



## Menstrual Health and Marginalization: A Review of Challenges Faced by Tribal Women in Jammu & Kashmir

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Menstrual health is a vital component of women's overall well-being, yet it remains one of the most neglected aspects of public health in tribal communities. In Jammu and Kashmir, women from Gujjar and Bakerwal tribes face unique challenges due to their nomadic lifestyle, geographical isolation, and socio-economic marginalization. Cultural taboos, lack of awareness, and limited access to sanitary products contribute to poor menstrual hygiene practices, leading to infections, reproductive health complications, and diminished quality of life. This paper presents a systematic review and thematic synthesis of menstrual health among tribal women in Jammu and Kashmir, drawing on more than 35 scholarly articles, NGO reports, and policy briefs. A structured search across multiple databases was conducted, and inclusion criteria focused on studies addressing menstrual health, hygiene practices, cultural perceptions, healthcare access, and policy interventions. Thematic analysis identified seven major areas of concern: cultural stigma, educational barriers, period poverty, healthcare limitations, gender inequality and displacement and policy gaps. By analysing these themes, the study highlights how menstrual health challenges are not merely biological but deeply embedded in socio-cultural and structural contexts. The findings underscore the urgent need for holistic interventions that combine awareness, culturally sensitive education, improved healthcare access, infrastructure development and inclusive policy frameworks. Addressing menstrual health in tribal communities is not only a matter of public health but also of gender justice and human rights. Empowering tribal women with knowledge, dignity and resources can transform their health outcomes and strengthen their role in society.

**Keywords:** Tribal Women, Gender, Sanitation, Menstrual Health, Social Stigma and Cultural Taboos.



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## 1. Introduction

Menstrual health is increasingly recognized as a cornerstone of women's reproductive rights and gender equality. Despite this growing recognition, tribal women in Jammu and Kashmir remain excluded from mainstream discourse and interventions. The Gujjar and Bakerwal tribes, who constitute a significant proportion of the tribal population, face unique challenges due to their nomadic lifestyle, geographical isolation, and socio-economic marginalization. These factors intersect to create systemic neglect of menstrual health, leaving women vulnerable to infections, stigma, and poor health outcomes (Jan, A, & Rashid, 2025; Khan, & Wani, 2024).

The socio-cultural context of Jammu and Kashmir further complicates the issue. Menstruation is often treated as a taboo subject, with women restricted from participating in religious, social, and household activities during their periods (Khan et al., 2024). This silence perpetuates myths and misconceptions, reinforcing stigma and limiting opportunities for education and awareness. Studies show that adolescent girls in tribal communities often lack basic knowledge about menstruation, relying instead on informal sources of information, which perpetuate harmful practices and increase vulnerability to reproductive tract infections (Sridhar & Gauthami, 2017; Kumari et al., 2021).

Moreover, the structural neglect of tribal areas exacerbates menstrual health challenges. Healthcare facilities are scarce, sanitation infrastructure is inadequate, and policy frameworks often overlook the specific needs of tribal women. Conflict and displacement in Jammu and Kashmir further disrupt access to healthcare and sanitation, leaving women without dignity or privacy during menstruation (Rasool & Vyas, 2025). Addressing these challenges requires a holistic approach that combines education, healthcare access, infrastructure development, and policy reforms. This paper seeks to provide a comprehensive review of menstrual health challenges among tribal women in Jammu and Kashmir, highlighting the urgent need for culturally sensitive and sustainable interventions.

## 2. Methodology

This study employs a systematic review and thematic synthesis to explore menstrual

health challenges among Gujjar and Bakerwal women in Jammu and Kashmir. Evidence was drawn from available literature, NGO reports, government publications, and with more than 35 scholarly papers included. A structured search across PubMed, Scopus, Web of Science, JSTOR, and Google Scholar was conducted using keywords such as menstrual health, tribal women, Gujjar, Bakerwal, period poverty and healthcare access. Inclusion criteria targeted research on menstrual health, hygiene practices, cultural perceptions, healthcare access, and policy interventions among tribal or marginalized women, while opinion pieces and studies lacking methodological rigor were excluded. Data extraction followed a matrix approach, and thematic analysis identified seven major themes: cultural stigma, educational barriers, period poverty, healthcare limitations, gender inequality displacement, and policy gaps. Sources were critically appraised using adapted CASP and PRISMA guidelines, and ethical sensitivity was maintained by ensuring respectful representation of tribal communities and emphasising structural determinants rather than individual blame.

