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# Does Menstruation Hinder Women's Empowerment? Working Toward Social Change In South India

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# **Does Menstruation Hinder Women's Empowerment?**

## Working Toward Social Change In South India

A Capstone Project Submitted in Partial Fulfillment of the  
Requirements of the Renée Crown University Honors Program  
Syracuse University

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## Abstract

*With so many challenges facing education today, it is difficult to think about any more potential problems kids around the world have to deal with. However, as I came to realize during a semester abroad in South India – one problem might be messier than all the rest. And, it only affects girls. Menstruation often limits a girl’s ability to go to school for a variety of reasons. This paper documents some of those challenges girls face in regard to cultural taboos and social stigmatization, a lack of knowledge or historical misunderstanding, as well as the fact that for many girls in the developing world (in places like India, where I studied), the cost of sanitary napkins is simply too much. I argue that increased education, through campaigns or active participation in local communities, will help alleviate some of the worries young girls face when managing menstruation and help keep them in school. Evidence for this argument is found in some independent research I completed in Saragur, Karnataka in 2011, with a follow-up visit in 2013. While the problem may seem grim, solutions are possible – all for the price of a pad.*

## Table of Contents

<b>Abstract</b> .....	ii
<b>Table of Contents</b> .....	iii
<b>Tables and Charts</b> .....	iv
<b>Acknowledgements</b> .....	v
<b>Introduction</b> .....	1
Getting Personal.....	6
Purpose of This Paper.....	9
<b>Section I: Menstruation: From Investigation to Understanding</b> .....	12
What is Menstruation? .....	12
The Culture of Menstruation.....	15
One Size Does Not Fit All.....	16
Taboos: Common Practices through Cultural Case Studies.....	19
Native North American Indian Practices.....	20
Traditional Jewish Practices.....	24
Ethiopian Jewish Women Living in Israel.....	27
Additional Themes in Menstrual Taboo.....	31
Menstruation in India.....	33
Transformation of Brahmin Communities in South India.....	38
<b>Section II: The Educational Campaign: Effectiveness and Practice</b> .....	42
Education Related to Menstruation.....	43
Education: Small Scales and Global Understanding.....	46
All For the Price of a Pad.....	48
The Great Wash – Yatra.....	49
Azadi.....	50
ASHA Rural Health Programs.....	52
Sanitation Programs in Tamil Nadu.....	55
Huru International.....	55
Promotion, Response, and Awareness.....	57
<b>Section III: Participation: Combatting Apathy, Acknowledging the Inequality</b> .....	59
My Participation Efforts in Social Change.....	60
My Research Project and the Community of Saragur, Karnataka.....	64
Project Description.....	66
Goals and Strategies.....	68
Research Results.....	69
One Year Later.....	77
<b>Conclusion: Learning About Social Change From Participation</b> .....	80
<b>Sources Cited and Consulted</b> .....	84
<b>Appendices</b>	
Girls Survey I: Distributed November 17, 2011.....	87
Girls Survey II: Distributed January 7, 2013.....	90
Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably.....	94
<b>Capstone Summary</b> .....	95
<b>Manual</b> .....	101-148

## Tables and Charts

### **Tables**

Table 1: Sixth Standard Girls Reaching Menarche, VSOE* .....	70
Table 2: Sixth Standard Knowledge About Menstruation.....	70
Table 3: Seventh Standard Girls Reaching Menarche, VSOE.....	71
Table 4: Seventh Standard Knowledge About Menstruation.....	71
Table 5: Eighth Standard Girls Reaching Menarche, VSOE.....	72
Table 6: Eighth Standard Knowledge About Menstruation.....	73
Table 7: Ninth Standard Girls Reaching Menarche, VSOE.....	73
Table 8: Ninth Standard Knowledge About Menstruation.....	74
Table 9: Ninth Standard Comfort Levels Discussing Menstruation.....	75
Table 10: Tenth Standard Girls Reaching Menarche, VSOE.....	75

### **Charts**

Chart 1: Tenth Standard Girls, Information About Menstruation.....	76
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\* Viveka School of Excellence (VSOE), Saragur, Karnataka, India  
 Tables and Charts Source: Teacher Empowerment, Walton, 2011

*Once upon a time, I went to India.  
And it changed nearly every way I think about life.  
Thanks to everyone who supported me in chasing my childhood dream.*

## Introduction

In 1946, Walt Disney Productions produced a ten-minute animated film called *The Story of Menstruation*. This short educational film was unlike all of Disney's previous releases, like Pinocchio, Dumbo, and Bambi, which were also released in the early 1940s. The short was commissioned by the International Cello-Cotton Company, now known as Kimberly Clark, and was to be shown to American school children in their health education classes all over the country. This film marked the first time "vagina" was used in a screenplay; and according to the Internet Movie Database, it was created to be a "basic explanation of the purpose and process of menstruation – told largely with diagrams and completely avoiding the subject of sex<sup>1</sup>." It was a revolution in its time.

The film opens with a rather interesting take on menstruation, posing the question: "Why is nature always called 'mother nature'? Perhaps it's because, like any mother, she quietly manages so much of our living without our ever realizing there's a woman at work." This is certainly not the way most people look at menstruation or motherhood. The story continues with the narrator explaining the purpose of the pituitary gland, the gland in charge of 'growth hormones,' that circulate around the blood stream. These hormones tell the body when it's ready to mature, thus when a young girl is able to become a woman; between the ages of 11-17, with the average being 13-years-old, the video specifies<sup>2</sup>. The animated character, to a narrator's voice, walks the audience through a series of simple

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<sup>1</sup> Internet Movie Database (IMDb) is an online database of information related to films, television programs, and video games.

<sup>2</sup> *The Story of Menstruation* can be seen at: [http://www.youtube.com/watch?v=eLhld\\_PI2zg](http://www.youtube.com/watch?v=eLhld_PI2zg)

<sup>2</sup> *The Story of Menstruation* can be seen at: [http://www.youtube.com/watch?v=eLhld\\_PI2zg](http://www.youtube.com/watch?v=eLhld_PI2zg)

steps in which menstruation is categorized as “one routine step in a normal and natural cycle that is going on continuously throughout the body.” A downtrodden cartoon girl looks up into her mirror and ends the scene with a smile. After all, being a girl isn’t so bad. The film prepares girls with the “insurance on ‘those days’ [so she can have] healthy living on ‘all days.’” While the film was an exceptional display of progressivism of its time, how has information regarding menstruation been dispersed since 1946?

While there have been many studies on American attitudes toward menstruation, conducted by the menstrual products industry, companies were not sharing their results with the public. Spokespeople for the various product companies claimed the information was too jarring, sensitive, and would be too competitive in the market, according to Karen Houppert’s research in *The Curse*, a book about menstrual attitudes in advertising. It was not until Tampax brand released a major national survey’s data in 1981 that the notion of secrecy was broken. The survey results were shocking, and indicated for the first time publically that many people were uncomfortable discussing menstruation. According to the Tampax brand study, which focused on the comfort levels of menstruation related discussions and was completed during April and May of 1981, “fifty trained researchers conducted 15-minute phone interviews with more than a thousand men and women across the county.” A company called Research & Forecasts Incorporated<sup>3</sup> designed the study, and efforts documented that people of all ages, education levels, income levels, and ethnicities were included in the

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<sup>3</sup> Although there doesn’t seem to be a company webpage for this group currently, it does seem to exist on 110 E. 59<sup>th</sup> St. NY, NY 10022.



research. The results of the survey were especially startling for health professionals. After all, it was the first time data of this kind was released into the public. Pollsters discovered that both “men and women had similar beliefs about menstruation, sharing an overall attitude that the researchers characterized as ‘negative’ and an understanding of menstruation that was ‘confused.’” Of the specific results, it became clear to the research group why menstruation should be studied more carefully. Here is a sampling of the statistics derived from the study:

More than one-quarter [of the individuals polled] thought that women could not function properly at work while menstruating...eight percent said that women should make an effort to stay away from others when they’re having their periods. Thirty-five percent said they thought menstruation affected a woman’s ability to think...[while] thirty percent thought women should cut down on their physical activity while menstruating...forty-nine percent said that women had a different scent at the time, and twenty-seven percent said menstruating women looked different...[t]wo-thirds of those surveyed said that women should not mention their periods in the office or in social situations – that included veiled references to cramps or headaches – and more than one-third thought women should conceal the fact that they’re menstruating from their families (for example, by hiding sanitary products) (Houppert, 1999, 6-7).

Given the fact that the results from this survey came from Tampax brand – one of the largest manufacturers and advertisers for female sanitary products – the perceptions of menstruation are demonstrated to be shockingly negative. One might consider how results, such as those collected in 1981, have influenced commercial advertising for menstrual sanitary products since. Although advertisements by sanitary companies are still relatively vague, and communities all over the world continue to either celebrate or berate women during menstruation, even thirty-two years after the Tampax study was released, Western society continues to struggle with public engagement and discourse for

menstruation-related issues. Take for instance the public-response Caroline Williams, CEO of the United Kingdom maxi pad maker, Bodyform, made in rebuttal to an angry Facebook post that Richard Neill made (see below)<sup>4</sup>.



Source: AdFreak, October 16, 2012 (Nudd, 2010, np)

Both Neil’s remarks and Williams’ response are critical to understand because they illustrate how popular culture can send vital messages. ‘Pop’ culture often conveys what most of a society is thinking or feeling. For a response such as Ms. Williams’, to take place in 2012, where she pokes fun at men misunderstanding what menstruation is like for females, even scholars can be reminded how far we still need to go in order to address the needs and concerns related to discussing menstruation openly. Interestingly, according to the results of the 1981 Tampax brand study, “men were more likely than women to think it was okay to talk

<sup>4</sup> An actress plays CEO of Bodyform, Caroline Williams, on a hysterically comical viral-video response to Mr. Richard Neil’s Facebook post, which garnered over 84,000 ‘likes.’ This is the video response: <http://jezebel.com/5952287/maxipad-company-replies-to-mans-facebook-rant-with-awe+inspiring-sarcasm>

openly about periods” (Houppert, 6-7)<sup>5</sup>. In a survey from the 80s, it seems odd that men were more likely to discuss menstruation while many women felt uncomfortable. Given the disturbed Facebook post from a man that caused a viral Internet sensation over thirty years later, it almost seems our cultural perceptions have gone backwards.

According to a more recent study by The Proctor and Gamble Company, written by Miranda Farage and others in 2011, the topics of genital hygiene and preparedness practices have been much too under-represented in literature and popular culture, throughout time, and illustrate how poor menstrual and genital hygiene leads to significant problems in adolescent health. In this P&G study, Farage writes, “menstruation is a basic physiologic function common to all healthy adult women and therefore shared by more than half the population...[but] management of menstruation, however, varies significantly across cultures dependent on the availability of commercial products, religious beliefs, folk cultures, and other societal norms” (Farage et. al., 131). The separations between what women actually know, what they want to know, and what they should know – to lead healthy lives – varies incredibly, even in the United States and other parts of the western world, contrary to what educated individuals might believe.

It is thought-provoking that something so ‘normal’ and ‘natural,’ at least according to the screenplay team for Walt Disney Productions, can create so

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<sup>5</sup> Houppert’s book “The Curse: Confronting the Last Unmentionable Taboo, Menstruation” was her investigative attempt into the advertisement world of the sanitary napkin industry. Her cultural interest in menstruation was sparked when she wrote for the *Village Voice*, during an article “Pulling the plug on the sanitary protection industry.”

much commotion among real people. It even seems the word ‘menstruation’ can make some awkward with nervousness. The concept is not particularly beautiful: the simple image of blood leaving a woman’s body through her vagina is not one that appears in children’s picture books. However uncomfortable the topic of menstruation can be, discussing menstrual hygiene and practice is critically important because women all over the world – of all races and ethnicities – do not feel entirely comfortable understanding the natural cycle in their own bodies. Menstrual hygiene, the actual managing of menstruation and taking care of the human body, remains a large taboo all over the world. And, as seen in both product company studies, for all kinds of people – even American women.

### **Getting Personal**

As a female, menstruation has been a part of my life since I was born. While menses in the immediate sense did not come around until I was a teenager, menstruation has been an impending circumstance since birth. When I was in fifth grade, I distinctly remember gathering in Mrs. Bender’s classroom, with the other fifth grade girls, to watch “The Movie.” It seemed silly that we all needed to watch something without a proper title, but it certainly got us all chatting with apprehension. After all, we were middle schoolers! Our eyes were glued to the television propped high on the wheeled-cart as we witnessed amazing things: bodies transforming, uterus linings being shed from the body, hormone-diagrams sending signals through both the female and male cartoon forms, and then finally, the egg getting impregnated and settling into a well-nourished uterus. It wouldn’t be until the *second movie*, in eighth grade, when we would be ‘old enough’ to see

what happened to that egg. Flash-forward nearly three years to 25 terrified faces sitting in Mrs. Sweeney's eighth grade science class, eyes partially fixated on a newborn head emerging from the vaginal opening of a new mother; when I wasn't wincing in assumed pain, I was gauging the reactions of my classmates.

Is it strange that 'normal' and 'natural' occurrences in the human body generate such unpleasant reactions. Moreover, the reactions occur at dictated times during our adolescence. We are told when and what we should know happens to our body from people unrelated to us: educators and film production teams. We drop tampons into beakers full of colored water to experiment with 'grown-up' sanitary products and read about humiliating bloodstain stories in *Girls Life Magazine*. And unless our moms are not shy and teach us otherwise, we embarrassingly buy pads and other sanitary products from the convenience store and then hide them in our purses throughout high school. Put aptly by Karen Houppert, the world we live in has created a terrifying mystique to menstruating women, so much so that women all over [the United States] get nervous enough to not even tell their family and friends. Houppert demonstrates this sentiment best in a short section of her introductory chapter in *The Curse*; we have culturally constructed uncomfortable perceptions of our bodies that have made discussing menstruation awkward.

[Menstruation] becomes psychologically disorienting to look out at a world where your reality doesn't exist...because menstrual etiquette is an element of a woman's experience that contributes to this disorienting effect. It complements a barrage of distorted images and stories about women's bodies that we face daily. Because ideas about menstruation tie into prevailing notions that women's bodies are dangerously permeable, they become part of the controlling myths our culture has spun to

manipulate our perceptions of ourselves and our sexuality (Houppert, 1999, 9-10).

Even stranger than the mixed signals subliminally kept in my psyche, I never *truly* thought about it before my college years. Sure, menstruation was embarrassing, but it was familiar enough. I got my period at an average age; I was normal; what else was there to talk about? It was not until I went to India that the topic began to perplex me.

During an *Environment and Health* class<sup>6</sup> in my junior, fall-semester abroad in southern India, I learned a terrible reality for girls all over the ‘developing world’ – a term I would come to both understand and despise. “74 percent of girls will drop out of school due to menstruation or attaining menarche,” my trustworthy Indian instructor stated. Although, more recent statistical polls suggest approximately 23 percent of adolescent girls in the age group of 12-18 dropout of school after they begin menstruating<sup>7</sup>. Governments in India could not understand the gender disparity in students dropping out of school. Scholars were also puzzled and began conducting research of their own. Soon, people began to understand that menstruation is one cause for school absence for many girls, especially in rural areas. Menstruation management, family ritual and practices, and the lack of girls’ preparedness have all been cited as reasons why young girls miss school. Often, girls don’t drop out right away. Rather, many missed days cause the girl to fall behind in her studies, making the ‘catch-up’ seem nearly impossible. Unfortunately, many of these same girls feel

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<sup>6</sup> This class introduces students to India’s environment and health traditions as well as to its major contemporary scenarios. The course provides an overview of traditional and modern health care systems in India; offered through the Vivekananda Institute of Indian Studies in Mysore, Karnataka.

<sup>7</sup> <http://infochangeindia.org/women/news/lack-of-sanitary-protection-causes-23-of-girls-to-drop-out-of-school.html>

like they have no one to turn to, and often manage their menstruation in unhygienic ways, leading to infection and both poor personal and environmental health.

After being in India for over four months myself, I quickly understood the challenges in dealing with menstruation during my own four cycles. The toilets and washing facilities were not what I was used to in the United States, and my underwear never felt clean – and I had complete access to commercial sanitary products! I was frequently asked if I were menstruating or not by temple officials – and not in the polite way but rather – “um, ma’am are you...blood?” Even simple day trips were agonizing; I was never sure if there was going to be a ‘proper’ toilet to use – definitely one of my first total-emersion worries. It was this new interest that led me to study menstruation, international menstrual taboos, and young girls’ actual experiences with menstruation in a rural town in southern India. The lessons I learned have been unparalleled by any classroom experience I have ever had, and the data I collected over the course of one year has changed my life in unexpected ways.

### **Purpose of this Paper**

This paper not only aims to explore the significant global divides in educational equality our world finds itself in today, but also the public health disparities human rights activists have been fighting against for years. Now, more than ever, in a globalizing world – where communication, transportation, and technology have brought people, communities, and ideas together more effectively – we still find ourselves overlooking many important social issues that plague people in

various parts of the world. Scholars have identified this as a ‘global north’ vs. ‘global south’ paradigm, wherein the reason unfair advantage happens the way it does is primarily subject to where problems are located in the world. This now, for me, includes menstruation and reproductive rights for women of all ages, classes, and castes.

From my own personal experience, ‘doing’ makes for very rich learning; being able to go to a new place, interact with new people, and learn how to create change on the ground is a vitally important learning tool. However, we have transitioned into an era of ‘doing development<sup>8</sup>.’ This is the notion that groups unrelated to a spatial environment are going in and doing things to make the place better – to improve the lives of the individuals who live there as an outsider. While great international development work has been done in the last three decades or more, we are now approaching people’s personal issues from an out-of-touch fashion – we are telling them, top-down, through organizations, governmental propositions, and from on-site visits and internships, how to do things better. This includes how to manage a period. Although I had the great opportunity to study, travel, and even work abroad, I gained a phenomenal lesson – at times, you just need to be a voice, not the entire show.

This paper investigates menstruation rituals and cultural practices in both India and other parts of the world; educational campaigns and how they have tried to combat this grim problem among females in third world countries; and how I participated in social change as an individual. While the majority of my research

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<sup>8</sup> The notion of “doing development, rather than analyzing it” has been borrowed from Jane Parpart, *Lessons from the Field: Rethinking Empowerment, Gender and Development from a Post- (Post?) Development Perspective*.



has been on the familial and cultural taboos of menstruation, much of what follows deals with personal anecdotes in how I came to understand the need for outside help in creating social change, and where I learned to just ‘let things be’ and allow women to ‘do’ development on their own with subtle encouragement. All of this for a normal 4-6 teaspoons of blood a month. Perhaps Disney was onto something, “most of your daily life *is* on the mild side – it is going to the extremes that is wrong.” To obtain equality and justice for women all around the world, it is time to take extreme action against the complacency and lack of understanding for menstruation-related issues.

### **Menstruation: From Investigation to Understanding**

*“Nothing in our society – with the exception of violence and fear – has been more effective in keeping women in their place than the degradation of the menstrual cycle.”*  
 - *Women’s Bodies, Women’s Wisdom*, by Dr. Christiane Northrup

Dr. Christiane Northrup is known for her strong vision of mind-body wellness in women all over the world. She has dedicated the greater part of her life to investigating various problems that have become serious health concerns for all kinds of women. From these lessons and experiences, Dr. Northrup has developed a keen understanding of preventative care and unconditional love for women and their bodies. The short excerpt above from her clinical book, *Women’s Bodies, Women’s Wisdom*, illustrates a powerful message Dr. Northrup hopes to broadcast across the world: when women change basic conditions in their lives, namely those that often lead to serious health problems, they are able to heal faster, more completely, and with far fewer medical interventions (Northrup, 2010, np). With this message, Dr. Northrup envisions women taking back the control of their bodies, including the misconstrued notions and traumatic associations women and cultures around the world make over the healthy status of their being, through menstruation, particularly.

### **What is Menstruation?**

Menstruation, simply, is a woman’s monthly bleeding. According to the U.S. Department of Health and Human Services and the Office on Women’s Health, menstruation is when the body sheds the lining of the uterus (or womb)<sup>9</sup>. During monthly menstruation, blood flows from the uterus through the small opening,

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<sup>9</sup> United States Department of Health and Human Services: Office on Women’s Health, menstruation fact sheet.

called the cervix, in a woman's body. This flow then passes through her vagina and will last between three to five days on average.

Menstruation, in English, is also often referred to as having your period, because period means a length or portion of time<sup>10</sup>. Beginning to menstruate (menarche) is a major stage of puberty in all girls. It is among many physical changes a girl will undergo that show she is turning into a woman and is capable of childbearing. Much like the other physical changes that a girl experiences, all of which are associated with puberty – which is the time where adolescents reach sexual maturity and become capable of reproduction – menstruation can be confusing, challenging, and alarming. While some girls cannot wait to begin menstruating, other girls wish it wouldn't happen at all. Often, the girls who have misinformation or feel uninformed can feel the most overwhelmed and frightened. It is important to know that all women (and men, in different ways) undergo physical changes during puberty. These changes are a part of growing up and demonstrate that bodies are prepared to function properly.

Like all sexually reproductive creatures, humans are equipped with reproductive sex organs. In females, the reproductive system consists of two ovaries, the fallopian tubes, her uterus, the cervix, her vagina, and the one to two million eggs, or follicles, which she is born with. Upon maturity, approximately once a month, a microscopic egg is released from a woman's ovaries seeking fertilization. The egg passes through the ovary and naturally finds its way to the fallopian tube channels where it moves toward her uterus. If the egg is

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<sup>10</sup> Phrasing captured from kidshealth.org, and used in my educational manual, *Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably* (Walton, 2011).

impregnated, meeting a male sperm, it will stay in the uterus – an elastic and safe walled place where mammals are able to nourish their young before birth. The impregnated egg will attach itself to the wall of the uterus, where the endometrium grows to a thick, blood vessel-rich, and glandular tissue layer protecting the egg and nourishing it into a human being<sup>11</sup>. However, most eggs are not impregnated and pass through the fallopian tubes without being fertilized. When the body's hormones realize there is no need for the potential nourishment prepared, the flow is excreted through the cervix and then through the vagina, it becomes what we call menstruation. Menses typically lasts a week for most women and usually occurs about every four weeks.

While the process is completely normal, and over 800 million women around the world menstruate, many cultures, traditions, and individuals have accepted the act as impure, unclean, and as a violation of regularity. After all, in many cultures, a menstruating woman is not serving her gender role properly – as she is not bearing children. These musings have fashioned themselves into an entire *culture of menstruation* and have been studied by scholars, religious institutions, and physicians around the world.

One aim of this paper is to investigate the discussions and debates regarding menstruation and the role it plays in both the home and society at large. From this exploration, I move to a call of action as menstruation continues to be one of the leading reasons why girls are unable to attend school and are not seen as productive members of their community. As the Indian Public Health

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<sup>11</sup> United States Department of Health and Human Services: Office on Women's Health, menstruation fact sheet.

commentator S. Jilly Philippa once said, “menstrual hygiene is one of the key components in health but given least priority and sometimes never given priority by most of the women and girls in the society due to the cultural silence attached on menstruation and puberty” (Philippa, 2011, 150). The goal is to end the silencing and degradation women face as a result of their monthly period all over the world.

### **The Culture of Menstruation**

Nicholas Kristof<sup>12</sup>, a journalist, author, and op-ed columnist for the New York Times, once said,

In the struggle to figure out how to get more girls in poor countries in school, there are a zillion strategies. Building more schools. Offering free school lunches, or sacks of grain to families of girls with perfect attendance for a month. Iodine supplements so that fetal girls don't suffer iodine deficiency. Deworming, so that kids are stronger and healthier and miss less school. In recent years, there have been increasing suggestions that one of the reasons girls in Africa and Asia miss school is that they have trouble managing menstruation. The idea is that they don't have decent sanitary products and so they stay home during their periods and then get further behind and finally drop out. It's considered an indelicate topic and so there's not much discussion of this – and my attempts at interviews have sometimes horrified my interpreters – but my impression is that there's something there (Kristof, 4 Sept. 2009, np).

What individuals can take away from this message is clear – while development agencies are spending mounds of money to address the issues surrounding school dropouts, particularly in Third World countries, it seems that knowledge and sanitary support during menstruation could be one way to keep girls in school.

While that is a simple-sounding solution, new policies and programs aimed toward this new understanding could result in rapid transformation in educational

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<sup>12</sup> Nicholas D. Kristof writes articles for his beat in the New York Times called *On the Ground* featured in *The Opinion Pages*.

opportunities for girls all over the world. Nevertheless, cultural stigmas and historical taboos restrict such an easy path toward finding solutions and providing strategies for these young women, regardless to global investigations and new understandings.

### **One Size Does Not Fit All**

While menstruation is universal, how we deal with it is very culturally specific. There are many reasons for historical taboos of all kinds, and particularly those embedded in religious culture and tradition; we will never know the exact origin of menstrual taboos. Essentially, menstrual taboos are customs often found within societies that aim to publically restrict the actions and behaviors of women during the time of their menstruation. Typically these limitations come out of “generally held beliefs that menstrual blood is somehow dangerous” and are cause for “physical seclusion in a hut or segregated area,” according to the work of Frank Young and Albert Bacdayan, in their essay “Menstrual Taboos and Social Rigidity” (Young and Bacdayan, 1965, 225). However the origins for culturally specific taboos have come from a wide variety of rituals all around the world, some from myths and others from spiritual beliefs – all limiting the behaviors and abilities of women.

Taboo, normally meaning something unacceptable to talk about or do, according to the Merriam Webster Dictionary, means many things in English depending on the context. Taboo can also mean sacred, offensive, unmentionable, forbidden, prohibited, or banned, among several other definitions. Therefore, taboo as a word translated from ancient uses has meant many things over time.

However, throughout history and in different environments, taboo has frequently been related vis-à-vis menstruation. In other words, menstruation has been contextualized to fit into each of those commonly associated definitions, banned for instance. Through time, with such negative linguistic connotation, culture can only presume an undesirable consequence that menstrual blood has had on a community. Taboo, an instrument of language, draws attention to itself in relation to menstruation by defining the bodily behavior as a forbidden object in ideas and customs related to different cultures at large. The definition, although common across cultures, also varies significantly; this leads scholars and researchers to believe that taboo in relation to menstruation is not a singular set of traditions or practices. In fact, some scholars will argue “the menstrual taboo” does not exist (Buckley and Gottlieb, 1988, 7) because the traditions vary so greatly around the world.

According to the academic work of Thomas Buckley and Alma Gottlieb in *Blood Magic*, the taboos studied by scholars and culturists alike are rather “cross-cultural [studies, showing] a wide range of distinct rules for conduct, regarding menstruation that bespeak quite different, even opposite, purposes and meanings” (Buckley and Gottlieb, 1988, 7). They suggest a more serious societal critique, where both cultural ritual and patriarchal structure create different cultural taboos around the world, and for different reasons.

Many menstrual taboos, rather than protecting society from a universally ascribed feminine evil, explicitly protect the perceived creative spirituality of menstruous women...[wherein] other cultures menstrual customs, rather than subordinating women to men fearful of them, provide women with means of ensuring their own autonomy, influence, and social control.

‘The menstrual taboo,’ in short, is at once nearly universal and...ambiguous (1988, 7).

Of course, it can be argued that the tabooed nature of menstruation, in general, is a way to limit the behavior of women.

In an essay by Karen Ericksen called, “Social Aspects of Menstruation,” in a larger work by Troy Duster and Karen Garret called, *Cultural Perspectives on Biological Knowledge*, Ericksen argues that “social beliefs, as expressed in ritual practices and the observances of taboos, are a form of psychological warfare used to influence and assess the opinions and intentions of others when no more direct and forceful means of influence are available” (Ericksen, 1984, 129). In other words, when more obvious force and power is not permitted in a culture, through violence for example, the society creates new structures of power through taboo. This highlights one of the ambiguities that Buckley and Gottlieb argue in their work. “Some taboos restrict the behavior of menstruating women themselves, whereas others restrict the behavior of other people in relation to such women” (Buckley and Gottlieb, 1988, 10). If unprepared girls are “frightened and confused by menarche,” they are much “more likely to develop negative attitudes toward menstruation in general” according to the Proctor & Gamble report on menstrual attitudes mentioned earlier, co-authored by Miranda Farage. Through this lens, where a lack of information generates negative feelings, girls themselves become the cause of harm rather than culture addressing the more accurate problems of the debate, which are patriarchal structure and female subordination.

