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“It’s Not Important for You to Speak:” The Perception of Purity and Its Power Over Women’s Reproductive and Sexual Health

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“It’s Not Important for You to Speak”

The Perception of Purity and Its Power Over Women’s
Reproductive and Sexual Health

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SIT Study Abroad

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ABSTRACT

There is a general silence in both society and academia surrounding women's health and the social conception of purity. Purity myths and misconceptions have created stigmas that women of all backgrounds must navigate to manage and care for their reproductive and sexual health. This study investigates the importance of purity and how it is used to define, measure, and categorize women's bodies and behaviors. Women's perception of purity, specifically in regards to menstruation and pre-marital sex, were investigated using semi-structured interviews in Dehradun, Uttarkhand. This study analyzes how stigmatized conceptions of impurities manifest as silence in society. Data collected from interviews indicates that this silence inhibits women from discussing sexuality and menstruation openly, accessing contraceptives without fear of judgement, and obtaining proper health information. Education and religiousness influence women's perceptions of pre-marital sex and menstruation, and therefore impact their ability to break this silence. The study finds that the conception of purity is pertinent in Indian society, and suggests that the value placed on virginity has greater health implications regarding the practice of early marriage as a way for family's to safeguard girls' sexuality and the family's honor.

INTRODUCTION

Women are scrutinized in nearly every society, judged and measured by looks, behaviors, and submissiveness. In India, purity is one of the many measurement units for the female body. Women and girls are characterized as impure or pure based on their sexual behavior, menstrual cycle, marital status, and other factors. This abstract notion of purity is largely based on myths and misconceptions, all of which compound to create a social hierarchy which has a two-fold effect on women. Women are either pure and in danger, or impure and dangerous¹. This view leads women to lose autonomy. The society grows to ignore and villainize the behaviors and processes that have been labeled as impure. Men— fathers, husbands, and men in power— gain the ability to manage a female’s sexuality. Women are left with little decision-making power over their own bodies, and limited resources and access to sexual and reproductive care. Purity myths indirectly and directly control women’s sexual and reproductive choices, and establish a cultural stigma that women and girls must accommodate to. Stigmatized conceptions of women’s bodies create hostile and unwelcome environment for women to care for and use their bodies as they please. The importance of female purity in a society, and the control over female sexuality have borne practices and consequences that threaten a woman’s reproductive health.

The Religious and Cultural Significance of Purity

In India, the importance of purity is fueled by religious beliefs. Purity is defined and perpetuated by classical Hindu texts and Hindu ideology. While there are varied views and interpretations of Hindu ideals, scholars have found the main structural categories in which

¹ Karuna Chanana, “Hinduism and Female Sexuality: Social Control and Education of Girls in India,” *Sociological Bulletin* 50.1 (2001), 41.

Hinduism categorizes women.² Among these categories are the *pure, impure, sinister, ally,* and *goddess*.³ These structures give rise to paradigms of female sexuality. For instance, the woman's body is interpreted as and reduced to a tool for fertility, for pleasure, and for transcendence.⁴ It is because of these paradigms that Indian culture values the virgin maiden and innocent wife whose body has the potential to bear male offspring.⁵

The young unmarried virgin girl symbolizes purity and brings her family honor.⁶ *Kanyadan*, which translates to “the gift of a virgin,” is a prominent concept throughout Hindu texts.⁷ A virgin daughter is considered a sacred gift for a father to offer another family in marriage.⁸ In fact, it is even believed that a man can cure himself of diseases— mental illnesses, gonorrhoea, and even HIV— by having sex with a girl who is considered fresh.⁹ A woman is expected to lose her virginity on her first night of marriage. Her sexual relations or pregnancies before marriage, on the other hand, can bring her family shame.¹⁰ Therefore, women's behaviors are controlled by these conceptions: she must not go out late or mingle with men. If she is sexually active, she is forced into silence, or else subject to extreme judgement from others. A woman who invokes her reproductive rights— to independently choose when and with whom she will be intimate with, without fear of discrimination¹¹ —will be deemed impure, and bring her family great shame.

² Idib.

³ Idib, 40

⁴ Idib.

⁵ Idib.

⁶ Susan Christine Seymour, *Women, Family, and Child Care in India: A World in Transition* (United Kingdom: Cambridge University Press, 1999), 89.

⁷ “The Maithal Brahmins: an Online Ethnography,” California State University Chico, accessed October 30, 2016, <http://www.csuchico.edu/anth/mithila/index.htm>.

⁸ Seymour, *Women, Family, and Child Care in India: A World in Transition*, 89.

⁹ Aparna Bhat, Aatreyee Sen, and Uma Pradhan, *Child Marriages and The Law in India* (New Delhi: Human Rights Law Network, 2005), 17.

¹⁰ Seymour, *Women, Family, and Child Care in India: A World in Transition*, 89.

¹¹ “Sexual and Reproductive Health and Rights,” United Nations Human Rights Office of the High Commissioner, accessed November 30, 2016, <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>.

A woman's purity is also closely linked to menstruation. In Hindu mythology, it is believed that women experience menstruation, or *Rajaswala Dosha*, because Lord Indra killed Vishwaroopacharya, a Brahmin teacher of the Gods. For killing a Brahmin, Lord Indra contracted *Brahamahrya Dosha*— a shameful, guilty energy —and then distributed it among the land, water, trees, and women.¹² Menstruation, therefore, is considered a *dosha*; and for the days that women are menstruating, they are considered impure.^{13,14} Menstruating women are prohibited from participating in certain activities because of their uncleanness. To maintain the sacredness of the temple, menstruating women are not to enter.¹⁵ In some households, she should not sleep during the daytime, bathe, engage in intercourse, or even touch others.¹⁶ In extreme cases, menstruating women are to live apart from their families in separate shelters.¹⁷ These religious and stigmatized ideologies breed practices that threaten a woman's reproductive health.

Consequences of Menstruation Stigma

The conception of purity impacts the way Indian women are able to manage menstruation. Given that menstruation is defined as unclean, menstrual education is limited and menstrual hygiene practices revolve around secrecy. Rural Indian women often rely on rags because they do not have access to other affordable products. One study found that over 88 percent of menstruating women and girls in one rural Indian region used ashes, leaves, sand, and newspaper to aid the absorption, despite that these materials are not hygienic.¹⁸ Cultural norms

¹² Aru Bhartiya, "Menstruation, Religion, and Society," *International Journal of Social Sciences and Humanity* 3.6 (2013) 524, accessed October 30, 2016. doi: 10.7763/IJSSH.2013.V3.296.

¹³ Idib.

¹⁴ A.J. Singh, "Place of Menstruation in the Reproductive Lives of Women of Rural North India," *Indian Journal of Community Medicine* 31 (2006), accessed October 30, 2016. doi: 10.4103/0970-0218.54923.

¹⁵ Bhartiya, "Menstruation, Religion, and Society," 524.

¹⁶ Idib.

¹⁷ Idib, 525.

¹⁸ Suneela Garg and Tanu Anand, "Menstruation Related Myths in India: Strategies for Combatting It," *Journal of Family Medicine and Primary Care* 4.2 (2015), 184-186, accessed October 30, 2016. doi:10.4103/2249-4863.154627.

and religious taboos compound the associations between menstruation and the evil eye.^{19,20} Given this notion of evil, it becomes socially necessary to wash these menstrual rags in privacy. But there is often no adequate facility or safe place to do so properly.²¹ Adolescent girls were found to wash their rags in unhygienic conditions simply to avoid others seeing.²² Many girls were unable to fully dry their cloths in sunlight because of the concern over privacy.²³ These washing practices contribute to women's susceptibility to reproductive tract infections.

Society's silencing of menstruation deters many women from seeking treatment for reproductive tract infections (RTI). The sexual and disgust connotations of menstruation sometimes make it a difficult subject for women to raise.²⁴ Additionally, these taboos have established an environment that does not address, accept, or educate about menstruation. One study found that 53 percent of all women sampled suffered from gynecologic symptoms of an RTI.²⁵ Two thirds of symptomatic women in their study did not seek treatment because there was no female provider nearby, a lack of privacy, or they believed their symptoms to be normal.²⁶ Indian culture teaches a menstruating woman to silence herself and conceal her menstrual cloths because she is impure and dangerous. Yet the only individual in danger is the woman who suffers from infection because she considers this natural process to be dirty.

¹⁹ Idib.

²⁰ A. Dasgupta and M. Sarkar, "Menstrual hygiene: How Hygienic is the Adolescent Girl?" *Indian Journal of Community Medicine* 33.2 (2007), 77-80, accessed October 30, 2016. doi: 10.4103/0970-0218.40872.

²¹ Idib.

²² Idib.

²³ Idib.

²⁴ Colin Sumpter and Belen Torondel, "A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management." *PLoS ONE* (2013), accessed October 30, 2016. doi: 10.1371/journal.pone.0062004.

²⁵ Jasmine Helen, Abraham Sulochana, Kathleen M. Kurz, Valentina George, M. K. Lalitha, Renu John, M. N. R. Jayapaul, Nandini Shetty, and Abraham Joseph, "Reproductive Tract Infections among Young Married Women in Tamil Nadu, India," *International Family Planning Perspectives* 31.2 (2005), 73-82, accessed October 30, 2016. <http://www.jstor.org/stable/3649482>.

²⁶ Idib.

