

**Cultural Menstrual Practices and Menstrual Health Among
Gond Tribal Women in Dhanora Tehsil, Maharashtra: A
Qualitative Exploration**

Dr Chunoti Umaji Punwatkar

**Dissertation submitted in partial fulfillment of the requirement for the
award of the degree of**

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SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES
AND TECHNOLOGY**

Thiruvananthapuram, Kerala. India – 695011

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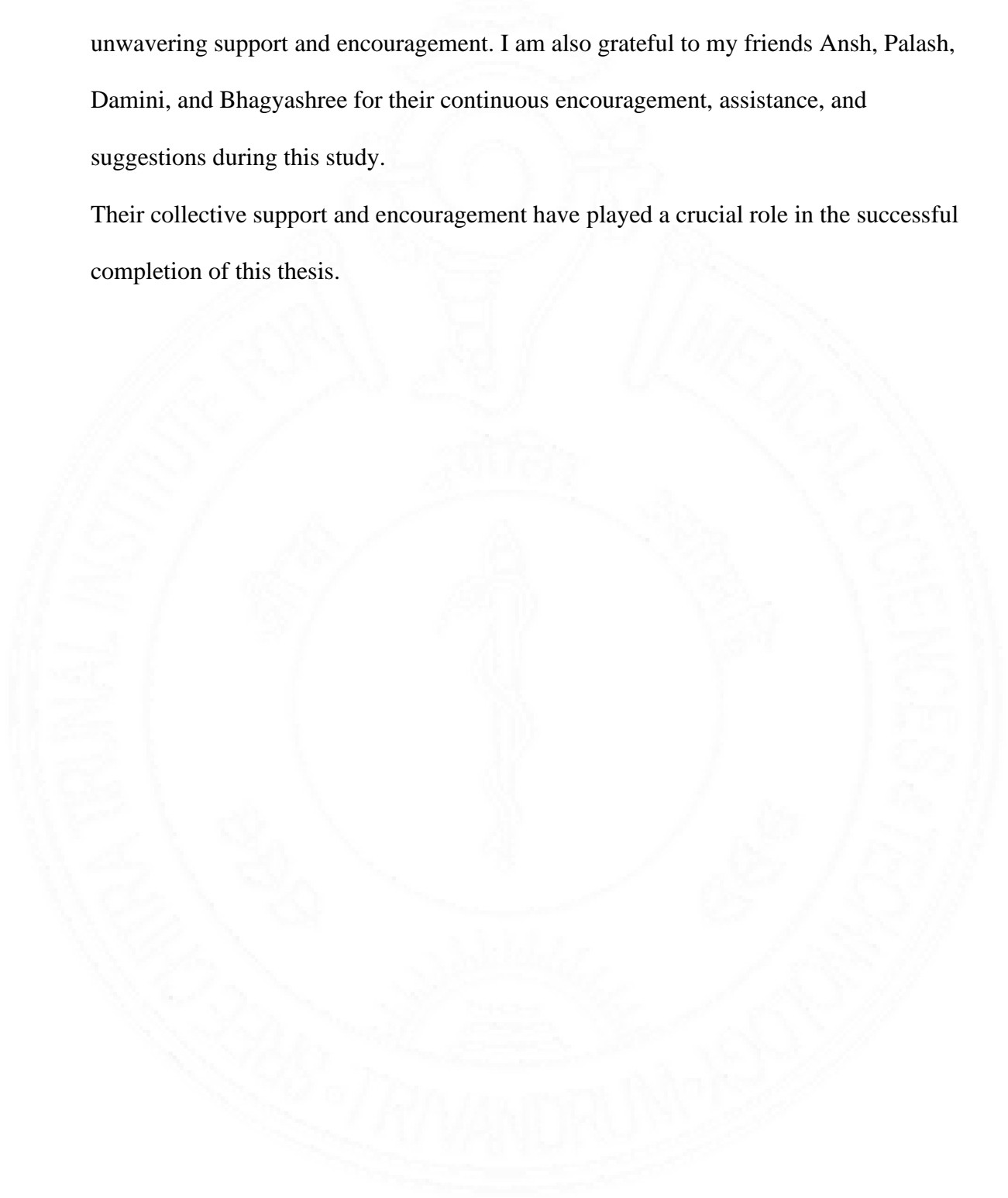
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DECLARATION

I hereby declare that this dissertation titled **“Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration”** is the bonafide record of my original field research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr Chunoti Umaji Punwatkar

MPH 2022

Achutha Menon Centre for Health Science Studies,

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram,

Kerala. India -695011

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CERTIFICATE

Certified that the dissertation titled **“Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration”** is a record of the research work undertaken by Dr Chunoti Umaji Punwatkar in partial fulfilment of the requirements for the award of the degree of “Master of Public Health” under my guidance and supervision.

Dr MALA RAMANATHAN

Senior Grade Professor

Achutha Menon Centre for Health Science Studies

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram,

Kerala, India -695011

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LIST OF ABBREVIATION

| | |
|------|--------------------------------------|
| WHO | World Health Organization |
| PMS | Pre-Menstrual Syndrome |
| WASH | Water, Sanitation, and Hygiene |
| ASHA | Accredited Social Health Activists |
| CHO | Community Medical Officer |
| MO | Medical Officer |
| ST | Scheduled Tribe |
| PVTG | Particularly Vulnerable Tribal Group |
| ANM | Auxiliary Nurse Midwife |
| UTI | Urinary Tract Infections |
| PCOD | Polycystic Ovarian Disease |
| ISG | Intrauterine Sound-Guided |
| VIA | Visual Inspection with Acetic Acid |

ABSTRACT

Background: Menstruation, a natural process for women, is often intertwined with cultural practices and beliefs, impacting its management. Cultural beliefs and practices play a vital role in shaping menstrual experiences and menstrual health outcomes for women. The Gond tribal community is known for patriarchal norms that govern social and communal life and these do impact menstrual health. This study aims to explore diverse cultural practices related to menstruation within the Gond tribal community of Dhanora to understand how these practices influence menstrual health with respect to pain, discomfort, emotional well-being, and social interactions.

Methodology: The study used a qualitative approach with in-depth interviews among 17 Gond tribal women and 3 healthcare providers. Diverse perspectives were captured using convenience sampling followed by a purposive selection of informants. Interviews in Marathi were translated and transcribed into English for analysis. The data was analyzed using an inductive coding strategy with WEFT-QDA software. These codes were coalesced to generate themes independently for each category of informants and then triangulated across categories for validation.

Results: The interviews with Gond informants described cultural practices like menstrual seclusion, evolving hygiene practices with sanitary napkins, and diverse sources of menstrual knowledge. Healthcare providers emphasized the impact of cultural norms on healthcare and challenges in menstrual hygiene education. These findings underscore the complex interplay of tradition and modernity, emphasizing the need for tailored interventions in menstrual health.

Conclusion: While rooted in tradition, menstrual practices among Gond tribal women are shifting, shaped by factors like sanitary product availability and evolving societal norms. Healthcare providers are pivotal in bridging traditional and modern practices, underscoring the necessity for culturally sensitive interventions to address menstrual health disparities. Future efforts should prioritize education, community involvement, and accessible healthcare services tailored to the specific needs of Gond women.

CHAPTER- 1

INTRODUCTION

1.1 Background

Menstruation is a natural physiological process that all women go through. It is frequently accompanied by a variety of cultural practices, beliefs, and taboos that impact how it is managed and viewed. In many societies, menstruation is viewed through a lens that goes beyond mere biological functions indicative of health or hygiene. Menstrual health includes a person's overall physical, emotional, and social health throughout their menstrual cycle. (Hennegan et al., 2021) It is a multifaceted concept that extends beyond the physical aspects of menstruation. But it has long been a marginalized part of women's well-being, sometimes reduced to simple hygiene issues in many countries. Recognizing menstruation health as a complete health issue is important because it is intrinsically linked to gynaecological health and the reproductive system.(Tembo et al., 2023) Cultural practices and sociocultural norms have a substantial impact on menstrual hygiene and health in many countries and these can create access gaps and barriers to receiving appropriate treatment and support.(Thapa et al., 2019) Cultural menstrual practices refer to the diverse range of beliefs, customs, and rituals associated with menstruation that are embedded within specific cultures or societies. It encompasses various aspects such as the use of menstrual products, hygiene practices, seeking care and help for menstruation problems, traditional treatment for menstruation discomfort, diet restrictions, taboos, and rituals.(Kumar and Srivastava, 2011)

Tribal societies have distinct ways of living, belief systems, and norms that differ from the wider population and these have a significant influence health and hygiene.

Understanding and managing these specific components will be essential for improving the health of the entire community. Religion is an essential part of tribal culture, playing

many roles like culture preservation, social cohesion, and spiritual comfort. In traditional tribal societies, religion is deeply rooted. They maintain their beliefs and practices despite influence from the outside world. Tribal religious beliefs put a lot of emphasis on the worship of the principal deity of the village who assumes many functions such as that of a divine authority, leader, judge, and revered figure. Ancestor worship forms another central component that binds the past to present welfare issues. The predominance of men in religious matters among tribes reveals wider gender asymmetries where women's involvement in the public sphere is still limited, which in turn justifies current power structures within these communities.(Behera, 2019)

For tribal communities, menstruation holds immense cultural significance. The local cultural norms surrounding menstruation can significantly influence how women perceive and manage their menstrual health.(Kaur et al., 2022) Moreover, tribal communities often struggle with unique socio-economic challenges, including limited access to healthcare facilities, educational resources, and menstrual hygiene products. These factors compound the complexities of managing menstrual health within such contexts, underscoring the importance of culturally sensitive interventions tailored to the specific needs of tribal populations.

1.2 Rationale

Menstrual health is a fundamental aspect of public health, impacting the well-being and productivity of women and girls globally. However, menstrual health practices are deeply rooted in cultural beliefs and traditions, often varying significantly across different regions and communities within them. Menstrual practices, whether having positive or negative effect, directly impact women's health and hygiene. Cultural practices may either empower or restrict women's ability to make choices about their menstrual health.

Understanding these cultural menstrual practices is crucial for promoting menstrual health

and well-being, especially among marginalized and tribal communities where traditional beliefs often influence menstrual practices significantly. How cultural practices intersect with women's agency and autonomy regarding menstruation is crucial for promoting reproductive justice and gender equality. Understanding their traditional menstrual practices is essential for respecting cultural diversity while simultaneously promoting health education and awareness.

Despite the importance of understanding cultural menstrual practices and their implications for menstrual health, there is limited research focus on specific tribal communities in India. It may be possible that their belief systems foster better health or that they collectively demonstrate inequities in achieving adequate menstrual health due to a higher level of health disadvantages hiding within these population sub-groups.

Existing studies on menstruation have primarily concentrated on urban or more mainstream cultural contexts, leaving the unique experiences and challenges faced by different tribal women and girls underrepresented. This knowledge is vital for creating effective health interventions and awareness programs tailored to this specific community.

1.3 Gond Tribal Community

In India, the Gond tribal group is the second largest tribe after the Bhil tribe. The Gond tribe makes up 13.5% of India's total population of scheduled tribes. There is little accurate knowledge about the Gonds' early history, and the Gond states were not mentioned in contemporary chronicles until the Mughal era.(Metry, 2019) The Gond tribe is mostly found in the forests of Central India, which includes areas of Maharashtra, Madhya Pradesh, Chhattisgarh, and Odisha. The Gond tribe is also the most populous tribal community in Maharashtra. The Gond tribal community makes up the majority of the population in Maharashtra's Gadchiroli district and has a rich cultural history. The

Gonds are mostly agrarians, earning a living through agricultural work and daily wage labour.

The religious thinking of the Gonds is animistic. The worship of ancestors is an integral part of their religion. They also believe in many local deities. They strongly follow rituals such as purity from birth to death.(Metry, 2019) There is an influence of Hinduism or other religions on the 'Gondi' people. For them, their religion and Hinduism can co-exist without any contradictions.(Hutasan and Mohapatra, 2021) Their cultural history, passed down orally through generations, influences societal norms and customs. This intricate web of culture also includes difficulties, notably with regard to gender dynamics.

Household duties, which include childcare, cleaning, cooking, and collecting resources from forests, play an important part in the daily life of Gond women. Despite their active involvement in economic activities such as agriculture and animal husbandry, patriarchal traditions limit their autonomy and participation in society. They are marginalized in religious practices, both within and outside of the family. Male supremacy in the ritual space is obvious in tribal cultures.(Behera, 2019)

Their unique cultural practices, especially those related to menstruation, have remained largely unexplored in academic research. For Gond tribal women, the intersection of gender, tribal identity, and socioeconomic factors significantly influences their experiences with menstruation, access to resources, and healthcare-seeking behaviours. The results of a study on gynaecological problems in this region showed that the prevalence of gynaecological/sexual diseases is 92 percent and only 8 percent of women previously had gynaecological examination and treatment, showing a major gap in access to menstrual healthcare facilities. (Bang et al., 1989) This situation highlights the need for comprehensive menstrual healthcare within the community. To provide

comprehensive menstrual healthcare, it is crucial to gain an understanding of their culture and beliefs about menstruation.

This research contributes to the academic knowledge base by providing qualitative insights into cultural menstrual practices among Gond tribal women. This information is valuable for future studies, enabling a deeper understanding of cultural influences on menstrual health. This study aims to explore the Gond tribal community's cultural practices, rituals, and beliefs regarding menstruation and to understand how these practices are influencing the menstrual health experiences of Gond tribal women.

1.4 Research Questions

1. What are the specific cultural practices related to menstruation within the Gond tribal community in Dhanora tehsil, Maharashtra?
2. How do these cultural practices influence various aspects of menstrual health among Gond tribal women, including pain perception, emotional well-being, social interactions, and overall menstrual experiences?

1.5 Study Objectives

1. To explore and document the diverse cultural practices related to menstruation within the Gond tribal community in Dhanora tehsil,
2. To understand how these practices influence menstrual health (aspects such as pain, discomfort, emotional well-being, and social interactions)

1.6 Chapterisation Plan

The first chapter gives a brief overview of the introduction, rationale for the study, research questions, and objectives. Chapter Two provides a summary of relevant literature on menstrual practices, menstrual hygiene, and health among tribal and general populations. Papers encompassing global and Indian perspectives, including tribal communities, are reviewed, exploring topics such as menstrual taboos, hygiene practices,

awareness, period poverty, and societal attitudes toward menstruation. Chapter Three describes the methodology of the study in detail, including the context of the study site, selection criteria for informants, the process of conducting in-depth interviews, data collection procedures, methods for ensuring data validity and reliability, data management and analysis and ethical considerations involved in the research process. Chapter Four describes the findings that emerge from the analysis of qualitative data. Chapter Five includes the discussion of findings, conclusions, strengths and limitations of the study, and policy implications.

CHAPTER 2

REVIEW OF LITERATURE

This review of literature included two specific databases, PubMed and Google Scholar to identify relevant journal articles for consideration. Keywords like ‘Menstrual hygiene’ AND ‘Menstrual practices’ and ‘Cultural menstrual practices’ were used in PubMed search. For the Google Scholar search, articles relating to the keywords ‘Menstrual practices’ and ‘menstrual health and tribal communities’ were used. These papers were grouped into categories to process information. For information on the Gond tribal community, Google Scholar was used for search, and from there, four relevant sources were included in the literature. This was considered necessary to situate the Gond community within the context and culture.

PubMed and Google Scholar searches are depicted in Figures 1 and 2 to describe the search strategy. Thus, including the four papers on the Gond tribe’s history, there were 54 articles, book chapters, and books.

Figure 1. Literature search strategy: Database: PubMed

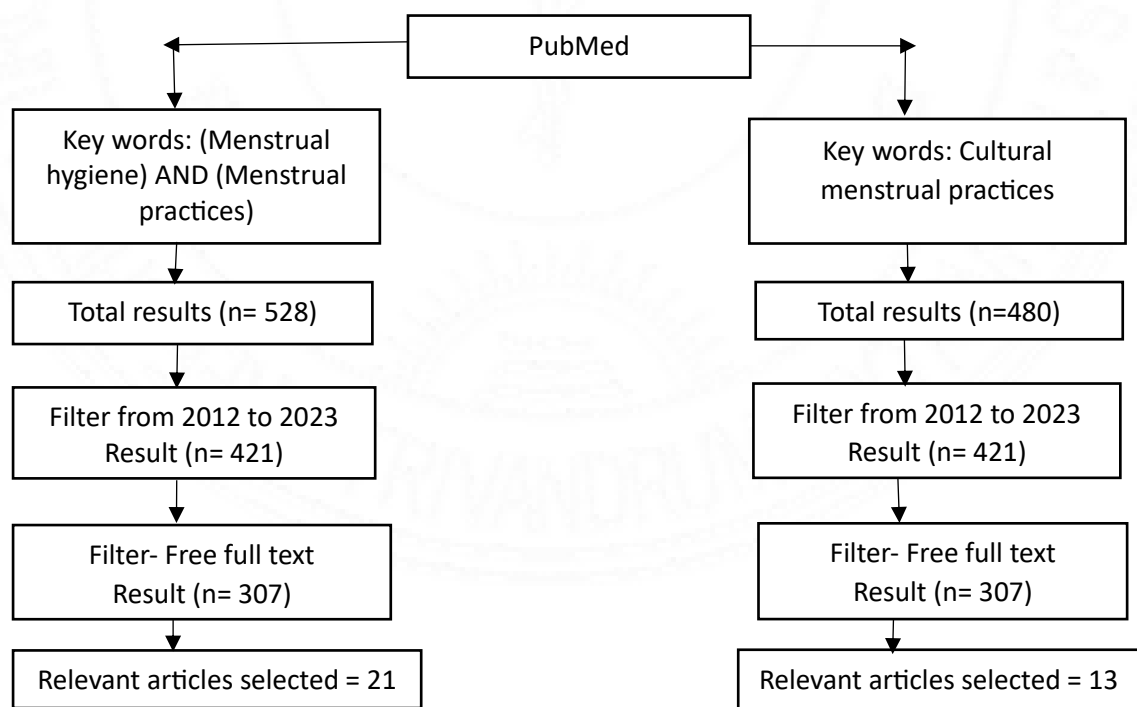
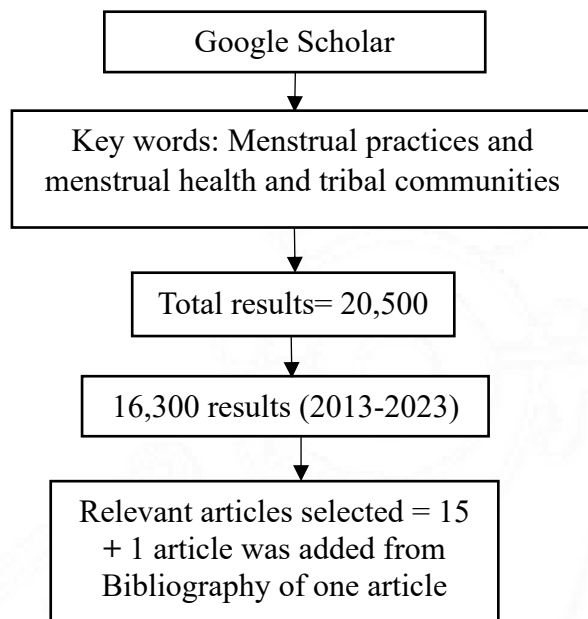


Figure 2. Literature search strategy: Database: Google Scholar



2.1 Menstruation and Cultural Practices

The experience of menstruation is much more than biology and intersects with sociocultural and religious beliefs, especially in India, where it is often termed dirty and impure.(Chew, 2021; Garg and Anand, 2015) Menstrual practices include the customs, beliefs, and rituals that shape the behaviours and the status of menstruating individuals in their social circle.(Hennegan et al., 2019)

In most societies, menstruation is both a biological and social marker; it is an integral part of the construction of collective female identity and reinforces social solidarity between women through rites of menarche.(Perianes and Ndaferankhande, 2020) Menarche and menstruation are much more than bio-medical cycles; they represent aspects of sexual and gender identity, self-expression, and rites of passage, with implications for human rights.(Patkar, 2020)

Cultural menstrual practices include a wide range of behaviours and attitudes around menstruation, mostly influenced by socio-cultural factors like place of residence and religious beliefs.(Kpodo et al., 2022) Menstruation is a stigmatized phenomenon across cultures, and it is labelled as impure, and not discussed openly. Hence, it is very difficult

for women and girls to openly discuss issues around menstrual cycles, especially for getting access to accurate information.(Hennegan et al., 2019)

The term menstrual health has been presented to integrate mental, social, and physical well-being, and this fits into the holistic definition of health defined by the WHO.(Hennegan et al., 2021) Menstrual taboos, such as food restrictions and social segregation, stem from cultural beliefs aimed at protecting menstruating woman and maintaining the cultural barriers between the human world and the non-human world.(Syed Abdullah, 2022a)

This highlighted the role of societal, environmental, and interpersonal factors on the experiences of menstruating girls and women; thus, it explains the complicated interaction between biology, culture, and social norms to highlight the need for holistic approaches to menstrual health problems that go far beyond simple hygiene concerns.(Maulingin-Gumbaketi et al., 2022)

2.2 Cultural Beliefs or Taboos Related to Menstruation

The issues surrounding culture are the most crucial aspects in the management of menstruation of women.(Babbar, 2021) For instance, in Himachal Pradesh's Kullu district women face cultural inhibitions such as sleeping in cowsheds and avoiding certain activities when menstruating due to traditional taboos and beliefs.(Joshy et al., 2019) These types of cultural restrictions still affect the lives and health of girls in rural areas.(Borkar et al., 2022) In Nepal, especially in the far-western region, *Chhaupadi* traditions are practiced where women are sent to sheds for menstruation because of culturally established beliefs, poverty, stigma, and intervention effectiveness.(Thapa et al., 2019) Likewise, the Temiar community of Malaysia observes the menstrual taboos deeply rooted in ancestral beliefs and this influences the behaviours of menstruating girls in a

modern and urban setting, such as refraining from salt consumption while menstruating.(Syed Abdullah, 2022a)

Other family members, primarily mothers or grandmothers, tend to enforce rules or cultural beliefs onto girls at menarche. These dictate attitudes, beliefs, and practices towards menstruation, such as being secluded within the house and dietary restrictions.(Gold-Watts et al., 2020) In fact, in Nepal and Himachal Pradesh, menstruating women face many restrictions, and they are usually not allowed to touch animals, cook food, or engage in religious activities due to cultural perceptions of impurity.(Joshy et al., 2019; Mukherjee et al., 2020; Thakuri et al., 2021)

These cultural conditions also affect the mobility and social interaction of menstruating women and girls. They are often absent during religious activities, are not allowed to touch males, and cannot perform many routine activities.(Mohamed et al., 2018; Thakuri et al., 2021) Rural girls are more affected compared to their urban counterparts by practices like sitting outside the house and prohibiting children from playing during menstruation.(Yaliwal et al., 2020)

The prevalence of such taboos and myths- -underlines the need to address it with comprehensive education, access to menstrual products, environment, and de-stigmatization of menstruation.(Babbar, 2021; Kaur et al., 2022) Such efforts are needed to change cultural norms, considering the rights of menstruation.

