

Period Poverty among Girls in Slum Settings of Mumbai: Parents' Perspectives about Their Role in the Menstrual Health Management of Their Daughters

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Introduction

Menstrual health and rights have been a neglected aspect of sexual and reproductive health and rights, neither emphasized in the ICPD PoA nor explicitly even in the SDGs. In 2022, the WHO recognized the urgent need to reverse this neglect. It called for action to recognise menstrual health as a health and human rights issue, not just a hygiene issue; and highlighted the need to ensure that women and girls have access to information and education about it, affordable menstrual products and an environment that enables safe menstrual health practices (WHO, 2022). Yet period poverty persists in many LMICs in the form of adverse norms, stigma and taboos, limited access to period products, menstrual education, and inadequate water, sanitation and hygiene facilities (Babbar et al., 2022).

Menstruation is a significant milestone in the transition to adulthood, but girls in poor and gender inequalitarian settings such as India often face challenges due to limited education, persistent myths, and inadequate sanitation facilities. Family dynamics, particularly communication between parents and children, greatly influence sexual and reproductive health education, including menstrual health (World Health Organization, 2007). While evidence from India about parent-child interaction is sparse, what is available, confirms that socialisation is gendered and parent-child communication is limited, especially with regard to sensitive matters. Key obstacles include discomfort and shyness experienced by parents and their children, parents' own lack of awareness, traditional attitudes and misperceptions (Santhya & Jejeebhoy, 2015; Shekhar et al., 2007; Alexander et al., 2006; International Institute for Population Sciences [IIPS] and Population Council, 2010). Yet, neither research nor programmes have focused on the role of gatekeepers especially parents and the challenges they face in adequately serving menstrual health management of girls and young women. Moreover, hardly any studies have explored the perspectives of gatekeepers in a disadvantaged setting, such as urban slums.

In this study, we aim to explore, the role of mothers and fathers in slum settings of Mumbai, in informing their daughters and sons about menstruation, as well as their role in supporting their daughters navigating menstrual health management. Objectives are to assess in-depth the experiences of parents in addressing menstrual health needs, the challenges they face in supporting their daughters, and the changes they articulate in terms of their own knowledge, attitudes and communication skills.

Data and Methods

The study was part of a formative research project intended to shed light on the dynamics of menstrual health management among girls and young women in the slums of Mumbai. We stratified the 24 wards of Mumbai into three zones, each having one-third of the total slum population. Thereafter, we selected six wards (two from each zone) purposively based on their geographic location. Finally, based on slum cluster list of 2015 and cross validating it through google map, three slum areas were identified purposively from each selected ward, making for a total of 18 slum areas.

The study includes three components: a survey of 1,300 girls and young women (ages 12-24), a parallel survey of 600 boys and young men (ages 15-24), and qualitative research with key informant interviews and in-depth interviews with 20 parents (10 mothers and 10 fathers). Fieldwork began in June and will conclude in September 2024. This paper presents findings from the in-depth interviews with parents who have at least one daughter aged 12-24 and whose children participated in the quantitative survey.

Interviews included open-ended questions about parents' knowledge and attitudes on menstruation, their communication with their children, and their roles during their daughters' first and subsequent menstrual cycles. Topics covered included behavioral restrictions, hygiene practices, and menstrual product disposal. Parents were also asked for recommendations on programs to support menstrual health. All

interviews were conducted in Hindi and translated into English. The qualitative analysis utilized a grounded theory approach and inductive coding. In this extended summary, we focus on parents' perspectives. Textual data were analysed to generate codes, themes and sub-themes. Key themes and sub-themes that were identified are provided in Table 1.

Table 1: Major themes and sub-themes of the study:

Major Themes	Sub-themes
Parents' knowledge about menstruation	Knowledge about menstruation Knowledge about hygiene and products Knowledge about menstruation and menstrual products
Parent's attitudes about menstruation	About purity About household activities About religious activities
Parents' experiences with menstruation	Mothers' own menstrual experiences Parents' experiences with daughters' menstruation Intergenerational changes in menstrual knowledge and practices
Communication and commitment regarding menstruation	Communication within household (spousal, parent-children) Support provided during menstruation

Findings

Context: About half of Mumbai's residents reside in slum settings; while amenities in these slums vary, many are characterised by open drains, limited water supply, open garbage facilities, community toilet facilities and cramped living spaces. Study participants comprised in general a mix of long-time and recent migrants. Of the 10 mothers, 4 had completed secondary school (Class 10) and three were working, either full or part time. Of the 10 fathers, 3 had completed secondary school and eight were working, either full or part time. The average age of mothers was 42 years and that of fathers, 49 years. Number of children, respondents have ranged from 1 to 6.

