

Society Myths, Taboos and Restrictions on the Adolescent Girls During Menstruation in Kumaun Division of Uttarakhand

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ABSTRACT

Background: Adolescence is a changing period from childhood to adult life. Menstruation is a normal physiological phenomenon that women and adolescent girls experience every month. During puberty, hormonal, psychological, cognitive and physical changes occur simultaneously and interactively making physiological development a challenge that adolescents have to face, with emotional, social and behavioral dimensions. **Objective:** 1. To assess the taboos and restrictions on the adolescent girls during the menstruation. 2. To highlight the societal myths and misconceptions surrounding menstruation that contributes to these restrictions. **Methodology:** A descriptive study was carried out in Kumaun division of Uttarakhand, India. There were 80 adolescent girls selected through purposive sampling for the study. Data was collected by survey method using self-administered schedule and analyzed by central tendency. **Results:** In the present study it was found that girls faced various types of myths and restrictions by family and society. The study revealed that 66.25% adolescent girls believe that menstruating girls are impure. And 78.75% girls agreed with washing off their hair during periods increases the menstrual flow. There were 97.5% of respondents restricted that menstruating girls should not participate in religious ceremonies. **Conclusion:** There is need to come out from society myths and restrictions and need of educational drive for bringing changes also.

Keywords: Adolescence, Menstruation, Taboos and Restriction, Myths

INTRODUCTION

Adolescence is a changing period from childhood to adult life. Menstruation is a normal physiological process that women and adolescent girls experience every month. During puberty, hormonal, psychological, cognitive and physical changes occur simultaneously and interactively making physiological development a challenge that adolescents girls have to face, with emotional, social and behavioral dimensions. Alam *et al.* (2013) found in his study that average age of achieving menarche was 12 years while 98% of girls started menstruation before age 14.

Menstruation is tabooed or stigmatized in many parts of the world, especially in low-and middle-income countries in Asia and Africa (Bhartiya, 2013). Despite its

universality, menstruation remains a subject shrouded in stigma and cultural taboos, particularly in many regions of South Asia, including the Kumaon region of Uttarakhand, India. In these communities, menstruating girls often face various restrictions that limit their participation in daily activities, social gatherings, and religious practices. Such restrictions and misconceptions are deeply rooted in their society which in turn adversely affect the physical and mental well-being of adolescent girls.

Instead of being accepted as a natural biological process be an indication of a girl's entry into adulthood, for many women and girls, menstruation is associated with restrictions, shame and superstitious beliefs. Menstruating girls and women are taught to suffer in silence during menstruation; many restrictions are imposed

on them and menstrual hygiene practices are poor (Amatya *et al.*, 2018). In most societies, menarche is an evidence of developing sexuality in a girl. However, a substantial body of literature suggests that menarche and menstruation are mainly negatively perceived and experienced by girls (Burrows and Johnson, 2005).

The available literature indicates that hygienic practices related to menstruation are hardly observed. Traditional benchmarks and beliefs, socio-economic conditions, and physical infrastructure, influence practices related to menstruation. For instance, Bharadwaj and Patkar (2004) reported that as cultural traditions menstruating women abstain from cooking and salting food. Even there is a separate entrance door for her to use. A menstruating woman has to make her own food and eat separately. These practices prohibit girls and women from fully participating in society. These restrictions affect the management of menstruation. Further, practical needs related to managing menstruation are not addressed appropriately and the girls are left with very few or no choices but to use and re-use rags (Shukla, 2005).

Dasgupta and Sarkar (2008) revealed in their study that 33.82% girls did not perform any household work and 50% girls did not eat certain foods such as sour foods, pickles etc. Study also revealed that 70.59% girls did not attend any religious occasion and 50% girls did not eat certain vegetable such as banana, radish and palm. Sapkota *et al.* (2013) found in their study that 25.0% girls did not allowed to touch male family member and also found that 58.4% did not allowed to cook. They also reported that 58.4% of respondents were not allowed to visit temples. Amatya *et al.* (2018) reported that half of the participants *i.e.* 50% lived in a livestock shed during menstruation, ate outside their home and defecated in open spaces.