2.3 Influence of Cultural Menstrual Practices and Menstrual Health

Traditional beliefs around menstruation can play a significant role in women's health. For example, painful periods and heavy flow are ignored and are not talked about within families.(Thapa et al., 2019) These beliefs also impact how a woman experiences menstrual symptoms, especially in tribal communities where cultural beliefs and taboos affect how willing they are to get treatment for menstrual symptoms.(Babu, 2020)

Indigenous communities in different parts of the world even in countries like Australia, Canada, New Zealand, and the United States face challenges related to menstrual health. Culturally, sometimes painful menstruation is accepted as normal, and women may often be unaware that their pain is the symptom of a more serious condition such as endometriosis. Consequently, a proper diagnosis and treatment may be delayed due to cultural differences in healthcare access.(Ciccio et al., 2023)

Some cultures, however, have specific rules during menstruation such as dietary and behavioural rules: also, sometimes women are restricted from interacting with men. Such rules can make life hard and affect women's quality of life. In some cultures, it is believed that only traditional healers can help with period pain. Women may also secretly dispose of blood-stained materials to avoid negative beliefs about witchcraft.(Chew, 2021) When it comes to seeking help, many women go to primary care doctors. However, even here the challenge of diagnosing menstrual disorders and other reproductive problems persists, given cultural beliefs and practices.(Garg and Anand, 2015)

At school, availability and access to menstrual products and strategies for managing period pain are important for girls. As such, girls with heavy menstruation often show symptoms of depression, especially when they are both restricted by culture and absent from school.(Nabwera et al., 2021) There are places where girls miss school because of cultural practices regarding menstruation.(Hakim et al., 2017) There are even girls in Nepal whose heavy period causes them to miss school when they move to high school.(Hamal, 2014; Khanal et al., 2023; Nabwera et al., 2021)

In urban settings, where mothers are highly educated, and where the cultural factors are not as influential, the number of girls reporting period pain and premenstrual symptoms (PMS) is still high. Such symptoms can affect school and social life and show how important the addressing of menstrual health issues is for young girls.(Thakre et al., 2012)

2.4 Positive and Negative Aspects of Cultural Menstrual Practices

Cultural practices ingrained in tradition have both positive and negative impact on menstrual health, thus highlighting the challenges of addressing this issue within diverse cultural frameworks.(Mudi et al., 2023; Syed Abdullah, 2022a) Therefore, studies of tribal communities in Malaysia and Odisha, give contrasting insights into menstrual taboos. Among the Temiar tribe in Malaysia, they are observed with positive intentions, symbolizing care and protection for the menstruating females. In the case of the Juang tribal community, however, unsatisfactory menstrual hygiene practices are being held by social and cultural factors.(Mudi et al., 2023; Syed Abdullah, 2022a) For example, for the Temiar tribe in Malaysia, menstruating women are forbidden to eat certain foods, like salt and cooking oils, wild and domesticated animals, and Monosodium glutamate to avoid excessive menstrual flow and possible health-related issues.(Syed Abdullah, 2022a) These practices indicate the impact cultural beliefs exert on menstrual hygiene practices and, thus, affect the health outcomes of women.

Cultural norms surrounding menstruation often exclude women from participating in social or religious events, thereby contributing to gender inequality.(Mohamed et al., 2018) These restrictions are interpreted differently based on individual scenarios. Some women and girls even think that being restricted from cooking and house chores relieves them of the burden of responsibilities that prevail during menstruation.(Mohamed et al., 2018)

The focus on rituals and traditions during menstruation also indicates the multi-dimensional nature of cultural practices concerning menstruation.(Mudi et al., 2023)

While these customs hold significance within communities, they are at the same time not to blame for the restriction of women's social activities and opportunities. Missing school because of menstruation and receiving gifts in the form of new dresses, saris, and gold are

some factors that are favourably considered by girls as a supportive component of these traditions(Mudi et al., 2023)

2.5 Neglected Menstrual Health in Rural Areas

Menstrual health is an important but often neglected issue of women's well-being, especially among women living in rural areas.(Thapa et al., 2019) In such regions, there is a need for targeted interventions that will address the challenges of knowledge and hygiene practices related to the menstrual health of women and girls. In this regard, one study conducted in the rural area of Nagpur, Maharashtra, highlights the fact that there are persistent inadequate menstrual health hygiene practices of tribal adolescent girls.(Borkar et al., 2022) This signifies that in rural areas, the general issue of menstrual health knowledge and hygiene practices persists.

Improving menstrual health knowledge and promoting practices of hygienic management are crucial for the well-being of women. However, many multi-faceted challenges seem to be preventing this in a rural setting, such as limited education access, cultural taboos, and insufficient infrastructure for managing menstrual hygiene.

2.6 Menstrual Hygiene Management

Girls often prefer to dispose of pads rather than washing them and reusing them. They dispose of used materials in different ways; such as throwing them into bushes - 6% using Blair toilets- 47%, burying them-9%, or using pits or latrines- 9%. This option often connects to family beliefs.(Ndlovu and Bhala, 2016) The type of absorbent used during menstruation influences infection risks. Practices such as washing, drying, and storing reusable cloths may also increase infection risks.(Das et al., 2015)

Menstrual poverty affects adolescents as what they would like to use is unaffordable or because they have inadequate access to menstrual products. Practices such as the use of substitutes, prolonged use of products, or reuse of products, may be associated with poor

menstrual hygiene practices.(Lukindo et al., 2022) Menstrual hygiene among Indian tribal communities is not well documented; however, available data suggests that there is likely a high prevalence of unsafe menstrual practices. The collection of community data on menstrual beliefs among tribal females is important for health planning.(Mittal et al., n.d.)

2.7 Educational and Policy Interventions

Most women do not understand menstruation until they experience it, often leading to negative attitudes and pain perception. It is very important to recognize these negative attitudes toward women's menstruation to promote their rights and health.(Kawata et al., 2022)

There is a vast gap between tribal and non-tribal females in socio-economic parameters and menstrual health knowledge, with both groups lacking in accurate knowledge. (Dey and Mahapatra, 2020) Such a lack of knowledge may cause numerous problems related to menstruation among tribal girls. This highlights the need to educate mothers as primary sources of knowledge for young adolescents regarding menstruation.(Mahapatra, 2023).

The mother plays a pivotal role in the education of the girl regarding menstruation. A majority of girls are not sufficiently educated before experiencing menstruation, leading to unhygienic practices.(Sakhi et al., 2023; Thakur et al., 2014) Adolescent girls with better knowledge about puberty and positive gender attitudes show healthier menstrual hygiene behaviours. (Ramaiya et al., 2019)

Efforts from parents, schools, healthcare providers, and the media are necessary to ensure adolescents' reproductive health and break the vicious cycle of misinformation.(Meshram et al., 2020) Girls who have learned about menstruation, even before they experience it, can deal effectively with it, but still are subject to cultural restrictions and myths that hinder appropriate management.(Kaur et al., 2022)

Schools and communities lack formal menstruation education, and teachers and mothers are the main sources of knowledge about menstruation, which is not always accurate.(Ndlovu and Bhala, 2016) Girls' access to menstrual hygiene information and spaces is affected by socio-cultural factors and therefore needs to be addressed. (Kpodo et al., 2022) Negative views from a lack of proper education initiate misconceptions and stigmatization toward menstrual conditions and other reproductive conditions.(Duby et al., 2020) Education counselling can improve menstrual hygiene practices in girls.(Vagha et al., n.d.) However, menstruation management-focused interventions have only short-term effects. It is therefore important to have comprehensive approaches that target social justice, education, and empowerment of women. (Thapa and Aro, 2021) Poorly targeted government programs offering subsidized sanitary pads contribute to the challenges of acceptability and sustainability.(Shah et al., 2023)

In this regard, education in schools and communities to enhance accurate information for girls, break taboos, and facilitate positive reproductive health is essential for this purpose.(Ramathuba, 2015; Wall et al., 2018)

2.8. Menstrual Practices and Gender Dynamics

Menarche marks the beginning of bodily changes during puberty, which are interrelated with social expectations of gender roles and behaviours.(Gold-Watts et al., 2020) For instance, those expectations define not only how girls experience and cope with menarche and menstruation but also feed into stigmatizing beliefs and practices, which define how girls handle menstrual hygiene at home and school. (Ndlovu and Bhala, 2016) Given that men control resources and decision-making at home, therefore, engagement of men becomes imperative when discussing menstrual hygiene management and how to conduct menstrual hygiene management with girls.(Ndlovu and Bhala, 2016)

Culturally, menstrual stigma has silenced women's health rights, prompting legislative measures mainly on menstrual equity as part of broader gender equality policies.(Rath et al., 2019) However, the problem with this approach has been its failure to address the in-depth issues of menstrual injustice that lie beneath the surface due to cultural norms that denigrate women's dignity and disempower their womanhood.(Rath et al., 2019)

Although urban centres such as Kathmandu condemn extreme menstrual restriction, deep-seated cultural and religious beliefs, and gender inequalities continue to affect women's experiences in menstruation.(Mukherjee et al., 2020)

Essentially, to address the menstrual issue in totality, it is important to challenge not only the menstrual equity but also the societal framework that drives menstrual stigma and perpetuates menstrual and gender inequalities.

2.9 Need to Address Cultural Practices Related to Menstruation

Understanding how women experience menstruation is important for their health and well-being. It's not just biology; it's also culture. One study done in Zimbabwe clearly stated a need for a holistic approach to menstrual health.(Tembo et al., 2023) That would look at the people and, respectively, at communities and treat it as a health issue and a human rights issue. It's about acknowledging the fact that cultural beliefs and practices about menstruation will affect how women manage menstruation.(Kaur et al., 2022) This would include taboos or even restrictions that affect access to hygiene products sharing their experiences freely.

Cultural practices and geographical factors have hindered educational programs, access to hygiene products, and community support for menstrual health. (Tembo et al., 2023) In the case of India, for example, efforts to WASH facilities and free pads are not all that effective in meeting the scope of problems presented in broader menstrual health issues.(Patkar, 2020) There has been a lack of knowledge gap to be filled, and social and

environmental influences can be addressed by targeted interventions.(Siddique et al., 2023)

Menstrual health is not limited to the days of bleeding but is an aspect of overall well-being. The menstrual cycle, influenced by these cultural beliefs, has an effect on the physical well-being and the mental well-being of a woman. (Kawata et al., 2022) A clear comprehension of how living conditions and backgrounds shape cultural practices is of utmost importance in effective intervention designs. It has to be seen as a public health issue.(Kashyap and Choudhari, 2023) Ignoring safe practices will lead to health problems and also contribute to environmental problems. Biodegradable products, proper waste disposal, and menstrual waste management will ensure health and sustainability.

The changes in cultural practices require a more comprehensive approach. This includes creating awareness and practices of education, community engagement, and targeting of interventions to specific cultural contexts. In a context where cultural beliefs are respected and applied effectively and health is promoted, there may be chances to improve menstrual health outcomes worldwide.

CHAPTER 3

METHODOLOGY

3.1 Study Design

This study was conducted employing qualitative approaches. The qualitative method is ideally suited for exploring cultural practices and beliefs. The study involved in-depth interviews with Gond Tribal women, as well as key informants (healthcare workers) such as Accredited Social Health Activists (ASHA), Community Health Officers (CHO), and Medical Officers (MO). An in-depth interview is regarded as a more appropriate strategy since it encourages informants to freely communicate their views, observations, and experiences, resulting in thorough responses to the topic and an accumulation of rich qualitative data.

3.2 Study Setting

The study was conducted in Dhanora taluka, which is located in Gadchiroli District of Maharashtra. It is a district on the north-eastern side of Maharashtra State with state boundaries bordering Telangana and Chhattisgarh. Gadchiroli had a population of 10,72,942 people with an urban population of 1,18,033 and a rural population of 9,54,909 in 2011. (Population finder | Government of India, 2011)

Dhanora tehsil comes under the Gadchiroli sub-division, Dhanora's population is 82,698. Gadchiroli ranks second district in the state for having one of the highest tribal populations, with a total Scheduled Tribe (ST) population of 415,306 out of which 3,53,913 constitute the Gond Tribe group (85.2%). (India - A-11 Appendix: District wise scheduled tribe population (Appendix), Maharashtra - 2011, 2022)

The Gond tribe is one of the 3 tribal groups which is classified as a Particularly Vulnerable Tribal Group (PVTG) in Maharashtra. PVTGs form a sub-category of tribals who are seen as being particularly vulnerable and deserving of additional safeguards.

These safeguards consist of centred healthcare projects, educational help tailored to their cultural context, land rights protection, protection of conventional information, and monetary empowerment programs. The main goal is to maintain their cultural and historical past at the same time as uplifting their socio-economic reputation, fostering a more inclusive and equitable society.(Legal Safeguards for Scheduled Tribes, 2018)

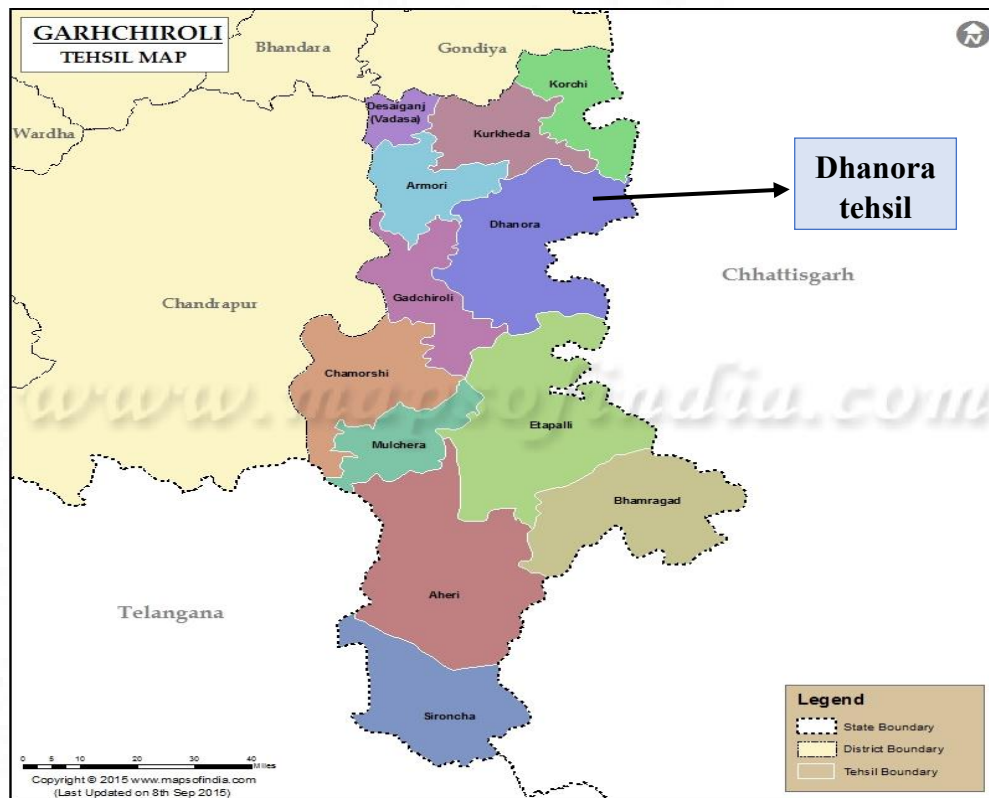


Figure 3. Study setting- Dhanora, Gadchiroli district of Maharashtra (Source: <https://gadchiroli.gov.in/map-of-district/>)

3.3 Sample Size

The proposed sample size for Gond women as informants was 16-17 interviews but during data collection 17 in-depth interviews of Gond women were conducted.

For key informant interviews three healthcare providers were interviewed, three key informants were Accredited Social Health Activists (ASHA), C (CHO), and Medical Officer (MO).

The sample size was decided as 16-18 interviews to cover diverse perspectives and

practices to ensure a complete understanding of cultural practices regarding menstrual health in Dhanora Tehsil.

a. Inclusion Criteria

1. Women from the Gond community, born and brought up in the Gond community.
2. Healthcare workers who are working closely with the Gond community

b. Exclusion Criteria

1. Women who were not from Gond community
2. Pregnant women
3. Healthcare workers who recently joined to work in the study area.

3.4 Sampling strategy

At the initial stage, convenience sampling was used due to geographical and cultural barriers, convenience sampling was helpful to gain entry into the community. It helped to establish initial contacts and rapport with community members. After the initial data collection using convenience sampling, purposive sampling was employed for a more targeted and focused exploration. Information gathered during the convenience sampling was used to identify key informants. The two categories of informants contributed to information validation through a process of triangulation.

3.5 Study Tools

For in-depth interviews, two interview guides were prepared for both informant and key informant separately. These interview guides were drafted in English and then translated into Marathi for conducting interviews. (ANNEXURE- IX, X, XI, XII)

3.6 Data Collection

Initially, ASHA workers and ANMs accompanied the investigator for the collection of data. Informants were introduced by local healthcare providers. Before each interview, the investigator briefly explained the study to the informants and gave them a participant

information sheet. (ANNEXURE-I, II, III, IV) After verifying that the informant understood the objective of the study and was willing to participate, a signed consent was obtained from the informant. One informant, a Gond woman who could not read or write, provided oral consent with a thumb impression, and her daughter gave consent as a witness. Data was collected using an in-depth interview guide; all interviews were conducted in Marathi as informants were familiar with the language.

During interviews, probes were used to gain more details about the topic and clarify responses. The sequence of questions in the in-depth interview guide evolved based on the situation and the informants' responses. The interviews were audio-recorded with the informants' consent to correctly capture specific responses, and the investigator maintained a field notebook in which she noted the context of the interview and observations. After a few interviews, it was discovered that practices related slightly vary between villages.

