

Menstruation Health as a Fundamental Right: Reframing Menstrual Health through Gender Justice and Social Equity

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ABSTRACT

Menstruation is a biological process and in most societies stigma, inequality and institutional neglect have influenced menstruation. This paper will analyze menstruation as a basic right in a sociological perspective, and how cultural practices, patriarchy, poverty and lack of sanitation facilities deny menstrual dignity in India. The paper explores menstrual stigma, inequitable access to amenities and products and their effects on education, health, and social inclusion using feminist viewpoints and secondary sources. The article seeks to assert that menstruation is not a simple health matter, but a gender justice and social equity matter. The acknowledgment of menstrual rights is key in making it dignified, inclusive, and equal.

Keywords: Gender justice, Menstrual dignity, Menstrual health, Menstrual rights, Social equity, Stigma

Introduction

Menstruation is a normal biological process, but its social implications and material handling are extremely unequal among the societies. In the past decade, menstrual health has left the fringes of the public discourse to come into the global discussions touching on gender equality, education, and public health. But the prevailing policy discourse has tended to process menstruation as a hygienic matter of managing the body instead of a sociological matter of power, dignity and citizenship. This framing is so limited as to blind the organization of menstrual experiences along gender norms, economic inequality, caste positioning, and institutionalization. In a scenario like in India, where the body and practices are heavily conscious of social stratifications, menstruation provides a sharp perspective where more globalized relations of exclusion may be viewed (Mahon and Fernandes, 2010; Hennegan et al., 2021).

Menstruation in India is often mediate by the ideas of impurity, secrecy and restraint. Menstruating girls and women might be subject to limitations in gaining access to temples, preparation of food, sleep arrangements and involvement in normal domestic or communal activities. Although these practices differ in terms of region, caste, class and household setting, there is a unified logic to them: the body of menstruation is ensignaled as a problematic entity in the social context that needs to be controlled (Dasgupta and Sarkar, 2008; Garg and Anand, 2015). Menstruation is not then just a body experience, but a social institution of assigning meaning to bodies. This idea of control over the reproductive functions of women has long been the focus of feminist scholarship: menstrual taboos can be interpreted as one of the most common ways in which this control is naturalised in everyday life (Chakravarti, 2003; Menon, 2012).

The impact of this regulation is not just symbolic. Menstrual inequalities are greatly influenced by material inequalities. Availability of sanitary products, toilets, water, disposal units, and proper information is still uneven especially in rural and low-income environments. National and comparative data show that hygienic menstrual practices are highly linked to education, wealth and urban living (Van Eijk et al., 2016; IIPS & ICF, 2021). Poor school amenities can make most girls unable to handle menstruation which then leads to absenteeism and lack of involvement. In informal labour, lack of sanitation or a place to rest may exacerbate physical the discomfort of women at the expense of economic agency. Menstrual disadvantage is therefore not a result of menstruation, but rather a result of unequal social circumstances surrounding menstruation management.

This article posits that menstruation needs to be ideologised as a basic right in connection to dignity, health, education, and equal participation. It goes beyond product-based or behavioural theoretical approaches to look at how menstrual inequalities are reproduced by the means of a cultural stigma, structural deprivation and institutional neglect. The overall aim is to examine how patriarchal values and unequal development curb the achievement of menstrual justice in India. The paper is written with respect to secondary sources, such as peer-reviewed scholarship, policy reports, and national survey evidence, which are methodologically sound. The article is divided into five parts, first of which, the theoretical framework, based on the feminist and intersectional approach is provided; second, the critical sociological aspects of menstrual inequality are explored; third, their effects on education, labour and well-being are discussed; fourth, policy implications are discussed; and lastly, menstruation as a rights-based issue, which is a central issue in inclusive development.

Menstruation, Inequality and Social Justice

Previously, menstruation was marginal to both popular and academic discourse and policy. It was also perceived mostly as a biomedical process or a personal event linked with the reproductive health of women, not as a serious social problem. Early studies tended to concentrate on physiology, hygiene or clinical issues, but did not address broader cultural and structural frameworks that influence menstrual experiences. Subsequently, feminist academics criticized this simplistic view on the basis that bodily processes are both socially construed and politically controlled. In this perspective, menstruation is not merely biological but also systemic in gendered power structures, social constructs, and unequal access to resources (Chrisler, 2017; Bobel, 2020).