Consequences of Pre-Marital Sex Stigma

Despite the stigmatized perceptions of pre-marital sex, Indian adolescents are not abstaining. The International Institute for Population Sciences, a public health institute based in Mumbai, found that 42.3 percent and 25.6 percent of men and women respectively, from both urban and rural regions, between the ages of 15 and 24, had had pre-marital sex.²⁷ However, society's stigmatization of pre-marital sex produces an environment that does not foster safe sexual practices. Many sexually-active adolescents believe their pre-marital sexual behavior to be immoral.²⁸ Sexual health education is limited, and many adolescents reported learning about sex from friends and media.²⁹ Only between 3 and 7 percent received information on sex from a health care provider.³⁰ This transferal of sexual education from non-medical personnel may explain why 55 percent of women in the IIPS report believed it was impossible to become pregnant from the first time having sex.³¹ Only 11.5 percent of women reported using contraceptives during their first sexual intercourse.³² And yet in 2014, the governments of eight Indian states banned the sexual health education course because it offended Indian values.³³ Without proper sexual health knowledge, women are not able to make educated decisions about their bodies and sexuality. Though Indian society frames the sexually active woman as immoral and dangerous, her lack of health education and resources are far more threatening.

²⁷ International Institute for Population Sciences (IIPS) and Population Council, *Youth in India: Situation and Needs 2006–2007* (Mumbai: IIPS, 2007).

²⁸ Jaya Hindin and Michelle J. Hindin, "Premarital Romantic Partnerships: Attitudes and Sexual Experiences of Youth in Delhi, India," *International Perspectives on Sexual and Reproductive Health* 35.2 (2009), 102.

²⁹ IIPS, *Youth in India: Situation and Needs 2006–2007*.

³⁰ Idib.

³¹ Idib.

³² Idib.

³³ Durgesh Nandan Jha, "Sex education in schools should be banned, Union health minister Harsh Vardhan says," *The Times of India*, June 27, 2014, accessed November 29, 2016, <http://timesofindia.indiatimes.com/india/Sex-education-in-schools-should-be-banned-Union-health-minister-Harsh-Vardhan-says/articleshow/37274947.cms>.

Objective

The presence of purity myths in society affects every woman. Regardless of religion, education level, socioeconomic class, and age, every woman menstruates, every woman navigates her sexuality, and every woman lives in a society which fosters stigmas borne from these myths. The objective of the study is to understand the status of purity in Indian society, the way women perceive menstruation and sex as dirty, private, or impure processes, and most importantly, to understand the impact purity myths have on women's health. Given that women's perceptions of purity, sex, and menstruation are shaped by a number of determinants, the study seeks to delineate how various determinants exponentiate or diminish the effects of purity misconceptions. The study aims to capture the voices of a range of women to interpret how vastly the conception of purity has disseminated into society, and how it has stealthily travels from generation to generation through interpersonal interactions and social institutions. The study aims to investigate how women understand their bodies and behaviors as pure or impure, and how the stigma surrounding purity manifests itself into women's lives, specifically regarding their conception of health and health-seeking behaviors.

Field Study Methods

The study was conducted in Dehradun, the capital city of Uttarakhand. Located in the Doon valley of the Himayalan foothills, Dehradun is home to wide range of individuals from various backgrounds and communities. About half of the Dehradun district population resides in urban areas, and the other half in rural. Dehradun is known as the "City of Schools," home to a number of well-regarded institutions and universities: Doon University, Uttarakhand Technical University, the Forest Research Institute, and more. The overall literacy rate is 85.2 percent and

79.2 percent for the female population.³⁴ However, the Dehradun district also has a number of slum and village areas. Nearly 51 percent of the district's population is living below the poverty line.³⁵ Almost 30 percent of the district's households do not have proper toilet facilities.³⁶ The study aims to capture the city's incongruity by understanding how purity and stigma influence women from various communities, socioeconomic, religious, and education backgrounds.

A total of 28 women of reproductive age— between the ages of 18 and 50 —participated in the study. Participants were found using various networking connections. Eight of the women were clients of Kaya, a social worker and Bible teacher, who was told of the study from Mayank, a friend of Dr. Bijalwan, ISP advisor. Three additional women had friend or familiar relationships with Kaya. Seven women were peers of a mutual friend, Chetan. Eight women worked or resided on government property, near to which the sister of Mayank lives. The final two women stayed in a hostel owned by a friend of Mayank. These various connections ensured that the stories of women from many backgrounds were included in the study.

There was a broad demographic range among the women interviewed. Fifteen of the women were under twenty-seven years old. Eight women were in their thirties, three in their forties, and one woman was fifty. A total of nine women had less than a high school education: three had never attended school; four had completed between four and six years; and two had completed between eight and ten years. One woman held a high school diploma. Of the ten women who had completed some undergraduate schooling, only one was no longer actively pursuing her degree. Six women had an undergraduate degree. Nearly one third of the participants practiced Christianity. The remaining two thirds were Hindu, two of which were

³⁴ “District Health and Family Welfare Society, Uttarakhand, Dehradun,” Chief Medical Officer Dehradun, accessed November 29, 2016, http://www.cmodehradun.org/district_profile.html.

³⁵ Idib.

³⁶ Idib.

specifically Hindu Nepali. A bit more than half of the participants were from a low socioeconomic background. Nine women were from middle to upper-middle class backgrounds, and four were of a high socioeconomic status.

Women's perceptions of purity, sexuality, and menstruation were determined through individual and small-group interviews. Interviews were semi-structured, consisting of both open-ended and short answer questions which aimed to both directly and indirectly understand women's definitions of purity, opinions and experiences with menstruation, and perceptions of sex and contraception. Interviews lasted between 20 minutes and one hour. Interviews were held in various locations, largely dependent on the convenience of the participant. Sixteen interviews were held at or near the participant's home, five at their place of work, and seven at a public shopping mall. Verbal consent was taken before each interview. To protect the identities of the participants, each name has been changed. Due to the language barrier, half of the interviews were conducted in Hindi. Although all attempts were made to remove men—specifically husbands or brothers—from the interview premises, five interviews were translated by a male medical student, Sunny, Kaya's son, as it was the only option. The remaining Hindi interviews were done with the help of a female translator, Monika.

In addition to the 28 women interviewed, two physicians who work in obstetrics and gynecology were interviewed. One ayurvedic doctor, Dr. S, worked at a government hospital with largely low-income patients. Dr. G worked in a private practice with a largely middle-class client base. In addition, a health educator, Nena, was also interviewed. Nena is a facilitator for an adolescent health education program organized by the Ministry of Health and Welfare, Rashtriya Kishor Swasthiya Karyakram (RKSK). All three health professionals were colleagues or friends of Dr. Bijalwan. All were also asked both open-ended and short answer questions in a semi-

structured interview. Questions were predominantly different than those asked to the 28 women. The interviews aimed to understand the role health professionals play in either perpetuating or breaking stigma, and their professional perspective on purity's impact on women's reproductive and sexual health.

RESULTS

Purity myths and misconceptions breed a powerful stigma which manifests as silence in society. Women use three different definitions of purity: cleanliness, morality, and religiously honorable. A woman's education and religion largely impacts how she defines impurity. Educated, nonreligious women are less likely to perceive pre-marital sex as impure than uneducated, religious women. Though the same general trend holds true for the perception of menstruation as impure, educated women still frequently define impurity as dirty, and categorize menses as impure. Menstruation is not nearly as quieted in society as pre-marital sex. Regardless, this general silence creates a hostile environment for women to access contraception, learn proper information about menstruation, and speak openly about reproductive and sexual health with their families, husbands, and providers.

WOMEN'S DEFINITION OF PURITY

Women were challenged to define the abstract concept of purity during the interviews. While defining a *pure woman*, most women referred to a woman who is devoted to her religion and worship; who has good thoughts and does not wish harm unto others; who is physically clean; and who is studious. Common definitions of impure behavior, on the other hand, included

acting illegally; staying out late at night; interacting with boys; and engaging in premarital sex. Two women named menstruation as the main way a woman can become impure.^{37,38}

Three distinct meanings arose from the women's answers: purity as cleanliness, purity as morality, and purity as religious virtue. Though distinct, nearly every woman interviewed used these three meanings of purity interchangeably. When asked, "Are sanitary pads pure?" some women clarified that after use they would be considered impure because they are now *dirty*. Yet, when asked, "Is pregnancy pure?" women altered their definition. Two thirds of women explained that before marriage, pregnancy is impure because it is *wrong*. Women alternated in the language used to describe purity. Some used the Hindi word *pavitr*, meaning holiness, chastity, and innocence, while others used *shuddh*, which carries less of a religious association. Concurrently, many women also used *saaf*, meaning clean, to describe pure behaviors. Overall, pure behavior was defined as *right*, and impure behavior as inherently *wrong*. But without distinction between unclean, immoral, and sacrilegious impurity, all three were equated. Practices deemed dirty were likened to immoral behaviors, such as acting illegally. Behaviors against religious virtue were likened to dirty behaviors, such as being not bathing. As a result, relationships with men, pre-marital sex, and menstrual blood were often framed as both inherently unhygienic and wrong, if not sinful. For some women, pre-marital sex *is* a crime, and menstruation is not religiously respectable.

The majority of women agreed that men can also be pure. According to their responses, men who follow good behavior, study, and follow religion are pure. Ketvi, a 33-year-old wage worker from a Hindu Nepali background explained: "They would be pure if they live in a good relation with their wife, in harmony. They fulfill their responsibility properly, not violent, good

³⁷ Ketvi, November 25, 2016.