There are many individuals and research groups who have constructed a rigid framework for which menstrual taboos fall under. The work of William



Stephens, for instance, is recalled in Buckley and Gottlieb's book, *Blood Magic*. Stephens has identified five primary classes of taboos into which menstrual rites all over the world fall. They are: "those against menstrual blood itself [being] dangerous; those that require the isolation of menstruous women; those that prohibit menstrual sex; those that prohibit menstruous women's cooking, especially for their husbands; and a general category of 'other' taboos" (Buckley and Gottlieb, 1988, 11). While many of these kinds of taboos are quite common around the world, even cross-culturally, there are variations in the way that women are isolated during menstruation, for instance. These next few sections illustrate several examples where a menstrual taboo exists but differs in the way cultures perceive them. Reiterating my first thought in this section, menstrual rituals are universal; how we deal with menstruation is culturally specific – at all scales.

### **Taboos: Common Practices through Cultural Case Studies**

There are many places, geographically, where a menstrual taboo endures. Although quantitative research frequently points to a large portion of the 'global south' as a primary offender to many of these cultural taboos, the reality should concern all people and places around the world; indeed, both menstruation and the stigmatization exist worldwide. This 'global south' is what geographers Paul Knox and Sallie Marston describe as the slow world<sup>13</sup>, meaning, not fully participating in the global capitalistic economy – or being a less developed country (LDC). The slow world sometimes appears most guilty in perpetuating

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<sup>13</sup> Human Geographers, Paul Knox and Sallie Marston's main work is World Regions in Global Context: People, Places, and Environments.

this degrading stereotype of menstrual taboo, in places like Africa and Asia for instance, but taboos transcend all economic boundaries. Often, places like the United States have more seriously problematic taboos where personal shame and embarrassment are more prevalent than in countries of the southern hemisphere. Nevertheless, in a rapidly developing world, where comparison between places is natural, it is easy to make sweeping generalizations about the kinds of taboos rather than to consider cross-cultural variations of similar traditions. At times it may seem like apples are being compared to oranges, in terms of comparing spiritual rituals to patriarchal structures, but the variation is important to consider when cataloging common practices.

The following case studies are a series of examples demonstrating cultural trends, illuminating some of the many common cultural taboos in menstruation. There will be obvious overlap between some cultures and significant differentiation with others' practices. This is by no means a complete list and the examples are chosen to represent the general variation of geography and cultural traditions.

### **Native North American Indian Practices**

In a chapter by Carol Markstrom called "The Historical Overview of Coming-of-Age Practices," in her book *Empowerment of North American Indian Girls: Ritual Expressions at Puberty*, she explains that "shared customs of groups within a cultural area certainly are a function of geographic propinquity, with related factors of climate, topography, and access to sources of subsistence. Nonetheless, between-group diversity exists within any particular cultural area" (Markstrom,

2008, 124). This notion of between-group diversity directly relates to issues regarding menstrual taboo and cultural stigmatization because cross-cultural variations in the way menstruation is looked upon as well as managed are key in understanding complex geographies. The book considers these diversities in the context of menstrual rituals across several native Indian cultures of the United States. By examining the geography of the tribes first, Markstrom draws many parallels in the Indian communities in regard to coming-of-age practices. However, even among geographically similar tribes, the seclusion and separation rites of girls at menarche differ greatly, which is a concept that can be related to communities outside the United State as well.

Markstrom relates that there are two possible reasons for the lack of information regarding menstrual practices about Native American girls: “either there were few puberty customs actually practiced or there was an absence of historical writings...among certain groups and/or cultural areas” (2008, 124). Regardless to the shortage of information, the data she does have culminates into a rather interesting Native American case study, identifying both difference and similarity in menstrual rites of native Indian culture throughout the United States.

Among Plains-group Indians, seclusion or confinement at first menses was the most common puberty custom for girls. For example, Assiniboine tribal girls were isolated in a small lodge near the family tepee – Pawnee girls also moved into a small lodge but would be accompanied by their grandmothers. There the Pawnee girl would be bathed, purified with cedar smoke, and completely reclothed after her cycle was complete (Markstrom, 2008, 125). Some native

plains tribes would actually chaperone girls in isolation during menstruation very carefully because virginity was so highly valued; in the Cheyenne community, for instance, girls are forced to wear ‘protective chastity belts’ until marriage to maintain their virginity. Many plains tribes also celebrated puberty and menstruation following forced seclusion. The Cheyenne were most famous for their celebrations – they often gave away a horse to honor the girl’s first menses. Some celebrations were not as rich as others, but in general, seclusion and some kind of celebratory recognition were most common among Indian groups of the plains area.

In the Northeast woodlands, nature was vitally important to the culture of menstrual rituals. For instance, the Kickapoo tribe would isolate their girls for 10 days in the woods, alone, in a hut far from the family’s home. Although the young girl would be advised by an elder about how to act properly as an adult, she was barely prepared for the transition to womanhood at first menses (Markstrom, 2008, 127). The Ojibwa tribe sent both their girls and boys to the forest to “obtain their guardian spirit helpers.” The spirituality of the forest was believed to help young children of these northeast tribes transition into adulthood after puberty.

In the southeast, on the contrary, puberty was not the main focus of girls’ celebrations, but rather menarche necessitated menstrual customs more generally. On first menses, Cherokee Indian girls were not only isolated for an entire week, but it was “required that they be fed by another woman, since they were not to handle food themselves” (Markstrom, 2008, 129). A Cherokee girl had to be avoided while menstruating for the first time and could not eat anything cooked or

touched by herself; she couldn't "even walk along a trail over which she has recently traveled," for fear that she would be spoiled (2008, 129). Impurity at first menses was the primary reason for seclusion in southeastern tribes of the United States.

According to Markstrom, the southwestern United States has perhaps the most diversity of menstrual rites in a given geographic area. In fact, "in some cases they continue to be practiced in the present day," more than any other native tribal region (Markstrom, 2008, 130). Perhaps one of the most interesting sets of rituals belongs to the Yuma tribe. Girls were to lie in a shallow pit, where fire heated stones covered the floor. "During their four days for part-time 'roasting,' Yuma girls had their hair washed each morning and plastered with mud prior to returning to their heated beds" (2008, 131). Other southwestern tribes utilized 'covering' during menstruation, like the Seri girl who had to paint her face, as she was not allowed to look at herself while she was secluded during menstruation (2008, 131). Hopi girls were whipped at first menstruation and were responsible for corn grinding for four days; this task, as Markstrom writes, reinforced industriousness in pubescent girls (2008, 130-131). Many southwestern tribes emphasized physical labor upon menstrual initiation, which is much different than other rituals for Native American Indians around the country.

While there are vast differences between the cultures of Native American tribes in the United States, there are similarities between the rituals associated with both first menstruation and coming-of-age celebrations. Markstrom does remind us that many "protective measures taken toward menstruation and

menstrual fluids were reflective of perceptions of power, as opposed to perceptions of a contaminated or unclean state of women” (2008, 156). This is quite different than in other parts of the world, which is why seclusion is often associated with tribal practices in North America; the power divide between tribal men and women was most accentuated during menstruation because of these menstruation-related practices.

### **Traditional Jewish Practices**

I first learned about Hasidic Orthodox Jewish menstrual practices on a 2009 episode of the Tyra Banks Show<sup>14</sup>. Her afternoon talk show featured an episode called “Go With the Flow” where women (and men) were invited to ask obstetricians and gynecologists questions about menstruation to break the barriers of embarrassment and silencing. A Hasidic woman, from the studio audience, shared her menstruation-related traditions, which shocked me at first. The practices were confirmed by Karen Ericksen, where she states, “the menstrual practices of the ancient Hebrews, described in the Old Testament, are often cited to illustrate extremely negative attitudes toward menstruating women” (Ericksen, 1984, 126). However, the woman who spoke on the Tyra Show had incredibly pleasant things to say about the rituals, which has brought her “closer and more intimate with her husband” (“The Tyra Banks Show,” 9, Sept. 2009, np).

According to Genesis, God brought about ten curses onto Eve after the serpent tempted her: “I shall greatly multiply thy pain and thy travail; in pain thou

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<sup>14</sup> Tyra Lynne Banks (born December 4, 1973) is an American actress, author, television personality, and former model.

shall bring forth children; and thy desire shall be to thy husband, and he should rule over thee” (Gen. 3:16). Of those ten, two relate to blood secreted through the vagina, according to the historical work of Varda Polak-Sahm called *The House of Secrets: The Hidden World of the Mikveh*, translated from Hebrew by Anne Hartstein Pace. Those kinds of blood are “the blood of niddah (menstruation) and virginal blood (when the hymen is rent for the first time)” (Pace, 2009, 58). Pace goes on to explain the severity of blood laws in regard to niddah.

The origin of the word ‘niddah’ is the Aramaic word nadu, meaning to throw, to distance from, to remove.... the Hebrew word ‘niddah’ is nundaled-daled, or nadad, which reflects the woman’s continuous wandering from one state of being to another over the course of her life cycle: from fertility to barrenness.... [And] in the Bible, the word ‘niddah’ is used metaphorically in the sense of filth (2009, 60).

For very conservative Jews, menstrual blood is both contaminating and hazardous, causing the need for several laws to restrict the bodies of men and women touching during menstruation. For married Jewish women, this restriction is known as a “‘blood ban’ (herem hadam), meaning that she is required to withdraw from society and to abstain from all [physical] contact with those around her” (Pace, 2009, 63). It is said that there is negative energy that comes from menstrual blood that can “endanger the souls of her family members,” should she touch them, including her husband. “When the woman’s body ceases bleeding, it’s as though it has become tamed...[and] after having cleansed herself from the impurity of the blood,” she can return to the environment of her family (2009, 63). The Torah, through God, has made very specific instructions for which to follow during a woman’s niddah:

And a woman who has a discharge of blood for a number of days during a time that is not part of her [period of] separation – or if, after having passed her separation, she has a discharge again, then all the days of the discharge of her uncleanness shall be as in the days of her separation; she is unclean. Any bed on which she lies on any day of her discharge shall be for her like the bed of her separation, and any article on which she sits shall be unclean like the uncleanness of her separation. And whoever comes near to them becomes unclean; he must wash his garments, bathe in water and remains unclean until evening (Lev. 15:25-27) (Pace, 2009, 66).

As echoed in the Hasidic woman who shared her story on the Tyra Banks Show a few years ago, a woman is impure during this time of menstrual discharge; she is to remove herself from contact with her husband. Through her personal anecdote, this is by separation of the beds, not directly passing something to her husband – for her hands have touched it – but rather placing it down for him to pick up himself, not to kiss or brush arms, and making a required individual trip to the Mikveh where she cleanses herself in pure water in order to be reunited by physical touch to her husband and family. Although the process may seem daunting, this woman’s story was insightful because she claimed to enjoy the time of separation. Her recognition of the law is that, during this time women and men are encouraged to have intellectually stimulating experiences, without the physical intimacy natural in marriage. This relationship strengthens the marriage, and the reunification of touch makes intimacy in the remaining month more special. However, to many others – including Polak-Sahm – the religious separation forced upon religious Jews is “cold and rigid and [are] scrupulously demanding of women” (Pace, 2009, 68). They “constitute a central aspect of the definition of the Jewish woman and [allows it to] shape her identity...cloaking misleading, pretty language to the debasing rules of separation” (2009, 68). Just



like many culturally specific taboos and regulations, the favorability of the laws of separation during a woman's menstrual period is debatable. While some Jewish women appreciate where the laws come from and abide by them habitually, month after month, others find them anti-feminist and as another way for men to oppress a women's sexual and reproductive freedoms. Nevertheless, purity laws have been designated among the most important laws in Judaism, regardless of the geography of the Jewish community. The connection of culture but loss of continuous geography is evident in the following case study.

### **Ethiopian Jewish Women Living in Israel**

Found in a 2004 study for a Doctorate in clinical psychology, Ilana Tal analyzed the cultural construction of the menstrual practices of Ethiopian Jewish women in her dissertation entitled, "Exploring the meaning of becoming a woman in a non-western culture: A narrative analysis of first menstruation stories of Ethiopian Jewish women." This dissertation illustrates the cultural practices that followed Jewish Ethiopians as they immigrated to Israel in relation to a woman's identity. The paper demonstrates how identities, especially in regard to a woman's sexual and reproductive capacities, are amplified more in a cultural context, rather than a biological one. In other words, Tal shows how Ethiopian Jewish immigrants wrestled with the different geographical constructions of tradition when they moved to Israel (Tal, 2004, 23). "Ethiopian Jewish women [like all Jewish women] have observed the rituals surrounding menstruation and other significant life events in the same ancient ways since the time of King Solomon and Queen Sheba, where it is believed that this Jewish community was established in

Ethiopia;” (2004, 64) therefore, menstruation rites have been a distinguishing characteristic of Jewish law since the creation of Jewish tradition. In fact, menstrual rituals have long been distinguishing traditions in Ethiopian culture, distinguishing the Beta Israel and the Amhara community of non-Jews, (2004, 64). This dissertation exemplifies how there are distinct differences between the community and geography of a place in regard to traditional practices and menstrual taboos. In other words, while the geography of a place, Ethiopia, can be similar, the community practices and rituals can differ greatly pending on the community of people in the environment. Thus, menstruation is more culturally constructed than biologically selected.

A woman’s body has, for centuries, been reason to cause disturbances to the many relationships she has in her life, especially those she forms when “she is most vulnerable, that is, when she becomes sexual. Hence, her transition into womanhood at the time of first menstruation may have been affected by the cultural pressures to please men” (Tal, 2004, 34). For Ethiopian Jewish women, separation during menstruation does not only occur during marriage, but at first menstruation due to these particular pressures from men. Ethiopian villages are historically constructed around natural water sources for this very reason – blood huts are built near the riverbank for menstrual seclusion starting at first menses. In Ethiopia, rivers are “not just the natural border between villages but a border between pure Jewish life and what was perceived as the impure life of the gentiles” (2004, 66). In other words, separation occurs from not only menstruating women, but also communities like the Amhara, who don’t enforce blood bans for

females in their communities. However, “how blood and other important symbols in the rituals surrounding menstruation are interpreted and what functions they have in the formation of the group’s identity is [inevitably] different for Beta Israel women than for the Christian Ethiopian women or orthodox Jewish women elsewhere” (2004, 66). This interpretation significantly influences the way culture constructs menstrual relationships because different groups relate to blood symbols in various ways, thus producing different rituals, myths, and traditions. Vast cultural differences between a similar geography of people can present great problems, as demonstrated through the cultural landscape of Ethiopia in regard to menstrual rites and rituals. This dichotomy in Ethiopia seems obvious, though. More interesting, as researched in Llana Tal’s dissertation, is the cultural construct of menstrual rites and rituals when the “culture” stays the same and the geography changes. In other words, the immigration of Jewish Ethiopians to Israel, a self-proclaimed Jewish state, presented even greater cultural struggles than among the Jewish and non-Jewish peoples of Ethiopia.

Determined through interviews conducted in 1984, of Beta Israel women who arrived in Israel, the real issues of Ethiopian women immigrating to Israel “revealed that the main difficulty...was around the practices of cleanliness and purity. Beta Israel women who were born and raised in Ethiopia considered their purity rituals around the time of menstruation as most essential to their Jewish identity” (Tal, 2004, 68). While there were many similarities among Jewish women native to Israel and those women who were born in Ethiopia, the subtleness in difference became much of a crisis in Ethiopian tradition for

immigrants. “The abstinence parallels the blood hut of the Ethiopian women, and the immersion in the Mikveh before returning home parallels the immersion in the river...[however] the rituals [may] seem similar on the surface, but the differences between their symbolic interpretations is much larger” (2004, 65). Since the historical nature of the separation, as demonstrated in the case study above, stems from ancient biblical texts, academics today can argue that menstruation practices are more culturally constructed due to this religious and geographical dispute of a very similar group of Jewish people. As illustrated, they are not as traditionally similar, as scholars might have assumed. These realizations bring “questions such as menstrual practices...of a moral dimension, little considered by the absorption machinery” of immigration challenges, as featured in a book edited by Michael Ashkenazi called *Ethiopian Jews and Israel*, (Ashkenazi, 1987, 131). Culturally specific menstruation practices usually make more of a difference than biological construction; they are a reason for great challenges for women around the world, despite geographic borders.

Even amongst similar cultures of people of Jewish descent, the specific rites and rituals can create conflict across geographies. In this example of immigrating Ethiopian Jews, people were forced to find new physical ways of doing traditional spiritual ritual, which is, arguably, more difficult than living in a geographical environment where there are no menstrual ritual at all, like the Amhara in Ethiopia.

### **Additional Themes in Menstrual Taboo**

As illustrated in just a few select case studies above, tendencies toward separation and segregation are common for women when experiencing menstruation. While the rituals and practices differ greatly across cultures, even within similar geographical boundaries, the stigmatization of taboo exists for women all over the world, whether in developed or less developed economies. In her essay “Menstrual Hygiene: A neglected condition for the achievement of several millennium development goals,” Dr. Varina Tjon A. Ten describes numerous tabooed realities when discussing menstruation; in fact, most women are discouraged from even letting people know it is happening. She pinpoints many religions and cultures where menstruation is also unmentionable, in addition to the case studies outlined in greater length above:

- In the Christian Bible, there is an explicit reference to the impurity of women during their menstruation.
- In Uganda, menstruating girls and women are not allowed to drink their cow’s milk, as it is believed that menstruation would affect the production of milk from the cows to get bloody milk.
- Among Hindus, menstruation is considered ‘polluting,’ and during menstruation, women and girls are not allowed to visit a temple, pray or cook. Some women even have to stay away from their family because they are seen as so impure.
- Among the Muslims, menstruating women are prohibited from even touching the Koran.
- In Bangladesh, menstrual blood is seen as ‘the greatest of all pollution,’ and women are not allowed to prepare food or even go near the rice fields.
- In the Jewish tradition, menstruating women and everything they touch is considered to be absolutely impure, including the Temple.
- In Sierra Leone, it is believed that used sanitary napkins can be used to make someone sterile, so women are made to feel ashamed of using them as they are dangerous to men.
- In Ethiopia, menstruating women have to isolate themselves in menstruation huts because it is believed that menstrual blood pollutes the

home. It is also here that menstruation should be a private thing, and only the woman should know about it.

- In the U.S., and in parts of Europe, some believe that menstruating women should not bake bread, as it will not rise. (Ten, 2007, 6)

To a common and well-educated westerner, one might question how a woman can be expected to keep the issue (the very normal and natural occurrence) a secret but completely remove herself from her family and community without skepticism? It seems obvious about what's going on when someone is sitting alone in a hut, for instance. However restricting the taboo is, the prohibitive sentiments still exist and often make life incredibly difficult for women all over the world. More remarkable than the outward expressions of being impure and unclean is that the "education by parents concerning reproductive health, sexuality, and all related issues is considered almost everywhere as a "no-go area" (Ten, 2007, 6). Girls are not being educated; they are seen as outcasts from society; and they have nowhere or no one to turn to in order to get help. From this assessment, it can be suggested that formal education needs to be provided to girls so that they know what to expect and how to care for their bodies, especially if it is not being provided to them in informal ways without cultural stigmatization. This exact phenomenon will be discussed at length in the next section of my paper. Although the picture may not be as limiting everywhere as the case examples show, the fact that the image prevails in so many places is reason enough to want to get involved and do something. After all, menstruation is as normal and natural as a cough, a runny nose, or simply breathing.

The stereotypes and taboos associated with menstruation have been built into our human society; they are constructed ideas that have made women believe

that, when menstruating, they are unworthy of participating in society. The participation can go as far as no longer attending school (especially if caring for their menstrual period is not manageable due to poor facilities at the school), to not sharing or taking part in religious traditions or entering sacred grounds, to not even being a part of her household or family structure while menstruating. In India, as I have learned, these feelings are highly prevalent in women; more so than I ever could have imagined.

### **Menstruation in India**

Demonstrated in previous sections of this paper, menstruation is a commonly tabooed time for women in many cultures. Culturally specific rituals complicate the notion of identifying “the menstrual taboo,” because rather than being universally defined, women are restricted in different cultural capacities. This same concept can be applied to practicing Hindus, both in India and wherever Hinduism is prevalent. Similar to the ways Native American Indians’ and Orthodox Jews’ menstrual taboos were presented, this section demonstrates some of the similar, but culturally specific, rituals that Hindu women face. Once again, there is an important consideration to take into account when discussing Hindu rituals in regard to menstruation. Although a common geography of Hindus, the sub-continent of India, for instance, may have similar religious traditions for womanhood and menstruation, different communities have culturally specific rituals in regard to life events. The intersectionality of geographic area, caste, and class is exceptionally important in Hindu communities. Therefore, to lump Hindu beliefs as one common set of taboos would be both culturally insensitive and

categorically inaccurate. Nevertheless, Hindu ritual extends the length of the Asian sub-continent, and menstrual traditions influence many Hindu women today, especially in their abilities to attend school and contribute to the greater society.

Helen Ullrich's 1992 article in the research journal *Sex Roles*, called "Menstrual taboos among Havik Brahmin women: A study of ritual change," identifies transforming beliefs held in observance of menstrual taboos in a small South Indian community. Ullrich is able to closely examine a South Indian village in the northwestern part of Karnataka state, Totagadde (800 population, 1992), and relay an important message: "as the society has become tolerant of different degrees of menstrual ritual observance...there is less control over individuals and women have transcended their subjugation to biological rhythms as symbolized by menstrual taboos" (Ullrich, 1992, 21). In other words, with time Havik Brahmin women in the Totagadde community have been able to overcome rigid menstrual taboos by explaining them in biological terms as learned through educational opportunities.

Before examining how the Havik Brahmin community in Totagadde changed their perceptions over the course of nearly three decades, it is vital to understand what menstrual taboos looked like for the Havik community before the transition into a more modern interpretation. The origins of menstruation, as told through the recollection of stories provided by older Havik women to Ullrich during interviews, are very controversial. In the first story, it is said that men originally menstruated and were the beings to follow menstrual taboo. "Women



made fun of the men so the god Brahma cursed the women to menstruate instead of men” (Ullrich, 1992, 28). However, a second version of the story suggests that there was never such thing as menstruation, but rather it developed as punishment through defiance.

Following an argument between the gods, Indra and Brahma, Indra cursed all humans with menstruation known as Brahma’s curse...[however] men meditated and followed strict religious practices (tapas) and so escaped the curse. As women neither meditated nor followed strict religious practices, they experience four nights when they are in a ritually polluting state. Hence women remain cursed for their lack of discipline and men are responsible for religious and ritual practices (1992, 28).

These stories, though cultural recollections from elder women in the Havik community, are vital to the understanding of Hindu ritual and organization surrounding menstrual taboos. Menstruation has deeply embedded roots in Hinduism and the taboos can be attributed to spiritual demands of their gods.

From these histories, communities have organized themselves to honor the traditions set out by gods along with spiritual expectations. One of the ways that the communities have organized themselves is through caste, which has played an integral role in the ritual organization regarding both menstruation practices and other traditions. Caste organization is similar throughout India and is present in Totagadde, according to the Ullrich’s fieldwork. There is a “strict ranking with Brahmins at the apex and untouchables at the nadir. The Brahmin belief system defines three ritual states – ritual purity, ritual neutrality, and ritual pollution – a tripartite division that reflects the ritual status of caste groups” (Ullrich, 1992, 25). While this is specifically designated in the Totagadde village, similar caste divisions play a role all over India. Havik Brahmins, in this case, are the only ones

who are capable of achieving ritual purity in the village. Therefore, “non-Brahmins assume pollution so that the Havik Brahmins can maintain purity for the benefit of the community” (1992, 25). This notion is particularly important because Ullrich’s research, which I will describe in more detail soon, shows progressivism in the community in regard to menstrual stigmatization, especially within caste variation. “By 1987, menstrual taboos had become more important for the upwardly mobile non-Brahmins” (1992, 26). In general, throughout India, “the higher the caste the more elaborate the taboos” (1992, 26). This may be contrary to opinion, but menstrual taboos are more symbolically important among higher castes because they distinguish cultural status in a community. For non-Brahmins, “menstrual taboos are peripheral,” though still harmful to their cultural status (1992, 26). Thus, the cultural organization of caste in a community often has the greatest impact on the ability to relieve a woman of cultural stigmatization when she is menstruating.

There are other various stipulations for menstruating women in a Hindu community. Ullrich captures many rituals that Havik Brahmin women experience in Totagadde. From Ullrich’s fieldwork, she found that common practices at the time of menstruation were: abandonment in the forest should a girl attain menarche before marriage, the construction of a pandal, four days work of arati (or ritual, honoring the girl during her pollution), intense purification through washing on the fourth morning, and an elegant celebration at menarche (including a new sari, presents, a special dinner, money, and recognition in the community), to name a few. However the celebrations were orchestrated, more serious ritual

was placed on the cleanliness of the girl, for menstruation, meaning ‘touch,’ was a polluting time for a Hindu girl (Ullrich, 1992, 30). A woman should not touch anyone for she is polluted during menses. If a woman touches “anything metal or wood, her pollution [is] transmitted to others who happen to be touching the same piece of wood or metal” (1992, 31). This hindrance, during menstruation, often caused more embarrassment than the public attention during first menstruation. Women in Hindu society often carry a “double burden,” Ullrich states, because she is not able to perform her normal activities without endangering others in her community (1992, 31). Since cleanliness is such an important part of Hindu culture, in general, menstruation is a very difficult time for many women – across all castes. Women are expected to purify the place where she eats and sleeps with cow dung (1992, 32), among other purification techniques enforced by Hindu culture. As one could imagine, the ritual is intensified for Havik Brahmin women, as they are able to achieve purification; however, untouchables and lower castes are rarely granted this opportunity. Therefore, they are perpetually dirty and seen as the lowest members of the community. It is a strong combination of these traditions that has led to a significant change in the Totagadde community of Karnataka.

To Ullrich, traditional “menstrual taboos are strong sanctions that focus on a women’s destructive power...a penance for a women’s not being pregnant and for denying life to the many souls waiting for another incarnation” (Ullrich, 1992, 33-34). After all, “menstrual blood [brings] attention to a failure of becoming pregnant” (1992, 28). However, Ullrich’s argument is that while women

transcend the biological rhythms that menstrual taboos symbolize, the changes, or less intensified menstrual taboos, are a consequence of professional skills development and educational opportunities for women in the community (1992, 20). Ullrich's research illustrates how the same advances in a community against the stigmatization of menstruation hinder a woman's ability to achieve educational opportunities to advance this thinking. "Changes in the assertiveness of Havik Brahmin women stem in part from the educational opportunities that have made economic independence for a woman a possibility" (1992, 24). In the Totagadde community though, "marriage still takes precedence over education" (1992, 24), so how much variability between ritual organizations has taken place with time? The cultural transformations in education and caste organization in terms of rituals in Totagadde has been a great revolution that Ullrich illustrates as a prime example of changing menstrual taboos in a community of southern India. Her data echoes much of my own research in Karnataka state and makes a case for a greater need in educating girls around the world.

### **Transformation of Brahmin Communities in Southern India**

Although menstrual taboos have long been associated with Hindu tradition and culture, there have been historical instances where the rites have been altered to fit with modern cultural perceptions. According to Ullrich, "the suspension of menstrual taboos initially occurred in urban areas [because the]...urban area has ritual neutrality and professional pursuits outside religious boundaries. [After all,] a wife's following menstrual taboos in an urban setting now poses a threat to her husband's status by marking him as an anachronism in a modern setting" (Ullrich,

1992, 20). With this realization in an urban space, Ullrich argues, “menstrual taboos, as an integral part of [Hindu] religious ritual, provide a barometer of the status of Havik Brahmin women and the secularization of Havik society.”

Nevertheless, her essay categorizes this Havik community’s progression in North Karnataka, a similar geography to my independent research, through decades of research and fieldwork. Her investigation is able to demonstrate unique qualities of Hindu society while exemplifying a community’s’ progressivism in reducing the implications of menstrual taboo on cultural normalcy.

