

From Celebration to Stigma: The Dual Facets of Menstruation in Indian Society

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Abstract

This paper examines the dual positioning of menstruation in Indian society, where it appears simultaneously as a source of stigma and as a culturally sanctioned marker of fertility and womanhood. Although menstruation is a biological process, its meanings are socially constructed and vary across regions, communities, and religious traditions. In India, menstrual practices range from restrictive customs rooted in notions of ritual purity to elaborate puberty ceremonies and fertility festivals that publicly acknowledge a girl's transition into adulthood. This coexistence of celebration and restriction reflects broader social hierarchies and gender norms that shape women's everyday experiences.

The study is based on a thematic review of interdisciplinary literature drawn from gender studies, anthropology, sociology, public health, and religious scholarship. Through an intersectional analytical lens, the paper examines how caste, class, ethnicity, and religion interact to influence menstrual beliefs, access to hygiene resources, mobility, participation in public life, and bodily autonomy. Rather than presenting menstruation as either uniformly oppressive or uniformly celebratory, the analysis demonstrates that menstrual experiences are socially differentiated and structured by power relations.

The paper further discusses how regional rituals such as puberty ceremonies in southern India, Tuloni Biya in Assam, and Raja Parba in Odisha coexist with practices of seclusion, dietary restriction, and temple exclusion. These contrasting patterns illustrate how menstrual meanings are embedded within social institutions and religious interpretations. By situating these practices within broader debates on gender, embodiment, and social hierarchy, the paper contributes to ongoing academic discussions on menstrual politics in South Asia.

The study concludes by arguing that menstrual health interventions must take cultural contexts into account while addressing inequalities related to education, sanitation, and access to menstrual products. A balanced engagement with both cultural traditions and material conditions is necessary for addressing stigma and ensuring dignity for menstruating individuals.

Keywords: Menstruation in India, Menstrual Stigma, Puberty Rituals, Ritual Purity and Pollution, Intersectionality, Caste and Gender, Social Stratification, Menstrual Health Management, Religion and Embodiment, Bodily Autonomy, Gendered Regulation, Regional Variation.

1. Introduction

Menstruation is a biological process, yet its meanings are socially constructed and regulated across cultures. Across historical and religious contexts, menstrual bleeding has often been associated with ideas of impurity, bodily regulation, and social control. Anthropological work on purity and pollution demonstrates how bodily processes become embedded within moral and ritual hierarchies (Douglas,

1966). Contemporary work in menstrual studies argues that menstruation is shaped by institutional norms, religious interpretations, and gendered power structures rather than biology alone (Cohen, 2020). These frameworks position menstruation as a site where the body, religion, and social order intersect. Religious traditions have articulated specific codes governing menstrual status. In Islamic jurisprudence, menstruation is linked to temporary exemption from certain ritual practices, although interpretation and practice vary across regions and communities. In some strands of Orthodox Christianity, menstruation has historically been associated with restrictions concerning participation in sacraments (Lawless, 2003). Such regulatory patterns reflect broader classificatory systems through which bodily processes are organised and assigned ritual meaning (Douglas, 1966).

Within India, menstruation occupies a dual position. It is often framed as a condition requiring restriction while also being marked through public ceremonies acknowledging a girl's transition into womanhood. Empirical studies from Rajasthan and other regions indicate that restrictions may include limitations on cooking, temple entry, and social interaction during menstruation (Khanna et al., 2005; Thakre et al., 2012). At the same time, puberty ceremonies such as Tuloni Biya in Assam and region-specific rituals in southern India publicly recognise menarche through structured community observances (Kumari et al., 2021; Shibhu & Amaresha, 2023). Raja Parba in Odisha has been discussed in relation to fertility symbolism and the association between womanhood and the earth's cycle. These contrasting practices suggest that menstruation in India cannot be understood through a single narrative of stigma or celebration.

Existing research on menstruation in India frequently concentrates on hygiene management, access to sanitary materials, and school participation (Majeed et al., 2022; Sommer et al., 2015). Other studies examine stigma, silence, and psychosocial effects in school and community contexts (McMahon et al., 2011). While these strands of research remain important, fewer studies analyse how celebratory rituals and restrictive norms operate simultaneously within the same social framework. There is also limited discussion of how caste, class, ethnicity, and religion intersect to produce differentiated menstrual experiences.

