Girls’ equal participation in education. Period.

A field study on how Indian schoolgirls perceive menstruation stigmas to affect their access to education

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Abstract

Menstruation stigmas and a lack of facilities to manage periods have been identified as possible hinders for girls’ equal access to education all over of the world. This paper focuses on investigating how menstruation stigmas generate obstacles for girls’ equal access to, and participation in, education. Its aim is to investigate how girls in an Indian context perceive menstruation stigmas to affect them, particularly when it comes to school attendance and ability to learn in school. This is done by conducting group wise individual respondent interviews with female students from a school deemed to be less likely to subject its students to strong restricting stigmas and norms. An informant interview with the school principal, a text analysis of the school’s biology text book and respondent interviews with teachers were used as additional material for the study. The girls at the analysed school were found to perceive their capabilities to participate in education to be affected by menstruation stigmas and norms. Because these results were found in a less stigmatising environment, the paper suggests that students subjected to even more social pressure might be even more affected by menstruation stigmas. Recommendations are thus for development research and practice to break taboos and lessen the stigmas that surround menstruation.
Index

Abbreviations and explanations 1

1. Introduction
   1.1. Aim and research question 3

2. Theory and previous research
   2.1. Defining social stigma 5
   2.2. Literary review: Menstruation and Education 6
   2.3. Menstruation in India
      2.3.1. Menstruation in religion 8
      2.3.2. Menstruation in knowledge and practice 8
   2.4. Hypothesis 11

3. Research design and methods
   3.1. Case: St John School in Kalaburagi, Karnataka 12
   3.2. Methods: respondent and informant interviews, participant observations and textual analysis 13
   3.3. Respondent population and selection 15
   3.4. Material
      3.4.1. Categorising and analysing data
         3.4.1.1. Interviews 17
         3.4.1.2. Observations 19
         3.4.1.3. Text analysis 19
   3.5. Feedback 20
   3.6. Ethical aspects 20
   3.7. Limitations of the study 21

4. Results and analysis
   4.1. Menstruation stigmas’ effects on the ability to perform in studies 22
   4.2. Menstruation stigmas’ effects on the capacity to move around in society 24
   4.3. Menstruation stigmas’ effects on the capacity to speak of what happens in the body 25
   4.4. Social constructions of a menstruating body and their effects on the ability to be safe from threats of sexual harassment 27
   4.5. Observations: MHM standards 28
   4.6. Text analysis: the Biology textbook 29
   4.7. Result analysis 31

5. Conclusions 34

6. Bibliography 36

7. Appendix
   7.1 Appendix 1: Interview guide, student interviews 40
   7.2. Appendix 2: Interview guide, teacher interviews 44
   7.3. Appendix 3: Excerpts from the Biology textbook 47
   7.4. Appendix 4: NIPCCD Survey results 49
   7.5. Appendix 5: Feedback from interviews to St John Principal 49
   7.6. Appendix 6: Menstruation education at St John School 50
Abbreviations and explanations

Adolescence – A term to describe young people transitioning from childhood to adulthood. This paper conforms to Indian governmental programs, which define adolescence as between 10-19 years of age (NIPCCD, 2014:18–19).

Chums/chumming – A term used amongst young people in India to describe menstruation.

Indian school system – Primary levels are from grade 1 to 5 (age 6-10), and secondary levels are from grade 6 to 10 (age 11-15).

Menarche – the onset of menstruation. Usually takes place in the age of 12-14 in India but anytime between 10-16 years is considered normal (Dambhare, Wagh & Dudhe, 2012:105; NIPCCD, 2014:29).

MHM – Menstrual Hygiene Management, a concept defined as: “[w]omen and adolescent girls using a clean menstrual management material to absorb and collect blood, that can be changed in privacy as often as necessary for the duration of the period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials” (Unicef, 2015:6).

NIPCCD - The National Institute of Public Cooperation and Child Development: an Indian government agency. It is tasked with promoting research, voluntary action, training and documentation in national projects for women empowerment and child development.

Sanitary product – a product used to collect menstrual blood. Also called menstrual absorbent. Amongst the most commonly used products are cotton cloth, sanitary pads, and menstrual cups.

SBM - Swachh Bharat (Clean India) Movement, by the Indian Ministry of Drinking Water and Sanitation. Government programs launched in 2014 to improve sanitation conditions all over India.

SSA – Sarva Shiksha Abhiyan, or the Movement for Education for all. An Indian government program working to ensure universal elementary education (between the ages of 6-14). Operational since 2001.

WASH – Water, Sanitation and Hygiene: a sector within development practice focused on several interrelated public health issues.
1. Introduction

The UN has established education as a universal human right (Burt, Nelson, & Ray, 2016:1). The more educated a population is, the longer its life expectancy and the larger likelihood of political stability. Increased human capital from education catalyses economic growth, but most importantly empowers groups and individuals to have ownership of their living situations (Bhagavatheeswaran et al, 2016:265; Sen, 1999:11). Evidence also points to the particular benefits of educating girls, both on individual and societal levels. Equal access to education is not only inherently just, educating girls is also seen to result in greater socio-economic gains than educating boys; gains that will benefit the whole community or society. Studies have shown that educating girls reduces levels of STIs, as well as levels of maternal and child mortality. For the individual girl, education is likely to increase her sense of agency and bargaining power within her household and society, possibly expanding her ability to make choices about her life, her body and her family size. Individual empowerment is also inherently beneficial, demanding a critical understanding of oneself and an agency to act independently (Bhagavatheeswaran et al, 2016:263).

These factors come together in explaining the emphasis on girls’ education in the UN’s Sustainable Development Goals, as well as why this is a main focus of the aid and development work of many states and NGOs. Within these fields, a lot of attention has been directed towards India (House, Mahon & Cavill, 2012:15). This is a reasonable concern because of the complexities of disadvantages for girls in the Indian society and the fact that the country is home to a quarter of the world’s out-of-school children (Adukia, 2014:2). 11.9 million children do not attend school in India, with girls being out of school to a larger extent than boys (Unicef 2014:102-107). This is a consequence of patriarchal values and beliefs as well as strict gender norms in Indian society (Bhagavatheeswaran et al, 2016:263).

One of the factors established to hinder girls’ equal access to education in India is menstruation with its surrounding societal stigmas and norms. Menarche (the first menstruation) is a clear sign of a girl’s burgeoning womanhood, which introduces changing expectations, possibly interfering with her pursuit of an education or a career (Kirk & Sommer, 2006:5). Menstruation is regarded as something dirty or shameful, which together with the high number of out-of-school children make it important to look at the case of India and how menstruation taboos can generate obstacles for girls’ equal access and participation in education (Kumari, 2013:178).
In combating the menstruation stigmas and getting girls to stay in school, much of the attention of practitioners and policy makers has been on sanitation (Ivens, 2008:63-64). The WASH sector has in the last couple of years argued that non-private bathrooms, often without running water, make it difficult for girls to manage their menstruation, sometimes resulting in absenteeism or difficulties concentrating (Burt et al, 2016:23; Hennegan & Montgomery, 2016:11, 15-16). Countermeasures often include building gender-sensitive school bathrooms or providing girls with sanitary products (Hennegan & Montgomery, 2016:2–3). The following quote is a telling example of how sanitation has been the principal lens through which the connection of menstruation and education has been viewed:

“Providing water and sanitation facilities to schools is widely considered to contribute to increased enrollment [sic] and retention of girls. … ‘Many [girls] are denied their rightful place in the classroom by lack of access to separate and decent toilets at school … Education for girls can be supported and fostered by something as basic as a girls-only toilet’” (Kirk & Sommer, 2006:10-11)

A similar viewpoint can be found in the academic work on the topic of menstruation. A majority of studies focus on questionnaires and statistical inquiries into the prevalence of restrictions and hygiene practices. Many also investigate the mean age of menarche. They might mention stigma and mental stress, but the main topic of the studies remains to be focused on physical health, sanitation and hygiene. Naturally, these are important issues, but I argue that a wider perspective that also incorporates stigmas, as well as the perceptions and experiences of the affected girls, is required to get the full picture.

1.1. Aim and research question

This study turns away from the prevalent focus on menstruation through the lens of sanitation. Practical facilities and means to manage one’s menstruation are important aspects, but not the sole answer to the complex situation. This study will look at other factors and thus aim to better understand if, and how, social stigmas and norms around menstruation generate obstacles for girls’ equal participation in education. Attention will be put on how girls perceive menstruation stigmas and norms to affect their lives, with a particular focus on their

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1 See Jitpure, 2016; Omidvar & Begum, 2010; Kumari, 2013; and Sarkar, 2008 for examples
school attendance and ability to learn in school. This will give indications on how menstrual education and the broader subject of gender norms should be handled within the Indian educational system, for menstrual stigmas to not be in the way of girls’ education. Please note that this study will not investigate menstruation stigmas’ effects on girls’ access to religious spaces and activity, as the Indian school system is secular.

Naturally, the onset of menstruation and puberty are significant biological transitions that produce changes in an individual girl’s life. The focus of this study is, however, what the surrounding society and community make of these biological changes.

This leads to my main research question:

*How do schoolgirls in India perceive that their capabilities to participate in education are affected by social stigmas and norms regarding menstruation?*

In order to fully understand how stigmas can affect the girls’ daily lives (which in turn can have consequences for education), I also analyse the subsequent question:

*Do schoolgirls in India perceive stigmas to affect their ability to speak of menstruation or dictate their mobility and behaviour?*

This is investigated by interviewing students at St John School in the city Kalaburagi, situated in the Southern state Karnataka.
2. Theory and previous research

Hygienic and shameless management of menstruation has largely been deemed as essential in order for girls, women and other menstruators\(^2\) to engage and participate in society with dignity and comfort (Hennegan & Montgomery 2016:2; Ivens 2008:64). “A body of research has documented menstruating girls’ experiences of shame, fear, and confusion across numerous country contexts” (Sommer et al, 2016:1). Girls face multiple challenges in effective Menstrual Hygiene Management (MHM), including a lack of social support, insufficient information, and hygiene and social taboos (ibid:2; Unicef 2012:16–17). Stigmas and restricting norms have significant implications for physical and mental health for girls and women. Inadequate washing facilities or poor menstrual management may increase susceptibility to infection or lead to further stigmatisation because of menstrual blood odours. Lack of knowledge of pubescence and the own body may put girls at greater risk for unwanted pregnancies, urinary tract infections, and STDs. It is also distressing to lack the words or language to describe one’s own body and experiences (Jitpure, 2016:16; Kirk & Sommer, 2006:4). In this section, I will examine how this has been seen to affect girls’ access to, and participation in, education.