In a similar article written by Haripriya Narasimhan in 2011, entitled “Adjusting distances: Menstrual pollution among Tamil Brahmins,” a very comparable improvement, as seen in Ullrich’s work, is noted in the adjacent Indian state of Tamil Nadu. Narasimhan states that while there is “no ‘sense of siege’ about being Brahmin in Tamil Nadu, unlike Karnataka, there is clearly a sense of anxiety among the older generations about the challenges of maintaining Brahminhood within their households” (Narasimhan, 2011, 244). As in Karnataka, featured in Ullrich’s research, there are variations in the beliefs and practices associated with menstruation among younger generations of Brahmins in Tamil Nadu. However, Narasimhan calls them ‘adjustments,’ whereas Ullrich just alludes to a change in rituals. An emphasis on ‘adjustments’ instead of ‘resistance’ provides a framework for Vattina women (keepers of tradition inside the Brahmin household) to achieve educational and economic opportunities (Narasimhan, 2011, 245). Hence there have been both improvements and

adjustments to the way menstrual taboos have been approached in Brahmin communities in both Karnataka and Tamil Nadu.

As both Ullrich and Narasimhan notate in their research with Brahmin communities in Southern India, women have been able to escape many of the historically mandated menstrual rituals through education and professional skills development. “As the educational level among Havik Brahmin women has increased...women perceive their inferior status to be unjustified.... Employed Havik Brahmin women state that observing menstrual taboos would jeopardize jobs and the economic welfare of a family” (Ullrich, 1992, 38). However, while the progressive education and economic opportunities in Totagadde and other southern cities evolve with time, there is a ‘Catch 22’<sup>15</sup> in that the traditional rituals that still take place all over India. Education and economic opportunities provide the insight and clarity to abandon old practices. Without proper hygiene and sanitary support, however, education is not possible. And what about the lower castes? Purity is not available to the lower castes of a community, so how are they supposed to be educated in order to come to similar realizations as the Brahmin communities in South India? While some taboos in Totagadde have improved or been abandoned, the notion of pollution and uncleanness continues to remain a stigmatized factor for many Hindu women. The nature of taboo and impurity continue to harm thousands upon thousands of Indian women seeking equality in opportunity across the sub-continent. As described in the next section,

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<sup>15</sup> A ‘Catch 22’ is a paradoxical situation in which an individual cannot or is incapable of avoiding a problem because of contradictory constraints or rules, according to Random House Dictionary, 2012.

missed educational opportunities continue to present challenges in disproving older and historical taboos and rituals in Hindu families.

Although the research and proved transformation in both Ullrich and Narasimhan's work exist, there is still a long way to go in altering the common paradigm in places like India, as well as many other parts of the world. It is my assumption that Ullrich's research was onto something true: enhanced educational and job-skill opportunities will make a positive difference in Indian communities; girls will be able to better explain biological tendencies and refute traditional taboos. However, until campaigns can effectively incorporate a cross-sectionalism of women from different communities, backgrounds, religions, and castes, my fear is that girls will continue to be subjected to unequal opportunities based on cultural perspectives contrary to biological phenomenon.

### The Educational Campaign: Effectiveness and Practice

*“Give a girl an education and introduce her properly into the world, and ten to one but she has the means of settling well, without further expense to anybody” – Jane Austen*

Jane Austen, the novelist, was always aware of the importance of education, especially for young girls. Given that many women of Austen’s time were not provided with a proper education, her formal schooling opportunities in the eighteenth century were quite extensive and allowed her to pursue an independent career in writing. Austen had the support of her father, uncommon for the time, and was able to instill the belief within the characters of her own stories that an educational system isn’t worth a great deal if it teaches young people how to make a living rather than teaching them how to make a life<sup>16</sup>.

This early insight has been a powerful incentive to keep girls in school. However, according to a 2012 “progress for children” report card produced by the United Nations Children’s Fund (UNICEF), “some 71 million children of lower secondary school age are not in school...[and] girls are less likely than boys to attend and complete secondary school – even though educated girls marry later than uneducated girls, bear children later, earn more income for their families, and have healthier, better educated children” (“Progress for Children,” 2012, 3). As the world’s population increases annually, as does the number of technological innovations and the average standard cost of living, the rising numbers of young people not being educated embarrasses a global community. More over, excluding girl children from educational opportunities, intentionally, is economically as well as morally ignorant. According to the international not-for-profit, “The Girl

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<sup>16</sup> Suggested from a work by N. G. Nandana, a scholar from Bangalore University called, “Emphasis on Education in Jane Austen’s Novels”



Effect,” which claims to leverage the unique potential for girls to end poverty for themselves and their families and communities in countries all over the world, their virtual website offers this startling string of statistics:

In India, adolescent pregnancy results in nearly \$10 billion in lost potential income. In Uganda, 85 percent of girls leave school early resulting in \$10 billion in lost potential earnings. By delaying child marriage and early birth for one million girls, Bangladesh could potentially add \$69 billion to the national income over these girls’ lifetimes <sup>17</sup>.

Although positive economic growth could greatly assist these developing nations, increased income is not the only benefit in sending girls to school. We can think about Jane Austen: girls need to make a life, not just a living.

Educational opportunities are necessary for girls to become contributing thinkers and dignified members in their local communities. Denying girls, or any child, this right to education is irresponsible for a global community. Educational campaigns, promoting girls’ education in developing countries, have been powerful international forces for change in the last decade or more. But how effective have they been in practice? And, more so related to the context of this paper, what about educational campaigns concentrated on helping girls deal with menstruation which is still one large reason girl children do not stay in school – even if a building, a teacher, and a new school-uniform are available to her.

### **Education Related to Menstruation**

Menstruation, in particular, often limits a woman’s opportunity to fully participate in education. In other words, girls are not attending school due to menstruation-related factors, including menstruation management or access to proper sanitary conditions, for instance. According to a report written by Annie Shangwa called “The Girl –

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<sup>17</sup> <http://www.girleffect.org/>

Child and Menstrual Management in Zimbabwe,” studies have shown that “1 in 10 school-age African girls do not attend school during menstruation. This suggests that girls are forced to be absent during their period and thereby lose critical learning time. On average, about four days per month can be lost” (Shangwa, 2011, 2). These missed school days can quickly add up each school year to a significant reduction of confidence and active role in school-based activities. Furthermore, “for poverty-stricken families sanitary pads are simply too expensive and can receive less priority when compared to other household needs such as food” (Shangwa, 2011, 2). Although this particular report relates to girls in Zimbabwe, and more generally African girls, the scenario remains relatively similar for girls in many developing, or less developed, areas around the world.

Argued by S. Jilly Philippa, and also mentioned earlier in this paper, “menstrual hygiene is one of the key components in health but given least priority and sometimes never given priority by most of the women and girls in the society due to the cultural silence attached on menstruation and puberty” (Philippa, 2011, 150). While her sentiments concern the cultural silencing and taboos often placed on menstruation and other reproductive health obstacles that women and girls face in certain places around the world, the argument is similar to the report generated on Zimbabwe; menstruation is not prioritized as an issue to deal with and restricts a woman’s ability either to go to school or to be physically safe. Reaching the age of menstruation, and in fact all of the developmental changes a woman will go through during puberty as a process, should not be a global crisis. Quite the contrary, these changes are completely normal occurrences for women all over the world. However,

when women – and especially young girls – feel ill prepared for this transition into puberty, they become unaware of how to take care of their bodies, how to maintain personal hygiene, and often become afraid to ask questions because they are unsure of what to expect and what is normal or not. These uncertainties then lead to many societal problems, including, but not limited to: personal embarrassment, increased school drop-outs for young girls, rashes and/or irritation, Reproductive Tract Infections (RTIs), unwanted pregnancies, environmental waste, and many other concerns (Philippa, 2011, 154).

It is for these reasons among others that educational campaigns have sought to reduce the number of menstruation-related problems in developing communities around the world. However, as mentioned in previous sections, cultural traditions and stigmatization have long played a role in uncertainties related to menstruation. For the sake of avoiding over-generalization, I preface these sections with the caveat that all people are subject to menstrual stigmatization resulting in missed educational opportunities. However, for the sake of this paper, I will focus on India and illustrate how educational campaigns and greater sanitation efforts have increased girl involvement and participation in school. I point toward several campaign efforts that have been implemented and utilized to reduce the number of school dropouts among girls in India. Although each campaign initiative has had its own successes and failures, the increased international support for young females, aimed at menstruation-related awareness, has been increasingly significant.

### **Education: Small Scales and Global Understanding**

With insights into different communities and case studies examined in my previous section, which exemplify Brahmin Indian groups moving toward improvement in understanding menstruation, it can be argued that education is essential to the transformation of changing perceptions of menstrual taboos and cultural stigmatization. Menstruation is universal; it is what we do with it that differs cross culturally. While that concept may be true regarding seclusion practices and coming-of-age celebrations, educating females is an important goal for all people and all communities of all cultures. However, it is not just educating girls while they are in school – it is educating them in menstrual management and changing attitudes associated with menstruation that is also vitally important. However, with deeply rooted biases and taboos in cultures all around the world, transforming the common paradigm is not an easy task.

One of the reasons menstruation management is given such little priority in educational capacities is because the responsibility of who should discuss the issue has never been formally determined, at least that was the case through my experience in a semi-rural Indian school. When I traveled to Saragur in southern Karnataka, I was stunned to see that the first time information was relayed to students about puberty and their changing bodies was in the 8<sup>th</sup> standard. In a chapter of their science textbook entitled, “Reaching the Age of Adolescence,” the Viveka School of Excellence (VSOE) in Saragur, complied with the National Council of

Educational Research and Training's requirement for adolescent health education<sup>18</sup>. Aside from one additional unit in the 10<sup>th</sup> standard called "How Do Organisms Reproduce?" this was the only formal education the children of Saragur received regarding puberty. For many students, 8<sup>th</sup> standard is when they are 13-14 years old; this is an average, or past the point, by which most children begin to undergo some of the most serious physical and mental changes that take place during puberty. The changes are not just menstruation either – there needs to be discussions with both boys and girls about puberty and other coming-of-age bodily transformations.

If education needs to change, then there also needs to be mandated policy to help it transform. Even though nearly 50 percent of the world menstruates, educational reform needs to be approached tactfully in order to be effective. According to a report published by *Springer Sciences + Business Media* in 2011, called "India Moves Toward Menstrual Hygiene: Subsidized Sanitary Napkins for Rural Adolescent Girls – Issues and Challenges," by Rajesh Garg and others, "menstrual hygiene promotion needs to be included in school curriculum" (Garg, 2011, 772). However, this report specifies that the groups who should be targeted in the policy initiative might not be included in the conversation. "School teachers should be trained regularly so that they can have the clear idea about how to impart the reproductive health education in classes," the report clarifies (2011, 772). Very particular goals should be identified for educational campaigns to be effective. In other words, we must look toward both a holistic policy approach – one that supports continued education for girls' in developing nations despite

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<sup>18</sup> Established in 1961, the National Council of Educational Research and Training (NCERT) is a resource organization set up by the Government of India to advise the central and state governments on issues related to Education.

setbacks caused by menstruation – and an approach that is very targeted toward specific populations, in order to transform educational opportunities available to women in the face of reproductive challenges.

The following sections examine several educational campaigns created by not-for-profit groups, sanitation improvement projects, and various group efforts that have brought the needs and challenges of managing menstruation to public attention. Furthermore, the discussion will lead into a project I worked on in Saragur, Karnataka, in southern India. I will provide some background of the village, the potential problems I see facing females in the school there, and a description of the research project I developed to investigate challenges girls actually face when forced, by nature, to deal with menstruation.

While my experiences in Saragur helped me ‘do’ development, which is, as aforementioned, the ability for groups or people unrelated to a spatial environment going in and doing things to ‘make the place better,’ similar research projects have been conducted by others to improve the educational opportunities available to girls in similar environments. The following programs exemplify these kinds of projects, which demonstrate that when people come together they can be apart of a powerful movement to transform the world.

### **All For the Price of a Pad**

In a recent article called “For the Price of a Pad,” Linda Villarosa explains the connection between menstruation and girls’ dropout rates in school; it is a phenomenon that she classifies as “largely overlooked” (Villarosa, 2012, 40). The article expresses how women in the United States take menstrual protection for

granted when there are millions of girls around the world who miss or drop out because they cannot afford sanitary napkins. Villarosa writes that in “southern Asia, just 76 girls per 100 boys are enrolled in formal education. The rate [then] drops to 67 percent in sub-Saharan Africa.... only 12 percent of India’s 355 million menstruating women use sanitary napkins,” (2012, 40) largely because they cannot afford them. Lorna Macleod, founder and executive director of Huru International – an organization that works to provide sanitary products to girls in the developing world – told Villarosa that “chronic absenteeism is a major problem among girls who can’t afford sanitary pads.... it’s as if once a month, they feel like prisoners in their own lives” (2012, 40). While there are many restraints in a girl’s ability to attend school, including cost prohibitive sanitary materials unavailable to her, there are also many organizations working diligently to provide the resources and education she needs to participate fully in educational opportunities. The following organizations and programs have been established to assist girls’ stay in school even during the time of their menstruation.

### **The Great Wash – Yatra**

Yatra, a sanitation and hygiene focused campaign, traveled across five rural parts of India during the fall (October 2-November 19) of 2012 in hopes of trying to change the awareness and behavior of people without access to sanitation options, like toilets or hand washing with soap. The campaign focused on behavioral change strategies during its time on the road; it was conceptualized and sponsored by WASH United – a non-governmental organization (NGO), aimed to fight for

safe drinking WAter, Sanitation, and HygienE (WASH) for all people – and Quicksand. This is the campaign’s advertising statement:

With 1,000 Indian children dying from preventable diarrhea every day, India is the undisputed world leader in child mortality from diarrhea, far ahead of Pakistan, Bangladesh or China. There are two main reasons for these preventable deaths and millions more that are left physically stunted, mentally disabled and severely malnourished from repeated episodes of excreta-related diseases...First, the country’s rampant open defecation... [And] the second reason is poor hand washing hygiene. The Yatra aimed to tackle three primary messages: hand washing at proper times, ending open defecation, and ending the topic of menstrual hygiene management as a societal taboo. Through local, national, and international media, the Yatra reached 230 million people with its message.

Although the number of individuals reached successfully by Yatra’s campaign remains debatable, WASH United does positively work to engage local politics to promote and protect the natural human right to water and sanitation. “The Great Wash” campaign was nothing short of that mission, and the advocacy gained continues to feed national partners’ work even after the fall movement.

### **Azadi**

Azadi is an India-specific not-for-profit with the memorable tagline, “there are 300 million girls and women in rural India [who] are under monthly house arrest because of menstruation”<sup>19</sup>. Azadi, which translates to English as freedom, has a vision of a world where all women, regardless of their class, caste, religion, color, race, ethnicity, or physical and mental abilities, will have the social, the economical, and the political freedom to access equal opportunities. In the case of Azadi working in India, that is affording sanitary napkins so that girls can stay in school. Azadi’s mission is to “empower, educate and enable individuals and

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<sup>19</sup> Visit <http://www.azadipads.com/>



communities in rural India to address gender inequality in health, education and livelihood caused because of menstruation.” They outline some troubling facts about the size and scope of the problem related to opportunities missed caused by menstruation. The paragraphs below are taken from Azadi’s website and distinguish the need for this concern in India.

Size of Problem: Over 300 million women in rural India face financial, functional, and social challenges because they do not safely and hygienically manage their menstrual cycles.

Current Solutions: Women use cloth or other ineffective and unhygienic methods (such as cotton rags, cornhusk, and newspaper) to manage their menstruation. Beyond that, they have to deal with a myriad of social stigmas. Further, menstruation remains a taboo subject.

Quality of Life: In addition to the practical difficulties women face because of menstruation, they are also burdened with the feeling that they are “dirty”, damaging their self-confidence and inhibiting them from seeking information or resources about how to care for themselves. This sense of shame and fear of one’s own body profoundly affects a girl or woman’s idea of what she can accomplish and what she deserves to get out of life.

Education: Menstruation is a major hindrance for women in their educational pursuits. According to AC Nielsen’s 2011 India Feminine Hygiene Care Report, as many as 30 percent of girls drop out of school once they start menstruating. The girls that do stay in school can miss up to 50 days because they do not have the means to manage their periods at school.

Health: Using unhygienic and unsafe solutions to manage menstruation significantly increase a woman’s likelihood of contracting bacterial and fungal infections. Gynecologists also believe that replacing these methods with hygienic and safe solutions can prevent life-threatening diseases such as cervical cancer and reproductive tract infections.

Income Loss: Women do not work while they are menstruating, which puts them at an annual income loss of approximately 15 percent. By investing in \$5 a year to buy safe and hygienic solution to manage period women can use this gain in net income to provide for themselves and their families (The Azadi Foundation, 2013, <http://stopmha.org/problem>).

Azadi has launched many digital and social-media related campaigns including a recent video (January 2013) called “What do men know about menstruation?” Although Azadi works to promote affordable sanitary napkins in India, the Azadi Foundation created a video prompting American men to think about some of the challenges women around the world face when they do not have access to the same sanitary products women in the United States have access to. The video complemented efforts in India by demonstrating there is a need for education all over the world, even in places like the United States where men demonstrated little knowledge in the lack of sanitary products available to women. Azadi has recently been backed by “The Impact Engine,” which is a Chicago-based, 16-week “accelerator program,” that provides entrepreneurial groups with the resources and tools that they need to build better companies<sup>20</sup>. By making menstruation a non-issue, Azadi’s goal is to give back those missed opportunities for women all around India.

### **ASHA Rural Health Programs**

ASHA workers are Accredited Social Health Activists in India; they are run through The Union Health and Family Welfare Ministry, an office that describes ASHAs as “health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health

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<sup>20</sup> The Impact Engine works with small business groups that are addressing today’s societal and environmental challenges, <http://www.theimpactengine.com/>

services <sup>21</sup>.” According to a World Water Week report from September 2010, the ministry approved a new scheme in which ASHA workers distribute highly subsidized sanitary napkins to adolescent girls in rural areas of India to promote better menstrual hygiene practices (WaterAid India, 2010, 2). Since ASHAs already work so closely with women in rural communities, the scheme seemed like an effective way to increase the level of menstruation knowledge and sanitary management in communities throughout India. While there have been some successes with the program, certain groups in India are not gaining access to the project.

In a *Counter Currents* article from December 17, 2010 called “Proctor and Gamble to use Rajasthan health workers to sell sanitary napkins,” author Devinder Shama writes about a news report found in a *Times of India* article from July 2010 saying, “to promote hygiene awareness among the rural teens, ASHA workers will be involved in a social marketing of sanitary pads. The government will provide these low-cost sanitary pads at subsidized rates for rural girls aged between 10-19 years” (Shama, 2010, np). The program demonstrates how ASHA workers will earn a small commission for every sanitary napkin packet they sell in Rajasthan, India’s second largest state (Shama, 2010, np). Additionally, the highly subsidized products will be more affordable for rural girls, in particular, and promoted by women in the community whom females trust. As written in a *Training Module for ASHA workers on Menstrual Hygiene*, there are several reasons for menstrual hygiene to be promoted.

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<sup>21</sup> The Union Health and Family Welfare Ministry is an Indian Government Agency responsible for health policy throughout India; it is also responsible for all of the government programs related to family planning schemes in India.

Promoting menstrual hygiene is achieved through: (a) provision of health education to girls and women on menstruation and menstrual hygiene, (b) increasing community action to improve access to clean toilets with water, both in the home and in schools, (c) promoting the availability and use of sanitary products, [and] (d) enabling safe disposal of sanitary products (“Training Module,” 2).

Furthermore, the module explains how menstrual hygiene can be discussed according to this new scheme. “Menstrual hygiene can be promoted in the community and in schools...in the community, the ASHA, the Anganwadi Worker (AWW) and the members of Women’s Self Help Groups (SHGs) can make a substantial difference to menstrual hygiene practices” (“Training Module,” 2). With these partnerships, the scheme was a hopeful initiative promoted nationally and in individual communities.

However, according to another *Times of India* article (February 19, 2012), it appears the scheme has still not taken off as promised. The National Rural Health Mission’s (NRHM) Social Development head, V. V. Ramachandran told the *Times of India*, “We have completed all the arrangements for the program. The program will be executed with the help of ASHAs. They will visit homes in their area and will give a pack of six napkins for Rs 6 (rupees) when the market price is around Rs 80 to Rs 85” (Times of India, 2012, np). Although the same story was being shared two years prior to this article, little traction was gained in communities. When I first read of the program during my own time in India, I inquired about its effect in Saragur; ASHA workers were not practicing or aware of the program.

### **Sanitation Programs in Tamil Nadu**

While the sanitary napkin scheme did not seem to take off successfully throughout the entire country, some states have had much more success than others in implementing a similar policy. According to an article in *The Hindu*, (February 21, 2010), “The Tamil Nadu government has been running a scheme in some districts, where girl schools have sanitary napkin vending machines and incinerators. The napkins can either be bought or are provided free of cost to poor girls” (Dhar, 2010, np). While there is a great deal of literature on sanitary napkin vending machines, the schemes involving their development and implementation still have a great deal of room for improvement. In the same article, cost is discussed as being a major factor for places to participate in the installation of vending machines. According to Prakash Michael of the Spandan-Samaj Sewa – a Khandwa-based NGO – “the only issue is the high cost of transport of the napkins, which are being made elsewhere. The government has the option of using public transport, which will further bring the cost down” (Dhar, 2010, np). It seems like India is looking after its girl children more and more in the last decade, but there is still a long way to go to ensure the needs are being met in as many places as possible, both in India and around the world, to ameliorate the issue.

### **Huru International**

Although there have been many campaigns in India, all aimed toward reducing the number of female dropouts due to menstruation-related setbacks, groups like Huru are working diligently to solve similar issues in places like Kenya. Huru International was founded in 2008 by Lorna Macleod; grants from

Johnson & Johnson Inc., the Elton John AIDS Foundation, and the United States President's Emergency Plan for AIDS Relief (PEPFAR) also helped fund this new organization that came out of a study conducted by the Girl Child Network. This group found that "for girls and young women living in the slums and villages of Kenya, basic necessities like sanitary pads are a luxury item. Because they couldn't afford clean sanitary pads, many girls were using dangerous substitutions...and reported missing school every time they had their period" (Huru Website, 2012, np). With the assistance from so many supporters and contributors, "Huru Kits" are now being distributed to many at-risk-girls all over Kenya; each kit includes: eight reusable sanitary pads, three pairs of underwear, soap to wash the sanitary pads, waterproof bags to safely store used sanitary pads, educational inserts describing proper sanitary pad usage, and HIV/AIDS prevention information.

Each Huru package helps to empower girls to take advantage of educational opportunities available to them; a girl should not have to miss school because she cannot afford sanitary protection. As the Huru International website promotes, girls who have access to sanitary pads "continues education, [which]...dramatically reduces her chances of contracting HIV, being forced into unwanted sex or prostitution, or facing poverty as an adult." Groups like Huru are important collaborative efforts that help support equal education access for girls all over the world.

### **Promotion, Response, and Awareness**

Although statistics, numbers of individuals actually reached, and other information sometimes propagated in educational campaign efforts can cause debate, or at least stimulate gentle conversation, it is no doubt that campaigns – such as the ones outlined above – have supported positive missions to increase awareness and promote sanitation for young girls struggling to manage their menstruation around the world. Still, not all people are being reached in effective ways. There is still a noticeable divide between those who know and those who cannot access information. Although my experiences in Saragur, Karnataka did not demonstrate a complete lack of knowledge among the girls with whom I worked, there were several girls who either expressed a deep uncertainty or an uncomfortable misunderstanding about menstruation and sanitation-related inquiries.

Girls at the Viveka School of Excellence, VSOE, were given no formal education on menstruation or menstrual hygiene before my arrival in November 2011. Many girls did not get any kind of information unless they attained menarche and learned as they developed, got some information from their mother or another female family member, or searched for it themselves. Additionally, many girls resorted to relying on their teachers or peers to give them the information they needed because they were either too self-conscious to get it from their mothers, or they attained menarche during the school day, in which case they needed immediate assistance. From this situation alone, a large problem can be inferred: girls don't know the information, teachers are expected to get it to them, but we provide educators little to no support in dealing with issues related to menstruation.

Throughout my experience in Saragur, a place I will explain in greater detail later, I learned many things about menstruation, menstrual practices, the woes and worries that teachers face regularly, and stories from the young girls themselves. Throughout the distribution of two surveys – one for teachers and one for the girls – I learned what it is the girls need to know about and what it is they would like to learn about. Through these surveys and discussions – in addition to several female teachers approaching me independently and striking up discussions about their own personal experiences, worries, and concerns – I was able to engage in culturally appropriate conversations and activities related to the issues and challenges of menstruation while relating the subject matter for the teachers in an easy-to-follow format. My primary questions throughout this endeavor were: how can girls feel confident if their teachers feel so poorly qualified to get information to them? And how can we expect our teachers to do a job that they are not completely confident or competent in themselves? Like many things regarding menstrual hygiene, and menstruation issues at all, the current approach seemed backwards and unbecoming for the need. In an upcoming section I discuss the results of those surveys and the demographic composition of the school and greater community.



### **Participation: Combatting the Apathy, Acknowledging the Inequality**

*"One of the great liabilities of history is that all too many people fail to remain awake through great periods of social change. Every society has its protectors of status quo and its fraternities of the indifferent who are notorious for sleeping through revolutions. Today, our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face the challenge of change." – Reverend Doctor Martin Luther King, Jr. (Shiman, 1999, np).*

Martin Luther King, Jr. is arguably one of the best representatives of people associated with social movements and social change in the world. According to a National Public Radio report released in 2009, an important but rarely known radio clip illustrates the ways in which Dr. King was moved by India's own social change agent, Mahatma Gandhi. "In February and March 1959, Dr. Martin Luther King, Jr., and his wife, Coretta Scott King, traveled throughout India. [An] All India Radio clip.... emphasizes his intellectual debt to Mahatma Gandhi's message of nonviolence social action" (NPR, 2009, np). Featured in the radio clip, released in 2009, are Dr. King's own words, discussing the powerful nature behind Gandhi's movement.

Since being in India, I am more convinced than ever before that the method of nonviolence resistance is the most potent weapon available to oppressed people in their struggle for justice and human dignity. In a world since Mahatma Gandhi embodied in his life certain universal principles that are inherent in the moral structure of the universe, and these principles are as inescapable as the law of gravitation (NPR, 2009, np).

As Dr. King recognizes, facing the challenges of change can be most influential when done in non-violent but meaningful ways. This introduction is not meant to suggest that recent strategies and movements in bringing equality to females and menstrual education efforts have been violent. Rather I present it to demonstrate

the importance of staying involved with new ideas and moving toward social transformation that will positively influence our world for the better.

### **My Participation Efforts in Social Change**

In 2011, I embarked upon a journey of a lifetime when I elected to study abroad in southern India. Many of my peer counterparts went to Spain or the much tamer London, England for their international studies. However, it had been a childhood dream of mine to breathe the warm and scented air of romantic India – sandalwood, curry power, and jasmine flowers filled my imagination as I pictured myself standing before the marvelous Taj Mahal, riding an elegantly decorated elephant, and or immersing myself in the Ganges River at Varanasi, one of the oldest cities in the world. The trip seemed magical – and in many instances it was. This childhood dream lived was realized during the fall of my junior year in college, and certainly became experiences to my childish curiosity.

While the trip excited every fiber in my being – waves of rainbow saris, smiling children, and the ripest fruit you will ever taste – certain aspects of the country enraged my soul as I ached with empathy for the millions of people without shelter, food, clean water, and safe streets. The hustle and bustle in many parts of India creates an organized chaos, allowing big industry and technological innovation to thrive, but the poor and needing people continue to exist without hope or attention. The journey allowed me to study in southern Karnataka, in a bustling and prosperous city named Mysore.

In Mysore, I was among 10 American students studying at the Vivekananda Institute of Indian Studies, started by the not-for-profit called the

Swami Vivekananda Youth Movement (SVYM) – founded in 1984 by a small group of medical students with aims to operate a small community-based health and education outreach program for tribal and rural poor Indians. In the program, I studied Indian culture, language, and art – but my eyes were also opened to environmental and health issues, with the consistent threat of sustainability and amplified notions of development weighing in on all environmental and health problems. While the rich culture of India was salient throughout the program, what really struck my curiosity was the ongoing suffering individuals face in terms of multiple societal problems all over the country. While festivals and tradition light up the lives of Indians everywhere, the tragic absence of quality education, sanitation, and proper living conditions hit hardest for the majority of her people.

