Menstruation is a biological reality, which differentiates a female from a male. Menarche and menstruation are issues that all females will face with the onset of puberty till their menopause. Menarche signifies the beginning of reproductive capabilities and the time when secondary sexual characteristics develop. As the most distinct event of female puberty, it is a sign of both physical maturity as well as fertility (White, 2008). Rierdan et al (1983) research demonstrates that although a girl's body changes gradually, it is at menarche that the girl recognizes the changes and conceives of herself differently. In India, whether or not puberty is greeted by ritual, a majority of females experience sudden restrictions of freedom after menarche (Carmela et al, 2001). Anandalakshmy (1994) found that post menarche many girls are immediately prohibited from interacting with males, including family members. Menstruation has always been enclosed by varied perceptions all over the world. It is generally visible as a physiological marker of the transition from childhood to adulthood. Its impact depends on the preparation that girls receive in school and at home for the changes that will occur when their first menstrual period arrives, as well as for the lifelong changes that follow (Carmela et al, 2001).

With this as background, the present study attempts to explore and understand the socio-cultural constructs related to menarche and menstruation among tribal adolescents of Kargil District of J&K state of India. Kargil is a geographically isolated and one of remotest district of not only of Jammu and Kashmir State but also of India as a whole. The traditional way of life and culture of the region is unique in many ways. To a larger extent this area is still untouched by other cultures and has continued to preserve its cultural uniqueness. It is this context that the present study was carried out with the following objectives: (i) to study and document in the tribal setting the socio cultural beliefs/myths, and taboos /restrictions related to menarche and menstruation; (ii) to study the adolescent girls perception about the socio cultural constructs of menarche and menstruation and their adaptability to it; (iii) to assess the intergenerational continuity and transition in the menstrual knowledge, attitude and practices of sample tribal females.

The sample for the study comprised of 520 tribal respondents of Kargil district, which was divided into 3 groups. The core group of the study comprised of 320
unmarried adolescent girls in the age group of 14-18 years, who were selected in equal numbers from Balti and Purig tribe. The entire group of selected girls was currently enrolled in high and higher secondary schools of the district. The 2nd group consisted of 100 mothers (50 from Purig tribe and 50 from Balti tribe) who had at least one adolescent daughter, and the 3rd group consisted of 100 grandmothers (50 from Purig tribe and 50 from Balti tribe) who had at least one adolescent granddaughter experiencing menstruation, drawn equally from the two tribes. A combination of random and purposive sampling technique was used for selecting the sample. Out of the 09 blocks of Kargil District, Kargil block and Sankoo block was selected purposively because of having a high concentration of the desired tribe (Balti and Purig tribe). The sample adolescent girls were drawn randomly from a total of 12 schools (6 from Kargil block and 6 from Sankoo block); whereas the mothers and grandmothers were selected through snowball sampling technique from 10 villages (5 villages each from Kargil and Sankoo block). The tools used for data collection included: Interview, Checklist method, and Focus Group Discussion and Standardized rating scale. The data was analyzed through content analysis and statistical techniques using SPSS 16.0 version.

Results of the study reveal that Purig and Balti tribes are two predominant tribes of Kargil region having common cultural lineage and religious faith (followers of Islam). Purig tribe are dominantly found in most of the Kargil region; while Balti tribe occupies only in few villages of Kargil namely; Hardas, Latoo, Chanigun, Karkitchu and Balti Bazar. As the sample females of both Purig and Balti tribes of Kargil were followers of Shia sect of Islam so, no significant differences was noted on their religious practices and most other associated aspects. Both tribes followed the same religious book namely ‘Resala’ and ‘Tofa- ul-Awam’ and it was found that many of the prevalent menstrual taboos of the region are religion based, so their practices were ultimately quite similar. Culturally there may be some differences in life style of the two tribes but no differences were found regarding their menarche and menstrual customs. Practices related to menstrual hygiene, diet, disposal of sanitary material were quite similar in both the selected (Purig and Balti) tribes. Both tribes mostly viewed menstruation as a secret and hidden topic and considered menstrual blood as impure and dirty. Many other researchers
in different parts of the world including India have also reported that women are considered unclean and untouchable during their menstrual periods (Thakur, 2014; White, 2008; Jamadar, 2012; Patil et al 2011; UNICEF, 2008; Talwar, 1997; Walker, 1997, Lovering, 1995). Bharadwaj and Patkar (2004) also reported that in countries such as Nepal, Bangladesh, Pakistan, and India, women have been taught that menstrual blood is dirty, smelly, and unclean, and that they are to be shunned or isolated during their menstrual period.

Both the selected tribes (Purig and Balti) of Kargil did not perform any rituals nor have any traditional folk form like folk songs, stories, games and art based on menstruation at the time of a girl’s attaining menarche. In fact, there is an attempt to hide it from others, because menarche is supposed to signify the age of the girls so, in order to hide the age of girls, mothers often tried to hide the initiation of menarche among their daughters. There is a strong code of silence to be maintained about this crucial stage of a girl’s life. Menarche is not seen as an event to be celebrated but rather girls have to experience it quietly and in private. In contrast to these findings, many other tribal groups of India such as those located in Central India, lower Assam, and Kerala visualize menarche as a crucial period in a girl’s life and commemorate it in order to greet the girl into the world of adulthood (Goel and Kundan, 2011). The concept of impurity is closely associated with menstruation among the females of Kargil. Menstruation blood is considered dirty and menstruating female is also visualized as impure and unclean.

