EXPLORING MENSTRUAL HYGIENE PRACTICES, KNOWLEDGE, AND CULTURAL INFLUENCES AMONG TRANSITIONED-AGED YOUNG WOMEN IN THE SIDDI TRIBAL COMMUNITY: A QUALITATIVE ANALYSIS

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ABSTRACT

Background: Menstruation is considered a universal experience, but transition-aged youth in tribal communities often remain critically underinformed about menstrual hygiene. The pervasive influence of cultural taboos and misinformation, coupled with inadequate access to essential facilities and sanitary products, exacerbates health risks and emotional distress. **Aim:** This study aimed to explore menstrual knowledge, attitudes, and practices among transitioned-aged young women in the Siddi tribe. **Methods and Materials:** The study employed an exploratory design with purposive sampling of 32 participants from the Siddi tribal community in Yellapur Taluka, Karnataka. Data were collected through semi-structured interviews and analyzed thematically to uncover key themes. **Results:** Thematic analysis yielded four principal themes: access to menstrual hygiene products, hygiene practices, privacy and facilitation, stigma and myths, health and wellbeing, and menstrual knowledge and awareness. Within these overarching themes, several sub-themes were accentuated, supported by direct verbatims from the interviews, providing nuanced insights into the participants' experiences. **Conclusion:** The study revealed low menstruation-related knowledge among Siddi tribal women, with menarche typically starting at age 14. Early marriage is common, with 62.5% of transitioned-aged women already married, contrasting with other tribes where marriage often occurs later. Many women have poor understanding of menstruation, relying on misinformation from friends and family, which

contributes to health issues. Menstruation remains taboo, influenced by cultural and religious factors, with common rituals and inadequate hygiene practices. Many women use reusable clothes under poor conditions, raising health risks. These findings emphasize the need for targeted interventions to enhance menstrual health education, accessibility, and cultural sensitivity within the Siddi community, fostering improved psychological well-being.

Keywords: *Menstruation, Siddi Tribe, Awareness, Hygiene Practice, Targeted intervention.*

INTRODUCTION

Transition-aged youth (15-29 years) confront several transitional challenges (Dar & Sobhana, 2024). This transitional period is marked by menarche, a significant milestone often surrounded by traditions, myths, and misconceptions within Indian culture. Menstruation is a fundamental aspect of a woman's life, perceived differently across various social and cultural landscapes. Despite being a routine biological function, it continues to be cloaked in stigma, taboos, and secrecy (Mudi et al., 2023). Pervasive myths, such as the prohibition of entering religious spaces, designate women as impure, leading to their exclusion from worship and imposition of various domestic restrictions, including cooking and handling certain foods. These taboos, seldom confronted in public or private discourse, foster misconceptions and insufficient menstrual preparedness. The consequent psychological distress and societal constraints on daily life are acutely observed in rural and tribal areas, notwithstanding gradual changes among urban, educated populations (Upashe et al., 2015). The insufficient management of menstrual hygiene (MHM) is a global issue, particularly in low- and middle-income countries, where individuals frequently lack the requisite knowledge, confidence, and skills to manage their menstrual health effectively. (Garg & Anand, 2015). Maintaining MHM is vital for the health and dignity of menstruating women. Effective MHM requires access to basic amenities, including clean absorbent materials, water, soap, and private sanitation facilities. The selection and proper use of menstrual absorbents are crucial, as inadequate MHM can lead to serious health issues, such as genital and urinary tract infections. As per the World Health Organization (WHO), 1.7 billion people globally lack access to basic sanitation, compelling many women to resort to unsanitary materials due to insufficient awareness and the high cost of menstrual products. (WHO, 2023). A study carried out in Odisha found a strong association between the increased occurrence of reproductive tract infections (RTIs) and poor menstrual hygiene, emphasizing the broader health and economic consequences. (Torondel et al., 2018). Open communication about menstrual hygiene management (MHM) is vital, as inadequate MHM hinders the progress of several Sustainable Development Goals (SDGs), particularly those related to gender equality, education, and economic participation. Understanding and improving MHM is essential not only for individual well-being but also for the advancement of broader societal objectives. Despite its significance, menstrual hygiene remains a neglected issue, requiring greater attention and action to ensure women's health, empowerment, and overall societal progress.