These realizations led me to Saragur, Karnataka – a place I have mentioned before – during my final month, where I worked with clinicians and educators of the SVYM to develop sustainable and practical educational materials for early adolescent programming. In India, Reproductive Child Health (RCM) is a commonly applied set of curricula in both school and clinic settings. While components of that program closely related to my project, I focused primarily on menstruation and menstrual health. Earlier that semester, I learned about something that SVYM’s Founder, Dr. R Balasubramaniam, referred to as ‘The Bicycle Story.’ During a guest-lecture he provided in one of my courses, Dr. “Balu” shared a frightening monologue: For years, all throughout India, the National Government was stumped when faced with drastic dropout numbers.

Why were students not going to school? His statistics pointed out that over 74 percent of these dropouts, particularly in rural areas, were girl children. Perhaps the families lacked transportation to get these girls to school, the government thought? Places like Rajasthan were doling out bicycles; certainly the project could be replicated. With numbers as high as they were, and budgets already tight, the government assumed one girl, one bicycle would do the trick. They never stopped to consider one girl, one sanitary pad could be more effective. And when the bicycles still did not boost numbers, scholars and researchers quickly critiqued India's government, pointing to menstruation as a leading factor as to why girls drop out of school. Embarrassingly, the government did not look toward female menstruation; reacting to how a girl manages her flow, educating her about menstrual hygiene, or encouraging schools to address the need for adequate facilities could have all been proper strategies – after all, menstruation isn't discussed openly for a variety of reasons.

From that story, an eyebrow raising fury burned within me. It was almost like I could understand, at that moment, why other excuses for not educating a girl were made. For instance, girl children are inferior to boy children, mothers need girls to stay home and help with chores or other home-based tasks, coed classrooms are not allowed and there are not enough teachers for two separate rooms, girls are a classroom distraction, and so on...we've heard them all before. But menstruation? Not only did this aggravate me, it made me feel completely foolish and naïve because clearly this has been going on for years, and yet I am fortunate enough to have never considered it before. I menstruate; I go to school.

How were people in India, and elsewhere, letting this happen? I knew, from all of these questions, that although I was interested in many parts of Indian culture, I needed to address this problem head on.

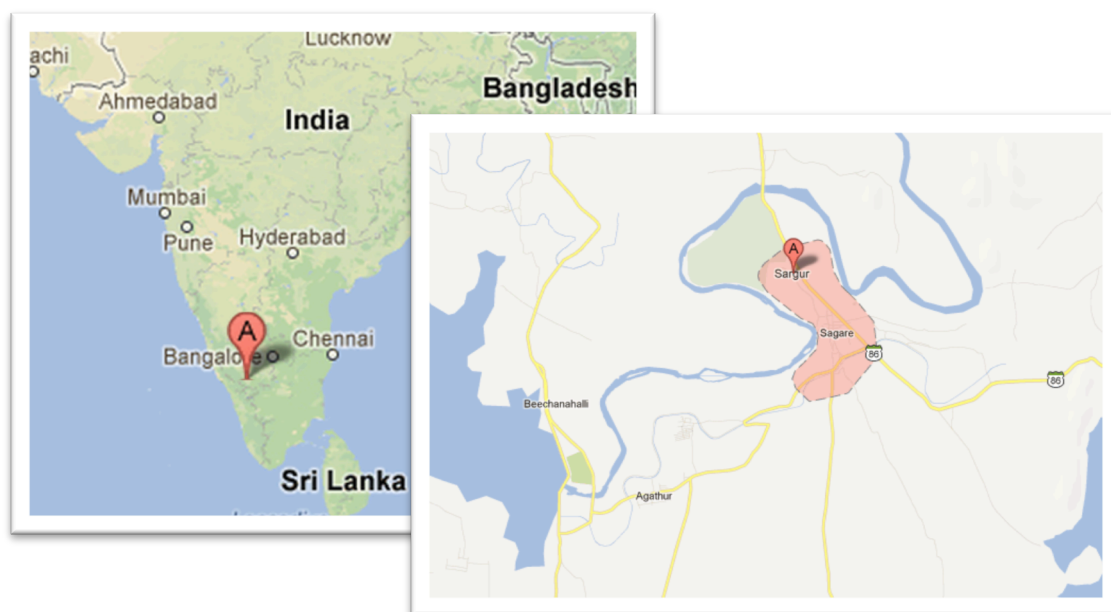
There were many ups and downs throughout the course of my project. It was far more difficult to confront this challenging issue than I anticipated, especially since I had such limited professional/medical knowledge on the theme myself. In hindsight, I suppose I thought since I menstruate personally, the rest would come naturally. However, when you are discussing something so delicate in the first place, it is very easy to sound insensitive if you aren't being clinical or informational. From those immediate realizations, I knew I needed to learn as much as I could about the topic and present it thoroughly and accurately. In the process, I met incredible women who were determined to help me come up with ways to get information to the schoolgirls. They made me feel empowered and knowledgeable and they took my suggestions seriously. They were honest, direct, and eager to make change in their school. However, the women I interacted with were also empowered and much more powerful players than I anticipated; seeing them act so swiftly to bring this conversation into fruition at the school frequently brought hope to my heart. Through this project, I have thought about menstruation and other women's health issues more than I ever thought I would before in my life. Learning became both exciting and necessary as I looked into the eyes of the young Indian girls and saw a brighter future for all girls all over the world.

The best thing I learned over the course of my project is that if something means something to you, if something inspires you, you should not silence it. Taking the time to get involved and intervene to see how you can change things is a remarkable feat. As so many professionals, doctors, and researchers have said on this and similar issues, there should be no more stifling of the issue. Just as medical professionals (along with the help and support of a community) have helped people before, with things like alcoholism, AIDS, and other illnesses, we need to break those stereotypes of menstruation. I am a very culturally sensitive person, but no person should be made to feel like something natural and completely out of her control is a dirty or vile thing. Menstruation is normal. Therefore, menstrual hygiene education should be fully integrated into schools and teacher training. Every person has the right to a happy and healthy life, and when menstruation is a denying factor of those rights, I feel the need to get involved. Menstruation should not create outcasts. Instead it should join hands of the community – both females and males – and make the world fuller of opportunity.

### **My Research Project and the Community of Saragur, Karnataka**

As I have mentioned in earlier parts of this paper, I had the opportunity to study and work in the southern Indian state of Karnataka during the fall of 2011. During the last month of my four-month study abroad experience, I stayed in Saragur, located in H.D. Taluk, Mysore District, in Karnataka. According to the town webpage, the town's population is 11,201 (from the 2001 census data), and is 1.06 square kilometers large. Part of the reason I stayed in this more rural area, about

56 kilometers south of Mysore city, is because the Swami Vivekananda Memorial Hospital is located in the town's center. This hospital is part of the Swami Vivekananda Youth Movement (SVYM), the same program that my study abroad experience was affiliated with.



Images from Google Maps, 2013

The images above are map representations of where this southern town is located.

Although the town felt small, it boasts over 11,000 people and has incredible advantages of having close access to fresh water, a full capacity hospital, and several town schools for the children.

In November 2011, I completed an internship project through SVYM and the University of Iowa Semester in South India Program. The next sections outline the purpose, goals, results, and reflection on my internship project, which was essentially a series of organized discussions with the female teachers, students, and family members of the Viveka School of Excellence community. Although the

project evolved during my one-month stay in Saragur, I was excited to be completing independent research to examine how menstruation affects the girl's of the Saragur community to attend school and pursue educational opportunities. Some of the results shocked me, while others helped me realize the picture has many shades to consider before jumping to major conclusions.

### **Project Description**

In so many of the classes I took while studying in India, my instructors encouraged us to discuss the importance of, the taboo nature of, and the risks involved in teaching reproductive health for women and young girls. In America, the topic can also be awkward to examine, though I have had the privilege of feeling very informed when it comes to the female reproductive system, the stages of puberty, menstruation, and sexually transmitted diseases. Although I can understand the cultural and social barriers that arise when discussing these particular issues, I feel they are vitally important to talk about, especially given high HIV transmissions, the number of fatalities at birth, and the level of discomfort young girls have in attending school during their menstrual cycle. So often, a lower value is placed on a woman's health, especially outside her reproductive years. This was something that I wanted to explore.

The point of my project was to begin a series of conversations on the issues that so many find difficult to talk about. Looking back, I did a lot more than just start conversation. I traveled to and lived in Saragur and learned as much about the educational culture related to menstruation and other female health topics that I could. Through this exploration, I met with the female educators and the



administration of the school, conducted a series of surveys to evaluate what girls know, what they don't know, and figured out a way to get them the information they should know. After survey data was tabulated, I created a reference manual that I call: *Teacher Empowerment, How to Handle Girls Adolescent Education Sustainably*. The manual outlined basic biological information that female teachers could learn and feel comfortable disseminating to their girl students. It also offers a series of lesson plans age appropriate for class settings sixth-tenth standard.

As I outlined in my manual (see Appendix C), my project was designed to teach the teachers how to educate young girls on biological factors occurring in their bodies. Although I acknowledge that many of the cultural stigmas or taboos associated with menstruation and puberty, I still believe that education is a powerful tool that can be used to inform our young people about what is normal before they throw away their opportunities in education. As I noted,

We teach our children, who many become future engineers or doctors, arithmetic. We have our students, who may become future journalists or novelists, practice their writing. We encourage the students of our community, who may become future politicians, to engage in public service and to feel more confident in their public speaking abilities. We, however, do not adequately prepare our young girls (be they our daughters, sisters, students, or friends) for the physical changes that mark the beginning of womanhood (Walton, 2011, 3).

My project, essentially, was to learn all I could about the community of Saragur and then offer my personal suggestions to the women of the VSOE community, as a fellow woman and young person. I wanted to offer my youth, my enthusiasm, my passion for helping others, and my willingness to engage in 'uncomfortable subject matter,' to distinguish some of the misconceptions in teaching or talking about early reproductive health in India, and as it relates to the rest of the world.

Furthermore, I was eager to learn a thing or two myself as a visitor to this new community.

### **Goals and Strategies**

Although my project changed during my time in Saragur, my strategies remained somewhat the same throughout the project. I wanted to complete a series of tasks that would involve me integrating myself into the local community, conducting as much theoretical and program-related research that I possibly could, and reach out to both the health and education professionals in Saragur. Here were the goals that I outlined on my original internship proposal, in October of 2011:

- Gather information and compose a policy report of multiple perspectives and opinions regarding reproductive children's health in schools, particularly young girls' early reproductive health, including: menstrual cycle, early puberty, general sexual health.
- Enhance the existing reproductive children's health program in Saragur (see if a RCH program can sustain the development similar to the nutrition/water sanitation class).
- Set the framework for a more comprehensive course for RCH in Saragur through the creation of:
  - A policy report generated from surveys and discussion results with teachers, doctors, family members, and the girls of VSOE.
  - A costs/benefit analysis for an updated RCH Course.
  - A series of lesson plans to leave behind with the school.

My 'policy report' transformed into a teaching manual, but I essentially completed each part of the project. The most exciting goal I met was the creation of lesson material that I left behind with the teachers at VSOE. The creation of lesson plans is something I really enjoyed engaging with, so I was happy to leave behind some ideas that the teachers could adjust or expand on with time.

The strategies that I used were to be open-minded, to be thorough with my research, and to utilize the native-language translation available to me, since I did

not speak it. Although the Viveka School of Excellence is an English-medium school, I wanted to be able to communicate with the population of Saragur in the most effective way possible. This required some translation of Kannada (the local language) to English by the Pathologist at the hospital, the assistant principal of the school, and one of the female educators with whom I worked most closely throughout the duration of my project.

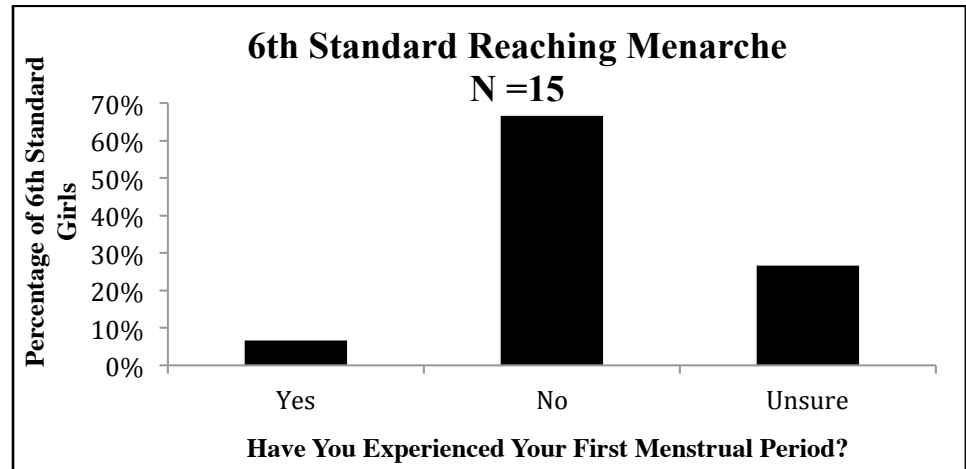
### **Research Results**

Essentially, I created a series of questions that I distributed to girls in the school through the format of an anonymous survey (see: Appendix A for the first survey). This survey used both closed and open-ended questions that prompted girls to think about how prepared and comfortable they feel about menstruation. Furthermore, I asked questions about how they manage their menstruation and how comfortable they feel using various sanitary products, including cloth.

To understand the girls' knowledge in context, it was essential to know how many girls in each grade had actually experienced first menstruation. The graphs below demonstrate percentages of girls who had attained menarche and then also how many admitted to knowing something about menstruation before experiencing it. A total of 72 girls were surveyed at the Viveka School of Excellence on November 17, 2011. The girls surveyed were from the 6<sup>th</sup> grade – 10<sup>th</sup> grade, and were informed that they should only fill out questions if they felt comfortable and understood what was being asked of them. Furthermore, girls were reminded that their identities were not to be associated with the results in any way so they should

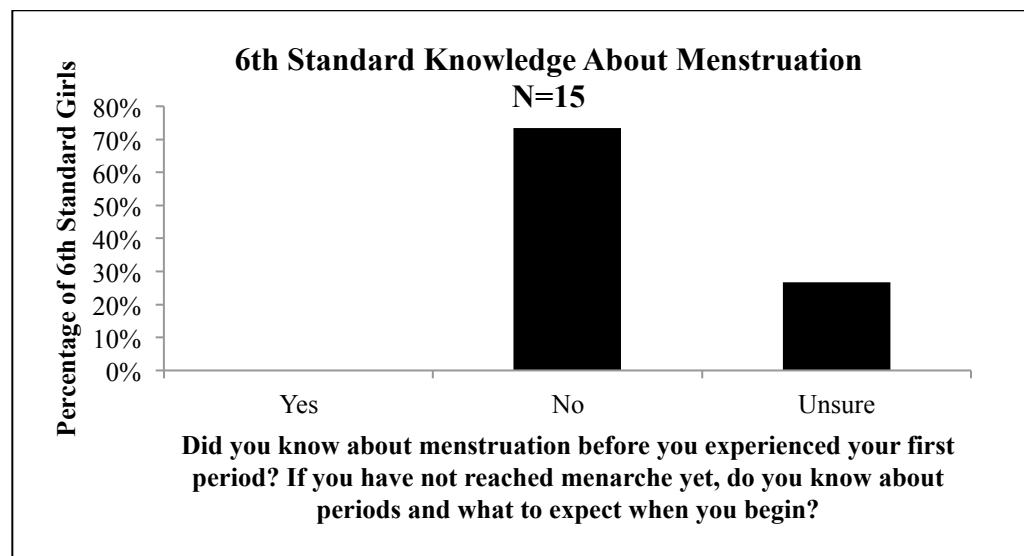
refrain from writing their name at the top of their survey sheet. Here are some of the results from the survey administered:

**Table 1: Sixth Standard Girls Reaching Menarche, VSOE**



Source: Teacher Empowerment, Walton, 2011

**Table 2: Sixth Standard Knowledge About Menstruation**

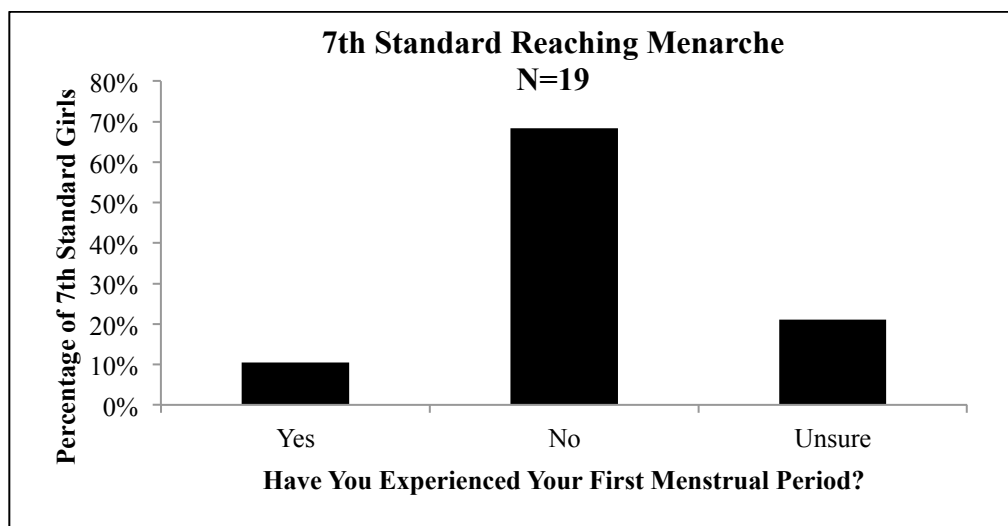


Source: Teacher Empowerment, Walton, 2011

While the correlation between sixth standard girls (not) attaining menarche and also not knowing about menstruation before might seem obvious; the one piece of information to pay attention to is that one girl (7 percent) in the sixth standard did reach the age of menstruation and did not mark that she knew anything about

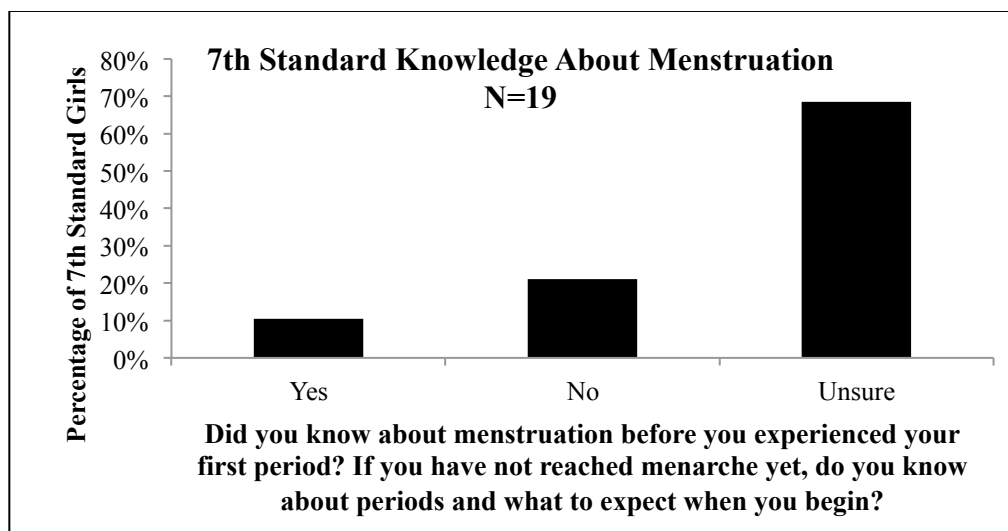
menstruation before attaining menarche. Thus, she is lacking information critical to her development as she matures into a woman.

**Table 3: Seventh Standard Girls Reaching Menarche, VSOE**



Source: Teacher Empowerment, Walton, 2011

**Table 4: Seventh Standard Knowledge About Menstruation**

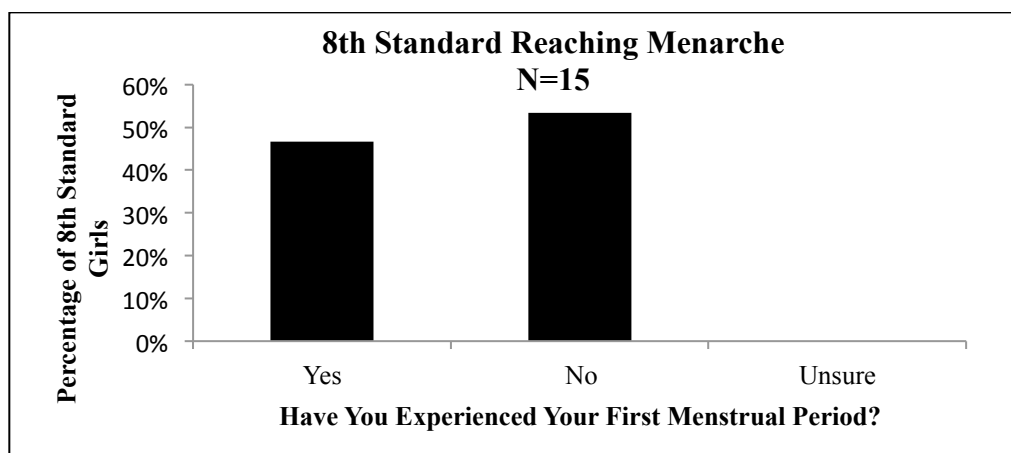


Source: Teacher Empowerment, Walton, 2011

What I find most significant about the seventh standard results is that most girls noted “unsure,” when asked if they knew anything about menstruation before experiencing their first period (68 percent). Whereas most sixth standard girls at

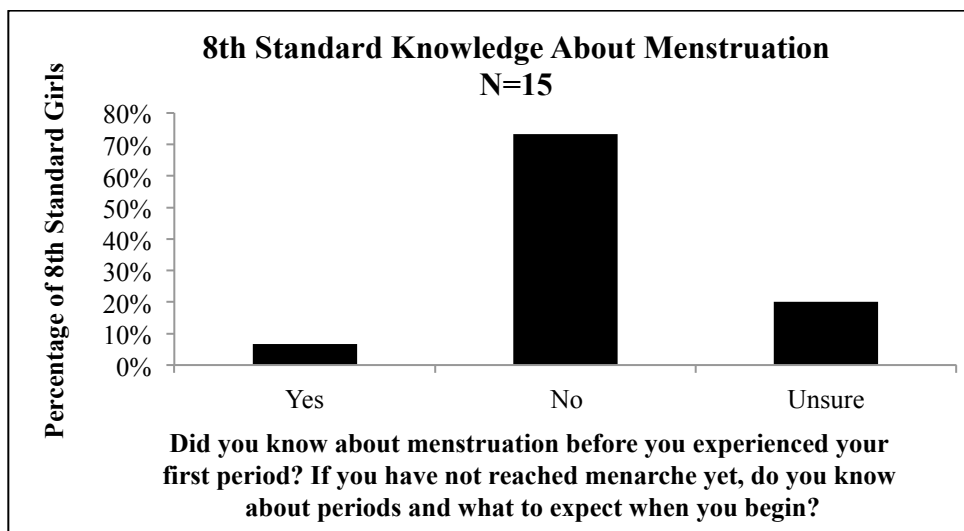
least marked “no,” a lack of understanding about menstruation leads me to believe that these girls were not confident in either knowing or not knowing what they needed to about menstruation preparedness.

**Table 5: Eighth Standard Girls Reaching Menarche, VSOE**

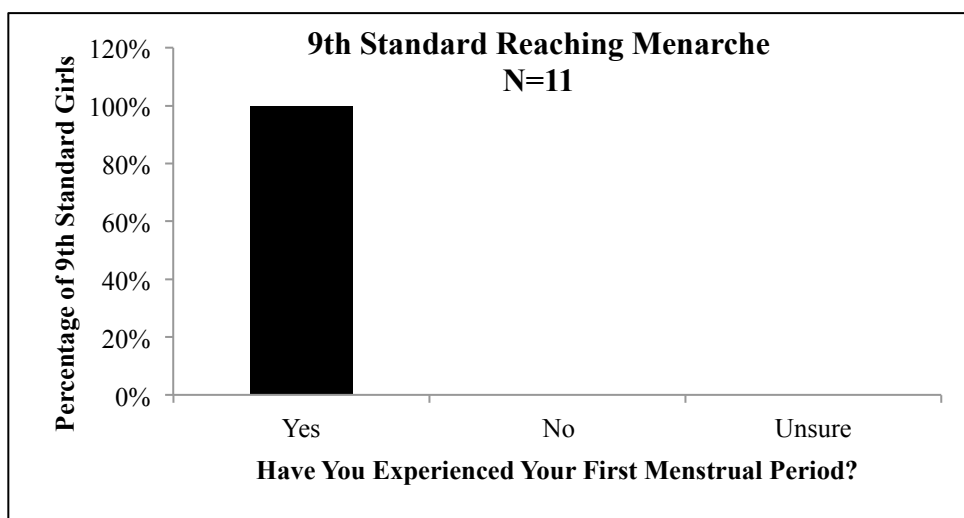


Source: Teacher Empowerment, Walton, 2011

The graphs that represent results from the eighth standard I think are most important in this survey. While the number of girls attaining menarche splits down the middle, of girls either having her period or not, the number of girls who knew nothing about menstruation before experiencing her first period significantly out-weighs the number of girls who did know something, or was unsure she knew something. It was in the eighth grade where my survey yielded open-ended responses like, “I would like to know more about why menstruation happens.” While 7 out of 15 girls have attained menarche by the eighth standard, only half of those girls (33 percent) say that they feel prepared each day. Without educating young girls on menstruation preparedness, society runs the risk of a girl feeling ill prepared and dropping out of school. It is my conclusion, from this survey, that education needs to begin earlier than in the chapter on reproduction in their eighth grade biology textbook.

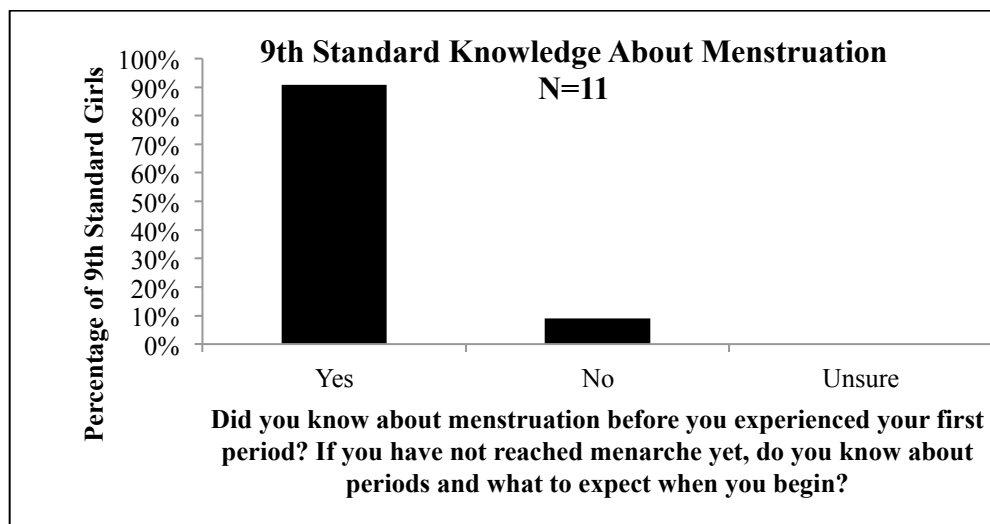
**Table 6: Eighth Standard Knowledge About Menstruation**

Source: Teacher Empowerment, Walton, 2011

**Table 7: Ninth Standard Girls Reaching Menarche, VSOE**

Source: Teacher Empowerment, Walton, 2011

While knowledge about menstruation increases in the ninth standard, likely due to the educational unit about reproduction they receive in the eighth standard, I still find it interesting that at least one student (9 percent) does not know what she needs to regarding menstruation, especially given that she noted in the previous question that she has attained menarche.

