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MENSTRUAL HYGIENE PRACTICES AMONG NARIKURAVAR WOMEN IN TAMIL NADU: A QUALITATIVE STUDY

Prof. N. MURUGESWARI
Dean-Faculty of Arts and Professor
Department of Women's Studies
Bharathidasan University
Khajamalai Campus Tiruchirappalli

Dr. (Sr.) ISABELLA RAJAKUMARI
Principal and Director
Centre for Women's Studies
Holy Cross College (Autonomous), Tiruchirappalli

Dr. PRISHEELA P
Assistant Professor and Coordinator
Centre for Women's Studies
Holy Cross College (Autonomous), Tiruchirappalli

ABSTRACT

Menstrual hygiene management (MHM) is a fundamental component of women's health, dignity, and well-being. However, women belonging to socially marginalized and nomadic communities often experience multiple barriers in accessing appropriate menstrual hygiene resources and healthcare information. The Narikuravar community, a traditionally nomadic indigenous group in Tamil Nadu, continues to face social exclusion, economic deprivation, and limited access to public health services. This qualitative study explores the menstrual hygiene practices, cultural beliefs, and challenges experienced by Narikuravar women. Data were collected through Focus Group Discussions (FGDs) involving women residing in Karai Panchayat of Perambalur District, Tamil Nadu. The findings reveal that although younger women have increasingly adopted sanitary napkins, several traditional beliefs and restrictions surrounding menstruation continue to influence their daily lives. Menstruating women are subjected to cultural restrictions, including exclusion from household activities, religious ceremonies, and food preparation. Inadequate sanitation facilities, limited privacy, and poor awareness regarding menstrual hygiene further affect their health and dignity. The study highlights the urgent need for culturally sensitive menstrual hygiene education, improved sanitation infrastructure, and greater inclusion of marginalized communities in government health programmes.

KEYWORDS: Menstrual Hygiene Management, Narikuravar Women, Indigenous Community, Qualitative Research, Gender, Tamil Nadu

INTRODUCTION

Menstruation is a natural biological process experienced by women throughout their reproductive years. Despite its physiological significance, menstruation continues to be surrounded by social stigma, cultural taboos, and discriminatory practices across many societies. These beliefs often restrict women's mobility, participation in religious and social

activities, educational opportunities, and access to healthcare. In developing countries, menstrual hygiene management (MHM) remains an important public health issue, particularly among women belonging to marginalized communities. According to the World Health Organization and UNICEF, effective menstrual hygiene management requires access to clean menstrual absorbents, adequate sanitation facilities, clean water, privacy for changing materials, and accurate information regarding menstrual health. However, these essential requirements remain inaccessible to many women living in economically disadvantaged and socially excluded communities.

The Narikuravar community, one of the Particularly Vulnerable Tribal Groups (PVTGs) in Tamil Nadu, has historically followed a nomadic lifestyle, depending on hunting, bead making, handicrafts, basket weaving, and fortune telling for their livelihood. Although governmental welfare measures have improved their living conditions in recent years, the community continues to experience poverty, limited educational attainment, inadequate healthcare access, and social discrimination. Women in this community encounter additional gender-specific challenges related to reproductive health and menstrual hygiene. Menstrual hygiene practices are influenced by cultural beliefs, traditional customs, educational status, and socio-economic conditions. While several studies have documented menstrual hygiene practices among adolescent girls and rural women in India, limited research has examined the experiences of Narikuravar women using qualitative approaches. Understanding their lived experiences is essential for developing culturally appropriate interventions that address their specific needs. The present study therefore explores the menstrual hygiene practices, cultural beliefs, restrictions, and challenges experienced by Narikuravar women in Perambalur District, Tamil Nadu. The study also examines their awareness of menstrual hygiene management and their access to government-supported menstrual health programmes.

