

# Women, Health And Marginality: A Menstruation Practices, Beliefs And Taboos In Border Villages Of Jammu And Kashmir

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## ABSTRACT

Menstruation, a natural biological process, is often shrouded in stigma and taboo practices in many societies. The present study explores the issues and challenges in the border villages of Jammu and Kashmir, a region experiencing turmoil. The research examines the menstrual practices, beliefs, and taboos prevalent in these communities. It sheds light on how these factors impact the health and well-being of women, particularly their access to hygienic menstrual products and knowledge of menstrual hygiene management. The study contributes to a deeper understanding of the menstrual health crisis in Jammu and Kashmir and its intersection with the region's broader context of marginalization. By highlighting these issues, the research aims to inform interventions that promote menstrual health awareness, dismantle taboos, and empower women in these border villages.

**Keywords:** Border Villages, Menstrual Health, Taboos, Women's Health

## Introduction

Menstruation, a fundamental biological process for women and girls, is surprisingly shrouded in secrecy, stigma, and restrictive practices across many societies (Dingra and Kumar 2009). These deeply ingrained beliefs and taboos surrounding menstruation often translate into a lack of access to proper menstrual hygiene management (MHM) resources and education. The consequences for women's health and well-being can be significant, impacting everything from physical comfort and hygiene to social participation and educational opportunities.

This study delves into the complex relationship between menstruation, cultural beliefs, and the lived experiences of women in the border villages of Jammu and Kashmir. This region, situated at the crossroads of geographical and political tensions, faces unique challenges that can exacerbate existing vulnerabilities. Here, women navigate not only the natural biological process of menstruation but also the limitations imposed by marginalization and potential conflict situations. By examining the prevalent menstrual practices, beliefs, and taboos in these border villages, this research aims to shed light on the specific challenges faced by women in managing their menstrual health. It will explore how these factors influence access to hygienic menstrual products, knowledge of MHM practices, and overall well-being.

According to the Universal declaration of human rights, "Education is defined as the development of human personality and to strengthen and provide fundamental freedom and human right. It shall promote resilience and fraternity amongst the various religions, racial groups, and nations and how to maintain peace and prosperity". Though many emphases and attempts have been done to provide equality and value to remove gender disparity, discrimination is continuing in access to education. Lack of education, information, and low

literacy rate aggravate the situation of deprivation in all sectors of life, particularly in border remote villages. The education sector has poor infrastructure, and we can say that there is no proper evidence of good schools and colleges. This led to a very poor quality of education being imparted. Quality education is very poor. Women living in this region are mostly dependent on agriculture and pastoral. They are suffering from poverty and are economically paralyzed, so they cannot afford the cost of education, and their dreams end too early. There is a struggle to achieve women's equality and empowerment both in the family as well as in the community. In India, though much emphasis is being laid on gender equality in terms of education yet discrimination in access to education does exist. There is a rural and urban divide in access to education for women. Admittedly, women's education has immense importance about menstruation awareness and hygiene management. In India, even mere mention of the topic has been taboo in the past, and even to this date, the cultural and social influences appear to be a hurdle to the advancement of knowledge on the subject.