## 3. Cultural Taboos and Stigma

Menstruation in tribal communities of Jammu and Kashmir is often perceived as impure, leading to restrictions on women's participation in cooking, water collection, and religious practices (Khan et al., 2024). These taboos reinforce gender inequality and perpetuate silence around menstrual health. Women are often excluded from religious spaces and social gatherings during menstruation, which contributes to feelings of isolation and reinforces the notion of impurity (Khan, H., & Wani, 2024). The persistence of taboos also prevents open dialogue about menstruation, limiting opportunities for education and awareness. Myths such as menstruation being a curse or disease are widespread, and adolescent girls often internalize these misconceptions, leading to shame and secrecy around their bodies (Ganguly et al., 2026). This silence perpetuates harmful practices, such as using unclean materials during menstruation, which increases vulnerability to infections. Furthermore, cultural stigma contributes to the invisibility of menstrual health in public health policy. Policymakers often overlook the issue, considering it a private matter rather than a public health concern. This

invisibility perpetuates cycles of neglect and poor health outcomes among tribal women, leaving them marginalized within broader health initiatives (Mohanty, 2025). The types of restrictions and their impacts are summarized in Table 1 below.

**Table 1: Cultural Restrictions During Menstruation**

Types of restrictions	Practices	Impact
Religious	Barred from temples/rituals	Stigma, exclusion
Social	Isolation, sleeping separately	Psychological distress
Domestic	Prohibited from cooking	Reduced agency
Food	Restricted diet	Nutritional deficiency
Mobility	Limited movement, school absence	Marginalization
Hygiene	Unsafe menstrual practices	Health risks

Data synthesized from Khan et al. (2024) and Khan, & Wani (2024).

As the table illustrates the common restrictions imposed on tribal women during menstruation, including religious, social, and domestic limitations. These practices reinforce stigma, reduce agency, and expose women to unsafe conditions, contributing to poor menstrual hygiene and psychological distress.

#### 4. Lack of Awareness and Education

Educational barriers significantly affect menstrual health knowledge. Many tribal girls drop out of school due to migration or poverty, leaving them dependent on informal sources of information (Kumar & Srivastava, 2011). Research shows that adolescent girls in these communities often lack basic knowledge about menstrual hygiene, increasing vulnerability to infections (Jan, A., & Rashid, 2025). While school-based interventions have shown potential in raising awareness, their reach is limited by the migratory lifestyle of Gujjar and Bakerwal families (Raziq & Popat, 2023). Even girls who remain in school face inadequate facilities, which

discourages attendance during menstruation and contributes to dropout rates (Van Eijk et al., 2016). Without sustained educational efforts, tribal women remain trapped in cycles of poor health outcomes and ignorance.

The situation is further compounded by a lack of culturally sensitive educational materials. Most awareness campaigns are designed for urban populations and fail to address the unique challenges faced by tribal women. This mismatch reduces the effectiveness of interventions and perpetuates misinformation, leaving tribal women without the tools to manage menstruation safely (Panda et al., 2024).

**Table 2: Awareness Levels Among Tribal vs. Non-Tribal Girls**

Indicator	Tribal Girls	Non-Tribal Girls	Implication
Basic knowledge of menstruation	Low	Moderate-High	Information gap
Awareness before menarche	Limited	Common	Lack of preparedness
Knowledge of sanitary pad use	Low	High	Poor hygiene practices
Ability to identify infections	Very low	Moderate	Health risk
Access to menstrual education	Limited	Better access	Need targeted programs

Data synthesized from Jan, Manzoor, & Rashid (2025) and Panda et al. (2024).

As highlighted in the table, tribal girls have markedly lower awareness compared to their non-tribal peers, particularly in areas such as sanitary pad use and infection identification. These gaps underscore the urgent need for tailored, culturally appropriate educational programs that address the unique circumstances of Gujjar and Bakerwal communities. Enhancing menstrual education is crucial not only for improving health outcomes but also for empowering girls to overcome barriers imposed by poverty and migration.

