

Tracing the Origins of Blood Shame Across Cultures and Religions

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Abstract

Menstruation is widely framed as impure across cultures, producing stigma that limits education and health. This paper traces menstrual shame to four intertwined forces: religious patriarchy, caste and class exclusion, colonial and global influences, and corporate commodification. Drawing on scholarship and case studies, we show how ritual purity codes and patriarchal authority legitimize exclusion, how caste and socioeconomic inequality intensify material harms, and how colonial medicine and marketing exported and monetized stigma. The analysis demonstrates that superficial education or product distribution will not dismantle stigma without addressing its structural roots. We argue for intersectional, community-led strategies: culturally sensitive education, policy reforms ensuring access to sanitation and products, media accountability, and partnerships with faith leaders to reinterpret harmful norms. Transforming menstrual stigma into menstrual justice requires coordinated policy, grassroots leadership, and economic measures that center marginalized menstruators. By confronting these overlapping systems societies can reclaim menstruation as natural, dignified, socially supported.

Keywords: Menstrual Stigma, Menstrual Shame, Patriarchy, Caste and Class, Colonialism, Menstrual Justice.

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Introduction

“Who decided periods are ‘dirty’ and why are we still listening?” Nearly 500 million menstruators worldwide lack access to safe products and private facilities, but the deeper barrier is stigma: centuries of silence, shame, and exclusion that turned a natural biological cycle into something considered impure [1]. Kitchens, temples, schools, and workplaces have all been sites of this control, where menstruation is less about biology and more about power [2]. Menstrual stigma is not just a “women’s issue.” It shapes access to education, impacts health outcomes, restricts economic participation, and erases trans and non-binary menstruators altogether [3,4]. Stigma dictates who is considered pure, who is excluded, and who profits from keeping people silent [5].

To understand this, an intersectional lens is essential. Coined by Kimberlé Crenshaw, intersectionality explains how gender, caste, class, race, and religion overlap to produce distinct experiences [6]. The lived reality of a

Dalit girl in rural India differs sharply from that of a professional menstruator navigating corporate spaces in New York yet single-axis analyses too often fail to capture this complexity [2]. Stigma, in its many forms, intersects with power structures to enforce conformity, shame, and marginalization across different societies [5].

This paper traces menstrual shame through four major intersections: religious patriarchy, caste and class exclusions, colonial and global influences, and capitalism’s commodification of stigma [1,2]. By examining these forces together, it highlights how menstrual oppression is neither natural nor inevitable, but socially constructed and maintained [5]. Finally, it proposes intersectional strategies that aim to shift the narrative from silence and shame toward dignity, autonomy, and justice [3]. Only by asking not just who declared periods dirty, but why those stories still govern our bodies, minds, and institutions, can true menstrual justice be achieved.

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Religion and Patriarchy - Who gets to Define “Dirty”?

Throughout history, the labelling of menstruation as ‘unclean’ or ‘dirty’ has never been a neutral or societally independent statement. It has always reflected deep views on sexuality, authority, power, and social order [7]. The very idea by which we even refer to menstruation as ‘dirty’ is not rooted in biological processes but cultural norms and interpretations that have been shaped by social systems [8]. Menstruation, a natural bodily function unique to women, became an ideal site of such preconceived notions due to its visibility, regularity, glaring association with female reproductivity, and hygiene [9]. And while some scholars have argued that innate biological disgust mechanisms may play a role in menstrual stigma, there is not enough evidence to prove that biological factors play any significant role in the stigmatization of menstruation [10]. Therefore, this behavior is clearly driven less by the blood itself, but by the control of the social meaning or societal focus of the blood enacting control, and justifying restrictions [11].

Two systems in particular - religion and patriarchy - have emerged as what many agree as the two enduring authorities in shaping these meanings, and our perception of menstruation [12]. Each system has its own mechanism of oppression, yet both converged on the treatment of menstruation as a tool for reinforcing gender hierarchies [13]. Religion, with a focus on ritual and purity codes, provided a spiritual justification for exclusion, and the patriarchy, rooted in the concentration of male authority structures and the reinforcement of gender roles, found in these religious codes a powerful ally [14]. In essence, this birthed a unique phenomenon where both systems continuously reinforced themselves over time. This has led to much broader cultural integration of these systems, as well as a widened sense of gender inequality [11].