Intersectionality, first articulated by Crenshaw (1989), offers an analytical approach for examining how overlapping social identities shape lived experience. Applying this framework to menstruation allows for analysis of how caste hierarchies, economic status, regional location, and religious affiliation influence access to menstrual knowledge, mobility during menstruation, participation in ritual life, and bodily autonomy. Evidence from India indicates that menstrual practices and reported difficulties vary across rural and urban contexts as well as across social groups (Khanna et al., 2005; Thakre et al., 2012).

This paper addresses these gaps by analysing menstruation in India through an intersectional lens that brings together celebration, restriction, and social inequality. Rather than presenting menstruation as uniformly oppressive or uniformly affirmative, the study argues that menstrual meanings are socially stratified and institutionally regulated. By situating Indian menstrual practices within debates on gender, religion, and social hierarchy, the paper presents an analytically grounded account of how menstrual norms operate across different social locations.

2. Methodological Approach

This study adopts a structured thematic review of interdisciplinary literature on menstruation in India and selected comparative contexts. The objective is not to conduct a systematic meta analysis but to synthesise sociological, anthropological, feminist, and public health research in order to examine how

celebratory and restrictive practices coexist within layered social hierarchies. The review focuses on how menstruation is interpreted, regulated, and experienced across caste, class, regional, and religious settings.

Sources were identified through academic databases such as Google Scholar, JSTOR, PubMed, and institutional library catalogues. The selection prioritised peer reviewed journal articles, academic books, ethnographic studies, and public health research published from the late twentieth century to 2023. Foundational theoretical works on ritual, caste, and intersectionality were included irrespective of publication date because they provide conceptual grounding for the analysis. Contemporary empirical studies were selected to reflect current infrastructural conditions, menstrual health patterns, and regional practices.

Inclusion criteria were based on four considerations: relevance to menstrual practice or menstrual health, engagement with caste or gender hierarchies, empirical grounding in Indian contexts or well established comparative settings, and conceptual contribution to discussions of ritual, embodiment, or social stratification. Non academic media sources were excluded except where necessary for contextual clarification.

The literature was organised into recurring analytical themes, including ritual purity and religious interpretation, puberty rites and fertility symbolism, caste based regulation, economic inequality and sanitation access, regional variation, and health and educational impact. Rather than treating stigma and celebration as opposing categories, the analysis examines how they operate simultaneously within institutional and domestic settings. The approach is interpretive and analytical rather than quantitative, and the goal is conceptual synthesis rather than statistical generalisation.

This review does not claim exhaustive coverage of all regional practices in India. Given the country's diversity, menstrual customs vary across districts and communities. The analysis is therefore illustrative and thematic. While public health data provide insight into material conditions, lived experience may vary within households and cannot be fully captured through secondary sources alone.

3. Cultural Comparison and Contrast

Menstrual regulation appears across societies in diverse institutional forms, yet recurring patterns suggest that menstruation is frequently organised through gendered norms governing purity, space, and bodily conduct. Anthropological work has long demonstrated that bodily substances become sites of symbolic ordering within social systems (Douglas, 1966). Building on this insight, feminist scholarship argues that menstruation is not merely managed as a biological event but regulated as a marker of female embodiment within patriarchal structures (Bobel, 2010; Cohen, 2020). Comparative research shows that menstrual practices often operate at the intersection of religion, kinship, and moral codes.

In many cultural contexts, menstruation is linked to temporary exclusion from religious or domestic spaces. Studies from South Asia and sub-Saharan Africa indicate that menstrual status can affect participation in schooling, cooking practices, and ritual activity (House et al., 2012; Sommer et al., 2015). In Nepal, the practice of Chhaupadi has been documented as an institutionalised form of menstrual seclusion grounded in beliefs about ritual impurity and misfortune (Ranabhat et al., 2015). Although legal reforms have sought to prohibit such practices, ethnographic evidence suggests that menstrual exclusion persists in varying forms. Similar patterns of spatial separation or behavioural restriction have been reported in parts of Latin America and among certain Indigenous communities, where menstrual blood is framed as symbolically powerful or socially disruptive (Buckley & Gottlieb,

1988).