Most sample tribal females across generations girls, mothers and grandmothers viewed menstruation as a sign of fertility and ability to continue one’s own race and lineage. However, an analysis of the construction of menarche and menstruation among Purig and Balti tribe of Kargil reveals that these continue to be a largely private affair with a strong code of silence associated with it. Different words belonging mostly to their local dialect are used to describe menstruation. ‘Chaddu or Tsetu’ is the most typical local term or euphemism used to notify both menarche and menstruation which means, ‘dirty or unclean,’ in their local Kargili language. Formally, the women of Kargil mostly used the word ‘Aadat’ and ‘Haiz’ to denote menarche and menstruation in both the
tribes. ‘Aadat’ is an Urdu word which means ‘habit’ and ‘Haiz’ is an Arabic word which means ‘sign’. Comparatively, the younger girls today used words such as ‘Aandhi,’ ‘Important’, ‘Bakhmo’, ‘Chutti/holiday’, ‘Amatsey’, ‘Aunty’, ‘Mehman’ and ‘Flood’ to signify menstruation. This shows that words of English are also replacing the local euphemism among the younger generation. Likewise, Perkin (1993) found that Victorian women used phrases such as ‘turns’, ‘monthlies’, ‘and the ‘curse’, ‘the unwell’ to signify it. Golub (1992) listed about 53 euphemisms associated with menstruation. Study conducted by Yeri (2004) in Ethiopia found that the females often used euphemism instead of speaking off it directly. Some of these were, “monthly ration, red candy, the red king, red traffic light is on, it is raining, the push, joy of the month, the guest of the 28th etc”.

The sample tribal females of Kargil acknowledged that menstruation is beneficial for every woman, as it is a landmark or a symbol of complete womanhood. From the older times to the present there has been some change in the life of the people of Kargil. Living conditions were not very conducive a couple of decades ago. The females of grandmother’s generation narrated how menarche and menstruation were distressing events mainly due to poverty, illiteracy and ignorance. Unavailability of readymade sanitary materials and in some cases even clean absorbent cloth pieces coupled with no provision of underwear (panty) were a cause of much menstrual discomfort among the females. Many older generation women reported that they used to wear tight under pants in order to hold the cloth in place and reported to wear a tear cloth around their waist like a belt and place the cloth in between the belt. This served as a menstrual protective material for them. Others narrated how they used cloth woven from yak hair and filled with dung to serve as a protective material. Along with this existence of much stringent beliefs and taboos made menstruation a disliked process. Availability and usage of readymade protective menstrual material is comparatively a newer phenomenon in Kargil, having its origin only to the last 20 years or so. The last two decades has seen growth in the availability of such material across medical and provisional stores of Kargil. Probably, owing to these factors, even today women continue to nurture not a very positive attitude and feelings towards menarche and menstruation.
Interaction with the females of the two tribes highlight that there are many beliefs/myths and taboos/restrictions associated with menarche and menstruation. These beliefs and taboos have generally been passed from older generations to newer generations for many years now. Same view is also acknowledged by various other researcher like Kumar and Shrivastava, 2011; Costos et al, 2002; Charlesworth, 2001; Houppert, 2000; Cronje & Kritzinger, 1991; Delaney et al, 1988. It is in fact, difficult to cite when and from where these beliefs and taboos came into existence, but all menstruating females emphasized that they had followed these beliefs and taboos.

Some of the prominent and commonly held beliefs/myths include: Menstrual blood is “dirty blood” that does not come out of the body when one misses her period; Eating hot food during menstruation helps in early cleansing or expelling of the menstrual blood; Menstruation symbolizes psychological and physical maturity among females; Bathing during menstruation causes cessation/stoppage of menstrual blood; Bathing during menstruation leads to impurity or contamination of body; Women must hide menstrual protection product/material because ones whose blood-stained clothes are seen by others is a great sinner; Sex during menstruation is a great sin; Disposal of used sanitary materials by burning leads to infertility; Women whose protective materials are sniffed by dogs become infertile; Menstruation that does not appear on the exact day of the month is irregular; It is very disgraceful for females when a man finds out that a woman is having her period. All these beliefs and myths highlight the notion of menstrual blood as being dirty or contaminating. Menstruation is also associated with maturity and fertility but again the concept of sin or curse is also associated with those who do not hide menstruation and menstrual material from others. These signify that in a way the menstrual beliefs and myths are a means of controlling not only the minds and bodies of females but also their behaviour and everyday life. Everything that a female does or thinks is controlled by these customary beliefs and myths. The older generation of females especially the grandmothers and mothers have diligently followed and believed in these myths. However, many young sample adolescent girls either thought of these beliefs as erroneous or were not sure about the authenticity or practical viability of these beliefs. Young girls probably owing to their education or media influences find
many of these beliefs and myths outdated and objectionable. Between the two tribes, it was found that more Balti grandmothers and mothers confirm to various beliefs and myths associated with menstruation. Among the girls however, no major differences were noted according to their tribe.