³⁸ Shya, November 25, 2016.

behavior.”³⁹ Ketvi’s archetype of a pure man was marked by his docility and role as a husband. Whereas female purity depends on her behaviors and sexuality before marriage, according to Ketvi, male purity is not dependent on his sexuality or pre-marital relationships. Jamuna explained this must be because, “I think because there’s no virginity for boys... Virginity doesn’t exist for boys.”⁴⁰ Indeed, female virginity is not defined identically to male virginity, despite that one cannot clap with just one hand. Female virginity is most often defined as lost by penetrations or rupture of the hymen⁴¹ – despite that this can occur outside of intercourse.⁴² For men, virginity is not a physical state of being.⁴³ Instead, it is a social interaction from which his social status is improved because he has taken possession of, or used, a female body.⁴⁴ The gendered ideology of virginity supports social stratification.⁴⁵ This gender difference exemplifies the cultural pressure on the unmarried woman to remain pure. Her sexuality determines her character, and her behaviors surrounding sex and menstruation are controlled and scrutinized by society consequently. She loses autonomy as society villainizes her sexuality.

PERCEPTIONS OF IMPURITIES: Pre-Marital Sex and Menstruation

Every woman interviewed, regardless of her background, had internalized society’s stigmatization of menstruation or pre-marital sex to various degrees. When asked “Is menstruation clean or dirty?” nearly two thirds of women declaratively answered, “Dirty.” The remaining women explained that they could not categorize menstruation in this way. Many justified this, indicating that menstruation is a natural process and symbol of fertility. When

³⁹ Ketvi, 2016.

⁴⁰ Jamuna, November 23, 2016.

⁴¹ David G. Berger and Morton G. Wenger, “The Ideology of Virginity,” *Journal of Marriage and Family* 35.4 (1973) 666-676.

⁴² Christine Caupaiuolo, “The Hymen: Breaking Myths,” *Our Bodies, Ourselves*, December 31, 2008, accessed December 1, 2016. <http://www.ourbodiesourselves.org/2008/12/the-hymen-breaking-the-myths/>.

⁴³ Berger and Wenger, “The Ideology of Virginity.”

⁴⁴ Idib.

⁴⁵ Idib.

asked, “Is menstruation something to be kept private?” more than one third replied affirmatively. The remaining two thirds offered the following reasons that menstruation should not always be kept completely private: we must teach our children (n=2); it is important to tell a doctor if an issue arises (n=5); one can discuss with friends (n=8); family will know (n=2).

Each woman felt that sex before marriage was impure, except for seven, all of which were unmarried, college students. Many women believed that pre-marital sex was not *allowed*, using language that suggested such behavior was against the rules of society, or *paramparaa*, as one woman explained.⁴⁶ Another woman called sex before marriage *vyabhachar*, socially unacceptable and immoral behavior.⁴⁷ The seven women who did not label pre-marital sex as impure believed it was only acceptable in relationships where love was present. They did not endorse such behavior, but felt it was not wrong. Of these seven, about half felt it was not difficult to access contraception. The other half believed it was. All of these women said contraceptives and STD testing were not available at their college infirmary. Most married women did not believe it was right or possible for unmarried girls to access contraceptives. Just one married woman admitted to having had experience with contraceptives before marriage.

Two women, Sonu and Savi, who participated in a small group interview, were unwilling to define women, menstruation, or pre-marital sex as pure or impure. Sonu explained, “There’s nothing like it, like purity. It doesn’t exist.”⁴⁸ Sonu and Savi argued that menstruation could not be classified as pure or impure because they are only biological processes.^{49,50} They refused to categorize pre-marital sex as pure or impure, explaining that it is context dependent and depends on the individual. Sonu and Savi’s response exemplifies that all women’s definitions of purity

⁴⁶ Madhu, Novemer 17, 2016.

⁴⁷ Kaya, November 16, 2016.

⁴⁸ Sonu, November 26, 2016.

⁴⁹ Idib.

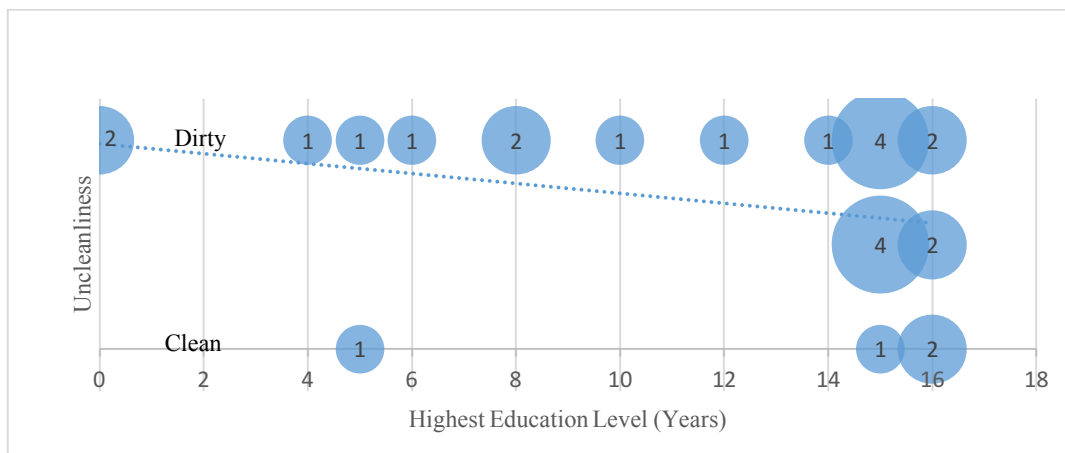
⁵⁰ Savi, November 26, 2016.

are not identical. The importance purity, and its effect on women’s mentality and behaviors, falls on a spectrum. As 20-year-old, unmarried, college students from upper-middle class backgrounds, Sonu and Savi exhibit how this spectrum is shaped largely by social determinants.

Determinants of the Purity Perception

Two major factors often influenced women’s responses to questions about menstruation and sex: religion and education. These indicators determined the extent to which women perceived menstruation and sex before marriage as impure and taboo, and affected which definition of purity women used most frequently.

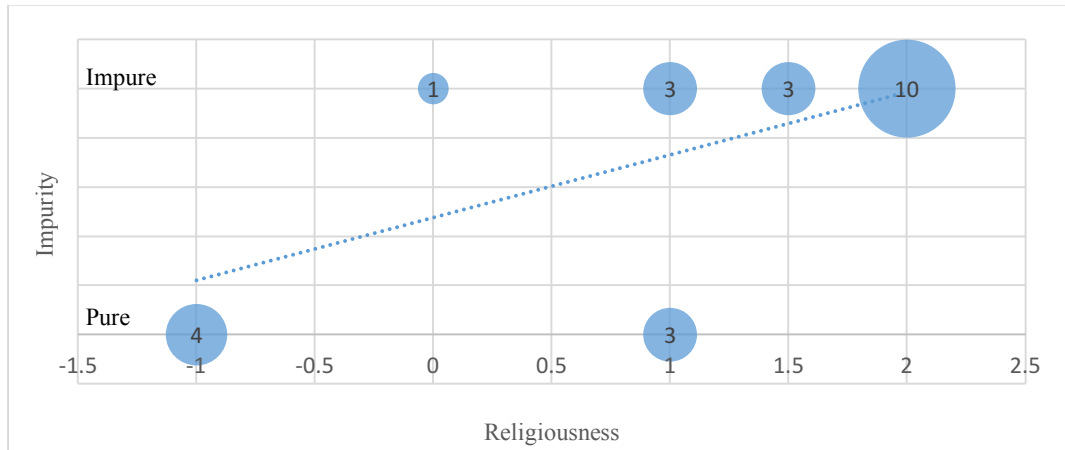
Figure 1 Highest Education Level vs. Perception of Menstruation as Unclean (n=26)



Uneducated women were more likely than educated women to refer to impurity as immorality and religiously reputable. That said, education was inversely correlated with the perception of sex before marriage as impure, which is often categorized as wrong and unreligious. Nearly half of educated women only referred to impurity only as uncleanliness. All of the women who were educated for more than or equal to 10 years (n=18) received some reproductive or sexual health education. Most women explained that in 10th standard, they were taught about the reproductive organs. While women with more education were less likely to

describe menstruation as an unclean and private process, still many educated women labeled sanitary napkins as impure because they are not clean, as show in *Figure 1*.

Figure 2 Religiousness vs. Perception of Pre-Marital Sex as Impure (n=24)

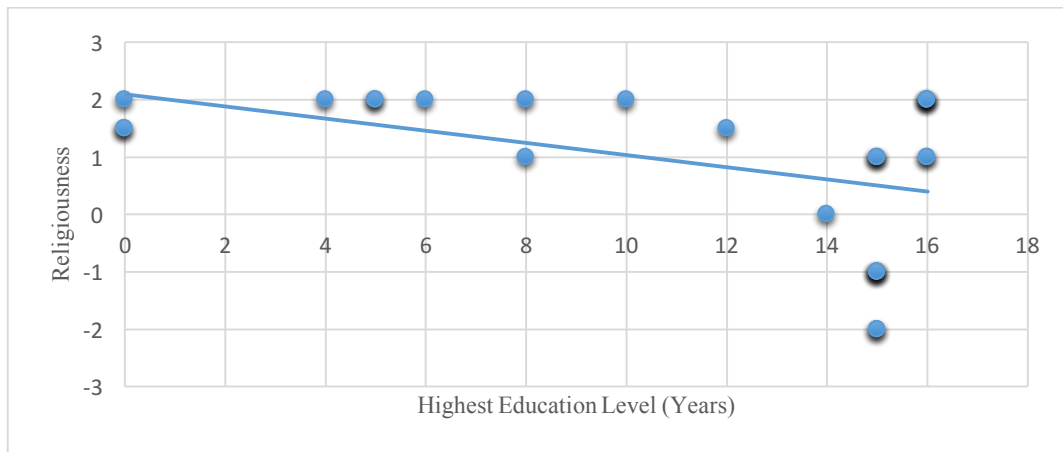


Religious women often used all three definitions of impurity: the unclean, the immoral, and the religiously indecent. Religiousness was directly correlated to the perception of menstruation as dirty and private. While the majority of women cited menstruation as unhygienically impure, some believed it to be religiously impure as well. Still most recognized the importance of menstruation for health. Additionally, religious women were more likely to perceive pre-marital sex as impure, as shown in *Figure 2*, arguing that it is both immoral and religiously wrong. According to Christian teachings, sex outside of marriage is sinful. Certain sects of Christianity teach that sex is only for procreation, and therefore dependent on the social institution of marriage.⁵¹ There is no specific text in Hinduism that denounces pre-marital sex. Sex is not considered inherently evil in Hinduism, but if pursued for selfish reasons is considered unlawful or *adharmā*.⁵²

⁵¹ Doris Elaine Stankley, “Religion and Sex: A Look at Sexual Frequency As It Relates to Religious Affiliation, Religious Attendance, and Subjective Religiosity” (MA thesis, University of Central Florida, 2011).