The present study aims to explore the taboos and restrictions surrounding menstruation among adolescent girls in the Kumaon region, focusing on their experiences. By examining the knowledge gaps and challenges faced by these girls, the research seeks to highlight the urgent need for educational initiatives that can empower them to manage their menstruation without stigma or limitations. Through a quantitative approach involving 80 adolescent girls from Lohaghat block of Champawat, Uttarakhand. The study aims to provide insights into the prevailing attitudes towards menstruation and to advocate for a shift in societal perceptions that will promote better menstrual

hygiene practices and overall health outcomes for girls in the region.

Objectives:

The objectives of this study are:

1. To assess the taboos and restrictions faced by adolescent girls during menstruation in the Kumaun region of Uttarakhand.
2. To highlight the societal myths and misconceptions surrounding menstruation that contribute to these restrictions.

METHODOLOGY

The present study involved a descriptive approach aimed at assessing the taboos and restrictions faced by adolescent girls during menstruation in the Kumaon region of Uttarakhand. The study focused on understanding the knowledge, conceptions, and misconceptions regarding menstruation among participants. The key components of the methodology designed to provide insights into the cultural beliefs surrounding menstruation among adolescent girls are as follows:

Participants:

A total of 80 adolescent girls were selected through purposive sampling. The participants were divided into three age groups, primarily consisting of school-going and college-going girls.

Data Collection:

Data was collected using a self-administered schedule, which included questions about the participants' experiences and beliefs related to menstruation. The survey aimed to gather information on whether the girls restricted their activities, food, or socialization during their menstrual periods.

Analysis:

The collected data was analyzed using measures of central tendency to summarize the findings and draw conclusions about the participants' beliefs and experiences regarding menstruation.

RESULTS AND DISCUSSION

The research findings indicated that there were not only deficits in knowledge among adolescent girls but

also faced the restrictions during menstruation.

The Table 1 showed that 19.99 % girls were in the age group of 13-15 and 52.5% girls belonged to age group 16-18 and 27.5% girls belonged to late adolescent. Dasgupta and Sarkar (2008), study also showed that the age of menstruating girls ranged from 14 to 17 years, maximum (76.25%) number of girls being between 14 and 15 years of age group.

Table 1 : Age group of respondents			
Sr. No.	Age Group	Frequency	Percentage (%)
1.	13-15	16	19.99
2.	16-18	42	52.5
3.	19-21	22	27.5
	Total	80	100

In the present study, 1.25% girls were studying in junior school, 20% girls were studying in high school, 41.25% girls were studying in intermediate while 35% girls were studying in graduation (Table 2).

Table 2 : Education qualification of respondent			
Sr. No.	Class	Frequency	Percentage (%)
1.	Junior school	1	1.25
2.	High school	16	20
3.	Intermediate	33	41.25
4.	Graduation	28	35
	Total	80	100

In the present study maximum respondents (96.25%) belongs to Hindu religion while 3.75% respondents belong to Muslim community (Table 3). Dasgupta and Sarkar (2008) also observed 95% Hindu and 5% Muslims girls in their study.

Table 3: Religion of respondent			
Sr. No.	Religions	Frequency	Percentage (%)
1.	Hindu	77	96.25
2.	Muslims	03	3.75
	Total	80	100

According to Table 4 maximum (72.5%) respondents' father had occupation in agriculture and

Table 4 : Occupation of respondent's Father			
Sr. No.	Occupation	Frequency	Percentage (%)
1.	Govt. Employee	18	22.5
2.	Business	4	5
3.	Agriculture and Dairy	58	72.5
	Total	80	100

dairy followed by government services (22.5%) while very less (5%) were engaged in business.