Females of both Purig and Balti tribe of Kargil face specific religious taboos to which include taboo/restrictions on prayers (Namaz and Quran), on visiting any Holy places (Mosque/Dargha), and on observance of Roza during Ramadan. These religious restrictions were enforced very strictly in the given community. No deviation on these religious restrictions was allowed as the concept of “sin” and “curse” was associated with defaulting. The religious taboos were clearly defined in the religious books namely ‘Resala’ and ‘Tofa-ul- Awam’ indicating the strong hold of religion on menstruation among females. The entire account highlights that Islam considers menstrual blood as najis (polluted) and haram (very dirty). Islam has a profound role to play in constructing concepts related to menstruation. No doubt that all these restrictions were implemented on all females who are menstruating but it was also found that majority of females from Kargil district were unable to give explanation behind various menstrual practices and taboos. They just followed it because were asked to do so by their mothers, grandmothers, sisters and their religious preachers (Sheikh and Aagas). UNICEF ESARO (2008) findings also mention that in traditional Islam, a menstruating woman was considered vulnerable and polluted; therefore she could not pray, fast, or have sexual intercourse. Zabran (1997); Kareem et al (2016) also found that in Islam, a menstruating woman is not allowed to enter the mosque for prayer, touch the Quran, or fast during Ramadan, moreover, she cannot practice sexual intercourse or have divorce at this time. Just like Islam, among Hindus as well the menstruating woman is considered as impure or polluted (Chawla, 1992; ApffelMarglin, 1994). The impurity was considered only during the period, and ends immediately thereafter. Hindu females during their periods cannot enter the temple, nor can see the God images; enter kitchen or pooja room and in some cases have to sleep separately during menstruation (Arumugam et al, 2014; Kaundal and thakur2014). A woman experiencing her period cannot be part of religious
cerebrations for the first 4 days of the cycle (Thakre, 2013; Selvi and Ramachandran 2012).

Likewise, Russian Orthodox Christians also continue to believe in menstrual taboos. Menstruating women must be isolated during menstruation and are restricted to attend church services or have contact with males. Coptic Christians in Ethiopia also implement restrictions on women during menstruation. Menstruating women are not permitted to enter a church or kiss religious icons (House et al, 2012). Jewish law also explicitly forbids any physical contact between male and female during the days of menstruation and for a week and eating together from the same plate, including “passing objects between each other, sharing a bed, sitting together on the same cushion or couch, smelling her perfume, gazing upon her clothing or listening to her song” (Keshet, 2003).

All this indicates that most religions worldwide still continue to place some restrictions on a menstruating female especially in her performing of religious activities. Like elsewhere the Islam following population of Kargil also believed in adhering to the religious restrictions and taboos. The religious construction of menstruation continues to it being regarded as dirty and a secret topic.

Apart from these, females of Kargil district faced some restrictions/taboos owing to cultural factors. Many of these cultural practices and taboos did not have any scientific base to their credit nor was there any religious reference to these but the taboos continues to be passed from one generation to another. Probably because these are followed since long therefore these have become part and parcel of the social system. Even though there was no any strict punishment for the female not following these but these are associated with social stigma. It is considered as a matter of shame and embarrassment in the society if one does not follow these cultural taboos. Even if girls/women are suspicious about the authenticity or applicability of these taboos, they continue to follow these because it was a symbol of social conformity and social acceptance. These were taboos/restrictions related to open discussion on menstruation. Women of selected tribes of Kargil reported that “menstruation is a topic that is not be discussed openly as it is seen as a matter of shame and embarrassment”. Further, talking about such issues in front of males is all the more forbidden. All menstrual material is to
be hidden from others especially the males. There were restrictions on open display and buying of menstrual sanitary/material along with the secret disposal of such material. Females sharing with males about menstruation are supposed to committing a sin. Also, a menstruating female is not supposed to bath, swim in the stream and could not apply Henna (Mehandi) again due to the fear of polluting her own self and her surroundings.

Similarly, Morrow, (2002) and Sadiq and Salih, (2013) conducted a study in Baghdad concluded that certain practices restricted during menstruation include bathing and physical activity. Dietary restrictions were also mentioned to be a part of the social tradition. Bharadwaj and Patkar (2004) too reported that in countries such as Nepal, Bangladesh, Pakistan and India, women have been taught that menstruation is shameful. Similarly other researcher like Thakur, 2014; White, 2013; Jamadar, 2012; UNICEF, 2008; Talwar, 1997; Walker, 1997; Lovering, 1995 also found that women cannot discuss openly about menstrual issues because of cultural silence attached with menstruation. Taboo on open display and buying of menstrual sanitary/material is also followed in other countries like Afganistan, Pakistan, Blovia, Iran, and Bangladesh. Cultural taboos also include avoiding sour foods for fear of a smelly period, not touching certain food items to prevent contamination and the general belief that menstruation dispels contaminated/toxic blood (Morley, 2014; Thakur et al, 2014; Sadiq & Sahil, 2013; Selvi & Ramachandran, 2012; Kumar & Shrivastava, 2011; UNICEF, India 2008; Puri & Kapoor, 2006). All this highlights that like many other societies, Kargil tribals continue to practice many cultural taboos and restriction related to menstruation. In fact, these cultural constructs provide a unique dimension to the entire process of menstruation.