Menstruation related awareness and attitudes in parents: Parents' own knowledge about menstruation varies. For the most part, they are aware of the mechanics – that it is a natural monthly phenomenon lasting 4-5 days, or that pads are an appropriate method to absorb menstrual flow. Beyond this, knowledge is scanty and misperceptions abound. Some parents commented that menstruation is a divine phenomenon, at least three mothers and four fathers considered period blood to be 'dirty'.

Yes, of course. Menstrual blood is dirty (Father, aged 45 years, medical shop owner, Class 12).

It's probably the body getting rid of the bad blood (Mother, aged 54 years, shoe maker, Class 10).

While taboos related to cooking and sleeping apart were loosening, others related to touching pickles were widely held. The taboo that showed no signs of loosening concerned religious activities during menstruation. Every single study participant reported that women and girls should refrain from visiting religious places, conducting religious activities, and even praying at home during menstruation.

Yes, there is a rule regarding praying. During periods, one should not worship, not touch the temple [idols in the home]. (Father, aged 32 years, businessman, Class 10).

Yes, we advise them not to touch pickles during their periods and not to eat sour things. Pickles can go bad if touched. (Mother, aged 40 years, housewife, Class 5).

Menstrual experiences and intergenerational change: All mothers reported first learning about menstruation during their first period, often finding the experience traumatic. For example, one mother reported that she was so embarrassed by what she perceived as an injury, that she informed her mother only after she had stopped bleeding. Mostly, they reported that they informed their mother, and were given cloth to absorb the menstrual blood and informed about the menstruation-related taboos to which they must adhere.

I was studying in school when I first got my periods. I did not tell my mother. I thought I am injured down there. I was shy of my elder brothers and used cloth for periods. I did not know whom to tell. Earlier we were

not explained about these things in school. ... I told my mother after 10 days. Then my mother explained to me that I am having my periods and suggested I should use cloth. (Mother, aged 39 years, tailor, Class 5)

Experiences differed with regard to the mothers' role in preparing their daughters for menstruation. As in their own experience, it was mothers whom girls approached at first menstruation, and who guided their daughters through the experience. They typically provide advice about the mechanics of menstruation – its frequency, appropriate menstrual products, and disposal methods, and introduce them to any cultural or personal restrictions associated with menstruation.

When she first got her periods, she asked me "Mummy, what is this?" I replied "Girls gets this, don't panic, don't fear, every girl gets periods"...I told her that girls get this in this age.... I told her about pads.... I told her to wash her hands after disposing the pad and then again wear a new one.... Wrap it in the paper and throw it. After throwing wash your hands. (Mother, aged 40 years, housewife, Class 10)

Other mothers perceived that unlike them, their daughters were aware of menstruation before it was initiated. In these cases, mothers themselves had little role to play in educating their daughters, and suggested that their daughters had received this information from schools.

No, I have never talked about menstruation to my daughter as these days no one requires to teach them, with time girls learn about it. As of today's date, no one is required to teach girls when their period comes. (Mother, aged 46 years, housewife, no formal education)

She was shy but not scared because kids these days know everything beforehand, so they don't get scared. Back in our time, we didn't know anything, so we were scared. (Mother, aged 38 years, housewife, Class 5)

Another significant intergenerational change was product use patterns, from almost entirely cloth use among mothers to almost entirely pad use among daughters. Unlike themselves, mothers invariably reported introducing their daughters to pads when they started menstruating.

Yes, I told them that we used to use cloth, but now in their time, we don't use cloth because it is dirty. So, we told them to use pads. (Mother, aged 40 years, housewife, Class 5)

Intra-household communication about menstruation: Girls mostly interact with their mothers about menstruation related issues, and not in a single case, with their father. Even so, most mothers maintained a culture of silence, communication was superficial, focusing more on rules than on its significance or management.

I don't let her light up the incense stick and worship the God.... Yes, I don't let her touch pickle. I don't even let her touch the God.... You can do the work but can't touch the God. We should not touch the pickle as it goes bad if we touch it during periods. We can participate in other activities like cooking, going outside, talking to someone. (Mother, aged 39 years, tailor, Class 5)

No, how can I talk to my daughter about that? It's something the mothers handle. Our culture is different. There's not much for me to do in that situation. (Father, aged 45, medical shop owner, Class 12).

Sons are expected to be ignorant about menstrual matters. Neither mothers nor fathers reported communicating with their sons about menstruation, suggesting that there was no need until marriage or that boys obtained their information from their schools, friends and the internet.