## 5. Period Poverty and Resource Constraints

Period poverty defined as inadequate access to menstrual products remains a pressing issue. Tribal women often rely on unhygienic alternatives such as old cloth or rags due to unavailability or unaffordability of sanitary pads (Sangra et al., 2019). Their nomadic lifestyle further complicates hygiene practices, as access to clean water and sanitation facilities is limited (Mugloo & Rafiq, 2022). This lack of resources contributes directly to reproductive tract infections and poor health outcomes. Studies indicate that lack of access to affordable sanitary products is a major reason for school absenteeism among adolescent girls in tribal areas (Stankorb,

2012). Girls often miss several days of school each month, which negatively impacts their education and long-term opportunities (Chatterjee, 2020). The structural barriers extend beyond affordability. The absence of local production and distribution networks for sanitary products forces tribal women to travel long distances to access basic supplies, which is impractical given their seasonal migration (Nayak et al., 2025). These conditions perpetuate cycles of poverty, poor health, and social marginalization, leaving women with limited dignity or agency in managing their menstrual health (Achuthan et al., 2025).

**Table 3: Period Poverty Indicators**

Indicator	Tribal Girls	Impact
Use of sanitary pads	Low usage	Poor menstrual hygiene
Reliance on cloth	High	Increased infection risk
Reuse of materials	Common	Reproductive health vulnerability
Access to private toilets	Limited	Unsafe menstrual management
School absenteeism during menstruation	High	Educational disruption
Disposal facilities availability	Inadequate	Environmental and health risks

Data synthesized from Sangra et al. (2019), Mugloo & Rafiq (2022 and Chatterjee (2020).

As the table highlights, tribal girls disproportionately face period poverty, relying on cloth, reusing materials, and missing school due to inadequate facilities. These conditions not only increase vulnerability to infections but also reinforce educational disparities, perpetuating cycles of marginalization and poor health outcomes among tribal women.

