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# Bleeding in Silence: Navigating Menstrual Stigma, Taboos, and Coping Mechanisms Among Adolescent Girls in Rural Pakistan

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**Abstract**
*This article explores the multifaceted challenges adolescent girls in rural Dhirkot, Azad Kashmir, face during menarche and the coping mechanisms they develop in the absence of formal education and institutional support. Drawing on qualitative ethnographic data from 31 adolescent girls aged 11-16, the study reveals that cultural taboos, menstrual myths, and institutional failures create an environment of fear, confusion, and embodied shame. Girls experience menarche as a traumatic event, navigating spiritual impurity, dietary restrictions, physical concealment, and emotional repression. The findings demonstrate how menstrual taboos are reinforced through religious modesty practices, euphemistic language, and social expectations of concealment. Despite these constraints, girls exhibit remarkable agency through innovative resource management, digital literacy, peer support networks, and intergenerational advocacy. This article argues that understanding girls' coping strategies is essential for developing culturally responsive interventions that recognize adolescent agency while challenging harmful norms and institutional failures.*

***Keywords***: *Menstrual Stigma, Taboos, Coping Mechanisms, Adolescent Girls, Rural Pakistan*

## Introduction

Menarche marks not only an adolescent girl's transition into reproductive maturity but also her passage through complex social, institutional, emotional, and cultural terrains that shape her understanding of womanhood and bodily identity (Janes, 1990). Rather than being solely a biological milestone, it represents a significant life transition during which girls encounter new expectations, responsibilities, restrictions, and social roles embedded within their communities. In rural Dhirkot, Azad Kashmir, where educational structures systematically exclude menstrual health education and discussions of reproductive health remain culturally sensitive, adolescent girls experience menarche in an environment characterized by silence, misinformation, stigma, and limited institutional support. Without formal educational guidance, many girls depend on fragmented knowledge acquired from mothers, elder sisters, peers, and community members, whose explanations are often influenced more by tradition than scientific understanding. Consequently, menstruation is frequently associated with fear, confusion, embarrassment, and emotional distress rather than confidence and preparedness. This article addresses the second and third objectives of the broader research by examining the physical, emotional, social, and institutional challenges adolescent girls face during menarche and the coping strategies they adopt despite persistent educational and sociocultural barriers. Cultural beliefs strongly influence how girls interpret and experience menstruation. Many societies have historically viewed menstruation as a form of "pollution," leading to restrictions on mobility, diet, household activities, religious participation, and social interaction (Douglas, 1966). In South Asia, these restrictions are often justified through religious interpretations and customary traditions emphasizing modesty and purity (Mary,



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2003). Numerous superstitions also persist, including beliefs that menstrual blood can spoil food, contaminate water, destroy crops, or harm men. Although these beliefs were documented centuries ago by Frazer (1900), they continue to influence perceptions of menstruation in rural Pakistan and India, reinforcing secrecy, stigma, and misconceptions.

Public health research consistently shows that poor menstrual education, inadequate hygiene practices, and limited access to health resources can have serious physical, psychological, educational, and social consequences for adolescent girls. Reproductive tract infections, skin irritations, urinary infections, and other menstrual-related health problems are common among schoolgirls who lack access to sanitary products, clean water, private washing facilities, and safe disposal methods in rural Pakistan (Garg, 2015). These challenges are intensified by the lack of adequate Water, Sanitation, and Hygiene (WASH) facilities in schools, including insufficient toilets, privacy, water supply, and disposal systems. Such deficiencies remain a major cause of school absenteeism among adolescent girls across South Asia, affecting educational participation, academic performance, and long-term retention (UNICEF, 2020). Beyond education, inadequate menstrual management also undermines girls' confidence, psychological well-being, and participation in social activities. Research demonstrates that providing accurate menstrual education, adequate hygiene resources, and supportive school environments can improve health outcomes, reduce absenteeism, strengthen self-esteem, and promote social inclusion. However, many public health interventions remain top-down and product-oriented, focusing primarily on sanitary product distribution while neglecting the sociocultural meanings of menstruation, gender inequalities, and persistent cultural beliefs that shape menstrual experiences (Chandra Talpade, 2003). As a result, such interventions often achieve only limited and short-term improvements.

This article therefore examines how adolescent girls in Dhirkot navigate the multidimensional challenges of menarche, including cultural taboos, emotional uncertainty, physical discomfort, inadequate menstrual hygiene management, institutional neglect, and limited access to reliable reproductive health information. It further explores how girls respond by developing coping mechanisms and everyday strategies that enable them to manage menstruation within a sociocultural environment characterized by silence and systemic neglect. These strategies include seeking guidance from trusted female relatives, relying on peer support, adapting daily routines, following culturally accepted practices, and increasingly using digital media as an alternative source of reproductive health information. By documenting these lived experiences, the study highlights not only the challenges associated with menarche but also the resilience and agency demonstrated by adolescent girls in negotiating the constraints of their social environment. Ultimately, the analysis contributes to a broader understanding of the relationship between culture, education, health, and gender while generating evidence to inform culturally appropriate educational reforms, community awareness initiatives, and public health policies aimed at improving menstrual health literacy, promoting gender equity, enhancing school participation, and safeguarding the dignity and well-being of adolescent girls in rural Pakistan.