⁵² John Renard, *101 Responses to Questions on Hinduism* (James Brisson Design & Company: Vermont, 1999).

Figure 3: The Relationship between Education Level and Religiosity (n=27)



Religion and education are not mutually exclusive indicators. More educated women in the sample were less likely to be religious. Though this trend is exhibited in *Figure 3*, it is important to note that still many women with an undergraduate degree, or 16 years of schooling, considered themselves to be very religious.

Religion as Authoritative Knowledge

Women's relationship with religion often shaped their understandings and perceptions of purity. Religious knowledge labels various behaviors as virtuous, and others as reputable. Religious knowledge delineates how to live the most righteous life, and demarks the consequences for going off path. Many of the sample's religious women described purity as following the path God has laid, thus abiding religious knowledge. The power this religious belief system, held over many women's perceptions of pure and impure, specifically regarding their sexual behavior and menstruation, is reminiscent of Bridgitte Jordan's concept of authoritative knowledge.⁵³ Authoritative knowledge is the knowledge that counts in a certain situation and "reflects power relationships in a community practice,"⁵⁴ such as the biomedical

⁵³ Bridgitte Jordan, "Authoritative Knowledge and its Construction." In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*, ed. R. Davis-Floyd and C. Sargent, (Los Angeles: The University of California Press, 55-79).

⁵⁴ Idib, 57.

knowledge of a doctor versus the experiential knowledge of her patient. In the context of the current study, religion acts authoritatively. Religion determines what the community believes is right and wrong, and whether or not the community will deem a girl impure for her sexual relations, or impure for her menstrual cycle.

Many women have internalized this religious knowledge, and have accepted their bodies as unclean and impure. Most Hindu women claimed to not strictly follow old customs, such as not shampooing during menstruation, not touching pickles, and not touching men. However, two thirds of the Hindu women in the sample (n=18) reported that they do not enter a temple or puja room during menstruation. In Hinduism, the puja room is a sacred place in the home.⁵⁵ Physical separation protects the puja room from profanities.⁵⁶ During menstruation, women fall into that group.⁵⁷ When asked whether or not sanitary napkins are impure, many women who answered affirmatively cited this practice as their reason. “We are not allowed to go to the temple, the purest place. And the mindset of people, anywhere, puja is going on we cannot enter. So we see that, there is something impure inside us.”⁵⁸ Religious knowledge for these women was not just system of practices, but rather a set of evidence used to categorize and understand their bodies.

In few women, this authoritative and religious knowledge was so rich that it caused physical somatizations of impurity. Some women believed so strongly in religious virtue and messages from their God, that they were physically harmed if they did not remain pure. Tiya, a 23-year-old semi-religious Hindu woman from a slum area, admitted that she had sex with her current husband before marriage. “It was not good,” she explained. “I can see the symptoms. I’m

⁵⁵ Shampa Mazumdar and Sanjoy Mazumdar, "Of Gods and Homes: Sacred Space in the Hindu House," *Environments* 22.2 (1994): 41-49.

⁵⁶ Idib.

⁵⁷ Idib.

⁵⁸ Suman, November 23, 2016.

anemic now.”⁵⁹ Ketvi, the Hindu Nepali woman mentioned prior, separates her daughter from their home while she is menstruating, a practice that she also followed as a young girl.⁶⁰

Although Ketvi described feeling uneasy about isolating her daughter, she explained that she must do so because she belongs to the hills in which the Gods reside, and if the Gods have impurity in their premises, she will be harmed:

The Gods will come in our dreams and say I don't want this impurity in my premises or around me... If I make a mistake, the god appeared in my dreams and told me I want these things to be followed strictly. I felt sick if I didn't follow these things. Even in some time, if I do some impure work like this, I get blisters and itchings in my body. If we would not follow, I would have problems. So for the sake of her mother, my daughter follows [separation] but not comfortably.⁶¹

Religious knowledge sometimes intercepted with educated conceptions of the body. In these cases, women described menstruation as biological phenomenon with spiritual significance. When asked if she enters the church during menstruation, Shivani, a Christian woman with a Bachelor's degree, explained, “Jesus is so good, he has taken away everything, and given us nature. This is something natural. He has not said that you are unholy during your period— that you cannot read the Bible, you cannot do this, you cannot breathe... How great God is.”⁶² For Shivani, nature is religious, and she understands menstruation as being both a spiritual and natural process. Shikha, a Hindu woman working towards her undergraduate degree labeled menstruation as impure because bad blood and impurities are released from the body.⁶³ However, Shikha added that menstruation is clean because it is related to childbirth and fertility.⁶⁴ Educated conceptions of the bodies diminished the authoritativeness of religious

⁵⁹ Taya, November 16, 2016.

⁶⁰ Ketvi, 2016.

⁶¹ Idib.

⁶² Shivani, November 16, 2016.

⁶³ Shikha, November 23, 2016.

⁶⁴ Idib.

knowledge. Women conceptualized their bodies as both biologically fertile and spiritual beings. The interaction between both wisdoms— religious and scientific —allowed women to articulate their *own* understandings. Education gave women more autonomy to understand their bodies outside of stigmatized social views and religious ideology gives their bodies meaning, not shame.

Education as a Benefit & Blinder

Women’s knowledge of the cause and significance of menstruation was dependent on education level. Only highly educated women understood the hormonal and biological interactions behind menstruation. The large majority of women understood menstruation to be important for reproduction, but could not articulate its cause. *Table 1* displays the understanding of menstruation and the relationship with education. Education provides women with improved knowledge of their bodies and how to care for them properly. Joseph et al. found that only 8.9 percent of a sample of adolescent girls from Tamil Nadu had adequate knowledge of menstruation.⁶⁵ The researchers attributed this to the lack of proper health education programs.⁶⁶ Uneducated women frequently had misconceptions about menstruation. Multiple women with less than 8 years of education believed that menstrual problems can affect eyesight. If menstruation ceases, eyesight can be lost. Additionally, many of these women believed it was unhealthy if menstruation continues past 40, despite that, according to Dr. S, the age of menopause is usually between 45 and 50.⁶⁷ This may be because oftentimes uneducated women do not know their exact age, and therefore do not have an accurate conception of when

⁶⁵ Geetha A. Joseph, Sara Bhattacharji, Abraham Joseph, and P.S.S. Rao, “General and Reproductive Health of Adolescent Girls in Rural South India,” *Indian Pediatrics* 34 (1997) 242-245.

⁶⁶ Idib.

⁶⁷ Dr. S, November 29, 2016.

menopause begins. Additionally, all of the women who reported changing their sanitary napkin *only* once it felt dirty had less than a 7th standard education.

Table 1 Women's Reported Knowledge of Menstruation and Education Level

Understanding of Menstruation Cause	Number of Women	Percent of Total	Average Education Level of Respective Women (Years)
Unsure	3	13%	5
Related with reproduction and essential for fertility	12	52%	11
Hormonal process	8	35%	15
Total	23	100%	13

Nonreligious, educated women had the most liberal views regarding pre-marital sex and menstruation. Some of these women tended to think individualistically about women's sexuality, and considered themselves separate from society's stigma. However, this educated, independent mentality acted as a blinder for many. Most believed that taboos surrounding menstruation and the importance of a girl's virginity are outdated. Sonu believed that the custom of not entering the temple during menstruation was only followed by "backwards people in rural areas" today.⁶⁸ However, among just the study's 17 Hindu participants, nearly half still followed this custom, despite that no participants resided in isolated, rural regions. Dr. G, whose patients are educated, middle-class women, described that her patients are no longer hesitant discussing menstruation and sex.⁶⁹ She felt this was a thing of the past. In contrast, Dr. S, who cares for many uneducated patients at a government dispensary, felt that only 2 to 3 percent of her patients could speak

⁶⁸ Sonu, 2016.

⁶⁹ Dr. G, November 30, 2016.

frankly about sex.⁷⁰ During one small group interview, Savita, a college student and the only participant in the study who admitted to having sex before marriage, interrupted Shakha, who described how pressures on women lead them to conceive themselves as impure: “No, I don’t think so. It’s my individual– Individuals can do what they want.”⁷¹ While some educated, nonreligious women may have the knowledge and voice to break this silence, it is very much still prevalent. The study found that the stigmatization of menstruation and sex have manifested themselves as physical silence in society.

STIGMA MANIFESTED AS SILENCE

The silence borne from the stigmatization of menstruation and women’s sexuality is fostered by society. Every woman, regardless of her background, had encountered this silence, despite that some were not conscious of it. The study uses the social-ecological model, a multi-level approach, to understand the way silence has disseminated at every level, and the implications this has on women’s reproductive and sexual health, access to healthcare, decision-making power, and knowledge.