In India, social group affiliation critically influences access to resources, with marginalised groups such as Scheduled Castes (SC) and Scheduled Tribes (ST)

consistently lagging in socioeconomic development and health outcomes (Ram et al., 2020). These communities often lack essential information on safeguarding women's health during menstruation, leading to disproportionate susceptibility to preventable reproductive health issues and limited knowledge of hygienic practices. Research in Odisha's tribal districts found that over one-third of adolescent girls use unsanitary materials as menstrual absorbents, with cloth remaining a preferred choice due to its availability and low cost (Mishra, 2020). Significant disparities in menstrual hygiene practices are apparent, as indicated by the National Family Health Survey (2019–21), which shows that 59% of tribal women aged 15–24 use cloth, compared to just 25% of women from the general castes (Ram et al., 2020).

A recent analysis of nationally representative survey data on menstrual hygiene management in India reveals troubling trends. Fewer than 40% of transitioned-aged (15–24years) women use disposable absorbents exclusively, with most relying on reusable materials such as clothes, which can increase health risks (Ram et al., 2020). The study reveals significant disparities driven by personal, family, and community factors. In rural and non-southern regions of India, as well as among women with lower socioeconomic status, less education, and those from tribal and minority communities, the use of disposable absorbents is notably infrequent.

The higher use of disposable absorbents in southern states is attributed to better resources, infrastructure, and higher female literacy. For example, Tamil Nadu schools provide separate toilet and menstrual waste disposal facilities, unlike those in Maharashtra and Chhattisgarh (Sivakami et al., 2019). Rural women have less menstrual hygiene knowledge compared to their urban peers, impacting their practices. Findings of the study revealed that there is more frequent commercial pad usage in urban areas and continued reliance on clothes in rural and tribal regions.

Ram et al., in 2020, reported a particularly low rate of exclusive disposable absorbent use among young women from Scheduled Tribes, with less than a quarter using them compared to nearly half from general castes. Caste identity remains a significant factor in social inclusion and access to resources. Despite policies aimed at improving conditions for lower-caste individuals, the study emphasizes the need to prioritise menstrual hygiene within these efforts. Kumar and his associate have identified a substantial gap in menstrual knowledge and management among tribal women, influenced by access, financial constraints, and cultural practices (Kumar & Srivastava, 2011).

AIM AND OBJECTIVE

This primary objective was to explore the cultural context of menstruation in the Siddi tribal community and address cultural nuances and unique challenges to develop culturally informed interventions and education initiatives that enhance menstrual hygiene and community well-being. The study underscores the crucial role of education, economic status, and regional influences in shaping menstrual hygiene practices.

METHODS & MATERIALS

Data for this qualitative study were collected through interviews and analyzed thematically. The iterative theme analysis method—comprising grouping, coding, identifying, assessing, defining, and reporting themes and sub-themes—transformed unstructured data into meaningful insights (Clarke & Braun, 2017). This approach allowed for the extraction of significant themes by identifying patterns within the data. Purposeful sampling

selected a total of 32 participants, as detailed in Table 1. The limited sample size can be attributed to the isolated nature of the tribal community, where each participant lived approximately ten kilometers apart in the forest.

Eligibility for participation required membership in the Siddi tribal community, willingness to participate, and effective communication skills. Participants were provided with comprehensive information about the study before the interviews, and mutually convenient times were arranged. Additionally, demographic data, including age, gender, and religion, were collected from the participants. This study was conducted with transitional-aged women residing in underprivileged areas of Yellapur Taluk, Karwar district, Karnataka, India, from October 28 to November 6, 2023. It was part of the curriculum for the Honour's Bachelor's program in Public Health and Masters Social Work at the Karnataka State Rural Development and Panchayat Raj University. The Social Work Department organized a ten-day Tribal Camp (RDPRU/02/PHSW/2021) as part of the curriculum, which provided insights into the health, customs, and culture of the Siddi tribal community, with a particular emphasis on menstrual hygiene. Data collection was collected by four female researchers, with each interview lasting a minimum of one hour and thirty minutes. A total of 32 participants were selected through purposive sampling. The right to privacy for participants was rigorously maintained throughout the study. Interviews were conducted in confidential settings without the presence of any additional individuals. Participation was entirely voluntary, with minimal risks involved, and all information shared was ensured to be kept confidential by providing participatory information (PI) forms and consent information sheets (CIS) detailing ethical considerations, including informed consent, confidentiality, and privacy, given the sensitive nature of the topic. These measures ensured that participants understood their rights and the protections for their personal information.