Culturally in many parts of India, menstruation is still considered to be dirty and impure. There are health and hygiene issues also to consider relating to girls and menstruation. Over seventy-seven percent of menstruating girls and women in India use old cloth, which are often reused. Further, eighty-eight percent of women in India sometimes resort to using ashes, newspapers, dried leaves, and husk sand to aid absorption. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odor of menstrual blood putting girls at risk of being stigmatized. The latter may have significant implications for their mental health. The challenge, of addressing the socio-cultural taboos and beliefs about menstruation, is further compounded by the fact that girls' knowledge levels and understandings of puberty, menstruation, and reproductive health are very low. Such taboos about menstruation present in many societies impact girls' and women's emotional state, mentality, lifestyle, and most importantly, health. Large numbers of girls in many less economically developed countries drop out of school when they begin menstruating. This includes over 23% of girls in India (Garg and Anand, 2015). Poor menstrual hygiene in developing countries has been an inadequately acknowledged problem, India being no exception. If menstrual hygiene is not given importance, it will elevate the risk of reproductive infections and other women's health issues. Reported the prevalence of methods used during menstruation to prevent the blood stains, such as cloths, locally prepared napkins, sanitary pads, and tampons, using nothing and anything else. Results portray that the most widely used method during menstruation was cloth, which was utilized. Additionally, there are numerous myths that are attached to menstruation in India; it is considered filthy. Owing to the shame, which is attached to menstruation, not just for individuals from rural areas but also, in urban areas, call it by different synonyms like 'test match', 'that time of the month', 'lady time', 'happy birthday', etc. Some customs of Indian society, include sending women to basic huts outside the village premises, 'Gaokar', and are forced to live in grubby surroundings. These norms compel women to overlook the importance of hygiene during menstruation. To achieve social sustainability, overall, United Nations Millennium Development Goals-2000, emphasized the development of women, by empowering them, promoting gender equality, and imparting them with health and well-being. However, as we have advanced post the 2015 world, WASH – water, sanitation, and hygiene has emerged as a pivotal concern. WASH deals with cleanliness, sanitation, hygiene awareness, and its implementation as a practice among women and children (Ganie and Din, 2015).

### **Universe of the study**

The target remote border villages of Jammu and Kashmir have been selected, lie near to border adjoining Pakistan. Jammu and Kashmir have peculiar hilly and mountainous terrain close to the neighboring border of Pakistan. There are variations in literacy rates from district to district and rural and urban areas because of some socioeconomic challenges and taboos, and geographical features. However, in Jammu and Kashmir female literacy rate is at 56.43 percent (Census, 2011). Compared with other states and union territories of India, Jammu and Kashmir have one of the lowest female literacy rates at fifty-eight percent. Jammu and Kashmir are still educationally very backward and there is a large disparity and discrimination among female literacy rates. Women in villages of border areas are experiencing inequality concerning education. The climate of the Jammu and Kashmir varies from sub-tropical to temperate, strong monsoon currents are also experienced. Whereas some areas are fully temperate with most of the area under snow in winter. Winters are cool and most of the area is cut off, mountainous and inaccessible with very meager infrastructural facilities. Due to the disadvantaged caused by geographical conditions, existence on the line of control, continuous cross-firing, and shelling across the border. People are economically marginalized. The villages of border villages are situated in the "Pir Panjal" range of Jammu and Kashmir. It is bordered by the line of control (LOC) adjoining Pakistan. These villages are one of the most remote areas of Jammu and Kashmir and it suffers from a lack of access to proper roads, transport, a dearth of health infrastructure, communication facilities, and electricity and the topography is mountainous, hilly, and rough terrain.

### **Literature Review**

India is a diverse country, with disparities based on sex, caste, creed, culture, and wealth. These disparities often result in significant variations in health and social indicators among girls and women. Despite the improvement in the use of hygienic methods during menstruation, the condition is still not adequate. The status of women in India has improved in different dimensions, which have emerged as essential in