Individual

Many women personally silenced these impure topics by using ambiguous language and avoiding terminology directly related to sex and menstruation, likely to reduce their discomfort while discussing such sensitive, taboo subjects. The word *vagina* was used only once⁷² throughout all 10 hours of interviews with all 28 women. Seventeen women did not ever use the word *blood*, even when on the topic of menstruation. Oftentimes women used generalized

⁷⁰ Dr. S, 2016.

⁷¹ Savita, November 23, 2016.

⁷² Preethiya, November 19, 2016.

terminology: *menstruation* was referred to as a *process*, and *sex* was referred to as *relations*. Suri, a wage worker who never attended school, used a metaphor⁷³ to describe menstruation in such a way that she felt more comfortable and confident using. When asked what she interpreted to be the cause of menstruation, Suri answered, “It’s related to flowering and budding. Only if the bud forms, only then can you have the flowers. When you get married, it starts the flowering. But when unmarried, the budding goes on.”⁷⁴ Women used these linguistic alterations to navigate these sensitive topics in a society that does not teach or encourage them to speak openly.

Silence isolates women so they are left to process purity and impurity, reproductive and sexual health inquiries and concerns, and questions of morality largely on their own. This is harmful to mental health. Nena, from the RKSK program, describe that the main concern of adolescents is whether certain behaviors are right or wrong. Adolescent girls learn from society that female sexual autonomy is wrong, and she should follow the behaviors prescribed for all young women to follow. According to Nena, many adolescents believe they will be punished and guilty for their lifetime if they engage in any sexual relationship before marriage. The RKSK education materials attempt to change the conversation around reproductive and sexual issues from a matter of right and wrong, to healthy and unhealthy. Without proper platforms to pose questions, individuals are left to themselves and stigmas to comprehend the morality of sexuality.

⁷³ Suri, November 25, 2016.

⁷⁴ Idib.

Interpersonal

The silence was most apparent at an interpersonal level. Conversations about sex and menstruation were not considered orthodox by the majority of the participants. Many believed that menstruation was not something to announce or discuss. Those that did not condemn conversations about menstruation still felt the topic should be only brought up with close friends or family. Sex and menstruation were not to be discussed with strangers. That said, women's behaviors during interviews reflected the discomfort and awkwardness of breaking silence. Women often hesitated to answer questions related to their bodies and sexuality. Nervous giggles and long pauses often dominated the conversations. When struggling to answer a given question, some women explained that they had never been asked such a question, despite that other women had answered with ease. Some women— particularly the Christian clients and friends of Kaya — completed their interviews by saying, “How did I do?” These women mistook the interview to be a judgement of their knowledge, rather than an attempt to capture their opinions and personal experiences on purity. This attitude reflects how women in India are not accustomed to speaking on these topics, and have come to believe that their experiences are private, impure, and not worth sharing.

Interpersonal: Family

Nearly all women agreed that sex was not a topic discussed with family. However, menstruation was not equally as silent in many women's households. The majority of women had never heard of menstruation when it started. Even those who received health education did not learn about menstruation until 10th standard, where students are usually 15 or 16 years old. This silence prior to menarche led some women to feel nervous, shocked, or embarrassed. Tanvi,

a college student, believed she had a disease;⁷⁵ Shikha believed she had been wounded.⁷⁶ Only two of the 28 women did not tell a family member at the start of menstruation. All of the remaining women told an elder female family member. Most frequently women reported telling their mother; others told grandmothers, sisters, or sisters-in-law. For the majority of women, therefore, menarche broke the silence.

Generally, this elder female consoled the women and ensured them that the process was normal. For some women, the silence persisted after this point. Many nonreligious women explained that their mothers discussed sanitary napkins, and then did not offer much else. Sonu's mother handed her a box of sanitary pads without a word. Later on, her mother sent her a message of WhatsApp, a messaging application, informing her that she must change her pads every 6 hours.⁷⁷ In these households, the silence restarted shortly after.

For religious Hindu women, however, the conversation often continued. Religious Hindu women explained that their mothers then told them the various customs to follow from then on: not to go where there is God; not to cook or enter the kitchen; and not to touch elderly people. Shya, a Hindu Nepali woman, described that after she told her mother, and her weeping had subsided, she was brought to live in an uncle's home for 11 days in one room alone, in which she slept on a blanket on the floor and ate her meals. Only when she left for the washroom did Shya leave. And when she did, she covered her face with a cloth. Shya felt that menstruation was not kept private in her family because everyone knew why she was following such practices.⁷⁸ Other religious Hindu women shared this mentality.

⁷⁵ Tanvi, November 23, 2016.

⁷⁶ Shikha, 2016.

⁷⁷ Sonu, 2016.

⁷⁸ Shya, 2016.

For the most part, women maintained silence around menstruation with their fathers. When asked why, women explained that as a man, a father would not be able to understand. Some women's fathers offered their daughters assistance while remaining silent. Rajni, a 45-year-old housewife, recalls that her father would bring her medicine for menstrual cramps, but would ignore the situation over all.⁷⁹ Shikha frequently writes her father notes asking him to buy her sanitary napkins.⁸⁰ Men do not include themselves in these silenced conversations and if anything, take passive roles.

Interpersonal: Sexual Partners

There appeared to be little dialogue about sex between women and their partners. Most of the unmarried girls in the sample did not openly discuss the details– or existence –of any sexual partners during the interview. However, even married women did not seem open or accustomed to speaking about sex and sexual health. While this is likely because women did not have a close relationship with the interviewer prior to the conversation, women may also be hesitant to address sexual health with their husbands. Nine of the fourteen married women willing to discuss contraceptive use reported that they did not use any methods of preventative contraceptives. When asked why, women offered the following reasons: natural gap between births (n=4); mutual decision with husband (n=1); contraceptives are unsafe (n=1); husband was ill (n=1); *; husband does not want to (n=1); and no reason (n=1). Despite that only one woman attributed her husband's wishes to her contraceptive use,⁸¹ Dr. S and Dr. G claimed that husbands were most frequently the reason women did not use the barrier method.^{82,83} According to Dr. S, men

⁷⁹ Rajni, November 16, 2016.

⁸⁰ Shikha, 2016.

⁸¹ Nisha, November 18, 2016.

⁸² Dr. S, 2016.

⁸³ Dr. G, 2016.

believed their pleasure would be diminished.⁸⁴ Dr. G alluded to this answer as well, and also added that men are reluctant because condoms are cumbersome and unreliable.⁸⁵ In this case, a woman's silence on sex allows only her husband's voice to be heard. He is made the priority and decision-maker on matters that will affect her body, sometimes more than his own, be it by impregnation or the contraction of an STD.

Most married women considered sex to be a means for reproduction, rather than pleasure. However, when asked if their husbands would agree, women often said he would be more likely to choose pleasure. Rajni, married to her husband at 23, was frank with her answer: "Their reason must be enjoying. What else? Its only we females that think it's for the baby. Husband uses the wife just for entertainment, not for the reproduction. Because the reproduction is something outside of their head."⁸⁶ This mentality exhibits that women are held responsible for the possibility of pregnancy. While women, in many ways, defined themselves as vehicles for reproduction, they also allowed their husbands to use them as vehicles for pleasure. Both of these understandings restrict a woman's sexual autonomy. Women's voices are quieted as husbands dominate sex-related decisions, even regarding when to engage in sex: "Sometimes the husband wants to have, so the husband forces us. So we have to."⁸⁷ It is important to note that some women, however, explained that their husbands were respectful when they were not interested.

In some cases, men manipulate women's silence to their own benefit. Nena, the health educator with RKSK, explained that among adolescent groups she has worked with, there are

⁸⁴ Dr. S, 2016.

⁸⁵ Dr. G, 2016.

* Ketvi, who gave this reason, is now a widow. She was married to her husband at 10 years old, and is currently 35. Given that she is so young, it is probable that her husband's death was imminent, and the decision to abstain from contraceptives was made accordingly. However, the following is speculation, and should not be considered as fact.

⁸⁶ Rajni, 2016.

⁸⁷ Madhu, 2016.

frequently situations where a girl and boy have been secretly dating.⁸⁸ However, when the girl wants to break up, the boy will blackmail her into staying by threatening to tell the community that she has been seeing him.⁸⁹ This threat would lead the community to characterize her as impure, and would consequently ruin her social reputation and bring shame upon her family. Although the women interviewed argued that men could also be pure, it is clear that only girls are criminalized by impure behaviors.

Interpersonal: Healthcare Providers

Silence is present within the interaction between women and healthcare providers, as well. The silence surrounding menstruation is not nearly as strong as that surrounding sex. All of the 13 women asked about reproductive tract infections said that if they were to contract one, they would tell a doctor. Interestingly, Shya, one of the most conservative, religious, and uneducated women in the sample, was the only one to admit that she had seen a doctor about menstrual issues.⁹⁰ Dr. G felt that her patients were always candid when speaking about menstruation and would even “speak frankly in front of their fathers.”⁹¹ Overall, women seemed to recognize the health significance of menstruation, and perhaps felt that the severity of irregular menstruation trumped the silencing power of taboos.

The extent to which silence affected conversations about pre-marital sex with doctors largely depended on the women’s education background. Dr. S described many cases in which her unmarried patients, mostly from low-income background, would completely deny the possibility of pregnancy during examinations.⁹² Despite that some unmarried women would

⁸⁸ Nena, November 29, 2016.

⁸⁹ Idib.

⁹⁰ Shya, 2016.

⁹¹ Dr. G, 2016.