Prior to data collection, the researchers undertook an extensive review of menstrual hygiene practices among tribal communities, with a specific focus on the Siddi tribe due to their comparatively low educational status. The four researchers were trained for data collection procedures, including the administration of semi-structured interviews prior to data collection. The right to privacy for participants was rigorously maintained throughout the study. Interviews were conducted in confidential settings without the presence of any additional individuals. Participants were given consent forms and information sheets detailing the study. The confidentiality of their personal identities was assured.

The interview guide, developed through a comprehensive literature review and translated into the local language Kannada by a specialized translator, included questions such as: "Can you describe what menstruation is and how you learned about it?", "What sources of information or education about menstruation are available to you in your community?", "Do you have access to clean and private facilities for changing and disposal?", and "Have you encountered any myths or taboos related to menstruation, and how do they affect your daily life?" Additional prompts were used to elicit further clarification. The interviews were audio-recorded and transcribed, with an average duration of two hours.

Data analysis included interviews with all 32 participants. For participants who communicated in Kannada, the researcher translated the audio-recorded transcriptions into English. The following steps were employed to analyse the data using thematic

analysis:

1. Thoroughly read the transcripts to ensure a comprehensive understanding of the details.
2. Developed codes based on identified commonalities.
3. Identified all potential themes and sub-themes.
4. Reviewed the identified themes to ensure they accurately represent the dataset.
5. Label the themes with clear and precise descriptions.
6. Articulated the narratives derived from the data analysis in a clear and compelling manner in the final report (Clarke & Braun, 2017).

Before analysis, all information collection involved field notes, observations, reflections, interviews, and audio or visual recordings. Interviews were transcribed to create textual data for analysis. NVivo software was used for data management, coding, and theme generation.

RESULTS

Socio-Demographic Characteristics

Table-1: provides the socio-demographic characteristics of the 32 participants. The majority of participants (53.13%) were late youth, aged 27-29, while 31.25% were emerging youth, aged 23-26, and the remaining 15.63% were early-aged youth (18-22 years). Most participants identified as Hindu (59.4%), followed by Muslim (21.9%) and Christian (18.8%). The majority lived in nuclear families (75%) and were married (62.5%). Notably, a significant number (34.4%) were illiterate, indicating potential barriers to accessing information on menstrual health. Occupation-wise, most participants were housewives (71.9%), and the majority had a monthly family income greater than ¹ 10,000 (50.0%).

Table-1: Socio-Demographic Details of the Participants.

Variable	Category	Number of Participants	Percentage
Age	18–22 years	5	15.6
	23–26 years	10	31.2
	27–29 years	17	53.1
Religion	Hindu	19	59.4
	Muslim	7	21.9
	Christian	6	18.8
Family type	Joint Family	8	25.0
	Nuclear Family	24	75.0
Marital status	Married	20	62.5
	Unmarried	12	37.5
Educational Qualification	Illiterate	11	34.4
	Primary	7	21.9
	Higher Secondary	3	9.4
	PUC	6	18.8
	Degree and above	5	15.6
Occupation	Employed	5	15.6
	Housewife	23	71.9
	Student	4	12.5
Monthly Family Income	< ₹5000	6	18.7
	₹5000 – 10,000	10	31.2
	> ₹10,000	16	50.0