You see, in today's world, boys learn about these things quite early. With the internet, I believe they know everything. I don't discuss it with him, and he doesn't discuss it with me, but I'm sure he knows... What is there to discuss? He must already know... The environment is such, with the internet and mobile phones, they see all kinds of ad. (Father, aged 53 years, bag-maker, no formal education)

Spousal interaction about menstruation was reported by both mothers and fathers, but was limited. Typically, women informed their husband about their own menstrual problems, and conveyed to their husbands information about when their daughters started menstruating, but fathers played no direct role in discussing menstruation with daughters. Both mothers and fathers acknowledge that fathers are uninvolved in addressing their daughters' menstrual health needs, and at least two fathers suggested that their main concern was to ensure the virtue of their daughters:

No, He's not that involved in household matters. These things are my responsibility ... We don't discuss anything related to menstruation with my husband. He's at work in the office, so how can he help? (Mother, aged 42 years, housewife, Class 10)

I told my wife to make our daughter understand about these things and told my wife to ensure that our daughter is not under the influence of anyone and she [wife] should more care of her [daughter] now... [now that she has started her periods]. ... (Father, age 45, rickshaw driver, Class 3).

Men's involvement in menstrual health typically includes purchasing pads for their wives or daughters (2 fathers) and, in some cases, accompanying their wife to seek care for menstrual issues (4 fathers). Additionally, a few fathers (4) reported assisting with household chores if their wife was menstruating or experiencing menstrual discomfort. Despite this support, fathers in general remain hesitant about talking about these issues.

She [the wife] takes care of it herself. In our community women are not supposed to tell us these things.... No, she goes herself [to buy pads]. We don't even ask her about these things. We think that it is wrong for men to talk about these things. My wife discusses about these things with her mother or mother-in-law.... (Father, age 61, Class 3).

Discussion: Menstrual health of girls and young women in poor settings has remained poorly studied in India, and the role of parents in ensuring safe practices particularly so. Our analysis fills many gaps in evidence: it focuses on a disadvantaged subset of urban population; it draws on the perspectives of young people's leading gatekeepers, namely their parents; it explores the extent of male engagement in menstrual health practices; and it identifies intergenerational changes in knowledge, attitudes and practices, and the role that parents play in supporting girls to navigate menstruation.

Our findings are consistent with previous studies conducted in highly gender-stratified settings in several ways. Parent-child interactions continue to be governed by adverse norms and menstruation continues to be perceived as a 'feminine subject' (Chandra-Mouli & Patel, 2017; Ahmad et al., 2021; Shah et al., 2023). At the same time, as observed in other LMIC, knowledge and understanding about menstruation among both mothers and fathers remains limited (Boakye-Yiadom et al., 2018; Chandra-Mouli & Patel, 2017; Shah et al., 2023; Shah et al., 2019; Mason et al., 2017; Mohammed & Larsen-Reindorf, 2020), and likely is a factor contributing to the persistence of traditional practices across generations observed in our study. Taboos and stigma continue to characterise menstruation (McCammon et al., 2020; Gold-Watts et al., 2020; Dalai et al., 2024), most notably with regard to prayer and participation in religious activities, food and cooking, and communication about menstrual health, especially with men.

Yet positive intergenerational change has taken place and period poverty attenuated in some ways. For one, many do not keep their daughters indoors, or restrict them from attending schools or colleges during menstruation. Several suggest that girls (and boys) are educated about menstrual hygiene in the school setting or the internet. Perhaps the most important change is the shift from use of cloth to safe menstrual products. Yet challenges persist. Most often articulated is the unaffordability of pads from the private sector (Dalai et al., 2024) and the sporadic supply of free pads from government (Chandar et al., 2018). Although WASH conditions have improved, lack of toilets within the home and improper disposal of period products raise concerns about the effective management of menstrual health in slums.

The study also has some limitations. As all qualitative studies, findings may not be generalisable. Moreover, it relies on the perspectives of parents and does not corroborate findings with those of children. Even so, the study underscores period poverty as a critical yet often neglected reproductive health issue in disadvantaged settings. It calls for action at multiple levels: improving menstrual health education for parents to shift mindsets and enhance communication, involving boys in supportive roles, and addressing infrastructural challenges like access to period products and WASH facilities.

Quantitative analysis will be completed shortly and we anticipate expanding this qualitative analysis to include corresponding insights from the survey.