However, cross-cultural evidence also demonstrates that menstruation is not universally constructed through stigma alone. In several societies, menarche is marked through structured rites of passage that publicly acknowledge reproductive maturity. Ethnographic accounts from Fiji and Japan describe ceremonial practices that situate first menstruation within kinship networks and collective recognition (Biturogoiwasa, 2001; Lebra, 1985). Buckley and Gottlieb's (1988) comparative volume on menstruation documents cases in which menstrual seclusion functions not purely as exclusion but as a period of instruction, rest, or ritual transformation. These findings caution against interpreting all forms of seclusion as inherently oppressive without contextual analysis.

Yet even celebratory practices are embedded within gendered expectations. Research in global menstrual studies indicates that puberty rituals frequently coincide with intensified regulation of girls' sexuality and mobility (Bobel, 2010; Chrisler, 2013). Public recognition of menarche may reinforce normative scripts regarding marriageability, fertility, and domestic roles. Thus, celebration does not necessarily negate regulation; rather, both may operate simultaneously within culturally sanctioned frameworks.

Comparative analysis therefore reveals two central patterns. First, menstruation frequently serves as a boundary marker through which societies organise gendered space, ritual status, and bodily discipline. Second, restriction and celebration are not mutually exclusive categories. Across cultures, menstrual rites can combine recognition of reproductive capacity with reinforcement of gender hierarchies. Menstrual meanings are produced within social institutions that both constrain and assign symbolic value.

When viewed within this broader frame, the Indian context reflects both shared and distinctive features. As documented in regional studies, menstrual restrictions may include spatial separation, dietary codes, and ritual limitation (Khanna et al., 2005; Thakre et al., 2012). At the same time, puberty ceremonies such as Tuloni Biya and region-specific rites in southern India publicly mark menarche through community observance (Kumari et al., 2021; Shibhu & Amaresha, 2023). Raja Parba has been discussed as linking menstruation to fertility symbolism and agrarian cosmology. These patterns suggest that menstrual regulation in India cannot be reduced to stigma alone; it operates within layered systems of caste, religion, kinship, and regional custom.

This comparative perspective demonstrates that menstrual governance is structured through institutional, symbolic, and social mechanisms that both regulate and assign meaning to female embodiment. Recognising this dual structure provides the analytical foundation for examining how intersecting identities such as caste, class, ethnicity, and religion produce differentiated menstrual experiences within India.

4. Intersectional Analysis

Menstrual practices in India cannot be understood through a single social category. Gendered regulation of menstruation is shaped simultaneously by caste hierarchy, economic status, religious interpretation, and regional norms. Intersectionality, as articulated by Crenshaw (1989), provides a framework for examining how these structures interact rather than operate in isolation. Instead of treating caste, class, or religion as separate explanatory variables, this approach analyses how institutional arrangements produce differentiated forms of control, restriction, and access. In the context of menstruation, intersectionality directs attention to the ways in which bodily regulation reflects layered systems of social stratification.

Caste remains central to understanding menstrual regulation in India. Ambedkar (1936/2008) argued that caste is sustained through the control of marriage, sexuality, and purity codes. These principles extend into everyday practices governing food, domestic interaction, and ritual participation. Menstrual restriction must therefore be read within this broader framework of caste-based hierarchy. In communities where ritual status is closely monitored, menstruation may intensify existing systems of separation through spatial exclusion or behavioural rules that reinforce caste order.

Chakravarti's (1993) formulation of Brahmanical patriarchy further clarifies how caste and gender operate together. Upper-caste control over women's sexuality has historically functioned to preserve caste boundaries. Menstruation, as a visible marker of reproductive capacity, becomes a moment at which female bodies are monitored and disciplined. Restrictions imposed during menstruation may thus function not only as ritual observance but also as mechanisms through which caste hierarchy is maintained within domestic and religious spaces.

Dalit feminist perspectives caution against presenting women's experiences as uniform across caste locations. Rege (2006) argues that caste position shapes labour roles, spatial access, and social vulnerability. Applied to menstruation, this perspective suggests that women from marginalised communities may experience regulation differently from upper-caste women. In some contexts, ritual exclusion from temples may be less central than the everyday realities of inadequate sanitation, demanding labour conditions, or limited privacy. Menstrual experience is therefore structured by both symbolic hierarchy and material inequality.