2.1. Defining social stigma

When discussing social stigma, I look to the definition in the Encyclopaedia of Applied Psychology:

“[s]tigma refers to undesirable or discrediting socially constructed attributes that individuals possess and that affect their quality of life as well as their social standing. … Stigma is a powerful source that often causes prejudicial thoughts, behaviours, and actions by individuals, groups, communities, and institutions” (Spielberger, 2004:174).

Giles, Reid and Harwod also connect stigma with characteristics deemed by society as undesirable, defining it as “negative attitudes held about individuals who are perceived to possess a trait deemed negative by the community at large” (2010:44).

\(^2\) Menstruator is a gender-neutral term for people with ovaries who menstruate. In this paper, the pronouns of women/girls are used due to this being the general norm in research. However, please note that menstruation is not a strictly female experience, but rather one shared by people of all genders who have healthy ovaries and are pre-menopausal.
Informed by the definitions above, *social stigma* will herein be used to describe negative attitudes towards an individual because of their perceived possession of traits discredited by their community. Such attitudes are seen to generate social interactions, behaviours, and processes that discredit groups or individuals, or give them a lower moral standing in their local community (ibid:156–157; Kleinman & Hall-Clifford, 2009:418).

### 2.2. Literary review: Menstruation and Education

In a paper on the Unicef WASH-initiative “Raising clean hands,” girls globally are found to be absent from school during their menstruation, mainly due to lack of privacy for cleaning and washing in school (Unicef, 2012:17-18). Menstruating girls might also hesitate to stand up (as is often required) to answer the teachers’ questions or to go up to the front of the class to write on the board, in fear of having stained their uniforms. This example of how the stigma around menstruation might hinder girls’ equal participation in class is commonly used in research (Kirk & Sommer, 2006:8).

An often discussed paper was conducted by Oster and Thornton, and it evaluates the claim that a lack of sanitary products is a barrier to girls’ schooling. They conclude that menstruation has a very limited impact on girls’ attendance (an absenteeism of 0.4 days in a 180 day school year) and that receiving sanitary products (in this case menstrual cups) does not reduce this small gap (Oster & Thornton, 2011:91). In contrast, another commonly cited study conducted in Ghana found an improved school attendance of 9% after providing students with disposable sanitary pads and education on puberty. The researchers argued that the MHM intervention also had reduced the Ghanaian schoolgirls’ feelings of insecurity, low self-confidence, poor concentration or shame (Dolan et al, 2014:17).

Both the Nepal and Ghana study were included in a broader review conducted by Hennegan and Montgomery on the effectiveness of MHM interventions in improving girls’ education and psychosocial well-being in low and middle-income countries. Their conclusion is that there is not enough evidence to confidently establish that MHM interventions have positive effects on education performance and mental well-being (Hennegan & Montgomery, 2016:1-2, 7-8).

Hence, it is clear that the consequences of interventions in the sanitary field of menstruation are debated. However, when it comes to what mental afflictions that are associated with
menstruation, researchers are more united. Kirk and Sommer put forward that low levels of knowledge of the menstrual cycle, together with stigmas and restrictive norms, lead to high mental strains on a girl during her menstruation. Shame, discomfort, negative feelings about the body, and fears of staining clothing are examples of stresses a girl who has her period in school must face. Burt et al. agree, arguing that such anxieties have been found to “interfere with girls’ abilities to concentrate in the classroom.” (Burt et al. 2016:23; Kirk & Sommer 2006:4). ‘Simple’ symptoms of menstruation, such as lower-back pain, cramps and bloating, can also be distracting for a student. It may be hard for a girl to access treatment of such symptoms, or to speak of the inconveniences, when she is in an environment that stigmatises their cause (ibid:4). Hence, the physical inconveniences that can be bi-products of menstruation can also lead to mental stress, especially when social norms dictate that the student cannot talk about her inconveniences.

As this literary review shows, there are uncertainties regarding the correlation of menstruation, school absenteeism and distraction. The literature does indicate that menstruation – and in a broader sense: girls’ puberty – imposes challenges to girls’ equal access to, and participation in, education. Another key finding is, again, that much of the attention of researchers and practitioners has been on framing menstruation as a hinder to education within the paradigm of sanitation. This paper finds its relevance by instead focusing on how menstruation is socially constructed and stigmatised, relating this to girls’ access to, and participation in, education.

2.3. Menstruation in India

There are 113-114 million adolescent girls in India, 68 million of which attend school (Gov. of India, Ministry of Drinking Water and Sanitation, 2015:1; NIPCCD, 2014:18). It has been estimated that 23% of Indian girls drop out of school when they start menstruating (Garg & Anand, 2015:185). For those girls who are part of the education system, one in four is missing at least one school day during menstruation. There are significant differences across geographical regions, with school absenteeism due to menstruation being most common in Central India, followed by the South and East regions (van Eijk et al, 2016:6-10). Researchers describe the Indian school as an environment unfriendly to female students and teachers, with a culture and infrastructure that inadequately provide girls and women with what they need to participate in education (Garg & Anand, 2015:185).
2.3.1. Menstruation in religion

Menstruation is largely considered to be the body getting rid of toxins in Hindu communities, which renders a menstruating woman dirty or untouchable. Strict untouchability can be practiced, as well as menstruating women and girls being confined in special huts during their time of the month. Such practices are not observed universally, but many girls do learn that during their monthly cycle they may not visit a temple or touch utensils in the kitchen. A telling example is a common belief that pickles made by a menstruating woman will rot (Kirk & Sommer 2006:3).

Notions of pollution and purity are at the base of the commonly practiced caste system, which creates another basis upon which the social construction of menstruation is performed. Social norms in Hindu communities often restrict girls’ and women’s participation in society and religion, a practice that varies by ethnic group, caste and geographical area (NIPCCD 2014:22–23).

Stigmas regarding menstruation are also prevalent in the two other major religions in India: Christianity and Islam. Christian denominations tend to not follow any specific menstruation regulations or rituals, but negative attitudes towards menstruation prevail in Christian communities. Views on the ritual impurity and pollutant capacity of women’s bodily functions, such as child labour and menstruation, have historically kept women out of positions of power (Buckley & Gottlieb, 1988:32; Geels & Roos, 2010:11). Islam also views menstruating women to be impure, although not contagiously so. Muslim women are, in conservative communities, prohibited from religious activity and spaces because of Islam’s conception of blood as a possible threat to religious rituals (Guterman, Mehta & Gibbs, 2007:2-3).

In short: menstruation stigmas in India exist within a context influenced by religion and conservative value systems, which reinforce each other and create the base upon which menstruation stigmas can be constructed.

2.3.2. Menstruation in knowledge and practice

Van Eijk et al. conducted a systematic review of 138 quantitative studies on menstrual hygiene management amongst adolescents in India (which included 97 000 girls) in 2016. They found that only 48% were aware of menstruation before they first received it. The
prevalence of pre-menarche menstrual awareness was affected by region and setting, with girls in the East and West India being more knowledgeable than girls in the North. For this parameter, there were no results for girls in the Central or South regions. The menstruation awareness increased between the years 2000-2015. This awareness does, however, not necessarily mean knowledge of the cause of menstruation, as only about a quarter of the questioned girls knew that menstrual blood comes from the uterus (van Eijk et al. 2016:5–6).

Half of the girls in this study considered menstruation to be abnormal (ibid:5-6). As stigma is a process through which the stigmatised concept stops being seen as ‘normal’ and is passed on to a ‘discredited’ status, social constructions of what is ‘normal’ also create the antithesis: the ‘abnormal’. The social construction of a concept as ‘abnormal’ or ‘discredited’ has thus stigmatised the concept (Kleinman & Hall-Clifford, 2009:418). By using this definition of social stigma (see 2.1.), the results in van Eijk et al.’s study show that 50% of the girls perceive stigma regarding menstruation. This is further exemplified in a study in the Eastern region West Bengal, which found that 6.3% of menstruating girls thought menses to be a curse from God, 5% saw it as a disease, and 2.5% thought it was a sin. Similarly, a study conducted in the Northwest state Rajasthan found that 70% of the adolescent girls thought that menstruation was an unnatural process (Sarkar, 2008:78).

The conception of menstruation as an ‘abnormality’ is also shown in how restrictions are imposed on menstruating girls. It is worth noting that the most commonly practiced restrictions encompass visiting places of worship, praying or touching religious items, even though this is outside of the scope of this research. Nevertheless, the underlying perception of menstrual impurity also makes it common with food related restrictions; to have to sleep or sit separate from their family; or to face restrictions in doing chores, playing, exercising, moving in and out of the house, as well as in attending social functions (Garg & Anand, 2015; van Eijk et al, 2016:148-149). In fact, the authors saw that “[o]nly one in eight girls faced no restrictions at all” (ibid:8).

The NIPCCD surveyed reproduction knowledge and practice in 2007 and in 2012 in five different districts from all over India. In the years between the first and second investigation, the number of adolescent girls enrolled in school had gone up and a larger percentage of adolescent girls were aware of menstruation before menarche. 65% of adolescent girls perceived menstruation to be dirty in the 2012 study (NIPCCD, 2014:3), which correlates with van Eijk et al.’s results. The NIPCCD survey found that less girls had restrictions posed
on them in the second study, especially in certain areas like cooking, but that this practice prevails (ibid:4). For more information, see Appendix 4.

An important factor to take into account is the complex web of social hierarchy and status that is the Indian society. Religion, wealth, caste, education, physical ability, gender, sexual orientation, language, ethnicity, and age are all factors that come together to decide an individual’s social status. Omidvar and Begum conducted a study that took socio-economic status into account when investigating MHM in Southern India in 2010. They found that poverty and a low social class play a decisive role in the knowledge an adolescent girl has of menstruation, as well as her practice of managing it. They connect this both to her lessened ability to buy sanitary products and, more importantly, to her “lack of access to services, resources and skills, vulnerability, insecurity and powerlessness” (Omidvar & Begum, 2010:415–416).

Puri describes how social regulations of Indian women are incorporated into everyday practices and experiences. These lead to, and are reinforced by, self-surveillance and self-monitoring by the women and girls themselves. Menstruation is within this context a central mechanism for regulating female bodies by defining what is normal, what is attractive, and what is shameful (Puri, 1999:44-46). Menarche is socially coded to signify “a girl’s social transition into emergent womanhood and sexual maturity” (ibid:48), meaning that the biological process in the onset of menstruation causes a shift in how a girl’s body is perceived and socially constructed by society. This can have effects in what is deemed appropriate for her to do, whom to socialise with or what to wear (ibid:65-67). Perceived maturity then increases her chances of becoming a mark for sexual harassment, violence, shaming, or restrictions due to families’ fears of ruined marriage prospects (Kirk & Sommer, 2006:5).