An emerging literature on menstruation in the global context now explores the notion of stigma, embodiment, and gender inequality. Research indicates that menstruation is often linked to shame, secrecy, and contamination notions, which promote silence and normalize it. The stigma affects the menarche experience of girls, the way women move through schools and work places and the way institutions address menstrual requirements. Menstruation is usually the socially hidden process which should be kept private and not to disrupt social life. Researchers believe that the invisibility demonstrates broader patriarchal demands where women should be able to discipline their bodies to match the dominating norms (Johnston-Robledo and Chrisler, 2013; Hennegan et al., 2021).

In development scholarship, menstruation has been more and more related to education, sanitation, poverty, and community health. Studies indicate that a lack of access to menstrual supplies, toilets, water, and information may have a detrimental impact on school attendance, health, and engagement in everyday life. Although this policy focus has brought about greater awareness, several scholars warn that turning menstruation into a technical problem of hygiene control is not a good idea. Distribution of products and awareness campaigns are significant, but they alone do not tackle the underlying cultural stigma and structural inequalities that create menstrual disadvantage (Sommer et al., 2016; Bobel, 2020). Therefore, menstruation has to be perceived as a material and symbolic problem.

In India, the available literature indicates that caste, class, religion, and rural-urban location have a strong influence on menstrual experiences. The literature reports the continuation of beliefs in purity-pollution, domestic constraints, the use of unequal hygienic menstrual practices, and insufficiency of infrastructural facilities in educational institutions and societies (Dasgupta and Sarkar, 2008; Van Eijk et al., 2016). The research in Odisha and other states also reveals that women are disproportionately impacted by sanitation insecurity in terms of privacy, safety, and

dignity (Caruso et al., 2018). These results indicate that it is not gender but a combination of forms of inequality that mediate menstruation.

Although significant contributions have been made, a significant part of the literature is still dominated by either a public health or behavioural approach. Relatively little literature investigates menstruation as a sociological problem related to citizenship, recognition and social justice. This paper fills that gap by examining menstruation in terms of feminism and rights-based approaches whereby menstrual inequality is caused by unequal social constructs and not menstruation itself.

Theoretical Framework: Feminist and Intersectional Perspectives

The article uses a feminist and intersectional theoretical approach in the analysis of menstruation as a socially constructed experience but not a condition unique to the biological aspect. The relevance of the feminist theory is especially clear as it investigates the way in which the relations of gendered power organize the processes of everyday life, control the body of women and legitimize the unequal social order. Menstruation is one of such areas of analysis as it shows how bodily processes are turned into a field of cultural regulation, institutional forgetting, and depreciation. Menstruation is not seen as a normal part of health, but rather is dealt with in secrecy, shame, and limitations that disproportionately affect women and girls. A feminist lens thus moves away the focus of body itself to the social relations that expose the body to inequality (Menon, 2012; Bobel, 2020).

One of the main feminist points is that the patriarchal social order has historically been reliant on the control over the reproductive, as well as bodily, functions of women. In most situations, menstruation has been portrayed as dirty, unpredictable or contaminating, hence justifying laws that control movement, domestic involvement, and visibility. They are framed in terms of culture or tradition but are also mechanisms of controlling the bodies of women. Scholarship on caste and patriarchy in the Indian setting has demonstrated that bodily regulation is very much related to honour, purity and social hierarchy (Chakravarti, 2003). It can be seen that menstrual taboos are not unique practices but instead belong to larger structures that train femininity and maintain gendered obedience.

Meanwhile, the feminist theory warns of the homogenization of women. The experiences of menstruation vary widely based on the position in the classes, caste status, rural or urban residence, age, disability, and accessibility to education. To describe these differentiated realities, intersectionality, which was formulated to address the interrelation of various types of inequality, assists. It indicates that gender injustice is exacerbated with poverty, caste exclusion, or geographic marginality. An urban middle-class woman might have a menstrual stigma, whereas a

poor rural adolescent girl might experience menstrual stigma, lack of funds to buy products, poor toilets, and lack of information at the same time. The results of these stratified constraints give menstrual inequality qualitatively different experiences.

The intersectional approach is particularly significant in India due to the fact that social stratification is historically entrenched and reproduced through the institutions. Sanitation, education, health, and consumer goods are unequally distributed along caste and class lines. It has been found that the use of hygienic menstrual methods is closely linked with the affluence, literacy, and urban living (Van Eijk et al., 2016; IIPS & ICF, 2021). Likewise, women belonging to marginalized groups tend to have more sanitation insecurity and less support of the state (Caruso et al., 2018). Menstrual disadvantage thus cannot be reduced to the issue of gender all by itself but rather is manufactured by the intersection of other hierarchies.