To understand the nature of modern patriarchal systems and the role they play in our society, specifically in regards to menstruation, we must examine the historical and prehistorical nature of this social system, and its co-evolution alongside religious stigmatization. The origin of patriarchy has been a long-debated subject, as due to geographical, economic, and societal factors unique to different civilizations, no single origin point or genesis can be cited [9]. Nevertheless, evidence provided by anthropologists and archaeologists strongly suggests that the system now known as patriarchy began sometime after the Pleistocene epoch, and civilizations prior to this stage were largely egalitarian. However, following the beginning of the Holocene epoch, a shift occurred in society, one marked by the establishment of permanent settlements and agriculture. Land and livestock gained importance, becoming avenues to gain wealth, a medium predominantly controlled by men. This is believed to have led to the creation of polygyny: a man having more than one wife. This primitive form of resource (women) control led to the birth of many of the modern characteristics associated with patriarchy today, such as dowries, succession of wealth to male heirs, and social stigma of divorce [11].

Past this era in human history, there is no known and commonly agreed-upon singular originating point for patriarchy, as the

system arose at different times across the globe. As such, it is not possible to clearly and accurately determine which originated first - patriarchy or patriarchal structures unique to religions. Since it cannot be stated that either succeeds or precedes the other in a linear fashion, it can be deduced that both systems likely co-evolved and reinforced each other throughout human history [7].

Nevertheless, this does not discount the role religious rhetoric and justification have played in the perpetuation of menstrual stigma. Yes, religion has acted as a tool of patriarchal authority, but it is also true that it cannot be singularly blamed for the creation of such stigma or its perpetuation [12]. Nonetheless, it has played a significant role as a legitimizing actor. Religions do not just reflect existing taboos but authorize and normalize them via their placement in ‘divine’ scripture [14].

Cultural ideas can ultimately be debated and changed, albeit with time and societal pressure, but religious rites? When an act or behavior is labelled as the will of God, or a tenet of faith, a sense of legitimacy and longevity will inevitably be attached to it [11]. One need only look at various examples across numerous religions to see this trend.

In Judaism and Islam, for example, menstruating women are explicitly prohibited from engaging in sexual intercourse. Additionally, the Torah specifically refers to menstruating women as ‘unclean’, and states that they must participate in a mikvah (ritual bath) afterward. The same is true for Islam, as after menstruation, women must undergo a Ghusl Hayd (bath) [12]. In Christianity, certain Oriental Orthodox churches also restrict women from attending church while menstruating [11]. In Buddhism, particularly in the Theravada tradition, menstruation is generally regarded as a natural physical process women go through monthly. However, in certain branches of Japanese Buddhism, menstruating women are banned from attending temples.

These examples illustrate the broadness of menstrual restrictions across religions. Their characterization as commands from God - in essence, they are to believers - removes any connotation of these actions as social preferences [12]. In effect, religion provides a scaffolding that institutionalizes and menstrual stigma across cultures and society [10]. Furthermore, when taking into account the infusion of religion into the governance of most states throughout history, it becomes increasingly clear why this inequality is so deeply embedded in our lives and faith today [8].

Ultimately, the question of who defines menstruation as ‘dirty’ is less about blood itself, but more about the power to control its meaning and our societal perception. Religion and patriarchy, in their sense of entanglement, have worked not only to stigmatize menstruation but to elevate such a stigma into a framework of social and quasi-divine law [11]. These systems, the unique combination of cultural anxieties and spiritual mandates, in essence, have ensured that menstrual restrictions, stigma would outlast generations and embed themselves within culture itself [7]. Recognizing this co-evolution not only enables us to analyze the modality of such a stigma but also to attempt to devise

ways to dismantle and combat such systems [9]. It is only by examining these strands, we can begin to reclaim and reshape the societal perception of menstruation to what it has always been: a natural bodily process.