This all being said, it is important to open up for variations in intra-cultural interpretations of meanings and social constructions attached to menstruation. What is perceived to be taboos or restricting social norms could, in fact, be in the women’s interests. For example, women might appreciate ‘banishment’ to menstrual huts as this gives them a rest period from the usual intensity of work or daily chores (Kirk & Sommer, 2006:3).

Puri further points out that it may be a euro-centred over-simplification to describe the Indian view on menstruation as unclean. In her research, personal depictions of menstruation and menarche rather emphasise the perceived dirtiness to be attached to the individual experience of the body rather than social concepts of uncleanliness. Put simply: Indian women may
perceive their menstruation as messy and dirty because it consists of a bodily fluid that needs to be managed, rather than it necessarily making them unclean or untouchable as individuals (Puri, 1999:59–60).

The concept of restrictions being put on Indian women is contested and certainly not practiced in all parts of the population. It can, however, be said that menstruation comes with a set of perceived needs of concealment, shame and attempts at social regulation of the female body (ibid:60–61). These norms are constructed within a patriarchal world and are a hindrance to girls’ and women’s equal participation in Indian society.

In recent years, there has been a considerable upsurge in menstruation action and education movements all over India. More and more women are questioning the legitimacy of menstruation stigmas and choosing whether or not to stay at home during their period. Awareness of the biological facts and the hygienic management of the cycle is being spread through sites like Menstrupedia.³ Initiatives are also embarking on breaking taboos around menstruation, starting by bringing the topic out into the open (Jha, 2014).

2.4. Hypothesis

As was concluded in the literary review, there is a research gap in studying the impacts of menstruation stigmas and norms on girls’ access to education. This gap is due to the disproportionate attention on sanitation and menstruation management products. This study is therefore grounded in a hypothesis that menstruation norms and stigmas are key components to why many girls in India leave school when they enter puberty. It also argues that such norms make it harder for girls to focus in school and cause mental stress and strain.

This study’s hypothesis is therefore the following: **strong restricting norms and social stigmas imposed on girls decrease their capacity to participate in education - resulting in absenteeism and distraction.**

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³ Menstrupedia publishes an informational comic book, as well as educational multi-lingual videos. URL: www.menstrupedia.com
3. Research design and methods

In order to delve into the perceptions of the girls themselves, I have chosen to conduct semi-structured respondent interviews. In seeking to answer how the broad population of “Indian schoolgirls” perceive menstrual stigmas to affect them, I look at a case that is deemed to be exceptional, namely St John School in the city of Kalaburagi. By also using a least likely respondent selection design, I argue I could create grounds to come to conclusions on perceptions in both the local context as well in the broader population. A more in-depth description of the least likely logic is found later in this section.

3.1. Case: St John School in Kalaburagi, Karnataka

St John School was chosen as a case because of its alignment with the least likely respondent selection design and because of its availability. I have visited the school in 2005 and 2011, previous connections that I argue are beneficial in giving me some context and background to the respondents. This could, in turn, help create trust – an important factor when dealing with such a taboo subject. A trusting interview climate is more likely to lead to better in-depth answers (Kvale & Brinkmann, 2009:128-129).

St John School is located in the city Kalaburgi (previously Gulbarga), in the North region of the state Karnataka. Karnataka is a Southern state with vast imbalances between its regions, but the area where Kalaburgi is located has been described as “most backwards” by the Karnataka State Government (2005:3-8). As previously mentioned, this is one of the regions in India where school absenteeism due to menstruation as well as menstrual stigmas has been found to be most prevalent (van Eijk et al, 2016:10). In a study in 2014, it was found that 5% of all girls in the state of Karnataka drop out of school in the transition from 7th to 8th grade – just around the time most girls enter into puberty and have their first period (Bhagavatheeswaran et al. 2016:263). It has been found that 8 318 children of all genders between the ages of 7 to 13 had dropped out of school or were never enrolled in Karnataka in 2017. The majority of these dropped out between the ages of 11 and 13. Moreover, 98% of these children belong to historically and structurally disadvantaged tribes and lower castes that most often are socio-economically vulnerable. Kalaburagi is the district with the second largest portion of the state’s out of school children in 2017 (Kulkarni, 2017).
In India, higher education is conducted in English, but only private schools offer English as the language of instruction. The government run public schools are all in the local language. Because of this, university education is out of reach for those lacking the means to pay tuition fees for private schools. St John, however, is a private English-language school with a generous fee structure that was started to create study opportunities for children from vulnerable socio-economic backgrounds (Mulla, Personal communication, July 13, 2017). It is backed up by the Hindustani Covenant Church (HCC) but is, like all Indian schools, non-confessional (ibid).

Around 400 students are enrolled in primary and secondary levels at St John, with about 70 of them being girls in secondary years. Classes are comprised of mixed genders. Approximately 80% of the students are Hindus from lower castes (ibid). The school finances its everyday expenditures by having students that can afford to pay higher tuition fees and by creating a fee structure that allows for payment in small instalments for those not able to pay in bigger sums once per semester. Larger expenses are paid for by private supporters and the HCC (Research Log book, July 10, 2017; Mulla, Personal communication, July 13, 2017).

St John School is uncommon in its scope and methodology. It has a female principal, Sujatha Mulla, which in itself is untypical, and her efforts to ensure gender equality and security for the female students makes it even more so. She has designed a ‘Girls’ Security Committee’, an arena where the girls regularly discuss problems they face with female teachers. Mulla also meets with the female students on a monthly basis, instructing them on topics such as equality and menstruation (ibid). Students describe her as a role model who teaches them about such matters (Sakshi, Student interview 1). As a consequence, St John is a school where there are uncommonly few structures that induce menstrual stigma and norms on its students. This makes it an interesting case to analyse.

3.2. Methods: respondent and informant interviews, participant observations and textual analysis

Semi-structured interviewing is the most useful methodology in the research at St John, as it opens up for unanticipated answers and gives greater opportunity to ask follow-up questions. Semi-structured interviewing is also optimal when researching how people perceive the world and how phenomena are affecting them (Esaiasson et al, 2012:251, 253). A tool set for
assessing MHM in schools, compiled by Unicef and the Center for Global Safe Water at Emory University (Unicef, 2014b:4–18), was used as a basis for this study’s interview guide, with alterations to fit the context and aim of this particular research. The interview guides utilised in this study are found in Appendix 1 and 2.

The female students were interviewed in small groups, comprising of three to four students, in a private room at the school. The interviews were tape recorded and supplemented by notes taken during and after the sessions. Facial expressions and body language were noted as comprehensively as possible. This group wise individual method of interviewing was employed because the students did not want to be interviewed individually. It made for an increasingly challenging transcription process, something that was eased by the notes. The method was however deemed to benefit the study, as it made the girls feel more comfortable. It also gave rise to more follow up questions as some girl’s answer might inspire an inquiry to see if another agreed. Moreover, if a girl was unsure how to explain something in English, or felt it was difficult to speak of a taboo topic, she could then seek help from her peers. However, I did not perceive that the girls changed their answers in any particular way because of the other students present. As they were interviewed together with their friends, I interpreted the topics to be discussed without significant self-censoring.

Important to note is that the group wise individual interview method did not result in a focus group format. Rather, I followed my interview guide and got answers from each girl individually, but they took comfort in each other’s presence. I also included a short story of my menarche after the opening questions, in order to create a safe interview space and to open up for conversation on the subject. I found this method helpful, as it made the girls more interested in discussing and many took heart from my ‘courage’ to share. It was also a way to record their responses to explicit conversation on menstruation.

The principal Sujatha Mulla partook in an informant interview to supply information towards the general bigger picture of which social stigmas exist in the local context. Respondent interviews were also conducted with the two female secondary teachers and the male Science teacher, as supplementary sources of information. These interviews also further my understanding of what perspective on menstruation the interviewed girls meet in their educational everyday-lives.

Additionally, participant observations are herein used to support the findings in the respondent interviews, as this can shed more light on matters that are constructed as socially
inappropriate or difficult to speak of (Esaiasson et al, 2012:303–304). By observing the school’s sanitation facilities and MHM standards, I can contextualise the answers from the respondents. As has been described previously, the aim of the study is not to look at menstruation through the lens of sanitation. However, such observations are still useful in supporting the material from the interviews and are treated as a control variable. In observing the sanitation facilities on three separate occasions, I determine if this reason for girls’ absenteeism and distraction can be ruled out.

More general participant observations were also conducted by interacting with staff and students. By walking freely around the school grounds, I observed the atmosphere and environment the students meet every day. The field research was conducted during a stay of five weeks, where I spent all day at the school six days a week (teaching is conducted all days but Sundays). This gave ample time to get acquainted with students and teachers through games, participation in lessons and discussions during lunchtime.

To combine respondent interviews with participant observations has been described as a valuable methodological tool:

“through which the local value systems can be explored in far greater depth than what is possible through standard survey instruments. By combining observation with in-depth interviews, we can see the difference between individual’s stated moral ideals and their actions. This knowledge in turn facilitates understanding what stigma does to people and how it can be addressed.” (Kleinman & Hall-Clifford 2009:418)

Thirdly, a small textual analysis was conducted of the reproduction chapter in the Science textbook available at St John. This analysis is used to expose what menstrual knowledge resources are available to the students, and what information these contain.

### 3.3. Respondent population and selection

Interview respondents are selected through strategic selection, using a least likely design. For clarification: this study hypothesises that those girls who experience stronger restricting norms and stigmas have a higher probability of having a hard time focusing in school and to miss more schooldays due to menstruation. A least likely method of respondent selection seeks to strengthen the credibility of one’s theory by subjecting it to circumstances that will put it to the test. If the theory still holds, it is probable it will continue to do so in
circumstances more favourable to the hypothesis (Esaiasson et al, 2012:161–164). This means that by interviewing respondents that have less restricting norms and social stigmas put on them by their families and school, I put the hypothesis to the test. If it is found that the respondents chosen through a least likely method still miss schooldays and have a hard time focusing in school, it is probable that those girls subjected to more restricting norms and stigmas will also do so, arguably to an even higher degree. This logic is what prompts the argument that conclusions made in the particular case of St John School could possibly be generalised to the bigger population mentioned in the research question.

Because of its education in English, St John is a school where families who prioritise education enrol their children. This means that the selection is done from a group who, arguably, prioritise their children’s education more than others. This goes well with the line of reasoning of the respondent selection. The same argument can be made in regards to the fact that the interviews are conducted in English. Because of the structure of the Indian education system, one can argue that students more fluent in English come from a more educated family background, in turn lessening the likelihood that they will be subjected to strict norms and stigmas. As such, by conducting the interviews in English, the least likely respondent selection strategy is additionally fulfilled. Further, the fact that St John’s female students are given opportunities to discuss their school environment – as well as topics such as menstruation – is important to note as it creates an environment that is less restrictive and stigmatised for menstruators attending the school.