In sum, among the selected Muslim tribes of Kargil, menstruation is a shameful and embarrassing process which is clouded by multiple beliefs, myths, taboos and restrictions. Most of the beliefs and myths continue to be passed from older to newer generations with only a limited change or modification. On the other hand, menstrual taboos and restrictions are more diligently followed owing to the religious connotations attached. Most taboos are blindly adhered to because of the underlying religious flavour, signifying how the religious principles tend to influence menstruation and related activities. The cultural taboos are also followed because it ensures social acceptance and
prestige. The females of Kargil continue to be so strongly influenced by these socio-cultural beliefs/myths and taboos/restrictions that they dislike the entire process of menstruation itself. Deviation from the practised and believed norms is not allowed and in fact, never thought about mainly because of the fear of social alienation and stigma.

With regard to the communication concerning pubertal development, many of young respondents acknowledged sharing poor communication with their own mothers. It was found that majority (43.4% girls and 100% of mothers and grandmothers) of the respondents across the three generation revealed that they found it ‘very difficult’ and another 30.6% of girls found it ‘difficult’ to communicate with their mothers on pubertal issues. They also reported that they felt very ashamed to discuss about pubertal changes especially with elders females of the family. Some of the respondents from grandmothers group reported that they even tried to hide the matter as much as possible because of shyness, hesitation and uneasiness and always tried to manage the matter in isolation. Delaney et al, 1988 found that substantial majority of U.S. adults and adolescents also believe that it is socially unacceptable to discuss menstruation, especially in mixed company. However, all sample grandmothers and majority mothers reported that they were completely satisfied with the information provided by their own mothers and grandmothers regarding menstruation. These respondents did not find any deficiency in the information that was imparted to them by their mothers and grandmothers. The results reveal that many of the females in Kargil still can’t distinguish the difference between complete and incomplete information about menstrual issues; whatever the information they received, they seemed satisfied with that.

Unfortunately, the adolescent girls of Kargil are left on their own to gather information about these important physiological and reproductive processes. Changing socio-cultural environment does however; makes the teenage girls desire information from various sources such as media, schools, teachers and friends. Costos et al, 2002; Charlesworth, 2001; Houppert, 2000; Cronje & Kritzinger, 1991 also reported that “even today menstruation is a secret of mother and daughter in many families. It is not discussed in the open”.

Socio-Cultural Constructs Related to Menarche and Menstruation among Tribal Adolescents of Kargil District
On tribal girls’ adaptability towards the menstrual beliefs and myth, the results reveal that majority of girls from both tribes did not follow the belief that one should avoid daily bathing and hair washing during menstruation, not cutting off nails or hair during menstruation and also did not believe in adhering to dietary restriction during periods. The girls were more flexible and had altered these beliefs according to their convenience and situation. However, the girls were found to be following many other practices such as those related to storage and disposal of used material/sanitary material. Since, the menstrual blood is considered contaminated and something not to be visible to others, probably the disposal of such material was done in complete secrecy and seclusion. It was found that majority of girls from both tribe avoided disposing used materials by burning, but instead they disposed the used material in river and that too after proper washing. Beliefs like public hiding of menstrual cloths and protection products was practically followed by majority of the girls because these respondents were of the notion that those who see such clothes, especially if blood-stained, will be cursed. However, the girls had completely abandoned some of the others beliefs such as; avoid sharing same blanket with menstruating women; avoid eating together or sharing food on same plate with menstruating women, and avoid crossing or walking over any baby clothes.

Certain beliefs and myths associated with menstruation are such that they are not practically implementable but are rather ideological in nature. These are beliefs which would indirectly affect the practices but were at the same time directly impacting the attitudes and perception that females hold towards menstruation. The beliefs which majority of sample adolescent girls still agreed and reported as true included, ‘The period affects the performance of women at work’, ‘It is embarrassing when a man finds out that a woman is having her period, ‘Menstrual Blood smells bad’, ‘Menstruating women and girls are unclean’, Menstrual blood is “dirty blood”, ‘It is important to keep the period a secret’. The results highlight that the adolescent girls of both the tribes have modified some of the prevalent socio-cultural constructs, while others are still practised and believed to be true. This implies that slowly but steadily the tribal adolescent girls also try to unfollow some of the constructs that they feel are outdated and not of much utility.
Others researchers (Sangeetha et al, 2012; Selvi and Ramachandran, 2012; Thakre et al, 2011) have also noted that the girls of the current generation have modified some of the age old traditions and practices related to menstruation.