Economic status intersects with caste in shaping menstrual management. Access to private sanitation, hygienic facilities, safe disposal systems, and commercial menstrual products remains uneven across rural and urban settings (Majeed et al., 2022; Thakre et al., 2012). Girls from economically marginalised households may face school absenteeism, restricted mobility, and insufficient health information. These material conditions interact with caste norms and regional customs rather than functioning independently.

Religious interpretation further modifies menstrual regulation. Temple entry practices, domestic ritual codes, and community expectations differ across regions and sects. In some settings, menstrual restriction is symbolic and temporary; in others, it involves stronger forms of exclusion. These variations demonstrate that menstrual governance is shaped by institutional authority, caste hierarchy, economic conditions, and local interpretation.

An intersectional reading therefore demonstrates that menstruation is regulated through overlapping systems of caste hierarchy, gender control, economic inequality, and religious practice. Menstrual norms distribute participation, mobility, and bodily autonomy unevenly across social groups. Any serious analysis of menstrual practices in India must account for these intersecting structures rather than treating stigma, hygiene, or ritual as isolated concerns.

4.1 Caste and Menstruation

Caste-based social organisation continues to shape menstrual regulation in varied and context-specific ways. Empirical studies from different regions of India indicate that menstrual restrictions are often embedded within broader notions of ritual hierarchy and domestic order. In Rajasthan, for example, adolescent girls reported limitations on cooking, participation in religious rituals, and physical proximity within the household during menstruation (Khanna et al., 2005). These practices cannot be understood merely as health-related customs; they are linked to ideas of bodily status and social ranking that predate modern hygiene discourse.

Caste location influences how menstrual impurity is interpreted and enforced. In communities where ritual stratification remains socially salient, menstruation may trigger heightened surveillance of women's movement and interaction. Restrictions on entering prayer spaces, handling food, or sleeping in shared areas are often framed as temporary measures, yet they reinforce symbolic boundaries that parallel caste-based distinctions of purity and pollution. The language of ritual separation mirrors the classificatory systems that organise caste relations more broadly.

At the same time, caste does not operate in isolation from material conditions. Women from socially marginalised communities may encounter menstrual difficulty through different mechanisms. In some rural settings, limited access to private sanitation facilities and safe disposal mechanisms affects menstrual management more directly than temple-based restriction (Thakre et al., 2012). Labour demands, particularly in agrarian or informal work settings, may reduce the possibility of rest during menstruation. Thus, caste-based disadvantage may manifest through infrastructural deprivation as much as through ritual exclusion.

It is also important to avoid a simplified binary between “upper caste restriction” and “lower caste freedom.” Ethnographic evidence suggests that menstrual practices vary not only across caste groups but within them, shaped by region, education level, and generational change. Urban middle-class families may publicly reject overt ritual restrictions while continuing to transmit silence and discomfort around menstrual discussion. Conversely, some rural communities may combine observance of seclusion with supportive female networks that provide instruction and assistance.

Caste shapes menstrual life in ways that are both symbolic and material. It informs ritual expectations within households while also influencing access to privacy and spatial freedom. Restrictions may differ across communities, yet ideas of hierarchy continue to frame how menstrual status is perceived and managed. For some women, this appears in explicit ritual exclusion; for others, it operates through quieter forms of monitoring and control. These patterns are not fixed. Caste interacts with education, economic position, and locality, producing menstrual experiences that shift across settings rather than following a single uniform model.

4.2 Class and Economic Status

Economic status significantly shapes menstrual management in India through access to infrastructure, health services, and educational resources. Unlike ritual restriction, which may be symbolic or situational, class-based disadvantage often manifests in material conditions that directly affect bodily comfort and health outcomes. Access to private toilets, clean water, disposal facilities, and commercial menstrual products varies widely across regions and income groups.

Studies indicate that girls from lower-income households are more likely to rely on reusable cloth without adequate washing or drying facilities, increasing the risk of infection and discomfort (Majeed et al., 2022). In rural areas, the absence of functional school toilets and disposal systems has been linked to absenteeism during menstruation (Sommer et al., 2015). Economic constraints also affect the ability to purchase sanitary pads regularly, leading to improvised solutions that depend on household resources rather than individual choice.

Class position further shapes informational access. Girls from economically secure families are more likely to receive menstrual education through schools, digital platforms, or private healthcare providers. In contrast, girls in economically marginalised communities often depend on informal sources such as mothers or peers, where information may be partial or shaped by local taboos. Educational inequality thus intersects with material deprivation to produce uneven menstrual preparedness.