References

- Ahmad, A., Garg, S. G., Gupta, S., & Alvi, R. (2021). Knowledge and practices related to menstruation among Lucknow college students in North India: results from a cross-sectional survey. *medRxiv (Cold Spring Harbor Laboratory)*. <https://doi.org/10.1101/2021.02.10.21251460>
- Alexander, M., Garda, S., & Kanade, S. (2006). Romance and sex: premarital partnership formation among young women and men, Pune district, India. *Reproductive Health Matters*, 14(28), 144–155.
- Babbar, K., Martin, J., Ruiz, J., Parray, A. A., & Sommer, M. (2022). Menstrual health is a public health and human rights issue. *The Lancet Public Health*, 7(1), e10–e11. [https://doi.org/10.1016/s2468-2667\(21\)00212-7](https://doi.org/10.1016/s2468-2667(21)00212-7)
- Boakye-Yiadom, A., Aladago, D. A., Beweleyir, J., Mohammed, H. B., Salifu, M. F., & Asaarik, M. (2018). Assessing the knowledge, attitude and practice of menstrual hygiene management among junior high schools adolescent females in the Yendi municipality in the northern region of Ghana. *European Scientific Journal ESJ*, 14(36). <https://doi.org/10.19044/esj.2018.v14n36p467>
- Chandar, D., Vaishnavi, Y., Priyan, S., & S, G. K. (2018). Awareness and practices of menstrual hygiene among females of reproductive age in rural Puducherry – a mixed method study. *International Journal of Adolescent Medicine and Health*, 33(1). <https://doi.org/10.1515/ijamh-2017-0221>
- Chandra-Mouli, V., & Patel, S. V. (2017). Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reproductive Health*, 14(1). <https://doi.org/10.1186/s12978-017-0293-6>
- Dalai, S., Malini, D. S., Satapathy, D. M., & Patro, S. (2024). A qualitative analysis of urbanization and menstrual health among young women. *Cureus*. <https://doi.org/10.7759/cureus.56390>
- Gold-Watts, A., Hovdenak, M., Daniel, M., Gandhimathi, S., Sudha, R., & Bastien, S. (2020). A qualitative study of adolescent girls' experiences of menarche and menstruation in rural Tamil Nadu, India. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), 1845924. <https://doi.org/10.1080/17482631.2020.1845924>
- Government of Maharashtra. (2024). *Slum Rehabilitation Authority: Department History*. Slum Rehabilitation Authority, Government of Maharashtra. Retrieved September 11, 2024, from <https://sra.gov.in/page/innerpage/departement-history.php>
- International Institute for Population Sciences (IIPS) & Population Council. (2010). *Youth in India: Situation and Needs 2006–2007*.
- Mason, L., Sivakami, M., Thakur, H., Kakade, N., Beauman, A., Alexander, K. T., Van Eijke, A. M., Laserson, K. F., Thakkar, M. B., & Phillips-Howard, P. A. (2017). 'We do not know': a qualitative study exploring boys perceptions of menstruation in India. *Reproductive Health*, 14(1). <https://doi.org/10.1186/s12978-017-0435-x>
- McCammon, E., Bansal, S., Hebert, L. E., Yan, S., Menendez, A., & Gilliam, M. (2020). Exploring young women's menstruation-related challenges in Uttar Pradesh, India, using the socio-ecological framework. *Sexual and Reproductive Health Matters*, 28(1), 1749342. <https://doi.org/10.1080/26410397.2020.1749342>
- Mohammed, S., & Larsen-Reindorf, R. E. (2020). Menstrual knowledge, sociocultural restrictions, and barriers to menstrual hygiene management in Ghana: Evidence from a multi-method survey among adolescent schoolgirls and schoolboys. *PLoS ONE*, 15(10), e0241106. <https://doi.org/10.1371/journal.pone.0241106>
- Parija, P. P., Sharma, N., Salve, H. R., Kumar, R., Yadav, K., & Mandal, S. (2022). A qualitative study regarding menstrual hygiene in a rural community of Haryana, India. *Journal of Tropical Pediatrics*, 68(6). <https://doi.org/10.1093/tropej/fmac083>
- Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle-income countries. *Global Public Health*, 10(2), 189–221. <https://doi.org/10.1080/17441692.2014.986169>
- Shah, S. F., Punjani, N. S., Rizvi, S. N., Sheikh, S. S., & Jan, R. (2023). Knowledge, Attitudes, and Practices Regarding Menstrual Hygiene among Girls in Ghizer, Gilgit, Pakistan. *International Journal of Environmental Research and Public Health*, 20(14), 6424. <https://doi.org/10.3390/ijerph20146424>
- Shah, V., Nabwera, H. M., Sosseh, F., Jallow, Y., Comma, E., Keita, O., & Torondel, B. (2019). A rite of passage: a mixed methodology study about knowledge, perceptions and practices of menstrual hygiene management in rural Gambia. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-6599-2>
- Shekhar, M., Ghosh, S., & Panda, P. (2007). Exploring safe sex awareness and sexual experiences of adolescents in Patna. *Economic and Political Weekly*, 42(48), 48–55.
- World Health Organization. (2007). *Helping parents in developing countries improve adolescents' health*. <https://iris.who.int/rest/bitstreams/51940/retrieve>
- World Health Organization. (2022). *WHO statement on menstrual health and rights*. <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>