Caste/Class Systems - Stigma in Layered Oppression

Menstrual shame has never been an equal-opportunity oppressor; it has always settled heaviest on the shoulders of those already pushed to the margins, its weight shaped by caste, class, race, and the hierarchies of power that dictate who gets dignity and who is forced to bleed in silence (World Bank, n.d.). Menstrual stigma is not only rooted in religious or cultural beliefs, but also in systemic inequities. Those denied clean toilets, affordable products, or access to water have been told their blood marks them as impure, often compounded by caste, race, or class [15]. Stigma translates into material deprivation: girls dropping out of school, untreated infections, and reinforced exclusion. Menstrual shame is a double bind for the poor and marginalized: not only are they reminded that their bodies are supposedly “impure,” but they are also systematically denied the resources to manage menstruation discreetly or healthily, turning what could be a private challenge into a public humiliation [15]. In India, the statistics cut deep: around twenty-three percent of girls leave school once they begin menstruating, not because education suddenly loses value to them but because there are no toilets, no private disposal facilities, no institutional support to normalize their needs (World Bank, n.d.).

The absence of infrastructure becomes another way stigma is enforced, with shame driving young girls out of classrooms while wealthier peers quietly unwrap sanitary pads in tiled bathrooms (World Bank, n.d.). The urban - rural divide amplifies this: in metropolitan areas, menstruation is hidden behind the promise of commercial products - pads and tampons marketed as “ultra-thin,” “whisper-quiet,” or “discreet” - while in rural villages, women are often mocked for drying cloths in public, forced to manage periods with rags or leaves, and left to navigate both physical risks and social ridicule [15]. Workplaces mirror this inequity, as women in low-income labor, from factories to farms, are rarely granted rest breaks or clean spaces to change, leading to absenteeism, lost wages, and further marginalization; menstruation is treated not as a health reality but as an inconvenience to productivity, reinforcing the sense that menstruators are less reliable or “unclean” workers [15].

But in South Asia, stigma is not only a matter of class; it is sharpened into cruelty by caste. The ideology of purity and pollution that underpins caste systems makes Dalit women the ultimate bearers of blood shame, as their menstruation is framed as doubly contaminating: first by caste status, then by biology [15]. The denial of water sources or toilets to Dalit communities, sometimes violently enforced by upper castes, means menstrual management is a caste battle, where bleeding is weaponized to justify untouchability practices (Harvard Kennedy School, n.d.). Washing a blood-stained cloth in a shared space can provoke ostracism or even violence, reinforcing the message that menstruation confirms Dalit “pollution” [15]. It is telling that even within India’s menstrual activism scene, which loudly

campaigns against taboos, caste is often conveniently erased: the faces on posters are middle- or upper-caste women, their narratives sanitized into universal sisterhoods that pretend all women experience stigma the same way, when in truth caste carves deep trenches into who can speak, who is silenced, and who is excluded from the supposed progress of “period positivity”. So, when we ask who decided periods are dirty, caste elites must be implicated: their theology of purity not only codified shame but also weaponized it against Dalit women, turning menstruation into a justification for structural oppression [15].

This layering of oppression is not unique to India. In the United States, Black menstruators bear a disproportionate share of what activists now call “period poverty,” a term that captures both the inability to afford menstrual products and the social costs of being forced to go without them [15]. Systemic economic inequality, itself rooted in histories of slavery and segregation, ensures that Black and Brown women are more likely to ration pads, miss work or school, or improvise with unsafe materials, while simultaneously being targeted by racist stereotypes that mark them as “unclean” or “irresponsible”. In healthcare, the bias cuts deeper: Black women’s menstrual pain is routinely minimized or dismissed, with conditions like endometriosis or fibroids going undiagnosed for years, the result of a medical neglect that echoes centuries of racialized myths about Black bodies being less sensitive or less deserving of care [15]. The intersection of period stigma and racism means that Black menstruators are not only made to feel ashamed but also denied the validation of their pain [15]. Similarly, Indigenous communities in North America face menstrual shame shaped by colonial disruption: before colonization, many Indigenous cultures treated menstruation as sacred, linking it to cycles of life and renewal, but colonial settlers reframed it as “dirty” and imposed Christian moral codes that condemned bleeding as a mark of sin [15]. Today, the legacy is visible in infrastructural neglect, where many Indigenous reservations lack reliable access to clean water, disposal facilities, or affordable products, making menstruation a site where colonial dispossession is renewed each month [15]. What was once a source of spiritual power was recast as a source of shame, not by Indigenous decision but by colonial imposition - a clear trace of who decided periods are dirty in these contexts [15].

