



## Unspoken Cycles: Menstruation and Tribal Adolescent Girls of Manipur

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### ABSTRACT

The female reproductive system undergoes a regular menstrual cycle, as a sign of the body's preparation for ovulation and potential pregnancy. Menstruation is a natural physiological process which is experienced almost universally across cultures, race, language, and religion, yet ignorance, misinformation, stigma, and cultural beliefs continue to influence menstrual attitudes and practices, particularly among young tribal adolescent girls in Manipur. The research investigates the extent of awareness of menstruation, practices, challenges, and attitudes among tribal adolescent girls in Senapati District, Manipur. The research employed a self-constructed menstruation tool among 120 tribal adolescent girls aged 14–19 years drawn from 4 schools selected through simple random sampling. Data were analyzed using simple percentage analysis. About half of the girls (50.42%) had adequate knowledge, while 59.25% demonstrated inadequate menstrual practices. Additionally, 52.59% of the participants experienced menstrual challenges, whereas majority (80.93%) showed positive attitudes. Persistent gaps highlight the need for comprehensive menstrual health education program and intervention in schools and villages to improve awareness, address misconceptions, and promote safe hygiene practices.

### Keywords:

Menstruation, Adolescent Girls, Tribal Communities, Menstrual Hygiene, Menstrual Awareness

### Introduction

Adolescence represents a critical developmental period, particularly for girls, marked by the onset of menarche, which signifies the transition of a young girl from childhood to



womanhood (Rembeck, G., Moller, M. & Gunnarsson, R. 2006). Despite menstruation being a natural biological process, cultural taboos, limited awareness and inadequate hygiene practices continue to affect the health and well-being of adolescent girls (Castro and Czura, 2025). In Manipur, very little systematic research has been conducted on menstrual knowledge, challenges, attitude and practices, particularly in the tribal hill districts such as Senapati. Existing studies remain concentrated in valley regions, leaving a significant gap in evidence concerning tribal adolescent girls whose menstrual behaviour is shaped by unique cultural beliefs and constraints. Limited awareness often leads to unsafe practices and gynaecological problems (Malik et al., 2023), highlighting the urgent need for reliable information, improved hygiene practices and context-specific interventions. Therefore, this study seeks to examine the level of awareness, challenges, and practices related to menstrual health among tribal adolescent girls in Senapati district in order to inform future programmes and policies.

### **Profile of Senapati District, Manipur**

Senapati, one of the highest populated district in Manipur is situated in the northern part of State Manipur, between 93.29°–94.15° E longitude and 24.37° N latitude. It is bordered by Kangpokpi district in the south, Ukhrul district in the east, Tamenglong district in the west, and the Kohima and Phek districts of Nagaland in the north. According to the 2011 Census, the district has a population of 479,148 and a literacy rate of 63.6%, with male literacy at 69.21% and female literacy at 57.67% (National Information Centre [NIC], 2025).

The land inhabited by several indigenous tribal people, including Mao, Maram, Poumai, Thangal, Zemei, Liangmei, Rongmei, Tangkhul, along with Meitei, Kuki, Nepali and other groups. These communities share distinctive cultural traditions, languages, social and customary practices, and are particularly known for their rich heritage expressed through folk narratives, dance, songs and oral traditions.

### **Concept of Menstruation**

Menarche, the first menstrual period, is a key biological marker of puberty and typically occurs between 10 and 16 years of age, although considerable individual variation exists (Marques P, Madeira T & Gama A, 2022). Menstruation is a physiological process in which



the endometrial lining is shed when pregnancy does not occur. This bleeding typically lasts 3–7 days within a hormonal cycle of approximately 21–35 days, continuing until menopause.