This line of reasoning is accompanied by a self-selection mechanism interspersed within my least likely design of strategic selection. Presumably, students who are open to discussing menstruation with me are in all likelihood subjected to less restricting stigmas and might, therefore, be interested in seeking me out.

I focused on talking to the oldest students (of 12-15 years) and continued to conduct interviews until possible variations in given answers were exhausted, that is until I reached theoretical saturation. The respondents were 'chosen' through the previously mentioned self-selection mechanism. By interacting with the girls and telling them – in more general terms – what I wanted to discuss, I opened up for them to seek me out if they were interested in being interviewed. I talked to all that sought me out.

The selection for interviewing teachers and the principal was exhaustive, as I interviewed all female secondary teachers, the only principal and the sole Science teacher.
3.4. Material

The main body of material for this paper consists of the transcripts from the interviews with the female students. Transcripts from interviews with the teachers and principal are complementary. All interviews were tape recorded and transcribed into formal written texts (Kvale & Brinkmann, 2009:180-181). These transcripts are supplemented by a research log book that was kept during the whole research process and field trip, in which observations in class and of the sanitary facilities were noted.

Besides the transcripts and log book, material and information supplied by previous researchers instruct the study. I also textually analyse St John’s Science textbook, from which excerpts can be found in Appendix 3.

3.4.1. Categorising and analysing data

In order to clarify the findings on menstruation stigmas’ effects, the answers given by respondents are analysed through a coding scheme, and the observations are viewed in the light of national MHM guidelines. Three questions are posed to the textbook chapter on reproduction.

3.4.1.1. Interviews

The concept ‘affecting the capabilities of girls to participate in education’ in the research question requires further clarification. I define this concept as any impact the respondents themselves consider menstruation norms and stigmas to have on their education. The subjective impacts the respondents describe in the interviews are categorised according to four different themes, see Table 1.

Each theme includes sub-categories, or indications, that have their specific operationalisation(s). These operationalisations are sought for in the answers given by the respondents. If such operationalised points are brought up, this indicates that the answer should be categorised in the affiliated theme.
Table 1. The four themes of analysis, their corresponding indications, and their operationalization

The first theme is essential for finding the answer to my main research question. If the respondents do not express any indications towards perceiving menstruation stigmas to affect their capacity to partake in education, the hypothesis is proven to be wrong. The three following themes are not explicitly related to education, but I argue they showcase a societal
construction of the menstruating body that can have effects on the girls’ capacity to partake in education. These themes are used in the pursuit to answer the subordinate research question.

The four themes described in Table 1 are also used in the analysis of the respondent interviews with teachers at St John School. The coding scheme is partly data driven, due to it being developed and improved through research and investigations in the field (Kvale & Brinkmann, 2009:202-203). The categories are, however, originally informed by previous research on the topic as they are based on the study’s interview guide, which in turn drew inspiration from the Unicef manual (Unicef 2014b:29).

3.4.1.2. Observations
In the observations carried out in the case study, I make use of the Indian national SBM guidelines, which in 2015 were complemented with MHM policies (Gov. of India: Ministry of Drinking Water and Sanitation, 2015:1). The key indicators of the quality of MHM in schools within the guidelines are quite extensive, but are here summarised to:

- Separate, private and functional toilet block for girls
- MHM education for adolescent girls and boys as part of the curriculum
- Teachers trained in MHM education
- School platforms that provide a space for girls to discuss MHM issues
- Disposal and wash facilities for menstrual products
- Provision of sanitary napkins (ibid:11–12, 16–19)

These factors are observed to distinguish the WASH and MHM standard at the school. They are also supplemented with more anthropological participant observations on the behaviour of students and teachers in school.

3.4.1.3. Text analysis
The following questions are posed in the analysis of the Science textbook:

1. How are female pubertal changes explained?
2. Is menstruation explained in an exhaustive and easily accessible manner?
3. How is menstruation related to human reproduction?
3.5. Feedback

The feedback to the female students was conducted through a class in which we saw the film Hello Periods! by the Indian NGO Menstrupedia (see footnote 3) and discussed its contents. It brings up pubertal changes in a way that is tailored to the Indian educational context. The girls were free to ask questions and discuss amongst themselves. Many did. Further, I listed the anonymised central points that the students had brought up in interviews and these were handed over to the principal.

3.6. Ethical aspects

There are ethical dimensions that should be taken into account in conducting this study. By selecting out and interviewing menstruating female students, their menstrual status could be ‘outed’, which in turn could result in negative effects for the individuals in question (Hennegan & Montgomery 2016:16). This concern advises the conduct of the interviews, both in their place and timing, as well as how they are described to non-included students and teachers. It is also partly why respondents that are less likely to be met with repercussions from their community are chosen. Confidentiality is offered to participants, meaning their identity and participation in the study are kept private. All are asked for informed consent before the interview takes place (Kvale & Brinkmann, 2008:68–76).

Further, by asking private questions and gaining the trust from the interviewed students, I am creating a bond between us that one can argue solely or largely is to the advantage of me as a researcher. This is of course riddled with ethical grey zones. The result of the shared personal experiences of the girls is more beneficial to me than to them, and also creates a trusting relationship that only lasts during my stay at the school. When departing, I might be leaving behind a group of girls who feel as though they have found a confidante only to have that person leave them. I have tried to lessen the potential for such consequences by informing the students about the pre-existing security net of teachers, friends and the Girls’ Security Committee at St John School.

As a researcher from the Global North, by conducting a field study in the South I risk partaking in an Orientalist discourse that frames India as a ‘backwards’ object that I as a ‘development subject’ should investigate. I am aware of this inherent problem in my research.
It is one of the main reasons for why I seek to bring the voices and perspectives of the interviewed respondents into the forefront. It is also the reason I ask for their input on how the school environment can be improved upon. A summary of the points brought forward by the students and teachers can be found in Appendix 5.

3.7. Limitations of the study

There are several limitations to this study. The taboo nature of menstruation could mean that the interviews will not disclose the respondents’ actual feelings on the topic. Interestingly, this could prove useful. If the respondents are perceived to feel too ashamed to discuss the matter, this could indicate a general feeling of shame regarding menstruation. Further, the reliability of the analysis and categorisation rests solely on me as an interviewer, which also increases the chance of interview bias (ibid:110). This can be evaded by being transparent in the categorisations and result analysis.

Another possible problem with this study is that it is conducted in English. It might be easier to create a trusting and natural environment to speak of difficult matters in one’s native language (Sahin et al, 2015:76). However, since St John instructs in English from pre-primary classes, girls in secondary should have enough of a grasp of English for the interviews. They are also aided by the group wise individual interview format.
4. Results and analysis

Here follows the results found during my field research. Each theme is analysed by presenting quotes from the respondent interviews that are deemed to be telling examples. Results that contradict the hypothesis are included where they were found. The interview results are accompanied by findings from general participant observations and the informant interview when considered required to give a fuller picture. For the purpose of anonymity, the respondents have been given fictitious names. ‘Respondents’ (Rs) is used when students answered simultaneously.

25 female students were interviewed during six separate interview occasions, using the interview guide (see Appendix 1 & 2). A discussion was conducted with four other students on a seventh occasion. Here, the interview guide was not used; instead the girls in year ten suggested that we talked through their textbook chapter on reproduction. This discussion was however tape recorded and transcribed like all others; questions relevant to the study were asked.

All interviewed respondents were talkative in the beginning of the interviews when we discussed their aims in life and how they felt about participating in class. The general impression was that of ambitious and hardworking students who “feel glad to answer” (Rs, Student interview 1) questions and participate in class. When the topic of menstruation was introduced, almost all 29 student respondents reacted with uncomfortable body language and reluctance to answer questions, expressing their shyness of the topic. After giggling and giving each other meaningful glances at the story of my menarche, Harshada explained the group’s reaction with: “[w]e are not used to being asked questions like this” (Student interview 5). Only five of the girls were fairly comfortable to be discussing the topic openly, but all respondents participated in some capacity (Student interviews 1-7).

4.1. Menstruation stigmas’ effects on the ability to perform in studies

In the first theme, the interviews give ample examples of the operationalisations that indicate that stigmas have consequences for education. In the first student interview, the four girls spoke together and explained that:

“[i]t is quite difficult to concentrate because we are so worried it will leak through. On Saturdays and Wednesdays, when we wear white pants [part of
the school uniform], if we have our periods during these days we can't concentrate. We worry that is will leak onto the white pants. Especially in a male teacher's class!” (Rs, Student interview 1)

Priya continued: “[w]e can't stand up and tell them [teachers], if they ask any questions” (ibid). This unwillingness to stand up and answer questions for fear of thereby showing a possible stain was mentioned in four interviews (ibid; Student interview 2; Student interview 3; Student interview 5). Several girls mentioned that they had devised a system to check each other's uniform for stains before answering a question (Student interview 2). Others didn’t agree that such a system was used (Rs, Student interview 5).

Managing menstruation in school was, according to the girls, done in secrecy. In Student Interview 1, the respondents explained that they help each other with the concealment: “[w]e'll hide it [sanitary napkin]. In our pockets or books!” The expressed fear of being found out as menstruating and the possible strategies to avoid it was found to occupy the thoughts of the girls during their periods. This makes it hard to concentrate, or as Soumya puts it: “it distracts our minds” (Student interview 6).

When it comes to the second indicator for theme one, school attendance, the students gave less clear answers. The interview with the principal provided her take on the matter:

“they should come to school but sometimes the parents don't want for her to come, or she doesn't want to come here because she doesn't feel safe to change here in school. They cannot go to the washroom whenever they want, they might have to skip the class to go, and so others might wonder 'why is she going there, what is she doing?'. The boys are eager to know why she is going to the washroom. So, usually, the girls avoid coming to school during the first 2 or 3 days [of the cycle]. Therefore, it is causing a big problem with their attendance” (Mulla, personal communication, July 13, 2017).

This stance was repeated by the two female secondary teachers (Goushiya & Aqsa, Teacher interview 1), as well as several students. In four out of the six interviews, girls said that they did not miss any school days because of their menstruation. In the other two interviews, it was explained that “some girls do [miss class because of periods]” (Sarah & Siya, Student interview 3). In my observations at the school, I could discern that there were several times when a few girls were absent for a couple of days. This could, however, certainly have been

The second indication has already been brought up in regards to participation through answering questions in class. When it came to other descriptions of non-participation in school, girls explained that “[w]e'll not play games or do exercises in gymnastics class” (Priya, Student interview 1). Nikita explains further: “we tell the [female] teachers that we have the problems and that we can't participate and we can sit on the side” (Student interview 2). Mary then added that “[i]f you're comfortable then you can do it, if you are uncomfortable then you don't have to do it” (ibid).