Extensive misunderstanding and lack of knowledge about vital concepts of reproductive physiology and menstruation among the tribal females was also noted. It was found that all mothers and grandmothers from both tribes and more than half of the sample adolescent girls felt that menstruation means release of impure blood, is a sign of fertility and symbol of maturity for marriage. Mundey et al, 2010; Chaudhari, 1998; Khanna et al 2005 also found that there was a low level of awareness about menstruation among the girls when they first experienced it. All mothers and most grandmothers and adolescent girls did not have adequate knowledge about the causative factors leading to occurrence of menstruation and majority of them didn’t know exactly why it is occurs. The girls were not able to differentiate between urethral and vaginal opening. This shows the low level of knowledge among girls about female anatomy. Arumugam et al, (2014) and Nemade et al (2009) also found that majority of girls are not aware about the cause and the exact anatomical organ involved. According to females of Kargil menstruation occurrences is indeed essential for every female as one gets rid of spoiled or dirty blood from the body and it helps to detoxify our body. Purig girls showed slightly better knowledge than their Balti counterparts.

Even though menstrual knowledge and practices during menstruation were unsatisfactory among majority of the girls from both the tribes but the present generation girls had better sanitary facilities available. Improved living condition and medical facilities could be the attributing factor for this. The current existing practices of the adolescent girls related to menstruation especially those associated with their health and hygiene, diet, and daily activities are far better than older generation females. However, there is still a need to educate the girls about the facts of menstruation, physiological implications, significance of menstruation, and adequate hygienic practices. All sample mothers and grandmothers and some of the adolescent girls respondents reported that during menstruation their daily activities were affected but they don’t let their work
suffer, so they carry on with their daily job except prayers while enduring the pain. The results overall highlight that even today females of Kargil tend to have insufficient and incomplete information related to menarche and menstruation.

Over all analysis of the female respondents’ attitude towards menarche and menstruation reveals that majority of them across the three generations had low acceptance of menarche and held moderate attitude towards menstrual symptoms. Many of them felt ugly and gross during their periods. Majority adolescent girls had moderate to low level of openness towards menstruation, while most mothers and grandmothers were moderately open towards it. The results highlight that there still exists a ‘culture of silence’ among females themselves about this crucial physiological process. Further, not surprisingly majority of the respondents held very low positive feelings indicating that all the females were not happy and excited during menstruation nor they were pleased, proud or felt special while having their periods. Those having highly negative feelings towards menstruation found menstruation, “scary and uncomfortable”. They were also bothered about buying pads from male shopkeepers, embarrassed to ask questions about periods and disliked its unexpected nature. On living with menstruation dimension, it was found that majority of female respondents across the three generations held low attitude towards it. Overall, the findings reveal that majority of sample tribal females held low level of acceptance, openness, positive feelings and living with menstruation but moderate to high negative feelings towards menstruation indicating that though this is a regular and important feature of a grown up female yet the sample females across the three generation found it difficult to accept it completely and hence had more negative feelings than positive feelings. Probably, the entire menstruation process is constructed as ‘dirty’, ‘unwelcome’ and a ‘top secret’ that the females themselves have the tendency of developing more negative and unacceptable attitude towards it. Katheryn (2004); and Mathews, (1995) reported that girls prior information related to menarche is important to develop positive attitude towards menstruation. The more educated they are prior to menarche, the more positive attitude will likely to develop at initial experience towards this physiological process (Marvan & Trujillo, 2009; Ruble & Brooks-Gunn, 1982). A study done by Katherine and Hoerster (2003) reveals that American women scored...
significantly higher on attitudes and knowledge about the menstrual cycle as compared to Indian women. They were much prepared for menarche than Indian women.

As far as the personal menarcheal experience of the respondents was concerned, majority of the respondents across the three generation had prior information about menarche before its onset. Most of them know about menarche before experiencing it, similar results were noted by Shanbhag et al, 2012; Das gupta, 2008; and Kamaljit et al, 2012. In spite of being aware of menarche the females showed and experienced multiple mental reactions at the commencement of menstruation. Fear and surprise were most experienced reactions, which indicate that many females are not fully prepared and accepting of menarche at its onset. Older generation (mother and grandmothers) females had gained insight about it from Religious books like ‘Resala’ and ‘Tofa-ul-Awam’ followed by friends, mothers and sisters/sister-in-law. Whereas, in case of younger generation adolescent girls friends, school science text book as well as religious books were the dominant source of information. A study conducted by Juyal et al (2012) in Uttarakhand, also found that friends were the first source of information for majority of the girls. Indeed, majority of respondents received post menarcheal information/advice from their elder females. However, the nature of information they received pertained mostly to prohibitions and restrictions during menstruation and lacked scientific information about physiology, cause and other aspects. For the sample girls the second most important source of information were their mothers. This finding is also in accordance with those of Thakre et al (2011) and Katiyar et al (2013).

Majority of older generation women (mothers and grandmothers) were satisfied with the information provided by their respective mothers and grandmothers but the young generation girls was not satisfied with the information provided to them. They reported that their mothers and grandmothers were uneducated and lacked scientific and accurate knowledge about menarche and menstruation. With respect to the type of protective material used at menarche it was found that all the mothers and grandmothers used old torn cloth, whereas in case of adolescent girls majority (82.1%) used cloth, followed by sanitary pad. In parallel to this analogous studies by Roy et al, 1999 at rural
Khanna et al (2005) in Rajasthan found that large majority of the participants used re-usable cloth during menstruation. The results also revealed dysmenorrhea complex like abdominal pain, and pain and lethargy or fatigue, were the most common physical problems encountered by majority of females in this study. However, they did not pay special attention to dysmenorrhea complex as they did not believe in taking any special remedy or treatment for menstrual pain nor did they let their work or performance get affected by it. Many of them reported to tolerate the pain in the hope that it is only for few days and this anticipation helps most of the females to endure the pain. Similarly, a study in New Zealand showed many adolescent girls always experienced some pain during their menstruation (Farquhar et al, 2009). In Taiwan, a study among young girls aged 10–12 years reported that the girls experienced physical and emotional difficulties during menstruation (Chang et al, 2014).