## **Dimensions of Menstruation**

### **Menstrual Knowledge**

Menstrual knowledge refers to understanding the biological and physiological aspects of menstruation, including cycle length, hormonal regulation, and related symptoms. The menstrual cycle is governed by estrogen and progesterone and consists of four phases: menstrual, follicular, ovulatory, and luteal (Cleveland Clinic, n.d.). Variations in blood flow, colour and associated symptoms are common (Verywell health, 2025), while dysmenorrhoea and heavy bleeding are among the most frequently reported menstrual disorders affecting adolescents (Sanctis, V.D., Soliman, N.A., Elsedfy, H., Elalaily, R., Kholy, M.E., & Soliman, N.A. 2016).

### **Menstrual Attitudes and Practices**

Menstrual attitudes encompass personal and cultural perceptions that may be positive or negative, including level of acceptance and stigma (Gopika, A.V., George, S., Rose, M. 2025). Societies differ widely, with some celebrating the onset of menarche (Anvi wellness, 2022) and others attaching stigma or restrictions (Dutta, A., Chakraborty, A., & Sarkar, O. 2024). Menstrual practices refer to personal hygiene behaviours, including individual's choice and frequency of absorbent use, disposal methods, genital hygiene, certain type of dietary restrictions and other culturally conditioned behaviours.

### **Menstrual Challenges**

Adolescent girls often experience physiological difficulties such as irregular, delayed, painful or heavy menstruation especially in the first few years following menarche (Williams C., & Creighton S.M., 2012). Practical challenges include a lack of privacy, inadequate sanitation facilities, limited access to affordable menstrual products, nutritional deficiencies, and discomfort discussing menstruation openly.

### **Menstrual Hygiene**

Menstrual hygiene includes practices aimed at maintaining cleanliness during menstruation, such as regular bathing, hand washing, and the safe use and disposal of sanitary materials, including clean cloth pads, disposable pads or reusable products. Proper hygiene minimises



infection risks, whereas unsafe practices such as reusing damp cloths or inadequate drying can lead to genital and reproductive tract infections (Umani, A., Paulik, E., Molnar, R., and Murti, B., 2020). Poor hygiene may also contribute to social discrimination and psychological distress among adolescents.

### **OBJECTIVES OF THE STUDY**

1. To study the status of awareness of Menstrual Knowledge among Tribal adolescent girls of Senapati District. Manipur.
2. To study the status of awareness of Menstrual Practices among Tribal adolescent girls of Senapati District. Manipur.
3. To study the status of awareness of Menstrual Challenges among Tribal adolescent girls of Senapati District. Manipur.
4. To assess the Attitude of Tribal adolescent girls towards menstruation.
5. To find out the various Programmes or Schemes taken up by the Government of India related to Menstrual Hygiene.

### **HYPOTHESES OF THE STUDY**

1. There is a low level of awareness of Menstrual knowledge among Tribal adolescent girls of Senapati District. Manipur.
2. There is a low level of awareness of Menstrual practices among Tribal adolescent girls of Senapati District. Manipur.
3. There is a high level of awareness of Menstrual challenges among Tribal adolescent girls of Senapati District. Manipur.
4. There is a negative attitude towards Menstruation among Tribal adolescent girls of Senapati District. Manipur.

### **Methodology**

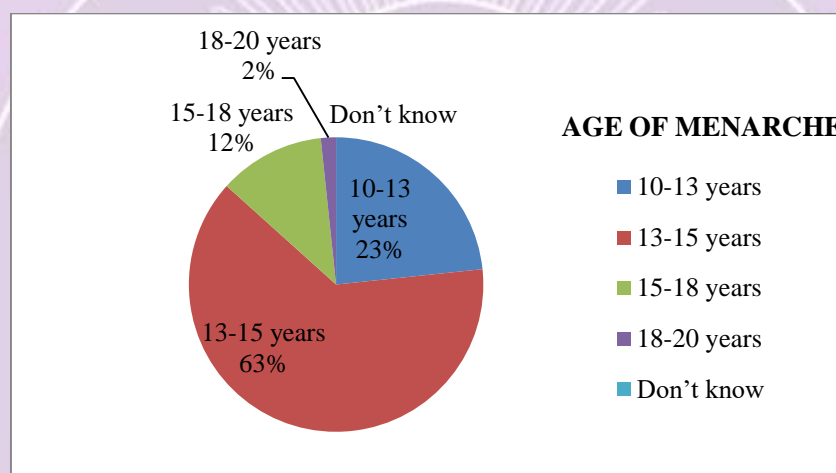
This study examined the awareness of menstruation among tribal adolescent girls in Senapati District, Manipur, using a descriptive research design. The population comprised tribal adolescent girls residing in Senapati District, and a sample of 120 girls aged 14–19 years was selected through simple random sampling. Only tribal girls were included to avoid sampling bias.