accelerating the level of practicing hygienic menstruation methods. However, societal norms have affected the decision of using menstrual hygiene methods as evident from the present study, which depicts a positive association between the household decision-making power of women and the use of hygienic methods during menstruation. Menstruation is an integral yet neglected aspect of a woman's health. The reasons for this neglect could be because of the beliefs and taboos associated with it. The onset of menstruation is an indicator of puberty amongst females and is known as menarche. Since the onset of menarche, normal menstrual cycle bleeding occurs for three to seven days every month until menopause. Problems associated with menstruation are not limited to gynecological problems, but most problems are due to ignorance about the process, beliefs, and taboos. This lack of awareness about menstruation and ignorance about it results in inadequate and improper care and cleanliness. Menstruation and menstrual practices are still subjugated to many socio-cultural restrictions. It is observed that many adolescent girls and women are ignorant of scientific facts and hygienic practices, which may lead to adverse health outcomes. Practicing hygienic practices during menstruation is of considerable importance, as it has implications for increased vulnerability to reproductive tract infections (RTI). Today, millions of women suffer from RTI and related complications, and often these infections are transmitted to the offspring of the pregnant mother. However, most women do not have access to the necessary finances and logistics to manage satisfactory sanitation levels. Particularly vulnerable are young women from social and poor sections of society. While reviewing the literature, it is found inaccurate, or incomplete knowledge about menstruation is a great hindrance in the path of personal and menstrual hygiene management. Girls and women have very less or no knowledge about reproductive tract infections caused due to ignorance of personal hygiene during menstruation time. In remote rural areas, women do not have access to sanitary products, or they know very little about the types and methods of using them or are unable to afford such products due to high costs. So, they mostly rely on reusable cloth pads which they wash and use again. The needs and requirements of adolescent girls and women are ignored even though there are major developments around water and sanitation (Kaur, 2017). Poor menstrual hygiene is directly related to illnesses associated with urinary tract and reproductive tract infections. The lack of awareness on the causes of menstruation, irregularities in menstruation and the importance of hygiene of private body parts affect women's health status. A study undertaken by the District Level Household and Facility Survey (DLHS) (2010), using data collected during 2008-09, shows that more than 17% of women have menstruation-related problems.

Amongst most in the Hindu communities of the state Kerala, where it is believed that a woman does not enter the temple for worship if she was not during her menstrual periods. On 28<sup>th</sup> of September 2018, the concept of menstruation became a very sensitive political issue in Kerala. However, there arose a controversy to enter the Sabarimala temple. The Supreme Court of India Judgment was that the woman age between ten to fifty not to enter the Sabarimala Ayyappa temple in Kerala. This judgment provoked the emotions and sentiments that argued this is kind of discrimination that leads to social stigma and promotes gender inequality and gender-based disparity and this discriminatory violates the rights of Hindu women. And after the judgment the riots broke out and the debates regarding the impurity of menstruation further prolonged on women's entry into the worship places and in response to that there happened a societal change attitude regarding menstruation practices. Although, restrictions not restricted to India, it is a global phenomenon that how women bear the restrictions during menstruation and very heartedly. However, one another study Interview of the girl who grew up in the state of Tamil Nadu, India. At an early stage her menstrual cycle started; she revealed that she was not educated about menstruation. But she was guided by her mother who introduced her to how and what should need to do and what not to do. At that time everything seems to me a bit of a blur and feels shy to ask any question and remained quiet and blindly followed the instructions given to me. Restrictions was asked to me not to enter the Puja (Prayer) room at my home, not to feed any family member, sleep separately, not to go to temple during my period and so on (Maharaj and Winkler, 2020).

In rural areas, the most preferred absorbents are reusable cloth pads and in urban areas, women prefer to use commercial sanitary pads. Nowadays, low-cost sanitary pads for rural women made from waste banana tree fiber were sold under the trade name "Saathi" in India. They are environmentally friendly and decompose within six months after use. Besides these products, women in remote rural areas also use natural materials like cow dung, leaves, and mud (Kaur, 2017). Lack of proper toilet facilities, water facilities, fear to send girls to school after puberty, the distance between school and home, and seeing puberty as apt age for marriage preparation had been some of the reasons for the respondents for dropping from school. The study reveals that most of the women aged 18-25 years used clothes during menstruation to prevent bloodstains and used locally prepared napkins. These findings were also consistent with the results of the other studies conducted in India, which portrayed that many of the young girls were using old clothes, and homemade napkins, and very few used cotton wool or sanitary napkins. The prime reason for using cloth is that it is inexpensive and easily accessible. Women use all kinds of old, ragged, and rejected clothes to serve their purpose. However, using clothes as an alternative is more popular among women in rural areas and urban slum dwellers. The prime reason that a higher proportion of women in rural areas still utilize homemade napkins during menstruation is because of the higher prices and lack of availability of ready-made sanitary napkins in the rural parts of the country. It is also observed that many women are still using unhygienic methods during menstruation to prevent bloodstains. Acceptance of the unhygienic practices during menstruation may be because of its easy availability, for example, the cloth is easily washable and convenient

