.

THE ROLE OF FAMILY, SCHOOL AND COMMUNITY

The persistence of menstrual myths is closely connected with silence between generations. Girls may learn about menstruation only after they experience it, while mothers and other adult women may themselves have received limited information. This can result in the transmission of beliefs without an opportunity to distinguish cultural practice from biological fact.

Schools can provide a safe and structured environment for menstrual education. Teachers should be equipped to discuss puberty, menstrual health and hygiene without embarrassment or gender stereotyping. Boys should also receive age-appropriate education so that menstruation is not treated as a subject for ridicule or secrecy. At the policy level, the Ministry of Drinking Water and Sanitation issued the National Guidelines on Menstrual Hygiene Management in 2015, developed with technical support from UNICEF, which direct state governments, district administrations and school authorities to ensure private and functional toilets, water, soap and safe disposal facilities for menstruating students as part of the Swachh Bharat Mission.[8] These guidelines situate menstrual education and school sanitation within a broader institutional framework rather than leaving them to the discretion of individual teachers or schools.

[6] 'Zomato's "Period Leave" Policy Triggers Debate among Indian Women' Al Jazeera (12 August 2020) <https://www.aljazeera.com/news/2020/8/12/zomatos-period-leave-policy-triggers-debate-among-indian-women> accessed 20 September 2026.

[7] 'Let's Talk about Menstrual Leaves in India' (LiveLaw, 2024) <https://www.livelaw.in/articles/menstrual-leaves-india-541183> accessed 20 September 2026.

[8] Ministry of Drinking Water and Sanitation, Menstrual Hygiene Management: National Guidelines (Government of India, 2015), available via International Water and Sanitation Centre <https://www.ircwash.org/resources/menstrual-hygiene-management-national-guidelines> accessed 20 September 2026.

MENSTRUAL HYGIENE

Menstrual hygiene cannot be reduced to the availability of sanitary napkins alone. It includes knowledge of the menstrual cycle, access to clean water, toilets and washing facilities, privacy, safe disposal and the ability to manage menstruation without fear or discrimination. Affordability has also been the subject of legal and fiscal intervention. Following sustained campaigning and public interest litigation before the Delhi and Bombay High Courts challenging the twelve per cent Goods and Services Tax then levied on sanitary napkins, the GST Council exempted sanitary napkins from tax altogether in July 2018.[9] This episode illustrates that menstrual hygiene is not solely a matter of individual behaviour or awareness, but can also depend on fiscal and regulatory decisions taken at the level of the state.

CHANGING PERCEPTIONS

The growth of social media has created another avenue for challenging silence. Women and girls can share experiences, access educational material and build supportive communities. At the same time, online discussion may attract harassment and moral policing. Digital awareness efforts should therefore promote respectful communication, reliable information and protection from stigma. Government intervention has complemented these digital efforts. Since 2011, the Ministry of Health and Family Welfare has implemented the Scheme for Promotion of Menstrual Hygiene under the National Health Mission, through which ASHA workers distribute subsidised sanitary napkin packs to adolescent girls; the scheme reported that 5.4 crore adolescent girls received napkin packs in the 2022-23 financial year alone.[10] Such state-run schemes indicate that combating stigma is increasingly treated as a matter of public health policy rather than being left entirely to informal or online advocacy.

STRATEGIES TO COMBAT MENSTRUAL MYTHS

1. Menstrual education should be provided to both girls and boys. Information should be scientifically accurate, age appropriate and culturally sensitive.

[9] 'Sanitary Napkins Exempted from GST' (LiveLaw, 21 July 2018) <https://www.livelaw.in/amp/sanitary-napkins-exempted-from-gst> accessed 20 September 2026.

[10] 'Menstrual Hygiene Schemes', Rajya Sabha Unstarred Question No 2187, answered 8 August 2023 (Ministry of Health and Family Welfare), reproduced in Toxics Link <https://toxicslink.org/?p=7572> accessed 20 September 2026.

2. Schools and public institutions should ensure access to private, safe and functional sanitation facilities, including water and facilities for menstrual management.
3. Affordable menstrual products should be accessible to girls and women, particularly those living in economically vulnerable households.

1. Some Indian states have already implemented measures along these lines. Sikkim's 'Bahini' scheme, launched to provide free sanitary pads through vending machines in all government secondary and senior secondary schools, was intended to curb dropout linked to menstruation and to normalise access to menstrual products among school-going girls.[11]

4. Awareness programmes should involve parents, teachers, men, community leaders and health workers rather than treating menstruation as an issue concerning women alone.
5. The aim should not merely be to condemn communities, but to encourage informed change while preserving dignity and avoiding further stigmatization.

CONCLUSION

Menstruation is a normal biological process, but myths and taboos continue to shape how many women and girls experience it. The challenge is not simply to provide menstrual products. A meaningful response requires accurate knowledge, open communication, safe sanitation, affordable menstrual materials, supportive families, menstrual-friendly schools and trained health workers. The way forward is therefore to replace secrecy with education, stigma with dignity and harmful myths with evidence-based understanding.

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