Seventeen Gond women were interviewed in 10 villages of Dhanora tehsil. One of the three key informant interviews became an unintentional group interview when healthcare workers from various villages joined in the middle of the interview.

The recorded interviews were transcribed verbatim and translated into English.

3.7 Data Analysis

Translation and transcription: All recorded interviews in Marathi and field notes are transcribed and then translated into English.

Coding: Qualitative analysis software WEFT-QDA (version 1.0.1) was used for organization, coding, and retrieval of data. Initially, open coding was employed to generate primary codes. This involves identifying and labelling text that represents meaningful concepts. Following open coding, axial codes were generated to explore the relationships between codes and establish connections within the data. This step involved

organizing codes into broader categories. Axial codes were further categorized to develop the core themes that emerged from the analysis. This involved identifying the main themes that captured the essence of the cultural practices and experiences surrounding menstrual health. (ANNEXURE- XVI, XVII) The themes that emerged were validated across the two types of informants, Gond women from the community and healthcare providers.

Throughout the analysis, the constant comparison method was used to compare data within and across interviews, ensuring the identification of similarities, differences, and variations in cultural practices and perceptions. The categorized data is interpreted to draw meaningful conclusions.

3.8 Ethical Consideration

The study was conducted after review and approval from Ethics Committee from Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum (ANNEXURE- XIV). For in-person interviews, written informed consent was obtained from the informants before the start of the interview. The interview was conducted in an environment where informants felt comfortable. The identity of the informants was kept anonymous. Demographic details and any other information were not used for identifying the individual. All copies of the consent forms, field notes, and audio recordings were kept under the custody of the principal investigator.

CHAPTER 4

RESULTS

This chapter explains different kinds of traditional menstrual practices among the Gond women staying in Dhanora Tehsil of Gadchiroli district, Maharashtra. I propose to document the perceived effects of these practices on their menstrual health. In-depth interviews with seventeen Gond women from several villages demonstrate a diverse web of cultural practices, opinions, hygiene practices, and behaviours surrounding menstruation. To strengthen the understanding, I also interacted with key informants who were healthcare providers engaged with the Gond community, and they provided valuable insights into the interaction of culture and healthcare. While women's narratives offer insights into lived experiences and perspectives, key informant interviews validate and enrich these findings, offering broader insights into community dynamics, healthcare provision, and cultural influences. Specially, the emergence of an additional theme from the key informant interviews underlines the diverse nature of menstrual health within the Gond community, emphasizing the interplay between cultural traditions, healthcare practices, and women's autonomy.

The study aimed to explore cultural practices related to menstruation within the Gond tribal community and to understand their influence on menstrual health with aspects such as pain, discomfort, emotional well-being, and social interactions. A qualitative methodology was used for the study, which involved in-depth interviews with seventeen Gond tribal women and three key informants (healthcare workers) such as Accredited Social Health Activists (ASHA), Community Health Officers (CHO), and Medical Officers (MO). At the initial stage of data collection, convenience sampling was used, and later purposive sampling was employed for a more targeted exploration. Interviews were conducted using a Marathi interview guide. All the interviews were audio recorded with

participant consent. A field diary was maintained for contextual information. Recorded interviews were transcribed verbatim and translated into English for analysis.

4.1 Analysis Process

Recorded interviews of Gond women and healthcare providers interviews were meticulously transcribed and translated into English. WEFT-QDA software was used to generate primary codes, this was done through a process of constant comparison to ensure both parsimony in the number of codes generated and yet ensuring minimal loss of information.

These primary codes which were similar were then grouped into axial codes, and these were further merged to identify the overarching themes. Through this rigorous analytical procedure, six themes emerged independently from both informant and key informant groups with subthemes, that explain the cultural menstrual practices and health perspectives within the Gond community of Gadchiroli. These themes are described in the following sections.

4.2 Themes identified from interviews with Gond women

4.2.1 Cultural practices relating to menstruation among Gonds

Practices that are followed

Gond women tend to follow specific customs that are dictated by their culture during menstruation, including physical isolation and social restrictions. They practice menstrual seclusion by staying in traditional huts (*khopadi*) or the more recent modern structures (*kurmaghars*) when these are available to them. *Khopadis* are made of mud, bamboo, and grass, vary in location, with some built-in family courtyards and others shared by the whole village or neighbourhood. Women exclusively construct these huts, showing a gender-based division of labour. Recently, modern *kurmaghars* (menstrual houses) have

been constructed through external agencies and these have facilities like toilets and water and these offer a more comfortable menstruation experience.

We stay in the hut until our periods end. On the last day, we wash our hair and return home. Many people stay in a hut for 3-4 days. That hut is made of mud only. It is made of bamboo structure. We build a hut outside our house for menstruation. (46-year-old woman, a woman from an exclusive Gond village)

Furthermore, during menstruation, Gond women are required to avoid contact with men, especially married ones, fearing bad luck or sickness. There is also a belief that seeing married men could result in permanent cessation of menstruation for women (infertility). They also avoid farm work and face mobility restrictions in the village during this time. These practices are strongly followed by Gond women of all ages, indicating the hold traditions have on everyday life among Gond women.

At that time, we suffered a lot. Earlier, we used to walk to school or stop someone and take a lift. But when we had menstruation, we could not take a lift from anyone, no one could come to drop us off at school. At that time, no matter how difficult the situation was, we had to walk a lot. Many things have to be followed among our Gond people. If a man is passing by us, we cannot even see his shadow. We have to stop somewhere and go out from the other side. If the man is Pujari/Devari, these rules are strict. Even if a person is a woman, we don't touch her. We are more afraid of Pujari that we may come in contact with them. Yes, but we stay away from other men too, especially those who are of our caste. If a man from our caste is standing, we have to go from the side. (24 years old woman)

It doesn't feel good, but what to do now; if the people at home say so, then we have to do it. We have to stay outside. People in some houses let women stay at home, they say, what will happen? But my family doesn't agree. (30-year-old woman)

Reasons for these menstruation seclusion practices

The adherence to menstrual seclusion practices among Gond women is rooted in tradition, beliefs, and social norms that are imposed. These practices are considered a religious duty or "*Dev Dharam*" within the community and therefore dictate the norms to which they have to adhere. The presence of *Gudhi* in every house is also listed reason for isolation during menstruation.

Actually... umm, everyone follows Dev-Dharam. In our Gond tribe, there is a Gudhi¹ (pillar kind of thing) that we worship. There is a Gudhi in every house. It is considered sacred so we cannot go near the Gudhi. Dev (God) lives in every house of our Gond. Dev means those people, our ancestors who have died before. Gudhi is considered their home. (24-year-old woman)

The belief in maintaining ritual purity of sacred spaces within the home such as the *Gudhi* means that menstruating women have to be kept away from these spaces. It is believed that being near menstruating women could cause problems like sickness or bad luck.

Many women said they follow these practices because it's a rule in the Gond community (Marathi: *Aamha Gondayanacha niyam aahe*). These customs are passed down from older generations, and women see tradition and the need to respect their ancestors as reasons to keep following them. Society expects everyone to follow these practices, and not doing so could lead to punishments like fines, and a requirement for offering animal sacrifices by the violating family or excommunication from the community.

Variation/exception or transition in menstrual practices

Gond women are adapting their menstrual practices, with more women now using sanitary napkins instead of cloth. In some villages some of the rigid rules were relaxed, allowing women more freedom during menstruation, especially in mixed community

¹ *Gudhi*- Shrine within household for worship of ancestors.

areas or near main roads. This highlights a changing approach to cultural norms rooted in Gond's belief systems.

Change... yes. Earlier, we used to come here with rice or vegetables. We had to cook and eat food here only. Now, every day they send us food from home. Earlier they did not even give water, now they do. There has been a slight change now. Earlier we did not even go from the menstrual hut to the courtyard of the house, now we do. We don't go inside, just near the entrance. And earlier they did not roam freely in the village. There was a ban on roaming in the village during menstruation, but now we roam around. (24-year-old woman)

There is no mobility restriction in our village. Our village is 'Pancharangi' (many communities co-reside in the village), so there is no restriction. This happens in a village where all of the people of the village belong to the Gond tribe. Those people say that this place belongs to God and hence they impose restrictions. So, this practice is followed in some villages, we do not have such a practice. (24-year-old woman, who lives in mixed village)

The introduction of *kurmaghar* shows a move to more comfortable and hygienic menstrual spaces, though there are challenges like limited availability and issues during adverse weather conditions. I have included a description of the *kurmaghar* and *khopadi* here including photographs for a better understanding of the contexts of these settings.

Description of the *khopadi* (menstrual hut) and *kurmaghar* (bottle house)

Khopadi/Menstrual hut

The *khopadi* serves as a place of menstrual seclusion practice within the Gond community. It can be a single hut designated for the entire village or smaller huts located in the courtyards of individual houses in the village. Typically, these huts are constructed

by the women of the village using locally available materials such as mud, bamboo, grass, bricks, and plastered with mud. The design of *khopadi* usually lacks basic amenities such as washrooms, beds, and water sources, making it a challenging environment for women during their menstrual seclusion period.



Figure 4. Menstrual hut (*khopadi*) located in centre of the village used by all women of the village



Figure 5. Menstrual hut (*khopadi*) located in courtyard of the house

Kurmaghar/Bottle house:

In contrast to the traditional *khopadi*, the *kurmaghar* is a newer approach to menstrual seclusion, often facilitated by an organization with the participation of villagers through ‘*Shramdaan*’ or voluntary labour.

Kurmaghar structures are built using recycled materials such as bottles, cement, sand, and fibre roofs. This eco-friendly approach not only addresses environmental concerns but also provides a more comfortable and hygienic setting for menstrual seclusion.

Unlike *khopadi*, *kurmaghar* usually includes essential amenities like washrooms, beds, and water taps, which significantly improve the living conditions and health outcomes for women during their menstrual seclusion period.



Fig. 6. Menstrual house (*kurmaghar*) located in the centre of the village

Difficulties or challenges faced by women due to menstrual practices

Living in menstrual seclusion, whether in *khopdis* or *kurmaghars*, presents challenges for Gond women. One common difficulty is the dependency on others for basic needs like food and healthcare, especially if they are the sole occupants of their menstrual hut. This reliance can lead to disruptions in daily chores and feelings of isolation and pressure.

Here we don't get anything. If someone brings us anything, then we get it, otherwise, we don't have access to any product. I don't know about it, but a woman like me who is alone at home, suffers a lot. That's why we feel that we should be allowed to stay at home during periods. When there are 3 or 4 women in the house like sisters-in-law or mother-in-law, they do not have any problem; they take care of the house. (31-year-old woman, from a nuclear household)

The limits on mobility during menstruation can make it hard to go to school, get healthcare, or join social events. This can affect women's health and safety, especially in poorly equipped huts, menstrual huts located in the outskirts of the village or during emergencies.

At that time, our problem is that we could not go outside the village and had difficulty sleeping. We sleep on the ground in the hut, hence there is a fear of snakes and scorpions. I feel scared in the rain. If the hut is made of mud, it would be scary to think that it would ever collapse. Sometimes cattle come running inside. Once I did not sleep the whole night because the gate of the hut was broken. You know that there are cows, buffaloes and dogs in the village, hence one can feel scared at night. That night I slept holding my little girl. There is also no proper outer road from this corner to exit the village. It becomes challenging during rainy days (31-year-old woman, from a village with only traditional small mud huts)

4.2.2 Changing menstrual hygiene practices due to the availability of sanitary napkins

This theme captures the changes in the ways Gond women manage their menstrual hygiene, with more of them using sanitary napkins now. This change happened because sanitary napkins are easier to get in village stores. Also, ASHA workers and Gram Panchayats give out free or affordable sanitary napkins, making it easier for women to use them.

Whenever I have gone out of the village and did not get sanitary napkins, I have had to use clothes. If we are in a village then we send someone to the shop to buy it. There is a shop of Anganwadi workers here, sanitary napkins are available there. I always keep sanitary napkins with me even before my period. Many times, someone from home brings it. (36-year-old woman)

Amid modern changes, some of the older menstrual hygiene practices continue. Some women dispose of used sanitary napkins immediately, while others store and then either burn or bury them after their period. Some also wash and reuse cloth, finding them affordable and convenient. These cloths are often from cotton fabric from sarees and petticoats, showing a preference for familiar and sustainable materials. Women are now using free cloth sanitary napkins provided by organizations, similar to sanitary napkins but more cost-effective, reusable, and eco-friendly for menstrual needs.

Yes, there has been a change, now we use only sanitary napkins. The young girls of the village only use sanitary napkins. Some women use cloth. We use cotton. We used to use one cloth for 2 to 3 months. We use cotton sarees for cloth. There was no problem with using cloth. We used to wash our clothes properly and hence we did not face any problems. (65-year-old woman)

I wash sanitary napkins and then bury them in the ground. I keep sanitary napkins stored in a plastic bag until my menstruation ends. Some girls in the village keep the used sanitary napkins wrapped in paper and plastic until the end of menstruation, and after that, they throw them in the river. But I don't do anything like that. (19-year-old girl)

4.2.3 Sources of knowledge regarding menstruation

The theme explores how Gond women learn about menstruation. It shows a difference between informal and formal knowledge, noting that many women initially do not know much about periods. They may not understand the details like when periods happen, their symptoms, or how to handle them. However, they are familiar with menstrual seclusion, showing cultural awareness even if they do not fully grasp the mechanics of it.

I knew that there are things that happen during menstruation. I didn't know it could be so painful. (laughs) I knew that at a certain age, girls have menstruation, and when they menstruate, they stay outside. I mean, my mother and other ladies used to stay outside. The teachers did not say anything, but whenever there were camps in the school, there was talk about this. The ASHA worker held meetings for adolescent girls in the village; she also used to talk about this. (24-year-old woman)

Peer networks and hostel environments emerge as crucial sources of menstrual education, particularly during adolescence when many women experience menarche. Hostel wardens, older peers, and even maternal figures play pivotal roles in imparting knowledge and practical advice, often accompanied by the provision of menstrual products.

Programs like camps, meetings, and ASHA worker sessions help promote menstrual hygiene but do not cover all aspects of menstrual practices.

I didn't know about it. When I got my first period, I learned about it. At that time, our Madam (hostel warden) told me. At that time, I was staying at a tribal girls' hostel. That

Madam informed me. I didn't know anything at that time, um... I didn't understand what was happening and what it was. Then I asked one of my roommates why this was happening. You know, if one girl knows, then everybody knows. Later, the Madam got the news, umm... then I talked with the Madam, and she gave me a Whisper packet to use and then she made an entry in a register. There was a register that had entries of students who menstruated, and she asked me to sign in that register. (31-year-old woman)

While some women report engaging with healthcare providers, such encounters remain sporadic, indicating a broader systemic neglect of comprehensive menstrual health education.

4.2.4 External support for community norms not for menstrual hygiene

This theme explains the crucial gap due to the gendered nature of the discussions surrounding menstruation. Cultural norms like menstrual seclusion are supported by men and the community, but there is an absence of engagement in matters relating to menstrual hygiene. Women are expected to follow these norms without much help from men in ensuring hygienic facilities. Interviews revealed that women handle most aspects of menstrual seclusion, from using menstrual huts to constructing new ones like *kurmaghar*, with little involvement from men. This reflects a gendered dynamic where women are expected to manage menstrual hygiene alone.

The men of the village feel too shy to talk about this. They say that you women should look after yourselves. Here, people are like that; people from the village don't give importance to women's issues. Only women have helped. People from some villages are understanding and helpful; they support women a lot. Women were facing difficulty living in the hut, so they came and contributed to its construction. Earlier, the huts that used to exist were also constructed by women. The women themselves brought the wood for the

'Khopadi' from the forest. There was no support earlier also, still a little bit okay now.

(24-year-old woman)

Support for menstrual seclusion differs in various parts of the village, depending on geography and local traditions. Women may face discomfort or fear in menstrual huts but follow these norms due to societal expectations. The lack of adequate *kurmaghar* highlights the insufficient support for addressing infrastructure needs related to menstrual seclusion, especially from men.

Actually, I don't have a mother-in-law; there is only one man in my house. Do men do any work in the house? Do they fetch water for bathing? They get annoyed. Our household chores remain like this until we go back home after taking a bath. No household work gets done until we go back home. Sweeping and cleaning the floor don't happen in those days. If there is a woman in the household, she tends to take care of them. (31-year-old woman from a nuclear household in an exclusive Gond village)

4.2.5 Women's adverse health experiences managing menstruation

The theme covers a wide range of experiences and ways Gond women manage their menstrual health. While some women reported minimal or no issues with menstrual symptoms, others grappled with various challenges. Complaints such as stomach or back pain preceding menstruation were common, with dysmenorrhea and irregular periods emerging as prevalent concerns. The response to menstrual health issues varied, ranging from seeking assistance from healthcare providers like ASHA workers or ANMs to relying on traditional healers such as *Vaidyas* or *Pujaris* for remedies.

I was having stomach cramps. My school teacher gave me medicine. Sometimes I take medicine from my hostel warden. Once I went to Navegao's Hospital when I was in school because I had terrible pain. Whenever someone in the hostel falls ill, the hostel

warden always takes us to Navegaon Hospital. She had taken me there too. That doctor gave me medicine. (18-year-old girl staying in tribal girls' hostel)

A noteworthy finding was the prevalent notion of tolerance towards menstrual discomfort, with many women opting to endure symptoms without seeking medical or other assistance. However, informants did seek help, either through home remedies or the use of traditional herbal medicines prescribed by *Vaidyas*. Importantly, some women perceived menstrual complaints as normal, refraining from seeking medical intervention altogether. Additionally, we also identified a reluctance among women to disclose illness during menstruation, underscoring the gendered cultural taboos or privacy concerns surrounding the topic.

We go with young boys or women to the hospital. Most of the time women do not go to the hospital if it's a problem related to menstruation. We think that this is normal. (20-year-old girl)

I have tried many home remedies. There are some remedies in our Gond way also; I have tried them. I also took herbal medicine from Vaidyas I don't think the hospital treatment had any effect. I think the herbal treatment and other remedies worked for me. Nowadays people do not believe in such treatment, but I have experienced everything, so I believe. (24-year-old woman)

4.2.6 Autonomy to break menstrual norms

While traditional menstrual restraints are deeply rooted in culture, there is a noticeable trend towards independence and deviation from these norms, especially in specific situations. For instance, in hostels or areas outside Gond villages, women are moving away from traditional practices, influenced by external factors and a blurring of cultural norms.

If those women go to the city, then they do not follow them because there are no such customs there, they get freedom. (29-year-old woman)

Practices are not followed in the hostel. Hostels are different. We have more freedom there. (18-year-old girl)

Furthermore, there are incidences when women intentionally avoid traditional practices, such as avoiding the menstrual hut and opting to stay elsewhere during menstruation. This deliberate choice reflects a desire for autonomy and agency over one's own body and living arrangements.

Yes, there is 'kurmaghar' in the village. I stay in the sub-centre. I don't go to 'kurmaghar' much because to go there one has to take many small routes from outside the village.

We use this route to get there (pointing at the route) and this is the outer route. That's why I don't go there often and for the past 2 years, I haven't been staying in the village much. I live in Gadchiroli. If I have menstruation, I go there and I don't stay here. (19-year-old girl)

Many women follow cultural practices despite personal discomfort, showing a balance between their own preferences and society's expectations. There are occasions when women choose not to follow traditional practices, indicating a desire for independence and a rejection of restrictive norms, which signals a move toward empowerment.

Notably, the observation that women within the same community may choose to deviate from prescribed practices, even when residing in areas where adherence is expected, underscores the diverse ways in which individuals navigate and negotiate cultural expectations.

Once meeting was held in the village to discuss this matter. They told people to go to kurmaghar. But I don't go, some women don't like to go and stay there. Should I stay out because I have my period? This way everyone will know that I have had my periods. My

sister-in-law also doesn't go to kurmaghar. She is from Chhattisgarh and there is no such rule there. She is also Gond but there they don't follow this practice. They stay inside the house during menstruation. Halba people also live there along with Gond people, so the rules are followed accordingly. When she got married and moved to this village, she chose not to stay in the kurmaghar. (19-year-old girl)

4.3 Themes identified from interviews with health systems' key informants

4.3.1 Cultural Practices followed by the Gond community

Existing Practices Regarding Menstruation

In the Gond community, traditional menstrual practices involve seclusion and restrictions. Women retreat to menstrual huts like *kurmaghar* or *khopadi* during menstruation, staying apart from others and refraining from work and interactions. Some villages share huts, while others have individual ones. Family members provide food and water, and women are given clothes for washing but cannot touch other items or people during this time.

