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The Real Period Stain: Menstrual Stigma and Its Pressures in South Asia

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“And now my period and its army of symptoms wages war—and the battlefield is my body. Being a woman felt like punishment for a crime I didn’t commit.”

-Diana Fabianova, *Red Moon*

I don’t remember my first period, but I remember the periods that made me feel overly aware of the fact that I was menstruating. The most significant period I had was when I was 19 and visiting Bangladesh with my family. I was staying with my grandparents, and I had gotten my period. Every time I had to throw out a used pad, I had to roll it up in the packaging of the pad, then roll it in newspaper so it was covered, then hide it under my shirt and walk to the balcony, and then put it in a bag underneath a rag in a bucket. This extensive process was simply to make sure no one would ever know I was on my period. There is a great taboo in Bangladesh regarding menstruation, which I had clearly underestimated. I’m accustomed to keeping my period discreet, but I had never gone to such extensive efforts. I have learned a lot about my period and the issues of menstrual stigma since my time in Bangladesh, but there is still a part of me that feels that I must hide my period. That is because the force of menstrual stigma has been engraved in me, and it isn’t easy to get rid of.

This experience gave me a new perspective on menstruation and even changed the focus of my research project. While I had originally planned to study differences in menstrual healthcare access, I decided instead to consider how menstrual stigma affects access to menstrual healthcare. As part of my research, I interviewed five women who lived in an urban area and five women who lived in a rural area of Bangladesh. I asked them questions about their menstrual experiences, including experiences of menstrual stigma. While most women did not express experiencing menstrual stigma outright, there were parts of their menstrual experiences that clearly showed the presence of menstrual stigma. There are many factors to consider when exploring menstrual stigma including cultural history, religion, personal habits, and overarching

beliefs. With these elements in mind, I was able to conclude that awhile menstrual stigma does not take menstrual healthcare away from women, it definitely causes difficulties in menstrual healthcare access.

Defining Stigma and Menstrual Stigma

The word “stigma” is derived from the Greek. To make sure slaves would not become part of their own company, the ancient Greek would mark their slaves, and this mark was called a “stigma” (Falk, 17). Now, stigma has transformed from a physical mark to an abstract mark only recognized at the societal level. Johnston-Robledo and Chrisler define stigma based on sociologist Erving Goffman’s views: “any stain or mark that sets some people apart from others; it conveys the message that those people have a defect of body or of character that spoils their appearance or identity” (9). Stigma, then, is borne from disapproval and thus separates a certain group and denotes them as “other.” Likewise, menstrual stigma is the marking of a woman’s period as a taboo—usually borne from disgust or fear of the blood.

Because menstrual stigma is more of a social pressure than it is a physical entity, it is not easily seen unless situations are looked at closely. Menstrual stigma is hard to see because many aspects of menstruation are kept secret by women whether that be hiding their menstrual products or going about their lives as if nothing is different. While it may be difficult to see, menstrual stigma is not hard to define. Johnston-Robledo and Chrisler discuss menstruation as a stigma in that period blood is often considered an “abomination” of the body, and that “in some cultures women are believed to be unclean during their menstrual periods” (10). This idea of menstruation as a disgusting bodily function rather than the natural course of a woman’s body is problematic to society. It is pedaled by silence and tradition and varies with different cultures.

Menstrual taboo takes many forms in different cultures, but there are commonalities amongst these cultures. For instance, there are often similar actions within cultures that women have to abide by such as concealing menstruation, restricting from certain activities, and not talking about menstruation openly (Johnston-Robledo & Stubbs, 4). The disgust or discomfort with menstrual blood is also common as “some have argued that menstrual blood is viewed as more disgusting or aversive than other bodily fluids” (Johnston-Robledo & Chrisler, 10). Furthermore, a study done by Ussher in 2004 “found that women understood, experienced, and interpreted PMS symptoms as violations of the norms for ‘appropriate’ femininity” (Johnston-Robledo & Chrisler, 13). This mindset in which women are hyper-aware of their actions and “self-police” themselves further perpetuates menstrual taboo as it creates strict “rules” that women feel compelled to follow even though they don’t need to (13). We also see menstruation in a negative light cross-culturally because of the way women on their periods are presented by the media as moody and high-maintenance (11). These practices and thought processes are common to many cultures and further embody menstrual stigma.

Menstrual Stigma Through Time

Delaney, Lupton, and Toth’s *The Curse* documents different aspects of menstrual stigma and traces it back to practices of various societies. Though many of the societies had different rituals and reactions to a woman’s period, overall, their actions were brought on by fear of a woman and her period. For example, a tribesman from New Guinea divorced his wife when she bled on his blanket and then later killed her with an ax out of fear of her “evil influence.” The notion of period blood being an “evil influence” comes from the fear that when a woman is on her period, she can control men. For this reason, many women were put into seclusion and kept

from their day to day activities to protect men. These practices show that menstrual taboo was essentially created by men to save themselves:

We believe, from the available evidence, that the taboos as taboos were probably enforced by men, who connected this mysterious phenomenon with the cycles of the moon, the seasons, the rhythm of the tides, the disappearance of the sun in nightly darkness and who feared such cosmic power in the apparent control of a member of their own species. (7)

Furthermore, menstrual stigma is passed on from generation to generation, and as young people learn about it, they hold onto those beliefs and pass them onto their children (24). In fact, in a study done by Haque and associates with young girls in Bangladesh, 67.1% of the sample believed that menstrual blood was not impure while 32.9% of young girls were under the impression that their menstrual blood was impure (5). This kind of thinking can come from what they have learned from Islam and their elders, and the types of actions they have had to go through during their periods. This thinking then continues into their adulthood and to the consequent generation.