Feminist and intersectional approaches allow reading the topic of menstruation more critically together. They shift the focus of analysis to questions of power, recognition and resource allocation instead of individual behaviour or hygiene practice. This model informs the main thesis of the article: menstrual inequality is perpetuated since the social institutions and cultural practices transform a natural biological phenomenon into a structured form of disadvantage. The solution to treating menstruation as a right and justice issue is not to treat their symptoms but to reform those structures that are not equal.

Menstrual Stigma, Purity and Social Control

Menstrual stigma is one of the worst mechanisms that perpetuate gender inequality in our daily lives. Stigma is defined as the negative connotations of menstruation that creates it as shameful, dirty, or disruptive to the social order. Even though menstruation is a normal biological process, it is commonly symbolized as something that should be concealed, tamed and dealt with secretly. These representations are not spontaneously generated by the body; they are socially constructed by means of the family socialisation process, religious discourses and peer cultures, as well as institutional silence. Consequently, numerous girls lack an empowering and health literate experience of menstruation, instead having an experience of secrecy and embarrassment (Chrisler, 2017; Johnston-Robledo and Chrisler, 2013).

Menstrual stigma in the Indian context is closely related to the concept of purity and pollution. In very different societies, menstruating women can be thought of as temporarily unclean and as needing to be restricted in the types of food they cook, in their ability to touch any stored food, in their access to sacred places, or rituals. Although these rituals differ depending on the region, caste, and household setting, they are typical of a general symbolic reason where the menstruating body is placed beyond the sphere of normal social purity (Dasgupta & Sarkar,

2008; Garg and Anand, 2015). These notions are not just cultural legacies; they still determine modern social behaviour and attitudes towards institutions. The continuation of purity-pollution beliefs shows how the processes of the body are moralised and bound to hierarchical regimes.

In sociological terms, these restrictions serve as sources of social control. They control the mobility of the women, establish what is acceptable of the body and render the concept of female bodies as something to be controlled as a norm. Menstruation is something that repeats and reminds women of social restrictions that are in place in domestic space, religious involvement, and their presence in the world. According to the feminist scholars, these daily practices reinforce patriarchal power specifically because they are perceived as being ordinary or traditional and not coercive (Menon, 2012; Chakravarti, 2003). The control is not only by means of explicit prohibition but also through internalised expectations that women themselves might give birth in the name of custom.

Stigmatization does not just have a symbolic impact. The girls who are taught that they should hide menstruation also tend to be given incomplete or wrong information prior to the commencement of menarche which causes fear and confusion. The embarrassment of menstrual leakage or disclosure can decrease school, sport, travel, and social interaction. Silence in work places on menstruation may make women not seek facilities or accommodations even when they need them. Therefore, stigma turns an otherwise controllable health condition into a personal social liability.

Notably, not all menstrual stigmatization is based on a similar pattern. The intensity is influenced by its class, education, generation and locality. The educated families in the urban setting might not take overt restrictions but still hold on to the unspoken expectations of silence and discretion. Lack of resources may result in more intense taboos in poorer and rural households. However, despite these variations, there is also a common trend: menstruation is not made socially acceptable but is socially unacceptable.

The proper way to deal with menstrual inequality is to not only deal with the misinformation, but to deal with the structural problem of stigma. Product distributions through public campaigns that do not question purity narratives could enhance management but not gendered devaluation. Transformative change requires normalisation of menstruation in schools, families, media, and institutions, whereby menstrual body is not seen as impure and problematic, but rather as normal and deserving of dignity.

Structural Inequality, Menstrual Poverty and unequal Access

Stigma is not the only way of perpetrating menstrual disadvantage but material inequality as well. The notion of menstrual poverty attracts attention towards the impossibility to afford

menstrual products, safe sanitation, clean water, pain relievers and reliable information required to manage menstruation in a dignified way. Although the discourse regarding the topic of sanitary pads tends to be rather shallow, menstrual poverty can be viewed as a multidimensional deprivation caused by income, infrastructure, and state capacity (Cardoso et al., 2021; Rossouw and Ross, 2021). In this regard, menstruation will be a burden not due to the nature of the biology, but due to the unequal distribution of basic resources.

In India, menstrual choices are highly dependent on economic status. According to evidence provided by national surveys, hygienic methods are used by more educated and wealthier households by far compared to poorer ones (IIPS & ICF, 2021). The repetitive spending of disposable products by many low-income women and girls has to be prioritized at the household level (food, transport, or schooling). Reusable cloth can be indeed a solution in case washed and dried in a safe way, but in situations of lack of privacy, water or sunlight it is hard to use safely. Therefore, poverty tends to reduce the range of menstrual choice instead of merely dictating the type of product (Barchi et al., 2021).