The hygienic practices during menstruation were unsatisfactory among majority of females from both the tribes. Large numbers of older generation females of Kargil were ignorant, holding negative perception and following unsafe practices related to menstruation, probably because of illiteracy, poverty and other related factors. The results also highlight that most sample females go through their periods very secretively without really bothering to figure out if their practices are hygienic in nature or not and the trend is still being followed in majority of the cases. The females of Kargil continue to be susceptible to urinary tract infection and other gynaecological problems owing to poor menstrual hygiene. The mothers and grandmothers themselves did not know the adverse consequences of unhygienic practices during menstruation as a result they failed to guide their offspring about the safe and hygiene menstrual. Bhatia and Cleland 1995 also reported that poor personal hygiene and unsafe sanitary conditions result in the girls facing gynecological problems. El-Gilanya and Badawi, (2005) also found that menstrual disturbances are the commonest presenting complaint in the adolescent age group and unhygienic practices during menstruation can lead to untoward consequences like pelvic inflammatory diseases and even infertility.
Comparatively Balti females were more stringent of menstrual beliefs and myths. Further, their knowledge and healthy menstrual practices were also low, indicating probably the influence these two aspects can have on each other.

Positively, the present generation girls are having better concept with respect to use of undergarments even when not menstruating, washing of external genitalia, use of protective material like readymade sanitary pads etc. probably because of education, media influences etc. Yet the storage and disposal of all menstrual sanitary material was done with complete secrecy. Better ways of storage and disposal can be taught to the young girls. Thus, the above findings reinforced the need to encourage safe and hygienic practices among young adolescent girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation.

On the basis of the current research it can be concluded that menstruation is associated with impurity in one or the other form according to both religious and cultural perspective among the selected tribes (Purig and Balti) of Kargil. More essentially, menstrual practices always included various form of restrictions being imposed on females. Multiple beliefs/myths, taboos/restrictions exists which all signify menstruation as unwelcomed, dirty and complex. Even today females tend to follow these constructs with only a few modifications. Young adolescent girls of current generation follow many of these beliefs and restrictions and have been able to abandon only a few of them. Their knowledge and practices reflect a picture of widespread misinformation and unawareness. Menstrual hygiene is poor and along with this the attitude of females towards menarche and menstruation, also continues to be negative.

There is a need to cultivate a feeling of unconditional acceptance of menstruation by the females themselves. They need to understand that menstruation is a normal physiological process which makes them unique and not inferior or dirty.
DISCUSSION ON THE RESEARCH QUESTIONS

**Question no 1.**

In the specific tribal setting how is menarche and adolescent girls’ menstruation conceptualized?

**Answer:** Menarche is not seen as an event to be celebrated in both Purig and Balti tribe of Kargil. In both these selected tribes it was found that no rituals or folk form like folk songs, stories, games and art based on menstruation are performed at the time of a girls’ attaining menarche. In fact, there is an attempt to hide it from others, because menarche is supposed to signify the age of the girls. It is a private matter to be kept secret from others and never to be publicised. When menstruation is mentioned, it is rarely spoken of directly but more often euphemistically. Chaddu or Tsetu is the most typical Kargili euphemism used to notify both menarche and menstruation which means, ‘dirty or unclean’. Two other words ‘Aadat’ meaning ‘habit’ and ‘Haiz’ meaning ‘sign’ were also used. Comparatively, the younger girls today used euphemisms based on Hindi and English language such as ‘Aandhi,’ ‘Important’, ‘Bakhmo’, ‘Chutti/holiday’, ‘Amatsey’, ‘Aunty’, ‘Mehman’ and ‘Flood’ to signify menstruation. There is culture of silence related to these important physiological processes. Even today it is not appreciated that females ask questions or not follow the customs and beliefs especially those associated with menstruation. Both religiously as well as culturally, menstruation is seeing as unclean and impure and a menstruating female is considered as polluted.
Answer: Menstruation is supposed to be a secret and hidden topic along with being conceptualized as dirty and unclean. There are multiple beliefs and myths; taboos and restrictions attached to menstruation among the unmarried adolescent girls. These beliefs and taboos are engrained as part of their unique cultural and ethnic identity and have been passed from generation to generation. The females of Kargil continue to be so strongly influenced by these socio-cultural beliefs/myths and taboos/restrictions that they dislike the entire process of menstruation itself. Majority of these beliefs and myths are related to everyday activities such as bathing, washing hair, dietary intake, clothing, washing of protective material, disposal of used protective material and sexual intercourse. This highlights that in a way the menstrual beliefs and myths are a means of controlling not only the minds and bodies of females but also their behaviour and life. Everything that a female does or thinks is controlled by these customary beliefs and myths. Similarly, on the other hand menstrual taboos and restrictions are more diligently followed owing to the religious connotations attached. Most taboos are blindly adhered to because of the underlying religious flavour, signifying how religious principles tend to influence menstruation and related activities. The cultural taboos are also followed because it ensures social acceptance and prestige.
Question no 3.