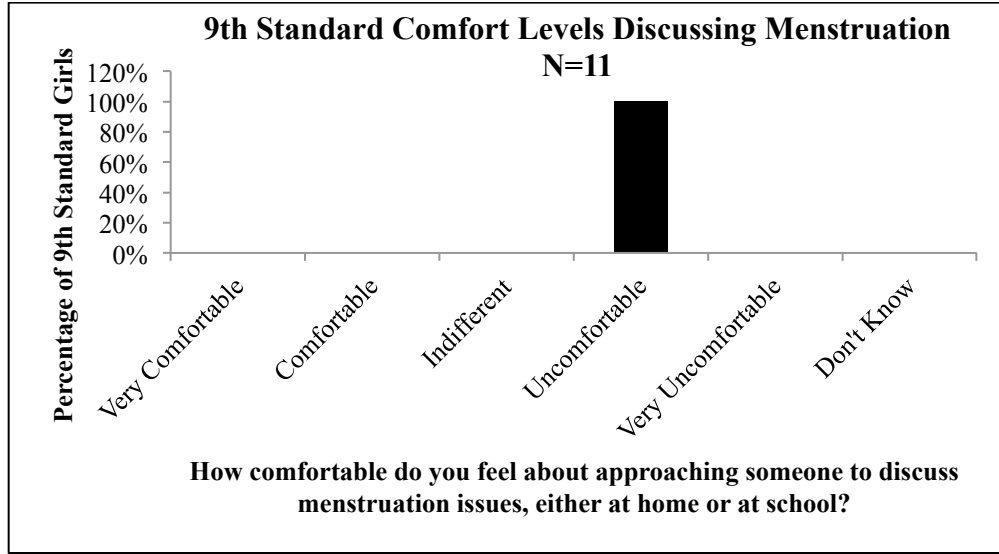
**Table 8: Ninth Standard Knowledge About Menstruation**

Source: Teacher Empowerment, Walton, 2011

For the ninth standard, I also looked into how comfortable girls felt in discussing menstruation. As you can see from the graph generated below, even though every girl in the ninth standard has attained menarche, every single response to the question, “How comfortable do you feel about approaching someone to discuss menstruation issues, either at home or at school?” responded “uncomfortable.” Although the question was changed in a follow up survey (see: Appendix B for survey two, generated in January 2013) to read as two separate questions, “at home,” or “at school,” for clarification, the results from this initial survey are still rather telling. How can every girl feel uncomfortable discussing her period after she has attained menarche? Is it personal shame, or something else?



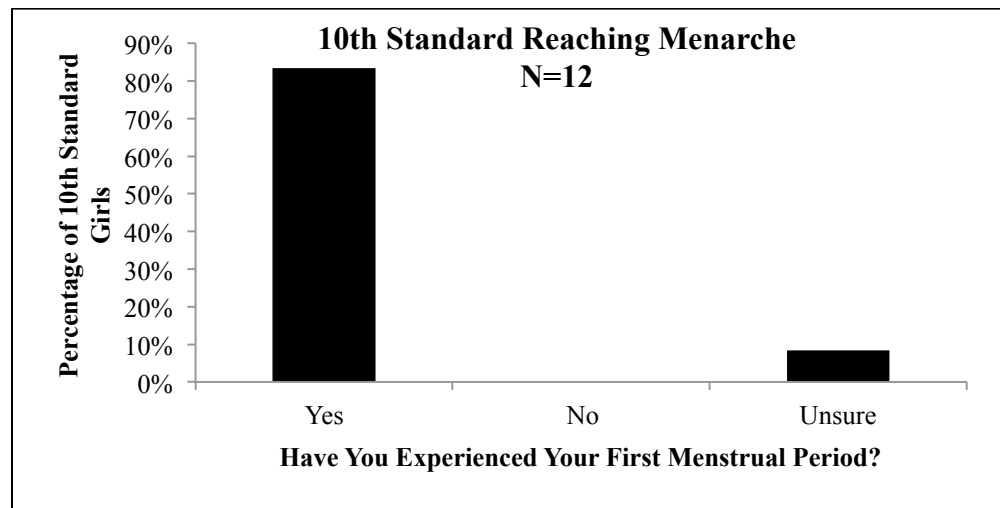
**Table 9: Ninth Standard Comfort Levels Discussing Menstruation**



Source: Teacher Empowerment, Walton, 2011

The following results, regarding the same question in the tenth standard, worries me. One student (8 percent) said that she was “unsure” whether or not she had attained menarche. While I cannot jump to any conclusions, it concerns me that she might be having an irregular flow or has not attained menarche but feels awkward about it.

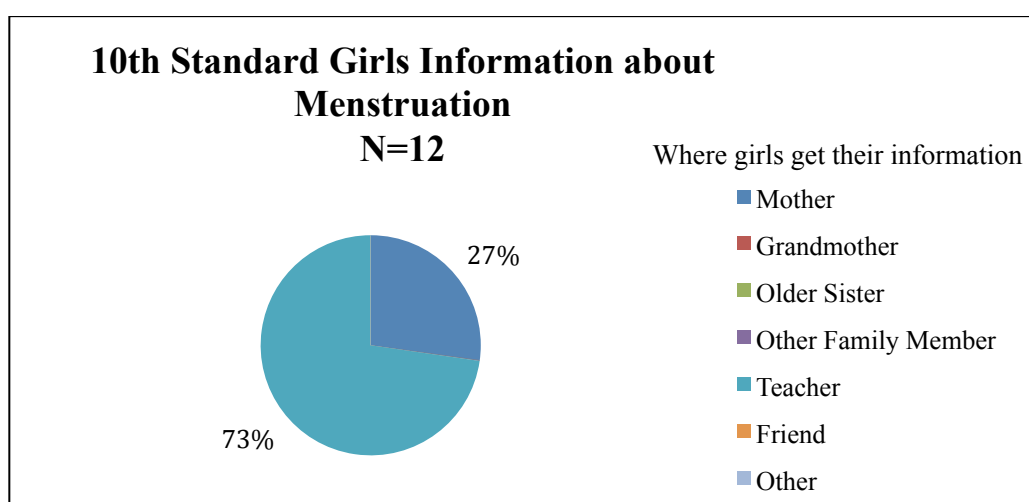
**Table 10: Tenth Standard Girls Reaching Menarche, VSOE**



Source: Teacher Empowerment, Walton, 2011

Furthermore, I asked girls where they get most of their information about menstruation. In the tenth standard, as shown below in this pie chart, most girls (73 percent) get their information from teachers. Although the survey offered seven different options (see: Appendix B), by grade 10, girls seem to rely on two primary sources for information regarding menstruation. This indicates how important it is for teachers to be well-versed in teaching young girls about menstruation.

**Chart 1: Tenth Standard Girls, Information About Menstruation**



Source: Teacher Empowerment, Walton, 2011

It is necessary to refer to the appendices to see the questions and survey response options in full context. However, even without looking at the entire survey, it is obvious that by grade 9, girls at the Viveka School of Excellence are fairly well versed in menstruation education. While girls still need some assistance in menstrual hygiene management, including how often they should change or wash their sanitary napkin or fabric cloth, girls do know some about menstruation.

In addition to the survey I distributed and the data I collected, I also spent a great deal of time talking with the teachers and administrators at the school. It was important for me to see where the educators stood on their own knowledge regarding

menstruation. Though I, admittedly, am no expert on reproductive health, I used my time to absorb as much information that I could from the teachers to better address concerns or a lack of information in the school. Furthermore, I facilitated the request for a gynecologist from the hospital to come speak with the girls for a lesson on menstruation, menstrual hygiene, and reproductive health in general. It was wildly successful to have a trusted female doctor come into the school and speak with the girls after I distributed my survey. In addition to passing around a sanitary napkin for the girls to feel comfortable touching, the gynecologist spoke candidly about menstruation and fielded questions like, “do boys menstruate too?” It felt like a comfortable environment and I think the teachers learned a great deal too. One of the last things I did during my internship in Saragur was host a focus-group discussion between the teachers, the girls, and their mothers or grandmothers. The topic was, *who should educate young girls about menstruation?* It was such a useful session because many of the mothers and grandmothers in the community voiced that it is the responsibility of the teachers to tell girls about menstruation. Clarifying this perception of whose role it is to educate the girls, my teaching manual was justified. I left Saragur feeling proud to leave behind a teaching manual to empower the female teachers at the school.

### **One Year Later**

In October of 2012, I won an award through the Renée Crown Honors Program called the Crown-Wise Award; this particular honor funded a return trip to India in January of 2013 during my academic winter break. This return trip was used to benchmark some of my results to see if anything had changed or transformed at the

Viveka School of Excellence. I returned with the same mission: to understand the knowledge and attitudes related to adolescent health issues among school-going girls, particularly in relation to menstruation and menstrual hygiene. However, I left with a very different interpretation of the place where I had lived for a month just the year before. Although my data is relatively similar, with subtle shifts in comfort levels discussing menstruation, it is the stories from the women at the school and the conversations I got to have face-to-face, again, that changed my perceptions regarding the transformation at both the school and within the community of women I worked with. The teachers, overall, felt more comfortable speaking about menstruation with me. They shared stories of girls coming to them with concerns or accidents – the females at VSOE seemed more connected!

I set a 28-question questionnaire for the updated survey to compare my results from one year before; following IRB approval, I sought informed consent from the participants in my research, I had a much more detailed informational form going forward with my return work. However, this time, it was not the survey that made the difference for me as a learner, observer, and participant in social change; it was the women of Saragur who made all the difference, themselves.

Just one year later, the school had hired a new female principal; the school had updated all of the bathroom facilities, complete with dustbins and newspaper stacks in every stall; the school has enlisted the male-expertise of another educator at VSOE to teach a comparable set of lessons, that I had helped generate, for the boy-students at the school; and the teachers seemed more confident in how they approach girls and education in regard to menstruation. My donation of sanitary napkins, (I

left behind a large supply of pads for accidents and other uses), was gone; it showed me that not only were they being used but that there was a trustworthy exchange between the students and the faculty of the school, where a new level of comfort was reached to ask when a need arose.

Women spoke more confidently about menstruation than when I was in Saragur one-year prior. Although they still have ways to improve the integration of formal classes on puberty and reproduction, the school was in the process of launching a series of lectures on the topics during my stay in 2013. They were using my results to organize the lessons. I am proud of my accomplishments, personally, but it was a wonderful realization to go back and witness an improved community of women. My benchmarks are not nearly as important as the new sense of empowerment I felt one year after my first trip to Saragur and the VSOE. Social transformation, as I learned through this experience in India, came from within – women had a seat at the table and the change was more than I could have ever conceptualized myself. The women of Saragur may have benefited from my conversation starters, but it was their own imitative and ideas that created a sustainable set of programs. Reading, learning, and writing about menstruation has provided me with countless lessons, but it was this lesson about self-participation that is most meaningful.

### **Conclusion: Learning about Social Change from Participation**

While my conclusions regarding the women of Saragur, to self-initiate a series of powerful changes within their own community, mostly with no help or insight from me, but rather their own set of ideas and inventiveness, remains much the same, I caveat that statement with a thought: individuals must be realistic about their own capacity as people. Although the women of Saragur accomplished many positive changes for the female students at the Viveka School of Excellence, problems in India regarding knowledge of menstruation and access to menstruation-related sanitary products are far from being solved. As the entire beginning of my paper suggests, the need for education often comes from the same difficulties faced when trying to manage menstruation. Until women are seen equally in society, including her position of power, her roles in both the home and workplace, and her ability to control her own participation in decision-making processes, I'm afraid no progress is actually gained in the broader structural context. Small and local change is always positive, however, our world is in need of a paradigm shift, and social change is at the crux of this shift.

As seen in a chapter called "Ideas in Progress," in the book called *Imagining India* by Nandan Nilekani, there is still great deal of improvement left in India's new awakening. I find this excerpt incredibly apt, as it mentions some of the shortcomings the author, a native Indian, still sees in his country and his people.

There was a certain Indian gesture instantly familiar to anyone who had stayed in the country long enough – the shrug. Indians did it when the light went out – a power cut, which may have been scheduled, or not. It happened when villagers found that the water connections promised during election time failed to appear. We did it in the face of more news about failing schools, and across our cities it was our response to delayed trains, broken

sewer lines, the mounds of garbage on the road. Increasingly, though, we are finding ourselves much less blasé in the face of these problems. In fact, as the key ideas of the first part of this book have helped shape the dynamism of today's India, our progress has thrown up our remaining weaknesses into sharp relief. These include our challenges around primary education, urbanization, infrastructure and a unified common market – issues where there remains much to be done. While there is now broad consensus on the importance of these issues, our persistent weaknesses in implementing them are limiting the promise of India's future (Nilekani, 2008, 169).

As this quote illustrates, India has come a far way to solve problems; they have moved past the shrug and work diligently to come to solutions, much like the women in Saragur have done. Nevertheless, there is still a long way to go – and not just in places like India. As this paper demonstrates, issues facing women's equality, particularly in regard to menstrual taboos, is far from addressed – in India and in the United States. However, self-advocacy and local movements can make a difference and change perceptions in big ways. People just need to be cautious of their capacities. Structural power, in relation to gender issues particularly, remains an incredible problem all around the world. In regard to issues rooted in menstrual tradition and taboo, structural power is what gives the ritual its validity.

According to Robert Chambers, author of *Rural Development: Putting the Last First*, there is a method in the way outsiders learn from development practices, especially in less developed countries (LDCs). “There is a misfit between the methods and practices of research into the conditions and needs of the rural poor” (Chambers, 1983, 49). While there is a need to improve the quality of life and the standard of living for people around the world, there seems to be a cultural disconnect between top-down policy approaches made by outsiders and what local communities are capable of doing themselves. While self-help is positive, as seen in

the actions of the women from Saragur, individuals should be careful to consider that self-help, sometimes, is only partial – it does not necessarily secure sustainable and long-term structural change. Often, structural change can be made through top-down approach research. Though, Chambers argues, “there is a danger that universities and research institutions may become too much the handmaids of governments, doing only what they are told or commissioned to do” (1983, 48). A balancing act must function where coalitions begin to form; local individuals need to know that they are able to participate, but for sustainable and long-term structural change to be made, local communities need to know they have the support and guidance from top-down policy makers. In other words, we need to be brutally realistic about what goes into social change. It cannot be one group or the other. It needs to be a collaborative partnership of leaders willing to engage local communities to make their own decisions, but also interest groups leaning toward governments and aid agencies to enable them to start and continue conversations.

While the progress made in Saragur was incredibly positive for me to witness and explore, there is still an asymmetry in power. As Chambers would say, “there are many stages, sequences, gradations and subtleties of change” (Chambers, 1983, 166). Individuals around the world need to continue taking notice of inequality for women in education, particularly in regard to the misinformation and lack in understanding of menstrual hygiene and management. It is not only a global health issue but also a structural power issue. While women on the ground, and in local communities, can make a huge difference, until all women are reached, cared for, and given an opportunity to succeed, no matter where she lives, there is still a great



deal of work to do. There are issues at all scales, in all places, and directed toward all kinds of people. Geographic, economic, social or political boundaries do not limit the world's problems. However, communities of people coming together to solve some of Earth's societal issues, even if it is the obliteration of degradation aimed at women for menstruating, can create leaps and bounds of success. As Nilekani alluded to in his work, *Imagining India*, individuals should no longer look at issues and turn with a shrug because they are uncertain in how to transform problems into solutions. Rather, people should walk away renewed. They should fight for solutions. They should dream for social change. This world has so much potential. Period.

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## Appendix A

### Girls Survey 17 November 2011 – Viveka School of Excellence

1. What grade are you in?

\_\_\_\_\_ 6<sup>th</sup> Standard      \_\_\_\_\_ 7<sup>th</sup> Standard      \_\_\_\_\_ 8<sup>th</sup> Standard  
 \_\_\_\_\_ 9<sup>th</sup> Standard      \_\_\_\_\_ 10<sup>th</sup> Standard      \_\_\_\_\_ Don't Know

2. What are your thoughts on your changing body ["puberty"]?

---

3. Have you experienced your first menstrual period?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unsure

4. Did you know about menstruation before you experienced your first period? If you have not reached menarche yet, do you know about periods and what to expect when you begin?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unsure

5. Do you feel prepared for your monthly periods?

\_\_\_\_\_ Yes, I keep a cloth or napkin on me at school

\_\_\_\_\_ Yes, I know where to access what I need

\_\_\_\_\_ Yes, I know what to expect      \_\_\_\_\_ No, I feel unprepared      \_\_\_\_\_ I don't know what this is

6. Where did you first get information about menstruation and/or your changing body?

\_\_\_\_\_ Mother                      \_\_\_\_\_ Grandmother                      \_\_\_\_\_ Older Sister

\_\_\_\_\_ Other Family Member                      \_\_\_\_\_ Teacher                      \_\_\_\_\_ Friend

\_\_\_\_\_ Other

7. What would you still like to know about menstruation and/or your monthly period?

---

8. What do you use for menstrual hygiene during your monthly period?

\_\_\_\_\_ Cloth                      \_\_\_\_\_ Sanitary Napkin/Pad                      \_\_\_\_\_ Other

\_\_\_\_\_ Unsure                      \_\_\_\_\_ No Need

9. If you use a cloth, what is it made of? \_\_\_\_\_

How often do you change/wash it a day?

\_\_\_\_\_ 0 Times                      \_\_\_\_\_ 1-2 Times                      \_\_\_\_\_ 3-5 Times

\_\_\_\_ More Than 5 Times

Where do you dry it? \_\_\_\_\_

What are your washing methods? \_\_\_\_\_

Do you feel comfortable washing your cloth? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

10. If you use a napkin/pad, how many times do you change it in a day?

\_\_\_\_ 0 Times \_\_\_\_\_ 1-2 Times \_\_\_\_\_ 3-5 Times

\_\_\_\_ More Than 5 Times

Where and how do you dispose of your napkin/pad? \_\_\_\_\_

Do you feel comfortable disposing it there? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Unsure

11. What is your mental/physical experience like a few days before your period?

Do you experience stomach or lower back pain? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Do you feel unusually tired or fatigued? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Can you concentrate on work and tasks normally? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Other Issues? \_\_\_\_\_

12. How comfortable do you feel about approaching someone to discuss menstruation issues, either at home or at school?

\_\_\_\_ Very Comfortable \_\_\_\_\_ Comfortable \_\_\_\_\_ Indifferent

\_\_\_\_ Uncomfortable \_\_\_\_\_ Very Uncomfortable \_\_\_\_\_ Don't Know

13. Are you aware of other physical changes occurring in your body? Can you name some of these changes?

Do you think these changes in your body are connected to menstruation and you starting your period?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

14. What do you know about sexual reproduction? Please explain:

15. How familiar are you with sexually transmitted diseases?

\_\_\_\_\_ Familiar \_\_\_\_\_ Unfamiliar

16. What is HIV/AIDS to you? \_\_\_\_\_

17. Do you know what a contraceptive is? \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

18. Can you list contraceptives that you know of? \_\_\_\_\_

19. What would you still like to know about sexual reproduction?

\_\_\_\_\_

20. How comfortable do you feel about approaching someone to discuss sexual reproduction questions, either at home or at school?

\_\_\_\_\_ Very Comfortable    \_\_\_\_\_ Comfortable    \_\_\_\_\_ Indifferent

\_\_\_\_\_ Uncomfortable    \_\_\_\_\_ Very Uncomfortable    \_\_\_\_\_ Don't Know

Please write any other personal **questions** or **comments** regarding any of these topics on the bottom of this page.

## Appendix B

### Girls Survey

7 January 2013 – Viveka School of Excellence

1. What grade are you in?

\_\_\_\_\_ 6<sup>th</sup> Standard                      \_\_\_\_\_ 7<sup>th</sup> Standard                      \_\_\_\_\_ 8<sup>th</sup> Standard  
 \_\_\_\_\_ 9<sup>th</sup> Standard                      \_\_\_\_\_ 10<sup>th</sup> Standard                      \_\_\_\_\_ Don't Know

2. What is your age? \_\_\_\_\_

3. Have you noticed any changes happening to your body over the last few months or years?  
 If yes, what have those changes been?

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4. What are your thoughts or opinions about those changes?

---

5. Have you experienced your first menstrual period?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unsure

6. If yes, at what age? \_\_\_\_\_

7. Did you know about menstruation before you experienced your first period?

\*If you have not reached menarche yet, do you know about periods and what to expect when you begin?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unsure

8. Do you feel prepared for your monthly periods?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unsure

9. If yes, how do you prepare?

---

10. In general, how comfortable do you feel talking about menstruation and menstrual health related issues?

---

11. Where did you first get information about menstruation and/or your changing body?

\_\_\_\_\_ Mother                      \_\_\_\_\_ Grandmother                      \_\_\_\_\_ Older Sister  
 \_\_\_\_\_ Doctor                      \_\_\_\_\_ Other Family Member                      \_\_\_\_\_ Teacher  
 \_\_\_\_\_ Friend                      \_\_\_\_\_ Other



12. What would you still like to know about menstruation and/or your monthly period?

---

13. What do you use for menstrual hygiene during your monthly period?

Cloth     Sanitary Napkin/Pad     Other

Unsure     No Need

14. If you use a cloth, what is it made of? \_\_\_\_\_

\_\_\_\_\_

How often do you change/wash it a day?

0 Times     1-2 Times     3-5 Times

More Than 5 Times

Where do you dry it? \_\_\_\_\_

What are your washing methods? \_\_\_\_\_

Do you feel comfortable washing your cloth?     Yes     No

Unsure

15. If you use a napkin/pad, how many times do you change it in a day?

0 Times     1-2 Times     3-5 Times

More Than 5 Times

Where and how do you dispose of your napkin/pad? \_\_\_\_\_

Do you feel comfortable disposing it there? \_ Yes     No     Unsure

16. What is your mental/physical experience like a few days before and during your period?

Do you experience abdominal or lower back pain?     Yes     No

Unsure

Do you feel unusually tired or fatigued?     Yes     No     Unsure

Can you concentrate on work and tasks normally?     Yes     No

Unsure

17. Have you ever missed school because of menstruation?

Never     Rarely     Frequently

If you have missed school due to menstruation, why? \_\_\_\_\_

18. How comfortable do you feel about approaching someone to discuss menstruation issues at school?

\_\_\_\_\_ Very Comfortable      \_\_\_\_\_ Comfortable      \_\_\_\_\_ Indifferent  
 \_\_\_\_\_ Uncomfortable      \_\_\_\_\_ Very Uncomfortable      \_\_\_\_\_ Don't Know

19. Whom do you prefer to approach to discuss issues regarding menstruation or menstrual hygiene?

---

20. Are you aware of other physical changes occurring in your body? (like: pubic hair growth, breast development, others?)

---

21. Do you think these changes in your body are connected to menstruation and you starting your period?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Unsure

22. What are the customs/practices/traditions your family practices once a girl in your home reaches menarche?

---

What about the customs/practices/traditions during the monthly period? \_\_\_\_\_

What is your personal opinion regarding those customs/practices/traditions? \_\_\_\_\_

Have you missed out on cultural events because of your menstrual period? \_\_\_\_\_ Yes

\_\_\_\_\_ No

The following questions (23-31) are to be completed by 9<sup>th</sup>-10<sup>th</sup> Standard girls, only:

23. What do you know about sexual reproduction?

---

Where did you get this information from? \_\_\_\_\_

24. Have you heard of sexually transmitted diseases? \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Unsure

25. Do you know how a person can contract HIV/AIDS? \_\_\_\_\_

26. Do you know what a contraceptive is? \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Unsure

Can you list contraceptives that you know of? \_\_\_\_\_

27. What would you still like to know about sexual reproduction?

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28. How comfortable do you feel about approaching someone to discuss sexual reproduction questions at school?

\_\_\_\_\_ Very Comfortable          \_\_\_\_\_ Comfortable          \_\_\_\_\_ Indifferent  
\_\_\_\_\_ Uncomfortable          \_\_\_\_\_ Very Uncomfortable          \_\_\_\_\_ Don't Know

29. How comfortable do you feel about approaching someone to discuss sexual reproduction questions at home?

\_\_\_\_\_ Very Comfortable          \_\_\_\_\_ Comfortable          \_\_\_\_\_ Indifferent  
\_\_\_\_\_ Uncomfortable          \_\_\_\_\_ Very Uncomfortable          \_\_\_\_\_ Don't Know

30. Whom do you prefer to approach to discuss issues regarding sexual reproduction?

---

31. What influences your perspectives and information about sexuality and sexual reproduction most? Please rank the following: 1-7 (1=Very Highly Influences Me; 7=Doesn't Influence Me That Much)

Family \_\_\_\_\_          Doctors \_\_\_\_\_          Television/Visual Media \_\_\_\_\_  
Discussions with Friends \_\_\_\_\_          Newspaper/Print Media \_\_\_\_\_  
School Textbooks \_\_\_\_\_  
Others: \_\_\_\_\_

## Appendix C

Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably

## Capstone Summary

### **Does Menstruation Hinder Women's Empowerment? Working Toward Social Change In South India**

#### **Description of the Project**

This project aims to analyze menstrual taboo in various places around the world while relating concepts and traditions back to southern India. Throughout the course of my project, I have discovered many regions where menstrual rituals exist, but it was during a semester abroad in southern India when my initial interest was gained. This academic paper draws upon various research projects concerned with social stipulations menstruation places on a community of women, while combining personal anecdote, personal research, and poetic prose related to the social construct of menstruation as a concept.

My fascination with India began many years ago. In fact, every year, my small-town middle school brings in artists from around the world to showcase their cultures, music styles, traditions, and clothing; it is called Artist in Residency. Though I was captivated by the presentations before my own sixth grade class got to explore the phenomenon (Western Africa, Peru, and China for instance), it was India, my year, that held my attention and stole my heart. It was during this time that journeying to India became a childhood dream of mine – to breathe the warm and scented air and stand before all her majesties. Flash-forward nearly nine years and I independently boarded a plane bound for the Asian subcontinent. While my interests in India range, from the Gods, to the 30 different languages spoken, to the wild flavors and chromatic colors, it was the culture of

menstruation that got me thinking critically about the place I called ‘home’ for nearly five months. In fact, menstruation is even what brought me back a second time.

In sum, this paper takes on both an anthropological and geographical perspective on global health issues by summarizing cultural rituals and observances in issues related to reproductive health. While the discourse in reproductive health has been highly debated here in the United States recently, there is no shortage of discussion among academics in the global field either. What needs to end is the silencing and shame that comes from internal discourse in the countries and places where this inequality and unfit cultural bias comes in for women around the world. Over 50% of the world menstruates at some point in their life. To me, the question is why does that have to be such a big deal?

### **Discussion of Methods Used**

A large portion of my thesis, both in interest and design, come from the time I spent in India while abroad for an academic semester in the fall of 2011. During that semester, part of our academic work involved an internship-learning project that would both encompass our interests and challenge us to think critically about some of the issues facing India today. Although my time abroad opened my eyes to many issues and interests, it was the problems facing many girls and young women in regard to menstruation and the management of menstrual hygiene that caught my attention the most. Since my areas of study at Syracuse University are policy and geography (or what I have now defined as understanding of human relationships and problems from a spatial perspective),

this major health concern, which often relates to the significantly high number of school dropouts throughout rural India and much of the developing world, was something I grappled with in understanding, especially as a female.

Throughout my internship-learning project, I worked with female clinicians and teachers in both a rural hospital and school. This experience allowed me to read through the curriculum, understand the ASHA health dispersion system, and discuss matters of menstruation and menstrual hygiene with Indian women. Whilst at the school, I developed a manual for female teachers, providing suggested learning goals and activities as ways to provide supplemental educational material when teaching and/or discussing matters of menstrual and reproductive health. In creating this manual, information and data from a series of surveys assisted the craftsmanship in accurate and specific educational material.

It wasn't until the spring of 2012 that I decided to turn these experiences into a senior capstone project. Although I had already collected a great deal of research and information, I wanted to learn more broadly about the various menstrual practices around the world. Through research I have learned that there are many – spanning the areas of culture, religion, patriarchal tradition, and many other strange tabooed rituals. However, while I was exposed to traumatic realizations regarding menstruation in the “third world,” I have learned more clearly that menstruation has always been a cause for embarrassment and societal pressure, even here in Western culture. My paper aims to look at these various

practices while identifying educational campaigns targeted to bring both equality and calmness to this normal and natural cycle for women all over the world.