In the present study maximum 68.75% mother of respondents were house wife and 28.75% were engaged in agriculture and dairy while 2.5% mothers were government employee (Table 5).

Table 5 : Occupation of respondent's Mother			
Sr. No.	Occupation	Frequency	Percentage (%)
1.	Govt. Employee	02	2.5
2.	Agriculture and Dairy	23	28.75
3.	House Wife	55	68.75
	Total	80	100

Table 6 showed that majority of respondent (51.25%) living with joint family while 48.75% were living with nuclear family.

Table 6 : Types of family			
Sr. No.	Family types	Frequency	Percentage (%)
1.	Nuclear	39	48.75
2.	Joint Family	41	51.25
	Total	80	100

From Fig. 1, it is observed that family income of 40% of respondents were 5000 to 10,000 which indicate that they were not financially sound while 25% family income was more than 30,000 which indicate their good economic condition.

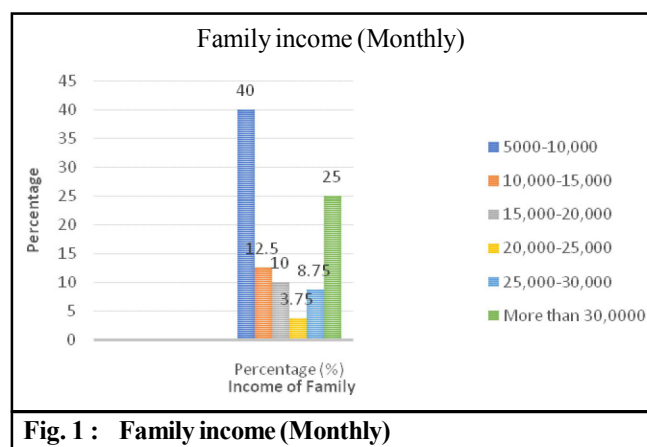


Fig. 1 : Family income (Monthly)

Table 7 revealed that, 70% girls achieved menarche in the early age of 12-14 years. 18.75% girl's menarche occurred in the age of 15-17 years while 11.25% girls did not know. Alam *et al.* (2017) also found in his study that average age of achieving menarche was 12 years while 98% of girls started menstruation before age 14.

Table 7 : Age of Menarche

Sr. No.	Age	Frequency	Percentage (%)
1.	12-14	56	70
2.	15-17	15	18.75
3.	Not Answered	9	11.25
	Total	80	100

From Table 8, it is compiled that Pre-knowledge about menstruation among the respondents was notably present, with 66.25% of the girls reporting that they had some prior knowledge before experiencing menarche. However, 33.75% of the respondents indicated that they had no pre-knowledge about menstruation, highlighting a gap in awareness that could lead to confusion and anxiety during their first experience. Sapkota *et al.* (2013) found in their study that 67% knew about menstruation before menarche.

Table 8 : Pre- knowledge about the menstruation

Sr. No.	Pre- Knowledge	Frequency	Percentage (%)
1.	Yes	53	66.25
2.	No	27	33.75
	Total	80	100

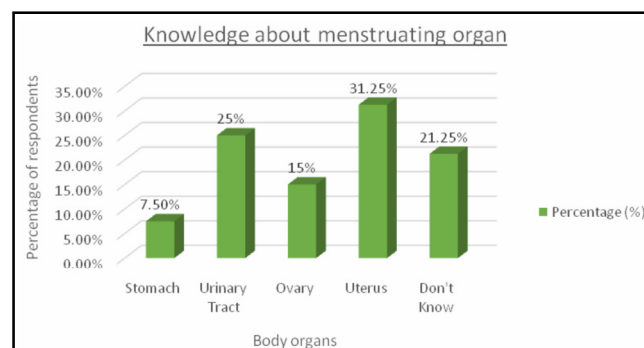
The knowledge about the menstrual phenomenon among the respondents was generally positive, with 97.5% of the girls recognizing menstruation as a normal physiological process (Table 9). However, there were some misconceptions, as 2.5% of the respondents believed that menstruation was a disease rather than a natural occurrence. Overall, while most respondents had a fair understanding of menstruation, the presence of misconceptions and the lack of knowledge among some girls underscore the need for improved menstrual education. Similar findings were also reported by Dasgupta and Sarkar (2008).