In a qualitative study, Crawford, Menger, and Kaufman (2014) talked to women in Nepal about their experiences of menstrual stigma. One of the most common experiences of menstrual stigma was exclusion from certain places and activities due to rules of cleanliness and purity set out by Hinduism. Women were secluded from their homes and sacred places, so they were not allowed to cook, touch food, or pray. Some women were even kept from school. There were some participants in the study that were told to avoid boys and men as well. One woman in particular was shut inside her house and kept from playing with boys when she reached menarche and found that even after her period was over she did not feel comfortable being

around boys anymore. This distance from the home, areas of prayer, school, and even men reiterates menstrual myth by way of patriarchal societies that feared the potential power of women, who were—and still are—considered to be the lesser sex.

In fact, it is clear that menstrual stigma has its roots in gender inequality and has festered because of extensive expectations of women. Johnston-Robledo and Chrisler cite feminist scholars who say, “In order to preserve their feminine identity and earn the associated social currency, women must present themselves as sexualized and sanitized, completely distanced from their embodied, creaturely selves” (3). Women are expected to present themselves in traditional, “feminine” ways because that is what society has expected of them for centuries. For instance, women in the Victorian era had to find ways to be discreet with their periods to make sure their image was still pure and clean (Vicinus, 43), similar to what women in South Asia are going through to this day despite the difference in time.

In fact, there is much overlap between the Victorian woman’s and the modern South Asian woman’s experience of menstruation. To begin with, both narratives are essentially written and completed by males. Ideas about the process of menstruation, its anthropological relevance, and its role in education were dominated by men and their opinions. Henry Maudsley, a British psychiatrist, used menstruation as a way to explain that women were of lesser value (42). He used a natural process to show weakness in women. Elizabeth Garret Anderson, a physician, disagreed with Maudsley’s claims:

[Anderson] pointed out first, that most adult women completely disregard menstruation in relation to their normal activities; it is worth noting that no woman discussing the subject indicated a necessity to remain in bed for the duration of the period. Among the working

classes in particular, work went on ‘without intermission, and, as a rule, without ill effects.’ (43).

Women thus found it better to hide this aspect of their lives. Living as if menstruation is a secret is similar in Victorian women and women in South Asia. There is a difference, however, in that women in South Asia are either told to suffer without anyone finding out or treated in such an exclusionary way that everyone finds out. For instance, in Tamil Nadu, India, a young girl was killed during a cyclone in 2018 because she was secluded to a hut separate from her house (“Cyclone Gaja”). A similar case occurs in the Dhamilekh village of Nepal, where women are banished to special huts and are not allowed to touch plants, food, men, or the cattle. One of the men in the community claim that “period blood is poison” (“Banished for bleeding”). Because of the stigma attached to menstrual blood, women are not allowed to use the village toilet and instead have to wait to go to a stream to wash themselves (“Banished for bleeding”). In the case of the Dhamilekh village, women are put in a dangerous situation and are essentially shunned from living their lives because of their periods. There is no just reason for secluding a woman, but this village in Nepal has still kept to this terrible practice. These types of situations illustrate how menstrual stigma can keep women from healthy menstrual practices. Secluding women who are on their periods just makes the fact that they are menstruating more obvious. The pressure of menstrual stigma is unfortunately one that either hides menstruation or makes it blatantly obvious and women are pulled in these two polar conditions, both equally horrible.

Menstrual Stigma and South Asian Religions

In India, the rules of Hinduism continue to push menstrual stigma. Most recently, a ban on a Hindu temple in Sabarimala, India against girls of menstruating age (age 10 to 50) was lifted. An incredible backlash ensued, especially when two women decided to enter the temple

(“Sabarimala: Women”). Many men are protesting the ruling, saying that the God of the temple—Lord Ayappa—would not approve as women are “unclean” during their menstrual periods and therefore should be kept from praying. While most temples do not allow menstruating women inside, the Sabarimala temple does not allow any woman between the age restriction inside. The reasoning behind the ban is that menstruating women “defile” the temple. To protest this ban, many women created a human chain in front of the temple (“Sabarimala: Indian god”) This a moment to admire the two women that entered the temple and the people that agreed to rule against the ban. The ban on menstruating women was a clear showcase of the ongoing and dangerous menstrual stigma in India. There have been many moves to begin to remove this stigma, but it is clear that it is not an easy movement.

Similarly, in Bangladesh, menstrual stigma is especially strong due to Islamic rules regarding a woman’s menstrual cycle as the majority of women in Bangladesh are Muslim. As the religious text for Muslims, the Quran is highly regarded and thus consulted for many aspects of life. Menstruation comes with many religious rules for women and are followed very carefully. Women understand the need to stay clean during their periods, but many of them may attribute this need to what is written in the Quran rather than what is needed for their personal hygiene. Thus, the Quran creates a great influence on women’s periods and how they are seen by society.

There are two verses in the Quran that mention *hyad*, the Arabic word for menstruation. The laws of purity regarding *hyad* are extensive and restricting for women. A woman on her period is considered impure, and the only way to bring back her purity is to wash herself with water. During her menstrual period, a woman is not allowed to pray, fast in the month of Ramadan, recite the Quran, or be allowed in the mosque (“Hyad”). While the Quran does not

explicitly name Eve, she is known in Islam as Hawwa. Hawwa and her daughters were given the punishment of menstruation and the difficulties of child birth due to Hawwa's intoxicating Adam with wine, which caused him to eat the forbidden fruit ("Hawwa"). This is the religious tradition that explains menstruation in women, but it has taken a turn in the Quran.