REVIEW OF LITERATURE

Menstrual hygiene management (MHM) has emerged as an important public health and gender equity issue, particularly among socially and economically marginalized communities. Research has consistently shown that inadequate menstrual hygiene practices contribute to reproductive tract infections, poor reproductive health outcomes, school absenteeism, social exclusion, and diminished quality of life. Several studies have examined menstrual hygiene practices among rural, tribal, and marginalized women in India; however, limited attention has been paid to the experiences of nomadic communities such as the Narikuravars of Tamil Nadu. Kalyan Kumar Paul, Chaudhuri, and Maiti (2020) investigated menstrual hygiene practices among women aged 15–49 years attending a medical college hospital in Kolkata. Their study reported that although many women possessed basic knowledge about menstruation, awareness regarding hygienic menstrual practices remained inadequate. The researchers found that educational attainment, socioeconomic status, and access to health information significantly influenced menstrual hygiene behaviour. They recommended continuous community-based health education programmes to improve menstrual health awareness among women.

Das et al. (2015) explored the relationship between menstrual hygiene practices, water, sanitation and hygiene (WASH) facilities, and urogenital infections among women in Odisha. Their findings demonstrated that the use of unhygienic menstrual absorbents, limited access to clean water, inadequate sanitation facilities, and improper disposal of menstrual waste increased the risk of reproductive and urinary tract infections. The study emphasized the need to integrate menstrual hygiene management into public health and sanitation programmes.

Garg and Anand (2015) examined menstruation-related myths and cultural beliefs prevalent in Indian society. Their study highlighted that menstruation continues to be viewed as impure in many communities, resulting in numerous restrictions imposed on women during their menstrual cycle. These restrictions include exclusion from religious activities, avoidance of cooking, restrictions on social interactions, and limitations on mobility. The authors argued that these socio-cultural beliefs negatively affect women's physical and psychological well-being and called for

comprehensive menstrual health education targeting both adolescents and adults.

Research conducted **by Usha and Usha Rani (2020)** among adolescent tribal girls in Andhra Pradesh found a strong association between educational status and menstrual hygiene management. Girls attending schools and participating in health awareness programmes demonstrated better knowledge regarding menstruation, hygienic practices, and reproductive health than those without educational exposure. The study recommended expanding menstrual health education and ensuring free distribution of sanitary napkins among tribal adolescents. **Balamurugan et al. (2014)** assessed menstrual hygiene practices among women of reproductive age in rural Tamil Nadu. The researchers observed that many women continued to use reusable cloth due to financial constraints and lack of awareness. Poor menstrual hygiene practices were associated with increased reproductive tract infections and other health complications. The study emphasized the importance of improving female literacy, strengthening community health education, and increasing access to affordable menstrual hygiene products.

Kaur, Kaur, and Kaur (2018) reviewed menstrual hygiene management practices in developing countries and identified several persistent challenges, including inadequate sanitation infrastructure, limited availability of sanitary products, poor waste disposal systems, and deeply rooted cultural taboos. They concluded that improving menstrual hygiene requires coordinated interventions involving education, health services, sanitation infrastructure, and supportive public policies.

Dragomir and Zafiu (2019) specifically investigated healthcare access among the Narikuravar community in Tamil Nadu. Their study revealed that historical discrimination, poverty, social exclusion, and geographical mobility limited the community's access to government health services. Women often preferred traditional healthcare practices or delayed seeking medical care due to fear of discrimination and lack of trust in healthcare institutions. These findings indicate that reproductive and menstrual health services remain largely inaccessible to many Narikuravar women.

Sivaramakrishnan et al. (2021) examined oral health awareness among the Narikuravar population in Puducherry and reported generally low levels of health awareness and limited utilization of preventive healthcare services. Although the study focused on oral health, it highlighted the broader issue of inadequate health literacy within the community, suggesting similar challenges may exist in menstrual and reproductive health.

Ram et al. (2020) analysed factors influencing the use of disposable menstrual absorbents among young women in India using National Family Health Survey data. The study found that education, household wealth, urban residence, media exposure, and access to healthcare significantly increased the likelihood of sanitary napkin use. Conversely, women from economically disadvantaged and socially marginalized communities were more likely to depend on reusable cloth due to financial and accessibility barriers.

Despite the growing body of literature on menstrual hygiene management, existing research has predominantly focused on adolescent girls, school-going students, or rural women. Very few qualitative studies have explored the lived experiences of women belonging to nomadic indigenous communities such as the Narikuravars. The present study seeks to address this gap by examining the menstrual hygiene practices, cultural beliefs, social restrictions, and challenges experienced by Narikuravar women in Tamil Nadu through qualitative inquiry.