Table 9 : Knowledge about menstruation Phenomenon

Sr. No.	Attributes	Frequency	Percentage (%)
1.	Normal Physiological Phenomena	78	97.5
2.	Some Kind of disease	2	2.5
	Total	80	100

The knowledge among respondents regarding the organ from where menstrual blood originates varied. Only 31.25% of the girls correctly identified that origin of menstrual blood is uterus. However, 25% believed it originates from the urinary tract while 21.25% did not

know the correct source of menstrual blood. This indicates a significant gap in understanding the physiological aspects of menstruation, highlighting the need for better education on this topic. Tegegne and Sisay (2014) found in their study that only 27% respondent were aware that menstrual blood comes from uterus (Fig. 2).

**Fig. 2 : Knowledge about the organ from where menstrual blood comes**

The primary sources of information about menstruation for the respondents were family members. Maximum 36.25% of the girls reported receiving information from their mothers followed by sisters (18.75%) teachers (3.75%) and internet and books (10%). This indicates that familial sources play a crucial role in educating girls about menstruation (Fig. 3). Sapkota *et al.* (2013) found in their study that majority of respondent 40% received information about menses from mother followed by sisters and friends 18% each.

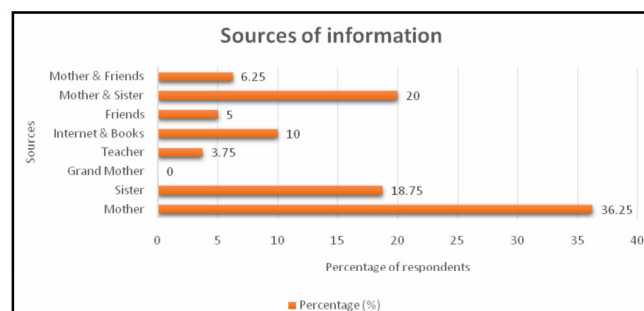
**Fig. 3: Source of information about menstruation**

Fig. 4 showed that the difficulties faced during menstruation among the respondents included a range of physical and emotional challenges. A significant portion of the girls reported to experience stomachaches, with 51.25% indicating this as a common issue. Additionally, 20% faced stomachaches along with leg pain, while 10% reported experiencing multiple types of discomfort,

including stomachaches, back pain, and leg pain. These findings highlight the various challenges that adolescent girls encounter during their menstrual periods, emphasizing the need for better support and education regarding menstrual health management. Sapkota *et al.* (2013) found that almost all 98% suffered from various types of menstrual problems.

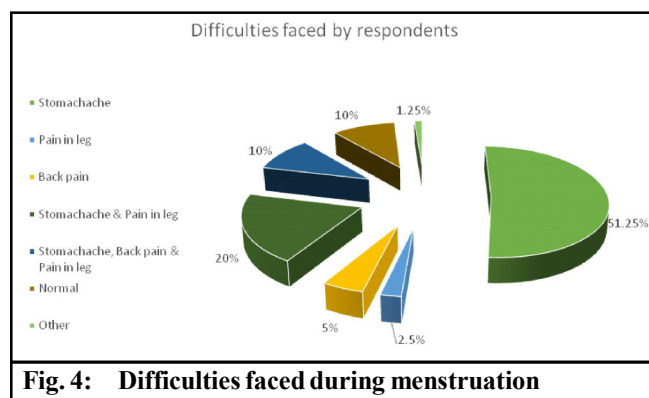


Fig. 4: Difficulties faced during menstruation

Table 10 presents the beliefs and myths surrounding menstruation as reported by respondents in a study involving 80 participants. The table highlights various misconceptions and the percentage of respondents who agree or disagree with each belief as follows:

Majority of responded 66.25% believe that menstruating girls are impure, while 33.75% respondents disagree. And 37.5% adolescent girls think that bathing during menstruation leads to a pause in menstrual flow, whereas 62.5% respondents do not share this belief. Garg and Anand (2015) also concluded in their study that culturally in many parts of India, menstruation is still considered to be dirty and impure. However, scientifically it is known that the actual cause of menstruation is ovulation followed by missed chance of pregnancy that results in bleeding from the endometrial vessels and is followed by preparation of the next cycle. Therefore, there seems no reason for this notion to persist that menstruating women are “impure.”

Maximum 67.5% adolescent girls agreed with eating cold food items during period resulting in cramps, while 78.75% girls agreed that consumption of hot food during menses helps in early cleansing of the uterus. Sabiya (2017) found 30.6% adolescent girls considered eating cold/sour foods during period can cause abdominal and vaginal cramps as true and 54% adolescent girls believed that eating hot food during menstruation helps in early cleansing or expelling out the menstrual blood from the

Table 10 : Facing society myths by respondents

Sr. No.	Beliefs/ Myths	Frequency (N=80)	Percentage (%)
1.	Menstruating girls are impure	Yes 53 No 27	66.25 33.75
2.	Bathing during menstruation leads to pause of menstrual flow	Yes 30 No 50	37.5 62.5
3.	Eating cold food during periods results in cramps	Yes 54 No 26	67.5 32.5
4.	Eating hot food during menstruation helps in early cleansing of the uterus	Yes 63 No 17	78.75 21.25
5.	Cutting of hair or nails during the monthly cycle cause contamination of body	Yes 40 No 40	50 50
6.	Disposal of used sanitary materials by burning leads to infertility	Yes 30 No 50	37.5 62.5
7.	Washing hair during periods increases the menstrual flow	Yes 63 No 17	78.75 21.25
8.	Early menstruation means early menopause	Yes 68 No 12	85 15
9.	Physical activity causes more blood flow during menstruation	Yes 66 No 14	82.5 17.5
10.	Touching the pickles and ghee will spoil them	Yes 78 No 02	97.5 2.5
11.	Eating sour food like- curd, pickles and tamarind, lemon etc. will increase menstrual flow	Yes 77 No 03	96.25 3.75
12.	Touching a lactating cow makes the cow infertile	Yes 71 No 09	88.75 11.25

uterus.

There were 50% girls agreed that cutting of hair or nails during the monthly cycle cause contamination of body, while 50 % girls were not agreeing. Maximum girls (37.5%) belief that disposal of used sanitary materials by burning leads to infertility. And 78.75% girls agreed with washing of their hair during periods increases the menstrual flow. Majority of girls 85% belief that early menstruation means early menopause. Sabiya (2017) revealed in her study that belief/myth that Early Menstruation means Early Menopause was agreed upon by only 19% adolescent girls.

Majority (97.5%) of respondents believe that menstruating girls should not touch pickles and ghee as it will spoil them. 82.5% girls were agreed that physical activity can causes more blood flow during menstruation. Dasgupta and Sarkar (2008) revealed in their study that 33.82% girls did not perform any household work and

physical activity.

This belief is held by 96.25% respondents, indicating a strong consensus among participants that consuming sour foods during menstruation can lead to increase menstrual flow. Dasgupta and Sarkar (2008) also revealed that 50% girls did not eat certain foods such as sour foods. Majority of respondents 88.75% belief that touching the lactating cow will lead to infertility in cow while 11.25% were not agreed.

Table 11 focuses on the restrictions faced by menstruating girls, highlighting various taboos and societal norms that limit their activities during menstruation. The responses from 80 participants strongly revealed significant cultural beliefs that contribute to these restrictions.