Urban–rural disparities also reflect class stratification. In many urban middle-class settings, commercial menstrual products are normalised and widely available, yet silence around menstruation may persist within domestic environments. In peri-urban and rural settlements, even where awareness campaigns have reached communities, infrastructural limitations may restrict meaningful change. The presence of a toilet does not necessarily ensure privacy, water availability, or safe disposal.

Government initiatives aimed at improving menstrual hygiene have attempted to address these gaps through subsidised product distribution and school-based programmes. However, implementation varies across states, and economic inequality continues to mediate access. Material disadvantage therefore remains a central dimension of menstrual experience.

For many girls, menstruation is negotiated within the limits of available space, water, and privacy. Access to functional toilets, safe disposal systems, clean water, and affordable menstrual products shapes how girls and women navigate their cycles. Where such facilities are absent or unreliable, discomfort and restriction intensify, often affecting school attendance and mobility. Economic position does not operate alone in this regard. It intersects with caste location, regional development, and educational opportunity, producing uneven conditions under which menstruation is managed and understood.

4.3 Ethnicity and Regional Differences

Menstrual practice in India is shaped not only by caste and class but also by ethnic identity and regional history. The country’s linguistic diversity, tribal traditions, agrarian cosmologies, and local governance structures generate distinct frameworks through which menstruation is interpreted and regulated. These differences are not superficial; they influence how menarche is marked, how monthly cycles are managed, and how girls are positioned within family and community life.

Among several tribal communities, first menstruation is marked through structured rites of passage that publicly recognise a girl’s transition into reproductive maturity. Tuloni Biya in Assam provides one such example. The ceremony involves a period of temporary seclusion followed by ritual bathing, gift exchange, and communal acknowledgment (Kumari et al., 2021). In parts of southern India, including Kerala, Tamil Nadu, and Karnataka, puberty ceremonies similarly involve ritual preparation, instruction from elder women, and formal presentation of the adolescent within kin networks (Shibhu & Amaresha, 2023). These ceremonies place menstruation within collective life rather than silence.

However, public recognition does not necessarily imply freedom from regulation. In many such contexts, menarche also signals a shift in social expectations. After puberty rites, girls may face stricter behavioural codes related to dress, mobility, and interaction with boys. The transition marked by celebration is therefore accompanied by heightened social monitoring. Menstruation becomes a visible marker through which community expectations concerning sexuality and marriageability are activated.

Regional variation also shapes how monthly menstruation is managed beyond the first cycle. Studies from Rajasthan document practices of spatial separation, dietary restrictions, and avoidance of religious spaces during menstruation (Khanna et al., 2005). In contrast, in several urban settings across southern and western India, restrictions may be limited to temple avoidance or symbolic observance within the household. Migration and education have altered patterns in metropolitan areas, yet change remains uneven. Families may abandon overt seclusion while retaining indirect forms of silence, coded language, or discomfort around menstrual discussion.

Agrarian traditions further influence menstrual symbolism in certain regions. Festivals such as Raja Parba in Odisha link fertility, land, and womanhood within a shared cosmological framework. Here, menstruation is symbolically associated with agricultural cycles. Yet even in such settings, everyday

restrictions during the monthly cycle may continue alongside festival recognition. This coexistence demonstrates that celebratory symbolism and routine regulation are not contradictory but operate at different levels of social life.

Infrastructure and regional governance introduce another layer of variation. States differ in the reach of school sanitation programmes, product distribution schemes, and health awareness campaigns. While some regions have expanded menstrual education initiatives, rural and tribal areas may still face infrastructural gaps. The presence of ceremonial recognition in a community does not necessarily ensure adequate access to toilets, disposal systems, or accurate reproductive health information.

Ethnicity and region influence menstrual practice in concrete ways. In some tribal areas, girls participate in formal puberty ceremonies even though sanitation facilities are limited. In large cities, menstrual products may be easily available, yet discussion remains restricted within families. These differences show that there is no single national pattern. Menstrual practice depends on local institutions, community expectations, and the reach of state infrastructure.