The contrast between how rich and poor menstruators experience stigma also exposes how shame is marketed along class lines. Wealthy women are told to manage their periods with “discreet” products that promise invisibility, selling them privacy at a price; their stigma is coded in the language of secrecy - ads whispering that the best period is the one nobody knows about. Poorer women, meanwhile, are bombarded with messages about “hygiene” and “cleanliness,” a subtle accusation that their bodies are inherently dirty unless corrected by products they often cannot afford [15]. The same blood is branded differently: for elites, it is a cosmetic inconvenience to be hidden; for the poor, it is a threat to public health, an externalized stain [15]. In practice, wealthier menstruators can largely conceal their bleeding, slipping into restrooms stocked with tampons, while poorer menstruators must confront public exposure - washing clothes in communal spaces, borrowing products, or missing days of work

or school [15]. Stigma is thus stratified: one class feels pressured to buy packaged invisibility; the other is forced into the spotlight of shame [15].

All of this illustrates that menstrual shame was never a neutral cultural belief but a tool of social control, distributed along the same lines as wealth, caste, and race [15]. Those at the top - upper castes, colonial powers, corporate marketers who have had the privilege to define blood as dirty and then insulate themselves from its consequences - while those at the bottom bore the full brunt of that decision, trapped in cycles of exclusion and deprivation [15]. When we trace the origins of period stigma, it is not enough to point to abstract religious doctrines or vague cultural anxieties; we must name the hierarchies that chose to frame menstruation as filth and then built systems to enforce that framing (World Bank, n.d.). Menstrual stigma is therefore both an ancient scriptural construct and a modern economic strategy, both a weapon of purity ideologies and a marketing ploy of global corporations [15]. And as we transition to the broader context of colonization and globalization, it becomes clear that these inequalities did not stay local - they were standardized, exported, and amplified by colonial moral codes and global advertising campaigns that spread the idea of menstrual blood as dirty across cultures, ensuring that the shame crafted by elites in one context became a global inheritance [15].

Colonialism & Globalization - Exporting/Importing Taboos

Colonialism and globalization were never merely about territorial expansion or economic exchange; they were also about the control and regulation of bodies. Menstruation, already shrouded in silence and stigma across many societies, became a key site where colonial authority, and later, global capitalism, imposed new hierarchies of power. The taboos surrounding menstruation, far from being incidental cultural practices, were strategically reshaped and redeployed during the colonial period, only to be further commodified under neoliberal globalization. What emerges from this trajectory is a continuous line of control: from the colonial imposition of Victorian ideals of silence and hygiene, to the fusion of religious and medical authority in colonial territories, to the modern marketing campaigns of multinational corporations that profit from stigmatizing narratives [16].

In British India, public health policies demonstrate how menstrual taboos became entangled with the politics of the empire. The colonial state's medical system was designed primarily to secure the health of Europeans rather than to improve the well-being of Indians. Institutions such as the Pasteur Institutes and regulations during epidemics like the plague of 1897 reveal how medicine was weaponized as a tool of governance, often through coercive measures such as forced inspections and quarantines [17]. Within this system, indigenous knowledge about the body, including local practices for menstrual management, was dismissed as superstition. Cloth pads, which had long been a sustainable and accessible option for women, were stigmatized as unhygienic, while "modern" sanitary solutions were positioned as superior [18]. Thus, colonial medicine did not simply ignore menstruation but actively delegitimized indigenous methods, planting the seeds for future economic dependencies on imported products.