Data were collected using a structured questionnaire consisting of four dimensions (knowledge, practices, challenges, and attitudes), each containing 10 items with Yes/No or Agree/Disagree response formats. Formal permission and informed consent were obtained from the school authorities and participants. Participation was voluntary, and confidentiality was assured throughout the study.

Data were coded and entered after checking for completeness and accuracy. Statistical analysis was conducted, and descriptive statistics such as frequencies, percentages, and means were computed. The results have been presented in tables and figures.

### **Analysis and interpretation of the overall status of menstrual awareness among tribal adolescent in Senapati**



**Figure 1**

#### **Distribution of the respondents by age at menarche**

It is understood from the figure 1 above, the mean age of the menarche was found to be 13.97 years. As the social, nutritional and economic conditions of our respondents residing in hilly region are poor; the onset of menarche would have occurred lately.



**Table 1: Distribution of respondents according to their knowledge**

Statement	Frequency(n=120)		Percentage		Total
	Incorrect	correct	Negative	positive	
What is menstruation?	78	42	65	35	100
Age at menarche	44	76	36.7	63.3	100
Menstrual cycle	58	62	48.3	51.7	100
Prior information on menarche	34	86	28.3	71.7	100
Reaction to first menstruation	102	18	85	15	100
When does period stop?	67	53	55.8	44.2	100
Healthy diet exists during period	100	20	83.3	16.7	100
Menstrual health practices	6	114	5	95	100
Poor hygiene leads to gynaecological problems	14	106	11.7	88.3	100
Menstrual health provider	92	28	76.7	23.3	100
<b>Total</b>	<b>595</b>	<b>605</b>	<b>495.8</b>	<b>504.2</b>	<b>1000</b>

**\* Compiled from Survey**

From the above Table 1, it showed that 50.42% tribal adolescent girls of Senapati District had good knowledge about menstruation while 49.58% of the subjects did not aware enough about menstruation.

Hence, Hypothesis No.1 that there is low level of awareness of menstrual knowledge among tribal adolescent girls of Senapati District is rejected on the aspect of menstrual knowledge. However, the difference is significantly small which means half of the population of the adolescent girls of the district has the awareness of menstruation whereas the remaining half of the population lacks the awareness of menstruation.



## Analysis of the overall status of awareness of menstrual practices

Table 2 Distribution of respondents according to practices

Statement	Frequency(n=120)		Percentage		Total
	Yes	No	Negative	positive	
Does your school provide anything for menstrual management?	21	99	82.5	17.5	100
Often change of materials (3-4 times in a day)	82	38	31.7	68.3	100
Whether soap is used after changing materials	52	68	56.7	43.3	100
Sanitary pads covered while buying from shop	114	6	95	5	100
Do you take bath during menstruation?	68	52	56.7	43.3	100
You often wash your genital during menstrual period	22	98	81.7	18.3	100
Do you reuse the absorbent materials?	23	97	19.1	80.9	100
Do you visit a Doctor for menstrual disorder?	40	80	66.6	33.4	100
Whether materials are wrapped for disposal	105	15	12.5	87.5	100
Any dietary restrictions	84	36	90	10	100
<b>Total</b>	<b>611</b>	<b>589</b>	<b>592.5</b>	<b>407.5</b>	<b>1000</b>

From the above Table 2, it showed that 40.75% tribal adolescent girls of Senapati District have adopted good practices while 59.25% of the girls are not aware of good practices.