4.4 Religion and Spiritual Beliefs

In many Indian households, the first restriction a menstruating girl encounters is not medical but ritual. She may be asked to avoid a prayer room, step back from temple visits, or refrain from handling sacred objects. These practices often appear as routine observances, yet they reflect long-standing religious interpretations concerning bodily status and ritual participation.

Within Hindu traditions, menstruation has historically been associated with temporary withdrawal from specific ritual acts. Textual references in Dharmashastra literature classify menstruation as a period requiring distance from sacred space. However, practice is far from uniform. In some families, restrictions are limited to avoiding formal worship; in others, they extend to sleeping arrangements or food preparation. At the same time, Hindu ritual life also contains traditions in which menstruation is symbolically linked to fertility and divine power. Observances such as Raja Parba in Odisha and the veneration of the goddess at Kamakhya situate menstruation within sacred cosmology rather than impurity. Thus, reverence and restriction exist within the same religious framework.

Islamic jurisprudence addresses menstruation primarily through ritual purity regulations. Menstruating women are exempt from performing daily prayers and from fasting during Ramadan, with provisions to compensate for missed fasts later. These prescriptions are procedural rather than punitive. Yet lived practice varies. In some Indian Muslim communities, women refrain from entering mosques during menstruation; in others, domestic religious engagement continues without interruption. Interpretation is shaped by local clerical authority, family norms, and educational exposure.

Christian contexts display similar diversity. Historical accounts within Orthodox traditions associated menstruation with temporary exclusion from communion (Lawless, 2003). In many contemporary Indian Christian communities, formal prohibition is absent, yet discussion of menstruation often remains muted within church spaces and domestic life (Gundersen, 2017). Silence, rather than explicit restriction, may structure experience.

Across these traditions, two observations emerge. First, menstrual regulation is frequently framed through ritual participation rather than moral judgement. Second, the distance between doctrinal text and lived experience can be substantial. Local interpretation, generational change, caste location, and class position mediate how religious guidance is enacted. In some households, restrictions are symbolic and brief. In others, they are enforced with greater rigidity.

Religion, therefore, operates as one layer within a broader field of regulation. It provides language and justification for certain practices, but enforcement depends on social context. A woman's experience of menstrual restriction in a temple or mosque may differ depending on her caste position, educational background, or regional setting. Religious interpretation interacts with social hierarchy rather than functioning independently of it.

Menstruation within religious life in India is neither uniformly restrictive nor uniformly affirming. It is negotiated within households, congregations, and communities where doctrine, custom, and social power intersect.

4.5 Intersectional Impacts on Health and Well-being

Consider two adolescent girls experiencing menstruation in different parts of India. One lives in a metropolitan household with private sanitation, commercial menstrual products, and school-based health education. The other lives in a rural settlement where toilets are shared, water supply is irregular, and menstrual discussion remains limited to whispered instruction. Their biological experience may be similar, but the conditions under which menstruation is managed differ sharply.

These differences are not accidental. They reflect the interaction of caste location, economic status, regional infrastructure, and religious expectation. Health outcomes linked to menstruation must therefore be examined through social positioning rather than through individual behaviour alone.

Research indicates that inadequate sanitation and limited access to safe menstrual materials can contribute to reproductive tract infections, skin irritation, and discomfort (Majeed et al., 2022). In rural and low-income settings, disposal practices are often constrained by the absence of privacy and waste systems. Girls may avoid changing materials at school due to lack of secure facilities, contributing to absenteeism (Sommer et al., 2015). These conditions intersect with economic marginalisation and regional infrastructure deficits.

Caste-based discrimination may further intensify health risk indirectly. In communities where menstruation is framed through impurity, girls may be discouraged from discussing menstrual problems openly. Silence can delay treatment for severe cramps, irregular cycles, or infections. Social norms surrounding modesty may prevent consultation with male health workers, particularly in remote areas.

Psychological well-being is also affected. Studies have documented feelings of embarrassment, anxiety, and lowered self-esteem among adolescents who internalise stigma (McMahon et al., 2011). These emotional responses are shaped by social messaging within family and school environments. Where menstruation is treated as shameful, girls may withdraw from social interaction during their cycles. Where menstruation is publicly acknowledged but accompanied by heightened surveillance, girls may experience pressure to conform to behavioural expectations.

Health impact therefore extends beyond infection risk or absenteeism. It includes mental health, bodily confidence, and educational continuity. An adolescent navigating strict ritual exclusion alongside limited sanitation access faces layered strain. Another adolescent with product access but strong silence at home may experience different, though still significant, psychological tension.