to dry in the open, reusable, and has a good absorbing capacity. Results portray that education and regular exposure of mass (Kumar and Sudha, 2015).

Socially society is a closed one and it can be said people share mechanical solidarity, a concept propounded by Emile Durkheim. Diversification is on the lower side. The people-to-people interaction is high thus, it can be said that the moral density of the society is high. People in the area belong to different social backgrounds. It has been found that usually, it is the poor people who face the consequences of social change, and their lively habitats and assets get affected (Khan and Digal, 2023). During field study it has been observed various issues such as poor economic conditions, there is a dearth of health and inadequate educational infrastructure, inaccessible areas, weather instability, conflict and insurgency fear situations, women much more involved in working household chores, and working in the agricultural field along with pastoral cattle rearing are quite visible that create hindrance in achieving the desired goal of universalization of education. There are continued disparities among female and reported higher dropout rate, especially after primary school. However, various factors are responsible for the barriers to girls' education in the border far-flung villages of Jammu and Kashmir. Some research revealed that women's reasons for educational backwardness are the most dominant is poverty and the rate of illiteracy is closely linked to poverty. Parental illiteracy and lack of parental support and a poor learning environment at home make learning for them very difficult. Another factor is child marriage; many girls are married at an early age which affects their education to a great extent. Customs and cultural practices also hinder the education of females. Their nature of habitat and living style in difficult terrain, forests, and remote areas are responsible for women's marginalization. The dearth of schools in these areas leads to absenteeism among the girl children because of the poor transport system, they walk 10-20 km on foot to reach school every day (Bhatand and Chinnathurai, 2016).

Another study also portrayed a similar finding that most rural women in other border areas in Jammu and Kashmir employ clothes and rags for menstrual hygiene. These materials might expose women to reproductive tract infections since it may be difficult for them to keep their used napkins clean and free of harmful bacteria. Washing reusable menstrual products with soap and drying them in sunlight may be difficult due to lack of water, privacy issues, and cultural taboos associated with menstruation. However, tribal groups are considered as most vulnerable, and as a result, they are subjected to isolation in society and are more in a vulnerable situation as they are less prone to use hygienic methods during menstruation as compared to other caste groups. The preference for sanitary protection material is based on personal choice, cultural acceptability, economic status, and availability in the local market. Along with basic sanitation facilities, one should be also provided with soap and menstrual absorbents to manage menstruation hygiene. The choice of absorbents varies among rural and urban women and girls.

### **Methodology**

The present study is exploratory in nature, and the data of 100 respondents was collected through survey method by using purposive sampling technique from Balakote village of district Poonch of Jammu and Kashmir. The study consists of both primary and secondary data, interviews and focused group discussions has been conducted for data collection keeping in view the importance of women's education the study intends to study the educational status of women.

### **Objectives**

1. To study the practices and beliefs followed by the women in the remote border villages during menstruation.
2. To identify the scenario of women's issues and challenges in border villages of Jammu and Kashmir.