Hence, Hypothesis No.2 that there is low level of awareness of menstrual practices among tribal adolescent girls of Senapati is accepted on the aspect of menstrual practices.

### Analysis of the overall status of awareness of menstrual challenges

**Table 3, Distribution of Respondents according to their challenges**

Statement	Frequency(n=120)		Percentage		Total
	Yes	No	Negative	positive	
Pain/discomfort	90	30	75	25	100
Heavy bleeding	14	106	11.7	88.3	100
Irregular menses	74	46	61.7	38.3	100
Loss of appetite during period	90	30	75	25	100
Restrictions imposed and reasons	68	52	56.7	43.3	100
No place to discard used pads	36	84	30	70	100
Sometimes missed class/school due to periods	74	46	61.7	38.3	100
Discomfort to purchase pads	89	31	74.1	25.9	100
Difficulty to afford pads	22	98	18.3	81.7	100
Uncomfortable talking about menstruation to others	74	46	61.7	38.3	100
<b>Total</b>	<b>631</b>	<b>569</b>	<b>525.9</b>	<b>474.1</b>	<b>1000</b>

From the above Table 3, it showed that 52.59% tribal adolescent girls of Senapati district have various menstrual challenges while 47.41% of the subjects have no issues.

Hence, Hypothesis No.3 that there is high level of awareness of menstrual challenges among tribal adolescent girls of Senapati district is accepted on the aspect of menstrual challenges.





## Analysis of the overall status of awareness of menstrual attitude

**Table 4 Distribution of Respondents according to their attitude towards menstruation**

Statement	Frequency(n=120)		Percentage		Total
	Agree	Disagree	Negative	positive	
Menstruation should be kept secret	29	91	24.1	75.9	100
Women must not enter the church while menstruation	8	112	6.7	93.3	100
I should talk about menstruation with family members	96	24	20	80	100
Women should avoid work/school during menstruation	40	80	33.3	66.7	100
Female should not enter kitchen during menstruation	8	112	6.7	93.3	100
Women becomes impure while menstruation	18	102	15	85	100
Menstruation is a girl-only topic	35	85	29.1	70.9	100
Menstruation is an important health issues	117	3	2.5	97.5	100
My male friend can tease menstruating girls	0	120	0	100	100
I feel uncomfortable talking about menstruation	64	56	53.3	46.7	100
<b>Total</b>	<b>415</b>	<b>785</b>	<b>190.7</b>	<b>809.3</b>	<b>1000</b>



From the above Table 4, it showed that 80.93% of the tribal adolescent girls of Senapati district have positive attitude towards menstruation while 19.07% of the girls have negative attitude towards menstruation.

Hence, Hypothesis No.4 that there is negative attitude towards menstruation among tribal adolescent girls of Senapati district is rejected on the aspect of menstrual attitude.

### Main Findings

Analysis of the data indicated that most participants (63%) experienced menarche between 13–15 years, with a mean age of 13.97 years. Only half of the respondents (50.42%) demonstrated adequate knowledge about menstruation, although a marginally higher proportion (59.25%) of respondents reported practicing inadequate menstrual hygiene. About half of the girls (52.59%) experienced menstrual-related difficulties and challenges, and a majority of girls (80.93%) expressed a positive attitude towards menstruation.

### Conclusion

This study examined tribal adolescent girls' menstrual knowledge, attitudes, practices, and challenges and highlights several gaps that require attention and support. Although tribal adolescent girls' of Senapati demonstrated positive attitudes towards menstruation, nearly half of the respondents remained ignorant. Given the public health implications, comprehensive menstrual health education awareness should be introduced early in schools (before menarche) and reinforced within families and communities. Active involvement of especially science teachers, health worker and mothers is essential to overcome taboos, support healthy practices, and empower young tribal girls to manage menstruation confidently with pride and dignity. Broader studies, including non-school going adolescents and other population groups such as non-tribal, disabled girls, would further enrich understanding and intervention planning.

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