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OF THE PROBLEMS OF MARGINALIZED WOMEN DURING MENSTRUATION IN INDIA

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ABSTRACT

Traditional Practices and inadequate policy frameworks affect all menstruating women differently in India. While the concerns on the forefront are mostly those affecting the upper caste women, the voices from the marginalized communities such as indigenous groups and lower-caste women remain unheard or rather, heard and ignored. Among some indigenous communities, traditional practices like isolating menstruating women in unhygienic and underprovided menstrual huts, known as "kurma ghar" expose them to severe health risks and social stigma. Simultaneously, policy decisions like creating more "women's' rest centers" instead of questioning this disguised inequality, high tax rates on raw materials used in the production of sanitary pads, further entrenches health inequities. These issues are juxtaposed against government campaigns like 'Beti Bachao Beti Padhao', which emphasize education while neglecting critical menstrual health needs.

It is only when we discern whether we are witnessing genuine reform or merely the veiled persistence of misogyny in our societal structures that we can provide a remedy for the scarcity of thought, acceptance and resources through education, agitation and organization.

INTRODUCTION

"You wouldn't discuss me because my suffering was not theoretical enough. Enough."

- 'Once My Silence Held You Spellbound' by Meena Kandaswamy

The voice of lower caste women; the intersection of two marginalized identities- caste and gender, is unacknowledged in the pandemonium of the upper caste dominated life in India. Proliferation of the internet in the past few years brought the concerns related to menstruation on the forefront. However, the glasses through which we view these concerns are not merely tinted, but tainted with privilege - social, economic and political. Consequently, the conversation around menstruation is

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disproportionately being produced by Savarna (upper caste) women in India and is restricted to them [1]. A study revealed that those belonging to general castes in India were 1.9 times more likely to adopt safe menstrual practices than those belonging to scheduled castes or scheduled tribes. (Baumann et al., 2019) [2].

India's caste system is among the world's oldest forms of surviving social stratification. (BBC, 2019) [3]. Problems faced by Dalit (literal meaning "downtrodden or oppressed"; first used by Jyotirao Phule to refer to the lower caste in the 19th century) women includes structural violence i.e. assaults on personhood, dignity, and the sense of worth in everyday life of a person and yet it remains invisible and normalized, in the sense that where an urban upper-caste woman is not allowed to enter a temple during her menstruation because of the prevailing menstrual taboo in India, a Dalit woman isn't allowed that for her entire life because her entire existence is considered as "polluting". It means and as Deepthi Sukumar has aptly put in 'Caste is my Period', "When Dalits themselves and their entire environs are considered to be polluting and untouchable, becoming impure only during our menstruation just did not arise." [4].

CASTE AND PERIOD POVERTY (SCARCITY OF RESOURCES)

Dalit women unlike the upper caste Savarna women often struggle with scarcity of resources, such as access to proper menstrual products, which forces them to fall back on using cloth instead of sanitary pads or tampons during periods. When girls use cloth, it is not dried in the sun, but in "dark" places to hide it from the constantly censuring patriarchal eyes. There are cases when women don't have enough clothes, so they stuff ash inside the cloth and then use it. Because of this, they get infections or uterine cancer.

According to government statistics, an estimated one million Dalits in India are manual scavengers (a majority of them women) who clear faeces from public and private latrines and dispose of dead animals (a caste-based occupation); unofficial estimates are much higher [5]. Therefore, simply distributing sanitary napkins without delving into other socio-economic and cultural constraints like caste and gender which compels the lower caste women to choose between menstrual hygiene and survival because of the lack of employment/wage earning opportunities, only leads to the formation of ineffective policies in the long run as is evident in the statement of a Dalit women during an interview, "How if we were given a sanitary napkin for free to the women in her family, they would rather sell it to feed their family than use it." [6].

TRIBAL WOMEN AND MENSTRUAL HUTS (SCARCITY OF ACCEPTANCE)

In India, Gaokor is practiced among the Gonds (which is the largest indigenous group in Central India) as well as Madiya ethnic groups (of Maharashtra). Similar practice is adopted in few communities of South India too ("Muttuveedu" in Tamil Nadu). The menstruating women are expected to make it through their cycle away from the premises of their homes, within a shack or a menstrual hut in isolation locally as "kurma ghar" or "gaokar". These kurma ghars ("ghar" ironically meaning "house") lack ventilation and basic amenities like washrooms, bed, kitchen (women have to rely on family members to bring them food), and are usually located on the outskirts of the village (sometimes near the sheds of animals) or near a forest in order to prevent 'contaminating' the villagers. Even on seeing a menstruating woman, locals have to bathe to purify themselves. (Press Trust of India, 2013) [2].

The social relation between caste and gender is guided by use of power through violence or force. This gendered violence takes quite different forms in different social contexts. Most often people fail to recognize the psychological dimensions of gender violence, which includes insult, humiliation, deliberate lack of care (such as withholding food etc.), even when there is no physical harm. According to a representative of a local NGO SPARSH (Society for People's Action for Rural Service and Health), at least eight women have died in Gadchiroli alone since 2011 as a result of this forced seclusion. Some have died due to pneumonia, while others were bitten by snakes.

Menstrual taboos are part and parcel of the caste and patriarchal design whereby it becomes necessary to use power in different forms, for instance religion and tradition to maintain the necessary "order" in caste and gender relations. This power in its absolute form does not allow dissent from the regulated submissively i.e., the women in any approach [8]. In fact, it does not even permit a sense of wrongdoing and hence, political awareness of wrong is also not allowed. It is thus believed by the women themselves that the tradition of practicing forced seclusion of women during menstruation could not be changed because "it's been decreed by our gods" and if they defied tradition, they would face the wrath of gods and invite illness and death in the family. The higher unmet need among the marginalized group suggests that unless the social barriers are addressed, it is unlikely to bring them out of the clutches of oppression and improve their health care access. There is thus an urgent need to create an enabling environment through strategies and intervention for the inclusion of vulnerable populations into the health system.