A Crown Wise Award afforded me the opportunity to travel back to India in January of 2013 to reconstruct a survey and reevaluate the girls at the rural school where I spent over a month of my abroad experience just one year earlier. This experience benchmarked many of my survey questions and provided an opportunity to speak directly with the staff and clinical professionals of the village, Saragur. Through many conversations I was able to see how both the educational instruction and actual washing facilities were improved since I was in the village last. Although it was amazing to see so many transformations in the small village, a significant realization came over me. While I may have started a series of uncomfortable questions, the dialogue since I have left has been meaningful. The discussions are important to recognize, but even more significantly, I have learned that the women in the Saragur community have been able to collaborate and convene to continue having these discussions – all on their own! This realization paved way for a third component of my story, which is the aspect of participation. I have learned a valuable lesson: while NGOs, non-profits, and interns can go into a new place and “make a difference,” it is the individuals of the local community who can really drive-forward the most change. I did not facilitate the conversations these members had after the fact. They were wholly fueled by the concerns and imagination of the women who live there after I left. Like I said, while I may have prompted the discussion, my manual didn’t



make the difference: the women of Saragur did, and I cannot be more proud to recognize and accept that.

As aforementioned, this paper accounts both academic and personal exposure to multiple methods and findings related to menstruation, menstrual ritual/taboo, reproductive health in general, and participation that campaigns and social activism can bring about.

### **Discussion of Project's Significance**

Early during my semester abroad, I learned about something Swami Vivekananda Youth Movement's (SVYM) Founder, Dr. R Balasubramaniam, referred to as 'The Bicycle Story.' During a guest-lecture he provided in one of my courses, Dr. "Balu" shared a frightening monologue: For years, all throughout India, the National Government was stumped when faced with drastic dropout numbers. Why were students not going to school? Statistics pointed out that over 74% of these dropouts, particularly in rural areas, were girl children. Perhaps the families lacked transportation to get these girls to school, the government thought? Places like Rajasthan were doling out bicycles; certainly the project could be replicated. With numbers as high as they were, and budgets already tight, the government assumed one girl, one bicycle would do the trick. They never stopped to consider one girl, one sanitary pad could be more effective. And when the bicycles still did not boost numbers, scholars and researchers quickly critiqued India's government pointing to menstruation, as a leading factor is why girls drop out of school. Embarrassingly, the government did not look toward female

menstruation; reacting to how a girl manages her flow, educating her about menstrual hygiene, or encouraging schools to address the need for adequate facilities could have all been proper strategies – after all, menstruation isn't discussed openly for a variety of reasons.

As an individual interested in policy change to solve societal issues, questions like these absorb me. I am constantly amazed in the way policy is orchestrated because normally everyone thinks they have the answer, but no one actually fights for the root of the problem. Policy makers are notorious for providing band-aid solutions to grandiose issues. As a female, this problem is concerning. As a woman who needed to manage her menses four times over the course of a semester in India, I became wildly empathetic to the millions of girls who struggle to manage something I have to privilege to rarely notice. This project is significant because it defines many of our goals and priorities as a human race. If we can't provide a solution to a problem, or at least a promise toward equality, for something uncontrollable, I truly have little hope in humans being able to solve robust problems of the future. However, the stereotypes and rituals are so deeply rooted in the way so many humans perceive the world, it makes you wonder how small steps are taken to make change at all?

# Teacher Empowerment

## How to Handle Girls Adolescent Education Sustainably

A Manual Reference

Information Compiled By: Sarah Walton, Syracuse University  
Supported By: Swami Vivekananda Youth Movement

# Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably

This manual has been written, compiled and designed to provide the female teaching community of Sargur, Karnataka, India, with the information needed to provide girls at the Viveka School of Excellence a well-rounded and more comprehensive understanding of girl's adolescent education. The manual is a product of Sarah Walton's internship, through the University of Iowa Study Abroad Program: Semester in South India, Fall 2011.

## Table of Contents:

<b>I.</b>	<b>Introduction.....</b>	<b>3</b>
<b>II.</b>	<b>Menstrual Education.....</b>	<b>4</b>
	<i>a. The Picture in India</i>	
<b>III.</b>	<b>This Manual: Concepts and Ideas.....</b>	<b>5-6</b>
	<i>a. Survey Results, Inspiration</i>	
<b>IV.</b>	<b>General Information: Your Changing Body.....</b>	<b>7-11</b>
	<i>a. Definitions</i>	
	<i>b. Diagrams</i>	
	<i>c. Discussion Questions/Teacher Feedback</i>	
<b>V.</b>	<b>Menstrual Health.....</b>	<b>12-16</b>
	<i>a. What's Normal?</i>	
	<i>b. What's Not?</i>	
	<i>c. Discussion Questions/Teacher Feedback</i>	
<b>VI.</b>	<b>Menstrual Hygiene.....</b>	<b>17-20</b>
	<i>a. What to expect</i>	
	<i>b. What to use</i>	
	<i>c. Discussion Questions/Teacher Feedback</i>	
<b>VII.</b>	<b>Individualized Lesson Ideas.....</b>	<b>21</b>
<b>VIII.</b>	<b>6th Standard Material.....</b>	<b>22-23</b>
	<i>a. Conversation Starters/Ice Breakers</i>	
	<i>b. Activity Suggestion</i>	
	<i>c. Frequently Asked Questions (FQA)</i>	
<b>IX.</b>	<b>7th Standard Material.....</b>	<b>24-25</b>
	<i>a. Conversation Starters/Ice Breakers</i>	
	<i>b. Activity Suggestion</i>	
	<i>c. Frequently Asked Questions (FQA)</i>	
<b>X.</b>	<b>8th Standard Material.....</b>	<b>26-27</b>
	<i>a. Conversation Starters/Ice Breakers</i>	
	<i>b. Activity Suggestion</i>	
	<i>c. Frequently Asked Questions (FQA)</i>	
<b>XI.</b>	<b>9th Standard Material.....</b>	<b>28-29</b>
	<i>a. Conversation Starters/Ice Breakers</i>	
	<i>b. Activity Suggestion</i>	
	<i>c. Frequently Asked Questions (FQA)</i>	
<b>XII.</b>	<b>10th Standard Material.....</b>	<b>30-31</b>
	<i>a. Conversation Starters/Ice Breakers</i>	
	<i>b. Activity Suggestion</i>	
	<i>c. Frequently Asked Questions (FQA)</i>	
<b>XIII.</b>	<b>Survey Questions/Results.....</b>	<b>32-40</b>
<b>XIV.</b>	<b>Conclusions and References.....</b>	<b>41-42</b>

### **Introduction:**

We teach our children, who may become future engineers or doctors, arithmetic. We have our students, who may become future journalists or novelists, practice their writing. We encourage the students of our community, who may become future politicians, to engage in public service and to feel more confident in their public speaking abilities. We, however, do not adequately prepare our young girls (be they our daughters, sisters, students, or friends) for the physical changes that mark the beginning of womanhood.

Puberty, including all physical and emotional change, is something children (both boys and girls) endure during a phase of their adolescence. It is a very critical topic to teach because 1) the changes can effect a person for the rest of their adult life 2) feeling prepared for such significant changes is critical to the physical and emotional well-being of a child and 3) all children undergo these physical and emotional changes, so getting information distributed to an audience who needs to be aware of them is necessary.

Puberty is the period during which adolescents reach sexual maturity and become capable of reproduction.

Adolescence is the period following the onset of puberty during which a young person develops from a child into an adult.

Reproduction is the action or process of making a copy of something; it is the production of an offspring by a sexual or asexual process.

Just as it is important to teach arithmetic, writing, and the importance of public service, our children need to be aware of the physical and emotional changes taking hold of their young bodies and minds. In an age of wide information dissemination, where children can get mixed information from the Internet, from television shows and from movies, it is important schools and teachers intervene to provide children with accurate (and age-sensitive) information. Teachers, who also have strong communication with families, are trusted adults in our children's lives. The school provides a safe learning environment, where all students can feel educated and prepared about impending changes.

Children's bodies and minds, much like the way current adult's bodies and minds have changed, are maturing; that is inevitable. Many experts regard these physical and emotional changes occurring at onsets of younger ages. Especially since children can access information so easily, we need to make sure they know what to look for so that they feel empowered to come to their own conclusions. More so, we need to acknowledge these changing bodies and minds and provide teachers in schools with the equipment needed to empower them, so that they can better teach students about puberty, early reproduction, and how children mature into adults.

### **Menstrual Education: The Picture in India**

According to Public Health commentator, S. Jilly Philippa, “Menstrual Hygiene is one of the key components in health but given least priority and sometimes never given priority by most of the women and girls in the society due to the cultural silence attached on menstruation and puberty.” Even in 2011/2012, the, unfortunate, reality is that women’s health issues are often pushed to the backburner. Reaching the age of menstruation and, in fact, all the developmental changes women go through during puberty as a process, are not problems. In fact, they are completely normal occurrences for women all over the world. However, when women (and especially young girls) feel ill prepared for this transition, they become unaware of 1) how to take care of their bodies 2) how to maintain personal hygiene and 3) often become afraid to ask questions because they are unsure of what to expect and what is normal. These uncertainties can lead to many other societal problems, including, but not limited to: personal embarrassment, increased school drop-outs for young girls, rashes and/or irritation, Reproductive Tract Infections (RTIs), unwanted pregnancies, environmental waste, and many other concerns.

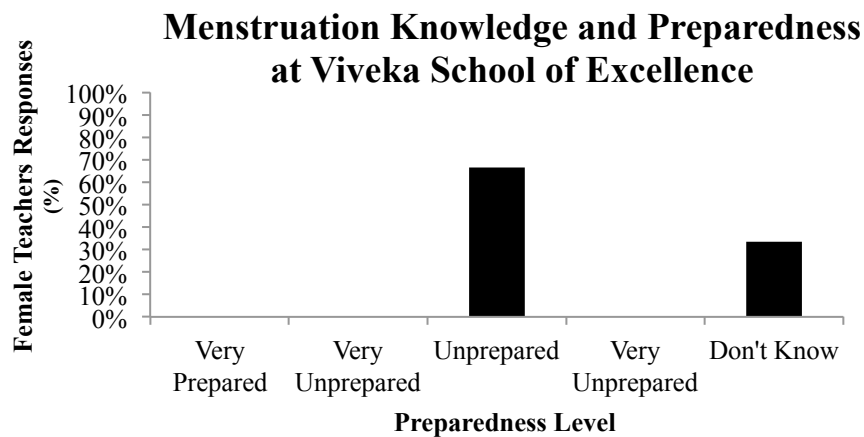
Around the world, women are undercompensated, treated unfairly, and are often seen as inferior creatures in the patriarchic society. A woman does more than 67% of the hours of work around the world and earns only 10% of that same world’s income. She is paid 30-40% less than men for comparable work, on an average. She will own only 1% of the world’s property. Approximately 60-80% of the food, especially in developing nations, is produced by a woman. Nearly 60% of the 130 million children around the world in the age group of 6-11 years old who do not go to school are girls. In India, the child sex ratio has dropped to an embarrassing 927 females per 1000 males (2001). Half of the young women in India get married before the legal age of 18 years. It has been estimated that an average Indian woman becomes pregnant eight times and gives birth six; only about four of those children are expected to survive childbirth. Out of the woman’s 30 years of reproductive life, she will spend approximately 16 years in pregnancy or lactation. Finally, a girl can miss up to 10-20% of her school days (3-4 days/month; 9-12 days/term; 27-36 days/school year). These absences undoubtedly account for poor academic performance and low educational attainments, thus furthering the gap in opportunities between men and women, worldwide (Rani).

There is a very close relationship between a girl’s education and her health, especially menstrual health, and the likelihood of her either graduating or dropping out of school. If education regarding puberty is vague or non-existent or if sanitation/toilet facilities are poor, girls are much more likely to experience health issues related to menstruation and therefore may grow up with low self-esteem, feel disempowered from poorer educational attainments and may, never fully realize her own personal opportunities or goals.

**This Manual: Concepts and Ideas**

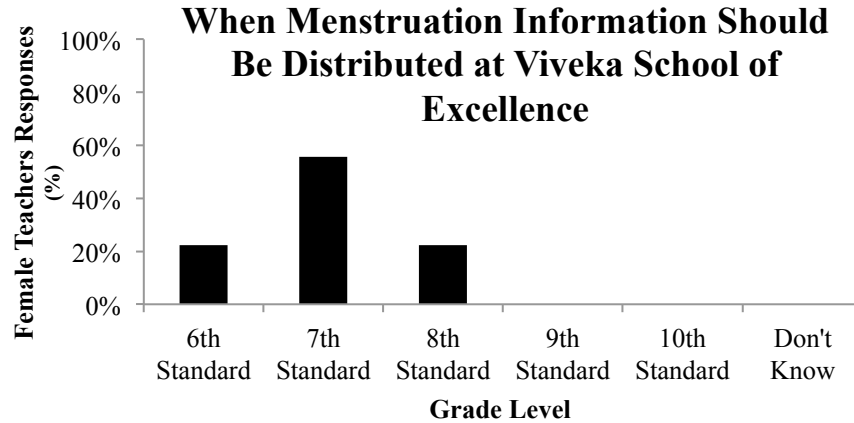
The purpose behind this manual is to provide teachers at the Viveka School of Excellence with a document they can refer to when approaching girls to talk about the issues of: puberty, early physical and mental changes, the onset of menstruation, menstrual health, menstrual hygiene, early reproductive health, and the basics of human (sexual) reproduction. All girls develop in different ways and at different ages. Therefore, it is critical that information is distributed as children need it. However, it is important that all girls feel confident and prepared for her first menstrual period. It is not only the most important change for females during puberty, it is long-lasting, effects other parts of the body, and can be the most emotionally and mentally shocking.

According to a survey distributed to several teachers at the Viveka School of Excellence, 67% feel the girls are “unprepared” when it comes to knowing about and being ready for their menstrual periods.



Source: “Teacher Survey,” distributed and collected 11 November 2011, by Sarah Walton.

56% of teachers feel as though girls are most ready to hear information about menstruation and their changing bodies when they are in the 7<sup>th</sup> standard; although, 44% of the teachers also expressed introducing the topics as young as the 6<sup>th</sup> standard and as old as the 8<sup>th</sup> standard. Currently, information is first distributed to students at the Viveka School of Excellence in their 8<sup>th</sup> Standard science class.



Source: "Teacher Survey," distributed and collected 11 November 2011, by Sarah Walton.

This manual will outline the various concepts and components of menstruation, menstrual health and hygiene, and early reproductive health. It will suggest how to approach the topics and at what age is most appropriate for certain information to be discussed. It will provide some conversation starters/ice-breakers, activity suggestions, and offer some frequently asked questions for teachers, broken down by individual grade levels. All of the information is to be used on an "as need" basis. Ultimately, this manual is a product for the teachers at the Viveka School of Excellence; it is a reference guide that can be used whenever the topics of menstruation or puberty are discussed with the school girls. Space will be made at the end of every section so that teachers can leave notes or further suggestions for future generations of girls and teachers at the school. Furthermore, in time, a Kannada version could be produced, and some of this information can be handed to the girls directly.



**General Information:**

As aforementioned in previous content, this manual includes information about puberty, early physical and mental changes, the onset of menstruation, menstrual health, menstrual hygiene, early reproductive health, and the basics of human (sexual) reproduction. This section of the manual is aimed to provide some general definitions, diagrams and possible discussion questions appropriate for all girls 6<sup>th</sup>-10<sup>th</sup> Standard; use with discretion. Let's begin with some definitions:

Menstruation is the process in a woman of discharging blood and other materials from the lining of the uterus at intervals of about one lunar month from puberty until menopause, except during pregnancy.

The Uterus is the organ in the lower body of a woman or female mammal where offspring are conceived and in which they gestate before birth; it is the womb.

Puberty is the period during which adolescents reach sexual maturity and become capable of reproduction.

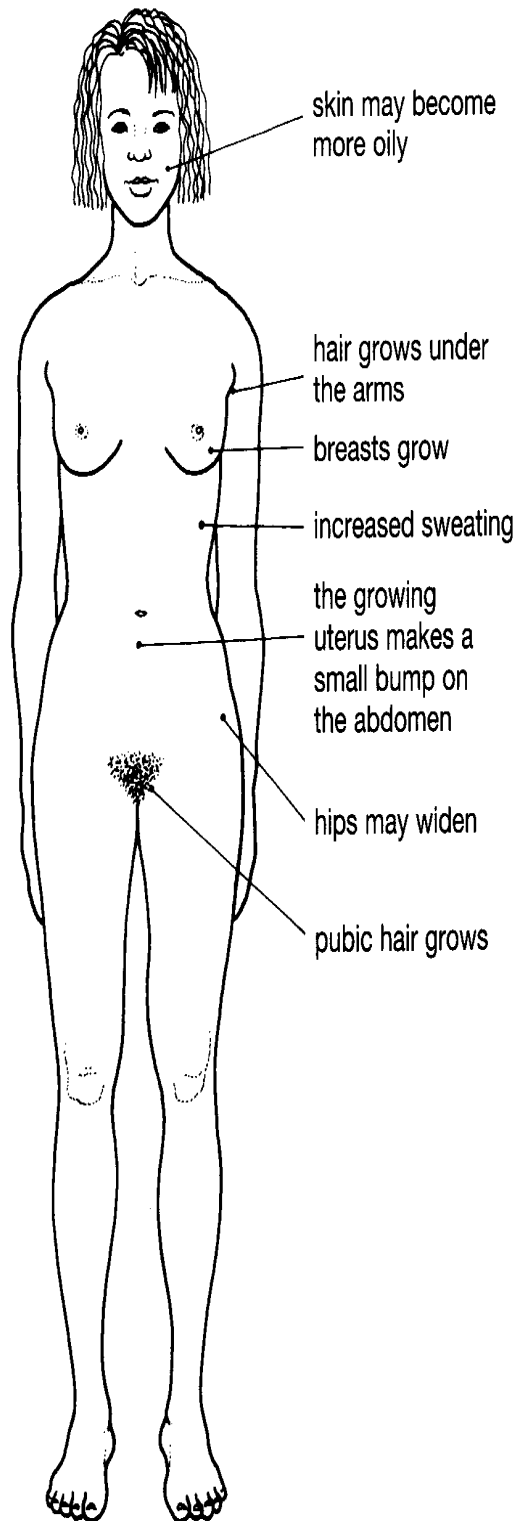
Menarche is the first occurrence of menstruation. This marks the absolute first time a girl has had her menstrual period and that she has reached the age of sexual maturation. Menstruation will now last for the woman over her reproductive lifetime, which is approximately 35 years.

Menopause is the ceasing of menstruation; it usually occurs in a woman's lifetime between the ages of 45-50 years.

Menstruation (also known as “having your period,” because period means a length or portion of time) is a major stage of puberty in all girls. For one thing, it is one of many physical changes a girl undergoes that shows a girl is turning into a woman and is capable of childbearing. A lot like the other physical changes a girl goes through, all of which are associated with puberty, menstruation can be confusing, challenging, and scary. Some girls cannot wait to begin their periods, whereas other girls would rather it “didn't happen” at all. If you do not have a complete understanding of both the woman's reproductive system and a woman's menstrual cycle, the whole process can feel overwhelming and mysterious. It is important to know that all women (and men, just in different ways) undergo physical changes during puberty. These changes are a part of growing up and actually help show that our bodies are functioning properly.

The Menstrual Cycle is the process of ovulation and menstruation in women; the time between each process happens in cycles of approximately 28 day rotations.

Before menstruation can even take place, the body needs to prepare (physically and mentally) for the big change. For some girls these preparations happen gradually, and for others all at once.



When girls begin to go through puberty (**usually starting between the ages of 8 and 13**), their bodies and minds change in many ways. The hormones in their bodies stimulate new physical development.

Hormones are regulatory substances produced in an organism and transported in tissue fluids, such as blood or sap, to stimulate specific cells or tissues into action.

Some physical changes seen in girls during puberty can be seen in the diagram to the left. These changes include breast development and hair growth under the arms and in the public region. Furthermore, a girl's hips may widen, she will experience physical growth in size (height) and may experience oily skin on her face and/or back.

Menarche doesn't happen until all the parts of a girl's reproductive system have matured and are working together.

A girl can expect her first period about 2 to 2½ years after a girl's breasts begin to develop. Additionally, about 6 months or so before getting her first period, a girl might notice an increased amount of clear vaginal discharge ("white blood"). This discharge is normal and common, so there's no need for a girl to worry about discharge unless it has a strong odor or causes itchiness.

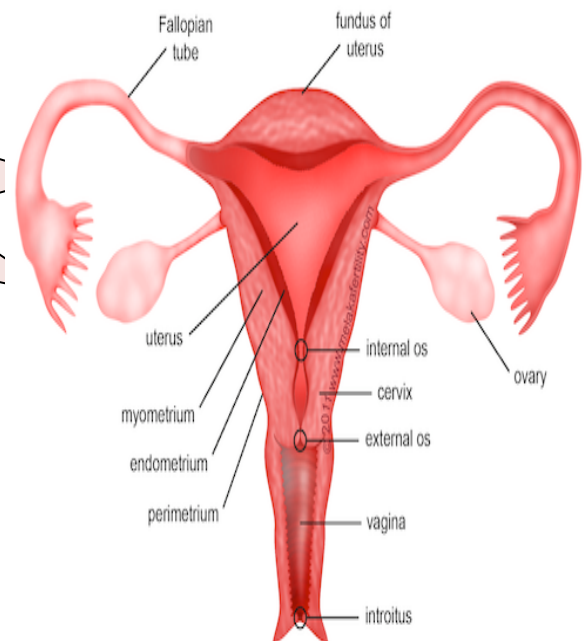
It is much easier to see what is going on physically when it occurs on the outside of your body. Noticing that you have undergone a growth spurt or that your breasts have begun to develop is very obvious. What is much less obvious is what happens inside your body during puberty and menstruation.

Our bodies are filled with many different and complex systems. Each system has its own special task and is in charge of functioning properly to ensure the overall health of an individual. Some of these systems include: the respiratory system, the circulatory system, the skeletal system, the nervous system, the muscular system, the digestive system, the immune system, the lymphatic system, and of course, the reproductive system. Both men and women have reproductive systems, but the parts and functions vary greatly. To better understand menstruation and all of the physical changes in a woman over the course of puberty, it is critical to know how the Female Reproductive System works.

The Female Reproductive System is the reproductive system of females, consisting of: ovaries, Fallopian tubes, the uterus (womb), the vagina (or birth canal) and vulvae.

Did you know, **baby** girls are born with ovaries, fallopian tubes and a uterus?!

The image to the right is what the Female Reproductive System looks like, from the inside. Women have one pair of ovaries, which are the oval-shaped sex organs that sit on either side of the uterus. This entire system is located in the lowest part of a woman's abdomen called the pelvis.



The ovaries contain thousands of eggs, or ova, which started developing when the girl was still a baby. Attaching the ovaries to the uterus are the two fallopian tubes, which are long and thin tubes that carry ova from the ovaries to the uterus. The uterus, or womb, is a pear-shaped organ that sits in the middle of the woman's pelvis. The muscles in a female's uterus are very powerful and flexible, as they are able to expand in able to allow the uterus to accommodate a growing fetus and then help push a baby out during labor.

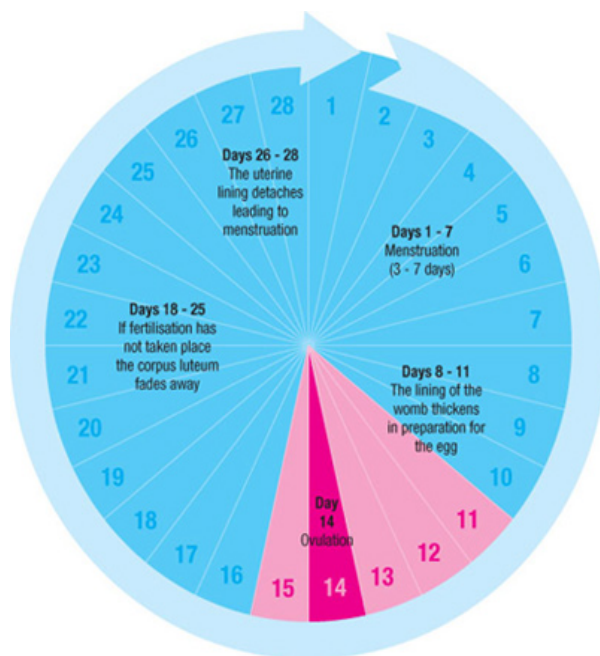
As a girl matures and enters puberty, the pituitary gland releases hormones that stimulate the ovaries to produce other hormones called estrogen and progesterone. These hormones have many effects on a girl's body, including physical maturation, growth, and emotions.

The Pituitary Gland is the main endocrine gland; it is a small structure located at the base of the brain and is called the master gland because it produces hormones that control other glands and many body functions including growth.

Estrogen is a group of steroid hormones that promote the development and maintenance of female characteristics of the body.

Ovulation is the process in which an egg is released from a woman's ovaries and makes its way to her uterus through the fallopian tubes in preparation for fertilization.

**About once a month**, an egg is released from one of the ovaries and travels down one of the fallopian tubes toward the uterus. In the days before ovulation, the hormone estrogen stimulates the uterus to build up a substantial lining (endometrial lining) with extra blood and tissue, making the walls of the uterus thick and cushioned. This happens naturally to prepare the uterus for pregnancy: if the egg released is fertilized by a sperm cell (male reproductive cell), it travels to the uterus and attaches to its cushiony wall, where it slowly develops into a baby. If the egg is not fertilized, which is the case during most of a woman's monthly menstruation cycles, then the egg does not attach to the wall of the uterus. Instead, the egg dies and the uterus begins to shed the extra tissue lining. This tissue (and unfertilized egg) leaves the uterus through the vagina. The blood that is released is known as menstrual blood. This cycle happens almost every month for several more decades (except, of course, when a female is pregnant) until a woman reaches menopause and no longer releases eggs from her ovaries.



This image (left) shows a sample diagram demonstrating an example menstrual cycle. Just as the age of attaining menarche is different for every girl, the start, length, and intensity of each menstrual cycle varies significantly depending on the individual. Usually, menstruation (the actual shedding of menstrual blood) lasts for 3-7 days. The remainder of the lunar month is when the lining of the uterus thickens in preparation for an egg, ovulation (or the release of an ovum), the window of fertilization, and the wearing down of the uterine walls and dissolving of the unfertilized egg happens.

<http://www.menstrualfaq.com/wp-content/uploads/2011/06/Menstrual-Cycle.jpg>



### Menstrual Health:

Just as some girls enter puberty earlier or later than others, the same applies to the age in which girls begin menstruating. Some girls may start menstruating as early as age 8, but others may not get their first period until they are 16 years old. Physical development of this kind happens in a very unique way for individuals. Starting ‘early’ or starting ‘late’ is normal.

The amount of time between a girl's periods is called her menstrual cycle; this cycle is counted from the start of one period to the start of the next. Some girls will find their menstrual cycle lasts 28 days, whereas others might have a 24-day cycle, a 30-day cycle, or even longer. Similarly to the age when a girl begins menstruating, the period of time between each cycle should vary among girls. Following menarche, menstrual cycles last 21-34 days. **Irregular periods are common in girls who are just beginning to menstruate.** It may take the body a while to sort out all the changes going on. Usually, after a year or two from menarche, the menstrual cycle will become more regular. As a girl gets older and her periods begin to settle down (or, rather, she gets more used to her own unique cycle) she will probably find that she can predict when her period will come. For girls who are just starting to figure out their menstrual cycle, it's suggested that a girl keep track of her cycle with a calendar.

Calendar Month						

[studenthandouts.com](http://studenthandouts.com)

The calendar shown can be used as a sample calendar. Girls should mark the first day of their menstrual cycle on the correct date and day of the week. After keeping track of how long her period lasts (remember: 3-7 days is average, but some girls have periods that last as long as 9 days), she should count 28 days forward from the first day her period started. For example, if a girl starts menstruating on January 1<sup>st</sup>, she could expect her next menstrual period on or around January 28<sup>th</sup>. Keeping track like this helps girls who are just starting feel more prepared for their monthly visitor.