⁹² Dr. S, 2016.

come for amenorrhea, the cessation of menses, they would refuse to take a urine pregnancy test.⁹³ In this way, silence hinders women from receiving not only care, but even diagnosis. In contrast, Dr. G's middle class unmarried patients spoke openly about their— what she called — “promiscuous sexual behavior.”⁹⁴ Dr. G explained that she has conducted many abortions on unmarried girls.⁹⁵ Education combats silence for these women, allowing them to disclose their sexual activity in order to receive reproductive health services.

It is important to note that doctors' behaviors are also influenced by silence. Despite that doctors intend to share purely medical knowledge, they must navigate and remove themselves from the society's stigmas in order to do so. Dr. S indicated that she could not ask an unmarried girl about contraception unless the patient were to bring up the subject herself: “Otherwise people will think, ‘*Why is the doctor asking this? Why is she making question marks?*’ It would be a question of her character.”⁹⁶ Dr. G, to some degree, transferred her own perceptions of impurity to her patients. She described often telling her unmarried patients not to “engage in *these* practices”⁹⁷ but admitted that they do not listen. When even doctors are uncomfortable with pre-marital sex, unmarried women cannot properly follow safe sexual health practices.

Altogether, the silence experienced in every interpersonal interaction, be it with family, partners, or doctors, discourages conversations on sex and menstruation. Nena from RKSK described that many adolescents have no one to speak to about their many inquiries.⁹⁸ The

⁹³ Idib.

⁹⁴ Dr. G, 2016.

⁹⁵ Idib.

⁹⁶ Dr. S, 2016.

⁹⁷ Dr. G, 2016.

⁹⁸ Nena, 2016.

mission of RKSK is to break this silence so that adolescents can learn accurate health information from their peers, rather than spreading myths and misconceptions.⁹⁹

Organizational

This silence is rooted far deeper than within interpersonal relationships. Physical spaces and social institutions also play a part in society's inability and unwillingness to respect women's bodies and sexuality. Similar to interpersonal interactions, menstruation was not hidden to the same degree as sex at an organizational level.

Organizational: Medical Stores

Menstruation was not concealed at chemists. Based on observations made of six chemists one main road in Dehradun, all had sanitary napkins easily in view, often kept beneath the main counter on display. Every woman interviewed did not feel that accessing sanitary pads was a difficult task. It is important to recognize, however, that this finding would likely not hold true in a rural setting. Only one participant used tampons,¹⁰⁰ and she agreed that they were also easily accessible. Seven college students in the sample also mentioned that their university's infirmary supplies sanitary pads. In the current study, women are enabled to maintain proper menstrual hygiene without fear of judgement because menses is not considered normal at this organizational level. But still, the chemists pack the pads in a brown paper bag so that the rest of society cannot see.

In contrast, chemists do not provide a judgement-free environment for unmarried women seeking contraception. Unlike sanitary napkins, condoms are often kept behind the counter at many chemists. The customer cannot access them without requesting the individual behind the

⁹⁹ "Rashtriya Kishor Swasthya Karyakram," Ministry of Health and Family Welfare, Government of India, accessed November 15, 2016. <http://nrhm.gov.in/nrhmcomponnets/reproductive-child-health/adolescent-health.html>.

¹⁰⁰ Suman, 2016.

counter to retrieve them. Unmarried women had various experiences negotiating this physical, organizational barrier between protection and themselves. One woman described that unless she travels far from home to purchase condoms, she must handle the situation as silently and invisibly as possible. She wraps her face in a scarf, waits for the line to settle down, and hesitantly approaches the chemist.¹⁰¹ Sonu and Savi had never purchased condoms, but they were fearful to do so because they believed the chemist would tell others, as they had seen done on a YouTube video with a hidden camera.^{102,103,104} In fact, in this video, after the actress has purchased condoms and walked away, the chemist and men in the surrounding area discuss her improper behavior and shamelessness. One suggests that she must be a prostitute. Some of the college girls, however, described going to medical stores regardless. Anvi commented on the horrified reactions she receives from many chemists: “I just think, *I need it! You don’t even need this, so just give it to me!*”¹⁰⁵ Even married women’s experience with purchasing contraceptives from medical stores exhibits a similar silence. For the most part, women’s husbands either accompanied her or went to the store on his own to purchase condoms and birth control pills. Shivani explained that when she goes alone, she writes what she needs on a piece of paper and slides it to the chemist: “It’s not important for you to speak.”¹⁰⁶ Given that both married and unmarried women proceed quietly and cautiously when seeking out contraception, it is clear that sex is not only impure when it is done before marriage. Rather, even the slightest exposure of women’s sexuality—married or unmarried—is improper and impure. Her sexual behavior is

¹⁰¹ Idib.

¹⁰² Sonu, 2016.

¹⁰³ Savi, 2016.

¹⁰⁴ “Girl Buying Condoms in India,” YouTube video, 3:16, posted by “PrankBaaz,” November 26, 2015, <https://www.youtube.com/watch?v=lgOmOh7bhvQ>.

¹⁰⁵ Anvi, November 23, 2016.

¹⁰⁶ Shivani, 2016.

shamed. And only in the presence of a man, her husband, is her request to protect herself from pregnancy and STDs granted without judgement.

Organizational: Schools

According to women's experiences, schools did not capitalize on their ability to reach hundreds of students to break the silence surround menstruation and sex. Although the reproductive system was taught to most women in 10th standard, the material was not taken seriously. Many women described rushing through the chapter. The teacher, some said, would save face and simply ask the children to read at home. Constant giggling and discomfort created an unsuitable learning environment. Based on these responses, it appeared that teachers teach students to be uncomfortable, not the material. Students, thus, do not learn to appreciate or respect these reproductive and biological processes. Shivani's daughter, however, attended a school that attempted to use its organizational power to target the issue of menstrual hygiene and education. When Shivani's daughter was in 6th standard, all of the mothers were called to the school. There, they were taught how to use sanitary napkins and how often to change.¹⁰⁷ According to Shivani, many of the parents of her daughter's peers are illiterate and conservative, so the intervention was much needed.¹⁰⁸ Initiatives like this, which break the silence early on in students' lives, foster healthy practices, healthy perceptions, and accurate health knowledge.

This silence, formed largely from stigma, has disseminated deeply into society. Overall, the silence surrounding women's pre-marital sexual behavior was far more robust than that for menstruation. Within the urban context of the current study, menstruation was beginning to be normalized. However, stigma still stripped away at women's control over their bodies, whether

¹⁰⁷ Idib.

¹⁰⁸ Idib.

by inhibiting access to contraceptives, obtainment of proper health information, or discussion on female sexuality and reproductive health with family and partners. Purity myths are not at all regional. And while the current study has found the manifestations of these misconceptions in the urban context of Dehradun, purity and virginity have far larger cultural and health implications.

PURITY, EARLY MARRIAGE, AND MATERNAL HEALTH

The current study reveals enormous pressure on women to constrain their behaviors to fulfill the archetypal pure woman. In this sample, we find that women— and in particular, unmarried women —must guard their sexuality for the sake of their reputation and their family’s honor. The management of women’s sexuality begins from the moment she begins to menstruate. Rajni imitated her mother’s celebration the day she reached menarche: “Wow, my daughter has grown so big. Wow... let’s get her married... Must find the in-laws... This is great.”¹⁰⁹ Rajni’s menstruation marked the moment her decision-making power surrounding her fertility was handed over to her parents. Rajni’s sexuality was under the authority of her family so that reproduction would *only* occur in the correct context, within the home of the appropriate in-laws. Unmarried, sexually mature girls were perceived as highly vulnerable.¹¹⁰ Behaviors that can potentially ruin purity— going out late, mingling with men, and purchasing contraceptives in public —must be avoided so that a girl will remain pure until marriage. The act of passing a virgin daughter off in marriage brings honor to her family.¹¹¹ So arises the idea that one must protect the pure woman because she is in danger. However, this conception is highly dangerous.

¹⁰⁹ Rajni, 2016.

¹¹⁰ Seymour, *Women, Family, and Child Care in India: A World in Transition*.

¹¹¹ Idib, 89.

Early marriage is largely enabled by Indian culture's emphasis on virginity.¹¹² Child marriage is constructed as a way for fathers to protect their daughters' purity before or shortly after menarche in order to safeguard his family's status.¹¹³ Although the current study did not specifically investigate purity and early marriage, and did not find results pertaining to this relationship, the study *has* found the enormous position virginity holds in Indian society. Thus, it is important to recognize that the purity paradigm¹¹⁴ – the conception of pure as in danger, and impure as dangerous – facilitates the estimated 47 percent of marriages that occur before the bride has turned 18.¹¹⁵

Child marriage has profound implications on the bride's health, largely due to her limited jurisdiction over her own body and fertility. Once married, she is under heavy pressure to engage in sex, despite that she may not want to, or may not know what sex *is*.¹¹⁶ Almost 45 percent of women married before the age of 18 report that they do not have decision-making power regarding when to have children and how many.¹¹⁷ She is often confined to the home where she is responsible for housework and motherhood, exposed to little else but the demands of her husband and in-laws. This isolation likely contributes to a young bride's reduced capacity to make her own reproductive health decisions. Khushi and Suri, both married at 10 years old, explained why they had never received and reproductive health education: "We have never gone anywhere except this place, all we do is the housework. We have never received this type of

¹¹² Idib, 89.

¹¹³ Idib.

¹¹⁴ Chanana, "Hinduism and Female Sexuality: Social Control and Education of Girls in India."

¹¹⁵ "Child Marriage Around the World," Girls, Not Brides, accessed on December 1, 2016, <http://www.girlsnotbrides.org/child-marriage/india/>.