The first verse in the Quran about menstruation is in Surah Al-Baraq, which establishes the definition of an "unclean" woman:

They ask you (O Prophet), concerning women's (menstrual) courses: Say: 'They are hurt and a pollution: So keep away from women in their courses, and do not approach them until they are clean. But when they have ordained you by Allah.' Because Allah loves those who turn to Him constantly and He loves those who keep themselves pure and clean. (Quran, 2.222)

This verse asserts that women on their periods are unclean as it calls them a "pollution." People are also told to stay away from women on their period, which goes along with how many women are told to stay away from men or young girls are not allowed to play with boy. This connects to the line, "But when they have ordained you by Allah," which goes to show that only once a woman is clean can she be among others. The last part of the verse states that God loves those that turn to him but only those that are clean. This verse in the Quran alludes to the idea that women on their period are not loved, which asserts them as "other," especially to those who interpret the Quran in a literal way. Surah Al-Baraq establishes Islam's general view that a period is a pollution and thus influences negative thoughts about menstruation.

Surah At-Talaq is another verse that mentions menstruation. While Surah Al-Baraq talks specifically about defining a woman on her period, Surah At-Talaq is more about how long women must wait after a divorce to re-marry in terms of their periods. The verse states:

Such of your women who have passed the age of monthly courses, for them the prescribed period, if you have any doubts, (the period) is three months, and for those who have no courses (it is the same). And for those who carry (life inside their wombs) their period is until they deliver their burden, and for he who fears Allah, He will make their path easy for him. (Quran, 65.1)

Surah At-Talaq establishes more rules for women based on their periods. While this verse focuses more on the rules of divorce, it essentially defines a woman by her period. It begins with “your women,” as if women belong to men rather than being independent beings. It goes on to create contingencies about who can re-marry at what time. While the Quran sees the period as an unclean impurity, it still uses it to define parts of a woman’s life. It is an interesting contrast here, as a taboo is once again used to define a woman—but in a different way. Surah Al-Baraq defines the menstruating woman as unclean, and Surah At-Talaq defines the woman based on what stage of her menstrual period she is in. Because Bangladesh is such a religious country, the population looks to the Quran for guidance. The Quran is one of the biggest foundations of Islam, and it defines the way a Muslim should lead their life, so when it has been tradition from the beginning of the religion to create a taboo against women, people are more inclined to continue that taboo. There are many people that do not wish to stray from the Quran, but it does not make sense to essentially shun women because of a natural process.

Menstrual Stigma and Menstrual Healthcare

Menstrual stigma affects menstrual healthcare in many ways. It may keep a woman from seeing someone about healthcare issues, or it may worsen their situation due to the “need” for silence. It is important to define menstrual healthcare in the context of this paper. Menstrual healthcare means more than just a trip to the doctor. It is an overarching term for a variety of

issues. Menstrual healthcare includes accessing menstrual products, maintaining hygienic menstrual practices, and feeling comfortable in going to see a doctor or gynecologist. Menstrual healthcare is a qualitative collection of actions, and they are all individually affected by menstrual stigma.

Menstrual stigma can affect access to menstrual products. The most common menstrual products used in South Asia are pads and cloths. Cloths are used more in the villages than in city settings because women in villages usually do not have the same access to menstrual products as women in more urban areas. This is especially common in India, where “only 11.25% of girls [use] sanitary pads during menstruation, 42.5% of girls used old cloth pieces. . . and 73.5% of girls reused cloth pieces” (Garg et al, 769). In Nepal, 66% of girls used cloths, and most of the girls that did use cloths were from rural areas (Garg et al, 769). While using cloths is much more common, there is a greater push to use pads because they are more hygienic. Maintaining menstrual hygiene is extremely important because by not using clean products and staying clean during their periods, women can be made susceptible to Reproductive Tract Infections (RTIs). India has a high prevalence of RTIs, and much of this can be attested to the use of cloths as menstrual products. There is a common myth in India that if a man sees the cloth that a woman uses for her menstrual blood, he will go blind because the cloth has an evil quality. This myth and the general embarrassment of period blood forces women to keep cloths hidden, even while they are drying. So, the cloths are often left damp and still reused, thus causing infections (Garg et al, 768). Because cloths are often used damp and dirty, it is more hygienic to use pads, but the cost and stigma attached to them often stop women—especially South Asian women—from using them.

While access and affordability are the biggest reason women turn to using cloths rather than pads, I hypothesize that taboo and traditional practices play a large part. In the U.S. and many European countries, the Tampon Tax—the extra tax on women’s products, including menstrual products—is still in effect. The Tampon Tax makes buying menstrual products for women who do not have the budget. There is no tax on men’s products, so it is essentially a tax on being a woman. India cut its 12% Goods and Services Tax (GST) after massive protests (Claire). The 12% tax would have made menstrual products even less accessible. This stems from the inherent inequality between men and women that is still present in society. The taboo of menstruation is reflected in charging more for an item that is already difficult to afford for a natural process. Along with the Tampon Tax, there is another clear cultural reason why women avoid using pads. The cultural taboo in India and Bangladesh surrounding menstruation and any discussion of it makes it embarrassing for women to ask for pads from a male pharmacist or be seen out and about with pads. It is easier to use cloths and keep the secret away from the public, but the cost of keeping this secret for the sake of propriety and tradition has bigger consequences. There are cultural practices in place that make being a woman harder, and it is especially hard during a menstrual period. Signs of inequality and menstrual stigma are present and affect women during their menstrual periods in harmful ways.