Source: Data Information Sheet & Analysis

Thematic Analysis

The analysis followed Braun and Clarke's (2006) six-phase framework for thematic analysis, ensuring a rigorous approach to identifying, coding, and validating key themes from the data (Nowell et al., 2017; Clarke & Braun, 2017). The interview transcripts were read and re-read to familiarize researchers with the content, noting recurring concepts. A line-by-line coding approach was used to group meaningful text segments into descriptive and interpretative codes. These codes were then organized into broader themes, such as "Access to Menstrual Hygiene Products" and "Menstrual Knowledge." Themes were refined for coherence, and sub-themes were identified for additional detail. Two independent researchers coded the data, achieving high inter-coder reliability (Cohen's Kappa = 0.80) (McHugh, 2012). Participant validation (a subset of participants, n = 5) further enhanced credibility through member checking. The qualitative data were analyzed under six key identified themes: Menstrual Knowledge and Awareness, Access to Menstrual Hygiene Products, Hygiene Practices, Privacy and Facilities, Stigma and Myths, and Health and Well-being.

Theme-1: Menstrual Knowledge and Awareness

Participants exhibited and shared a range of understanding about menstruation, from accurate knowledge to misconceptions. Most relied on family members, particularly mothers, for information, but knowledge was often incomplete.

Sub-theme: Information Sources

Information sources included formal education, community discussions, and family teachings. However, inconsistencies in the depth and accuracy of information across sources affected the participants' understanding.

***Ms. PS shared*:**

"I was not aware of this before going to the hostel; it was my mother who informed me. It was an unexpected and quiet transition into womanhood. Growing up in the Siddi tribal community, discussions about menstruation were rare. It was not something we talked about openly, and information was limited. My mother's guidance became crucial but meanwhile insufficient."

Theme 2: Access to Menstrual Hygiene Products

Participants reported varied experiences regarding access to menstrual products, with some using commercial sanitary pads while others relied on homemade alternatives due to limited availability in their communities.

Sub-theme: Barriers to Access

Barriers to accessing menstrual hygiene products included limited availability in local shops and a lack of awareness about affordable options, particularly within the Siddi Tribal community.

***Ms. MS shared*:**

"It is very difficult to access menstrual hygiene products. Availability in our Siddi community is discouragingly limited. The scarcity in local shops compounds the challenge, making it especially difficult for us in this area."

Theme 3: Hygiene Practices

Participants' menstrual hygiene practices varied significantly, with some maintaining regular cleaning routines, while others struggled to follow consistent hygiene practices.

Sub-theme: Frequency of Changing Products

Participants reported different routines regarding changing sanitary products. While some changed pads frequently, others relied on reusable clothes, which were changed infrequently.

***Ms. VS shared*:**

"In my daily routine, I change sanitary pads or products about 3-4 times a day to maintain cleanliness and comfort. I make it a point to clean myself thoroughly twice a day, ensuring hygiene is a priority. Taking a bath and following a regular routine contribute to my overall well-being during menstruation."

Ms Cs *shared*:

"In my daily routine, I rarely use pads or products, often relying on clothes that I replace only once or twice. I usually clean myself thoroughly in the morning, but hygiene is not a priority at other times of the day. Occasionally, I skip baths when I am busy with household chores."

Theme 4: Privacy and Facilities

Privacy and access to appropriate facilities for

managing menstrual hygiene were major concerns, especially for those living in shared spaces.

Sub-theme: Availability of Private Spaces

Some participants reported difficulties in finding private spaces for changing menstrual products, especially in public or communal settings, affecting their comfort during menstruation.

***Ms. SC stated*:**

"Maintaining privacy during menstruation is a significant challenge in our Siddi community. In shared living spaces, finding a moment of solitude is difficult. The struggle becomes more pronounced when it comes to changing re-usable clothes, pads or managing personal hygiene."

Theme 5: Stigma and Myths

Participants shared experiences of cultural stigma and myths surrounding menstruation, which often dictated behaviour and reinforced taboos.

Sub-theme: Cultural Practices and Taboos

Cultural beliefs influenced the way menstruation was perceived and managed, with practices such as isolation during menarche being common. These practices affected participants' sense of normalcy during their menstrual cycles.

***Ms. BS mentioned*:**

"In our culture, certain concerning practices emerge when a girl reaches menarche. On the first day, we are confined to a separate room, barred from entering the home or participating in various activities and festivals. A new bathroom is also constructed exclusively for us, meant for our use only. However, after the fifth day of the menstrual cycle, this bathroom is closed off, making it impractical. These deeply rooted practices have a significant impact on our daily lives."