These inequalities are further exacerbated by spatial inequality. Besides poor sanitation facilities, rural communities often experience inadequate retail access, unstable supply chains, a lack of awareness, and insufficient sanitation infrastructure than urban centres do. Transportation costs, social embarrassment of buying the products may make people not use them even in locations where they exist. The studies based on low and middle-income context demonstrate that menstrual care, in its turn, cannot be discussed outside the framework of water and sanitation infrastructure, and specifically the presence of private toilets and disposal systems (UNICEF & WHO, 2021). Lopsided development thus directly translates to lopsided menstrual dignity.

The social marginality and caste also count. Menstrual barriers are already compounded in communities that are already disadvantaged in terms of housing, sanitation, education and healthcare. Menstrual inequality must subsequently be viewed intersectionally: gender is in relation to class, caste, and geography to determine who can safely manage menstruation and who cannot. Policies that overlook such stratified inequalities may end up serving the already privileged groups and leaving the most vulnerable marginalized.

Institutional Neglect: Schools, Workplaces and Policy Gaps

Institutions are quite determinant in mitigating or perpetuating menstrual inequality. Menstruation environments are organized by schools, places of work, health systems, and public agencies. But still there are numerous institutions that work on the assumption that menstruation is not a factor in participation. This non-gendered design tends to conceal a male standard whereby bodies that need menstrual support are not visible (Acker, 1990; Criado Perez, 2019).

A critical example is schools. Most adolescent girls spend long hours in learning institutions, but most of the schools do not have toilets, water, disposal bins, or personal changing areas. Maintenance is usually poor where there are facilities. When such conditions occur, it may be hard to concentrate and attendance may be irregular particularly when there is heavier flow or pain. In South Asia and sub-Saharan Africa, it has been repeatedly shown that poor school WASH conditions are associated with menstrual stress and absenteeism (UNESCO, 2014; Hennegan et al., 2021). It is not the issue of menstruation but rather the institution that does not plan on menstruating students.

Exclusions are also manifested in workplaces. Women working in agriculture, factories, domestic service, retail and informal labour often lack control on when to have breaks, access to privacy and sanitation. To daily wage earners, being at home due to pain or heavy bleeding could imply loss of an income. In formal-sector workplaces, there can be greater facilities, but menstruation is often a tabooed issue and thus discourages the discussion of needs. Bodily realities that relate to women workers can be marginalised in institutional cultures that value continuous productivity (Joshi et al., 2023).

In India, policy responses have increased, such as menstrual hygiene programs, adolescent health programs, and tax policies on sanitary products. Nevertheless, the implementation is not even throughout states and localities. Poor policy implementation is caused by distribution gaps, poor monitoring, toilet maintenance, and engagement with communities (Ministry of Health and Family Welfare, 2022). Although it is important, product-centred interventions cannot replace systematic investment in infrastructure, education, and accountability.

An institutional approach that is based on rights approach would consider menstrual support as part of education, labour dignity and the health of the people. This involves planning facilities, incorporating menstrual literacy in education, safeguarding work norms, and assessing the results not solely through the distribution of products. Menstrual inequality will remain a privately controlled but publicly reproduced issue without institutional redesign.

Social Consequences: Education, Labour, and Mental Well-being

The aggregate impacts of stigma and exclusion can be seen in the daily results. In teaching, frequent absenteeism may decrease classroom continuity, presence, and confidence. When girls are at school, even, they may be distracted by the worry of leakage or teasing, which can disrupt concentration and engagement. These apparently minor disturbances might eventually increase gender disparities in education and retention (Montgomery et al., 2016).

Menstrual disadvantage may restrict productivity, earnings, and occupational mobility in the labour markets. Working without proper facilities, women might decrease the number of fluids,

change the materials later, or work in pain. These coping mechanisms have the potential to influence health and well being and normalize hardship as normal. The informal workers are more vulnerable as they usually do not have labour protection or supportive infrastructure.

Another dimension that is under-recognised is mental well-being. Menstrual shame, secrecy and fear can create stress and embarrassment and decrease self-worth, especially in adolescents. The psychological distress and social withdrawal have also been identified by period poverty as a factor on an international level (Cardoso et al., 2021). These effects depict that menstrual inequality is not just material but also emotional and relational.

Above all, such consequences lead to reproduction of gender inequality. The loss of educational opportunities to girls, penalties to women in the workplace, and the individualization of emotional burdens are all structural disadvantages that are transmitted through the life course. Menstrual justice is thus core rather than peripheral to bigger equality and social inclusion agendas.