### **Results and Discussions**

The community depicted a strong web of social and cultural practices during menstruation. It was observed that through several generations these practices were believed and followed. There were many social and religious restrictions on girls during menstruation. Girls received these instructions for doing and don'ts from mothers, elder sisters, and friends. Restrictions particularly related to prohibitions in going to religious places, offering prayers, and keeping fast (Roza's) were reported by all the sample girls. Taboos/myths were also exported by all the girls by avoiding going near water as "it creates problems in the regular cycle because of a belief that reflection of water creates problems". All the girls were asked to be following these cultural prescriptions and prohibitions without questioning. Women must not have a bath during menstruation. They are not allowed to buy menstrual pads in the presence of men. In some cases, women are not permitted to visit newborns during menstruating cycle. In tribal there were found that women did not go for their teeth filled and pulled out during at their menstruation. Women must not cut their nails, not to dye their hair and haircut, not to pluck their eyebrows and not allowed to pray or enter the religious places. Moreover, she must not attend a funeral does not visit the cremations and not perform an ablution during menstruation. Women must not to touch the pickles, not to do knitting and stitching and not to make yoghurt and in some families, they are not allowed to kitchen to prepare any food item for family. There are also dietary restrictions and limitations imposed during period of menstrual cycle (Dundar and Aksu, 2022).

**Table 1: Showing Taboos during menstruation**

Taboos during menstruation	Frequency	Percentage
Women not allowed into enter religious places	32	32.0
Women not allowed to attend funerals	12	12.0
Women not to touch pickles	17	17.0
Women not allowed to enter in the family kitchen	13	13.0
Women not to talk to men	11	11.0
Women not to touch food items like curd and milk	15	15.0
Total	100	100.00

Source: Primary Data

Table 1: Showing the taboos during the menstruation period. Here data revealed that thirty-two percent women bear the issue to not enter the religious places and there is discrimination in the family where seventeen percent women have restricted to not touch the pickles and thirteen percent not to enter the kitchen for preparing any food item. About fifteen percent women are strictly bound not to touch the dairy products like milk and curd. Anyhow, there is also one myth during menstruation to not talk to male member in the village and women should keep within the home premises. Taboos surrounding menstruation exclude women from many aspects of social and cultural life.

This section presents the results obtained by analyzing the responses received from the respondents. Three different categories such as awareness, beliefs, and taboos are generated, and these are regressed against the socioeconomic factors: age, education level, occupation (nature of work), marital status, religion, region, and the development status of the district.

This study conducted an in-depth inquiry into awareness associated with physical changes, hormonal and associated changes, which are the major contribution of this study to the existing literature on menstruation awareness. While age did not seem to influence awareness and beliefs, the practice of taboos appears to get milder with age. Education seems to inversely influence the practice of taboos. In higher education, lesser taboos are practiced. The practices of taboos by girls/women in joint and extended families are milder compared to those in nuclear families. The practices of taboos by the girls/women in urban areas are milder compared to those living in rural areas, those living in developing or tribal districts have milder taboos. The results described that the respondents having Poverty, lack of awareness and less conceptual clarity about the menstruation hygiene and management, due to which they faced several gynecological problems along with several social taboos. The level of menstruation hygiene is found to be unsatisfactory. It has been observed in the border villages due to strong traditional and custom bonded beliefs, misconceptions and taboos has also impact on women's health and leads to reproductive tract infections. Women are educationally backward and unexposed to modern exposures and influences.

**Table 2: Women's issues and challenges in border remote villages**

Issues and Challenges	Frequency	Total
Hilly and mountainous terrain	13	13.0
Education status	17	17.0
Employed status	16	16.0
Kaccha house	20	20.0
Menstruation management	13	13.0
Complications related to menstruation	9	9.0
Reproductive tract infections	12	12.0
Total	100	100.0

Source: Primary Data

Table 2: It explains that the hilly terrain found thirteen percent responses and the education status is very poor around seventeen percent. Women living in kaccha house near about twenty percent. From of total hundred respondents the age group included from eighteen to thirty-five years. Most of the women are illiterate. However, very few of the women attained education only up to primary and middle classes. During the field study and the results of the respondents revealed that the management system of menstruation is very poor and unhygienic, and it report thirteen percent. Women using dirty cloth, that is improper and inadequate washing of used cloth. Women not using sanitary pads and disposals and they have lack of awareness about hygiene management. On being complications faced during menstruation, it is around nine percent and twelve percent found reproductive tract infections with majority of the women experienced stomachache, nausea, abdominal pain, loss of appetite and few stated having headache.