A similar pattern unfolded in East Asia, where Japan imported Western models of hygiene and then exported them through its imperial expansion. Reformers like "Sensei Nagayo" reframed personal sanitation as a matter of state intervention, establishing infrastructures that disciplined citizens in the name of national strength. Following military victories, Japan carried these models into its colonies, including Korea and Taiwan, imposing top-down systems of health surveillance that mirrored European colonial practices [19]. Although menstruation was rarely mentioned explicitly, the wider discourse of public health and morality created frameworks that erased or stigmatized local knowledge while institutionalizing silence. As in India, the regulation of women's bodies was part of a broader project of colonial modernity in which health became a tool of political control.

Colonial authority did not operate in isolation from local cultures; rather, it fused with pre-existing religious taboos, creating a dual framework of stigma that drew legitimacy from both divine law and scientific rhetoric. In India, Hindu traditions already imposed restrictions on menstruating women, often excluding them from kitchens and temples while paradoxically celebrating the goddess Kamakhya's menstruation in rituals such as the Ambubasi Mela (Kamakhya Temple, n.d.). The British colonial project selectively reinforced the restrictive side of this dualism, labeling menstrual practices as unhygienic and aligning with the idea of impurity [16]. In Muslim societies, Qur'anic injunctions had long restricted women from prayer and fasting during menstruation (Ritual purity in Islam, n.d.). Colonial officials often pointed to these practices as evidence of cultural "backwardness," while simultaneously reinforcing exclusion by casting menstrual blood as a medical hazard (Culture and menstruation, n.d.). In this way, colonialism did not displace local religious taboos but rearticulated them through the language of science, ensuring their persistence with new authority.

This historical layering of stigma became the foundation upon which globalization later built a commercial empire. With the rise of neoliberal markets in the late twentieth century, multinational corporations transformed menstrual shame into a commodity. Period poverty statistics underscore the economic violence of this system: in Ghana, purchasing just two packets of sanitary pads consumes 13.2 percent of the national minimum wage, compared to only 0.2 percent in the United States (Culture and menstruation, n.d.). The result is a structural inequity where menstruation imposes a crushing financial burden on women in the Global South, directly limiting educational opportunities and workforce participation. This inequity is not incidental but reflects the legacy of colonial economic hierarchies in which certain populations were systematically disadvantaged and remain disproportionately vulnerable.

Corporate marketing strategies have deepened this inequity by exploiting shame as a selling point. Companies like Procter & Gamble and Johnson & Johnson aggressively expanded into markets such as India with advertisements that positioned menstruation as a social liability. Campaigns warning women not to let stains "ruin their lives" explicitly framed periods as

dangerous secrets that could jeopardize social standing and marriage prospects. These strategies universalized the panic of leaks and stains while reinforcing the idea that menstruation must remain invisible. Notably, advertisements rarely depict menstrual blood itself, opting instead for the now-iconic blue liquid, a visual code that sanitizes and silences biological reality [12,16]. In doing so, corporations extend the Victorian project of silence, packaging it in glossy branding that makes stigma appear modern and aspirational.

The hypocrisy of these strategies is most evident when one compares Western and nonwestern markets. In North America and Europe, the same corporations that market shame in South Asia and Africa run campaigns designed around empowerment, such as Always's "#LikeAGirl" initiative. Here, menstruation is recast as a source of resilience and strength, aligning with feminist rhetoric. Yet in the Global South, empowerment is set aside in favor of campaigns that exploit fear, silence, and stigma. This double standard underscores the cynical adaptability of multinational corporations, which deploy whichever narrative best secures profits in a given market.

At the same time, globalization has undermined sustainable, traditional practices by dismissing them as unhygienic. Cloth pads and other reusable methods, long relied upon by women in rural communities, are delegitimized in favor of disposable products that generate waste and create dependency on corporate supply chains [18]. This mirrors colonial strategies of dismissing indigenous knowledge in favor of imported solutions. What globalization presents as modernity is often a recycling of colonial dynamics, now stripped of coercive state power but no less effective in embedding women into unequal systems of consumption.