Finally, menstrual stigma can affect how comfortable women feel visiting the doctor or gynecologist. Women that do not have a female doctor or gynecologist would not feel as open to speaking about menstruation with a male. This is because of the cultural norm that menstruation is “women’s business” and something that would make men uncomfortable. While medicine should be universal and women should never feel uncomfortable talking to a healthcare professionals, menstrual taboo does not necessarily allow for that. It is a practice that inserts

itself into women's minds as a tradition rather than a taboo, so women do not immediately understand that it is perfectly normal to talk about menstruation with doctors and gynecologist. The taboo attached to menstruation stops women from communicating with men completely about their periods, and this includes their doctors. It is easier to talk about menstruation among women and keep it between women, but that also introduces another barrier and only serves to make the weight of menstrual stigma heavier.

Menstrual Stigma and Menstrual Education

The effects of menstrual stigma go farther than the individual and affect girls and women on the national level in Bangladesh. Haque et al states,

In many areas of developing countries, a culture of silence surrounds the topic of menstruation and related issues. As a result, many young girls lack appropriate information on menstrual hygiene. Infections due to lack of hygiene during menstruation have been reported in many studies. (Haque et al, 1)

Multiple aspects of menstrual stigma come together to create issues for women. Access to menstrual healthcare, menstrual education, and cost of menstrual products are all affected by the weight of menstrual stigma. Haque et al notes that myths and misconceptions add heavily to "negative attitudes towards this natural physiological phenomenon" (2). Haque and his partners conducted a study in the Araihasar area in Bangladesh to see how menstrual education can change young girls' outlook on menstrual stigma. They compared initial attitudes about menstruation to attitudes after receiving menstrual education. The topics they looked at were: menstrual disorders and complications, who they could talk to regarding these issues, and behaviors and restrictions during girls' menses.

Overall, they found that following menstrual education classes, there was significant improvement in mentality regarding different aspects of menstruation. Concerning sanitary products, 57.9% of the girls believed proper sanitary products should be used, and after the educational program, 81.5% of girls believed proper products should be used. Furthermore, in the beginning, over 16% of the girls said they used pads, and then after the program, 39% of the girls used pads. However, only 22.4% of the girls began using pads after the intervention. The rest still used cloths. (Haque et al, 5). When it came to issues of visiting certain places during their menses, 45.4% of girls did not visit relatives, friends or neighbors, and 7.7% of the girls did not go to school. The researchers found no significant differences about restrictions on visiting places of worship or doing household chores. However, the large percentage of girls that restricted normal activities shows that menstrual stigma and taboo still hold a lot of power over young women and their personal mentalities (Haque et al, 7).

Another study observed WASH (water, sanitation, and hygiene) programs in South Asia, and how effective these programs were in aiding menstrual hygiene. In a review by Bharadwaj and Patkar in 2004 of 85 WASH sectors, it was found that a lot of the sectors lacked menstrual hygiene management in terms of community water and sanitation, school sanitation, and hygiene promotion (Mahon & Fernandes, 101). WaterAid is an organization that has been working in India to see how communities can increase their access to water to better their sanitation practices. In order to help issues with menstrual hygiene, WaterAid looked to bring more attention to menstrual practices. Two issues of note came to WaterAid's attention: firstly, a young girl told WaterAid staff that her mother did not allow her to use the main toilet because she was "impure"; in another interview, a woman mentioned that she had been using the same

cloth to catch her period blood for the past four years (106). These issues brought WaterAid to focus on menstrual education as a means to improve sanitation efforts.

Menstrual education—teaching young women and girls about how to take care of their bodies, keep themselves clean, and use safe menstrual products—is central to understanding and teaching menstrual practices. A WaterAid study in Bhopal, India found that 89% of the 2,579 respondents used a cloth for the absorption of menstrual blood, 2% used cotton wool, and 7% used pads. These statistics show that the majority of the respondents—who were both rural and urban poor women—may not have the proper education about menstrual hygiene. 41% of the women had no information regarding menstruation and only 16 of the 686 students had received information about menstruation in school. There is a clear gap in menstrual education, and there is no doubt that it is rooted in menstrual stigma. The menstrual taboo creates a culture of silence around menstruation because it is “improper” to talk about. Because people are not willing to talk about menstruation, there aren’t as many efforts to create educational programs about it either.

WaterAid looked to bring the culture away from this silence by creating self-help groups for women:

In self-help groups, a few women expressed the view that menstruation was an issue for their sense of their own dignity and health, and until now no-one had discussed it with them. They themselves had not felt it important to share their experiences of exclusion, embarrassment and health problems associated with menstruation. (108)

Unfortunately, it is clear that women have been silenced by menstrual stigma and have grown up in a culture that believes that silence is less embarrassing than talking about natural aspects of their body. Both the Haque study and WaterAid found that there is a serious lack of menstrual

education. While Haque showed that menstrual education can be helpful for young girls, WaterAid's studies showed that women were still not completely open to talking about their periods or receiving information about what they go through. There is a clear cultural dilemma that pressures women into choosing between their right to know about their bodies and the religious and cultural traditions they were taught from a young age. While many women choose tradition, young girls can be taught that menstruation is worth talking and learning about. Proper menstrual education teaches young girls about their periods and how to stay safe and clean during that time.

Qualitative Study in Bangladesh

To better understand how menstrual stigma affects women in South Asia, I conducted a qualitative study in the city of Rajshahi and the village of Noagoan, interviewing five women in each area. While there was only one question that directly asked them about their experiences with menstrual stigma, other questions tackled areas that are related to menstrual stigma such as menstrual healthcare, menstrual education, menstrual hygiene, and religion. These interviews were then analyzed to form the central argument of this paper to show that menstrual stigma—though it may not be outwardly clear—affects access to certain aspects of menstrual healthcare.