### Case Study 1

Women living in border village name "Balakote" of block Balakote of Poonch district in Jammu and Kashmir. According to her opinions she argued that Illiteracy is the main cause of high fertility in border areas. Because women are uneducated, they are not aware. She stated that because of economic issue effects on health, sometimes, we don't have money for purchasing medicines that are recommended by the doctor. She said her parents prefer early marriages and she got married at the age of around sixteen and they faced challenges faced becoming weak and early pregnancy burden. There was no transport on road during my pregnancy time which led to the marginalization of women and no regular transport system. We used to walk



on foot for around 5 to 10 kilometers whenever we have plans for the market. This is major problem we are facing. She is also suffered from anemic problems during pregnancy and after the post-partum period. However, the issue like iron and calcium deficiency found in me and undernourished and had low weight. In fact, she had experienced anxiety and hypertension. But sometimes, feel stressed because due to political turmoil and another factor is fear of mortar shelling and disturbance.

Supported with the above argument it has been observed about mental health is a serious issue in Jammu and Kashmir. Women victims of armed conflict. Poverty is another more likely to be seen as a dynamic construct that encompasses deprivation across material, social and cultural resources and necessities in one's life.

### **Case Study 2**

Women living in border village namely Balakote from the district Poonch. She viewed that, in my village there are socio-cultural factors that negatively impact women's physical well-being. She revealed that we are facing economic issues. Due to a lack of resources, it impacts health. Illiteracy impact women's health because many illiterate women go for unsafe abortions. She has also gone once where she was not aware of that, and found an infection for some months. She suffered from anemic problems during pregnancy and also found undernourished and had low weight. At the time of pregnancy, many of the women are not taking proper care which further leads to the risk of morbidity and mortality. In our village, maternal mortality rate happened due to improper medical care. We have Kaccha house where we are keeping our cattle in a Kaccha room particularly made for them. During snowfall and torrential rainfall, the kaccha room gets water from outside. Then we suffer a lot due to this.

### **Case Study 3**

Women living in border village and she opined that, about the infection inside the vagina and after taking medication course it became better. She has low knowledge about health, and she suffered from reproductive infection. My husband is a laborer and yet we don't have washroom. We just go to fields. Due to improper hygiene infections emerges. Yes, when we have no private washroom, we were suffering problems with sanitation. Particularly it was hectic for pregnant women not to go outside in the fields. "She faced reproductive infection and after taking medicine within five months it removed and now she feel better." Here no one knows when and where shelling gets started. It is very difficult for women during the maternal period. Women faced symptoms of morbidity. Even she also suffered from an infection and went for an abortion once.

### **Case Study 4**

Women living in border village in Balakote in Mendhar district of Jammu and Kashmir where she argued that, according to my knowledge, it is due to low education and illiteracy. But in my village their fertility rate is not much high. In border villages, due to contextual factors, women suffered a lot. Their economic condition is very low, even though have low-income source. "She rarely prefers to go the doctor because of the financial crisis. She suffered from an underweight issue during pregnancy and still underweight. During maternal time she suffered from infection for the first three months. During the post-partum period is prolonged fungus infection in the outer side of the vagina which lasts for five years". According to doctors, it is due to an unhygienic environment. We are facing problems with sanitation. We go for open defecation. We don't have private washrooms. Sometimes, it creates infections and stress on my health. Because of multiple pregnancies, women often bear reproductive infections and economic conditions that make challenges for not going to institutional deliveries.