During menstruation, women are required to stay in the kurmaghar. Typically, 12 to 15 households collaborate to construct one kurmaghar hut, where women from these households stay during their menstrual cycles. There are ongoing health programs, so ASHA workers need to summon people. The ASHA worker mentions that they are restricted from moving around the village and cannot pass through someone else's house entrance. If they come into contact with someone, they must bathe. During menstruation, the ASHA worker has to bathe four to five times a day. (Community Health Officer)

Movement restrictions and limited interaction with men are also observed during menstruation. Even Gond ASHA workers adhere to these practices, demonstrating their widespread hold over the community.

ASHA workers also adhere to this practice, there was a birthday celebration for the ASHA worker's son, and she invited me to attend. However, I declined because I was menstruating, and I thought there might be a cultural taboo about attending such events during menstruation in your community. She responded that it was better that you didn't come because it's not considered acceptable to participate in events during periods in our community. I was unaware of this, but our ASHA worker informed me that whenever you are menstruating, you should inform them so they can take a bath after returning home, as there are instances when they come into contact with me. (laughs) However, there are times when I don't inform them. You can't always disclose it, can you? They mention that it's considered unacceptable in our community, as it upsets our God if such interactions occur. (Community Health Officer)

Infrastructure and Facilities for Menstrual Seclusion

Infrastructure for menstrual seclusion varies. In *kurmaghar*, women have access to beds and washrooms, whereas traditional mud huts lack such amenities, relying on family members for water and food provision. The transition from mud huts to *kurmaghar* symbolizes an evolution in menstrual seclusion practices, with occasional support from village leaders like Patil for construction.

Now in kurmaghar, all the facilities are available. There is a bed to sleep, a bathroom, a water tap, they have got all the facilities. Those who live in huts do not have facilities. They carry cots to the huts. Their family members help with whatever other facilities they need. It is good to stay in kurmaghar if all the facilities are available there. That kurmaghar has facilities, I mean it has a bed for them to sleep in, washrooms, and a water tap. The women in my area live in huts and suffer there. If there are two cots and two women are menstruating, they will share them among themselves, but if a third or

fourth woman comes, there will be a problem. kurnmaghar should have been constructed according to the population. (ASHA worker)

Reasons for Continuation of Menstrual Practices in the Community

Gond people follow these practices because of their cultural beliefs and religious devotion, considering it a religious duty tied to their heritage and respect for *Gondi Dev*. They fear God will be displeased if they do not follow these practices. Religious leaders (*Pujari*) and village heads (*Patil*) play an important role in supporting these practices and opposing their modification or abolition.

They say it's our community's rule that we must follow. It's important to us because our 'Dev' is different, and if we don't follow, he might get angry. They won't tell you the reason directly; they always say it's not accepted in our community. Once, I asked an ASHA worker, and she said our god is different, and he doesn't like it. If we don't follow, something bad might happen, like someone getting sick. When someone gets sick, they say our god made them sick. (Community Health Officer)

Variation or Transition in Cultural Menstrual Practices

Differences in menstrual practices exist not only within the Gond community but also between different communities residing in the same village. Comparisons between Gond and OBC communities reveal clear differences, highlighting the influence of location and community dynamics on menstrual practices.

All this happens in the Gond tribe and not in our OBC community. We cannot cook food at our place but we can do the rest of the work like cleaning utensils, washing clothes, and all other household work. There is no such rule as restriction on touching objects or interacting with people in our OBC community and Gond women stay in kurnmaghar during menstruation and don't go outside. So, this rule doesn't matter to them. (ASHA worker)

In addition, transitions are observed, with the shift from traditional mud huts to *kurmaghar* constructions representing an evolution in menstrual seclusion practices. *There was no kurmaghar here. It was constructed just a few months ago. Earlier there used to be a hut. People from two or three families used to have one hut together. (ASHA worker)*

Additionally, these practices can change over time. Women tend to follow them more strictly when they are in their villages, but they might not follow them as rigidly when they're elsewhere.

If there's a lady from Gond village who works in Gadchiroli and lives there. She doesn't follow the traditional rituals when she's in Gadchiroli, but when she visits her mother's or in-law's house, she follows those customs. In Gadchiroli, it's okay if you don't follow these practices; you can do as you like. When she's in Gadchiroli, she cooks for herself, does household work, and also goes to her job. (ASHA worker)

Challenges Women Experiences When Practicing Menstrual Seclusion

During their time of menstrual seclusion, women face different problems. They might find it hard to get medical help if they are sick. Also, when they sleep outside because of too many people or not having proper places, they could get bitten by insects or animals. These problems get worse because they cannot move around much during their period, which makes it even harder to access healthcare services.

If she ever gets sick, she can't tell her husband or family about it. This is one problem. If there are 2-3 women and if there is no facility for them to sleep, then they sleep on the floor. In that situation, snakes, scorpions, and insects can bite them. This is the story of xxxx village. This is about an ASHA worker in that village. She had her menstruation period, so she stayed in kurmaghar. While living in kurmaghar, her health suddenly deteriorated. She was alone at that time. She did not tell anyone about this. When some

people went and checked in the morning, they found her dead. I don't know if she had any disease or if she was bitten by a snake, I don't know what happened. She was ill and at that time she could not tell her husband or family. In her case, when the people around her noticed that she had not woken up from her sleep that day, they went inside the hut and checked. She was found dead. But her family members were not ready to touch her, even they refused to go inside. She was taken directly from kurmaghar for cremation, her body was not even taken home. The unmarried young boys of the village had taken the body for cremation. Not married men. Married men become God's people, so they can touch or see menstruating women. (ASHA worker)

A woman, who was related to an ASHA worker, was pregnant but took medicine to end the pregnancy. This caused bleeding because of the abortion pill, so she went to stay in the kurmaghar during her bleeding. Sadly, she passed away while staying there. Someone must have told her something about this abortion pills. In her family, other women like her mother-in-law may have said that they also used these pills for abortions and nothing bad happened, so she thought it was safe to stay there. I heard she had a lot of bleeding, which led to her death. (Community Health officer)

4.3.2 Strong Influence of Cultural Norms

Cultural norms strongly influence menstrual practices in the Gond community of Gadchiroli. Despite efforts to promote ideas regarding modern hygiene, people still hold onto traditional practices, even among the well-educated. These practices remain deep-rooted despite educational programs and official initiatives.

No matter how much effort you put into persuading them, they will not listen to you because it is deeply rooted in their cultural beliefs and practices. They say it's about their 'Dev-dharma'. The organization is constructing Kurmaghar in villages for women to stay

during menstruation. However, despite the risk of insect or snake bites, they choose to stay there. Despite attempts to explain that it is natural and safe, they are reluctant to listen. This practice has been passed down through generations and is followed even by educated women. Many women continue to adhere to this practice and remain outside their homes. In the Gond community, their family members support them by providing water, clothes, and food. This mindset is deeply ingrained, and it is challenging to change these practices as they are deeply rooted in tradition. (Medical Officer)

Healthcare providers carefully handle discussions about religious beliefs regarding menstruation, being mindful of possible offenses due to the community's deep-rooted beliefs. They acknowledge the sensitivity surrounding these beliefs and the consequences of challenging them.

We asked them about these practices and they responded by saying this is our tradition, and we will continue to follow it. We can't say much to them because if we criticize them too much, they feel disrespected. They believe that these practices are valuable. Even if a government official tells them about the disadvantages of these practices, they will still follow them because it's our cultural duty (Dev-Dharma) and tradition. They have strong faith in their deities. (Community Medical Officer)

4.3.3 Community Engagement and Education on Menstruation

ASHA workers play an important role in promoting discussions on menstruation, particularly targeting teenage girls through the Rashtriya Kishor Swasthya Karyakram (RKSK) program. These meetings serve as platforms for sharing knowledge and raising awareness about menstrual hygiene practices. The influence of education on menstrual hygiene is significant, as the use of sanitary napkins increases among girls. However, despite this positive change, there is a lack of specific initiatives addressing menstruation

for adult women, aside from discussions within the pre-conception program at sub-centres.

No there are no specific programs for those women. (laughs) However, during meetings or camps, we occasionally discuss menstrual hygiene with them. We emphasize the importance of maintaining hygiene, using sanitary napkins, washing the genital area, and changing sanitary napkins regularly. (Medical Officer)

For women, there are no dedicated programs, but there is the RKSK program aimed at teenage girls. We need to arrange programs for them every quarter. In the first month, a program should be held in the village as part of the RKSK initiative. During this program, we educate teenage girls not only about menstruation but also about other important topics like personal hygiene and proper disposal of sanitary napkins. A pre-conception care program is available for newly married women. In this program, we inquire about menstruation, educate them about hygiene, and inquire about any menstrual issues they may have. (Community Health Officer)

Educated women are more open to learning and talking about periods. This shows that education is important for making people aware of menstrual health. Also, healthcare workers suggest that the government should get involved to make sure things like sanitary napkins, check-ups, and counselling for period problems are available to everyone.

4.3.4 Menstrual Hygiene Practices by Gond Women

Usage of Menstrual Hygiene Products

The switch from using cloth to using sanitary napkins is an important change in how Gond women manage their periods. Younger women are choosing sanitary napkins because they find them more comfortable and less likely to leak compared to using cloth. On the other hand, older women still prefer using cloth. This change is helped by ASHA

workers who provide information and support, making it easier to switch despite challenges like washing and drying cloths. Money is also a factor, as some women used to think sanitary napkins were too expensive. However, many still stick to using cloth, showing that cultural beliefs about periods are complex and can be hard to change.

Nowadays girls only use sanitary napkins for menstruation. Because now girls go to school and college, they are educated and hence no one uses clothes. Ever since I joined ASHA, I have noticed changes that earlier only cloth was used, now they use. Earlier we used to get sanitary napkins packets from hospitals for adolescent girls. Whenever I went for a meeting, if I had 35 adolescent girls, I would get packets of 35 sanitary napkins. That is why we do not encourage women to use clothes because it can cause problems related to the uterus and menstruation. These people don't put their clothes away neatly, they don't wash them well, and they leave them out to dry anywhere, even in dusty places. Using clothes can sometimes restrict the flow of blood, but using a sanitary napkin allows the blood to flow freely. Even now, some old ladies, whose menstruation will stop in a few years, use the same method as before. (ASHA worker)

Accessibility of sanitary napkins

Access to sanitary napkins can be complex. It involves giving sanitary napkins to young girls in hospitals and making sure they are not too expensive. But it can be hard when free or affordable sanitary napkins programs stop. This might make it tough for people who do not have enough financial resources to get sanitary napkins.

Earlier we used to get sanitary napkins packets from hospitals for adolescent girls. Whenever I went for a meeting, if I had 35 adolescent girls, I would get packets of 35 sanitary napkins. When I used to get packets of sanitary napkins from the hospital, I used to give them for Rs 10, so some women also used to come and buy them from me as it was cheap. Those sanitary napkins were good. This thing has been stopped since last year,

otherwise, there used to be a lot of stock of sanitary napkins for teenage girls. (ASHA worker)

Disposal of Menstrual Hygiene Product

Different means are used to dispose of used sanitary napkins. Some women choose to bury them because they do not like dealing with them. Others burn their used clothes or throw sanitary napkins outside. This shows that there is a need for waste management solutions.

They said they just throw them outside. But we advise them to wash the sanitary napkins and then burn them. Some women burn them, or they bury sanitary napkins in the ground. I also heard that they directly throw them away. They don't know how to dispose of sanitary napkins. (Community Medical Officers)

4.3.5 Women's Experiences of Menstrual Disorders and its Management

Women's Experiences of Menstrual Disorders

Gond women in Gadchiroli commonly report a number of menstrual complaints, irregular menstrual cycles. Furthermore, they frequently experience various menstrual disorders such as delayed menstruation, dysmenorrhea, early onset of menopause, urinary tract infections (UTIs), white discharge, and scanty flow during menstruation. Healthcare providers (Medical Officer) observe a significant rise in cases of Polycystic Ovarian Disease (PCOD) in this area.

There is a variety of menstrual problems that women encounter here, with a notable increase in cases of Polycystic Ovarian Disease (PCOD) among girls in the villages. For instance, in the Ashram school in XX village, delayed menstruation is a frequently reported complaint. They often report not having their menstrual cycle. They experience a delay in their periods for 2-3 months. PCOD is prevalent, and many times it is diagnosed

when advising them to undergo an intrauterine sound-guided (ISG) examination. There have been a limited number of cases involving endometriosis, specifically around 2 to 3 instances. Additionally, there have been reported cases of cervical cancer, as well as instances of fibroids, although fibroids are relatively uncommon but do occur.

Oligomenorrhea, which is quite prevalent, along with dysmenorrhea which is also commonly reported. Recently, there has been an increase in fibroids among women. Menopausal complaints have been observed as well, with early menopause occurring in women aged between 35 to 40 years. There are also cases of UTI and white discharge.

(Medical Officer)

Management of Menstrual Complaints

To address these concerns, healthcare providers use many strategies. At the sub-centre level, they provide tablets for low haemoglobin levels and offer medications and advice for irregular menstruation and related health issues, such as multivitamins or B-complex tablets. Additionally, referrals are made to higher healthcare facilities or gynaecologists for further evaluation and treatment of gynaecological disorders. Treatment plans at the sub-centre level may include advising women for VIA tests, pap smears, ultrasounds, and prescribing medications such as doxycycline, fluconazole, or ofloxacin for conditions like white discharge or UTIs. Also, when women get sick during their time in menstrual seclusion, healthcare providers either hear about it from their families or go check on them themselves. But even though healthcare providers do these things, some women still go to traditional healers called Pujaris or Devaris for help with things like fibroids before they see a doctor.

For women aged over 35 experiencing white discharge, I recommend conducting a VIA test, pap smear, or occasionally an ultrasound (USG). I advise them on maintaining hygiene and prescribe treatment, often including doxycycline. I also provide a UTI kit if

needed. For irregular periods we e start them on iron and folic acid tablets since those are available at the sub-center. Otherwise, we give them multivitamins or B-complex tablets and refer them for a thyroid test or to Dhanora Hospital if needed. At our level, this is what we can do; we can't treat their complaints extensively here. (Community Health Care Officer)

4.3.6 Social and Cultural Norms Impacting Healthcare

There is a significant impact of social and cultural norms on accessing healthcare services. Informants highlighted various challenges that arise from deeply rooted cultural beliefs and restrictions, particularly regarding menstruation and postpartum practices. The practice of staying in designated areas like *kurmaghar* during menstruation significantly hampers access to healthcare services, requiring healthcare providers to use outreach methods. Additionally, there were challenges like not wanting to go to health camps and finding it hard to diagnose and treat serious conditions like endometriosis or fibroids. These difficulties were made worse by people not trusting the systems that refer them to other healthcare places, as well as problems with getting transportation.

During their periods, they stay in a place called kurmaghar and avoid coming near us or going outside. If we organize any events or camps in the village and invite them, they can't join us. We have to go to the kurmaghar to provide them services. They stay inside the kurmaghar until their periods end. After giving birth also, they stay in a hut. For example, if there's a village with a statue of a god at the entrance, and if I need to refer a woman from that village to a higher healthcare center, she can't cross that place during menstruation. Even after giving birth, new mothers avoid crossing that sacred place. (Community Health Officer)

Healthcare workers said it's important to involve the community more, especially for people who work seasonally. They also said we need better local healthcare places so people can trust and feel good about getting healthcare. Also, they noticed that some women feel more confident going to the doctor alone, while others need someone with them. This shows we need different ways to help different people when they go for healthcare.

Actually, it's not their fault. Many schemes are going on, so they cannot come every time. If they miss their work, they lose their daily wages. So, it's understandable for them to give excuses. They only come when things get really bad. They don't care much about their health. They do seasonal work and don't come for checkups or programs. There's a problem with transportation here. If we need to refer a patient, they often can't go because of transportation issues. This might be why people sometimes consult priests for their illnesses. Women here depend on others to go to the hospital; they lack the confidence to go alone. Those of us who have studied and work outside have more confidence to go alone. But many times, they don't have anyone to go with them, so they suffer. (Community Health Officer)

4.4 Validation of results

Validation of this qualitative study involved triangulation of data from Gond tribal women and healthcare provider interviews, ensuring the reliability and credibility of the findings. The themes identified from the interviews with Gond tribal women resonated with the insights shared by healthcare providers, validating the cultural practices surrounding menstruation among the Gond community.

The themes 'Cultural practices relating to menstruation among Gonds' and 'Cultural Practices followed by the Gond community' underline the consistency of cultural beliefs

and practices observed within the Gond community. This alignment supports the validity of the findings and offers a clear understanding of the cultural context surrounding menstruation.

Themes related to menstrual hygiene practices and menstrual health experiences amongst Gond women have been validated by the information gained from healthcare providers. Themes like 'Changing menstrual hygiene practices due to the availability of menstrual hygiene products' and 'Menstrual Hygiene Practices by Gond Women' were supported by insights from healthcare providers regarding community engagement and education on menstruation. This validation highlights the significance of cultural and infrastructural factors in shaping menstrual hygiene practices and highlights the need for focused interventions to improve menstruation experiences.

Furthermore, the themes that addressed the impact of social and cultural norms on healthcare access and management of menstrual complaints were strengthened via the perspectives of healthcare providers.

Themes 'Social and Cultural Norms Impacting Healthcare' and 'Women's Experiences of Menstrual Disorders and its Management' revealed the challenges faced by Gond women in accessing healthcare services and managing menstrual health issues within the constraints of cultural beliefs and practices.

This validation underscores the trustworthiness of the findings through the convergence of information across a couple of sources. The trustworthiness of the data collected for this thesis is established through several key criteria. First, credibility, or the reality value of the findings, is ensured via triangulation. This means that information from both Gond tribal women and healthcare providers was compared and cross-checked to verify its accuracy. By collecting data from different sources and methods, such as interviews and observations, uncertainties were minimized, making the findings more reliable. Prolonged

engagement with the informants, including building rapport and trust with informants, as well as member checking at the end of interviews strengthened credibility. Purposeful sampling, which aimed to capture a diverse variety of views, also contributed to the credibility of the findings.

Applicability means the ability to apply the findings to similar contexts, which is supported by a thorough description of the research process. Dependability, or consistency of the findings, is ensured through triangulation and reflexive journaling. By comparing results from different sources, consistency is established, reducing the likelihood of errors or bias in the data. (Lincoln and Guba, 1985)

Additionally, maintaining a field diary helped to track impressions and ensure the reliability of the research process. The neutrality of the findings is maintained by transparent documentation of the research process. By maintaining detailed records of observations, interviews, and interactions with informants, the principal investigator ensured that the findings were based on the data collected and not influenced by personal biases.(Lincoln and Guba, 1985)

Overall, the trustworthiness of the findings is established through a rigorous process that consists of triangulation, prolonged engagement, purposeful sampling, overlap methods, and transparent documentation. These strategies ensure that the findings are credible, transferable, dependable, and confirmable, improving the overall quality of the study.

CHAPTER 5

DISCUSSION AND CONCLUSIONS

5.1 Summary

The present study identified the cultural practices related to menstruation among Gond women living in Dhanora tehsil, Gadchiroli district, Maharashtra. Gond women were found to practice menstrual seclusion, where women use structures like the *kurmaghar* or *khopadi* (menstrual huts), for seclusion. There were also restrictions on mobility within the village, along with the prohibition of women interacting with men, particularly married men. Even being seen by men was believed to have an adverse effect on the menstruation of women.

Despite government and private organisation initiatives there seems to be a lack of comprehensive education about menstruation among these women. The adherence to these practices is due to deeply ingrained cultural beliefs. There has been a change in menstrual hygiene practices, and now more women choose sanitary napkins as menstrual hygiene products. However, some women still prefer using clothes due to the cost-effectiveness and comfort of using clothes. Attempts by the more educated women to negotiate a less rigorous practice of menstrual seclusion are reportedly met with resistance from the village elders and leaders. Only those who manage to mask their menstrual status or those who are able to go away from their villages are able to avoid these rigid practices.

The study also revealed that many women tolerate menstrual complaints without seeking help perceiving discomfort during menstruation as normal. For such complaints women sought help from a range of facilities, including public sector PHCs to traditional medicines and home remedies. Family support is important to access healthcare due to mobility restrictions during menstruation.