RESEARCH GAP

Although numerous studies have examined menstrual hygiene management among adolescent girls, rural women, and tribal populations in India, qualitative evidence concerning the menstrual experiences of Narikuravar women remains scarce. Existing research has largely emphasized awareness, sanitary napkin use, and reproductive health outcomes without exploring the socio-cultural context that shapes menstrual practices among this nomadic community. Furthermore, little attention has been given to traditional beliefs, gender norms, menstrual

restrictions, disposal practices, and access to government welfare schemes from the perspectives of Narikuravar women themselves. Addressing this gap is essential for developing culturally appropriate interventions and inclusive menstrual health policies for marginalized indigenous communities.

SIGNIFICANCE OF THE STUDY

Menstrual hygiene management is increasingly recognized as an essential component of women's health, gender equality, and social inclusion. For marginalized indigenous communities such as the Narikuravars, menstrual health remains an underexplored area despite their continued socioeconomic disadvantages. Understanding their traditional beliefs, cultural practices, and daily challenges is essential for designing inclusive public health interventions. The findings of this study contribute to the existing body of knowledge by documenting the lived experiences of Narikuravar women and identifying barriers to safe menstrual hygiene management. The study also provides evidence that may assist policymakers, healthcare professionals, non-governmental organizations, and community development agencies in developing culturally appropriate menstrual health education programmes and improving access to sanitation facilities and government welfare schemes.

OBJECTIVES OF THE STUDY

The present study was undertaken with the following objectives:

- To explore the menstrual hygiene practices followed by Narikuravar women.
- To understand the cultural beliefs, customs, and social restrictions associated with menstruation in the Narikuravar community.
- To identify the challenges experienced by Narikuravar women in managing menstruation.
- To examine the level of awareness and utilization of menstrual hygiene management services and government welfare programmes.
- To suggest appropriate interventions for improving menstrual hygiene management among Narikuravar women.

RESEARCH QUESTIONS

The study was guided by the following research questions:

1. What menstrual hygiene practices are followed by Narikuravar women?
2. What cultural beliefs and traditional customs influence menstrual hygiene management?
3. What social, economic, and environmental challenges do women encounter during menstruation?
4. To what extent are Narikuravar women aware of menstrual hygiene and government-supported menstrual health programmes?
5. What measures can improve menstrual health among women belonging to this marginalized community?

METHODOLOGY RESEARCH DESIGN

The study adopted a qualitative research design to explore the menstrual hygiene practices and lived experiences of Narikuravar women. A qualitative approach was considered appropriate because it facilitates an in-depth understanding of participants' perceptions, beliefs, cultural norms, and personal experiences that cannot be adequately captured through quantitative methods.

Study Area

The study was conducted in Malayappa Nagar, Karambai Village, Karai Panchayat, Perambalur District, Tamil Nadu. The selected settlement comprises a sizeable Narikuravar population that has transitioned from a nomadic lifestyle to semi-permanent habitation while continuing traditional occupations such as handicraft production, beadwork, fortune telling, and petty trade.

Participants

Thirty women initially participated in the Focus Group Discussions (FGDs). Among them, fifteen participants actively shared their experiences and contributed substantially to the discussions. Participants ranged in age from 19 to 70 years, representing both younger and older

generations, thereby providing diverse perspectives on menstrual hygiene practices and changing social norms.

Sampling Technique

Purposive sampling was employed to select participants possessing direct experience of menstruation and familiarity with community traditions. This sampling strategy enabled the researcher to obtain rich and relevant qualitative data.

Data Collection

Primary data were collected through Focus Group Discussions conducted in Tamil during May 2022. A semi-structured interview guide was developed to facilitate discussion on menstrual hygiene practices, cultural beliefs, menstrual restrictions, disposal methods, sanitation facilities, access to healthcare, and awareness of government welfare schemes.

Each discussion encouraged participants to openly share their personal experiences while respecting cultural sensitivities and maintaining confidentiality. Field observations and researcher notes supplemented the discussion data.