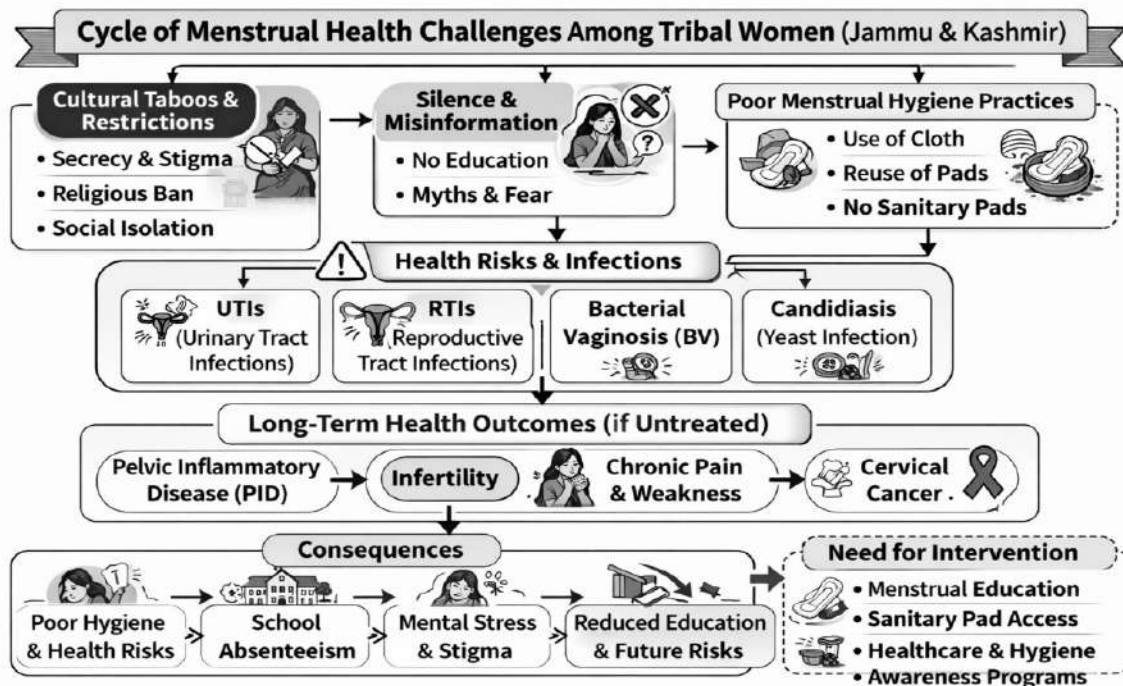
## 6. Healthcare Barriers

Healthcare services are scarce in remote tribal areas. The migratory lifestyle of Gujjar and Bakerwal women restricts consistent access to medical facilities (Kumari et al., 2021). Shame and stigma prevent women from seeking medical help for menstrual-related issues (Olson et al., 2022; Selva et al., 2026). Moreover, healthcare systems often fail to address the specific needs of tribal women, leaving them marginalized within broader public health initiatives (Bhukya, 2025)

Rasool & Vyas, 2025). Mobile healthcare units and community health workers have been suggested as potential solutions, but their implementation remains inconsistent (GK News Service, 2025). While some pilot programs have shown promise, they often lack sustainability due to funding constraints and logistical challenges (Tabish, 2010). Without targeted healthcare interventions, tribal women continue to suffer from untreated menstrual health issues.

Furthermore, the lack of female healthcare providers in tribal areas exacerbates the problem. Women often feel uncomfortable discussing menstrual issues with male doctors, leading to underreporting and untreated conditions. This gendered barrier in healthcare access perpetuates poor health outcomes and reinforces stigma around menstruation (Jan, A., & Rashid, 2025).

Figure 1: Cycle of Menstrual Health Challenges



Developed by the author based on synthesis of [Olson et al. \(2022\)](#), [Selva et al. \(2026\)](#) and [Jan & Rashid \(2025\)](#).

This figure illustrates the progression of menstrual health challenges among tribal women in Jammu & Kashmir. It begins with cultural taboos, which lead to silence and misinformation. This results in poor menstrual hygiene practices, increasing the risk of infections such as urinary tract infections (UTIs), reproductive tract infections (RTIs), bacterial vaginosis (BV), and candidiasis. If left untreated, these infections can progress to long-term diseases including pelvic inflammatory disease (PID), infertility, and cervical cancer.

## 7. Gender Inequality

Gender inequality is a pervasive issue that directly impacts menstrual health among tribal women in Jammu and Kashmir. Women often face discrimination in access to resources, education, and healthcare, and menstruation further exacerbates these inequalities ([Bhat et al., 2014](#)). During their periods, women are excluded from social and economic activities, reinforcing their marginalization and limiting their opportunities for empowerment ([Saikia & Dutta, 2024](#)) ([Sharma & Raina, 2022](#)). This exclusion also prevents women from accessing healthcare facilities, which increases their risk of urinary

tract infections (UTIs) and reproductive tract infections (RTIs) ([Gite Anamika, 2025](#)).

Household decision-making further reflects gendered disparities. Men often control financial resources, limiting women's ability to purchase sanitary products or seek medical care. This structural inequality perpetuates cycles of poor health and disempowerment, as women remain dependent on male family members for basic necessities ([Bhat et al., 2014](#)). In the absence of sanitary products, women resort to unhygienic alternatives, increasing their risk of bacterial vaginosis (BV) and fungal infections, such as candidiasis ([Gomes, 2022](#)).

Cultural norms also discourage men from engaging in conversations about menstruation ([Mahon et al., 2015](#)). This exclusion reinforces stigma and prevents the design of holistic interventions that include both genders. Without male participation, efforts to normalize menstruation and improve menstrual health remain incomplete. The resulting silence contributes to untreated infections, which, if left unmanaged, can escalate to pelvic inflammatory disease (PID) and infertility ([Panda et al., 2024](#)).

## 8. Conflict and Displacement

The socio-political context of Jammu and Kashmir, characterized by ongoing conflict and displacement, significantly exacerbates menstrual health challenges for tribal women. Displaced women often lack access to basic sanitation facilities, making menstrual hygiene management extremely difficult (Jan & Manzoor, 2025). In conflict zones, survival needs frequently take precedence over health concerns, leading to neglect of menstrual hygiene and increased vulnerability to urinary tract infections (UTIs) and reproductive tract infections (RTIs) (Panda et al., 2024).