Menstrual Hygiene to Menstrual Justice

The above discussion shows that menstrual inequality cannot be sufficiently described by means of individual behaviour or hygiene practices only. When the routine bodily needs are mediated by stigma, poverty and institutions that do not support them menstruation becomes socially disadvantageous. This redirects the focus of analysis towards the menstruating body to the social order that the body is placed in. That is, it is not menstruation as such that is problematic, but rather the unequal conditions in which menstruation is experienced. This kind of approach is essential since mainstream discourse tends to personalise responsibility and therefore women and girls are supposed to work out the issue of infrastructure, recognition and rights on their own, which is actually a shared problem (Bobel, 2020; Hennegan et al., 2021).

One of the main weaknesses of most policy frameworks is their limited focus on the management of menstrual hygiene. Awareness campaigns, product distribution and sanitary pad campaigns have contributed to the visibility and access in necessary manners. Policy, however, when limited to hygiene, runs the danger of depoliticising menstruation by making it a technical issue of cleanliness but not a structural issue of inequality. Hygiene-based strategies can enhance short-term control without eroding the purity-pollution ideologies, the exclusion of labour and institutional silences that create menstrual disadvantage. In other words, the use of pads may help to lessen the inconvenience, yet, they do not necessarily break the stigma or redistribute power (Sommer et al., 2016).

Menstrual justice is a broader concept. It places menstruation in the context of discussions of bodily autonomy, substantive equality and social citizenship. Menstrual justice poses the

question of whether people can safely, privately, and without punishment menstruate in schools, workplaces, prisons, shelters and in the streets. It also poses the question of whose menstrual needs are prioritized and whose are not. This remains crucial in stratified societies where the unequal access of products, toilets, healthcare, and information is influenced by class, caste, disability, and geography. A justice framework thus shifts up to general solutions to specific equity-based interventions.

In the case of India, this means a multi-level agenda. First, menstrual policy should be incorporated with water, sanitation, school retention, labour welfare and primary healthcare and not as a welfare issue on its own. Second, activities in education must make menstruation normal across all gender groups to help eliminate shame and misinformation thereafter. Third, the institutions of the general population need quantifiable healthcare: working toilets, garbage disposal, privacy, pain management, and accountability. Fourth, policy formulation must focus on the disadvantaged with layered disadvantage, such as rural youths, informal laborers, homeless women, people with disabilities, and marginalized caste groups.

There are also broader theoretical implications to the discussion. Menstruation exposes the way in which the normal processes of the body are subjected to social stratification by institutional design and cultural meaning. It thus should be in the centre, not periphery, of sociological inquiry. Embodiment, care, public infrastructure, stigma, and citizenship are all questions that intersect around menstrual experiences. Assuming the importance of menstruation widens the scope of sociological interpretation of inequality in a daily life.

Finally, the transition away towards menstrual hygiene to menstrual justice would necessitate a change in political imagination. Menstruation can no longer be considered as a personal inconvenience to be handled in a discrete and secret manner, but as a social problem which is related to dignity, involvement and being a fully fledged member of society. Menstrual disadvantage will continue to be normalised until that change takes place even in places where they exist.

Conclusion

The article has provided reasoning that menstruation is not just a biological phenomenon or a question of hygiene, but a sociological problem that is influenced by stigma, inequality and institutional neglect. Purities-pollution beliefs, patriarchy, poverty, unequal access to menstrual resources, and unequal access to sanitation, structure menstrual experiences in India. These circumstances make a normal body process a repetitive cause of disfavor to a majority of women and girls. Applying the feminist and intersectional lens, the research has revealed that menstrual inequality has been connected to the wider caste, class, gender, and spatial disparities systems.

Its effects are evident in school absences, lack of participation in work, psychological stress, and loss of dignity.

Another critical point in the article is that the disadvantage of menstruation cannot be solved only by product-centred approaches. Although availability of affordable menstrual products is significant, deeper sanitation systems, menstrual education and gender sensitive schools and workplaces are needed to make a significant change. There should also be a challenge to social attitudes that define menstruation as shameful or impure by creating awareness publicly and by means of an inclusive discourse. Viewing menstruation as a right will put the matter of charity or hygiene to justice and associate it with health, education, mobility, and equal citizenship. The promotion of menstrual equity is thus critical to the empowerment and inclusive growth of women in India. Further studies must keep anticipating various experiences of living to ensure that policy actions are taken to support the most marginalized.

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