



Reproductive Health And Menstrual Hygiene Practices Among Galo Women Of Arunachal Pradesh: A Rural–Urban Comparative Study

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Abstract: Reproductive health is a fundamental component of women's overall well-being and social development. Despite global and national commitments, women's sexual and reproductive health continues to remain neglected, particularly among indigenous and tribal populations. This paper examines the reproductive health status of Galo women in Arunachal Pradesh, with a specific focus on menstrual health and hygiene practices. Using primary data collected from 600 Galo women (300 rural and 300 urban), the study analyzes age at menarche, duration and regularity of menstruation, sanitary practices, frequency of change of menstrual products, disposal methods, menstrual health problems, treatment-seeking behavior, and the persistence of menstrual taboos. The findings reveal notable rural–urban differences in sanitary practices, waste disposal, health-seeking behavior, and adherence to taboos. While the majority of respondents reported regular menstrual cycles and use of sanitary napkins, significant gaps persist in menstrual hygiene management, access to healthcare, and awareness, particularly among rural women. Deep-rooted sociocultural beliefs, economic constraints, and limited health infrastructure continue to shape women's reproductive health experiences. The study underscores the need for culturally sensitive reproductive health interventions, improved health services, and community-based awareness programs to enhance menstrual health and reproductive rights among tribal women.

Keywords: Reproductive health, menstrual hygiene, tribal women, Galo community, Arunachal Pradesh, rural–urban comparison

Introduction

The International Conference on Population and Development (ICPD) defines reproductive health as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and its functions ([United Nations](#), 1995). Reproductive health is central to women's well-being and to the broader socio-economic development of families, as women often serve as primary caregivers and health managers within households. Yet, women's health remains neglected, particularly in developing nations where maternal mortality persists as a major concern. Globally, approximately 700 to 800 women die daily from preventable causes related to pregnancy and childbirth, with 95 percent of these deaths occurring in low-income countries ([WHO](#), 2025). India recorded the second-highest absolute number of maternal deaths globally in 2023, with approximately 19,000 fatalities ([India Today](#), 2025). These vulnerabilities are intensified among tribal populations due to geographic isolation and limited healthcare access.

A critical dimension of this well-being is menstrual health and hygiene (MHH). While a natural biological process, menstruation is frequently shrouded in stigma, silence, and notions of "impurity," leading to social exclusion and adverse psychological impacts ([Haider](#), 2023). In many rural Indian

societies, deeply ingrained taboos restrict women's dietary intake, social interactions, and religious participation, often causing adolescent girls to miss school or drop out entirely ([Research Gate, 2025](#)).

In tribal societies such as the Galo community of Arunachal Pradesh, women are vital to agriculture and household sustenance. However, they face specific reproductive risks including early pregnancy and limited health literacy, compounded by Arunachal Pradesh having one of the highest maternal mortality ratios (MMR) in India ([Estimates and Correlates of District-level MMR, 2023](#)). This paper examines the reproductive health status of Galo women, focusing on how cultural norms influence menstrual hygiene across rural and urban settings.

Objectives of the Study

1. To study the menstrual characteristics of Galo women.
2. To examine menstrual hygiene practices and related health problems among Galo women.
3. To compare reproductive health practices of rural and urban Galo women.

Methodology

The study is based on primary data collected through a field survey conducted among 600 Galo women in Arunachal Pradesh, comprising 300 respondents each from rural and urban areas. A structured interview schedule was used to collect data on menstrual and reproductive health indicators. Descriptive statistical techniques were employed to analyze and present the data in tabular form.

Results

Age at Menarche

The findings reveal that the majority of respondents experienced menarche between 12 and 14 years of age, with 13 years being the most commonly reported age. This pattern is consistent across both rural and urban settings, suggesting a relatively normal onset of menstruation. However, a higher proportion of rural respondents reported later menarche (15 years and above), which may reflect nutritional deficiencies and lower socioeconomic conditions.

Duration and Regularity of Menstruation

Most respondents reported a menstrual duration of 4–5 days, followed by 2–3 days. Approximately 90 percent of the women reported having regular menstrual cycles, indicating overall physiological normalcy. Irregular menstruation was slightly more prevalent among rural women, possibly due to higher workloads, nutritional stress, and limited healthcare access.

Sanitary Practices and Frequency of Change

The use of sanitary napkins was reported by a large majority of respondents (88 percent). However, reliance on cloth was significantly higher among rural women, reflecting economic constraints and lower awareness. Urban women demonstrated better menstrual hygiene practices, including more frequent changing of sanitary products. While most women changed their sanitary products at least three times a day, rural respondents were more likely to change them less frequently, increasing the risk of reproductive tract infections.

Disposal of Menstrual Waste

Disposal practices showed sharp rural–urban contrasts. Burning of menstrual waste was the predominant method in rural areas, whereas urban women mostly disposed of used products in garbage bins. Improper disposal practices raise serious environmental and health concerns, highlighting the absence of systematic menstrual waste management, particularly in rural settings.

Menstrual Health Problems

Dysmenorrhea emerged as the most commonly reported menstrual health problem, followed by backache and menorrhagia. The prevalence of menstrual discomfort was marginally higher among rural women, suggesting cumulative effects of physical labor, poor nutrition, and limited access to healthcare.

Treatment-Seeking Behavior

Despite the high prevalence of menstrual health problems, only about one-fifth of the respondents sought medical treatment. Most women considered menstrual discomfort as a normal phenomenon not requiring medical attention. Among those who sought treatment, professional healthcare services were preferred over traditional healers, particularly in urban areas. However, traditional healing practices continue to play a role among rural women, especially those adhering to indigenous religious beliefs.