Theme 6: Health and Well-being

Participants reported both physical and emotional health concerns related to menstruation, highlighting the link between menstrual hygiene and overall well-being.

Sub-theme: Physical and Emotional Impact

Lack of access to resources and proper hygiene often led to discomfort, infections, and emotional distress. Participants emphasized the need for improved menstrual education and access to hygiene products to mitigate these health risks.

***Ms. DS shared*:**

"Health issues during menstruation are a major concern in our Siddi community. The lack of proper awareness and limited access to resources exacerbate these challenges. Women and girls often face discomfort, infections, and emotional distress."

DISCUSSION

Addressing menstrual hygiene behaviours necessitates a nuanced understanding of menstrual knowledge and awareness. Our study uncovered a significant deficiency in menstrual knowledge within the Siddi Tribal Community. Our data indicated that while the majority of women reported normal menstrual cycles, some experienced irregularities, specifically longer-than-usual gaps, which may suggest underlying medical concerns. None of the participants had a comprehensive understanding of menstruation prior to its

onset, with many perceiving it as the body's method of expelling "dirty blood" to prevent infections. A substantial proportion of the women were unaware of menstruation before their first period, with friends being the primary source of information. Other sources included mothers and close relatives, while online programs or advertisements were not cited, likely due to the limited availability of electricity in Siddi villages. Dhingra et al. (2009) found similar results and reported that menstruation, known locally as "Kapadaanna" or "Mahavari," was not fully understood by young adolescents before its onset. The girls viewed it as essential for removing "dirty blood" to prevent infections or diseases. These challenges reinforce the observations and calls for enhanced efforts to address the barriers to menstrual hygiene product availability.

Our findings show culture and social stigma are associated with menstruation. These findings align with Garg and Anand (2015), showing that cultural beliefs associating menstruation with impurity lead to various restrictions for girls and women. Women are often barred from the "puja" room and face kitchen restrictions. Menstruating women are also prevented from offering prayers or touching holy books due to beliefs about contamination. Kumar and Srivastava (2011) noted the unfounded belief that menstruation emits a smell or ray that spoils preserved food. Traditional taboos linking menstruation to evil spirits and practices like burying menstrual cloths persist in some cultures, including parts of Asia, despite lacking scientific basis.

Maintaining privacy during menstruation is a significant challenge in the Siddi community. These results align with Mudi et al. (2023), who found that privacy concerns during menstruation in tribal communities are deeply tied to cultural practices. Menstrual cloths are often concealed under other laundry, reflecting shame and stigma. The reuse of the same cloth and poor drying methods increase infection risks. Traditional beliefs, such as avoiding baths or handling food during menstruation, further complicate menstrual hygiene, exacerbated by limited knowledge and the perception of menstruation as a divine curse. Such restrictions and stigma contribute to increased anxiety, depression, reduced self-esteem and overall psychological wellbeing among women.

Our study found minimal use of disposable absorbents or pads among disadvantaged groups in the Siddi Tribe, consistent with Ram et al. (2020). This disparity underscores systemic challenges that limit access to essential menstrual hygiene products. Low usage among marginalized communities is driven by restricted access, financial constraints, and cultural norms, compounded by a lack of menstrual health education. The preference for reusable old clothes over sanitary pads among tribal women is driven by cost, availability, and disposal concerns.

According to Kumari et al. (2021), while child marriage has a long history in India, it is not prevalent across all social groups, particularly among tribal populations. In these tribes, marrying biologically immature girls is uncommon, as marriage is intended to fulfill the couple's sexual needs. Puberty serves as a significant milestone, with marriage typically occurring within 2–6 years after menarche. Consequently, early menarche may result in early marriage (Kumari et al., 2021). However, within the Siddi tribe, marriages often take place at peak youth age, between 20 to 25 years, with a minimal gap between menarche and marriage.