How are the specific socio cultural constructs of menarche and menstruation perceived by the sample tribal adolescent girls?

Answer: Majority of sample tribal adolescent girls perceived menstruation as an unclean, impure and dirty process on which heavy shadows of secrecy are to be maintained. Definitely these cultural and religious beliefs, myths and taboos regarding menarche and menstruation have marked negative impact and reinforced greater insecurities and dislike for menstruation among adolescent girls of Kargil. The sample girls were noted to be following some of the prevalent menstrual beliefs and myths. They were not sure of many of these but continued to at least partially follow these, as they have been communicated to them by their own mother and grandmothers. The girls had abandoned some of the social cultural beliefs and myths which they found totally unnecessary and illogical. This indicates that with changing time at least some of the irrelevant beliefs are being challenged. However, at the same time it was noted that the religious taboos and restrictions were followed without questioning. Cultural restrictions were still flexible but religious taboos could not still be challenged. The girls have accepted these religious constructs completely because of fear of sin and curse. In sum, menstruation still continues to be socio-culturally constructed phenomenon among Muslim tribal adolescent girls of Kargil.
**Question no 4.**

*How have the adolescent girls adapted to these socio cultural components and have moulded these or have ever resisted these?*

**Answer:** The sample adolescent girls have adapted to the various socio cultural constructs of menarche and menstruation. They have moulded some of the prevalent menstrual beliefs and cultural taboos. Dietary restrictions are not completely adhered to, nor practices related to bathing, washing hair, cutting nails are always followed. Situational modifications in the socio-cultural components have been carried out. However, as far as the religious taboos/restrictions were concerned no resistance was ever noted. These had to be followed without any modifications or questioning. Girls themselves mentioned that religious taboos are for their welfare and hence they do not want to resist them.

**Question no 5.**

*What are the existing practices of the adolescent girls related to menstruation such as those associated with their health and hygiene, diet, and daily activities?*

**Answer:** The menstrual hygiene practices of the sample adolescent girls were not very satisfactory. They continue to use cloth along with readymade sanitary pads as menstrual protective material. It was found that no special diet was given to adolescent girls during menstruation, nor any special remedial measures to counter discomfort and pain were taken. Only dietary suggestions were forwarded by the elder females. Though many activities like studying academics, walking, sitting, playing, house hold chores, carrying heavy things were influenced due to menstrual discomfort but most of them did not let their activities get affected by menstruation. There is a need to educate the girls about
menstrual hygiene and health so that menstruation does not become a complicated and difficult process.

**Question no 6.**

*What is the level of knowledge and attitude of the tribal females towards menstruation?*

**Answer:** Expectedly, the knowledge level of mothers and grandmothers regarding menstruation was better than the young adolescent girls. The young adolescent girls of Kargil did not have adequate knowledge about menstruation and female reproductive physiology. There are many areas where the girls showed poor concept about menstruation and lacked in basic knowledge about it. Majority of females across generation did not have the knowledge about importance of taking bath during menstruation, frequency of changing protective material, changing sanitary material even when the menstrual flow is scanty, storage and disposal of used clothes and pads etc. Positively, the present generation girls are having better concept only in case of using undergarments. They also had a concept of washing of external genitalia, and used readymade sanitary pads. With respect to their attitudes towards menstruation, even though menstruation is an important physiological process, yet the results highlights that females had problems in accepting and living with it. They had moderately positive to negative attitude towards openness about menstruation and also towards menstrual symptoms. It was also found that across the three generation, younger females (adolescent girls) showed more negativism than the mothers and grandmothers. Comparatively older generation showed more acceptance, less negativism and were more open towards menstruation than the younger generation. The findings also highlighted incomplete understanding of its importance leading to menstruation being visualized as a negative event. There is a need of educating female adolescents about menstruation by
providing the correct information about menstrual cycle and its physiology at correct age so that they can visualize menstruation as a normal process of body.

**Question no 7.**

*Is there any transition in how menstruation is perceived and experienced across generation (i.e., from grandmother to mothers to adolescent girls)*

**Answer:** The tribal (Purig and Balti) females of Kargil tend to have specific menstrual beliefs, myths, taboos and restrictions. This construction is a part of their unique cultural and ethnic identity and has been passed from generation to generation. Both the tribes conceptualised menstruation as impure, dirty and distasteful phenomenon, which requires no mention in front of others. The elder females especially the grandmothers were very particular about following the menstrual beliefs and taboos. Mothers also to a larger extent followed these concepts. However, some changes were noted among the adolescent girls. They have now started feeling that some of the beliefs were erroneous and were not of much utility. It was only the religious aspects and concepts that the girls could not challenge and had to follow completely. Comparatively, the present generation girls had better medical, health and education facilities. On account of their disadvantaged socio-economic conditions mothers and specially the grandmothers found menstruation a difficult process to manage. Poverty coupled with ignorance made menstruation an event to be scared off. The girls of the current generation are however, more comfortable in managing menstruation. Hence, there is at least some transition in how menstruation is perceived and experienced across generations.
Menstruation in the given tribal community of Kargil is a socio-culturally constructed phenomenon and continues to be surrounded by many unique socio-cultural beliefs, taboos and myths. In spite of this being a normal physiological process yet because of its construction as unclean and impure these tribal females continue to be at a disadvantage. There is a need to relook at these constructs and create an informed society ready to discard practices which stigmatise menstruation. These tribal females continue to be susceptible for reproductive health issues and hence some strategies are suggested for overcoming the adverse effects. Following recommendations are derived on the basis of the study:

1. **Generating Awareness about Reproductive Physiology and Pubertal changes:**
   For ages women themselves tend to have limited and incorrect information about their own bodies and especially their reproductive system. Females continue to look at their bodies and its processes through the images created by the dominant males around them. Talking and communication about reproductive system and pubertal changes is strict taboo in most cultures including that of Kargil. As a result a number of myths and restrictions continue to flourish around menarche and menstruation. The only way these beliefs, myths and restrictions are challenged and overcome is by creating awareness about the reproductive system and one’s own bodies. Scientific and medical knowledge about puberty and pubertal changes is essential for all adolescent girls so that there is unconditional accepting it. For this the following can play a significant role

   a) **Role of Mother:** It is strongly recommended that mothers should pay attention to their adolescent daughters concerns and keep the lines of communication open. The adolescent girls should be taught about pubertal changes and menstrual practices at an early age, in fact before attaining menarche, in order to be prepared emotionally and psychologically for it. Mothers being more experienced can create a home environment that doesn’t stigmatize menstruation and can help in the girls smooth transition to adolescence and youth hood.
b) **Role of Teachers and Schools**: Schools can become harbingers of change and teachers can play an important role in bringing awareness about issues such as knowledge about menstruation, its physiological implications, and hygienic practices. Both male and female teachers should be capacitated on feminine hygiene issues and puberty education so as to empower them in supporting pubescent girls when needed. Materials or books on menstruation should be provided in the schools for girls to read and understand the changes that occur in their bodies. Books can also teach the various menstrual management and hygiene practices. Schools can focus on making reproductive education or in fact family life education a compulsory part of their curriculum.

c) **Role of Media**: Usage of electronic media i.e. television and radio for generating awareness can have far reaching effect. Youth and adolescents are especially attracted and influenced by such media sources and hence can learn about sexual and reproductive health matters more easily. Print media channel i.e. news papers articles, magazines, non academic books, pamphlets, posters especially those, printed in local language can be used to make the growing adolescents aware of their bodies and pubertal changes.

2. **Advocacy through Community Heads/Preachers, Professional and NGOs**: Advocacy through the existing social structure like the community heads, religious preachers, professional workers and Non-govt organization would be very effecting in curbing the effect of the myths and cultural beliefs that surround menstruation. It was too evident from the study that majority of women residing in villages of Kargil were illiterate and mostly depended upon their community leaders and religious preachers (Sheikh, Agas and Akhon) for information related to do’s and don’ts regarding menarche and menstruation. Therefore, the help of these heads and religious leaders can be sought to accept menstruation as part of normal growing up. There is a need to destigmatize the process, in order to help females enjoy better reproductive and sexual health. Health professional such as doctors, health workers and paramedical staff can also be roped in to help develop
Recommendation

Generating awareness about Reproductive Physiology and Pubertal changes

Addressing Secondary social issues

Advocacy through community heads/preachers and professionals

Proactive Government policy and convergence of government schemes

Recommendations of the Study

Fig: 41

3. **Proactive Government Policy and Convergence of various Government Schemes:** Given the remote geographical locale of Kargil, a dynamic change in the life style can be brought about through government initiatives. The government should have a clearly defined policy focusing on menstrual and reproductive health of tribal females. Many government initiatives like ICDS awareness about reproductive physiology and menstrual hygiene. Non-govt organizations already working in health and education sector can also assist in this matter. Awareness camps or trainings programmes, workshops, demonstrations and discussions should be carried out within the schools as well as in the community settings. Since menstruation is a socio-cultural concept here, therefore active participation of all section of society is needed.
Recommendation

schemes, National Health Mission are already in place for addressing issues related to reproductive health and adolescent wellbeing. There is a need to follow an integrated approach in dealing with menstrual and pubertal issues. A multi pronged strategy which addresses all issues such as nutrition, health, education and life skills among adolescents and youth needs to be developed and implemented. Government initiative and programmes towards women reproductive health should be amply support by Non-Government agencies and other community based organizations.

4. **Addressing Secondary Social Issues:** Secondary factors such as poverty, illiteracy, lack of infrastructure development, regional disparities are also found to be indirectly linked with adolescent menstrual and subsequent reproductive health. Many females even today cannot afford to buy readymade sanitary pads due to economic compulsions. Therefore, it is mandatory that the overall standard of living be improved of all tribes of Kargil. Economic upliftment coupled with higher literacy rate and better and accessible medical facilities can definitely bring about sustainable change in the health and well being of adolescent girls as well.