Overall, this study also explained the connections between cultural practices, changing menstrual hygiene practices, gender dynamics within the community, and healthcare accessibility, among Gond women.

5.2 Discussion

5.2.1 Cultural practices relating to menstruation among Gonds

Both Gond women and healthcare providers identify menstrual seclusion as the key practice followed by the Gond community during menstruation. Women stay at the menstrual hut called *khopadi* or *kurmaghar* to maintain this seclusion. A similar practice is found in Nepal which is known as '*Chaupadi*', where women stay in a hut or cowshed during menstruation.(Mukherjee et al., 2020) Communities from Solomon Island and Papua and the Kurichiya tribe from Wayanad, Kerala, India also follow menstrual seclusion practices called '*haus meri*' and '*orakkodu*' or '*valayamapura*' respectively.(Mohamed et al., 2018; Sreedevi et al., 2023)

In addition to menstrual seclusion, the Gond community follows other practices such as limiting mobility in the village during menstruation, prohibiting interaction with men, prohibiting women from working in their farms, and not allowing women to touch objects outside zone of seclusion. There are no dietary restrictions during menstruation like other communities, however. These practices implicitly define menstruating women as impure. These practices continue to be upheld because of cultural and superstitious beliefs as well as the notion that many places in the village are auspicious. As menstruating women are considered impure, they should not be near auspicious locations of the village. Men are believed to be in danger from menstrual blood or women who are menstruating, as these practices are associated with bad luck.(Mohamed et al., 2018; Mukherjee et al.,

2020; Syed Abdullah, 2022) These seclusion and mobility restrictions come in the way of women and adolescent girls access to education and health care.

There is ambiguity on the actual reasons behind the adoption of these practices. Women usually perceive that this is related to '*Dev-dharma*,' and that is their community's established rules. Since they have observed the practice being followed for many generations, women continue to follow them.

Due to education, modernization, and the influence of other communities, there has been an evolution or modification in village practices. In mixed villages, practices are more flexible than in exclusive Gond villages.

Although a culture of menstrual seclusion is still widely followed there has been little change in the living conditions of women during seclusion. Previously, women's only option was a mud hut, but now there are *kurmaghar* where facilities like beds, washrooms, and water taps are available for hygienic and comfortable stay. In some villages women's practices are relaxed, allowing them to move around the village and interact with men.

Health care providers and Gond women described the kinds of challenges that women face while staying in *kurmaghar*. Especially during the rainy season, women who stay in mud during their menstruation are often afraid of being bitten by snakes, scorpions, and other insects. One *kurmaghar* in one part of the village is inadequate for all of the village women, therefore many women have to adjust to smaller *kurmaghar* spaces. Due to their restricted mobility, if they become ill, they find it difficult to inform anybody and have to wait for support to arrive. Since many village huts are situated at the periphery of the village in keeping with the mobility restrictions for menstruating women, they have to use back roads to get outside, which can be challenging during the rainy season. Their regular activities are affected which has an impact on their social and mental well-being.

5.2.2 Changing menstrual hygiene practices

The use of sanitary napkins has increased over the years, according to interviews with all informants. Healthcare providers also stated that a rise in the usage of sanitary napkins is facilitated by education, the availability of napkins in rural areas, and menstrual hygiene initiatives by healthcare providers. However, both women and healthcare providers observed that older women still prefer to use cloth. Women use clothes when sanitary napkins are not available. Women complain cloth use is inexpensive while sanitary napkins are expensive. Most often, used clothes made of cotton are utilized for menstrual purposes.

They reuse the same clothes for two to three months and then burn those clothes. In many tribal communities' women's use of cloth for managing menstruation continues. This could be due to unavailability, financial constraints, or lack of knowledge about the usage of sanitary napkins.(Kumari et al., 2021; Mudi et al., 2023) While the use of modern menstrual hygiene products is increasing, women's decisions about what products to use are still affected by cultural beliefs and financial limitations. Many women only change their sanitary napkins twice a day, which is not considered hygienic. Women have various methods for discarding used sanitary napkins. Some throw them into rivers or garbage, at the same time as others prefer to wash them earlier than burning or burying them. Certain individuals choose to wrap the sanitary napkins in paper earlier than disposing of them. These kinds of approaches underscore the importance of education about menstrual waste management.

5.2.3 Sources of knowledge regarding menstruation

Gond women do not have prior compressive knowledge about menstruation. Women received both formal and informal types of knowledge, formal from school teachers, and healthcare providers and informal from friends and family members. ASHA workers hold

monthly meetings with adolescent girls in the village as part of the RSKS program. During these meetings, she discusses menstrual hygiene practices but does not provide comprehensive information such as the biology of menstruation and menstrual disorders. Women lack complete knowledge of menstruation.(Mudi et al., 2023)

Women are often unaware of menstruation until they experience it, and most of the time, the community simply instructs them on what should and should not be done.(Kumari et al., 2021) There is no specific menstrual hygiene program for women in the region.

Interaction with women revealed that their knowledge or understanding of menstruation is that it is a process of removing dirty blood from the body. Even ASHA workers share the same knowledge of menstruation. This underscores the need for a comprehensive menstrual education program that addresses not just hygiene but also biology, menstrual health, and menstrual waste handling. This knowledge will help women make informed decisions about their menstruation practices.

5.2.4 External support for community norms/ Strong Influence of Cultural Norms

During seclusion, women receive support from family members for necessities like food and water, but the help is not always timely. There is a gendered division of household duties among families, so when women are secluded, responsibilities fall on other family members, particularly women; but most of the time, men from the house help with housework. Men require women to practice menstrual seclusion, but were unwilling to support them even in terms of building menstrual huts or managing the households when women were away during their periods (in the menstrual huts). When women construct a menstrual seclusion area, there is no support from men. Women go to the jungle to get wood and build their huts. When the organization was building *kurmaghars* for women, they accepted assistance from the community. However, men in the community offered very little or no help.

While menstrual seclusion practices are encouraged by the *Pujari* and *Patil* of the village, they take great pride in their actions. This indicates gender dynamics in relation to cultural and power structures in the community wherein men control these practices. In the Gond community of Gadchiroli, menstrual practices are greatly influenced by cultural beliefs. Despite efforts to promote modern hygiene principles, people, including the well-educated, follow traditional practices. Despite educational programs and government initiatives, these practices persist. This could be because of the serious implications to for individuals and families of Gonds who do not follow these practices. When a family violates a rule, they are expelled, fined, or forced to perform animal sacrifice.

5.2.5 Women's experiences of menstrual disorders and management

Gond women face a variety of menstrual health challenges, irregular menstruation, stomach pain, and back pains are the most common problems among women. Some women often experience white discharge and urinary tract infections. According to a Medical officer, there is a rising complaint of PCOD which is polycystic ovarian disorder among young girls. Many times women do not have any idea about menstrual health, most of the menstrual symptoms are considered natural, so women tolerate the symptoms and do not seek any help for menstrual complaints. (Mudi et al., 2023) Instead, they use various means to seek care for their problems. Some women visit sub-centres, and taluka hospitals to seek healthcare but sometimes if treatment is not available at the primary level, many patients are referred to higher healthcare centres and gynaecological clinics. There are times when women go to the *Vaidyas* and *Pujaris*, who are local healers. Many times, when the situation gets worse people go for medical care, for the Gond community their local healers are more trustworthy than medical professionals.

5.2.6 Autonomy to break menstrual norms

Many women follow cultural practices despite personal discomfort, showing a balance between their preferences and society's expectations. Imposition of the practices violates their constitutional right as human beings but the practices are continued in the name of religious and cultural duty.

When women go out of Gond community villages, they do not follow cultural menstrual practices. Some women decide not to follow these rigid practices, this decision they were able to make may be due to education and the influence of modernization on them. Some young girls and women try staying for a couple of days at other places out of the village so that they can avoid seclusion. This choice may be indicative of the autonomy and knowledge that they have, but yet, refrain from challenging existing structures of power within the community.

5.2.7 Social and cultural norms impacting healthcare access

Gond women's cultural practices regarding menstruation have significant impact on their access to healthcare. The practice of staying in menstrual seclusion restricts access to healthcare services; healthcare providers must travel to the seclusion place to treat them, but due to the untouchability notion, after inspecting women, health providers must take baths or they cannot go to visit other houses. Because of mobility restrictions and seclusion, women cannot seek timely care, sometimes which may turn fatal for women as has been reported in a couple of instances.

In such instances, women desire to visit health centres. However, there are structural constraints as women in rural areas do not have their means of transport. Besides that, only men have vehicles in the areas; hence, women from the areas cannot travel with the men while they are menstruating. These restrictions therefore result in a violation of women's access to appropriate health care.

5.3 Strengths and Limitations of the Study

5.3.1 Strength of the Study

1. The study was conducted using qualitative methodology to explore cultural menstrual practices followed by Gond women. The study involved an intimate understanding of local practices through strong exposure and understanding from within the region and supported by observations.
2. Triangulation of data from Gond women and healthcare providers ensures the validity and dependability of the study findings.
3. The work highlights the intersectionality of gender, tribal identification, and socio-cultural factors in shaping stories of menstruation among Gond tribal women

5.3.2 Limitations of the Study

1. The study was conducted among the Gond tribal community of only one taluka of Maharashtra, India, limiting their applicability to broader contexts or other tribal communities. Evidence to believe practices are not uniform and vary across the border, in Chhattisgarh.
2. Reliance on self-reporting in interviews may lead to underreporting of sensitive information.

5.4 Conclusions

Cultural beliefs and practices related to menstruation are deeply rooted in the Gond community and they significantly influence the women's experiences related to menstruation. It has a significant impact on women's health in terms of their access to healthcare. Though the cultural practices are deeply embedded they are also constantly evolving due to the influence of education and modernization. The concept of impurity and untouchability of menstruating women has been constant over the years and it

persists due to the social and cultural power vested in men perpetuating the gendered discrimination in access to health and health care as well as education and mobility for women. By doing so, it violates the reproductive rights of women within these communities.

There is a lack of comprehensive and correct knowledge about menstrual education. The knowledge provided to women by formal sources is only limited to menstrual hygiene. Scientific knowledge about menstruation will help to break myths or misconceptions related to menstruation and it may help them to make conscious decisions about their practices and will also shape their healthcare-seeking behavior. Though there is an increase in the usage of sanitary napkins, disposal of sanitary napkins and usage of sanitary napkins are not well understood by women. There is a complex interplay between cultural taboos regarding menstrual products, the visibility of menstruating women, menstrual hygiene, and menstrual health and to address them we need comprehensive culturally sensitive intervention.

5.5 Policy Implications

1. To address the restrictive practices relating to menstruation there is a need for comprehensive programs that are culturally sensitive. An effort has to be to clear all myths and misconceptions about menstruation with education or awareness campaigns.
2. To address menstrual health issues or menstrual morbidities basic resources should be available at primary health centers and women should be encouraged to seek help during menstrual discomfort.
3. The program should include the participation of men to help them understand the consequences of seclusion and mobility restriction practices on the well-being of women.

Support from men will enable women to overcome the adverse consequences of these cultural practices.

5.6. Scope for Further Study

While this study provides valuable insights into menstrual practices and health among the Gond community, there are other areas for further research:

1. Evaluating healthcare interventions that may address the adverse consequence of menstrual practices within the Gond community.
2. Implement a comprehensive menstrual program that addresses appropriate menstrual practices, menstrual knowledge, and menstrual health in the community.
3. Explore how the intersectionality of gender, socio-economic status, and location shape the menstruation experiences of Gond women to assess the impact of the adverse health consequences

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ANNEXURE – I

Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum, Kerala, India- 695011

Participant Information sheet (For informants)

Topic - Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration

Namaskar! I am Chunoti Punwatkar, currently pursuing a Master of Public Health course at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum, Kerala. I am doing a study on ‘Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration’, as part of my coursework. This sheet is a guide to know about your participation and help to decide your consent for the study.

Purpose of study

The purpose of the research is to explore and document the diverse cultural practices related to menstruation within the Gond community in your area and to understand how these practices influence the menstrual health of women.

About the study

In this study, I am going to talk to women and healthcare workers in the villages of Dhanora Tehsil, Gadchiroli, Maharashtra. I am talking with women who are willing to discuss their menstruation experiences as informants.

The ethics approval for this study has been obtained from the Institutional Ethics Committee of Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum.

What participation will be required from your side?

If you agree to participate in the study, then I will talk with you for about 30-40 minutes. During our chat, I will ask you about your menstrual practices, experiences and beliefs related to menstruation and menstrual health. I would like to record this chat with you for study purposes. If you don't want me to record the conversation then I have to write down it. After the interview, if I need any clarifications about the information I have, I would like to contact you, if you permit it.

Benefits from the study

The study will not directly benefit you. There will be no incentive in any form for participating in the study. It can help researchers and policymakers to design more culturally sensitive interventions and programs for menstrual health and hygiene, which may lead to improvements in the health and well-being of women in your community.

Risk and discomfort

Participation in this study will not cause you any harm. During our talk few questions may make you uncomfortable. In such case, you are free to take time to answer or you can ask me to skip the question.

Privacy

We will attempt to ensure that all conversations with you are not overheard by anyone else.

Confidentiality of your data

Whatever information you share will be kept highly confidential and will only be accessible to me and my supervisor. All the information that is being collected will be used solely for research purposes. Your personal details will not be shared with anyone at any stage. The data other than your personal identifiers will be used for analysis of the study. The results of the study will be published and presented in public forums.

Withdrawal from the study

Your participation in the study will be completely voluntary. You are free and have the right to withdraw during the interview at any time. There will be no penalty for withdrawal or not participating in the study.

If there is any query or doubt you want to ask, I will try to clarify it to the best of my ability.

Contact -

In case of need more clarification of the study, you can contact me or the member-secretary of the Institute of Ethics Committee of SCTIMST, as given below

Dr Chunoti Punwatkar
Principal Investigator
MPH 2022, AMCHSS, SCTIMST
Contact Number: 9561506457
Email: chunotip@sctimst.ac.in

Dr Srinivas G
Member Secretary
Institutional Ethics Committee
SCTIMST, TRIVANDRUM- 695011
Office: 04712524689
Email: iec.mem.sec@sctimst.ac

ANNEXURE – II

अच्युता मेनन सेंटर फॉर हेल्थ सायन्स स्टडीज,
श्री चित्रा तिरुनाल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान,
त्रिवंद्रम, केरळ, भारत – 695011

सहभागी माहिती पत्रक (माहिती देणाऱ्यांसाठी)

विषय -महाराष्ट्रातील धानोरा तहसीलमधील गोंड आदिवासी महिलांमधील सांस्कृतिक मासिक पाळीच्या पद्धती आणि मासिक पाळी आरोग्य: गुणवत्ता शोध

नमस्कार! मी चुनोती पुनवटकर आहे, सध्या अच्युता मेनन सेंटर फॉर हेल्थ सायन्स स्टडीज, श्री चित्रा तिरुनाल इन्स्टिट्यूट फॉर मेडिकल सायन्सेस अँड टेक्नॉलॉजी, त्रिवंद्रम, केरळ येथे मास्टर ऑफ पब्लिक हेल्थ कोर्स करत आहे. माझ्या अभ्यासक्रमाचा भाग म्हणून मी, “महाराष्ट्रातील धानोरा तहसीलमधील गोंड आदिवासी महिलांमधील सांस्कृतिक मासिक पाळीच्या पद्धती आणि मासिक पाळी आरोग्य: गुणवत्ता शोध” या विषयावर अभ्यास करत आहे. हे पत्रक तुमच्या सहभागाबद्दल जाणून घेण्यासाठी आणि अभ्यासासाठी तुमची संमती ठरविण्यात मदत करण्यासाठी मार्गदर्शक आहे.

अभ्यासाचा उद्देश

या संशोधनेत माझं उद्देश्य आहे की तुमच्या क्षेत्रातील गोंड समुदायातील मासिक पाळीशी संबंधित विविध सांस्कृतिक पद्धतींचे दस्तऐवजीकरण करा आणि या पद्धतींचा स्त्रियांच्या मासिक पाळीच्या आरोग्यावर कसा प्रभाव पडतो हे समजून घेणे.

अभ्यासाबद्दल

या अभ्यासात मी महाराष्ट्रातील गडचिरोली जिल्ह्यातील धानोरा तालुक्यातील गावांमधील महिला आणि आरोग्य कर्मचाऱ्यांशी गप्पा मारणार आहे. मी अशा महिलांशी बोलत आहे जे त्यांच्या मासिक पाळीच्या अनुभवांवर माहितीदार म्हणून चर्चा करण्यास तयार आहेत.

या अभ्यासासाठी नैतिक मान्यता श्री चित्रा तिरुनाल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान, त्रिवंद्रमच्या संस्थात्मक नीतिशास्त्र समितीकडून प्राप्त झाली आहे.

तुमच्या बाजूने कोणता सहभाग आवश्यक असेल?

जर तुम्ही अभ्यासात भाग घेण्यास तयार असाल तर मी तुमच्याशी सुमारे 30-40 मिनिटे मासिक पाळी, मासिक पाळी आरोग्य आणि मासिक पाळीच्या संबंधित पद्धती, अनुभव विश्वासांबद्दल चर्चा करणार. अभ्यासाच्या उद्देशाने मी या चर्चा रेकॉर्ड करू इच्छिते. जर तुम्हाला रेकॉर्ड करायचे नसेल तर मला ते लिहावे लागेल. मुलाखतीनंतर, माझ्याकडे असलेल्या माहितीबद्दल मला काही स्पष्टीकरण हवे असल्यास, तुम्ही परवानगी दिल्यास मी तुम्हाला संपर्क करेल.

अभ्यासातून फायदा

अभ्यासाचा तुम्हाला थेट फायदा होणार नाही. अभ्यासात सहभागी होण्यासाठी कोणत्याही स्वरूपाचे प्रोत्साहन दिले जाणार नाही. ही माहिती संशोधक आणि नीतिनियमकांना मासिक पाळीच्या आरोग्यासाठी आणि स्वच्छतेसाठी अधिक सांस्कृतिकदृष्ट्या संवेदनशील सुविधा देण्यास मदत करू शकते, ज्यामुळे तुमच्या समुदायातील महिलांचे आरोग्य सुधारू शकते.

धोका आणि अस्वस्थता

या अभ्यासात सहभाग घेतल्याने तुमचे कोणतेही नुकसान होणार नाही. चर्चेदरम्यान काही प्रश्न वैयक्तिक तुम्हाला अस्वस्थ करू शकतात. वेळेस तुम्ही उत्तर देण्यास वेळ घेऊ शकता किंवा उत्तर देण टाळू शकता.

गोपनीयता

तुमच्याशी केलेली सर्व संभाषणे इतर कोणीही ऐकली जाणार नाहीत याची खात्री करण्याचा आम्ही प्रयत्न करू.

तुमच्या माहितीची गोपनीयता

तुम्ही दिलेली माहिती अत्यंत गोपनीय ठेवली जाईल आणि ती फक्त मला आणि माझ्या मार्गदर्शकालाच उपलब्ध असेल. संकलित केलेली सर्व माहिती केवळ संशोधनासाठी वापरली जाईल. तुमचे वैयक्तिक तपशील कोणत्याही टप्प्यावर कोणाशीही शेअर केले जाणार नाहीत. तुमच्या वैयक्तिक माहिती व्यतिरिक्त इतर माहिती अभ्यासाच्या विश्लेषणासाठी वापरला जाईल. अभ्यासाचे निकाल प्रकाशित केले जातील आणि सार्वजनिक मंचांवर सादर केले जातील.

अभ्यासातून माघार घेणे

अभ्यासातील तुमचा सहभाग पूर्णपणे ऐच्छिक असेल. मुलाखतीदरम्यान कधीही माघार घेण्यास तुम्ही मुक्त आहात आणि हा तुमचा अधिकार आहे. अभ्यासातून माघार घेतल्यास किंवा अभ्यासात भाग न घेतल्यास कोणताही दंड आकारला जाणार नाही.

जर तुम्हाला काही शंका असेल आणि त्या विचारायच्या असतील तर मी माझ्या क्षमतेनुसार ते स्पष्ट करण्याचा प्रयत्न करेन.