The legacy of colonialism and globalization about menstruation is thus a story of continuity. From the imposition of Victorian silence to the commodification of shame, the regulation of menstruation has consistently functioned as a means of control [16]. Colonial states used health systems to embed stigma and undermine indigenous practices, while globalization has repackaged that stigma into profitable markets [17,18]. The result is a world in which menstruation continues to be framed as a problem to be hidden, a burden to be managed, or a secret to be covered. Dismantling this legacy requires more than distributing products or expanding markets; it demands a confrontation with the historical entanglement of colonial power, religious taboo, and corporate exploitation. Only by exposing these interlocking systems can we begin to imagine menstrual equity that is not defined by silence, stigma, or profit but by autonomy and dignity.

Conclusion

This research project underscores the variety of menstrual stigma and its emergence through overlapping structures of inequality. By examining this intersectional framework, we can see how religion, caste, class, colonialism, and capitalism converge to produce a layered experience of exclusion and shame across cultures and peoples. Taken together, these findings affirm that each of these systems reinforces the other in an attempt to regulate bodies and control women and girls. Recognizing these

entanglements allows us to move beyond singularly faceted explanations and towards nuanced strategies for dismantling this stigma.

Any effort to address menstrual stigma must therefore be attentive to cultural context and community realities. Advocacy that ignores these specificities risks reproducing colonial patterns of imposition or alienating the very groups it seeks to empower. For example, the Western "period positivity" discourse which celebrates menstruation as a source of empowerment may resonate in some contexts but can be counterproductive in others, where open discussion of menstruation remains tightly bound to religious taboos or notions of purity. Instead of a one-size-fits-all model, advocacy should be community led, adaptive, and culturally grounded. In India, for instance, local debates around temple entry for menstruating women show how communities themselves can engage with religious doctrine and cultural practice in ways that outsiders cannot. Similarly, in Muslim-majority settings, working collaboratively with imams and community leaders to reinterpret religious texts can create more sustainable avenues for change than externally imposed narratives.

This culturally sensitive approach must also prioritize listening to menstruators themselves - especially those at the margins of class, caste, or racial hierarchies. Community based participatory research, storytelling initiatives, and grassroots organizing can all help ensure that strategies are not only effective but also empowering. In doing so, we move from advocacy as charity to advocacy as solidarity - recognizing that menstrual justice must be shaped by those most affected.

Alongside community-level interventions, structural reforms in policy, media, and education are essential. At the policy level, governments can advance menstrual equity by providing free menstrual products in schools, workplaces, and prisons; abolishing the tampon tax; and ensuring adequate sanitation infrastructure in both rural and urban areas. These measures reduce material barriers while signaling that menstrual health is a matter of public responsibility, not private shame. Media reform is equally urgent: advertising and representation continue to perpetuate discretion and purity narratives, portraying menstruation as something to be hidden or managed quietly. A shift toward diverse, authentic representations - featuring not only cis women but also transgender and nonbinary menstruators, people across different races, classes, and abilities - can dismantle stereotypes and normalize menstruation as part of human life.

Education provides perhaps the most transformative level of change. Integrating comprehensive menstrual health into school curricula helps demystify the body from an early age, while including boys and men in these conversations is vital for dismantling stigma at its roots. Education should not merely provide biological facts but also challenge the cultural scripts that associate menstruation with shame or impurity. By fostering open dialogue, schools can become spaces where the next generation grows up viewing menstruation not as dirty or shameful, but as a normal and shared aspect of human experience.

Ultimately, achieving menstrual justice cannot be separated from broader struggles for social justice. The fight for menstrual equity is simultaneously a fight for gender equality, racial justice, economic redistribution, and bodily autonomy. To reduce menstrual stigma is to affirm the dignity of all bodies, regardless of gender identity, class position, or cultural background. It is to challenge the systemic inequalities that regulate whose bodies are valued and whose are silenced. Achieving menstrual justice is therefore not a standalone task but part of the wider movement for social justice - one that demands dismantling patriarchal, colonial, and capitalist structures while affirming the full humanity of every individual. Only through this holistic vision can we transform menstruation from a site of shame and exclusion into one of dignity, empowerment, and justice.

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