All ten respondents were Bangladeshi women, varying in age and class. On average, the women in the city were younger than those in the village. The youngest women were in their 20s, and the oldest woman was well into her 70s or 80s (she did not know her age). It is worth noting that the literacy rate and social status were vastly different between the village and city women. Four of the five women in the village did not know how to read or write and therefore did not know exactly how old they were. Women in the village were spoken to in home settings whereas women in the city were spoken to in clinics. All women were asked the same questions;

however it was clear that I needed to explain the questions more to some women than others. All women were either given a consent form to read or had one read to them, and their signatures or markings were taken.

It is important to note the interview atmosphere in both the city and the village. The interviews in Rajshahi were conducted in a clinic, and the women interviewed were either patients visiting the clinic or women who worked in the clinic. The interviews in the village were conducted in a more home setting. In the village, women gathered around to watch the interviews take place. There was a sense of community in the way that women banded together to support each other while they were talking to me. There are probably many reasons the women took interest in the project, and among the reasons could be that they were surprised to see someone talk about menstruation when it is usually kept a secret.

The biggest difference between the village women and the city women were that all the village women used cloths as their main menstrual product whereas city women used other products. However, many women who now live in the city used to live in the village and used cloths while they were there. Once the women in Rajshahi had made the transition from the village to the city, they had cited making the switch from cloths to pads. There was one woman, aged 23, who used pads from her first menarche, and another woman who preferred to use tissue paper rather than pads. The cost of pads cited was about 98 Bangladeshi taka (about the same price as a dozen regular eggs), and one pack of pads lasted them for around two cycles. Women who lived in the village, on the other hand, used cloth from old saris made of cotton. One of the main reasons for using cloth rather than other products had to do with economic issues.

“I use a cloth. Us poor people use cloth. It is a cotton cloth from a sari. I used an old cloth.” (Brishty)

“There was no soap or powder soap. I had use homemade soap or ash to clean the cloth. Even my sari was cleaned with the same things. We have to stay clean. We have to wash the clothes. I used old sari’s cloth. We didn’t even have enough cloth to make up our saris, so where would we get new cloth?” (Shumi)

Some women considered pads to be a luxury because the money spent on pads could be spent on food or goods for the home. Furthermore, the women who were interviewed in Noagoan were on average older than those interviewed in Rajshahi, so they were more likely to use cloths than pads as pad availability was most likely scarcer during their menstruating years. The older women in Noagon might also have been more accustomed to using cloths because that was the practice passed down from older generations.

With the use of menstrual products also comes the issue of disposal of those products. In Bangladesh, garbage disposal is not as simple and mechanical as it is in the United States. For this reason, women have to be incredibly careful about how they throw away their products so as to make sure their used products were not seen by anyone. In Rajshahi, women said they waited for their used menstrual products to build up in a secluded area of their house, and then they threw it out outside of their house.

“For pads, I put them in a safe place and then I throw them in the trash.” (Rekha)

“I throw them in the dust bin and there is a designated area for the dust bin for pads.”
(Ridha)

“Once they’ve gathered in one place, I throw them outside of my house.” (Shilpi)

The women in Noagoan, on the other hand, had different forms of getting rid of their old, used cloths. After one use, the women would wash their cloths and let them dry before using them

again. When the cloth got too dirty to use, the women would either throw them in the pond or bury them in the ground.

“I would throw the cloth away in the pond.” (Respondent 1 from Noagoan)

“I buried [the cloth]. I couldn’t throw it away because the dogs would get it. So I had to bury it.” (Shumi)

The city lacks proper garbage disposal, but the conditions are even worse in the village. Garbage collects in different areas and is left there to rot. However, because used menstrual cloths would emit an odor and cannot be seen by others, they are thrown away in the pond near the village or buried somewhere discreet. This introduces a bigger municipal issue in Bangladesh, but it is clear that if there was proper garbage disposal, there is still a chance that women would not feel comfortable using trash cans in their homes to throw away their cloths and pads.

Along with hiding their used menstrual products, many women also felt the need to hide their period symptoms. While some of the women interviewed said they did not experience any menstrual symptoms, most of the women cited cramps as their main menstrual symptom. The main question regarding menstrual symptoms is whether women had to work through them rather than being able to rest. For many women, menstruation cannot be used as a medical excuse to abstain from work even though it can be debilitating.

“I was able to work. How can I not do my work? I work.” (Ferdous)

“I am able to work, but it is hard. I don’t feel like doing anything, but you have to work once you are settled [married with kids].” (Jhumpa)

The women in the village were more adamant about the fact that they can’t use menstruation as an excuse to do work, whereas the women in the city were more open to believing that when they are on their period, it is okay not to want to work.

“Whenever work was brought up, I would feel so horrible. I wouldn’t feel like doing anything. I don’t feel like I have strength to do work. It sounds better to just lay down and do nothing.” (Shilpi)

There is a clear difference between what different classes of women were able to do, but for most women, what they felt like doing did not go along with what they actually had to do. This dilemma between what is allowed and what women personally wish to do can also be attributed to menstrual stigma in that it exerts a force that keeps women in their home and work positions without allowing for a break.

The largest similarity between all of the women interviewed was their source of menstrual education. Women either didn’t get any menstrual education or they received it from their mothers or sisters. There was only one woman from Rajshahi who mentioned any sort of menstrual education at school.

“Then, when class would start and we would get our periods, our madam would tell us about this subject. She would tell us the reason of the period. When I was in Grade 10, my teacher said to be aware when I get my period.” (Ridha).

Women were mostly taught that periods happen to all women and the necessary ways to maintain menstrual hygiene.