¹¹⁶ Idib, 90.

¹¹⁷ Child Marriage and Domestic Violence," International Center for Research on Women, accessed December 1, 2016, <https://www.icrw.org/wp-content/uploads/2016/10/Child-Marriage-Toolkit.pdf>.

information.”^{118,119} A bride’s primary role becomes child production, and more importantly, the production of sons.¹²⁰

When these young women are controlled and pressured to reproduce before their bodies have properly matured, their health is adversely affected. The infant mortality rate is higher among mothers who are less than 20 at the time of childbirth, compared to mothers over 20 years old.¹²¹ Young mothers are at greater risk of giving birth to preterm and low birth weight infants.¹²² Young maternal age increases the risk for maternal anemia.¹²³ Women between 15 and 19 are twice as likely to die in childbirth compared to those in their twenties.¹²⁴ Seven percent of maternal deaths occur in mothers between the ages of 15 and 19.¹²⁵ Child marriage is meant to protect the pure Indian girl who is in danger. And yet, this purity paradigm only puts her at greater risk.

CONCLUSION

Indian culture is rich with customs and religious ideologies that breed beauty and tradition. However, engrained in this culture is the conception of purity, an abstract measurement of clean and dirty, good and bad, reputable and improper, all of which are used to judge the behaviors and bodies of women. This abstract notion of purity is largely based on myths, misconceptions, and religious ideology surrounding menstruation and female virginity, all of which compound to create powerful social stigmas. Menstruation is framed as an impure process

¹¹⁸Suri, 2016.

¹¹⁹ Khushi, November 25, 2016.

¹²⁰ Seymour, *Women, Family, and Child Care in India: A World in Transition*.

¹²¹ U. A. Segal, “Family Violence: A Focus in India.” *Aggression and Violent Behavior* 4.2 (1999):213-231.

¹²² Cassandra M. Gibbs, Amanda Wendt, Stacey Peters, and Carol J. Hogue, “The Impact of Early Age at First Childbirth on Maternal and Infant Health,” *Paediatr Perinat Epidemiol* 26.01 (2012):259-284.

¹²³ Gibbs et al., “The Impact of Early Age at First Childbirth on Maternal and Infant Health.”

¹²⁴ Yadav, *Child Marriage in India* (New Delhi: Adhyayan, 2006).

¹²⁵ Office of Registrar General, India, Ministry of Home Affairs, *Special Bulletin on maternal Mortality in India 2010-12*, (New Delhi: Gov. of India, 2013).

that must be kept hidden and isolated from the purest locations, places of worship.¹²⁶ Female virginity is valued and protected because a virgin bride is an honorable gift for one family to pass to another. A woman who engages in pre-marital sex can bring shame to her family.¹²⁷ The stigmatized conception of impurity impacts the way women are able to manage menstruation and their sexual health. In rural areas, many women do not properly clean menstrual cloths out of fear that others will see.¹²⁸ Almost a quarter of Indian adolescents report being sexually active before marriage, and yet many have inaccurate and dangerously little knowledge of STDs, pregnancy, and contraception because sex is silenced by society.¹²⁹

The study found that women of all backgrounds sampled in Dehradun have various definitions of purity. Education and religion influenced women's perceptions of menstruation and pre-marital sex. Uneducated and nonreligious women were more likely to consider sex before marriage and menstruation as impure than educated and nonreligious women. The study found that purity has a prominent status in society, but that both of these impurities—menstruation and pre-marital—are not equally as silenced. In Dehradun, there was evidence that menstruation was becoming normalized: sanitary pads were widely accessible and many women spoke with their mothers or friends about it. Pre-marital sex, however, is silenced at every level of society. This silence creates an obstacle to practicing safe sex, especially for unmarried women. Ultimately, the concealment of impurities puts women and their health at risk because women feel it inappropriate to discuss sex interpersonally, and are largely unable to access contraception and care without facing and internalizing judgement.

¹²⁶ Mazumdar and Mazumdar, "Of Gods and Homes: Sacred Space in the Hindu House."

¹²⁷ Chanana, "Hinduism and Female Sexuality: Social Control and Education of Girls in India."

¹²⁸ Singh, "Place of Menstruation in the reproductive Lives of Women of Rural North India."

¹²⁹ IIPS, *Youth in India: Situation and Needs 2006–2007*.

While the current study is limited to the voices of women in urban Dehradun, their voices make clear that purity is prevailing, present, and palpable. Once menses begins, women are expected to remain pure and chaste until they have reached their in-laws home, at which point they are expected to produce children. Young motherhood has numerous health implications: increased maternal anemia, infant mortality, and maternal mortality.

Purity is intended to measure a woman's virtue— her cleanliness, morality, and innocence. An impure woman is isolated, judged, and silenced when seeking healthcare and health knowledge. A pure woman is stripped of her ownership over her body, managed and controlled because she is in danger. A truly *dangerous* woman, however, is one who refuses to be measured, and who has full independence and acceptance of her reproductive health and sexuality. A dangerous woman is a woman who breaks the silence.

Limitations

Despite the importance of these findings and conclusions, the current study had multiple limitations. The language barrier created a significant distance between the researcher and participant. Trust and understanding are essential for conducting conversations on such sensitive topics. However, it proved difficult to create this judgement-free environment without speaking the same language. The presence of a translator likely changed the dynamic of the interview and affected women's answers. Five of the interviews were conducted with a male translator, Sunny. Despite that he was a medical student, his maleness likely affected women's willingness to share their experiences. It is also possible that Sunny did not always fully translate the details and nuances of women's answers because he often seemed uncomfortable discussing them with the female researcher. Furthermore, Sunny is the son of Kaya, the social worker who encouraged these five women to participate. Given the role of his mother in the community, women were

also likely hesitant to share stories or answers that made them look immoral, or even impure. The remaining seven interviews conducted in Hindi were translated by a woman. While her gender may not have affected women's answers, her status likely did as she was the wife of a government official under whom some of the participants worked.

It was difficult to interview women in private locations where others could not interfere or judge their answers. Many times, by the end of an interview, the participant was surrounded by a crowd of on-lookers. Fortunately, these audiences were almost always female. Regardless, in the presence of their families and close friends, women were unlikely to be fully candid with their responses. Sometimes during small group interviews, the participants and onlookers perceived the interview to be highly informal. As a result, there were two instances where women joined the interview partway through, and another woman left. While the informality of the conversation may have been beneficial to the ease of the conversation, it also caused inconsistencies in data collection.

Additionally, the data collected was not always consistent because not all questions were answered by every woman. Sometimes women were unwilling to answer certain questions, or the interviewer felt the participant was uncomfortable and skipped over. Though some women went into great detail, others gave terse, unsubstantiated responses. As a result, all 28 participants' experiences were not shared equally. It was challenging to analyze these incongruous responses, all of varied length, with consistent measures. More so, only 28 women were included in the study which limited the number of perspectives and voices. Although the study made generalizations and conclusions from these women's experiences, many more interviews would need to be conducted to make truly accurate interpretations.

Future Research

Future studies can analyze the effect different religions may have on perceptions of purity and their impacts on health behaviors. While Hindu customs frame menstruation as impure, Christianity does not speak about it. Just as well, while Hinduism has given life to the Kama Sutra, Christianity defines sex outside of marriage as unquestionably unlawful. Although the current study found that more religious women carried more tabooed perceptions of menstruation and pre-marital sex, a future study may differentiate between women with different belief systems. Whereas the current study included women from a number of different communities, this future study should isolate one region, perhaps a slum or village, to properly investigate the effect of one fact, religion. Although the current study which includes the voices of highly educated individuals, this future research may target low-income, uneducated communities, given that women from these areas are most in need of an intervention.

APPENDICIES

Appendix 1: Interview Questions

Questions Asked to Women

Purity

1. What is your age?
 2. Are you yet married?
 - a. If so, at what age did you marry?
 3. Do you have any children?
 - a. If so, how many?
 - b. When did you have your first child?
 4. What is your husband's job?
 5. What is your job?
 6. Do you practice any religions?
 - a. How often do you go to your place of worship?
 - b. How frequently do you pray?
 - c. How religious do you consider yourself?
 7. What is your highest education level?
 - a. Did you ever receive any reproductive or sexual health education?
1. Can you tell me what it means for a female to be *pure*?
 2. Where do you get purity?
 3. How can you ruin your purity, and become *impure*?
 4. If I am impure, who knows? Is it something you can see?
 - a. How do other come to find out you are impure?
 5. I'm going to name some things, and I would like you tell me what is impure, pure, neither, or you are not sure:
 - a. Pregnancy
 - b. Sex before marriage
 - c. Used menstrual pads
 - d. A Hindu temple
 - e. A virgin girl
 - f. Breastmilk
 - g. Condoms

Menstruation

1. Can you tell me what you know about the cause of menstruation?
 - a. If they answer me biologically, prompt them to explain spiritually or religiously
 2. Where did you learn about menstruation?
 3. Do you remember how you reacted to menstruation?
 - a. If yes, how did you react?
 - i. What did you do?
 - ii. Who did you tell?
 4. How did your mother react when you began to menstruate?
 - a. What did she teach or tell you?
 5. How did your father react?
1. If you did not tell him, why not? Please tell me which of the following you think describe menstruation:
 - a. Clean/Dirty

- b. To be kept private
 - c. Healthy/Unhealthy
 - d. Worth celebrating
 - e. Normal
2. What do you use during menstruation?
 - a. If sanitary napkins or menstrual rags:
 - i. Where do you change your rags or napkins?
 - ii. How often do you change?
 - iii. How do you clean or dispose of them?
 3. Have you ever had any discomfort in your genital region (*usually just pointed*), itching, burning?
 - a. If yes, can you tell me about your symptoms?
 - i. Did you tell anyone about your symptoms?
 - ii. Did you seek treatment?
 - iii. If no, why not?
 - b. If no, can you see yourself telling a doctor if you were to have these symptoms?
 4. Do you enter the temple during menstruation?
 - a. If no, why not?
 5. Do you have sex during menstruation?
 - a. If no, why not?