Healthcare disruptions caused by conflict further compound these challenges. Many displaced women have limited or no access to medical facilities during menstruation, resulting in untreated reproductive tract infections. Overcrowded displacement camps, combined with stigma around discussing menstrual issues, increase the prevalence of infections such as trichomoniasis and bacterial vaginosis (Ngwibete et al., 2023).

Furthermore, displacement often forces women into temporary shelters with inadequate privacy. This lack of dignity during menstruation contributes to psychological distress and reinforces stigma (Choudhary et al., 2023). Women report feelings of shame and humiliation when forced to manage menstruation in unsafe and unhygienic conditions, which negatively impacts their mental health (Reena & Raychaudhuri, 2025). Chronic infections resulting from poor hygiene in these settings can also increase the risk of cervical cancer, highlighting the long-term consequences of neglecting menstrual health (Maree & Wright, 2007).

## 9. Infrastructure Challenges

The lack of adequate infrastructure in tribal areas of Jammu and Kashmir significantly affects menstrual health. Poor sanitation facilities, limited water supply, and absence of proper waste disposal systems make menstrual hygiene management extremely challenging (Pushap & Sudershan, 2025). Women are often forced to manage menstruation in unsafe environments, which increases their susceptibility to infections such as urinary tract infections (UTIs) and bacterial vaginosis (BV) (Kotwal et al., 2022).

The absence of proper disposal systems also compels women to reuse cloths, heightening the risk of fungal infections. Infrastructure deficits also have a direct impact on education. Inadequate school facilities cause many girls to miss classes during menstruation, contributing to high dropout rates. This educational disadvantage perpetuates cycles of poverty and limits opportunities for empowerment. Absenteeism during menstruation is often linked to poor hygiene practices, which further increases the risk of reproductive tract infections (RTIs) and pelvic inflammatory disease (PID) among adolescent girls (Van Eijk et al., 2016).

Moreover, the absence of infrastructure perpetuates cycles of neglect. Policymakers often overlook tribal areas, considering them too remote for investment. This neglect exacerbates menstrual health challenges and perpetuates inequality, leaving tribal women marginalized within broader development initiatives. Long-term consequences include chronic infections and increased risk of infertility, which further disempowers women and limits their participation in society (Tohit & Haque, 2024).

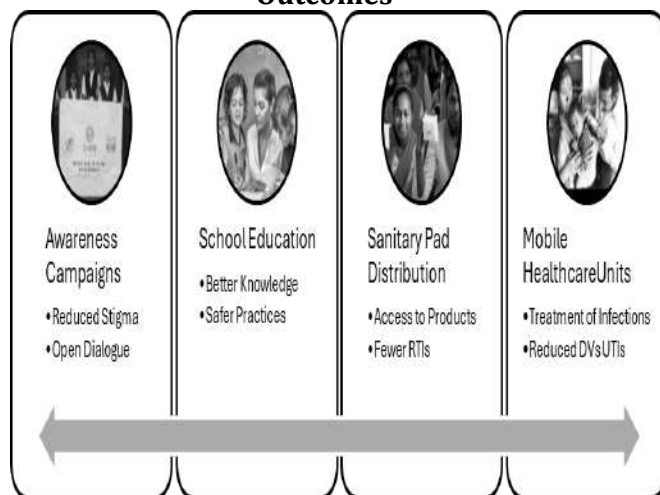
## 10. Policy Gaps

Policy frameworks often overlook menstrual health in tribal areas. Most interventions are designed for urban populations and fail to address the unique challenges faced by tribal women. This urban bias in policy design perpetuates cycles of neglect and exclusion (Mugloo & Rafiq, 2022). Without targeted policies, tribal women remain vulnerable to infections such as BV, candidiasis, and RTIs, which are preventable with proper hygiene and healthcare access. The absence of targeted policies means that tribal women remain dependent on NGOs and community initiatives, which often lack sustainability. Without government support, these interventions fail to reach all women and cannot provide long-term solutions to menstrual health challenges (Olson et al., 2022). This lack of systemic support leaves women without access to sanitary products, increasing their risk of infections and long-term complications such as PID and infertility (Tamba et al., 2024).