As we have seen, many components of puberty vary greatly among individuals: when, how long, etc. “How much?” is a question many young girls wonder about when discussing menstruation. No doubt, the concept of bleeding from your vagina can be very scary to some people. The menstrual flow can vary widely from girl to girl, too, so it is difficult to say exactly how much blood will exit a girl’s body during her period.

Menstrual Flow is the flow of blood from a woman’s uterus; this is also known as the passing of the uterus lining.

Some girls may be concerned that they're losing too much blood, but most of the time (unless in very extreme circumstances) the amount of menstrual blood shed each month is perfectly normal. Though it may look like a lot visually, the average amount of blood is only about 2 tablespoons (30 milliliters) for the entire length of a girl’s period. This means that most teens will have to change their sanitary napkin, cloth, or pad 2-5 times a day, with more frequent changes when their period is at its heaviest, usually at the start of the period (day one and two). Especially when menstrual periods are new and you are still figuring out what is typical in your own unique cycle, you may be worried about your blood flow or whether your period is normal in other ways. Advice usually is, wait a few months for your body to regulate itself naturally. However, if you are having recurring concerns after 3-6 months after your first period, you should talk to someone about them.

**Talk to a doctor or nurse if:**

- your period lasts longer than a week
- you have to change your pad very often (soaking more than one pad every 1-2 hours)
- you go longer than 3 months between periods
- you have heavy bleeding in between periods
- you have an unusual amount of pain before or during your period
- your periods were regular then became irregular

Women sometimes notice physical or emotional changes in their bodies around the time of their periods. Menstrual cramps are pretty common; in fact, more than half of all women who menstruate say they have intense cramping during the first few days of their period.

Menstrual Cramps are a discomfort or pain caused by the uterus muscle contracting. They often occur just before and during the first days of menstruation. The muscle contractions are caused by high levels of *prostaglandins* that relates to both hormone levels and to the tightness of the cervix.

Depending on the girl, menstrual cramps can be dull and achy or sharp and intense; they can sometimes be felt in the back as well as the abdomen.

Sometimes, the cramping becomes so powerful that a few girls may experience physical sickness, including vomiting. These cramps often become less uncomfortable and sometimes even disappear completely as a girl gets older. Many girls and women find that over-the-counter pain medications, like acetaminophen or ibuprofen, can relieve cramps, as can taking a warm bath or applying a warm blanket to the lower abdomen. Additionally, exercising regularly throughout the monthly cycle may help lessen the cramps too. If these things don't help, ask your doctor for advice.

Other changes some girls and women experience are emotional based. Some find that they feel sad or easily irritated during the few days or week before their period. Others may get angry more quickly than normal or cry more than usual. Some girls crave certain foods. These types of emotional changes may be the result of premenstrual syndrome (PMS).

Premenstrual Syndrome (PMS) is related to changes in the body's hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect the way she feels, both emotionally and physically.

**Other possible physical and emotional changes during a girl's period:**

- less concentration on daily work and tasks
- intense emotions, including: sadness, feeling alone, or strong bursts of anger
- feeling bloated or puffy because of water retention
- swollen and sore breasts
- tenderness in public regions
- acne flare-ups; oily skin
- strong headaches

Eating right (especially foods high in iron content), getting enough sleep, and exercising may help relieve some of the symptoms of PMS. Talk to your doctor if you are concerned about your premenstrual symptoms.

Puberty is complex. It is different for all human beings, and is unique to our individual bodies and reproductive systems. Although it is important to be aware of what could or might happen in our bodies, all people experience these physical and mental changes differently. It is important to give our bodies time to regulate and process all of the changes going on. **Most** of what happens is perfectly normal. However, you might want to seek medical advice if you are experiencing any of the following issues (as they might become problems in later development):

- Your periods have not started by the time you are 16 (this is a sign of primary amenorrhea)



*Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably*

- You had periods and they suddenly stop (there are many reasons, other than pregnancy, for missed periods)
- Your period lasts **too** long (the average woman menstruates for 5 to 7 days during each period)
- You're bleeding is excessive (a good way to tell if you are bleeding excessively is to note how often you are changing your pads or cloths; if it's as often as every hour or two then your menstrual bleeding may be excessive. Abnormal uterine bleeding is often caused by fibroid tumors; other less common causes include cervical cancer and pelvic inflammatory disease, PID)
- Bleeding in between periods of more than a few drops (some conditions are linked to bleeding between periods including low thyroid levels, stress, and hormonal fluctuations)
- If you have severe or disabling menstrual cramps

Amenorrhea is when she doesn't get her period at all.

Oligomenorrhea is when a woman has her periods less frequently than normal.

Menstruation is normal, but it is important to pay attention to your system and get things that seem abnormal checked out by a Gynecologist or other Physician.

**Discussion Questions:**

- 1. What is menstrual flow?
- 2. Is it normal that a girl has an irregular period when she is just beginning menstruation?
- 3. Name some physical or emotional changes a girl goes through during the month of her period?
- 4. How would you be able to tell if the physical and emotional changes a girl goes through during her period is normal? Abnormal? When should a girl speak with her doctor?
- 5. What is a way a girl can be prepared for her monthly period? How does she do this?

Other Possible Questions:

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**Teacher Notes/Comments Section:**

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### **Menstrual Hygiene:**

From a young age, we are taught the importance of taking care of ourselves and our bodies to maintain good health. When we get sick, we either rest or take medication. When we are tired, we get more sleep during the night. When we are not feeling like ourselves, we eat better foods and do things that make us happy. When young girls get their first period, the experience is new (and sometimes scary) for them. Even though the experience is new, it is very important that girls know how to manage this change and take care of their bodies, for a number of reasons. One of the most important reasons is to develop and maintain good hygiene.

Hygiene is conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.

It is always very important to keep your body clean. Cleanliness helps avoid illness, sickness and infection. When a girl has her period, practicing this knowledge of good hygiene is even more important because the likelihood of getting an infection is heightened at this time if a girl does not attend to herself.

During menstruation, a small amount of blood is released from the uterus through the vagina. The most hygienic way to deal with this physical change is by wearing something absorbent in or on your underwear to catch the blood flow. There are several different options in which a girl can do this, but the two most common methods is that a girl either uses a cotton cloth or wears a sanitary napkin or pad during the length of her period. There are pro's and con's to each use, and ultimately, the decision should be made between the girl and her family.

**Absorbent is a substance or item that soaks up liquid easily**

#### **Pros of Using Cloths**

- Normally, cloths are more comfortable – commercial pads and sanitary napkins are made from synthetics which can cause irritation or may stick to a woman's inner thigh – cloth pads are more comfortable for some women because they are softer and don't move about or gather up.
- If washed properly, using cloth during menstruation can be safer and more hygienic.
- Using cloth during menstruation is often much cheaper than commercial alternatives because cloth pads can last up to 5 years with good care.
- Using cloths is typically better for the environment because a woman will use around 12,000+ pads in her lifetime.

#### **Cons of Using Cloths**

- Using them takes getting used to because sometimes there is a mental block where you feel dirty if you are not disposing the product after menstruating on it.
- Using cloths do require changing more frequently, and you need to be thorough in your washing, completely comfortable drying the cloth where it gets plenty of air and sunlight, and be sure the storage location of these cloths when you are not menstruating is a dry place.
- They are less convenient if you are an active person, a student, or working in a professional setting. You have to carry used cloth pads with you and often there is not a place for you to wash them/dry them when you are in need of a change.

Whichever product a girl and her family decides is best during her monthly menstrual cycle, a girl needs to be prepared for the hygienic responsibilities that are associated with the product of choice.

### **If You Are Washing a Cloth:**

On wash day (or at the frequency that you change your cloth), simply allow your cloth pads to soak in COLD water for 30 minutes, or so. Squeeze the dirtied water out of the cloth and replace your pail with clean and new water; re-soak your cloth pad. Use a very small amount of detergent or washing soap, about 1-2 Tablespoons should do. You don't want a detergent build up on your pads so it is also imperative that you make sure all of the detergent or soap is rinsed clean from the cloth. Hang the cleaned cloth on a line to dry; it is best if this line is in the sunlight.

Other Tips:

- Never use chlorine bleach as it weakens the fibers and may ruin your pads.
- Never wash your pads, initially, in hot water because it will set in the iron from your blood making a permanent stain.
- Do not use fabric softener. It will make the fabric less absorbent and can lead to leaks.
- Do not spray scented deodorizers on your cloths pad as those chemicals can cause infection when the pad is worn again.
- Make sure your cloth is completely dry before wearing or storing it; when you store it, make sure the location is dry.

### **If You Are Using a Sanitary Napkin or Pad:**

It is recommended that a girl changes the sanitary napkin or pad she is wearing during her period every 4-6 hours – that may mean 2-5 times a day, but the frequency will vary among girls given that everyone's menstrual flow is different. When the sanitary napkin or pad is ready to be changed (if the pad is becoming soaked in between changes, you may need to change it more frequently than you are), remove the pad from your underwear. Roll the pad up into itself (so that the used side is no longer exposed) and fold it up into a napkin, its original cover, or newspaper. Place the used pad in a dry place; often, a dustbin or trash receptacle is best. Girls are ill-advised to burn their used pad, throw it in the toilet, or bury it as each of those methods cause environmental effects. It is often best to place it in a dust or waste bin until the trash is removed from the family home, school or office.



[http://1.bp.blogspot.com/\\_vO5CXEFaoo/SswGRvOYqdI/AAAAAAAAACS/vpwEvkMhKoM/s200/sanitary-napkin.jpg](http://1.bp.blogspot.com/_vO5CXEFaoo/SswGRvOYqdI/AAAAAAAAACS/vpwEvkMhKoM/s200/sanitary-napkin.jpg)

A sanitary napkin (also referred to as a pad) is an absorbent material worn inside a girl's underwear during menstruation. The backside of the napkin is sticky so that it sits in the underwear without moving around or falling out. Some sanitary napkins have wings on the edges (like the picture shows) that can be wrapped around the underwear for extra stability. Some napkins come in plastic wrappings, which are perfect for more comfortable disposal of the product. There is thick cotton lining to catch menstrual flow; some napkins even have built in deodorizers to reduce bad scents.

Sanitary napkins vary in style, brand and price. Some of the brands on the market now are Stayfree, Whisper, Bella, and Always, available in super/regular absorbencies. The cost of each sanitary napkin varies too, averaging between Rs. 2.40-7.5 per napkin. Find the one that is best for your budget and need!

**Other Hygiene Tips:** (these are helpful for girls as they begin to develop their own personal care habits during menstruation)

- Girls should gently cleanse the external genitalia with soap and water as part of their daily bathing to help eliminate odor.
- Following each toilet use, girls should wipe the genitals from front to back to avoid the spread of bacteria from the anus to the vulva.
- They should wash their hands before and after using the bathroom and whenever changing menstrual protection.
- Underwear should be changed daily. Some physicians recommend cotton panties or those with a cotton crotch because of cotton's superior absorbency.
- If undergarments become soiled during menstruation, presoaking in cold water will help loosen stains.
- Girls should change sanitary pads every three or four hours, or as often as needed, to feel comfortable and to prevent odor from forming. Odor develops when the menstrual flow leaves the body and comes in contact with air.
- Girls should wrap pads in paper and place them in the wastebasket or disposal container.
- For many girls there is a thin, clear vaginal discharge that occurs up to a year before the first menstrual period. This discharge is very common and normal. This same discharge may continue up to 4 years after beginning their period.
- Girls need to be sure they wash the public region well, every day, to protect themselves from infection from this wetness.
- Girls should be encouraged to ask for help and to discuss their personal care needs with a parent, teacher, physician, nurse, or other, trusted, adult.

Vaginal Discharge is a, normally, clear or white secretion from the cervical glands of the vagina. It often appears up to a year before a girl's first menstrual period and acts as a barrier to the vagina's opening from bacteria or dirt. The discharge should be essentially odorless.

Although it is important that every individual knows about and develops a strong sense of personal hygiene habits as they grow older, it is especially important for girls. Although menstrual blood is safe and nontoxic, just like you might deal with a cut or gash elsewhere on your body, it is critical that you clean out menstrual blood to avoid an infection. The public area (or the space between a girl's legs) is very sensitive. Ensuring daily cleanliness there (not just during the menstrual period, but everyday after a girl reaches menarche) is important to make sure a girl's reproductive functions are able to carry out properly.

**Discussion Questions:**

1. What is the definition of hygiene – and why is it important girls know about menstrual hygiene in particular?
2. What are some absorbent products a girl can use during menstruation?
3. How frequently should these products be changed or washed each day? (note: this may be different for each girl)
4. Is vaginal discharge normal – and when could a girl expect to first experience this?
5. Why do you think it is important to have a strong sense of personal hygiene as a girl?

Other Possible Questions:

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**Teacher Notes/Comments Section:**

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**Individualized Lesson Ideas:**

The following sections of this manual are designed to help teachers form ideas and create individualized lessons for girls in the 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> standards. It is important to approach the topics of puberty, early physical and emotional changes, the onset of menstruation, menstrual health, menstrual hygiene, early reproductive health, and the basics of human (sexual) reproduction aptly, which is why the content in the next few sections have been broken down by grade level. In an effort to tackle each issue sensibly, sensitively, and in a straight-forward manner, grade-appropriate conversation starters, activity suggestions, and frequently asked questions (FAQ) have been written, to use in addition to the general information contained in previous sections.

As with the other sections in this manual, there will be an opportunity for teachers to leave suggestions and comments at the end of each lesson idea.

- What types of discussions and activities went well and worked?
- Which discussions and activities were not received well?
- What are some recommendations you have for future lessons?

In the development of new material, it is important for the design to be flexible. Flexibility meets all needs: physical, emotional, social, cultural, etc. Hopefully these discussions, activities, and questions act as a launching pad for other conversations the teachers can hold with the girls.

**6<sup>th</sup> Standard Material:**

**Possible Ice-Breakers/Conversation Starters:**

- Why do you think it is important to grow up?
- Do you notice that your body is looking any different from what it did when you were younger? What has changed?
  - If they need prompts, ask if they have grown a lot (height) recently? Have they noticed their breasts developing? Has the hair on their body darkened?
- Why do you think our bodies start to look different? What do you think a growing body is preparing for?

**Activity Suggestion:**

Below, there is a picture representing some of the physical changes that occur in the female body during puberty (Puberty is the period during which adolescents reach sexual maturity and become capable of reproduction). Show the girls the picture and ask them to identify: What are some of the more obvious physical differences you see between the girls? (hint: height difference, breast development, pubic hair growth, wider hips, to name a few) Ask them if they can name a few changes that are less obvious to the eye. Help this lead you into a short discussion about menarche, and mention some things the girls should be prepared for.



<http://www.smart-teenagers.com/puberty-in-girls.html>

**Frequently Asked Questions:**



**I think my breasts are developing, but how much will they develop, and why are they different sizes now?**

For many girls, breast development begins as early as 10 years old, so it is normal if breast buds are beginning to appear on your chest. However, full breast development in women can take place over several years, meaning that her breasts may not reach their full growth until she is 17 or 19 years old. Breast size is typically hereditary, and frequently girls will develop breasts similar to the size of their mothers. It is natural for one to develop more quickly than the other, but once full development is reached the sizes typically even out, almost completely.

**Why have I gained so much weight in the last year?**

During puberty, our bodies are preparing for adulthood. For girls, that means the female body is preparing to be a mother. You may notice that your hips and waist are growing wider. You also may notice that your belly is expanding outward; that is just because your uterus (where your body will develop a baby) is growing. All of these physical changes are perfectly normal.

**How can you tell if a girl has menstruated for the first time?**

While there are no obvious external signs that a girl has had her first period (no one can assume a girl has or hasn't), there are several hints a girl can watch for so she can know when to expect her first menstrual period. Menarche (the first occurrence of menstruation) normally occurs about one year after breast and public hair development.

**Teacher Feedback:**

What types of discussions and activities went well and worked?

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Which discussions and activities were not received well?

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What are some recommendations you have for future lessons?

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**7<sup>th</sup> Standard Material:**

**Possible Ice-Breakers/Conversation Starters:**

- Why is it important that animals (including humans) keep having babies?
  - If they need help, talk to them about continuing population/species
- Why do you think females menstruate?
- Why is it important for females to menstruate?
- How can you be sure that what is going on in your body is normal? How can you be sure the changes are supposed to happen?

**Activity Suggestion:**

After a short discussion regarding the last question shown in the section above, (“How can you be sure that what is going on in your body is normal? How can you be sure the changes are supposed to happen? – In whence you describe the body is supposed to release an egg once a month that could become a baby – and when it isn’t changed into a baby the egg and the cushion formed to protect it is released through the vagina – and that is called menstruation, which is normal for all girls) then you can ask them to put the following four diagrams into their correct chronological order (of course being: Egg Maturation, Ovulation, Ready for Fertilization, and Menstruation – 2, 4, 1, 3). It is important for the girls to know what sequence this cycle happens in. They should know what each stage of their menstrual period is like. Depending on the girl’s participation in the activity, you can have discussions about how the eggs are released (through hormones) and pre-menstrual cramps (the uterus wall building up and then being shed), and other menstruation related topics.



**1. Ready For Fertilization**



**2. Egg Maturation**



**3. Menstruation**



**4. Ovulation**

**Frequently Asked Questions:**

**What age do most people get their first period?**

Most girls get their first periods between the ages of 11 and 14, but you might be younger or older than that when you get yours. There is really no "right" age to get it. Ask your mother when she got her first period. That is normally a good indicator of when yours might come. Additionally, most girls can guess (within a year) of when their first period will happen because they are experiencing other physical changes (breast growth, hair growth, white discharge, etc.)

**What if I have underarm hair, my breasts have started to grow, and I see this white discharge you are talking about but I still have not gotten my first menstrual period – am I normal?**

The beginning of menstruation, called menarche, is likely to occur (on average) around 13 or 14 years. Of course, it is not abnormal for menarche to begin at 16+ either. Starting menarche does not necessarily mean a start of ovulation (when the egg cells are released) — ovulation may occur later, perhaps a year later. Normal menstrual cycles occur when ovulation begins, which is normally between 12 and 19 years of age, with the “average” around 15.

**Will it always happen every 28 days?**

Once you get your first period, it is quite common for your menstrual cycle to be irregular — sometimes months between them. Most girls have regular cycles by their 18th birthday or when they have been menstruating for several years, but it is not guaranteed that your cycle will be every 28 days even when it has been regulated. Each person is different, so as long as your cycle starts being consistent for you, that’s when you can begin figuring out your menstrual pattern.\

**Teacher Feedback:**

What types of discussions and activities went well and worked?

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Which discussions and activities were not received well?

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What are some recommendations you have for future lessons?

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**8<sup>th</sup> Standard Material:**

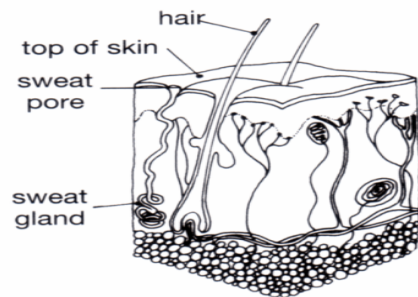
**Possible Ice-Breakers/Conversation Starters:**

- How many of you can identify with multiple (more than two) physical changes occurring in your body? What are these changes?
- How are you managing these changes? What about acne? Menstrual cramps?
- How are you taking care of yourself before and after your period? (i.e. washing, eating well, etc.)
- Why is menstrual hygiene (and good hygiene all together) especially important for girls?

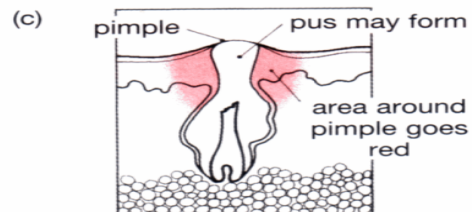
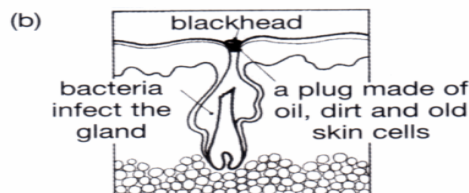
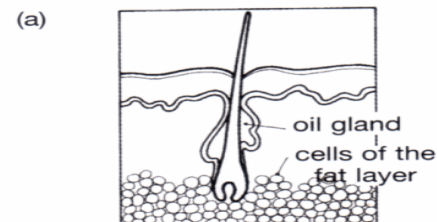
**Activity Suggestion:**

Below is a diagram you can use with 8<sup>th</sup> standard students. It describes how and why acne (the occurrence of inflamed or infected glands in the skin; in particular, a condition characterized by red pimples on the face) happens. You can have a brief discussion where you talk about acne, and how the girls manage it. Converse about not being self-conscious about it, and share that there are things individuals can do to reduce the number and frequency of break-outs (like, washing the face with warm water and soap twice a day). After discussing acne, talk about why it is important to keep other areas really clean during adolescence-adulthood (i.e. the public region: female genitals, between the thighs, etc.). If acne happens the way it does because of oil/dirt build up on the face (and sometimes on the neck and back), what could happen if menstrual blood or vaginal discharge is not properly washed away? How can this hygiene be built into daily routines?

*This is how a small block of skin would look if we magnified it thousands of times.*



*How pimples form. These pictures show a cross section of an over-active oil gland.*



**Frequently Asked Questions:**

**What are the signs that my period is coming?**

The signs are a little different for everyone, and as you get older, you'll get really good at reading your own body. Some things to look for though are: sore breasts, back/stomach pain, cranky moods, constipation or a bloated belly, minor depression-like feelings, a big appetite and an acne breakout. You won't experience all of these symptoms, all at once, before your period every month, but you might experience some.

**What is a "normal" amount to menstruate each time?**

Most women's periods last about two to six days; that includes one or two days of heavy flow at the beginning (meaning you could be changing your pad every hour or two), followed by a couple of lighter flow days. The amount you menstruate can vary from month to month – and that's totally normal – but usually you will shed approximately 30 milliliters (or 2-4 tablespoons) of menstrual fluid per month. If your period is so heavy that you have to change your pad more than once an hour, or if the menstrual blood is coming out in a steady stream that won't stop, or if your period lasts longer than seven days, you will probably need to go to your doctor for a check-up.

**What is "spotting" and why does it happen?**

Spotting means a light blood flow in between your periods. Not everyone gets it, and while it's not harmful, it might be annoying when preparing for daily activities, like school. Whether you are a 'spotter' or not, it is important to make sure you are constantly staying hygienic, both around the time of your period and throughout your entire cycle.

**My period is brown instead of blood-colored – is that bad?**

That is totally normal, especially at the beginning and end of your period. All that means is that your menstrual fluid is leaving your body more slowly. The reason it shows as brown is because it has a longer time to oxidize, the same way that blood from the rest of your body turns brown after it's been exposed to air for a while.

**Teacher Feedback:**

What types of discussions and activities went well and worked?

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Which discussions and activities were not received well?

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What are some recommendations you have for future lessons?

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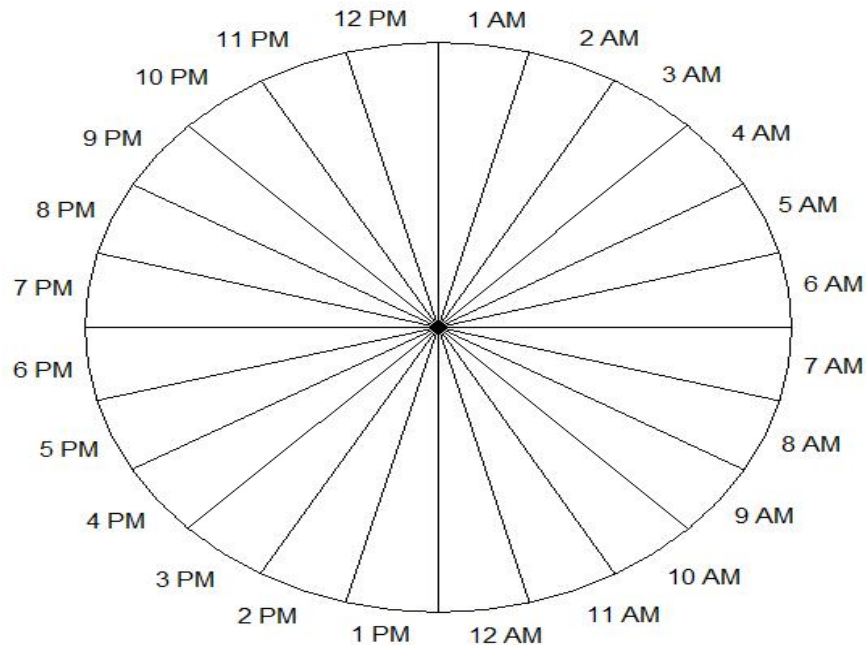
**9<sup>th</sup> Standard Material:**

**Possible Ice-Breakers/Conversation Starters:**

- How do you think your brain and body are connected? Do you ever think something and then realize you feel something too? How is logic and emotion interlinked?
- What do you think hormones are?
- Do hormone signals change as we get older?

**Activity Suggestion:**

While it is important to talk to teenagers about hormones, and how they affect the growth and development of humans during puberty, it is also important to discuss how hormones can play a large role in the behavior of adolescents. Have students fill out a 24-hour clock, labeling how they spend their time over a one day period. Students will find that as they get older (especially by the 9<sup>th</sup> standard, as they are starting to think about many more responsibilities outside of school) their stress levels may go up. Hormones play a big role in individuals' moods; girls might find that they have shorter tempers, are more likely to talk back to their family or teachers, or are feeling more sad or depressed. While these feelings are a normal part of growing up, having students visualize the responsibilities they have, and then engaging in a conversation about managing their stress levels, will show girls how to manage their changing hormones.



**Frequently Asked Questions:**

**What are hormones, and why are they such a big part of adolescence?**

Hormones are regulatory substances produced in an organism that are transported in tissue fluids such as blood or sap to stimulate specific cells or tissues into action. The pituitary gland releases hormones that stimulate the ovaries to produce other hormones called estrogen and progesterone. These hormones have many effects on a girl's body, including physical maturation, growth, and emotions. That is why they play such a large role in puberty and female development.

**How do hormones play into body odor and sweating?**

The cause of sweating and, in general, body odor stems from your body's temperature regulation system, specifically your sweat glands. Sweating helps maintain your body temperature, hydrates your skin and balances your body fluids and electrolytes. One of the two types of skin glands your body has are the Apocrine Glands, which develop in areas abundant in hair follicles, such as on your scalp, armpits and groin. Apocrine glands secrete a fatty sweat directly into the tubule of the gland. When you're under emotional stress, the wall of the tubule contracts and the sweat is pushed to the surface of your skin where bacteria begin breaking it down. Most often, it's the bacterial breakdown of apocrine sweat that causes an odor. During puberty, your body is undergoing many stressful and emotional changes, causing the odor to first appear.

**I think a boy in one of my classes is cute; once I was thinking about him and my nipples got hard and my vagina started secreting discharge (like it does before my period) – am I normal?**

Whether you knew it or not, and even if you did there is nothing to be ashamed of, your mind was starting to think about that boy in a sexual way. Often, sexual thoughts (anything ranging from, *I wonder what it would be like to kiss him?*, to *what is sexual intercourse like?*) will start prevailing in your daily thinking. Even if you have not been exposed, formally, to information regarding sex, you may have discussed it with your friends (or have seen movies or music videos where it is alluded to). Thinking about these things are completely natural human instincts, all related to hormones, and it is good to know what physical reactions your body might undergo.

**Teacher Feedback:**

What types of discussions and activities went well and worked?

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Which discussions and activities were not received well?

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What are some recommendations you have for future lessons?

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**10<sup>th</sup> Standard Materials:**

**Possible Ice-Breakers/Conversation Starters:**

- What would you like to do once you have completed the 10<sup>th</sup> standard?
- What time do you think is the best time to get married and have children?
  - Just because you have had your menstrual period, that does not mean you have to have to get married and have children right away.
- What are some of the biological reasons to avoid pregnancy at a young age? What about the social reasons you might want to avoid having children very young?
- Do you know of any ways you can postpone ovulation?
  - What are contraceptives? What are the biological uses for them too?