## **Conclusion**

The framework accentuates how the context creates social marginalization that assigns different social differentiation to women. These differentiations influence the challenges and vulnerability of women in terms of conditions. In the context of socioeconomic life and migration-induced movements, the framework will be organized into these parameters such as social, economic, political, and environmental status are important elements in understanding what influences the challenges and issues of the people. While doing focus group discussions among respondents, it has been found that usually, it is the poor females who face the consequence of their lively habitats and assets getting affected. In the field study it has been observed women's dependency on agriculture and natural resources for their livelihood. But the distribution, quality, and functionality of the resources would be likely affected resulting in disturbances to the livelihood capacity and options of the people. However, torrential rainfall and snowfall cause a huge loss to the economy of the people. Besides these factors, there are several social factors like lack of basic amenities, complex terrain, remoteness of the area, medical facilities, road connectivity, education, marketing, electricity, and means of communication, chaos, fear, and weather conditions make the region and its people more vulnerable to the impacts of social change which leads to migration. Among all factors, poverty plays a dominant role.

However, it has been observed during field study most of the people have Kaccha houses. The geographical location is purely difficult, hilly, mountainous, and tough terrain. In these villages people dependent on

agriculture and pastoral cattle rearing only for their livelihood. Overall, people are economically poor. The border villages are underdeveloped. There are challenges regarding weather like torrential rainfall and snowfall and political turmoil between the two nations India and Pakistan.

Breaking the silence on menstruation is essential for women and girls to achieve and exercise their full potential. The study explores the linkages between women empowerment, utilization of hygienic methods during menstruation, and its effect on reproductive tract infections (RTI) among women aged 18-35 years in India. A woman experiences menstruation every twenty-eight days for nearly two-thirds of her life. Despite menstruation being a routine for women and a precondition for conceiving, it is stigmatized for being bad and impious across societies and geographical areas. The beliefs and taboos associated with menstruation result in poor awareness about menstruation, resulting in poor menstruation management and menstrual hygiene. Therefore, understanding the extent of awareness, the nature of beliefs, and the sets of taboos is important to identify the factors that might adversely impact menstrual hygiene. Educated women have milder beliefs. There is no difference in the intensity of beliefs of rural and urban women. Married women have milder beliefs than single girls/women. Girls/women in nuclear families have milder beliefs compared to those in joint or extended families. Girls/women in developed districts have milder beliefs than those from developing and tribal districts. However, the use of mass media like television and radio can be made to create awareness among citizens, in general, irrespective of age and gender. Schools should organize menstruation and menstrual hygiene awareness programs to educate girls prior to their menarche and early menstrual cycles. The Government may consider including menstrual hygiene in the school curriculum to be made aware of the puberty changes. This would help in sensitizing the boys and in developing compassion towards the menstruating girls/women.

### Recommendations

There should be dissemination of knowledge regarding practices and challenges of menstrual cycle and hygiene. To organized workshops and planning programs for creating awareness and to promote quality of life. The implementation of innovative techniques, adequate development of resources, financial assistance to below poverty women and girls, and generating awareness amongst the women would contribute the development and awareness in the villages like “Back to Villages Programs”. The government should take extensive measures especially for strengthening the hygiene management such as Schemes “Swachh Bharat and Clean India” should be provided by financial support, facilities for the implementation in the remote villages concerning discrimination and exploitation of the women. The government through its policies ensures the enrollment of girls in schools by providing them incentives that will prevent social problems like early marriages which are mostly reported high, especially in rural areas. In this respect, the government provided a positive role by undertaking various programs and policies especially for females with a suitable amount of stipend per month and implementation of various welfare measures for women.

### Limitation of the Study

The present study is an effort to identify the challenges and issues of women in border villages during menstruation cycle and what limitations they should followed and dimensions of women’s menstrual practices and beliefs, utilization of hygiene and methods of protection, and its impact on Reproductive Tract Infections among women aged 18-35years in border villages of Jammu and Kashmir. However, managing menstruation in a hygienic way should not be restricted to any specific age group but should be practiced religiously and homogeneously by all menstruating women. Additionally, it is crucial to explore similar linkages for women of other menstruating ages and is limited to women in the age group eighteen to thirty-five years.

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