“[My mom] taught me that it happens to everyone, including us. At the time there weren’t pads. Before there weren’t pads, so she gave me a cloth. And she taught me how to use it. She taught me to wash the cloth and use it again.” (Moushomi)

“My cousin’s wife taught me [about staying clean]. If I didn’t ask, I wouldn’t have been able to do anything because the information that is available now was not available then.” (Brishty)

“My sister taught me. She taught me that when menstruation happens, I need to get tissues or a pad. She taught me how to use them.” (Tasnim)

Most women also had the reaction to seek someone’s help when they reached menarche.

“I didn’t understand. I was sitting somewhere, and I got my period. It felt wet and I was wondering what it was. I went to my sister and she told me that girls go through this.

Then, it stayed for seven days and then it went away. It happened month after month.”

(Jhumpa)

“When I first got my period it was the 16th of December. I had gone to the local shop in Talaimari. I thought to myself, ‘what is this, it’s like urine.’ I took off my pants and showed my mother, and my mother told me to bathe. I bathed and then my mother gave me a cloth. She told me to take it.” (Rekha)

Menstrual education was either not received or received from a woman. This makes sure that the matter of menstruation either stays hidden or stays between women, marking it as a “women’s matter.” This way of thinking is problematic because it puts the weight of menstruation on women and essentially says that men don’t need to be involved, even though it is better if they are.

There was only one question during the interview that asked directly about menstrual stigma experiences, and two women out of the ten that experienced any direct form of stigma.

“If something happens to someone younger, then usually they will say something. Like if a young child had the pox, then menstruating women were told not to go near the child.”

(Tasnim)

“My mother-in-law said I couldn’t touch the cooking pots nor could I cook. My mother in law cooked for me. I could go to the other parts of the house.” (Shumi)

In the case of Brishty, it may have been that menstruation is seen as unclean and dangerous to children with chicken pox. In the case of Shumi, however, it is clear that menstruation is seen as dirty and impure, so she was not allowed to go the kitchen or cook. Shumi was the eldest woman I talked to, and she was from the village, so the pressure of menstrual stigma seems to be higher for her. These cases of menstrual stigma are more straightforward because there is a clear reason as to why women are being kept from certain activities. While most women said they did not experience this type of direct stigma, they were still exposed to pressure from other aspects of menstrual stigma.

Along with conducting interviews, I visited pharmacies close to the areas in which I spoke to women to see what kinds of menstrual products they carried. The first place I visited was a convenience store on Kazla Road in Rajshahi. It is a busy street with many food and convenience shops. This convenience store had two pad brands available—Freedom and Senora. Freedom comes in both the panty and the belt system. The panty system pads have the adhesive stuck to the other side, whereas the belt system have a pad attached to a cloth belt by string; this is then worn like underwear to secure the pad. Senora, on the other hand, only comes in the belt system, which is a much older way of wearing pads. Both pad brands cost 90 taka (\$1.07). Senora is a Bangladeshi brand, and Freedom is most likely also a Bangladeshi brand. These pads were under the glass counter, and they were also on top of a high shelf. I bought a pair of Senora pads, and the man behind the counter wrapped the pads in newspaper and then put them in a plastic bag. The purpose of the newspaper was clear: it was to hide the fact that I had bought pads.

Along with the convenience store, I visited three pharmacies—one in Rajshahi and two in Noagoan. These pharmacies had a large array of pads in both the panty and belt systems, and one

of the pharmacies carried a number of birth control pills. The pharmacy in Rajshahi was right in front of the clinic where I interviewed women. The pharmacy had various brands of pads, and all of them were on the very top shelf. It would have been hard to tell what they were unless you were a woman as they are not directly in the line of sight. This pharmacy carried Freedom and Senora along with older, more cheaper brands (Goody, Lilly, Nari, Wincare, and Crystal F). They were about 50 taka (60 cents), and they were all belt system pads. It was clear that the man behind the counter at the pharmacy had some understanding of menstruation because when I asked him questions about the products, he knew the cost and how many cycles each packet of pads lasted.

Both of the other pharmacies I visited were in Noagoan—one was quite small while the other was larger. The small pharmacy was called Mahim Pharmacy and had only one brand of pads—Nira. They were on the top shelf, gathering dust—the man behind the counter actually dusted them off. They were 80 taka (96 cents), belt system, and there were ten pads in the pack. The pads were packed together on a top shelf, like the pharmacy in Noagoan, and again, unless someone looked carefully, or they were a woman, they would not be able to tell what was on the shelf immediately. The second pharmacy was called Joy Pharmacy. Though it only carried one brand of pads, it did have many birth control pill options. There were regular birth control pills, pills for new mothers, pills for older women, and an emergency pill. The man behind the counter was knowledgeable about the products I asked him about. However, it was clear that he was embarrassed while telling me about the pads and the pills as he seemed hesitant to talk about them with me in front of his employees.

In all the places I had visited, all of the people behind the counter were men, and there was a clear discomfort when talking about the products, which tells me that women do not go to

the pharmacies that often. The pressure of menstrual stigma is still clearly present. Firstly, there aren't a lot of women out and about, and those that are out are usually accompanied by men. In fact, Respondent 1 from Rajshahi had mentioned that she sends her husband to buy pads. When I asked Respondent 1 whether she bought pads, she said no, as if it was something obvious. She clearly felt that buying her pads herself would be too embarrassing. It is clear that the stigma attached to menstruation is too heavy for a woman to deal with on a day-to-day basis, so there are ways to escape it and keep to herself.