Literature indicates low usage of disposable absorbents, especially among socioeconomically disadvantaged groups, highlighting an urgent need for targeted interventions. Strategies should focus on raising awareness and improving access to

affordable disposable pads. Educating women about the health risks of non-disposable products is vital, and integrating menstrual hygiene discussions into routine health worker visits is necessary to increase usage. The impact of media in promoting disposable absorbents is evident, as those with limited media exposure use them less. Strengthening outreach and developing targeted programs for disadvantaged groups, along with supporting campaigns like "18 to 82" (which seeks to bridge the gap between the 18% who use sanitary napkins and the 82% who engage in unhygienic practices) and Run4Nine (which strives to ensure no woman or girl is disadvantaged due to her biology), are essential. Expanding initiatives such as Menstrual Hygiene Day induce promoting menstrual hygiene awareness with support from celebrities. Social marketing approaches similar to those in reproductive health could boost disposable absorbent use. Platforms like Rashtriya Kishor Swasthya Karyakram should integrate menstrual hygiene with adolescent health initiatives (MoHFW, 2014). Increasing the availability of affordable products is also crucial, as shown by Uttar Pradesh's low availability and high prices. Directing health workers to distribute subsidised pads and expanding school-based programs could significantly improve access.

SUGGESTIVE INTERVENTIONS

Empowering the Siddi tribe with a collaborative approach to transform menstrual hygiene through education, access, and sustainable intervention (Table-2).

Table-2: Intervention approaches for menstruation in transitioned-aged women in Siddi community.

Intervention Approach	Characteristic	Description
Community Engagement and Assessment	Conduct a Needs Assessment	Evaluate current menstrual hygiene practices through semi-structured interviews, focus group discussions, and surveys.
	Identify Barriers	Identify obstacles such as financial constraints, cultural taboos, limited access, and misinformation.
Awareness and Education Programmes	Culturally Sensitive Education	Develop culturally sensitive education programmes. Collaborate with ANMs, ASHAs to inform on health risks and benefits.
	Community Involvement	Engage community leaders to address cultural taboos and misconceptions, fostering trust and support for the intervention.
Enhancing Access to Sanitary Products	Subsidised Distribution	Partner with government programmes (e.g., Jan Aushadhi Kendras) to provide subsidised or free sanitary napkins.
	School or college-Based Initiatives	Distribute free sanitary napkins to schools and college students to reduce absenteeism during menstrual periods.
Partnerships with NGOs and Government	NGO Collaboration	Partner with NGOs (e.g., Goonj, Eco Femme) to introduce low-cost, biodegradable pads and train local women in production.
	Government Programmes	Integrate with existing government initiatives (e.g., RKSK) to broaden outreach and support.
Monitoring and Evaluation	Continuous Monitoring	Regularly assess the intervention's impact and adjust based on community feedback.
	Outcome Evaluation	Evaluate effectiveness in increasing disposable absorbent use, reducing health issues, and changing cultural attitudes.
Sustainability and Scaling	Capacity Building	Train local women as community health workers to sustain education and distribution efforts.
	Scaling Up	Adapt and scale the intervention to other tribal communities with similar challenges if successful.

(Sources: Alam et al., 2022; Vayeda et al., 2022).

CONCLUSION

The study underscores the significant need for targeted strategies to enhance menstrual hygiene among transition-aged women in the Siddi Tribal Community. These strategies should encompass educational outreach, subsidized sanitary products, and strengthened support from frontline health workers. The research reveals significant gaps in menstrual knowledge, often worsened by insufficient education and family support, which contribute to widespread misconceptions and poor hygiene practices, leading to both physical and emotional health issues. Limited access to menstrual products, particularly in local markets, further complicates the situation, highlighting the critical need for reliable and affordable options. Additionally, cultural norms and taboos hinder open discussions about menstruation, while challenges in maintaining privacy in shared living environments underscore the necessity for culturally sensitive solutions. Traditional practices

surrounding menarche play a significant role in daily life, necessitating integrated strategies supported by well-designed policies and programs. These interventions should include comprehensive, culturally relevant educational initiatives that not only empower women but also honour traditional values. The study also highlights the psychological impact of reusing menstrual products to conceal bloodstains, linking the low use of disposable absorbents to socio-economic challenges and a sense of disempowerment. Addressing these issues through targeted interventions is crucial for improving menstrual hygiene, reducing school or college absenteeism, and fostering both economic and social empowerment within the community.

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