**Activity Suggestion:**

It is important to talk about long-term goals with girls in the 10<sup>th</sup> standard. As they are finishing up school, they may think the only options they have ahead of them are to get married and start having children right away. In fact, there may be a pressure at home encouraging them of this too. For some girls, this might be a good option. For others, and in fact, for most girls, there is a desire to continue going to school in pursuit of a degree/career. Talk to girls about their options and encourage them to begin thinking about their future. While it is wonderful to become a wife and mother, allow them to think about when that stage will best fit in their life plan. Discuss the biological and social responsibilities it takes to be a young wife and mother.

**My Goals!**

**When I leave the 10<sup>th</sup> standard, I would like to...**

**When I think about my future (and my future career), I can see myself as...**

**Goal #1 in my life is...**

**This goal is important to me because...**

**Stops I will take during my pursuit of this goal are...**

**Goal #2 in my life is...**

**This goal is important to me because...**

**Stops I will take during my pursuit of this goal are...**

**This is how I am going to achieve my goals:**



**Frequently Asked Questions:**

**Is there a way I can stop having my period?**

Although there is no natural way to stop having your period, or reduce the number of days/times you have it (you'll have to wait until menopause for that: the ceasing of menstruation) there are a few ways you can artificially change your ovulation cycle. In order to avoid pregnancy, some women use the contraceptive pill (or devices such as the Copper T that are worn inside the cervix) to manipulate their ovulation cycle. There are also permanent ways in which a woman can end her ovulation cycle. It's best to discuss the best method with your doctor if you are interested in learning more about how to manipulate your cycle.

**What is a contraceptive device?**

A contraceptive is an agent (or device) intended to prevent conception, that is, getting pregnant. Often referred to as 'birth control,' using a contraceptive is a regimen of one or more actions, devices, sexual practices, or medications followed in order to deliberately prevent (or reduce the likelihood of) pregnancy. The condom (male or female, though female condoms are less common and more expensive) is the most frequently used contraceptive; others include the pill, copper T, and the permanent sterilization methods available for both men and women.

**If I engage in sexual intercourse, is there anything I need to be careful about?**

Whether you have known your partner for a long time, or you have never engaged in sexual activity with him/her, it is imperative you know some of the risks involved with sexual intercourse. Anytime you are intimate with someone, you are sharing bodily fluids and exchanging bacteria in your body. Sometimes, those fluids or bacteria can have viruses or other dangerous things in them; these become Sexually Transmitted Infections (STI) and can lead to serious infection or disease. One of the most dangerous infections spread through sexual activity is HIV, which is the virus that can become AIDS (Acquired Immune Deficiency Syndrome). It is important you know your sexual partner's history and/or protect yourself from potential disease.

**Teacher Feedback:**

What types of discussions and activities went well and worked?

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Which discussions and activities were not received well?

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What are some recommendations you have for future lessons?

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**Survey Questions/Results:**

This manual was compiled as one response to data from a survey given to 72 girls at the Viveka School of Excellence in Sargur, India. In the survey, data was collected from a series of questions, many of which asked the girls of the school about their knowledge and comfort discussing menstruation and sexual reproduction. For the younger girls (6<sup>th</sup> and 7<sup>th</sup> Standard girls), their questions were limited to: inquiring about their exposure to menstrual information and whether or not they feel prepared and comfortable enough to discuss their first menstrual period (i.e. Questions 1-13). The older girls (8<sup>th</sup>-10<sup>th</sup> Standard girls) were asked the same first 13 questions, but were additionally prompted to answer questions about their prior knowledge and comfort levels in discussing sexual reproduction, sexually transmitted infections (like HIV/AIDS) and contraceptive devices (i.e. Questions 1-20).

While the results may not appear *shocking*, they did stir conversation regarding the kind of information students at the Viveka School of Excellence are getting, or rather, not getting. From the statistical data, and with the advice and suggestions from the female teachers from an earlier “teacher survey” and conversation, I have compiled this manual to achieve three goals. 1) to provide the female teachers (and perhaps, all teachers someday) with lesson content they can share with students as girls begin asking question or needing any direction regarding puberty and their changing bodies 2) to direct information about girls’ adolescence in a targeted way, providing ‘grade-specific’ and appropriate information and 3) to create a sustainable program for the Sargur community at the Viveka School of Excellence; I want this manual to act as the platform for further discussions, information distribution, and activity suggestions. At the end of each section, there is space for teachers to make comments and provide feedback. I urge teachers to mark down which activities went well, and what things should be changed for the future. In no way is this a permanent curriculum fixture, and in fact it should be treated as a temporary guide. My hope is that all girls begin to feel more comfortable knowing about and discussing the issues of puberty, menstrual health and hygiene, and sexual reproduction – all normal changes for all girls age 9-19.

Additionally, this compilation of data was constructed for the use of one community: Sargur, Karnataka, India. However, its purpose and content is appropriate for several regions and schools across both southern India and the country. Please, feel free to use this manual as a sample or example for other curriculum or program designs regarding the same/or similar topics. My hope is that India, as well as countries all over the world, will start addressing this issue – as it continues to provide problems for females all over the globe.

Included, you will find a copy of the original survey given to the 6<sup>th</sup>-10<sup>th</sup> standard girls (originally conducted on 17 November 2011). This survey will 1) provide something the school can administer again if they would like updated data based

upon the same questions and 2) reflect the actual questions from which the data was generated.

Thank you,  
Sarah Walton  
December 2011

**Girls Survey**  
**Viveka School of Excellence**

1. What grade are you in?

\_\_\_\_\_ 6th Standard    \_\_\_\_\_ 7th Standard    \_\_\_\_\_ 8th Standard

\_\_\_\_\_ 9th Standard    \_\_\_\_\_ 10th Standard    \_\_\_\_\_ Don't Know

2. What are your thoughts on your changing body ["puberty"]?

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3. Have you experienced your first menstrual period?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

4. Did you know about menstruation before you experienced your first period? If you have not reached menarche yet, do you know about periods and what to expect when you begin?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

5. Do you feel prepared for your monthly periods?

\_\_\_\_\_ Yes, I keep a cloth or napkin on me at school

\_\_\_\_\_ Yes, I know where to access what I need

\_\_\_\_\_ Yes, I know what to expect    \_\_\_\_\_ No, I feel unprepared

\_\_\_\_\_ I don't know what this is

6. Where did you first get information about menstruation and/or your changing body?

\_\_\_\_\_ Mother    \_\_\_\_\_ Grandmother    \_\_\_\_\_ Older Sister

\_\_\_\_\_ Other Family Member    \_\_\_\_\_ Teacher    \_\_\_\_\_ Friend

*Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably*

\_\_\_\_\_ Other

7. What would you still like to know about menstruation and/or your monthly period?

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8. What do you use for menstrual hygiene during your monthly period?

\_\_\_\_\_ Cloth \_\_\_\_\_ Sanitary Napkin/Pad

\_\_\_\_\_ Other \_\_\_\_\_ Unsure \_\_\_\_\_ No Need

9. If you use a cloth, what is it made of? \_\_\_\_\_

How often do you change/wash it a day?

\_\_\_\_\_ 0 Times \_\_\_\_\_ 1-2 Times \_\_\_\_\_ 3-5 Times

\_\_\_\_\_ More Than 5 Times

Where do you dry it? \_\_\_\_\_

What are your washing methods? \_\_\_\_\_

Do you feel comfortable washing your cloth? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Unsure

10. If you use a napkin/pad, how many times do you change it in a day?

\_\_\_\_\_ 0 Times \_\_\_\_\_ 1-2 Times \_\_\_\_\_ 3-5 Times

\_\_\_\_\_ More Than 5 Times

Where and how do you dispose of your napkin/pad? \_\_\_\_\_

Do you feel comfortable disposing it there? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Unsure

11. What is your mental/physical experience like a few days before your period?

Do you experience stomach or lower back pain? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably*

\_\_\_\_\_ Unsure  
Do you feel unusually tired or fatigued? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Unsure  
Can you concentrate on work and tasks normally? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Unsure  
Other Issues? \_\_\_\_\_

12. How comfortable do you feel about approaching someone to discuss menstruation issues, either at home or at school?  
\_\_\_\_\_ Very Comfortable \_\_\_\_\_ Comfortable \_\_\_\_\_ Indifferent  
\_\_\_\_\_ Uncomfortable \_\_\_\_\_ Very Uncomfortable \_\_\_\_\_ Don't Know

13. Are you aware of other physical changes occurring in your body? Can you name some of these changes?

\_\_\_\_\_

Do you think these changes in your body are connected to menstruation and you starting your period?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

14. What do you know about sexual reproduction? Please explain:

\_\_\_\_\_

15. How familiar are you with sexually transmitted diseases? \_\_\_\_\_ Familiar  
\_\_\_\_\_ Unfamiliar

16. What is HIV/AIDS to you? \_\_\_\_\_

17. Do you know what a contraceptive is? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Unsure

18. Can you list contraceptives that you know of? \_\_\_\_\_

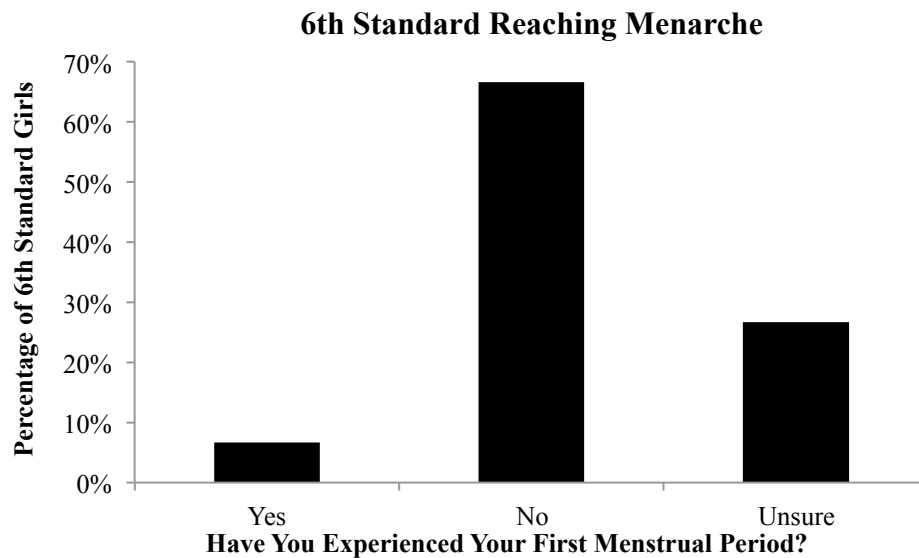
19. What would you still like to know about sexual reproduction?

\_\_\_\_\_

20. How comfortable do you feel about approaching someone to discuss sexual reproduction questions, either at home or at school?  
\_\_\_\_\_ Very Comfortable \_\_\_\_\_ Comfortable \_\_\_\_\_ Indifferent  
\_\_\_\_\_ Uncomfortable \_\_\_\_\_ Very Uncomfortable \_\_\_\_\_ Don't Know

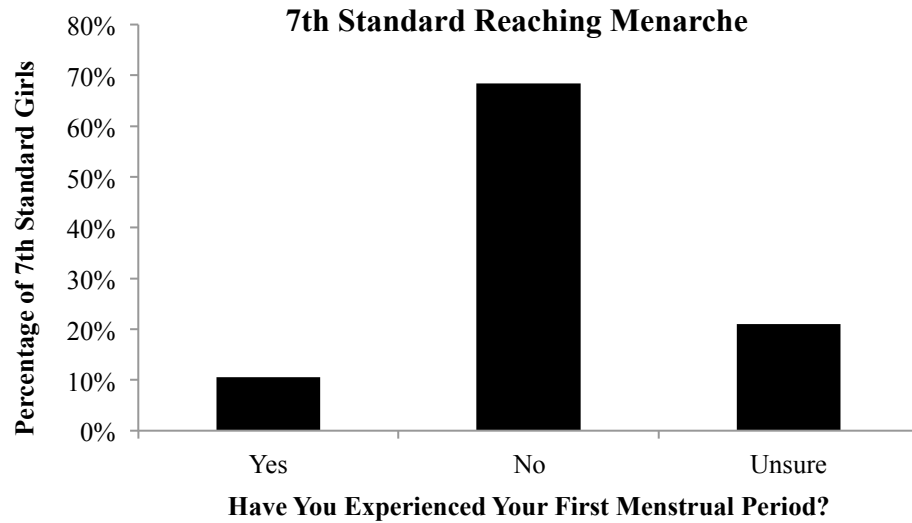
Please write any other personal questions or comments regarding any of these topics on the bottom of this page.

Question #3: "Have you experienced your first menstrual period?"



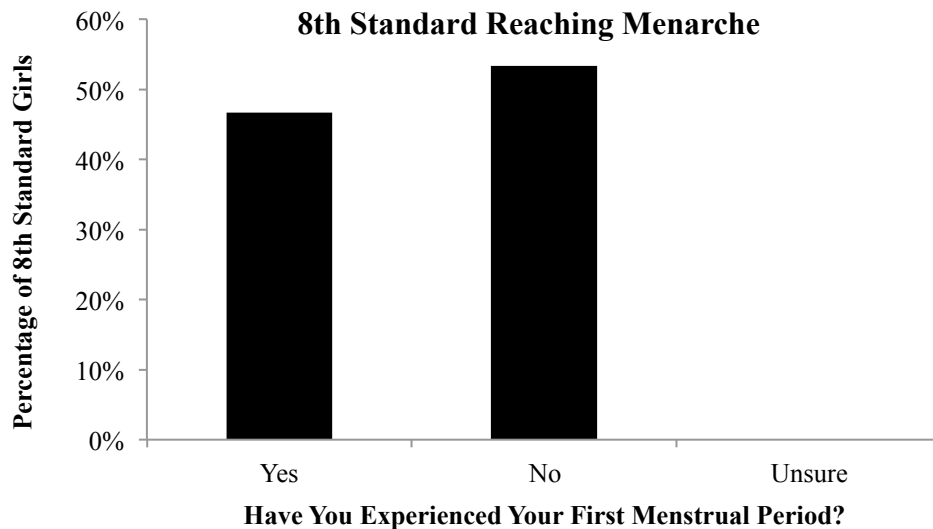
Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.

One 6th Standard girl has reached menarche. She uses a cotton cloth, and changes it 1-2 times a day, according to the survey. She feels comfortable washing it, but did not comment how comfortable she feels disposing of it, or approaching someone about it in general.



Source: “Girls Survey,” distributed and collected 17 November 2011, by Sarah Walton.

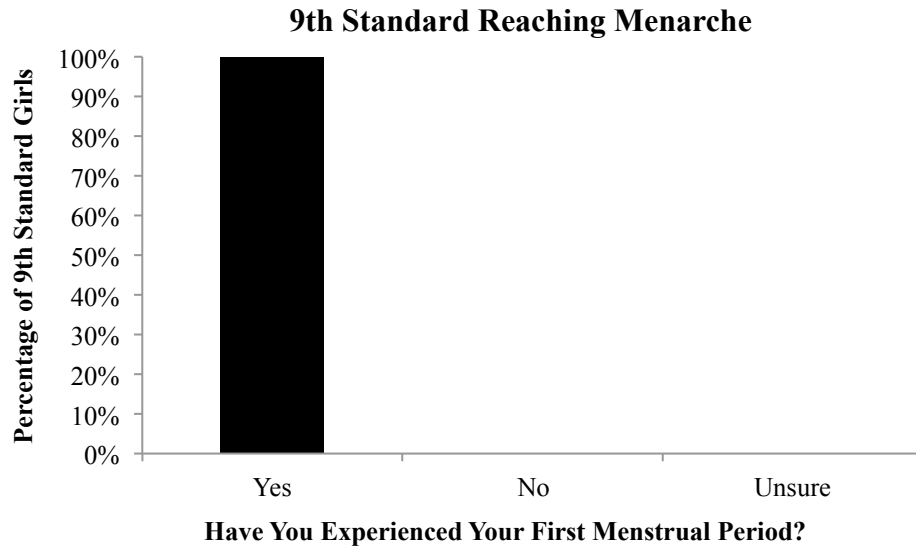
Two girls in the 7th Standard have reached menarche. Both girls stated that they knew about menstruation before they got their first period, and that they are prepared for it when they go to school. Both girls use sanitary napkins/pads, and change them 1-2 times a day. They also feel comfortable disposing their pad where they do; although, they did not include a description of where that is. However, one of the girls also uses cloth too, and mentioned she washes that 1-2 times a day.



Source: “Girls Survey,” distributed and collected 17 November 2011, by Sarah Walton.

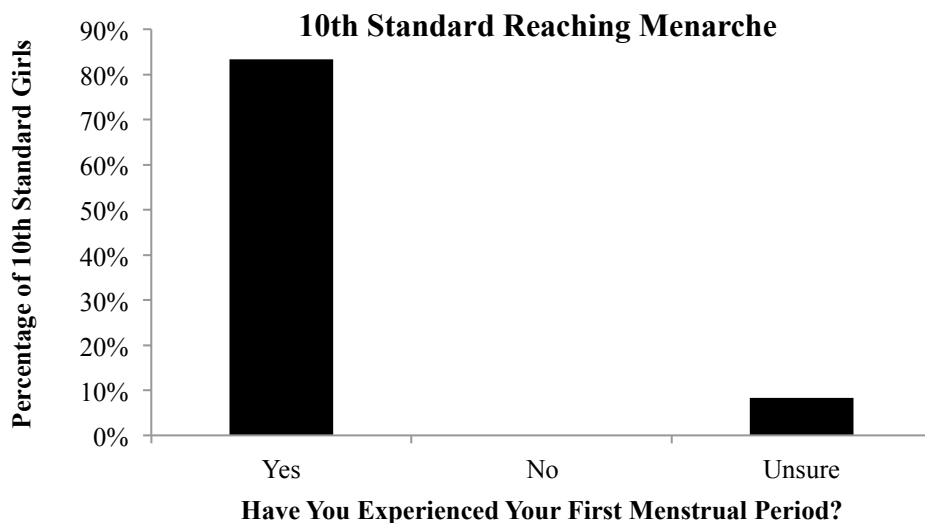
In the 8th Standard, 7 girls out of 15 (so nearly 50%) have reached menarche. Of those 7 girls, every single one uses sanitary napkins/pads. However, only 33% of

all girls, which assuming nearly 50% have had their first period, feel prepared for it each day. Only 15% of the girls feel comfortable approaching someone regarding menstruation issues. 31% of the girls are either "uncomfortable" or "very uncomfortable" when approaching someone about menstruation issues.



Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.

100% of 9th Standard girls have had their first period. One of these girls had no information about menstruation or reaching menarche before she got her first period. Even though 100% of the girls feel prepared for their monthly periods, 100% of girls said they feel "uncomfortable" approaching someone to discuss menstruation issues, according to the survey.



Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.

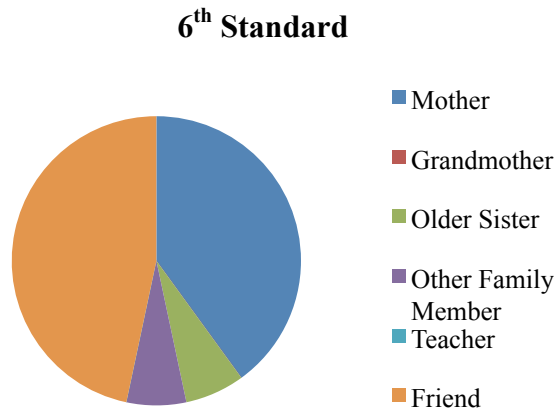


*Teacher Empowerment: How to Handle Girls Adolescent Education Sustainably*

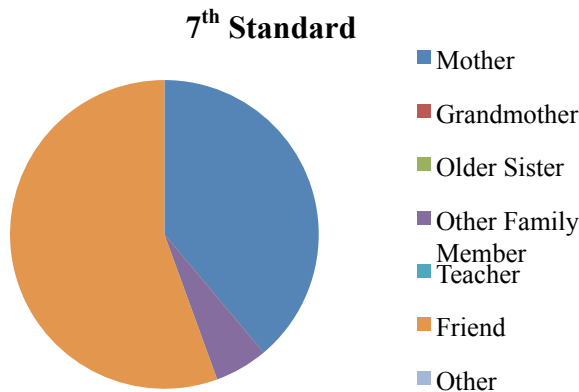
From the survey, 83% of 10th standard girls marked that they had attained menarche. 75% of girls said they knew about menstruation before it happened; however, (2 girls) 17% said that they did not. 42% of girls mentioned sentiments of "hating" to discuss menstruation issues and said they feel "uncomfortable" approaching someone to talk about menstruation. More girls felt comfortable approaching someone to talk about sexual reproduction than they do to discuss menstruation issues, according to the survey: 42% feel "comfortable." Only 1 girl knew what contraceptives were from the 10th Standard and 3 girls (25%) were familiar with "STDs/STIs."

Question: #6

"Where did you first get information about menstruation and/or your changing body?"



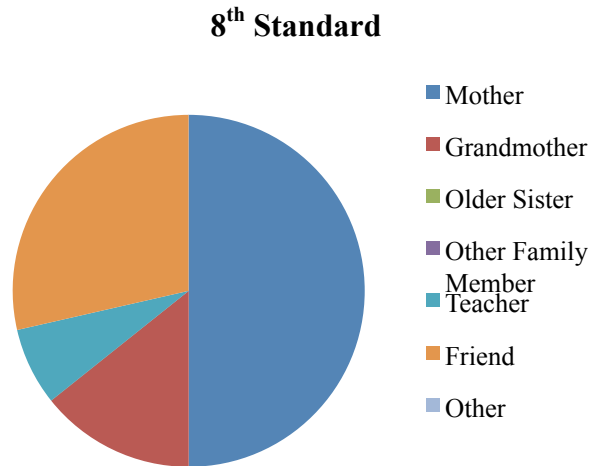
Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.



Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.

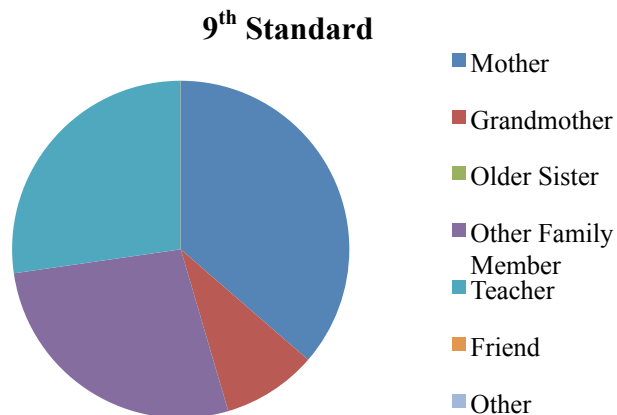
In the 6<sup>th</sup> and 7<sup>th</sup> Standards, most girls get their information from friends, 47% and 53%, respectively. Although, in both grade levels, several girls still get information from their mothers about menstruation and their changing bodies.

However, as girls get older, the amount of information girls get from their friends reduces.



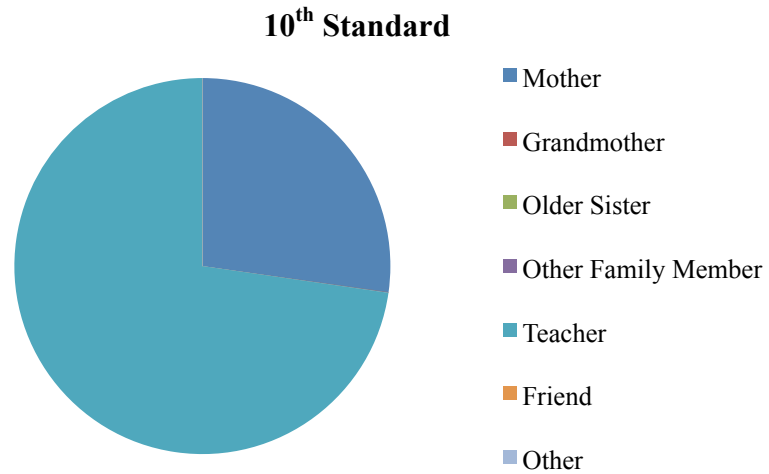
Source: “Girls Survey,” distributed and collected 17 November 2011, by Sarah Walton.

In the 8<sup>th</sup> Standard, 54% of girls first got information about menstruation and their changing bodies from their mothers.



Source: “Girls Survey,” distributed and collected 17 November 2011, by Sarah Walton.

By the 9<sup>th</sup> Standard (the grade at which 100% of girls had attained menarche) the teachers begin having a bigger influence of disseminating information about menstruation and changing bodies to young girls at the school. As shown in the graph above, now it is the mothers and teachers who provide information to the girls the most, 36% and 27%, respectively.



Source: "Girls Survey," distributed and collected 17 November 2011, by Sarah Walton.

By the 10<sup>th</sup> Standard, 73% of girls said they got their first information regarding menstruation and their changing bodies from their teachers at school. This transition between information dissemination identifies a needed communication relationship between mothers and teachers in the Sargur community.

### **Conclusions and References:**

No matter where she is located in the world, a girl had the right to know about menstrual and early reproductive health, not only for her sake, but for the safety of her family and community as well. There are several outlets from which a girl can get her information, but given that so many young girls begin discussing issues of menstruation and their developing bodies with friends at least two years before getting any formal education on the topics, schools should begin introducing the topics earlier. Especially since so many older girls rely on their teachers for guidance and information on menstrual health and preparedness, a relationship between female teachers and mothers is critical for sustainable information diffusion.

According to Dr. Varina Tjon A. Ten, in her essay entitled *Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals*, many goals are never going to be addressed thoroughly if female menstrual health and hygiene information dispersal continues to sit on the backburner. People need to make menstrual knowledge and preparedness a priority for young girls, especially in developing areas, because without making it an area of concern, many challenges will continue to press forward and the Millennium Development Goals – at the forefront of so much planning – will be wasted goals. She names the relevant Millennium Development Goals (MDG) to menstrual hygiene as the following:

**MDG 2:** Achieve universal primary education

- Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

**MDG 3:** Promote gender equality and empower women

- Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015.

**MDG 5:** Reduce maternal mortality by three-quarters

- Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

- Target: Improve Reproductive Health for All by 2015.

**MDG 7:** Ensure environmental sustainability

- Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.

**MDG 8:** Develop a global partnership for development

- Target 17: In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

- Target 18: In co-operation with the private sector, make available the benefits of new technologies.

The truth is, without adequate education, girls are dropping out of school, losing out on both personal and economic opportunities, getting infections, unable to afford basic sanitary napkins or products, and are unsure of how to deal with menstruation – thus creating problems for their own bodies and the environment around them. With proper educational materials and community support, menstruation does not have to be a problem; it can be, what it has always been, a natural life process, manageable by all females all over the world.

**For more information or for contextual references, please visit:**

[http://kidshealth.org/teen/sexual\\_health/girls/menstruation.html#](http://kidshealth.org/teen/sexual_health/girls/menstruation.html#)

[http://teenadvice.about.com/od/yourbody/a/teen\\_questions\\_about\\_periods.htm](http://teenadvice.about.com/od/yourbody/a/teen_questions_about_periods.htm)

<http://comfyclothpads.com/pages/washing-cloth-pads.php>

<http://www.mayoclinic.com/health/sweating-and-body-odor/DS00305/DSECTION=causes>

Doctor Questions from:

<http://womenshealth.about.com/od/periodfaqs/f/seedocperiod.htm>

Hygiene Tips from: <http://grehluxmi.blogspot.com/2008/10/menstrual-hygiene.html?zx=54839270b3da62fe>

[http://www.wsscc.org/resources/resource-publications/menstrual-hygiene-neglected-condition-achievement-several-mdgs \](http://www.wsscc.org/resources/resource-publications/menstrual-hygiene-neglected-condition-achievement-several-mdgs)

Philippa, Jilly S., “MHM Practices (Sanitary Napkin Usage and Disposal) Among Girls in Tiruchirappalli District – A Public Health Issue,” Public Health in India, Chidambaranathan, C., and Mary, I. Jenitta, Aavishkar Publishers, Distributors: Jaipur, 2011.

Rani, Angel, “Women and Reproductive Health,” Public Health in India, Chidambaranathan, C., and Mary, I. Jenitta, Aavishkar Publishers, Distributors: Jaipur, 2011.