This culture of keeping to oneself and not causing any trouble was a common theme in many of the interviews. Many women said they had to keep working despite their pain, and this was because menstruation is not seen as a natural, medical situation. To many people, it is just something that happens to women and is another excuse to make them other. Rather than seeing it is a natural yet difficult process, menstrual stigma makes people see menstruation as an unclean aspect of womanhood that needs to be kept hidden. All of the women were taught about menstruation from a mother, a sister, or a female teacher, effectively labeling it as a "woman's issue." Menstruation is not just a woman's issue, and neither is menstrual stigma, but all of the weight has gone to women nonetheless. Because men are not part of the conversation on menstruation, they are not able to help women with menstrual issues or combat menstrual stigma, so the pressures of the taboo are even greater on women. The practices of keeping pads hidden, sending others to buy pads, or choosing to use cloths because they are more discreet than pads adds to the secret because others can't find out about what a woman is going through. South Asian women take on issues of their menstruation on their own, and the ways in which menstrual stigma is apparent in their lives just adds to that stress.

Keeping pads on a high shelf or being uncomfortable when talking to a woman about women's issues shows that men are only adding to the issues of menstrual stigma. Because men are embarrassed or unwilling to talk to women about menstruation, the taboo is just pushed further because women are simply hiding their periods for the sake of men. By not being open to talking to women about the menstrual process, people who work at pharmacies are not doing their jobs to the full extent. Women deserve to get all of the information they need about menstruation and menstrual regulation and hygiene, but they do not feel comfortable talking to men about it or being near them when it is brought up. When Respondent 3 from Noagoan was talking about when she reached menarche, she lowered her voice every time she would have to say period in Bengali. When her husband came to the door, she went completely silent and told him to come back later because she had to preserve propriety. It isn't easy for women to talk about these issues with other women, so it is next to impossible for them to talk about it near men, including health professionals. By keeping quiet about menstruation, women are acting the way society expects them to act.

Each woman I talked to had individual menstrual experiences, but there was a commonality in the pressures they felt and the practices to which they were accustomed. There was an overarching idea that women had to maintain propriety while going through a situation they could not help. Propriety makes society look good, but there is no point in maintaining it for everyone when half of the population is struggling. The pressure to maintain propriety has taken form in menstrual stigma. The question still stands as to whether menstrual stigma makes access to menstrual health care difficult for women. It is clear that class and personal menstrual cycles have the biggest influence on whether or not women are able to access menstrual healthcare. But,

it is clear that aspects of their lives are clearly affected by menstrual stigma and can have an effect on whether they are willing to reach for any form of menstrual health care.

The Role Men Play in Menstrual Stigma

There is no doubt that men that benefit from the culture of silence surrounding menstruation. There are many men that are not aware of the realities of menstruation and form their own assumptions about women on their periods. Peranovic and Bentley conducted a study in which they explored what types of meanings Australian men come up with around menstruation (115). Many respondents said they weren't taught much about menstruation or were left out of the loop about it. A few men believed menstruation to be "women's business," and found that it wasn't important for men to really know about it. There were also a good number of men that believed that "the menstruating woman was. . .unstable, difficult, and demanding" (120). These beliefs make menstruation harder on women because they lack support from their male counterparts. Some of these men had partners, and yet they found that menstruation was none of their business.

In a more psychological study, Roberts et al looked at how college students from a psychology class in a university in Colorado see menstruating women. They hypothesized that "reminders of a woman's menstrual status [would lead] to more negative reactions to her and increased objectification of women in general" (Roberts et al, 131). Their results show that it is not only men that can create negative attitudes about menstruating women. Overall, most college students in the study judged a woman who accidentally dropped a tampon to be less competent and less likeable. They also avoided the woman who dropped a tampon more than they did a woman who dropped a hair clip (136). This reaction shows that both men and women find menstruation to be uncomfortable and wish to avoid it. This reaction continues to perpetuate of

menstrual stigma. If people continue to shy away from menstruating women and information about menstruation, they are not helping the situation. It is clear that the overall negative attitudes towards menstruation have manifested in men and women both in South Asia and around the world as they are practicing silence and maintaining the unwritten taboos of menstruation.

“Red Moon,” a documentary about menstrual stigma, set in Slovakia, Spain, France, and Brazil, by Diana Fabianova, also showcases men’s perspectives on menstruation. Many men said that menstruation made women irritable and that they would not want to menstruate because the blood seemed disgusting. Fabianova also interviewed Elsimar Coutinho, a Professor Emeritus at the Federal University of Bahia. Coutinho was one of the first to work on contraceptive implants. When asked about using implants to stop menstruation, Coutinho said, “I mean, what’s the use of an ovulation that’s not going to result in a pregnancy? No use! No use! You don’t need to. You don’t need it to attract men.” Coutinho goes on to say that even young girls should get implants (Red Moon). Menstruation is a normal, healthy reaction of the body, and it is not up to Coutinho to decide the purpose of an ovulation—that is something for a woman to decide. There is an underlying theme that everything a woman does and has needs to be useful in some way—that it needs to benefit someone, and that is a dangerous way of thinking. Women don’t owe anyone anything, and by thinking that women are present simply to fill a purpose further pushes gender inequality.

Menstrual Stigma in U.S. and South Asian Film

Menstrual stigma has become a topic of interest in the media. There have been movements to bring attention to menstrual stigma both in the U.S. and internationally. In the U.S., BuzzFeed brought attention to menstrual stigma with videos such as “Muslim Women Talk

About Their Periods,” “Guys Experience Periods for the First Time,” and “Painting With Our Period Blood.” In “Muslim Women Talk About Their Periods,” six Muslim women talk about their individual menstrual experiences and religious taboos. The overall census was that periods are not to be taken negatively. One woman mentioned that while menstruating women cannot pray, it is important to remember that even if one’s body goes through regular bodily functions, they cannot pray until they have performed wudu (ablutions) once again. Another woman said that educating her younger brother about menstruation was a way to stop men from growing up to be afraid of periods. Along this line of thinking, Buzzfeed also published “Guys Experience Periods for the First Time,” in which men are given pumps with beet juice and are told to go about their daily activities with false menstruation. Only one man understood that not only women experience menstruation, but the other men in the experiment seemed to have stereotypical views on periods (“they’re stressful”). The men found difficulties in managing the “blood,” as many of them experienced leaks. By the end of the experience, the men understood the difficulties that come with having a period, including lacking access to menstrual products and being embarrassed by their leaks.