Government initiatives aimed at menstrual hygiene management attempt to address material inequality through subsidised products and school programmes. Yet infrastructure alone cannot address stigma or caste-based discrimination. Conversely, awareness campaigns cannot substitute for toilets, disposal systems, and water supply. Health outcomes are shaped by the interaction of cultural norms and material conditions.

Menstrual well-being must therefore be analysed as a public health issue embedded within social hierarchy. The impact of menstruation on girls' education, mobility, and mental health is structured by intersecting systems rather than by individual awareness alone. Addressing menstrual health requires attention to both infrastructure and the social rules that govern bodily status.

4.6 Celebration of Fertility and Menstrual Traditions

In several parts of India, the onset of menstruation is not concealed but publicly marked. Families organise ceremonies, invite relatives, and formally acknowledge a girl's transition into reproductive maturity. These observances are structured rather than spontaneous. They follow recognisable sequences that include temporary withdrawal, ritual preparation, and public re entry into community life. Anthropological studies of rites of passage describe similar stages of separation, transition, and incorporation (Van Gennep, 1909/1960). The ceremony does more than announce biological change. It repositions the girl within social order and assigns her a new social status. Menarche becomes a moment of reclassification.

Puberty ceremonies in southern India, including those documented in Kerala, Tamil Nadu, and Karnataka, often involve ritual bathing, new clothing, and formal presentation before kin networks (Shibhu & Amaresha, 2023). In Assam, Tuloni Biya follows a comparable pattern in which temporary seclusion is followed by community acknowledgement (Kumari et al., 2021). These practices situate menstruation within collective life rather than private silence. They frame reproductive maturity as socially recognised rather than hidden.

However, public recognition is accompanied by social expectation. Once reintegrated into the community, girls may face closer attention to dress, mobility, and interaction with boys. Anthropological analysis of ritual transition suggests that incorporation into a new category often brings altered obligations (Turner, 1969). In this context, recognition of fertility may coincide with intensified monitoring of sexuality and marriage prospects. Menarche signals biological change, but it also signals entry into a gendered social position.

Fertility festivals further complicate interpretation. Raja Parba in Odisha symbolically associates menstruation with agricultural renewal and the cyclical vitality of the earth. Here menstruation is linked to generative power rather than contamination. Ritual traditions connected to goddess worship similarly position female reproductive capacity within sacred cosmology. These practices challenge interpretations that equate menstruation solely with impurity.

Yet symbolic reverence does not necessarily alter everyday regulation. Sociological work on ritual and social order shows that public symbolism and domestic practice may operate at different levels (Bourdieu, 1977). A community may elevate menstruation during festival observance while maintaining monthly restrictions within household routines. Ritual celebration and routine limitation are not mutually exclusive. They coexist within layered systems of belief and authority.

Girls' experiences of these ceremonies therefore vary. For some, the event provides affirmation, instruction, and a sense of inclusion within kin networks. For others, it marks the beginning of stricter behavioural expectations and reduced mobility. The meaning of celebration depends on how ritual practice is embedded within family structure, caste position, economic condition, and regional custom.

Menstrual celebration in India must therefore be analysed as socially layered rather than uniformly emancipatory. Puberty rituals acknowledge reproductive capacity and situate menstruation within collective life. At the same time, they may reinforce gender roles tied to domestic responsibility and

marriage. Celebration and regulation operate together, shaping menstrual experience in ways that reflect broader social hierarchies.

Conclusion

This paper has examined menstruation in India as a social process shaped by layered hierarchies rather than as a purely biological or cultural phenomenon. By placing celebratory rituals and restrictive practices within the same analytical frame, the discussion has shown that menstruation is regulated through intersecting systems of caste, class, ethnicity, region, and religion. These structures shape not only symbolic meanings but also access to space, participation in ritual life, sanitation infrastructure, and bodily autonomy.

The analysis demonstrates that celebration and restriction are not opposing categories. Puberty ceremonies and fertility festivals publicly recognise reproductive capacity, yet they may coincide with heightened monitoring of mobility and sexuality. Ritual reverence and domestic limitation operate at different levels of social life. Understanding menstruation therefore requires attention to both symbolic valuation and routine regulation.