Thus, all indicators of the first theme are brought up in the interviews. The girls describe difficulty to concentrate and non-participation in ways that can be connected to stigma. Attendance is connected to fears of being found out as menstruating by the principal and teachers. A minority of students make a similar connection.

### 4.2. Menstruation stigmas’ effects on the capacity to move around in society

The indication of the second theme, normative restrictions, was brought up in all interviews (Student interview 1-7). The girls expressed the pressure to follow norms to a varying degree, but the most common social menstrual regulation was to not visit religious spaces or partake in religious activity during the period. This is however outside of the scope of this study. Many girls also mentioned other types of restrictions, like the following examples:

“We have to manage ourselves in our homes and our mother says we can't play much outside” (Bhagashree, ibid).

“We should sit in a corner and our parents will give us what we want. They won't touch us. ... I feel angry all the time ... Because our parents are usually so attached to us but now suddenly they won't touch us! [said with sentiment]” (Sakshi, Student interview 1)

Such untouchability was however only brought up by Sakshi. Not all girls expressed restrictions in mobility and even fewer in food intake (for example: Rs, Student interview 2)

When asked who it is that inscribes these rules, I received answers along this line:
“My mother and my brother's wife” (Bhagashree, Student interview 5)

“Parents will tell” (Siya, Student interview 3)

“Everyone. We see it.” (Rs, ibid)

The results above arguably show that the practice of normative restrictions on girls’ mobility prevails to an extent and is introduced to the girls by their surrounding family and community.

4.3. Menstruation stigmas’ effects on the capacity to speak of what happens in the body

The interviews generally expressed the girls’ perceived importance of keeping menstruation a secret, to avoid being teased by the boys in class (Student interview 6). A fear of male teachers understanding what they are going through was also described in several interviews. When asked if they can tell their teachers that they need to use the washroom to change, or that they need help due to bleeding through, the girls in Student interview 5 explained that they could only reach out to a female teacher. “We go to a female teacher, and then they tell them [the male teachers].” When asked how this made them feel, Bhagyashree answered “[r]eally terrified” (ibid). After some giggling, she continued: “[w]e are scared of what he'll think of us.”

This fear was widespread, as was the expressed need for secrecy: “[w]e can't speak about it openly ... We talk about it more [indicating whispering] like that” (Aswini & Ankita, ibid). When asked why they had this fear of their menstrual status being known, Aishwarya explained that it is because “[b]oys don't know about this” (Student interview 2). A general reluctance towards speaking about menstruation with men prevailed due to this anxiousness of what they would think of the menstruating girl, which is the third indication of this theme. The teacher Aqsa agreed, saying that “[g]irls/women] can’t talk [about menstruation] in front of boys and men. We feel shy!” (Teacher interview 1)

Indications that menstruation was difficult to speak of (the theme’s first indication) was also visible in the body language of the girls in the interviews, as has previously been mentioned. Embarrassment to talk of the subject was prevalent, both in giggling and shy body language (Student interview 4 & 5) as well as in actually refusing to talk (Jyothi, Student interview 2; Meenakshi, Student interview 3). Most girls were visibly uncomfortable when I spoke
explicitly and openly used words like 'menstruation', 'chums' and 'period' and more comfortable to be speaking more indirectly (ibid).

In analysis of the theme’s second indication, menstruation was found to mainly be described as a “problem” (Nikita, Student interview 2; Soumya, Student interview 6); “a bad thing” (Harshada, Student interview 5); and something to “suffer through” (Soumya, Student discussion). Only one girl expressed positive words linked with menstruation, which she called her “happy days” (Nikita, Student interview 2). It is worth noting that she had just previously called menstruation a problem, possibly revealing that the description “happy days” was sarcastic. During the feedback session, discussion of impurity was brought up: “I’ve been told that periods is a way for the body to get rid of waste. How can it not then be impure?” (Research Log book, Notes from showing “Menstrupedia”, Aug 5, 2017)

When it comes to the fourth indication for the third theme, knowledge of menstruation, there were many examples of a lack thereof, as well as of reproduction in general. For example, Soumya asked me “if a girl and a girl have sex, there will be a baby?” (Student interview 6) It became even clearer that the female students yearned for more knowledge on the subject when all girls in grade 10 asked me to go through the chapter on reproduction in their science textbook with them, as their previous Science teacher had refused to conduct the class on the topic (Aakriti & Sonia, ibid). They asked me many questions, including “[w]hen you are pregnant, you won't bleed?” (Nazeema, Student discussion)

During the feedback session, the girls looked very attentively at the informational video and asked further questions. For example, one asked “if a girl who doesn't have her period sits next to a girl that does, will the first girl also start having her period then?” (Research Log book, Notes from showing “Menstrupedia”, Aug 5, 2017)

Almost all girls also expressed a complete unawareness of menstruation pre-menarche: "I was shocked and thought 'what is this?' ... I didn't know anything about that ... I was crying and was feeling very shocked.” (Nikita, Student interview 2) There were however girls who knew of menstruation before their first period, learning about it from older sisters in some cases (Siya, Student interview 3).

St John’s newly employed Science teacher also expressed a lack of knowledge on the topic of menstruation. He said that “I still have not been taught about this” (Naveen, Teacher
When asked if he feels comfortable to talk about reproduction and menstruation with the students, this was his reply:

“Naveen: A little uncomfortable. And they will get shy! When they get shy, it’s uncomfortable for me to teach.

Interviewer: So when they’re shy, it’s uncomfortable for you?

Naveen: Yes, mam. It makes me shy and wondering how to express the topic to them. About the matter which you are talking, if there is a certain word mentioned, they will start to laugh and talk amongst each other” (ibid).

All indications of the third theme are thus apparent in the results mentioned above. The girls clearly express a need for secrecy; a difficulty and reluctance to speak about menstruation, especially with men; a word-usage that indicate impurity connected with menstruation; as well as expressions of shame, fear or anxiousness of others’ image of menstruating people. This last indication was also shown in 4.1. as this fear of what others might think if one’s menstrual status became known dictated menstruation management in secrecy as well as caused distractions during lessons.

4.4. Social constructions of a menstruating body and their effects on the ability to be safe from threats of sexual harassment

Many girls answered that menarche does not change a girl's life, but then gave many accounts of new normative rules they were taught to follow (as mentioned in 4.2.) or new behaviour they were expected to perform. A perceived need for mature behaviour after menarche was brought up in all six interviews.

"Obviously [people treat us differently after menarche], because at first, we may act childishly - being naughty and those kinds of things - but after, they will scold us if we do that. 'You're a grown up now, why are you doing like that?!'

(Priya & Sakshi, Student interview 1)

"Before, we can sit however we like, but now, after we get our periods, we should sit properly" (Mary, Student interview 2).
"Before chums, we can go and play with boys. After chums, parents don't allow it" (Priya, Student interview 1).

These quotes all indicate a change in the girls' allowed, and expected, behaviour after menarche. This was explained to be because:

"Aswini: They know that nowadays [after menarche], the boys can harm the girls. [Rs agreed]
Rs: We have to be careful...
Aswini: For that reason, the girls cannot play with the boys” (ibid).

These respondent answers contain all three operationalizations for the fourth theme, as they express a need for a menstruating girl to change her behaviour, as well descriptions of what is deemed proper behaviour for her. The last quote also hints at the social construction of a menstruating girl having a sexually mature body, as it can now “be harmed” by boys in a way that wasn’t possible before menarche, according to the respondents.

4.5. Observations: MHM standards
Here follows the MHM observations at St John School.

<table>
<thead>
<tr>
<th>Prevalence of Key Indicators</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate, private, functional, female toilet</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MHM education as part of curriculum</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Teachers trained in MHM education</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Platforms to discuss MHM issues</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Disposal and wash for menstrual products</td>
<td></td>
<td>Varyingly</td>
</tr>
<tr>
<td>Provision of sanitary napkins</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Findings from St John on the key indicators of MHM quality (from SBM guidelines)

St John delivers to a varying degree when it comes to the SBM key indicators of MHM levels in schools, see Table 2. During the time of this study, there was a provision of sanitary napkins for emergencies as well as a platform for girls to discuss MHM issues, in the Girls'
Security Committee’ (Goushiya, Teacher interview 1). The school did not deliver so well on MHM education, as such was not a consistent part of the curriculum nor were the teachers trained in such education (Mulla, personal communication, July 13, 2017).

<table>
<thead>
<tr>
<th></th>
<th>11th of July 2017</th>
<th>25th of July 2017</th>
<th>8th of August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functioning water supply</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>Clean</td>
<td>Less clean</td>
<td>Very clean</td>
</tr>
<tr>
<td>Safe and functioning</td>
<td>1 garbage bin, was</td>
<td>1 garbage bin, was</td>
<td>Sole garbage bin</td>
</tr>
<tr>
<td>disposal of menstrual</td>
<td>emptied</td>
<td>emptied</td>
<td>full</td>
</tr>
<tr>
<td>absorbent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply of soap</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 3. MHM standard observations on 3 occasions

As Table 3 shows, the girl bathrooms at St John were found to have an unreliable supply of soap. This was also brought up as a problem by students (Student interview 6). The toilet block was separate, private and functional, but only one booth included a garbage bin and that particular one lacked a functioning lock. All five booths were quite badly lit. The washroom was regularly cleaned and the supply of water inside the booths, as well as the wash basins, was constant.

Worth noting is that I was menstruating myself on the first occasion of observation, July 11th. I was at this time finding it insufficient with only one garbage bin and the poorly lit booths, but otherwise, I was quite able to manage my menstruation satisfactorily that day.

4.6. Text analysis: the Biology textbook

The book 9th Standard Science - English was put forward to me by some students at St John as their main resource for menstruation knowledge, besides information received from family and friends (Research log book, Continual observations, July 8, 2017-Aug 14, 2017). When analysing chapter 15, Reproduction in Animals (see Appendix 3), I posed three questions to the text, as previously mentioned.

1. How are female pubertal changes explained?

After a description of the male and female reproduction system, the female biological changes during puberty are mentioned. Besides from stating that the growth of the body is decided by
hormones, it is described of young women that: “[t]heir hips start to widen. Puberty transforms a girl into a woman. It means that she has reached the adolescent stage. Girls generally enter puberty around the ages of 11 or 12” (The Karnataka Textbook Society, 2015:199).