Of the three videos, “Painting With Our Period Blood,” is the one video that openly talks about menstrual stigma and looks to stop menstrual shame by showcasing period blood. The video participants were joined by artist Sarah Levy, who painted “Whatever,” a portrait of President Trump that was inspired by Trump’s comments about Meghan Kelly “bleeding from her wherever.” Among the people that had come to see the period paintings had felt the paintings to be empowering and interesting. One of the participants says at the end of the film that if someone is experiencing menstrual shame, then the person or structure inducing the stigma is at fault and needs to “grow up.” While the video is interesting and creates a great conversation

about why women shouldn't be embarrassed by period blood, it does not seem that the women truly understand the depth of menstrual stigma because certain structures that induce menstrual stigma cannot simply be changed. In Bangladesh and India, menstrual stigma is rooted in religion, culture, and tradition, and it is not easy to simply change those structures as they are part of a long history of the countries. While it is possible to change the way people think about menstruation, it is not possible to simply change an entire structure that is so deeply manifested in a country.

The permanence and weight of menstrual stigma was best displayed in the 2018 Bollywood film *Pad Man*. *Pad Man* is based on the true story of Arunachalam Muruganatham, who made a pad-making machine in India at a lesser cost. In the film, the main character's name is Lakshmi Chauhan, and he begins to think about safe and cheap sanitary napkins after he sees his wife, Gayatri, use a dirty cloth as a menstrual product. Embarrassed by his wanting to create an affordable pad, Gayatri leaves Lakshmi, but that doesn't stop him from creating his machine. He is eventually create his machine and make a pad for only two rupees. His machine wins an award, and he is able to mass produce them. Though there is a lot of success in this story, there is a great amount of detail towards the role that menstrual stigma plays in India culture. When Lakshmi first buys a pack of pads for Gayatri, she considers it a luxury and compares them to jewelry. She even says to him, "Women don't die of disease. They die of the disease of shame." The shame she is talking about has to do with the way the whole village reacting in disgust when Lakshmi's project was revealed. Multiple men even refer to menstrual pads as being "dirty." Furthermore, no woman is willing to test out Lakshmi's pads and his sisters are equally horrified when they see what he is working on (*Pad Man*). While Bollywood has romanticized the story of Arunachalam Muruganatham, it has showcased the realities of menstrual stigma in India.

Muruganatham's story about his pad-making machine shows both the importance of menstrual hygiene and the problems of menstrual stigma. When people in his village discovered he was making and testing pads, they thought he had a sexual disease or some sort of evil within him. Despite the backlash, Muruganatham continued his work and eventually took his machine to 250 underdeveloped areas in Northern India and later across the world. He does not own these machines but rather teaches rural women how to use them and run their own pad-making factory. The factories are owned and operated by women, and the pads are sold by women as well. Of this endeavor, Muruganatham says it is "by women, for the women, and to the women" (Venema). The biggest issue Muruganatham faced had to do with societal pressure to stop his work and ignore menstruation like all the other men, but he refused. It is his determined mindset that gave women the chance to not only access cheaper pads but also begin their factories as a way to give them more opportunities. While Muruganatham has succeeded in his efforts to help women, there are still many aspects of menstrual stigma that are not being handled and are still causing issues for women.

There are many factors that go into making menstrual stigma complex. Once all of its different parts are unpacked, menstrual stigma shows its connections to society, culture, and religion. These three combined create a difficult narrative for women in South Asia and often keep them from accessing menstrual healthcare. As a South Asian woman, I have experienced menstrual stigma, I have seen the effects of menstrual stigma, and now, I have heard stories about it. The women I talked to expressed discomfort in buying their own menstrual products, talking about their menstrual cycles, and expressing the pain they were in during their periods. Menstrual stigma is inherently sexist and goes to keep women from being equal to men. It is used as an excuse to mistreat women and keep them from growing and maintaining their day-to-

day lives. I can still see myself on the balcony, anxiously looking around to make sure no one at home or none of the neighbors would see me. There are many worse things that happen due to menstrual stigma than my experience. I am lucky to have access to menstrual healthcare, but there are many women that do not have that privilege. They are kept from their right to medical attention because of the weight of menstrual stigma, and that is what makes this stigma so dangerous and unjust towards women.

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Biographical Sketch of Respondents

City Respondents:

Respondent 1/Rekha: Rekha is a 38-year-old Muslim woman. She is married and has one daughter.

Respondent 2/Tasnim: Tasnim is a 22-year-old unmarried, Muslim woman.

Respondent 3/Ridha: Ridha is a 23-year-old unmarried, Muslim woman.

Respondent 4/Moushomi: Moushomi is a 50-year-old Muslim woman. She is married and has two sons and a daughter.

Respondent 5/Shilpi: Shilpi is a 22-year-old Muslim woman. She is married and has no children.

Village Respondents:

Respondent 1/Ferdous: Ferdous is a Muslim woman between the ages of 35 and 40. She is married with two children.

Respondent 2/Brishty: Brishty does not know how old she is. She is Muslim and married and has two children.

Respondent 3/Shumi: Shumi is in her 70s or 80s. She is Muslim and married with four children.

Respondent 4/Jhumpa: Jhumpa is a 40-year-old Muslim woman. She is married with two sons.

Respondent 5/Labani: Labani does not know how old she is. She is a Muslim woman. She is married with three children.