An intersectional approach further reveals that menstrual experience is unevenly distributed. Caste hierarchy influences ritual status and spatial exclusion. Economic inequality affects access to sanitation, hygiene materials, and health information. Regional variation shapes ceremonial form and infrastructural reach. Religious interpretation modifies participation in sacred space. These dimensions interact, producing differentiated menstrual realities across communities.

The discussion also indicates that menstrual health cannot be reduced to product distribution or awareness campaigns alone. Material conditions and social norms operate together. Health outcomes, educational continuity, and psychological well-being are shaped by the interaction of infrastructure and social hierarchy.

By situating Indian menstrual practices within broader debates on ritual, gender, and stratification, this study contributes to ongoing discussions in menstrual studies and South Asian social analysis. Menstruation emerges not as a singular experience but as a socially structured condition embedded within institutional and cultural arrangements. Analytical attention to these intersecting structures remains essential for understanding how menstrual norms are sustained, negotiated, and transformed across contexts.

References

- 1 Ambedkar, B. R. (2008). *Annihilation of caste*. Navayana. (Original work published 1936)
- 2 Bobel, C. (2010). *New blood: Third wave feminism and the politics of menstruation*. Rutgers University Press.
- 3 Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge University Press.
- 4 Chakravarti, U. (1993). Conceptualising Brahmanical patriarchy in early India: Gender, caste, class and state. *Economic and Political Weekly*, 28(14), 579–585.
- 5 Cohen, I. (2020). Menstruation and religion: Developing a critical menstrual studies approach. In *The Palgrave handbook of critical menstrual studies* (pp. 115–129). Palgrave Macmillan.
- 6 Crenshaw, K. (1989). Demarginalizing the intersection of race and sex. *University of Chicago Legal Forum*, 1989(1), 139–167.
- 7 Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. Routledge.

- 8 Gundersen, J. (2017). Menstruation and gender in Catholic contexts. *Journal of Religion and Health*, 56(1), 123–134.
- 9 Khanna, A., Goyal, R. S., & Bhawsar, R. (2005). Menstrual practices and reproductive problems: A study of adolescent girls in Rajasthan. *Journal of Health Management*, 7(1), 91–107.
- 10 Kumari, S., Sood, S., Davis, S., & Chaudhary, S. (2021). Knowledge and practices related to menstruation among tribal adolescent girls. *Industrial Psychiatry Journal*.
- 11 Lawless, E. J. (2003). Menstrual taboos in Orthodox Christianity. In *Encyclopedia of religion and nature* (pp. 115–123). Springer.
- 12 Majeed, J., Sharma, P., Ajmera, P., & Kumar, A. (2022). Menstrual hygiene practices and associated factors among Indian adolescent girls: A meta analysis. *Reproductive Health*, 19(148).
- 13 McMahan, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu, E. A., Ochari, I. A., & Rheingans, R. D. (2011). The girl with her period is the one to hang her head: Reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*, 11(7).
- 14 Ortner, S. (1974). Is female to male as nature is to culture? *Feminist Studies*, 1(2), 5–31.
- 15 Ranabhat, C., Kim, C. B., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015). Chhaupadi culture and reproductive health of women in Nepal. *Asia Pacific Journal of Public Health*, 27(7), 785–795.
- 16 Rege, S. (2006). *Writing caste, writing gender: Narrating Dalit women's testimonios*. Zubaan.
- 17 Shibhu, A., & Amaresha, A. C. (2023). Socio-cultural practices and experiences of menstruation among adolescents and women of Kurichiya tribe of Wayanad: An ethnographic study. *International Journal of Community Medicine and Public Health*, 10(12).
- 18 Sommer, M., Sutherland, C., & Chandra Mouli, V. (2015). Putting menarche and girls' education on the agenda. *Reproductive Health*, 12(24).
- 19 Thakre, S. B., Thakre, S. S., Ughade, S., & Thakre, A. D. (2012). Urban-rural differences in menstrual problems and practices of girl students in Nagpur, India. *Indian Pediatrics*, 49(9), 733–736.
- 20 Turner, V. (1969). *The ritual process: Structure and anti-structure*. Aldine.
- 21 Van Gennep, A. (1960). *The rites of passage* (M. B. Vizedom & G. L. Caffee, Trans.). University of Chicago Press. (Original work published 1909)