DATA ANALYSIS

The discussions were audio-recorded with participants' consent, transcribed in Tamil, and translated into English. Data were analysed using thematic analysis. Similar responses were grouped into themes representing menstrual hygiene practices, cultural beliefs, traditional restrictions, health challenges, sanitation issues, and awareness of menstrual health programmes. Representative quotations from participants were used to support the findings while maintaining participant anonymity through coded identifiers (P1, P2, P3, etc.).

Ethical Considerations

Ethical principles were strictly observed throughout the research process. Participants were informed about the objectives of the study, and voluntary informed consent was obtained prior to data collection. Confidentiality and anonymity were maintained by assigning identification codes instead of using participants' names. Participants were informed of their right to withdraw from the discussion at any stage without any consequences.

Results and Discussion

The findings of the study are organized into six major themes that emerged from the Focus Group Discussions (FGDs): (i) socio-cultural beliefs surrounding menstruation, (ii) menstrual hygiene practices, (iii) traditional restrictions during menstruation, (iv) challenges in managing menstruation, (v) menstrual health awareness and healthcare access, and (vi) utilization of government welfare programmes. The participants' narratives reveal that menstrual hygiene management among Narikuravar women is strongly influenced by traditional beliefs, economic conditions, and limited access to sanitation facilities.

Theme 1: Cultural Beliefs and Perceptions of Menstruation

The discussions revealed that menstruation is regarded as a period of ritual impurity within the Narikuravar community. Participants explained that their cultural beliefs have been passed down through generations and continue to influence daily practices.

The community is traditionally divided into two religious groups based on the worship of Goddess Meenakshi and Goddess Kali. Although the two groups differ in certain ritual practices, both observe similar menstrual restrictions. Marriage between members of the same worship group is prohibited, whereas marriage between the two groups is encouraged according to customary traditions. Participants reported a strong belief that deities permanently reside within their homes. Consequently, menstruating women are expected to remain physically separated from sacred household spaces to avoid ritual pollution.

One participant explained:

"Our elders taught us that God lives inside the house. During menstruation, we stay outside because we do not want to disrespect our deity." (P2)

These beliefs continue to regulate women's mobility and participation in household activities despite increasing educational opportunities and exposure to modern healthcare.

Theme 2: Menstrual Hygiene Practices

The findings indicate that menstrual hygiene practices among Narikuravar women have undergone gradual changes over the past few decades. Older women recalled that reusable cotton cloths were traditionally used because sanitary napkins were unavailable and unaffordable. The used cloths were washed carefully, often with turmeric water because turmeric was believed to possess cleansing and medicinal properties. After repeated use, the cloths were either buried or burnt away from residential areas.

A senior participant shared:

"Earlier we had no option except cloth. We washed it carefully, dried it in sunlight, and later buried or burnt it after repeated use." (P1)

Younger participants reported a noticeable shift towards the use of disposable sanitary napkins. Increased market availability, improved affordability, and greater awareness have encouraged women to adopt sanitary napkins as a more convenient menstrual absorbent. Participants perceived sanitary napkins as more hygienic, comfortable, and suitable for their mobile livelihood.

One participant stated:

"Now we prefer sanitary napkins because they are easy to carry while travelling for business and they are more comfortable than cloth." (P2)

Although the adoption of sanitary napkins has increased, several women reported changing napkins only two or three times per day due to occupational demands, limited access to toilets, inadequate water supply, and lack of privacy.

Theme 3: Traditional Restrictions During Menstruation

The Focus Group Discussions revealed that menstruating women continue to observe several traditional restrictions.

Women are prohibited from:

entering sacred areas within the house; participating in religious ceremonies; cooking food; serving meals to family members; touching religious objects; participating in temple festivals. Many participants reported sleeping separately and using separate utensils, bedding, and household items throughout menstruation.

One participant explained:

"We use separate plates, glasses and bedding during menstruation. We do not cook or participate in family rituals until our menstrual period ends." (P5)

Participants also described restrictions during annual religious festivals. Menstruating women are expected to leave their homes temporarily while sacred processions pass through the settlement.

According to one participant:

"Even our shadow should not fall on the deity during the festival procession. We stay away until the rituals are completed." (P3)

These practices illustrate the continued influence of cultural beliefs on women's daily lives and religious participation.