The findings from Table 11, illustrate the extensive

Table 11: Facing Restrictions by menstruating girls			
Sr. No.	Taboos/ Restrictions	Frequency N=80	Percentage (%)
1.	Not to touch the holy books	Yes 70 No 10	87.5 12.5
2.	Not allowed to touch the natural water resources	Yes 69 No 19	86.25 23.75
3.	Not to touch the holy plants (Tulsi) and watering to plant	Yes 77 No 03	96.25 3.75
4.	Restrictions on celebrating the religious activities	Yes 78 No 02	97.5 2.5
5.	Restrictions on visiting holy places. (Temple, Dargha)	Yes 76 No 04	95 5
6.	Not allowed to touch other people	Yes 11 No 69	13.75 86.25
7.	Take bath on 3 rd and 5 th day of menstruation	Yes 78 No 02	97.5 2.5
8.	Separate bedding like bedsheet, blanket, and particular old dresses to be used during menses at home.	Yes 64 No 16	80 20
9.	Restriction on entering into kitchen and not allowed to cook food	Yes 70 No 10	87.5 12.5

cultural restrictions imposed on menstruating girls, reflecting deep-rooted societal beliefs and taboos. A significant 87.5% respondent agreed that menstruating girls should not touch holy books while only 12.5% respondents disagreed. Maximum respondents (86.25%) not allowed to touch the water resources (natural springs). 96.25% respondents agreed that menstruating girls should not touch holy plants like “Tulsi” while only 3.75% respondents disagreed. A striking 97.5% of respondents were restricted to participate in religious ceremonies. Alam *et al.* (2017) revealed that 51% responded were not allowed to perform religious activities while Dasgupta and Sarkar (2008) also found that 70.59% girls did not attend any religious occasion. The present study also revealed that 95% of respondents avoid visiting holy places like temple, dargah etc. Sapkota *et al.* (2013) also reported that 58.4% of respondents were not allowed to visit temples.

The present study also showed that 13.75% of respondents were not allowed to touch other people during menstruation. If it happens then cow urine is sprinkled to purify that person. Sapkota *et al.* (2013) also observed that 25.0% girls were not allowed to touch male members of the family. 97.5% respondents agreed to take bath only on the 3rd and 5th days of their menstruation, with only 2.5% respondents disagreed. The present study also revealed that 80% respondents had separate bedding, blankets and old dresses to be used during their period, while 20% respondents were not agreed. Amatya *et al.* (2018) also reported that half of the participants that is 50% lived in a livestock shed, ate outside their home and defecated in open spaces. It is also found that maximum girls (87.5%) were restricted to enter into kitchen and cook food for family. Sapkota *et al.* (2013) also found in their study that 58.4% were not allowed to cook.

Table 12 presents data on the special food provided to girls during menstruation, highlighting dietary practices during menstruation as reported by 80 participants. The findings revealed the cultural beliefs surrounding food consumption during this period.

Table 12: Special food given to menstruating girls			
Sr. No.	Description of Foods	Frequency (N=80) (Yes)	Percentage (%)
1.	Hot Tea with butter/ ghee	60	70.5
2.	Hot Soup (vegetable soup and Kadha)	50	62.5
3.	Green Vegetables	50	62.5
4.	Non-veg (eggs and meat)	15	18.75
5.	Normal food (rice, pulse, Chapati and vegetable etc.)	68	85

A majority (70.5%) respondents reported that they are given hot tea with butter or ghee during menstruation, indicating a cultural belief in the benefits of warm, fatty foods during this time. Amatya *et al.* (2018) find in their study that most exiled girls (97.4%) were restricted from eating dairy products. There were 62.5% respondents mentioned that they are provided hot soup, which is often considered soothing and nourishing during menstruation. Also, 62.5% respondents indicated that they consume green vegetables, which are generally regarded as healthy and beneficial for overall well-being. Dasgupta and Sarkar (2008) revealed that 50% girls did not eat certain vegetable such as banana, radish and palm. Only 18.75% respondents reported being given non-vegetarian foods like eggs and meat while others believed that such food can aggravate the menses thus suggesting that there may be restrictions or cultural taboos against consuming such foods during menstruation. The majority of participants 85% indicated that they are typically given normal food during their menstrual period, which may not include any special dietary considerations.