This is all that is described of the bodily changes the 14-year-old readers of the textbook are going through. Nothing is mentioned of things like a burgeoning sexuality or growth of sexual organs, the only thing that comes close is mentioning that boys start growing pubic hair (ibid:198). Female pubic hair is not talked of, and the female pubertal changes are all in all less extended upon than the male ones. Menstruation or menarche is not mentioned at all in regards to puberty. In conclusion, the text book chapter does bring forward information of pubertal changes, but does not explicitly state even close to all these changes; doing an even poorer job of preparing girls than boys.

2. Is menstruation explained in an exhaustive and easily accessible manner?
The short answer is: no. The text explains that “[i]n a mature woman, there is a regular reproductive cycle which extends to a period of 28 days. This cycle is called menstrual cycle” (ibid:201, Author's emphasis). The book then goes on to explain the cycle of a maturing egg, fertilisation and when ovulation occurs. Lastly: “14 days after ovulation, the soft tissues lining the uterus break down. The broken tissues along with the blood are discharged from the uterus through the vagina. This process is known as menstruation” (ibid:201, Author's emphasis). There is, however, no explanation of when or how a menstruator will start menstruating, the relative difference in cycle length, or of what symptoms will be felt throughout the cycle and how these can be managed. Neither is menopause mentioned.

3. How is menstruation related to human reproduction?
As previously mentioned, the topics of the menstrual cycle, ovulation, and fertilisation through the fusion of an egg cell and a sperm are brought up in the text. They are however described in an overtly theoretical manner, making it very difficult for the reading student to understand how heterosexual penetrative sex is related to reproduction and the menstrual cycle. For example, the only time sex is mentioned is in this sentence in the chapter's first pages: “[r]eproduction in humans take place by sexual method” (ibid:198). After mentioning that the penis “enables the insertion of sperm into the female reproductive system” (ibid:199), it goes on to say that a matured egg has a limited life span and that “[i]f, at that time, it fuses
with a sperm, the woman can become pregnant. … If the egg is not fertilised, the menstrual cycle continues” (ibid:201). How heterosexual penetrative sex occurs, the need of ejaculation etcetera is not described.

In sum, the textbook brings up the absolute basics of human reproduction, but in an overly theoretical manner. The theoretical language and complete lack of relatable examples makes the information in this chapter non-accessible for its readers. In this author’s opinion, as a science textbook, it is in the right to focus on the biology of reproduction. It does, however, not suffice in teaching its readers the ins and outs of menstruation, nor how these relate to human reproduction.

4.7. Result analysis
As I found that the indications for all four themes emerged in the previously presented results, I argue that this respondent selection show the prevalence of restricting norms and social stigmas imposed on the interviewed girls. These promote absenteeism and distraction, resulting in the girls’ lessened capability to participate in education. I have thereby found my hypothesis to be accurate in this research.

The fact that girls mention a worry of leaking through in the first analysed theme might simply mean a fear of destroying the uniform with blood stains. Yet, with the ample evidence of menstrual stigma in previous research, one can argue that care for clothes probably is not the only reason. If a girl stains her school uniform with menstrual blood, it becomes evident that she possesses this “trait that is deemed negative by the community at large” (Giles et al, 2010:44) that is brought up in this paper’s definition of social stigma. The fear of being associated with the stigmatised (menstruation) creates distractions from the schoolwork, as well as hindering girls from participating in class by answering questions.

The results also show that a fear of not being able to manage menstruation in school, which can cause leakage and thereby show the girls’ discredited status of ‘menstruating’, sometimes make girls absent from school. This felt inability to manage menstruation in school could be due to MHM levels and facilities, but it could also be due to stigma causing girls not being able to tell their (male) teachers of their need to go to the washroom to change during class. This was described by both the principal and some students in 4.1. In contrast, it is important
to observe that other girls felt their attendance or participation was up to themselves and how comfortable they felt.

On the same note, the girls’ answers did not align with the teachers’ and principal’s on absenteeism during menstruation. As the principal has no reason to lie on the subject (it arguably makes her look ‘bad’ that her students do not always attend school), but the students do (they are expected to attend school six days a week without exception), this result might not be so surprising. It could suggest that girls are caught in between expectations to attend school whilst menstruating and stigma or restricting norms saying to stay at home during this time.

The girls’ descriptions of such restrictions in playing, mobility or going outside were quite varying from respondent to respondent. Such norms, presented in theme two, could mean a lessened ability to partake in school, extra-curricular activities or to do homework. However, the results are not as clear as previous research done by for example van Eijk et al. and do not seem to be as widespread. The testimony of untouchability that was brought up was singular, but I argue such a practice could still indicate broader stigmatised notions of impurity. There can also be educational consequences for girls affected both by untouchability and confinement in homes. Such practice can cause mental stress, which can interfere with a girl’s schoolwork.

It was quite evident in the interviews that the girls have a less than full capacity to speak of their bodily functions. This third theme was indicated through operationalizations like reactions to speaking of menstruation, expressing a need for secrecy, stigmatised words such as 'dirty' and 'impure', and lacking knowledge on the topic. These results arguably show the stigmatised character of menstruation, which reinforces the structures and consequences mentioned in the other three themes.

The expressed need for secrecy is indicating that the girls probably feel shame of their menstruating bodies. Such shame is arguably induced by society’s negative attitudes that discredit menstruators, per the definition of social stigma used in this paper. The words used to describe periods are almost exclusively negative and go along the lines sought after in the study’s operationalisation. The low levels of period knowledge, especially pre-menarche, could further indicate the stigmatised nature of menstruation – rendering it seldom talked of or taught. The fact that the previous Science teacher refused to teach the topic, and that the
current Science teacher felt that he did not know enough to teach about menstruation, are additional indications of this.

The change in accepted behaviour outlined in the girls’ answers, points toward the fourth theme: social constructions of a menstruating body and their effects on the ability to be safe from threats of sexual harassment. The answers given by the respondents correlate with previous descriptions of social constructions of girls’ post-menarche bodies as sexual objects. An expressed need for careful behaviour around boys (and men) in the interviews could indicate that girls also feel this need when moving to and from the school, as well as within school. Such a perceived need could interfere with schoolwork by causing a distraction in class, or dissuade walking to and from school. Fears of this kind could also lead to mental stress, which in turn could affect the schoolwork.

The study controlled for the MHM levels at the school being the reason girls were absent or distracted, and it was found to not have any significant effects. The environment the St John students manage their menstruation in is deemed as acceptable, particularly as no girls ever mentioned the washrooms being a problem in the interviews. The school’s menstruation education and education material are, however, lacking in quality and continuity. This could be argued to be another indication of the stigmatised construction of menstruation, as even in a school with many factors pointing towards lessened stigmatisation there is lacking menstruation education.
5. Conclusions

This study aimed to investigate if, and how, social stigmas and norms around menstruation generate obstacles for girls’ equal participation in education. The following research question was asked:

*How do schoolgirls in India perceive that their capabilities to participate in education are affected by social stigmas and norms regarding menstruation?*

The subsequent question was also analysed in order to fully understand how stigmas can affect the girls’ daily lives, through which stigmas might possibly also affect the girls’ education.

*Do schoolgirls in India perceive stigmas to affect their ability to speak of menstruation or dictate their mobility and behaviour?*

By a least likely design of strategic respondent selection, girls who were subjected to less restricting norms and stigmas were interviewed. After asking these respondents for their perceptions of the effects of menstrual stigmas and norms on their lives, particularly on school attendance and ability to learn, and using the school’s MHM levels as a control variable, one can come to concluding answers. The girls at St John School were found to perceive their capabilities to participate in education to be affected by menstruation stigmas and norms. They could not concentrate or participate in class to the same extent as they would, arguably, have been able to do in a society void of stigma. Stigmas and norms were also found to lessen the girls’ attendance in school, according to teachers, the principal and a minority of students. Numerous examples were attained of how the schoolgirls perceived menstruation to be connected with both impurity and maturity; inducing shame as well as marking them as viable objects of the sexual desire of men and boys. The effects of menstruation stigmas and norms on socially accepted movement and behaviour are argued to also have effects on the girls’ access to, and participation in, education.

Because the interviewed girls are from a context that is less likely to induce strong restricting norms and social stigmas, but they were still found to be subjected to such, one can argue that girls from more stigmatising contexts would be subjected to even more social pressure. Consequently, one could come to the conclusion that the capabilities of girls in India to participate in education arguably are affected by social stigmas and norms regarding menstruation.
There are, indeed, limitations to this generalisation claim. Its logic relies on the St John students being subjected to fewer stigmas than the more general population of schoolgirls in India. Of course, there will be cases that do not conform to this claim, especially in such a populous country with said regional and social differences. It also relies on results generated and interpreted by a single researcher during one field study. Additional research, conducted in differing contexts and regions, will give more secure answers to how the broader population of Indian girls perceive menstruation stigmas and norms to affect them.

This study adds to the discussion on how to not only get all girls to go to school, but to stay there and become educated and empowered. It argues that practical solutions to the education impediment connected with menstruation cannot be the only answer. Development research, policy, and practice must also look into breaking taboos and lessening stigmas. This is not solved solely by handing out menstrual products or building washrooms. Menstruation must be allowed to exist not only in the sanitation paradigm but also to take its natural place within the space of reproductive health. This paper calls for going beyond practical issues of menstruation and also use education to challenge stigmas and combat lack of awareness. Further, this study argues that much can be gained by optioning for methods as have been used herein – that emphasise the agency of girls and young women. The research community must see the agency of girls as well as their knowledgeability of the challenges they face, including possible solutions for these. This paper also asks that the research community do not limit ourselves to viewing menstrual stigmas and norms as practices in the Global South, but that we research it in all places it prevails.

By including men and boys in education and discussion on menstruation, substantial steps toward breaking taboos can be taken as these groups are essential parts of the societal construction of stigmas. Due to time and resource limitations, this study could not include men and boys, but it is urged that other researchers do so. Society-wide normalisation and de-stigmatisation of this biological phenomenon are required in order for girls to menstruate without it generating obstacles for their equal participation in education.
6. Bibliography


Unicef, 2014, Global Initiative on Out-of-School Children - A Situational Study In India, New Delhi: Unicef.


van Eijk, Anna Maria, Sivakami, Thakkar, Mamita Bora, Bauman, Ashley, Laserson, Kayla, Coates, Susanne, & Phillips-Howard, Penelope, 2016, "Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis", BMJ Open, 6 (3).

Interviews

Mulla, Sujatha, Interview with principal. July 13, 2017, Personal interview, St John School, Kalaburagi, India.


Student interview 2. R5-R8. July 17, 2017, Personal group wise individual interview, St John School, Kalaburagi, India.


Student interview 4. R15-R17. July 26, 2017, Personal group wise individual interview, St John School,
Kalaburagi, India.