संपर्क -

अभ्यासाचे अधिक स्पष्टीकरण हवे असल्यास, तुम्ही माझ्याशी किंवा SCTIMST च्या संस्थेच्या नीतिशास्त्र समितीच्या सदस्य-सचिवांशी संपर्क साधू शकता, खाली दिल्याप्रमाणे

डॉ. चुनोती पुनवटकर
मुख्य अनुसंधानक
MPH 2022, AMCHSS, SCTIMST
संपर्क क्रमांक: 9561506457
ईमेल: chunotip@sctimst.ac.in

डॉ. श्रीनिवास जी
सदस्य सचिव
संस्थात्मक आचार समिती
SCTIMST, त्रिवंद्रम - 695011
कार्यालय: ०४७१२५२४६८९
ईमेल: iec.mem.sec@sctimst.ac

ANNEXURE – III

**Achutha Menon Centre for Health Science Studies,
Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum, Kerala,
India- 695011**

Participant Information sheet for key informant

Topic - Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration

Namaskar! I am Chunoti Punwatkar, currently pursuing a Master of Public Health course at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum, Kerala. I am doing a study on 'Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration', as part of my coursework. This Participant Information Sheet is designed to provide you with important information about the study and what your involvement would entail. We kindly request your participation as key informants, to share your experiences and observations, which will undoubtedly contribute to the success of this study.

Purpose of study

The purpose of the research is to explore and document the diverse cultural practices related to menstruation within the Gond community in your area and to understand how these practices influence the menstrual health of women in this area. As a healthcare worker, your insights and experiences are invaluable in helping us gain a deeper understanding of this important topic.

About the study

In this study, I am talking to women, who are willing to discuss their menstruation experiences, as well as healthcare workers like you who are working here. This study is being conducted by me as Principal Investigator (PI) under the supervision of Dr Mala Ramanathan, AMCHSS, SCTIMST, Trivandrum.

The ethics approval for this study has been obtained from the Institutional Ethics Committee of Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum.

What participation will be required from your side?

As a healthcare worker with experience in the Dhanora Tehsil region, your expertise and knowledge are highly valuable. If you agree to participate in the study, then I will interview you for about 30-40 minutes to share your expertise and experiences related to menstrual health and hygiene within the Gond tribal community.

The information provided by you will be recorded in both written and audio formats for documentation purposes. If you don't want me to record the conversation then I have to write down it. After the interview, you may be contacted again only if it is found that the information documented is incomplete or if any further clarification is needed.

Benefits from the study

There are no direct benefits for participating in this study. There will be no incentive in any form for participating in the study, but your input will significantly contribute to our understanding of menstrual practices and menstrual health among Gond tribal women.

Risk and discomfort

Participation in this study will not cause physical, or professional harm. There are minimal risks associated with participating, as the questions pertain to your professional expertise.

Privacy and Respect

Your name and personal details will not be disclosed in any publications or reports resulting from this study.

Confidentiality of your data

Whatever information you share will be kept highly confidential and will only be accessible to me and my supervisor. All the information that is being collected will be used solely for research. Your personal details will not be shared with anyone at any stage. The data other than your personal identifiers will be used for analysis of the study. The results of the study will be published and presented in public forums.

Withdrawal from the study

Your participation in the study will be completely voluntary. You are free and have the right to withdraw during the interview at any time. There will be no penalty for withdrawal or not participating in the study.

If there is any query or doubt you want to ask, I will try to clarify it to the best of my ability.

Contact -

In case of need more clarification of the study, you can contact me or the member-secretary of the Institute of Ethics Committee of SCTIMST, as given below

Dr Chunoti Punwatkar
Principal Investigator
MPH 2022, AMCHSS, SCTIMST
Contact Number: 9561506457
Email: chunotip@sctimst.ac.in

Dr Srinivas G
Member Secretary
Institutional Ethics Committee
SCTIMST, TRIVANDRUM- 695011
Office: 04712524689
Email: iec.mem.sec@sctimst.ac

ANNEXURE – IV

अचुता मेनन सेंटर फॉर हेल्थ सायन्स स्टडीज,
श्री चित्रा तिरुनाल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान,
त्रिवेंद्रम, केरळ, भारत – 695011

सहभागी माहिती पत्रक (मुख्य माहिती देणाऱ्यांसाठी)

विषय - महाराष्ट्रातील धानोरा तहसीलमधील गोंड आदिवासी महिलांमधील सांस्कृतिक मासिक पाळीच्या पद्धती आणि मासिक पाळी आरोग्य: गुणवत्ता शोध

नमस्कार! मी चुनोती पुनवटकर आहे, सध्या अच्युता मेनन सेंटर फॉर हेल्थ सायन्स स्टडीज, श्री चित्रा तिरुनाल इन्स्टिट्यूट फॉर मेडिकल सायन्सेस अँड टेक्नॉलॉजी, त्रिवेंद्रम, केरळ येथे मास्टर ऑफ पब्लिक हेल्थ कोर्स करत आहे. माझ्या अभ्यासक्रमाचा भाग म्हणून मी, “महाराष्ट्रातील धानोरा तहसीलमधील गोंड आदिवासी महिलांमधील सांस्कृतिक मासिक पाळीच्या पद्धती आणि मासिक पाळी आरोग्य: गुणवत्ता शोध” या विषयावर अभ्यास करत आहे. हे पत्रक तुमच्या सहभागाबद्दल जाणून घेण्यासाठी आणि अभ्यासासाठी तुमची संमती ठरविण्यात मदत करण्यासाठी मार्गदर्शक आहे. मी आपल्याला, आपल्या अनुभव आणि निरीक्षणांबद्दल माहिती मिळवी म्हणून, मुख्य माहितीगार या नात्याने या अभ्यासात सहभागी होण्याची विनंती करते. आपले योगदान या अभ्यासाच्या सफलतेला सहाय्य करेल.

अभ्यासाचा उद्देश

या संशोधनेत माझं उद्देश्य आहे की तुमच्या क्षेत्रातील गोंड समुदायातील मासिक पाळीशी संबंधित विविध सांस्कृतिक पद्धतींचे दस्तऐवजीकरण करा आणि या पद्धतींचा स्त्रियांच्या मासिक पाळीच्या आरोग्यावर कसा प्रभाव पडतो हे समजून घेणे. आरोग्यसेवा कर्मचारी या नात्याने, या महत्त्वाच्या विषयाची सखोल माहिती मिळविण्यात आम्हाला मदत मिळण्यासाठी तुमचे अंतर्दृष्टी आणि अनुभव अमूल्य आहेत.

अभ्यासाबद्दल

या अभ्यासात, मी अशा महिलांशी व येथे काम करणाऱ्या आरोग्य कर्मचाऱ्यांशी बोलत आहे, जे मासिक पाळी या विषयावर चर्चा करण्यास तयार आहेत. डॉ. माला रामनाथन, एएमसीएचएसएस, एससीटीआयएमएसटी, त्रिवेंद्रम यांच्या देखरेखीखाली मी मुख्य अन्वेषक (पीआय) म्हणून हा अभ्यास करीत आहे. या अभ्यासासाठी नैतिक मान्यता श्री चित्रा तिरुनाल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान, त्रिवेंद्रमच्या संस्थात्मक नीतिशास्त्र समितीकडून प्राप्त झाली आहे.

तुमच्या बाजूने कोणता सहभाग आवश्यक असेल?

धानोरा तहसील क्षेत्रातील अनुभव असलेले आरोग्य सेवक म्हणून तुमचे कौशल्य आणि ज्ञान अत्यंत मौल्यवान आहे. जर आपण अभ्यासात भाग घेण्यास सहमत असाल तर गोंड आदिवासी समुदायातील मासिक पाळी आरोग्य आणि स्वच्छतेशी संबंधित आपले अनुभव आणि माहिती सामायिक करण्यासाठी मी सुमारे 30-40 मिनिटे आपली मुलाखत घेईन. तुमच्याद्वारे प्रदान केलेली माहिती दस्तऐवजीकरणाच्या उद्देशाने लिखित आणि ऑडिओ अशा दोन्ही स्वरूपात रेकॉर्ड केली जाईल. जर तुम्हाला संभाषण रेकॉर्ड करायचे नसेल तर मला ते लिहावे लागेल. मुलाखतीनंतर, दस्तऐवजीकरण केलेली माहिती अपूर्ण असल्याचे आढळल्यास किंवा आणखी काही स्पष्टीकरण आवश्यक असल्यासच मला पुन्हा तुम्हाशी संपर्क साधावा लागेल.

अभ्यासातून फायदा

या अभ्यासात सहभागी होण्याचे कोणतेही थेट फायदे नाहीत. अभ्यासात सहभागी होण्यासाठी कोणत्याही स्वरूपात प्रोत्साहन दिले जाणार नाही, परंतु गोंड आदिवासी महिलांमधील मासिक पाळीच्या पद्धती आणि मासिक पाळीच्या आरोग्याविषयी समजण्यासाठी तुम्ही दिलेली माहिती महत्त्वपूर्ण योगदान देईल.

धोका आणि अस्वस्थता

या अभ्यासातील सहभागामुळे शारीरिक किंवा व्यावसायिक नुकसान होणार नाही. अभ्यासाचा विषय व प्रश्न आपल्या व्यावसायिक क्षेत्राशी संबंधित आहेत त्यामुळे सहभागी होण्याशी संबंधित किमान जोखीम आहेत.

गोपनीयता आणि आदर

तुमचे नाव आणि वैयक्तिक तपशील या अभ्यासाच्या परिणामी कोणत्याही प्रकाशनांमध्ये किंवा अहवालांमध्ये उघड केले जाणार नाहीत.

तुमच्या माहितीची गोपनीयता

तुम्ही दिलेली माहिती अत्यंत गोपनीय ठेवली जाईल आणि ती फक्त मला आणि माझ्या मार्गदर्शकालाच उपलब्ध असेल. संकलित केलेली सर्व माहिती केवळ संशोधनासाठी वापरली जाईल. तुमचे वैयक्तिक तपशील कोणत्याही टप्प्यावर कोणाशीही शेअर केले जाणार नाहीत. तुमच्या वैयक्तिक माहिती व्यतिरिक्त इतर माहिती अभ्यासाच्या विश्लेषणासाठी वापरला जाईल. अभ्यासाचे निकाल प्रकाशित केले जातील आणि सार्वजनिक मंचांवर सादर केले जातील.

अभ्यासातून माघार घेणे

अभ्यासातील तुमचा सहभाग पूर्णपणे ऐच्छिक असेल. मुलाखतीदरम्यान कधीही माघार घेण्यास तुम्ही मुक्त आहात आणि हा तुमचा अधिकार आहे. अभ्यासातून माघार घेतल्यास किंवा अभ्यासात भाग न घेतल्यास कोणताही दंड आकारला जाणार नाही.

जर तुम्हाला काही शंका असेल आणि त्या विचारायच्या असतील तर मी माझ्या क्षमतेनुसार ते स्पष्ट करण्याचा प्रयत्न करेन.

संपर्क -

अभ्यासाचे अधिक स्पष्टीकरण हवे असल्यास, तुम्ही माझ्याशी किंवा SCTIMST च्या संस्थेच्या नीतिशास्त्र समितीच्या सदस्य-सचिवांशी संपर्क साधू शकता, खाली दिल्याप्रमाणे:

डॉ. चुनोती पुनवटकर
मुख्य अनुसंधानक
MPH 2022, AMCHSS, SCTIMST
संपर्क क्रमांक: 9561506457
ईमेल: chunotip@sctimst.ac.in

डॉ. श्रीनिवास जी
सदस्य सचिव
संस्थात्मक आचार समिती
SCTIMST, त्रिवेंद्रम- 695011
कार्यालय: ०४७१२५२४६८९
ईमेल: iec.mem.sec@sctimst.ac

ANNEXURE – V

Informed consent form for Informant

1. I, have read/heard and understood all the information provided in the 'Participant information sheet' by Chunoti Punwatkar and I have clarified all my doubts.
 2. I agree I have to participate for 30-40 minutes according to my answers.
 3. I agree that the interview will be conducted according to my convenience. By signing/putting a thumb impression I confirm my voluntary participation in this study.
 4. I agree to be contacted again if any missing information or further clarification is needed.
 5. I understand my right to withdraw from the interview at any time without any obligation.
 6. I also understand that my identity will not be revealed in any published or released information from this study. I have been informed who should be contacted for further clarification.
 7. I agree that the information other than my personal data is to be used for study purposes. I have understood the purpose, benefits, and risks of the study.
- I agree to take part in this study.
- I agree to audio-record the interview. (If cannot, the interview will be written down by the PI)

Signature of the informant

Thumb impression (if unable to sign)

(For illiterate participants):

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness:

(If the informant is unable to sign)

Signature of witness

Name of the interviewer: Chunoti Punwatkar

Signature of the interviewer:

Date:

Place:

ANNEXURE – VI

माहिती देणाऱ्यासाठी सहमति पत्र

8. मी, चुनोती पुनवटकर यांच्या 'सहभागी माहिती पत्रकात' दिलेली सर्व माहिती वाचली/ऐकली आणि समजून घेतली आणि मी माझ्या सर्व शंकांचे निरसन केले.
 9. मी सहमत आहे की मला माझ्या उत्तरांनुसार 30-40 मिनिटे सहभागी व्हावे लागेल.
 10. मला मान्य आहे कि मुलाखत माझ्या सोयीनुसार घेतली जाईल. स्वाक्षरी करून/अंगठ्याचा ठसा देऊन मी या अभ्यासात माझ्या ऐच्छिक सहभागाची पुष्टी करते. कोणतीही माहिती किंवा अधिक स्पष्टीकरण आवश्यक असल्यास मी पुन्हा संपर्क करण्यास सहमत आहे.
 11. कोणत्याही बंधनाशिवाय कधीही मुलाखतीतून माघार घेण्याचा अधिकारबद्दल मला सांगितले गेले आहे. मी हे देखील समजतो की या अभ्यासातून प्रकाशित किंवा प्रसिद्ध केलेल्या माहितीमध्ये माझी ओळख उघड केली जाणार नाही. मला कळवण्यात आले आहे की अधिक स्पष्टीकरणासाठी कोणाशी संपर्क साधावा.
 12. मी सहमत आहे की माझ्या वैयक्तिक माहितीशिवाय इतर माहितीचा वापर अभ्यासासाठी केला जाईल. मला अभ्यासाचा उद्देश, फायदे आणि धोके समजले आहेत.
- मी या अभ्यासात भाग घेण्यास सहमत आहे.
 - मी मुलाखत ऑडिओ रेकॉर्ड करण्यास सहमत आहे. (जर शक्य नसेल तर मुलाखत लिहून घेतली जाईल)

माहिती देणाऱ्याची

स्वाक्षरी अंगठ्याचा

(अशिक्षित सहभागींसाठी):

माझ्या उपस्थित सहभागीला संपूर्ण माहिती पत्रक वाचवून दाखवण्यात आले आहे आणि सहभागीला अभ्यासविषयी प्रश्न विचारण्याची संधी मिळाली आहे. मी पुष्टी करतो/ करते की व्यक्तीने मुक्तपणे संमती दिली आहे.

साक्षीदाराचे नाव:

साक्षीदाराची स्वाक्षरी

मुलाखतकाराचे नाव: चुनोती पुनवटकर

मुलाखतकाराची स्वाक्षरी:

तारीख:

ठिकाण:

ANNEXURE – VII

Informed consent form for key Informant

1. I, _____ confirm that I have read/ heard and understood the information regarding the study “Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration” as provided in the participant information sheet.
 2. I agree that the interview will be conducted according to my convenience and I have to participate for 30-40 minutes according to my answers.
 3. By signing/putting a thumb impression I confirm my voluntary participation in this study.
 4. All of my questions concerning this study have been answered and all the possible harms, discomforts, and benefits (if any) of this study have been explained to me.
 5. I also understand that my identity and personal information will be kept confidential. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without consequences.
- I agree to take part in this study.
- I agree to audio-record the interview. (If cannot, the interview will be written down by the PI)

Name of the Key Informant:

Signature of the Key informant:

Name of the interviewer: Chunoti punwatkar

Signature of the interviewer:

Date:

Place:

ANNEXURE – VIII

मुख्य माहिती देणाऱ्यासाठी सूचित संमती फॉर्म

6. मी, _____ पुष्टी करते /करतो की मी सहभागी माहिती पत्रकात दिलेल्या "सांस्कृतिक मासिक पाळीच्या पद्धती आणि धानोरा तहसील, महाराष्ट्रातील गोंड आदिवासी महिलांमधील मासिक पाळीचे आरोग्य: एक गुणात्मक शोध" या अभ्यासासंबंधी माहिती वाचली/ऐकली आणि समजली आहे.
7. मी सहमत आहे की मुलाखत माझ्या सोयीनुसार घेतली जाईल आणि मला माझ्या उत्तरांनुसार 30-40 मिनिटे सहभागी व्हावे लागेल.
8. स्वाक्षरी करून मी या अभ्यासात माझ्या ऐच्छिक सहभागाची पुष्टी करते/करतो.
9. या अभ्यासाशी संबंधित माझ्या सर्व प्रश्नांची उत्तरे दिली गेली आहेत आणि या अभ्यासाचे सर्व संभाव्य हानी, अस्वस्थता आणि फायदे मला स्पष्ट केले आहेत.
10. मी हे देखील समजते/समजतो की माझी ओळख आणि वैयक्तिक माहिती गोपनीय ठेवली जाईल. मी समजते/समजतो की माझा सहभाग ऐच्छिक आहे आणि मी कोणत्याही वेळी, कारण न देता आणि परिणामांशिवाय माघार घेण्यास मोकळे आहे.
 - मी या अभ्यासात भाग घेण्यास सहमत आहे.
 - मी मुलाखत ऑडिओ रेकॉर्ड करण्यास सहमत आहे. (जर शक्य नसेल तर मुलाखत लिहून घेतली जाईल)

मुख्य माहिती देणाऱ्याचे नाव:

मुख्य माहिती देणाऱ्याची स्वाक्षरी:

मुलाखतकाराचे नाव : चुनोती पुनवटकर

मुलाखतकाराची स्वाक्षरी:

तारीख:

ठिकाण:

ANNEXURE – IX

In-depth interview guide for informants

Namaste. As I mentioned earlier, I am doing this interview to understand the experiences of women living in this district with regard to managing their period and the conventions about it. I would like to record this conversation if you will allow it. It is because I would like to understand everything you say and I cannot do that if I keep writing down and missing something important. My questions are only meant to help you explain the things you do in this regard. You can always ask me for clarifications should anything not be clear. This recording will never be used for any other purpose but research and only me and my guide will hear it. Is that okay to record?

Profile of informant:

1. Can you please tell me a bit about yourself, such as your age, educational background, occupation and how long have you been in this area?
2. What did you know about the menstrual cycle before you had your first period?
3. Who were all the persons who taught you about how to manage your periods, right from the beginning when you started your periods? What did they teach? (*Academic learning, organizations, programs, healthcare providers*)

First periods and rituals:

4. Can you tell me about your first menstrual period? What happened that day?
5. What ceremonies or rituals did the family do for you when you started your periods?
6. Is there anything you do regularly that you avoid doing when you're menstruating? (*with regard to stay, sleeping arrangement, cleaning, and food*)
7. Do all the women in your household and village engage in these activities? (*List the previously stated activities*)
8. Do you find it difficult to follow these practices?
9. Could you explain the reasons behind the practices that you follow? (*List all practices mentioned by the informant*)
10. Are there any menstrual practices that the majority of women around you follow that you don't or don't like to follow?
11. What is the attitude of younger women about following the same practices?

Changing patterns in traditions for menstruation in the community:

12. Are there any differences in these practices in the community today compared to those in the past? (menstrual hygiene products used and discomfort experienced)
13. What do you do to manage your menstrual bleeding? (*What kind of menstrual hygiene product is used, and how frequently is it changed throughout the day*)
14. Do you face any difficulties using or accessing menstruation products, and are there alternative products you would prefer to use? (*Name the product informant uses*)
15. Do you experience any physical discomfort during your menstrual cycle, and if so, how do you manage or address this discomfort? (*Types of physical discomfort, Remedies used- home remedies, traditional remedies, English medicine*)
16. Who do you discuss these matters with within the family or friends, and why do you prefer these specific individuals to talk about these things?
17. Can you share your experiences or interactions with healthcare workers in the community regarding menstrual health or hygiene? Have they provided any support, information, or services related to managing menstrual health?
18. Is there anything else you would like to add about your experiences that you think are important but I have not asked about? Can you tell me about it?