Sex

1. Are there people that you feel should not have sex?
 - a. Unmarried boys?
 - b. Unmarried girls?
2. Can you tell me the significance of the first night of marriage between a couple?
 - a. I know for some couples, it is very important that this is the woman's first time having sex, can you tell me about this?
3. Do you feel that sex is for reproduction, pleasure, or both?
 - a. Do you believe your husband views sex the same way?
 - b. What do you do when your husband wants to have sex, but you do not?
4. Do you use any family planning methods?
 - a. Who chose to [not] use contraceptives? You or your husband?
 - i. For what reason?
 - b. Are they difficult to acquire?
5. Sometimes unmarried girls want to seek contraceptives. What do you think about this?

Questions Asked to Providers

1. What types of patients do you treat?
 - a. Age?
 - b. Married?
 - c. Socioeconomic class?
 - d. Religious belief?
2. What are the most common ailments and treatments you see?
3. Can you describe the hesitations your patients have discussing:

- a. Sex?
- b. Menses?
- c. Contraceptives?
- d. Specifically, unmarried patients?

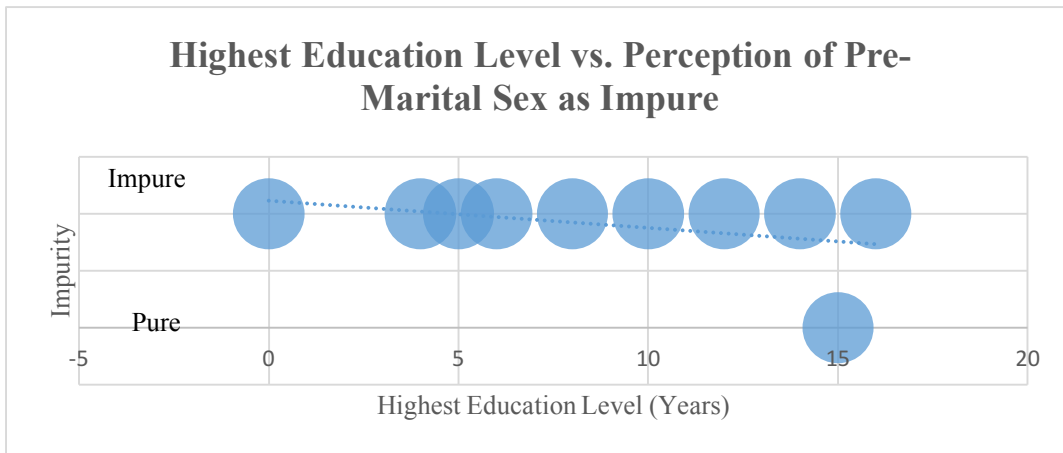
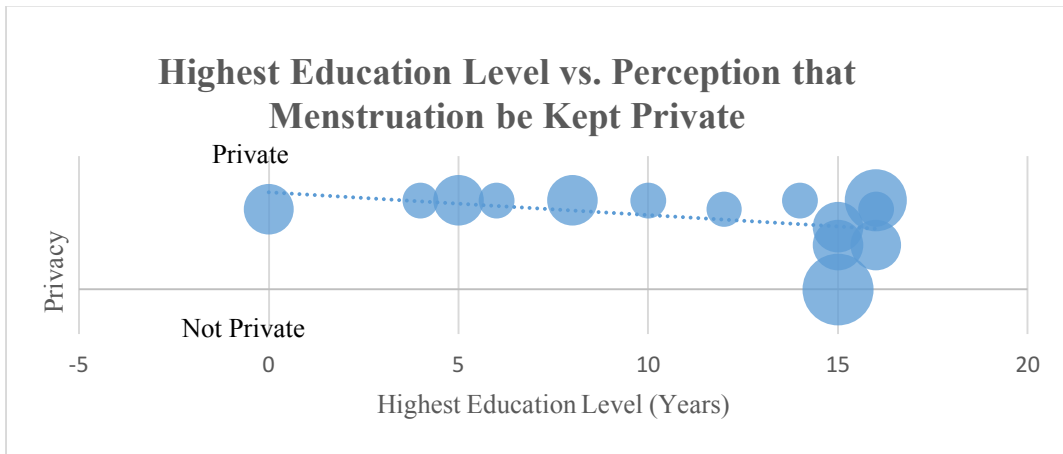
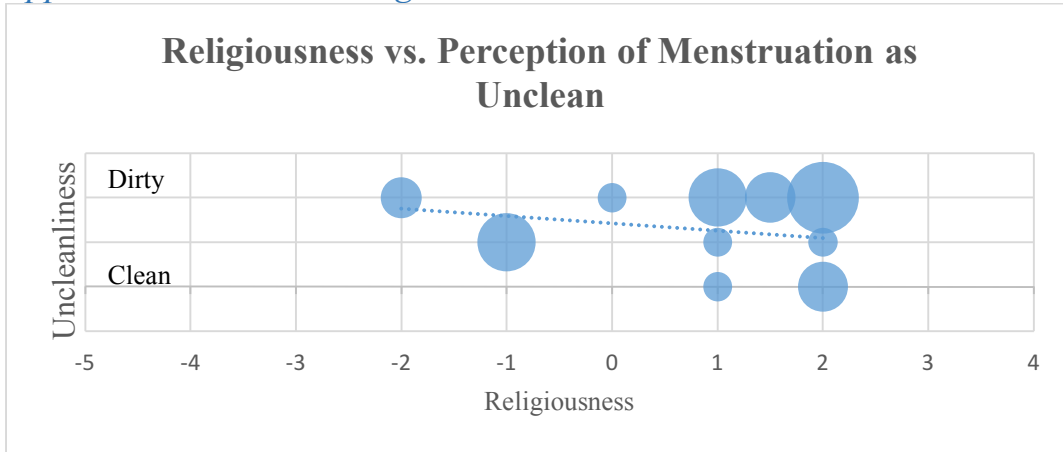
Can you tell me how knowledgeable your patients are regarding menstruation, sex, contraception, and their anatomies?

4. Have unmarried women ever spoken with you about virginity? What do they share?
5. What are your opinion and practices regarding distributing contraceptives to unmarried girls?
6. Who do women bring with them when they come to you regarding reproductive and sexual issues?

Questions Asked to Health Educator

1. Can you tell me about the RSKS program?
2. Who attends RSKS classes and trainings on reproductive and sexual health?
 - a. Socioeconomic Status?
 - b. Age?
 - c. Gender ratio?
 - d. Are classes taught with combined genders?
3. What are the major missions of the reproductive and sexual health section RSKS?
4. Can you tell me about your experience with how adolescents learn and participate?
 - a. What are the most common questions?
 - b. What topics are they comfortable and uncomfortable with?
 - c. Are experiences equal for boys and girls? How so?
5. Can you tell me about adolescents and contraceptives? Are they easily accessible and do they use them?
6. What improvements have you seen since?
7. Facilitator asked her thoughts and experiences with following activities in the facilitator book:
 - a. “Myth Breaking: It’s unhealthy to have sex during your period.”
 - b. “Facilitator should explain that the age of sex and age of marriage are two different words”
 - c. “Key point: provide adequate information on safe sex to all adolescents prior to the onset of menarche”

Appendix 2: Additional Figures



Appendix 3: Participant Demographic Information

Name	Age	Age Married	Education Level	SES	Religion	Interview Language
1. Abha*	35			Low	Hindu	Hindi
2. Anvi	21	Unmarried	15	Upper	Hindu	English
3. Jamuna	21	Unmarried	15	Middle/Upper	Hindu	English
4. Janki	26	25	16	Middle/Upper	Christian	English
5. Kaya	43	20	16	Middle/Upper	Christian	
6. Ketvi	33	14	8	Low	Hindu Nepali	Hindi
7. Keva	25	23	16	Low	Hindu	Hindi
8. Khusi	35	10	0	Low	Hindu	Hindi
9. Lalita	26	19	6	Low	Christian	Hindi
10. Madhu	27	18	8	Low	Christian	Hindi
11. Neha	35	17	0	Low	Hindu	Hindi
12. Nisha	34	25	10	Middle	Christian	Hindi
13. Preethiya	26	Unmarried	16	Middle/Upper	Hindu	English
14. Rajni	45	23	16	Low	Christian	English
15. Remmi	32	17	5	Low	Christian	Hindi
16. Sahi	21	Unmarried	15	Middle/Upper	Hindu	English
17. Savi	20	Unmarried	15	Upper	Hindu	English
18. Savita	23	Unmarried	15	Middle/Upper	Hindu	English
19. Savya	35	28	4	Low	Christian	Hindi
20. Shikha	21	Unmarried	15	Middle/Upper	Hindu	English
21. Shivani	37	23	16	Low	Christian	Hindi
22. Shya	40	17	5	Low	Hindu Nepali	Hindi
23. Sonu	20	Unmarried	15	Upper	Hindu	English
24. Suma	26	20	12	Low	Hindu	Hindu
25. Suman	21	Unmarried	15	Middle/Upper	Hindu	English
26. Suri	50	10	0	Low	Hindu	Hindi
27. Tanvi	21	Unmarried	15	Upper	Hindu	English
28. Tiya	23	19	14	Low	Hindu	English

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