**Student interview 6.** R22-R25. August 1, 2017, Personal group wise individual interview, St John School, Kalaburagi, India.

**Student discussion.** R22-R29. August 2, 2017, Personal group wise individual interview, St John School, Kalaburagi, India.

**Teacher interview 1.** T1-T2, female secondary teachers. August 2, 2017, Personal group wise individual interview, St John School, Kalaburagi, India.

**Teacher interview 2.** T3, male Science teacher. August 9, 2017, Personal interview, St John School, Kalaburagi, India.

**Other resources**


### 7. Appendix

#### 7.1 Appendix 1: Interview guide, student interviews

Brief description of interview and informed consent

**Opening questions**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Possible follow-ups / probes / possible themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Ice-breakers</strong></td>
<td>● Have you always lived here?</td>
</tr>
<tr>
<td>● How old are you?</td>
<td>● Who do you live with?</td>
</tr>
<tr>
<td>● Where do you live?</td>
<td>● Do you have friends who live nearby?</td>
</tr>
<tr>
<td>● How long have you gone to St John School?</td>
<td>● How long does it take you to go to school?</td>
</tr>
<tr>
<td>● What is your favourite subject in school?</td>
<td>○ Bus? Autorickshaw? Bike? Walk?</td>
</tr>
<tr>
<td>● Have you always lived here? triplica</td>
<td></td>
</tr>
<tr>
<td>● Who do you live with?</td>
<td>● Why is that your favourite subject?</td>
</tr>
<tr>
<td>● Do you have friends who live nearby?</td>
<td></td>
</tr>
<tr>
<td><strong>2. How would you describe what you are like in class?</strong></td>
<td>● Participation</td>
</tr>
<tr>
<td>○ How do you feel when the teacher asks you to answer a question in school?</td>
<td></td>
</tr>
<tr>
<td>● Aspirations / Aims</td>
<td>○ What do you hope to do after school?</td>
</tr>
<tr>
<td>○ What makes you want to do that (profession)?</td>
<td></td>
</tr>
<tr>
<td><strong>3. What do you learn about growing up and female health at school?</strong></td>
<td></td>
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<tr>
<td>What do you learn about puberty at school?</td>
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</tr>
</tbody>
</table>

If learned about health/puberty at school

- What were the topics covered?
  - How would you describe happens to a young woman’s body when she grows up?
    - Hair growth, breasts, sweating, periods, etc.
  - Why do you think this happens to young women?
    - (Reproduction?)
- Who teaches these topics?
- How were they taught?
- How did it make you feel to discuss these topics in class?

If she has not learned about health/puberty in school

- How would you describe what happens to a young woman’s body when she grows up?
  - Hair growth, breasts, sweating, periods, etc.
- How have you learned what you know?
- From whom?
- How did it make you feel to learn about it this way?

My menarche story
## Key questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Possible follow-ups / probes</th>
</tr>
</thead>
</table>
| 4. How did you first learn about chums/chumming? | • Did you learn about chums before or after your first period?  
  • Who taught you?  
    o What did they tell you?  
    o How did the topic come up?  
    o What was your reaction? Why?  
    o Did you still have questions?  
  • If you think about what you first learnt about chums, have you learnt different things since then?  
    o Has your understanding of chums changed since you first learned about it?  
      ▪ How did it change?  
      ▪ Who have you talked to about chums?  
      ▪ What do you know now that you didn’t know before you had your first period?  
      ▪ Do you feel like there is more you want to know? |
| 5. What are words that girls use to talk about periods? | • What words do you use with friends?  
  • What do they mean?  
  • Are “secret” words used so nobody else will know what is discussed?  
    o Is it important to keep it a secret? |
| 6. What are words that are used to describe girls who are menstruating? | • How was that experience?  
  • What did you think was happening?  
  • Did you tell anyone?  
  • How did that make you feel? |
| 7. What age did you get your first chums? | • What?  
  • How have you noticed this?  
  **If no answer:**  
  • Others have answered something like…  
  • Do you for example think they mean that your family treats you differently/rules/that you are a grown-up/etc? |
| 8. How did your mother/the person you told react when you told them about your first chums? | • Why/why not?  
  • In what way?  
    o How did you notice these changes?  
  • Good things? Why?  
    o Advantages?  
      ▪ Rest from regular housework/school work?  
      ▪ Respect from others?  
  • Bad things? Why?  
    o Disadvantages?  
  • Why/why not?  
  • In what way?  
    o How did you notice these changes?  
  • Good things? Why?  
    o Advantages?  
      ▪ Rest from regular housework/school work?  
      ▪ Respect from others?  
  • Bad things? Why?  
    o Disadvantages?  
  • Why/why not?  
  • In what way?  
    o How did you notice these changes?  
  • Good things? Why?  
    o Advantages?  
      ▪ Rest from regular housework/school work?  
      ▪ Respect from others?  
  • Bad things? Why?  
    o Disadvantages? |
11. Can you tell me about the most recent time you got your chums at school?

- **Context**
  - Where were you?
  - What were you doing?
- **Attitudes/emotions**
  - How did you feel?
  - Do you feel comfortable managing your chums in school?
    - Why? Why not?
    - Embarrassed? Fear of anyone finding out? Trying to hide sanitary napkins/cloth from others?
    - What could be done to make you feel more comfortable?
  - Can you talk to your friends about this on such days?
    - Why can/can’t you talk to them about this?
- **Education**
  - Can you concentrate in class when you are on your period?
    - Why? Why not?
    - What makes it hard?

12. Have you ever skipped school because of chums?

- Why?
  - Cramps?
  - Headache?
  - Scared of menstrual blood appearing on clothes or in the bathrooms?
- Or have you left early? Come in late?

13. Has there been a time at school that you were asked to do something that you didn’t feel you could do because you were chumming? Please explain.

- Participate in class or school activities?
  - Stand up to answer questions? Write on the board?
- Play games? Socialise?
- Sit near someone?

14. Has anyone ever told you that you cannot participate in school when you are on your period?

- Parents? Classmates? Teachers?
  - Do you agree with them?
    - Why? Why not?
  - How did this make you feel?

15. Do you think that people treat you differently when they know you are growing up and have started getting your chums?

- Family / teachers / friends / boys?
  - **If yes,**
    - How do they treat you differently?
    - Why do you think they do so?

16. Do you feel that expectations on you from others are different now than they were before you got your period?

- **Academic?**
- How to behave around boys / men?
- In what way?
  - How were expectations on you before?
    - How are they now?
- Who has different expectations now?
  - How do they show this?
- How does this make you feel?

17. Are there any activities you do not do when you are menstruating?

- Why?
- Religious
  - Can you participate in ceremonies, pray, visit
(Are there any restrictions placed on you?)

<table>
<thead>
<tr>
<th></th>
<th>the temple/church/mosque etc.?</th>
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<tbody>
<tr>
<td></td>
<td>● Mobility?</td>
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<tr>
<td></td>
<td>○ Can you go wherever they want?</td>
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<tr>
<td></td>
<td>● Cooking?</td>
</tr>
<tr>
<td></td>
<td>○ Can you prepare food?</td>
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<td></td>
<td>● Eating?</td>
</tr>
<tr>
<td></td>
<td>○ Can you eat with the rest of your classmates or families?</td>
</tr>
<tr>
<td></td>
<td>● Clothing?</td>
</tr>
</tbody>
</table>

**If restrictions:**

- Who places these restrictions on you?
- Do you place any restrictions on yourself?
- Why do you think such restrictions are placed on you?
- How does it make you feel?

---

**Closing questions**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Possible follow-ups / probes</th>
</tr>
</thead>
</table>
| 18. If you could give advice to your little sister/cousin before she starts chumming to help her, what would you say? | ● What would you say? When would you bring the topic up?  
  ● Why would you like to give that advice?                              |
| 19. I am going to come up with some recommendations/advice for Madam [Principal of St.John], to help make the school better for you girls. What advice would you like for me to pass along? | What do you think would make this school better for girls that are menstruating?  
  ○ Sanitation?  
  ○ Education?  
  ○ Teasing?  
  ○ Groups for girls to talk about puberty/life/etc.? |
| 20. What could parents and families do to support their girls?            |                                                                                             |