If I require further clarification, am I allowed to contact you to seek further clarifications?
[If yes, note contact numbers]

Thank you for your valuable time!

ANNEXURE – X

माहिती देणाऱ्यांसाठी सखोल मुलाखत मार्गदर्शक

नमस्कार!. मी आधी म्हटल्याप्रमाणे, मी ही मुलाखत या जिल्ह्यात राहणाऱ्या महिलांना त्यांच्या मासिक पाळीच्या व्यवस्थापनाबाबतचे अनुभव आणि त्याबाबतची परंपरा समजून घेण्यासाठी घेत आहे. तुम्ही परवानगी दिल्यास मी हे संभाषण रेकॉर्ड करू इच्छिते. कारण तुम्ही जे काही बोलता ते मला समजून घ्यायचे आहे आणि जर मी लिहित राहिलो आणि काही महत्वाचे चुकले तर मी ते करू शकत नाही. माझे प्रश्न फक्त या संदर्भात तुम्ही करत असलेल्या गोष्टी समजावून सांगण्यास मदत करण्यासाठी आहेत. काहीही स्पष्ट नसताना तुम्ही मला नेहमी स्पष्टीकरणासाठी विचारू शकता. हे रेकॉर्डिंग फक्त अभ्यासाठी वापरण्यात येणार आणि फक्त मी आणि माझे मार्गदर्शक हे रेकॉर्डिंग ऐकू, इतर कोणत्याही कारणासाठी हे रेकॉर्डिंग वापरले जाणार नाही. तर मी रेकॉर्ड करू शकतो का?

माहिती देणाऱ्याचे प्रोफाइल:

1. तुम्ही कृपया मला तुमच्याबद्दल थोडे सांगू शकाल जसे की तुमचे वय, शैक्षणिक पार्श्वभूमी, व्यवसाय आणि "तुम्हाला" ह्या क्षेत्रात किती वर्षे झाली आहेत??
2. तुमची पहिली पाळी येण्यापूर्वी तुम्हाला मासिक पाळीबद्दल काय माहिती होती?
3. तुमची मासिक पाळी सुरू झाली तेव्हा मासिक पाळीच्या वेळेस काय पालीच्या वेळेस काय करावे व काय नाही हे शिकवणाऱ्या सर्व व्यक्ती कोण होत्या? त्यांनी काय शिकवले? (शैक्षणिक शिक्षण, संस्था, कार्यक्रम, आरोग्य सेवा प्रदाते)

पहिल्या मासिकाचं आरंभ आणि विधी:

4. तुम्ही मला तुमच्या पहिल्या मासिक पाळीबद्दल सांगू शकता का? त्या दिवशी काय झाले?
5. तुमची मासिक पाळी सुरू झाली तेव्हा कुटुंबाने तुमच्यासाठी कोणते समारंभ किंवा विधी केले होते का?
6. मासिक पाळी सुरू असताना अशा कोणत्या गोष्टी आहेत ज्या तुम्ही नियमितपणे करता पण त्या वेळेस करणं टाळता? (राहणे, झोपण्याची व्यवस्था, साफसफाई आणि जेवण या संदर्भात)
7. तुमच्या घरातील आणि गावातील सर्व महिला या गोष्टी करता का? (पूर्वी नमूद केलेल्या क्रिया यादी)
८. या पद्धतींचे पालन करणे तुम्हाला कठीण वाटते का?

9. तुम्ही अनुसरण करत असलेल्या पद्धतींमागील कारणे स्पष्ट करू शकाल का? (माहितीकल्पाने नमूद केलेल्या सर्व पद्धतींची यादी)

10. अशा काही मासिक पाळीच्या पद्धती आहेत का ज्या तुमच्या आजूबाजूच्या स्त्रिया पाळतात पण तुम्ही नाही पाळत किंवा तुम्हाला पाळायला नाही आवडत?

11. या पद्धतींचे पालन करण्याबद्दल तरुण स्त्रियांचा काय दृष्टिकोन आहे?

समाजातील मासिक पाळीसाठी परंपरांमध्ये बदल:

12. पूर्वीच्या तुलनेत आज समाजात या पद्धतींमध्ये काही फरक आहे का? (मासिक पाळी स्वच्छता उत्पादन आणि अस्वस्थता अनुभव)

13. तुमच्या मासिक पाळीत रक्तस्रावाचे व्यवस्थापन तुम्ही कसे करता? (मासिक पाळी स्वच्छता उत्पादन आणि दिवसभरात ते किती वेळा बदलले जाते)

14. तुम्हाला मासिक पाळीच्या वेळेस वापरण्यात येणाऱ्या वस्तुं मिळवण्यास किंवा वापरण्यास काही अडचणी येतात का आणि तुम्ही कोणाती वस्तु वापरण्यास प्राधान्य देतात.? (सहभागीने संगीतलेल्या वस्तुचे नाव)

15. तुम्हाला तुमच्या मासिक पाळीच्या दरम्यान कोणतीही शारीरिक अस्वस्थता जाणवते का, आणि तसे असल्यास, तुम्ही अस्वस्थते साठी, काय करता किंवा कोणते उपाय वापरता? (शारीरिक अस्वस्थतेचे प्रकार, वापरलेले उपाय- घरगुती उपचार, पारंपारिक उपाय, इंग्रजी औषध)

16. तुम्ही या विषयांवर कुटुंबातील किंवा मित्रांमध्ये कोणाशी चर्चा करता आणि तुम्ही या विशिष्ट व्यक्तींशी या गोष्टींबद्दल बोलण्यास का प्राधान्य देता?

17. मासिक पाळीतील आरोग्य किंवा स्वच्छतेबाबत आरोग्यसेवा कर्मचाऱ्यांशी तुमचे अनुभव किंवा संवादाबद्दल तुम्ही सांगू शकता का? त्यांनी मासिक पाळीच्या आरोग्याच्या व्यवस्थापनाशी संबंधित कोणतेही सहाय्य, माहिती किंवा सेवा प्रदान केल्या आहेत का?

18. तुम्हाला तुमच्या अनुभवांबद्दल आणखी काही जोडायचे आहे का जे तुम्हाला महत्त्वाचे वाटते पण मी विचारले नाही? तुम्ही मला त्याबद्दल सांगू शकाल का?

मला आणखी स्पष्टीकरण हवे असल्यास, मी अधिक स्पष्टीकरणासाठी तुम्हाला संपर्क साधू शकते का ?

[होय असल्यास, संपर्क क्रमांक नोंदवा]

आपल्या मौल्यवान वेळेबद्दल धन्यवाद!

ANNEXURE – XI

In-depth interview guide for key informants (Healthcare worker)

Participant Information

Age-

Occupation/Post-

Years Worked in the study area-

1. Could you tell me a little bit about your routine work in this region and who you typically serve?
2. What role do healthcare providers like yourselves have in providing menstrual health care and guidance to Gond tribal women?
3. Could you tell me about your previous experiences or interactions with Gond tribal women and their menstrual practices?
4. Could you describe different menstrual practices within this community? (Type of practices, how it varies, and who follows)
5. What explanations do women give for variations in menstrual practices, and have there been any observed changes in these practices over time? If so, what factors or reasons do they attribute to these changes?
6. Could you provide any information about the products that women in this community typically use when they are menstruating? (Name of the product, accessibility, disposal of used product)
7. Are there any challenges in educating the community about menstrual health and hygiene, given the presence of these cultural practices?
8. Could you describe any instance in which you observed these practices having either positive or negative effects on menstrual health?
9. How do women describe the difficulties they experience during their periods to you? What are the things they do (as told to you) to make it less difficult? What kinds of help have you been able to offer them in this regard?
10. How do traditional healers and community members contribute to menstrual health support?
11. How do you support Gond women in handling their menstrual practices, considering their practices and what you believe is right for them?
12. What suggestions would you make to district authorities if you were to advise them on effective ways to promote menstrual hygiene and health among Gond women?
13. Is there anything else you would like to add or any recommendations you have regarding the study of menstrual practices and health within the Gond tribe?

If I need further clarification, can I contact you over the phone and obtain the clarifications?

Thank you for your valuable time!

ANNEXURE – XII

मुख्य माहिती देणाऱ्यांसाठी सखोल मुलाखत मार्गदर्शक

(आरोग्य सेवा कर्मचारी)

नमस्कार! मी आधी म्हटल्याप्रमाणे, मी ही मुलाखत या जिल्ह्यात राहणाऱ्या महिलांना त्यांच्या मासिक पाळीच्या व्यवस्थापनाबाबतचे अनुभव आणि त्याबाबतची परंपरा समजून घेण्यासाठी घेत आहे. तुम्ही परवानगी दिल्यास मी हे संभाषण रेकॉर्ड करू इच्छिते. कारण तुम्ही जे काही बोलता ते मला समजून घ्यायचे आहे आणि जर मी लिहित राहिलो आणि काही महत्वाचे चुकले तर मी ते करू शकत नाही. माझे प्रश्न फक्त या संदर्भात तुम्ही करत असलेल्या गोष्टी समजावून सांगण्यास मदत करण्यासाठी आहेत. काहीही स्पष्ट नसताना तुम्ही मला नेहमी स्पष्टीकरणासाठी विचारू शकता. हे रेकॉर्डिंग फक्त अभ्यासासाठी वापरण्यात येणार आणि फक्त मी आणि माझे मार्गदर्शक हे रेकॉर्डिंग ऐकू, इतर कोणत्याही कारणासाठी हे रेकॉर्डिंग वापरले जाणार नाही. तर मी रेकॉर्ड करू शकतो का?

सहभागीची माहिती:

वय-

व्यवसाय/पोस्ट-

अभ्यास क्षेत्रात काम केलेली वर्षे-

1. तुम्ही मला या प्रदेशातील तुमच्या नियमित कामाबद्दल आणि तुम्ही सामान्यतः कोणाची सेवा करता याबद्दल थोडेसे सांगू शकाल?
2. गोंड आदिवासी महिलांना मासिक पाळी आरोग्य सेवा आणि मार्गदर्शन प्रदान करण्यात तुमच्यासारख्या आरोग्य कर्मचाऱ्यांची काय भूमिका आहे?
3. तुम्ही मला तुमचे पूर्वीचे अनुभव किंवा गोंड आदिवासी स्त्रियांशी संवादाबद्दल आणि त्यांच्या मासिक पाळीच्या पद्धतींबद्दल सांगू शकाल का?
4. तुम्ही या समुदायातील मासिक पाळीच्या वेगवेगळ्या पद्धतींचे वर्णन करू शकता का? (पद्धतींचे विविध प्रकार, ते कसे बदलतात आणि कोण कसे पाळतो)
5. स्त्रिया मासिक पाळीच्या पद्धतींमधील विविधते साठी कोणते स्पष्टीकरण देतात आणि कालांतराने या पद्धतींमध्ये काही बदल दिसून आले आहेत का? तसे असल्यास, ते या बदलांचे कोणते कारण देतात?
6. या समुदायातील स्त्रिया मासिक पाळीच्या वेळी रक्तस्त्रावसाठी काय वस्तु (उत्पादन) वापरतात, त्याबद्दल तुम्ही काही माहिती देऊ शकता का? (उत्पादनाचे नाव, उपलब्धता, वापरलेल्या उत्पादनाची विल्हेवाट)

7. या सांस्कृतिक प्रथांची उपस्थिती पाहता मासिक पाळी आरोग्य आणि स्वच्छतेबद्दल समाजाला शिक्षित करण्यासाठी तुमच्या सामोर काय आव्हाने आहेत?

८. तुम्ही अशा कोणत्या घटनेचा वर्णन करू शकता ज्यात तुम्हाला या पद्धतीचा स्त्रियांचा मासिक पाळीवार सकारात्मक किंवा नकारात्मक परिणाम झालेला आढळला?

9. स्त्रिया तुम्हाला त्यांच्या मासिक पाळीत येणाऱ्या अडचणींबद्दल काय आणि कसे सांगतात? त्या अडचणी (तुम्हाला सांगितल्याप्रमाणे) कमी करण्यासाठी त्या काय काय करतात? या बाबतीत तुम्ही त्यांना कशी मदत करतात?

10. पारंपारिक उपचार करणारे आणि समुदायाचे सदस्य मासिक पाळीच्या आरोग्यास मदत करण्यासाठी कसे योगदान देतात?

11. ह्या मासिक पाळी पद्धतीना लक्षात घेता, तुम्ही या स्त्रियांना मासिक पाळीसंबंधी कशी मदत करता आणि त्यांच्यासाठी काय योग्य आहे असे तुम्हाला वाटते?

12. जर तुम्हाला गोंड महिलांमध्ये मासिक पाळी स्वच्छता आणि आरोग्याबद्दल प्रोत्साहन देण्यासाठी जिल्हा प्रशासनाला सल्ला द्यायचा असेल तर तुम्ही काय सल्ला द्याल?

13. गोंड जमातीतील मासिक पाळीच्या पद्धती आणि आरोग्याच्या अभ्यासाबाबत तुम्हाला आणखी काही सांगायचे आहे का किंवा तुमच्या याबद्दल काही शिफारसी आहेत का?

मला आणखी स्पष्टीकरण हवे असल्यास, मी अधिक स्पष्टीकरणासाठी तुम्हाला संपर्क साधू शकते का ?

[होय असल्यास, संपर्क क्रमांक नोंदवा]

आपल्या मौल्यवान वेळेबद्दल धन्यवाद!

ANNEXURE – XIII



Office Of the Collector, Gadchiroli

Complex Area Gadchiroli. 442605

Email – collector.gadchiroli@maharashtra.gov.in Phone - 07132- 222 001

No. Work-1/PA/WS/58/2023

Date :- 30 November, 2023

To,

Dr. Chunoti Punwatkar
MPH 2022,
AMCHSS, SCTIMST,
Trivandrum, Kerala

Sub :- Permission granting for the conduct MPH thesis study in Dhanora Tahsil of Gadchiroli District

Ref :- (1) Letter from Shree Chitra Tirunal Insititue for Medical Sciences & Technology, Trivandrum, Dated – 27.10.2023
(2) Your Application Dated 27.10.2023.

As per the requests cited above, I grand permission to Dr. Chunoti Punwatkar, Scholar in MPH at Achuta Menon Centre for Health Science Studies, Shree Chitra Tirunal Insititue For Medical Sciences & Technology, Trivandrum to do her Thesis Study on Topic “ Cultural Menstrual Practices and Menstrual Health among Gond Tribal Women in Dhanora Tehsil, Maharashtra : A Qualitative Exploration”. **Permission is granted for academic study purpose only in Dhanora Tahsil of Gadchiorli District.**



Sanjay Meena (IAS)
Collector, Gadchiroli

ANNEXURE – XIV

| | | | |
|---|--|---|---|
|  | <p>Office Of the Project Officer Integrated Tribal Development Project Gadchiroli Email-pogadchiroli@yahoo.co.in Phone- 07132 - 222286</p> |  |  |
| No.Pogad/N.B./Desk.5(D)/ 77/2024 | | Date - 10/01/2024 | |


To,

Dr.Chunoti Punwatkar,
MPH 2022
AMCHSS, SCTIMST
Trivandrum, Kerala.

Subject:- As per request permission granting for the conduct MPH Thesis study in Dhanora Tahsil of Gadchiroli District.

Ref:- 1.Letter from Shree Chitra Tirumal Institute for Medical Sciences and Technology, Trivandrum Dated-27.10.2023.
2.Your application Dated-10.01.2024.

As per the above request , I grant permission to Dr.Chunoti Punwatkar, scholar in MPH at Achuta Menon Centre for Health Science Studies, Shree Chitra Tirumal Institute for Medical Sciences and Technology, Trivandrum to do her Thesis study on Topic “ Cultural Menstrual Practices and Menstrual Health among Gond Tribal Women in Dhanora Tahsil, Maharashtra: A Qualitative Exploration”. **Permission is granted for academic study purpose only in Dhanora Tahsil of Gadchiroli District.**


Rahul Kumar Meena, (IAS)
Project Officer & Assistant Collector
Integrated Tribal Development Project
Gadchiroli

ANNEXURE – XV

स्पर्श



Society for People Action in Rural Service & Health, Gadchiroli
[PUT LAST FIRST]

- Reg.No. ● Mah-46/2008 (Under Society Act - 1860)
● F-4954/Gad/2008 (Under Trust Act - 1950)
● 084030015 (FCR Act-2010)
● AAZTS6376GE20218 (12A of Income Tax Act)
● AAZTS6376GE20216 (80G of Income Tax Act)
● AAZTS6376G (PAN No. Income Tax Dept.)
● CSR00011187 (Ministry of Corporate Affairs-CSR1)
● MH/2017/0158283 (Niti Aayog, India)
● 8737 (Guide Star India)

Dr. Dilip Barsagade

President

Ph.D. (Social Work), Ph.D. (Sociology)
M.Phil (Social Work), M.Phil (Sociology), M.Sc. (Chemistry)
M.S.W (CD), M.A. (Sociology), M.A. (History),
M.A. (Communication), M.A. (Ambedkar Thought),
M.A. (Paf & Prakrit) [Gold Medal]
M.A. (Buddist Studies), NET & SET (Social Work)
NET (History), SET (Sociology)

All donation exempted under section 80G vide unique registration No. AAZTS6376GF20216 Date- 02/10/2021

'KESHAWSUT', Snehanagar, Gadchiroli - 442605, Maharashtra State (India)

Contact No.: 9422152617, 9922387724, 9921513736

www.sparshgadchiroli.org

Email - sparshgadchiroli@gmail.com

Ref.: 086/024

Date: 10/01/2024

TO WHOMSOEVER IT MAY CONCERN

This is to say that Dr. Chunoti Umaji Punwatkar's proposal titled "Cultural Menstrual Practices and Menstrual Health Among Gond Tribal Women in Dhanora Tehsil, Maharashtra: A Qualitative Exploration" has been thoroughly reviewed by SPARSH. She proposes to interview 20 to 25 women from the Gond tribal community living in Gadchiroli district.

Our organization has a history of working closely with tribal communities and we have established networks within the specific region where the Gond community is located. As part of our commitment to community development and research, our staff is interested in collaborating with Dr. Chunoti Umaji Punwatkar. Organization staff will assist in identifying and interviewing these women with respect to their menstrual practices and menstrual health. SPARSH is prepared to provide the necessary guidance, and assistance required for the successful completion of the research study.

Any additional specific assistance needed in the completion of data collection among Gond women will be supported

Dr. Dilip Barsagade
President
Society for People Action in
Rural Service and Health (SPARSH)
Gadchiroli

ANNEXURE – XVI



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
(An Institute of National Importance under Govt. of India)

Grams : Chilramel, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

Institutional Ethics Committee

CDSO Registration No: ECR/189/Inst/KL/2013/RR-21
DHR Registration No: EC/NEW/INST/2022/2775

SCT/IEC/2181/DECEMBER/2023

21.02.2024

Dr. Chunoti Punwatkar
MPH Student, AMCHSS
SCTIMST, Thiruvananthapuram

Dear Dr. Chunoti Punwatkar,

The Institutional Ethics Committee held on 20th January, 2024, reviewed and discussed your application to conduct the study titled "CULTURAL MENSTRUAL PRACTICES AND MENSTRUAL HEALTH AMONG GOND TRIBAL WOMEN IN DHANORA TEHSIL, MAHARASHTRA: A QUALITATIVE EXPLORATION" (IEC /2181) "

| | |
|------------------------------|---|
| Principal Investigator | Dr. Chunoti Punwatkar, MPH Student, AMCHSS, SCTIMST |
| Co-Principal Investigator(s) | Dr. Mala Ramanathan, Professor, AMCHSS, SCTIMST |
| Duration of the study | 6 months |

The following members of the Ethics Committee were present at the meeting held on 20th January, 2024

| SL. No. | Member Name | Highest Degree | Gender | Scientific /Non Scientific | Affiliation with Institution(s) |
|---------|--------------------|-------------------------|--------|--|---------------------------------|
| 1. | Dr. Kala Kesavan P | MBBS, MD | Female | Basic Medical Scientist | No |
| 2. | Smt. Sathi Nair | MA (English Literature) | Female | Lay Person | No |
| 3. | Dr. Pradeep S | MBBS, MD | Male | Basic Medical Scientist | No |
| 4. | Adv. N Anand | BAL, L.LB | Male | Legal Expert | No |
| 5. | Dr. Syam K | MBBS, MD, DM | Male | Clinician | Yes |
| 6. | Dr. Srinivas G | PhD | Male | Basic Medical Scientist (Member Secretary) | Yes |

The following documents were reviewed:Original submission

1. Checklist Form
2. Responses/Amendments made based on the Reviewer's comments
3. Covering letter addressed to the Chairman, IEC, SGTIMST dated 02.12.2023
4. IEC Application Form
5. Declaration Form
6. Research Proposal
7. In-depth interview guide for informants in English and Marathi
8. In-depth interview guide for key informants (Healthcare worker) in English and Marathi
9. Participant Information sheet (For informants) in English and Marathi
10. Participant Information sheet for key informant in English and Marathi
11. Informed consent form for informant in English and Marathi
12. Informed consent form for key Informant in English and Marathi
13. CV of Principal Investigator and Guide
14. Permission letter from District Collector
15. SRC Recommendation Letter

Revised submission

1. Checklist Form
2. Covering letter addressed to the Chairman, IEC, SGTIMST dated 10.01.2024
3. Responses/Amendments made based on the Reviewer's comments
4. Copy of IEC Recommendation Letter dated 09.01.2024
5. Responses/Amendments made based on the Reviewer's comments
6. IEC Application Form
7. Declaration Form
8. Research Proposal
9. In-depth interview guide for informants in English and Marathi
10. In-depth interview guide for key informants (Healthcare worker) in English and Marathi
11. Participant Information sheet (For informants) in English and Marathi
12. Participant Information sheet for key informant in English and Marathi
13. Informed consent form for Informant in English and Marathi
14. Informed consent form for key Informant in English and Marathi
15. CV of Principal Investigator and Co-PI
16. Permission letter from the District collector
17. Permission letter from Tribal Department, Gadchiroli
18. Letter from NGO to support study

IEC Decision

The IEC approved the conduct of the study in the present form.