Theme 4: Challenges in Menstrual Hygiene Management

Women described numerous practical challenges in managing menstruation.

Most participants earn their livelihood through selling handmade products in nearby towns and villages. Long working hours, frequent travel, and poor sanitation facilities make menstrual hygiene management difficult. Older participants recalled walking several kilometres each day while carrying merchandise and caring for young children, even during menstruation.

One participant reflected:

"We walked long distances carrying our products and children. There was no opportunity to rest during menstruation. Using cloth often caused itching and skin irritation." (P7)

Women also reported the following difficulties:

lack of public toilets; inadequate water supply; poor disposal facilities; limited privacy for changing absorbents; discomfort while travelling; financial constraints.

These challenges frequently resulted in delayed changing of sanitary materials, increasing the risk of reproductive health problems.

Theme 5: Disposal Practices and Personal Hygiene

Safe disposal of menstrual waste remains strongly influenced by traditional customs. Participants explained that menstrual absorbents should never remain inside the house because they are considered ritually impure. Used napkins are temporarily stored beneath stones in isolated places before being collected and disposed of by burning or burial after menstruation ends.

One participant explained:

"We never keep used napkins inside the house. They are buried or burnt after the menstrual cycle is over." (P4)

Personal hygiene practices, however, were generally satisfactory. Most participants reported bathing twice daily during menstruation as part of both personal cleanliness and religious observance. Although this practice promotes personal hygiene, it is primarily motivated by cultural beliefs rather than health education.

Theme 6: Awareness of Menstrual Health and Government Programmes

Participants acknowledged that awareness regarding menstrual hygiene has improved over recent years through schools, healthcare workers, and mass media. Younger women demonstrated greater knowledge regarding sanitary napkin use compared to older generations. However, awareness remains inadequate among adolescent girls living within the settlement. Several participants indicated that many eligible girls had not benefited from the Government of Tamil Nadu's free sanitary napkin distribution scheme because of limited awareness and irregular programme implementation.

One participant stated:

“Many girls do not know about the government's free sanitary napkin scheme. More awareness programmes are needed in our community." (P8)

Participants strongly expressed the need for regular health education sessions delivered in their own community.

Theme 7: Menstrual Suppression for Occupational Purposes

An important finding emerging from the discussions relates to the use of hormonal tablets to postpone menstruation. Several women reported consuming menstrual delay tablets during major religious festivals and market seasons because menstruation interfered with trading activities and participation in community events.

One participant explained:

"During festival seasons we take tablets to postpone menstruation because changing napkins while travelling is difficult." (P6)

Most women reported purchasing these medicines directly from pharmacies without consulting qualified medical practitioners. This finding raises concerns regarding self-medication and highlights the need for reproductive health counselling among marginalized women.

DISCUSSION

The findings indicate that menstrual hygiene management among Narikuravar women reflects a complex interaction between traditional beliefs, gender norms, economic circumstances, and access to health services. While the adoption of sanitary napkins has increased, deeply rooted cultural practices continue to shape women's experiences during menstruation.

The persistence of restrictions related to household participation, religious observance, and social interaction supports the findings of **Garg and Anand (2015),** who observed that menstrual taboos remain widespread across many Indian communities. Similarly, the sanitation-related challenges reported by participants are consistent with **Das et al. (2015),** who identified inadequate water and sanitation facilities as major barriers to safe menstrual hygiene management. The gradual transition from reusable cloth to disposable sanitary napkins reflects increasing awareness and

improved accessibility. However, economic hardship, limited sanitation infrastructure, and inadequate disposal systems continue to restrict optimal menstrual hygiene practices.

The study also reveals significant gaps in access to government welfare programmes and reproductive health education among Narikuravar women. These findings emphasize the importance of culturally sensitive interventions that recognize traditional beliefs while promoting evidence-based menstrual health practices.

Overall, the findings demonstrate that improving menstrual hygiene management among marginalized indigenous communities requires integrated efforts involving health education, improved sanitation facilities, strengthened public healthcare outreach, and community participation. Such interventions will contribute not only to better reproductive health outcomes but also to the dignity, empowerment, and social inclusion of Narikuravar women.

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