Menstrual Taboos

More than half of the respondents reported observing menstrual taboos. Adherence to taboos was significantly higher among rural women and those following the indigenous Donyi Polo religion. These taboos reinforce stigma, restrict mobility, and discourage women from seeking healthcare, thereby negatively affecting their reproductive health.

Discussion

The findings of this study offer a critical look into the intersection of biology, environment, and culture among the Galo women of Arunachal Pradesh. By comparing rural and urban cohorts, this analysis highlights how geographic isolation and socio-economic status fundamentally alter the experience of menstruation, moving it from a routine biological event to a site of significant public health concern.

Menstrual Characteristics and the Nutritional Gradient

The study reveals that the majority of Galo women attained menarche between 12 and 14 years of age. This aligns with the "secular trend" observed in developing economies, where improvements in living conditions lead to earlier onset (Kaplowitz, 2006). However, the notable proportion of rural respondents reporting menarche at 15 years or older points to a nutritional gradient. Delayed menarche in rural Arunachal Pradesh likely reflects chronic energy deficiency and the physically demanding nature of agrarian tribal life, a pattern documented in other marginalized Indian populations where caloric intake is inconsistent (Ibitoye et al., 2017).

While menstrual cycles were largely regular, the slight prevalence of irregularity in rural areas suggests that high-intensity physical labor characteristic of Galo women's roles in livestock and agriculture combined with limited access to primary healthcare, may disrupt hormonal homeostasis (Lee et al., 2006). This irregularity often goes unaddressed, as rural women lack the diagnostic "touchpoints" available to their urban counterparts.

Hygienic Methods: The Urban-Rural Divide

The relatively high use of sanitary napkins (88%) reflects the success of recent government schemes and increased market penetration. These findings parallel NFHS-5 data, which shows a significant national increase in hygienic menstrual methods (Ministry of Health and Family Welfare, 2021). However, the continued reliance on cloth among rural Galo women highlights a persistent economic barrier. In the hilly terrains of Arunachal Pradesh, "affordability" is compounded by "accessibility"; the cost of pads is often secondary to the lack of consistent supply in village kiosks.

Furthermore, the frequency of changing sanitary products higher in urban areas indicates a disparity in water, sanitation, and hygiene (WASH) facilities. Urban women benefit from private, piped water supplies, whereas rural women may face challenges in maintaining hygiene due to shared or outdoor water sources. Infrequent changes are not merely a choice but a systemic constraint that increases the risk of reproductive tract infections (RTIs) (Torondel et al., 2018).

Waste Management and the Taboo of Disposal

The disposal of menstrual waste remains a significant environmental and cultural challenge. The rural practice of burning waste is driven by the Donyi Polo belief system, where menstrual blood is often viewed with spiritual caution, requiring "complete destruction" to prevent ill-fate. While burning is effective for hygiene, the lack of formal waste management in urban areas leads to the disposal of non-biodegradable pads in garbage bins, creating a "secondary pollution" crisis (Bhor & Phonske, 2018). This underscores the need for biodegradable alternatives that respect both tribal ecology and cultural sensitivities.

Morbidity and the Normalization of Pain

Dysmenorrhea and backache emerged as universal health problems in this study. However, the most alarming finding is the treatment-seeking gap: over 75% of respondents did not seek medical help. This "normalization of pain" is a common theme in Indian women's health, where menstrual discomfort is viewed as an "inevitable burden" of womanhood (Garg & Anand, 2015).

In rural Galo society, this is exacerbated by a lack of female healthcare providers in Primary Health Centers (PHCs). The preference for traditional healing among rural women, particularly those following indigenous religions, suggests that traditional systems provide a "culturally safe" space that the biomedical system has yet to offer. Bridging this gap requires integrating ASHAs and Anganwadi workers as frontline menstrual health educators.

Sociocultural Taboos: Stigma as a Health Barrier

Despite modernization, menstrual taboos remain entrenched, particularly in rural Galo households. The correlation between religious affiliation (Donyi Polo vs. Christianity) and taboo adherence suggests that religious transition often leads to a relaxation of physical restrictions, such as kitchen exclusion. However, the underlying stigma remains, discouraging open dialogue and contributing to "menstrual silence" (Wodon et al., 2018). These taboos are not just social inconveniences; they are structural barriers that restrict mobility and limit a woman's autonomy over her own body (Olson et al., 2022).

Recommendations

Addressing reproductive health among Galo women requires moving beyond the simple distribution of sanitary pads. A holistic framework must include:

1. **Nutritional Interventions:** Targeted at adolescent girls in rural schools to address delayed menarche.
2. **Culturally Sensitive WASH Infrastructure:** Designing disposal systems (like small-scale incinerators) that align with tribal spiritual beliefs.
3. **Educational De-stigmatization:** Involving community elders to challenge the "impurity" narrative and promote pain management as a right, not a luxury.

By tackling these socio-environmental roots, Arunachal Pradesh can transition from merely managing menstruation to ensuring menstrual equity for all tribal women.

Conclusion

The study reveals that while Galo women exhibit relatively normal menstrual patterns, substantial challenges persist in menstrual hygiene management, healthcare access, and sociocultural acceptance. Rural women remain particularly disadvantaged due to economic constraints, inadequate infrastructure, and stronger adherence to menstrual taboos. Addressing reproductive health among tribal women requires culturally sensitive interventions that integrate health education, improved healthcare services, and community engagement. Strengthening menstrual health awareness and dismantling stigma are essential steps toward ensuring reproductive rights and overall well-being of tribal women in Arunachal Pradesh.

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