Ensure that there is a local tribal translator or ASHA worker who speaks Gondi Language for communicating if contacting the tribal women.

Remarks:

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team / Guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,



Dr. G. Srinivas
Member Secretary, IEC

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE (IEC)
SGT/MST, THIRUVANANTHAPURAM



ANNEXURE – XVII

Table of Codes and Themes (Informants - Gond Women Interviews)

| Sr. No. | Themes | Axial Codes | Primary codes |
|---------|--|---|--|
| 1 | Cultural practices relating to menstruation among Gonds | | |
| | a. Practices followed by Gond community | Cultural practices followed by Gond community | <p>25) Gond women follow menstrual seclusion practice during periods.</p> <p>1) Menstruating women do not participate in any events or celebrations.</p> <p>11) In some villages, women can't move around in village during menstruation.</p> <p>26) Women stay isolated during periods, hence there is no chance of touching anyone.</p> <p>56) In some village's women are free to move in village during menstruation.</p> <p>57) Menstruating women are not allowed to work.</p> <p>58) In some villages women cannot take water from well or public water tap.</p> <p>87) Women cannot interact with men during menstruation.</p> <p>101) Only unmarried men can communicate with menstruating women.</p> <p>5) Absence of specific rituals or ceremonies for menarche.</p> <p>6) No dietary restrictions were observed during menstruation.</p> <p>106) People believe menses will stop if menstruating women see man (married) during menstruation.</p> <p>108) Gond women move to their husbands' homes after marriage.</p> <p>104) Khichadi and fruits are given to girl at the time of menarche.</p> <p>82) All women in the village follow menstrual seclusion practices.</p> <p>31) Young generation follow menstrual practices (isolation).</p> <p>16) Because she is only woman in hh and menstrual seclusion relocates to Gadchiroli during menstruation.</p> |

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|---|---|---|
| | Location and infrastructure of kurmaghar (concrete) | <p>7) Utilization of Kurmaghar for menstrual seclusion practice.</p> <p>8) Construction of new concrete Kurmaghar.</p> <p>9) Capacity of Kurmaghar or hut for accommodating women.</p> <p>12) Menstrual hut or Kurmaghar is located inside village.</p> <p>13) Mobility restriction can be reason for location of Kurmaghar in periphery of village</p> <p>20) Beds are available in Kurmaghar.</p> <p>21) Washrooms are present in Kurmaghar.</p> <p>36) Comparison of menstrual hut (khopadi) and kurmaghar.</p> <p>130) Area of the village where Kurmaghar is constructed, only women from that area stay there.</p> |
| | Location and infrastructure of khopadi (mud hut) | <p>12) Menstrual hut or Kurmaghar is located inside village.</p> <p>45) Number and condition of all huts in the village.</p> <p>47) Menstrual huts (khopadi) are used for menstrual isolation.</p> <p>49) In few villages menstrual huts are present in courtyard of houses.</p> <p>53) Space is created in corner of hut by using bamboo and clothes for bath.</p> <p>98) Unavailability of washrooms in mud menstrual hut (khopadi).</p> <p>102) Use of cots and sheets to sleep in mud hut (khopadi) for sleeping.</p> <p>113) Light bulb in a menstrual hut (khopadi).</p> <p>133) In past food was cooked in khopadi now family members deliver food</p> |
| | Managing menstruation in the hostel. | <p>71) Did not tell anyone about menarche and managed it herself.</p> <p>83) Menstrual practices are not followed in hostel.</p> <p>123) Post-menarche registration procedures in hostels for girls to avail facilities for MM.</p> |
| a. Reasons for these menstruation seclusion practices | Reason behind following menstrual practices | <p>24) People follow practices after seeing others/ earlier generations following them.</p> <p>81) Reason for following menstrual practices is 'Dev-dharma'.</p> <p>97) Rules have to be followed because of the village Patil and Pujari.</p> |

| | | |
|---|--|---|
| | | <p>109) Reason behind mobility restriction in villages during periods.</p> <p>121) Menstrual seclusion due to the presence of Gudhi in every house.</p> |
| | Limited understanding for rationale for menstrual practices. | <p>125) Women don't understand why they should stay in Kurmaghar or hut.</p> <p>127) Opinion about menstrual seclusion practice.</p> <p>131) Earlier there were no program about menstruation.</p> |
| b. Variation/exception or transition in menstrual practices | Relaxation of cultural menstrual practices | <p>27) No restriction on staying with kids during menstruation.</p> <p>50) Women can go to river or pond to wash cloths during menstruation.</p> <p>83) Menstrual practices are not followed in hostel.</p> <p>56) In some village's women are free to move in village during menstruation.</p> <p>79) In some families, girls are allowed to stay at home during first menstruation.</p> <p>128) Women can wash cloths of family members/bedsheets etc during menstruation.</p> |
| | Transition in menstrual practices | <p>35) Uncertainty regarding change in menstrual practices over the years.</p> <p>61) Change in menstrual practices over the years</p> <p>114) Previously, women used cloth for periods; now they use pads.</p> <p>119) Earlier women used to stay in menstrual hut now they stay in well-built Kurmaghar.</p> <p>120) Previously, women were restricted from interacting with men during menstruation; now they interact</p> <p>133) In past food was cooked in khopadi now family members deliver food.</p> |
| | Variation in menstrual hygiene practices | <p>37) Cloth pads are used as menstruation hygiene product.</p> <p>39) Cloth was used if there was heavy blood flow.</p> <p>41) Number of times pad is changed in a day.</p> <p>62) Usage of clothe as menstrual hygiene product.</p> <p>63) Use of sanitary pad as menstrual hygiene product.</p> |

| | | |
|--|---|--|
| | | <p>66) No discomfort is experienced in using sanitary pads/cloth</p> <p>73) If there are no sanitary pads, cloth is used.</p> <p>74) Only clothes and pads were used for menstruation, no other products were used.</p> <p>115) Reasons why some women continue to use cloth for menstrual hygiene. - Cheap and Habituated.</p> |
| | <p>Exceptions to menstrual practices according to community and location</p> | <p>10) Differences in Menstrual Practices across Villages.</p> <p>16) Because she is only woman in hh and menstrual seclusion relocates to Gadchiroli during menstruation.</p> <p>18) Once outside Gond villages, women don't follow Gond menstrual practices.</p> <p>19) Village practices vary based on location and community.</p> <p>51) Women from other places and communities do not follow menstrual isolation practice.</p> <p>95) Girls avoid staying in the menstrual hut by staying elsewhere.</p> <p>126) Menstrual seclusion practice is not followed among Gond community of other state.</p> <p>134) No mobility restrictions when village have other caste people (panchrangi).</p> |
| <p>c. Difficulties or challenges faced by women due to menstrual practices</p> | <p>Difficulties experienced by women in adhering to menstruation norms of their community</p> | <p>23) Desire to stay at home during menstruation.</p> <p>69) Demand for well-built Kurmaghar in their village like other villages.</p> <p>72) Kurmaghar with facilities has not been constructed in the village yet.</p> <p>93) Women's expectations/suggestions for menstrual facilities.</p> <p>96) Difficulties women experience during menstrual hut (khopadi) stay.</p> <p>110) Difficulties experienced by school-going girls and women due to mobility restrictions in the village.</p> |

| | | | |
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| | | Consequences of not following menstrual practices- animal sacrifice community ban, penalty. | 14) Despite occasional discomfort or fear follows societal norms and stay in menstrual hut. 33) Women follow menstrual practices despite not liking them. 34) Consequences of not following practices- animal sacrifice, community ban, penalty. |
| 2 | Changing menstrual hygiene practices due to the availability of sanitary pads | Variation in menstrual hygiene practices | 37) Cloth pads are used as menstruation hygiene product. 39) Cloth was used if there was heavy blood flow. 41) Number of times pad is changed in a day. 62) Usage of clothe as menstrual hygiene product. 63) Use of sanitary pad as menstrual hygiene product. 66) No discomfort is experienced in using sanitary pads/cloth 73) If there are no sanitary pads, cloth is used. 74) Only clothes and pads were used for menstruation, no other products were used. 115) Reasons why some women continue to use cloth for menstrual hygiene. - Cheap and Habituated. |
| | | Disposal of menstrual hygiene product | 67) Used Pads are wrapped and then buried in ground. 75) Used pads are stored in plastic then thrown in river. 84) Used pads are burned and then thrown in the river. 99) Disposal of used menstrual cloth. 117) Used pads are washed and then burned. 118) Used pads are stored and then burned. |
| | | Access to sanitary pads | 38) Cloth pads are provided by NGO 64) Access to sanitary pads in village. 65) Never received pads from ASHA worker. 103) Sometimes women received free/cheap pads from ASHA/Gram panchayat 116) No access to sanitary pads in the village. |

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| 3 | Sources of knowledge regarding menstruation | Informal sources of menstrual education | <p>2) Prior knowledge about menstruation.</p> <p>3) Lack of knowledge about menstruation before experiencing it.</p> <p>22) Lack of conversation about menstruation among village women</p> <p>43) No discussion regarding menstrual complaints among women.</p> <p>46) Sources of menstruation knowledge.</p> <p>70) Prior to menarche women knew pads are used in periods.</p> <p>78) Mother's support during menstruation.</p> <p>91) Discussion among village women regarding menstruation.</p> <p>129) Discussion about menstruation with family members.</p> |
| | | Formal sources of menstrual education | <p>4) Initial guidance on menstruation received from hostel warden or friends.</p> <p>46) Sources of menstruation knowledge.</p> <p>76) Attendance in meetings organized by ASHA worker regarding menstruation.</p> <p>77) Detailed knowledge regarding menstruation is not provided in school.</p> <p>107) Interaction with healthcare workers regarding menstruation</p> |
| 4 | External support for community norms not for menstrual hygiene | Lack of community support regarding menstruation. | <p>111) Limited village support for constructing a well-built Kurmaghar.</p> <p>94) No support was received from men regarding menstruation.</p> |
| | | Type of support from family members during menstruation. | <p>28) During menstruation, women won't have things unless someone brings them to her.</p> <p>29) Husband helps their wives during menstruation.48)</p> <p>55) Family members help menstruating girls to go school and college.</p> <p>59) Other family members deliver food to the hut during menstrual isolation.</p> <p>78) Mother's support during menstruation.</p> <p>80) Family members provide water if it's not available at the place for menstrual seclusion.</p> |
| | | Lack of involvement of partner/men in menstruation support | <p>15) As the only woman in the family, household chores are impacted during menstruation.</p> <p>17) Men don't help with household chores during menstruation.</p> |

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| | | | 30) Division of labour based on gender - household chores. |
| 5 | Women's adverse health experiences managing menstruation | Nature of menstrual complaints | 40) No problems or issues with menstrual symptoms. 42) Complaint of stomach pain before period. 85) Status of menstrual complaints. 100) Women's menstrual cycles are regular or irregular. |
| | | Managing menstrual complaints | 32) Actions taken when a person falls ill in the Menstrual hut. 44) Consultation and treatment for white discharge. 68) Uncertain if village people consult Pujari/Devvari regarding menstrual complaints. 89) Tolerate menstrual complaints; no measures. 90) Women consult Pujari/Devvari for menstrual complaints. 112) Home remedies used for menstrual complaints. 122) Do not seek help for menstrual complaints; considering them normal. |
| 6 | Autonomy to break menstrual norms | Exercising autonomy regarding Gond practices | 105) Some women choose not to stay in the menstrual hut or Kurmaghar during their periods. |
| | | Positive aspect of menstrual seclusion practice. | 52) Women are not scared to stay in menstrual huts (khopadi). 88) Positive aspect of menstrual seclusion due to the option to rest. 92) Women are happy to stay in the newly constructed kurmaghar which has facilities. 135) Never faced any discomfort while staying in menstrual hut. |

ANNEXURE – XVIII

Table of Codes and Themes (Key Informants – Healthcare Providers Interviews)

| Sr.4No. | Themes | Axial Codes | Primary codes |
|----------|--|---|--|
| 1 | Cultural Practices followed by the Gond community | Existing Practices Regarding Menstruation | <p>20. Women of the Gond community stay in Kurmaghar during menstruation.</p> <p>21. Women from the Gond community cannot go to work in the fields during menstruation.</p> <p>22. Some women stay in huts built in their courtyard for menstrual stay.</p> <p>23. Food is delivered to women at the menstrual seclusion place.</p> <p>24. Women receive clothes from family for washing in the menstrual hut.</p> <p>42. Restrictions on movement in some villages during menstruation.</p> <p>47. Only unmarried men are allowed to interact/touch menstruating women</p> <p>56. Gond ASHA workers follow Gond menstrual practices.</p> <p>60. Practices are followed by young girls in the village.</p> |
| | | Infrastructure and Facilities for Menstrual Seclusion | <p>26. In kurmaghar women have facilities like beds and washrooms.</p> <p>27. Huts (khopadi) do not have facilities, family members help with need</p> <p>40. Earlier women used only a mud menstrual hut for menstrual seclusion now they stay in Kurmaghar.</p> <p>48. Patil helped in the construction of kurmaghar</p> |
| | | Reasons for the continuation menstrual practices in the Community | <p>34. Continuation of practices due to cultural beliefs and devotion to Gondi Dev.</p> <p>57. God (Dev) gets upset if practices are not followed.</p> <p>66. Influence of religious leaders on menstrual health practices.</p> |
| | | Variation or Transition in Cultural Menstrual Practices | <p>25. Comparing menstrual practices among Gond and OBC communities.</p> <p>33. Differences in menstrual practices based on location.</p> |
| | | Challenges Women Experiences When | <p>45. The risk associated with menstrual hut stay.</p> |

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| | | Practicing Menstrual Seclusion | 46. Reference to a tragic incident involving a woman's death during menstrual seclusion. |
| 2 | Strong Influence of Cultural Norms | Strong Influence of old cultural practices on community | 28. Participant's viewpoint on the persistence of practices despite efforts to change them. 29. High-ranking officials' influence temporarily affects Gond people's behavior, not lead to long-term changes. 30. Individuals within community who continue to follow old practices related to menstruation despite their education. 58. Sensitivity around discussing religious beliefs concerning menstruation. 59. Participant's anecdote about pest control workers' consideration of cultural practice 64. Resistance from community members citing tradition and religious duty. |
| 3 | Community Engagement and Education on Menstruation | Menstruation education/ discussion on menstruation | 5. Conducting meetings for teenage girls to discuss menstruation. 8. Influence of education on menstrual hygiene practices. 16. Discussions regarding menstrual practices and disorders among village women. 39. Easy to educate and take care of women who are educated. 55. In the preconception programme menstruation in adult women is discussed. |
| | | Government programme for menstruation education | 12. Lack of specific initiatives addressing menstruation except for the RSKK program for adolescent girls. 17. No specific menstrual program for adult women. 44. Participant's reflection on the government's role in providing menstrual services. |
| | | Community Suggestions and Advocacy for Menstrual Health Equity | 50. Suggestions for community meetings and education sessions to discuss menstruation. 51. Participant's disagreement with cultural practices regarding menstruation. 53. Advocacy for equal access to sanitary pads for all women, not just adolescents. 54. Participant's advocacy for addressing women's needs during menstruation. 67. Suggestions for improving the 'kurmaghar' infrastructure. |

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| 4 | Menstrual Hygiene Practices by Gond Women | Usage of menstrual hygiene product | <p>7. Shift from cloth to sanitary pads among girls and women.</p> <p>10. Issues with cleanliness and hygiene in cloth usage.</p> <p>11. Persistence of cloth usage among some older women.</p> <p>31. Shift from using cloth to sanitary pads for menstrual hygiene.</p> <p>32. Preference for sanitary pads over cloth due to comfort, reduced leaks, and freedom of movement.</p> <p>35. Shift from cloth to sanitary pads facilitated by ASHA workers' interventions.</p> <p>36. Women avoid cloth pads distributed by Kurmaghar due to washing and drying hassles.</p> <p>38. Use of sanitary pads increased over the years.</p> <p>43. Women in the past were reluctant to use sanitary pads because of cost.</p> <p>61. Usage of cloth as a menstrual hygiene product.</p> |
| | | Accessibility of sanitary pads | <p>9. Distribution of sanitary pad packets to adolescent girls.</p> <p>13. Purchasing pads from the hospital, and selling them at a low price.</p> <p>14. Discontinuation of free or low-cost pads.</p> |
| | | Disposal of menstrual hygiene product | <p>37. Some women prefer to bury used pads without washing them due to reluctance to touch them.</p> <p>62. Used clothes are burned.</p> <p>63. Used pads are directly thrown outside.</p> |
| 5 | Women's Experiences of Menstrual Disorders and its Management | Common menstrual complaints experienced by Gond women | <p>2. Poor nutrition leads to irregular menstruation and low haemoglobin levels among women.</p> <p>4. Menstrual cycle irregularity is a common menstrual complaint.</p> <p>18. Menstrual disorders among women in the area.</p> |
| | | Managing menstrual complaints | <p>3. To address menstrual-related issues at the sub-centre tablets for low haemoglobin levels is provided.</p> <p>6. Offering medicines and advice for irregular menstruation and health issues.</p> <p>15. Referrals to other healthcare providers for further evaluation and treatment.</p> |

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| | | | <p>19. Types of treatment provided at sub-centre level.</p> <p>41. Seeking medical help for illness (during menstrual seclusion)</p> <p>49. Women consult Pujari/Devvari for menstrual complaints.</p> |
| 6 | Social and Cultural Norms Impacting Healthcare | Social and Cultural Norms Impacting Healthcare | <p>65. Challenges in accessing healthcare services due to cultural beliefs and restrictions</p> <p>68. Obstacles hindering individuals from accessing menstrual health services.</p> <p>69. Addresses challenges faced in conducting health sessions due to community members' work patterns.</p> <p>70. Lack of trust and transport affects the effectiveness of healthcare referral systems.</p> |

ANNEXURE – XIX



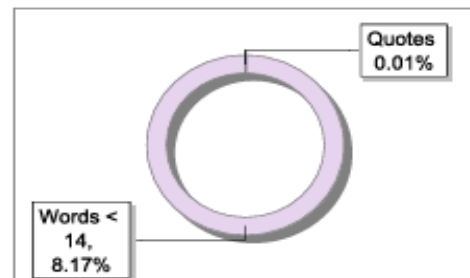
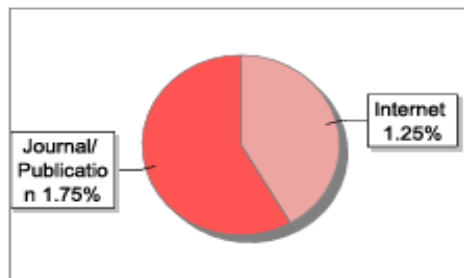
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