Furthermore, policy gaps reflect broader issues of marginalization. Tribal women are often excluded from decision-making processes, limiting their ability to advocate for their needs. This

exclusion perpetuates silence around menstrual health and prevents the development of inclusive policies that address the unique challenges faced by tribal women (Rasool & Vyas, 2025). Without policy interventions, infections and diseases linked to poor menstrual hygiene will continue to affect women's health outcomes and quality of life

**Figure 4: Pathway from Interventions to Outcomes**



Developed by the author, adapted from Mugloo & Rafiq (2022), Olson et al. (2022), and Rasool & Vyas (2025).

This figure presents a solution-oriented framework showing how targeted interventions can improve menstrual health outcomes. Awareness campaigns reduce stigma and promote open dialogue, leading to improved hygiene and lower infection rates. School education enhances knowledge and encourages safer practices, resulting in fewer RTIs and higher school attendance. Sanitary pad distribution ensures access to clean products, reducing BV and UTIs and enhancing dignity. Mobile healthcare units enable timely diagnosis and treatment, preventing PID and lowering infertility risk.

## 11. Discussion

Menstrual health challenges among tribal women in Jammu and Kashmir are multidimensional, spanning cultural, educational, economic, infrastructural, and policy domains. Cultural taboos perpetuate silence and stigma, preventing women from accessing accurate information and healthcare. This silence reinforces myths and contributes to harmful practices such as using unclean cloths, which increase the risk of

urinary tract infections (UTIs) and reproductive tract infections (RTIs). The persistence of stigma also discourages women from seeking medical help, leading to untreated infections that can progress to pelvic inflammatory disease (PID) and infertility (Torondel et al., 2018; Nayak et al., 2025) Mudi, Pradhan, & Meher, 2023).

Educational barriers further exacerbate the problem. Girls who drop out of school due to migration or poverty miss out on critical health education, leaving them vulnerable to infections and poor hygiene practices. Lack of awareness about menstrual hygiene leads to reliance on unsafe alternatives, which increases the risk of bacterial vaginosis (BV), candidiasis, and trichomoniasis. School absenteeism during menstruation also perpetuates cycles of poverty and disempowerment, as girls are denied opportunities for education and empowerment (Van Eijk et al., 2016; Kumar & Srivastava, 2011).

Healthcare barriers remain a critical challenge. Remote tribal areas lack adequate facilities, and stigma prevents women from seeking medical help. The absence of female healthcare providers further discourages women from reporting menstrual issues, leading to underdiagnosis and untreated conditions. Conflict and displacement exacerbate these challenges, as women in shelters often lack privacy and sanitation, increasing their vulnerability to infections and long-term complications such as cervical cancer. Addressing these challenges requires holistic interventions that combine education, healthcare access, infrastructure development, and policy reforms (Rasool & Vyas, 2025; Jan, A., & Rashid, 2025; Jan & Manzoor, 2025).

## 12. Conclusion

Menstrual health among tribal women in Jammu and Kashmir is a complex issue shaped by cultural, educational, infrastructural, healthcare, and policy-related factors. Poor menstrual hygiene contributes to a range of health problems, including UTIs, RTIs, BV, candidiasis, trichomoniasis, PID, infertility, and increased risk of cervical cancer. These health risks are compounded by gender inequality, migration, displacement, and lack of access to sanitation, education, and healthcare.

Addressing these challenges requires comprehensive, targeted interventions. Awareness campaigns must challenge cultural taboos and stigma, school-based education should equip girls with knowledge about safe practices, and healthcare systems must provide accessible and culturally sensitive services. Infrastructure development, including sanitation facilities, clean water, and proper disposal systems, is essential to enable sustainable menstrual hygiene management. Policy frameworks must explicitly include tribal women to ensure equity, dignity, and empowerment.

Empowering tribal women with knowledge, resources, and healthcare access can break the cycle of neglect, improve health outcomes, and enhance their agency in society. Menstrual health is therefore not only a public health concern but also a matter of gender justice and human rights. By implementing holistic and sustainable solutions, policymakers and communities can ensure that tribal women in Jammu and Kashmir lead healthier, safer, and more dignified lives.

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