INSTITUTIONALISED MISOGYNY (SCARCITY OF THOUGHT)

In June 2017, the Government of India brought forth a fiscal reform called the Goods and Services Tax (GST) where sanitary pads were placed in the category of "luxury goods" (which came with a 12 percent tax). The decision triggered widespread protests, petitions and social media hashtag #LahuKaLagaan (tax on blood) questioned why the government taxed pads as a luxury rather than an essential item, such as condoms, which are tax-free. In fact, bini and sindoor (vermilion)symbols associated with marital status of a woman were also tax free, clearly reflecting the patriarchal mindset of the government of India whereby a woman's identity through her relation with a "man" becomes extremely important, even more than her basic needs. Even after the tax on pads were levied down to nil because of the widespread criticism, the inputs such as polythene film, glue used in the manufacturing of sanitary napkins continue to attract GST rate of 18% and release paper, wood pulp attract GST at the rate of 12%, thus raising the overall price of sanitary pads thereby making it even less affordable for the people from lower social and economic strata in India [9]. Where on one hand, it promotes the campaign 'Beti Bachao Beti Padhao' (or 'Save the Girl Child, Educate the Girl Child'), on the other hand the Government of India's delays and ignorance on a policy level towards one of the leading causes of school dropout ratio of girls in India clearly speaks a lot for itself.

STRIVING FOR MORE

EDUCATION: A REMEDY FOR SCARCITY OF THOUGHT

The subject of menstrual taboos and poverty is the right context to understand that it is impossible to have a practical understanding of gender inequality without viewing it within the superstructure of caste. The demarcated line between caste and gender can be blurred only through education and hence awareness.

It is important that everyone and not just women are included in discussions around menstruation as this will help de-stigmatize menstruation. Lack of education means lack of opportunities to live a better life in this deeply ignorant society. But women on the margins who manage to climb a few steps on the ladder of education constantly face discrimination on the basis of their caste and social status. It severely affects their mental health as they have to suffer at the hands of the upper caste dominated institutions whereby all their toil and hard work is reduced to the label of "quota student" (or "reservation student" because in India a set percentage of seats is reserved in all

universities and colleges for students who are socially and educationally backward or belong to SC and ST).

It is thus important to firstly educate ourselves that reservation is the responsibility of the government to make provisions so that the public money (collected through taxes that each one of us pay in anything we buy or any public facility we use) reaches each and every community as it is not the private money to be hoarded only by one section of the society. Modern governance under democracy has to create a situation where government funding is enjoyed by a larger section of society which can be achieved by equity where there is equality in the allocation of resources in an equitable way. We need to create spaces safe enough for women's voices from the margins to be heard.

AGITATION: A REMEDY FOR SCARCITY OF ACCEPTANCE

In 2015, India's National Human Rights Commission called the practice of menstrual huts "a violation of human rights" and ordered Maharashtra to take action to end the practice [10]. A committee was charged with looking into the issue, but it hardly took any initiative apart from creating more "Women's' Rest Centers" or "Mahila Visava Kendra". In fact, a panchayat (a village council) in the Champawat district of Uttarakhand collected funds to build a proper hut instead of rethinking their social beliefs and taboos and getting rid of this practice of period huts altogether [11]. In Bheed district of Maharashtra in India, contractors impose fines on women for taking a break during working hours. As a result, these women find hysterectomy a better option than losing a rupee [12]. Thus, there is a need to raise voice against this oppression and injustices faced by so many women on the margins in India. This can only be achieved by confronting scarcity of acceptance first and thereby striving for more through agitation.

ORGANIZATION: A REMEDY FOR SCARCITY OF RESOURCES

Despite the fact that Menstrual Hygiene has been recognized by the UN as a global public health concern and a human right issue, yet 1.4 million women lose their lives each year due to scarcity of basic sanitation and hygiene services globally [13]. According to official data, of the 10.83 lakh government schools in India, 15000 have no toilets [14]. This lack of sanitation facilities severely affects so many young menstruators. Prolonged involvement of the government and NGOs is thus necessary to increase social awareness and guarantee 'Health and Water, Sanitation and Hygiene' (WASH) for menstruating women. International and National organizations aligned with the promotion of the Sustainable Development Goals (SDGs) also need to bring their focus on

menstrual hygiene and period poverty in developing countries as there has been invisibility of menstruation within the main development agenda.

Only by bringing organized global attention and increasing the number of policymakers and researchers working on the inhuman practices of menstrual seclusion, we can actually think and work on the ways to deal with the necessary concerns.

CONCLUSION

In India there remains a massive gap between effective program planning and successful implementation of existing policies related to menstrual hygiene of the women on the margins because of caste and gender inequalities. What is needed is not a complete reversal of power structure but a radical redefinition of power and hierarchy that challenges the very basis of caste and patriarchal structure. Acknowledgement of one's privilege and developing sensibility is the first step; demonstrating sensitivity and acting accordingly, the second, to address and acquit the society from the twin indicators of oppression- caste and gender. Much work has been done to bring 'personal' to the stage of 'political'. It's time to question whose personal is actually political? It's time to thrive for more. It's time, as Dr. B.R. Ambedkar puts it, "to educate, agitate, organize!"

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