These findings reflect the cultural practices and beliefs regarding food during menstruation, emphasizing the need for educational initiatives to address misconceptions and promote better dietary practices for menstrual health.

Discussion:

Menstruation related socio-cultural and religious practices are sensitive issues in parts of mountain region and little is known about women's perspectives on these menstrual practices. This study is one of the first studies to highlight perceptions of girls and women on socio-cultural practices and restrictions surrounding menstruation. The result showed that all responded were aware of menstruation, over all there was a good knowledge about menstruation, although there is still considerable scope for improvement of attitude on taboos related to menstruation.

Most of the adolescents reported that they avoided visiting social gatherings and did not practice religious rituals. There were two opinions regarding attending social gatherings. A majority said that they did not feel like visiting people, entertaining them, or attending any social gatherings for fear of stained clothes and social behavior. Some reported that female members of the family restricted their socialization during this period. These restrictions are not only limited to attending social

gatherings, but include other restrictions as well, for example, avoid touching pickle container because the pickle may go bad or get fungus, avoid watering plants and touching a holy plant.

Menstruation is not mentioned in most social gatherings and even though many knew that it was a physiological process, some thought of it as a curse from God. Like other normal physiological processes, that may include pregnancy, birth, birth spacing, the process of menstruation has many misconceptions attached to it and this could be the reason why it is misinterpreted and misunderstood among peoples and cultures.

Overall, these findings underscore the urgent need for educational initiatives aimed at challenging these misconceptions and promoting a better understanding of menstrual health and rights. By addressing these cultural taboos, it is possible to empower menstruating girls and improve their overall well-being and social inclusion.

Conclusion:

Thus, it can be concluded that significant cultural taboos and restrictions surrounding menstruation faced by adolescent girls in the Kumaon region. The findings reveal a pervasive set of beliefs that not only stigmatize menstruation but also impose various limitations on the daily lives of these girls, affecting their social interactions, dietary practices, and participation in religious and cultural activities. Despite a general awareness of menstruation, there remains a considerable gap in understanding and addressing the misconceptions associated with it.

The study underscores the urgent need for educational initiatives aimed at empowering girls to manage their menstruation without stigma or limitations. By challenging these cultural beliefs and promoting better menstrual hygiene practices, it is possible to improve the overall health and well-being of adolescent girls in the region, fostering a more supportive environment for their development and participation in society.

Recommendations:

The study recommends the following actions to address the taboos and restrictions faced by adolescent girls during menstruation:

1. **Educational Initiatives:** Implement educational programs at home, schools, and community health centers to improve knowledge about menstruation and dispel myths associated with it. This should include sessions for mothers to

- pass on accurate information to their daughters.
2. **Community Engagement:** Involve local communities in discussions about menstruation to challenge existing superstitions and promote a more positive understanding of this natural process. Engaging male family members in these discussions can also help foster understanding and support.
 3. **Supportive Policies:** Advocate for policies that promote menstrual health and hygiene in schools, including the provision of sanitary products and facilities for proper disposal. Schools should also create a supportive environment where girls feel comfortable discussing menstruation.
 4. **Research and Monitoring:** Encourage further research to explore the long-term impacts of cultural beliefs on the health and well-being of menstruating girls. Monitoring changes in attitudes and practices over time can help assess the effectiveness of educational initiatives.
 5. **Involvement of Health Professionals:** Involve healthcare providers in educational efforts to ensure accurate information is disseminated. Workshops and seminars led by health professionals can help demystify menstruation and provide practical advice on menstrual hygiene management.

By implementing these recommendations, it is possible to improve the overall health and well-being of adolescent girls in the Kumaon region and promote a more informed and supportive community regarding menstruation.

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