Thank you!
Any questions?
7.2. Appendix 2: Interview guide, teacher interviews

Brief description of interview and informed consent

Introductory questions

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| **1. Name and Title** | • How long have you worked as a teacher?  
• How long have you worked at St John School? |
| **2. What subjects do you teach?** | • How come you have decided to teach these subjects? |
| **3. Is health/human anatomy/pubescence taught at the school?** | • How? |
| **4. Do girls receive menstruation-related education at St John?** | If yes  
• How? *Open question, probe if necessary:*  
  o As a component of the core curriculum (like in science class)?  
  o As a special module?  
  o Through extracurricular programs?  
  o Only sporadically / informally / occasionally, like when girls ask  
  o Only sporadically / informally / occasionally, like when teachers perceive girls need information  
• Who teaches menstruation-related education at the school?  
  o Are they trained to discuss this with students?  
  o Are they comfortable in discussing this with students?  
• What is covered? *Open question, probe if necessary:*  
  o Biological reasons for menstruation  
  o Menstruation management  
  o Reproductive health  
• When and how often is it taught?  
  o At what age and grade? |
| **5. Do boys receive education on menstruation?** | • What kind?  
• Where?  
• How can girls access these? |
| **6. Are menstruation-related education materials available and accessible to girls at the school?** | • Where?  
• How can girls access these? |
| **7. Are products for menstruation management available for female students at school?** | • Where?  
• How can girls access these?  
• Do girls know about these? |
### Key questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Follow-ups/Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Should it be the role of teachers to teach about menstruation to girls?</td>
<td>• Role of others?</td>
</tr>
<tr>
<td></td>
<td>o Mothers</td>
</tr>
<tr>
<td></td>
<td>o Family members</td>
</tr>
<tr>
<td></td>
<td>• Friends of the student</td>
</tr>
<tr>
<td>9. How do you think most teachers feel about teaching menstruation to girls?</td>
<td><strong>Open question, probe if necessary:</strong></td>
</tr>
<tr>
<td></td>
<td>• Difficulty of topic</td>
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<tr>
<td></td>
<td>• Hard to discuss</td>
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<td></td>
<td>• Is there a difference for male and female teachers to teach such topics?</td>
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<td></td>
<td><strong>If not taught:</strong></td>
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<tr>
<td></td>
<td>• How do you think teachers would feel if asked to teach about menstruation-related topics?</td>
</tr>
<tr>
<td>10. Are girls expected to come to school while menstruating?</td>
<td><strong>Open question, probe if necessary:</strong></td>
</tr>
<tr>
<td>11. In many schools, girls miss school or leave early when they are menstruating. Does this happen at this school?</td>
<td>• Why? / Why not?</td>
</tr>
<tr>
<td></td>
<td>• Do all teachers at St John agree?</td>
</tr>
<tr>
<td></td>
<td>• Do girls abide by these expectations?</td>
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<tr>
<td></td>
<td>• What do girls’ parents think?</td>
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<tr>
<td></td>
<td>• What do other students think?</td>
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<td></td>
<td>• How often?</td>
</tr>
<tr>
<td></td>
<td>• Are these only certain girls?</td>
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<tr>
<td></td>
<td>o Which girls? (certain backgrounds, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Is this common / to be expected?</td>
</tr>
<tr>
<td>12. In many schools girls get teased if it is known they are menstruating. Do you think that happens at this school?</td>
<td><strong>Probe if necessary:</strong></td>
</tr>
<tr>
<td></td>
<td>• Who teases?</td>
</tr>
<tr>
<td></td>
<td>• How are girls being teased?</td>
</tr>
<tr>
<td></td>
<td>• Are all girls being teased?</td>
</tr>
<tr>
<td></td>
<td>• Why is there teasing?</td>
</tr>
<tr>
<td></td>
<td>• Are those teasing disciplined?</td>
</tr>
<tr>
<td>13. Do girls’ behaviours in school change when they are menstruating?</td>
<td><strong>Probe if necessary:</strong></td>
</tr>
<tr>
<td></td>
<td>• Participation in classes or activities</td>
</tr>
<tr>
<td></td>
<td>• Are girls distracted or nervous?</td>
</tr>
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<td></td>
<td>• Why do you think girls change their behaviours in school when they are menstruating?</td>
</tr>
<tr>
<td></td>
<td>o Because of the behaviour of other students or teachers?</td>
</tr>
<tr>
<td>14. Do you notice a change in behaviour in school towards girls after they have started menstruating?</td>
<td>• Who changes their behaviour?</td>
</tr>
<tr>
<td></td>
<td>o Teachers?</td>
</tr>
<tr>
<td></td>
<td>o Other students?</td>
</tr>
<tr>
<td></td>
<td>• Why?</td>
</tr>
<tr>
<td></td>
<td>o Girls are seen as mature?</td>
</tr>
<tr>
<td>15. Are there any restrictions put on girls when they are menstruating?</td>
<td><strong>Examples?</strong></td>
</tr>
<tr>
<td></td>
<td>• Religious</td>
</tr>
<tr>
<td></td>
<td>o Can they participate in ceremonies, pray, visit the temple / church / mosque etc.?</td>
</tr>
</tbody>
</table>
16. Are the expectations on female students different before and after they have entered puberty?

- Mobility?
  - Can they go wherever they want?
- Cooking?
  - Can they prepare food?
- Eating?
  - Can they eat with the rest of their classmates or families?
- Clothing?

**If restrictions:**
- Who places these restrictions on girls?
- Do they place them on themselves?
- Why do you think such restrictions are placed on them?

17. **If female teacher:** Do you feel comfortable teaching in school during your monthly cycle?

- Are there expectations of others regarding whether or not a female teacher should teach during her cycle?
- What do you think of this?

18. Is menstruation a taboo subject in India?

19. What does Menstruation represent in India?

- Why do you think that is?
- Do you think that it affects girls’ access to education?
- Mental maturity?
- Physical maturity?
- That you have become a woman
  - Marriage
  - Avoid boys

### Closing questions

20. Do you have a daughter? What age is she?
    Will you / have you discussed menstruation with her?
    If you had a daughter, would you discuss menstruation with her? At what age?

- Why? / Why not?
- When?
- How?

21. What do you think schools can do to make it easier for girls to be in school during their menstruation?

- What do you think schools can do to make it easier for girls to focus in class during menstruation?
- What could / should be done at St John?
22. Do you have any suggestions on female students that I should interview on this topic?

23. Do you have any suggestions on teachers or school personnel that I should interview on this topic?

7.3. Appendix 3: Excerpts from the Biology textbook


![Image of page 201 from the Biology textbook]
the Fallopian tube. The egg and sperm fuse there. The process of fusion of the male and female sexual cells is known as fertilization and the result of fertilization is known as zygote. Within about 5-6 days after fertilization, the zygote reaches the uterus. On reaching the uterus the zygote embeds itself deep in the soft, spongy wall of the uterus. By repeated divisions a ball of cells is formed. Up to the first 8 weeks of development the zygote is known as embryo. The embryo enters the uterus and attaches to its inner wall. The reproductive cycle in a woman is guided and controlled by 4 important hormones. They include:

a) Follicle stimulating hormone (FSH)
b) Luteinising hormone (LH)
c) Estrogen
d) Progesterone.

Follicle stimulating hormone helps in the growth of ovarian follicles in the ovary. It also stimulates the ovary to secrete the hormone estrogen. Estrogen helps in the development of secondary sexual characters in woman. It also helps in the repair of the inner lining of the uterus after menstruation.

Luteinising hormone helps in the maturation and release of mature egg from the follicle (ovulation). After the egg is released the empty follicle is stimulated to secrete the hormone progesterone. This hormone helps in the inner lining of the uterus to become thicker and also maintains pregnancy in the uterus. If the egg is not fertilised, secretion of estrogen and progesterone stops, the lining of the uterus breaks down and menstruation occurs. Since the egg and sperm unite with one another within the body of the female, fertilization in human beings is said to be internal.

Internal fertilization confers certain advantages. It generally occurs in reptiles, birds and mammals. The benefits of internal fertilization are:

a. The egg is safe and protected from predators in the reproductive system of the female.
b. Fertilization of the egg is ensured.
7.4. Appendix 4: NIPCCD Survey results

Information retrieved from the NIPCCD report *Improvement in Knowledge and Practices of Adolescent Girls Regarding Reproductive Health with Special Emphasis on Hygiene during Menstruation in Five Years, 2014:3-4.*

<table>
<thead>
<tr>
<th>Percentage of girls who:</th>
<th>2007</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are enrolled in school</td>
<td>49%</td>
<td>67%</td>
</tr>
<tr>
<td>Are aware of menstruation before menarche</td>
<td>29%</td>
<td>73%</td>
</tr>
<tr>
<td>Are shocked by menarche</td>
<td>44%</td>
<td>8%</td>
</tr>
<tr>
<td>Perceive menstruation to be ‘dirty’</td>
<td>74%</td>
<td>65%</td>
</tr>
<tr>
<td>Have restrictions imposed on them during menstruation</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Have restrictions on moving in the kitchen during menstruation</td>
<td>91%</td>
<td>3%</td>
</tr>
<tr>
<td>Have restrictions regarding visiting places of worship during menstruation</td>
<td>77%</td>
<td>75%</td>
</tr>
</tbody>
</table>

7.5. Appendix 5: Feedback from interviews to St John Principal

The following feedback was brought to the principal after the conducted respondent interviews with teachers and students at St John School, Kalaburagi. It is an anonymised summary of the thoughts and ideas of the respondents.

- There should be soap for the children to wash their hands
  - Girls feel too dirty to change cloth or pad in the school because they can’t wash their hands
  - It was suggested to put soap in the girls bathroom, because soap that has previously been placed in reach of the boys has been destroyed
- The white pants/skirts on Wednesdays and Saturdays make the girls feel very uncomfortable because a possible stain would be very visible
  - This was brought up by almost all girls I talked to
- The girls do not feel comfortable to talk to their male teacher if they are bleeding and need help, or if they don’t want to participate in physical activity because of their period
  - If a female teacher cannot be found to ask for help, the girl will just sit in a corner and not participate
  - The male teachers might need to be made aware that girls could be on their period, so that they can sit down during assembly, etc.
  - The male teachers might not know that much about menstruation
- The girls have not been able to learn about human anatomy, reproduction etc. because the boys were making too much noise and being naughty during science class
  - The girls thought this was a real shame, as they had questions that could not be answered by reading the textbook alone
  - They were annoyed that boys would make noise and be rowdy if the word “sex”, or similar words, come up in class
- It has been suggested that a female teacher could teach about menstruation and the female body (to both boys and girls) and a male teacher about the male body (to both boys and girls)
  - The students may not learn accurate knowledge in their homes as their parents might not be knowledgeable, educated or able to speak to them about these things
- Boys might tease girls about periods, which makes the girls very uncomfortable
  - Just the fear of this possibility is a big disturbance to their concentration in school
  - It has been said that the boys do this because they don’t know about what periods are, and this is a way they express their curiosity or misconceptions
- The girls cannot go to the washroom and change whenever they need, especially in class with a male teacher (as they might not be excused by him or do not want to explain their need to him)
  - This causes the girls stress and might make them leak through their uniform, which causes even more stress
  - Some girls stay home for their first days of more heavy bleeding because of this
- The girls cannot always throw away used pads because there aren’t waste bins in all stalls in the washroom.
  - If there were waste bins in the toilet stalls as well as in all change stalls, the girls will not have to retort to throwing used pads or cloth in the toilet, causing blockages
  - The only waste bin in the girls’ restroom is in one of the three change stalls
    - It has on some occasions been full for quite some time and doesn’t seem to be emptied as often as is required
- It can be hard for the girls to focus in class when they have their period because they are worried about leakages, have headaches, stomach pain or are worried that their classmates will realise that they are menstruating
  - The girls are very scared that boys will find out that they are having their period
    - Maybe this fear can be lessened if the topic is normalised and discussed with the boys as well?
  - The girls don’t have any solutions for headaches or stomach pain, which means these are big disruptions to their school work and concentration in class
- The girls appreciate the help they can get from the school if they bleed through or need help in any way
  - They know of (and appreciate) the sanitary pads that the school has in case of emergency
  - They feel that they can always ask female teachers, accas [means ‘sisters’, older girls at the school] or other school mates for help if they need it
    - This says that the school is a secure environment for the girls to ask for help!
  - The topic of menstruation doesn’t seem to have been discussed much by the girls within the Girls’ Security Committee meetings
    - Maybe the girls have been too shy to bring it up?
    - Maybe the recommendations they have thought of for the school within my research can inspire them to think of other recommendations for the school in the future?

### 7.6. Appendix 6: Menstruation education at St John School

On the request of the school Science teacher, I recommended him the movie Hello Periods by the Indian non-governmental organisation Menstrupedia. He seemed very interested in learning more on the topic so that he could teach all children (including the boys) later this school year. He got the 18 min long film on a pen drive as well as the link to the website www.menstrupedia.com/tg/en, where there is a trainer’s guide to talking about menstruation with school children using this Hello Period film.

After the completion of my studies, St John School bought 100 copies of the Menstrupedia comic book with more in-depth teachings of menstruation that will be used in future education on the topic.