**Theoretical Framework**

This study draws on medical anthropology, feminist theory, and practice theory to understand the challenges and coping mechanisms associated with menarche in rural Pakistan. Medical anthropology provides an important perspective by emphasizing that bodily experiences are

not purely biological but are interpreted through cultural beliefs, social relationships, and institutional structures. The concept of "embodied shame" offers a useful lens for understanding how cultural taboos surrounding menstruation become physically experienced and emotionally internalized by adolescent girls. Rather than perceiving menstruation as a normal biological process, many girls learn to associate it with embarrassment, secrecy, and impurity through repeated social interactions. Mary Douglas's (1966) "pollution paradigm" further explains how cultural beliefs regarding purity and contamination shape attitudes toward menstruation and regulate girls' participation in religious, domestic, and social activities. These culturally constructed meanings influence not only how menstruation is understood but also how girls perceive themselves and negotiate their identities during the transition into womanhood.

Feminist theory provides a critical framework for examining how menstruation is embedded within broader systems of gender, power, and social control. Drawing on Michel Foucault's concept of gendered bodily discipline, the study explains how adolescent girls are socialized to internalize ideals of modesty, silence, obedience, and self-restraint from the onset of menarche. Girls are taught to conceal menstrual signs, avoid discussing bodily changes openly, restrict movement, and limit participation in public and religious spaces. These disciplinary practices normalize surveillance of the female body and reinforce unequal gender expectations. Judith Butler's theory of performativity further argues that gender is continuously produced through repeated social practices rather than determined solely by biology. Menarche therefore becomes a defining stage during which girls learn culturally prescribed performances of femininity, including secrecy, modest behavior, and emotional restraint. Through these repeated performances, patriarchal norms are reproduced and become accepted as natural aspects of becoming a woman.

Practice theory, particularly the work of de Certeau (1984), offers valuable insights into how individuals develop "tactical knowledge" to navigate systems that exclude or marginalize them. In rural Dhirkot, where formal menstrual education is largely absent, adolescent girls actively construct practical strategies to manage menstruation using the limited knowledge and resources available within their communities. They seek advice from mothers, sisters, friends, and trusted female relatives, adapt household routines, develop methods for concealing menstruation, and increasingly utilize digital media to access reproductive health information. These everyday practices demonstrate resilience and agency despite structural limitations. However, such coping mechanisms also reflect what Bourdieu (1997) describes as "symbolic violence," whereby unequal social norms become internalized and accepted as legitimate. Girls often comply with menstrual restrictions not because they freely choose them but because they have been socialized to perceive these practices as natural, respectable, and essential for maintaining social acceptance within their communities.

The concept of social reproduction further strengthens the theoretical framework by explaining how cultural norms, beliefs, and practices surrounding menstruation are transmitted across generations, thereby sustaining existing power relations and gender inequalities. Within rural families, mothers, grandmothers, elder sisters, and other female relatives serve as the primary custodians of menstrual knowledge, passing on advice, restrictions, rituals, and beliefs that they themselves inherited from previous generations. Although these women frequently provide emotional support and practical guidance, they

may also unknowingly reinforce misconceptions, stigma, and silence surrounding menstruation without critically questioning their validity. Consequently, menstrual taboos become deeply embedded within family life and community traditions, making them appear normal and unquestionable. This process illustrates how cultural practices are reproduced through everyday interactions rather than formal institutions alone. Understanding this intergenerational transmission is essential for explaining why menstrual myths and restrictive practices persist despite increasing access to education, healthcare, and digital sources of information.

## Methodology

This study adopted a qualitative ethnographic research design to explore the challenges associated with menarche and the coping mechanisms developed by adolescent girls in Dhirkot, Azad Kashmir. The study was conducted in Dhirkot, a geographically remote and socioeconomically disadvantaged tehsil of Bagh District characterized by difficult terrain, limited educational and health infrastructure, and a culturally conservative social environment. The participants comprised 31 adolescent girls aged 11–16 years who had experienced menarche and were purposively selected from one government and two private schools. All participants were Muslim and belonged to lower- or middle-income households. Data were collected through unstructured interviews, participant observation, and prolonged ethnographic field immersion, enabling participants to narrate their lived experiences freely while allowing the researcher to observe everyday practices, school settings, and sociocultural interactions surrounding menstruation. The data were analyzed using Braun and Clarke's (2006) six-step thematic analysis framework, resulting in themes related to embodied shame, cultural taboos, institutional gaps, informal knowledge systems, and coping strategies. Ethical standards were strictly observed through informed verbal consent, confidentiality, anonymity, voluntary participation, and the use of culturally appropriate, non-medical language throughout the research process.

## Findings

### Silencing, Secrecy, and Embodied Shame

The silence surrounding menstruation in Dhirkot transcends mere absence of discourse; it constitutes a deeply embedded social norm that permeates every sphere of adolescent girls' lives. This silence is not incidental but rather a carefully maintained cultural practice that operates through households, educational institutions, and places of worship, effectively rendering menstruation invisible and unspeakable. For adolescent girls in Dhirkot, this pervasive silence ensures that their first encounter with menarche unfolds in an atmosphere of profound solitude, shame, and bewilderment. The cultural imperative to remain silent about menstruation transforms what should be a natural biological transition into a private ordeal to be endured alone, without guidance or reassurance. This systematic silencing operates through multiple institutional and interpersonal mechanisms, each reinforcing the others to create an almost impenetrable wall of secrecy around girls' bodily experiences.

### Institutional Avoidance and Silencing

Schools, which in theory should serve as bastions of proper health information and scientific understanding, instead perpetuate and reinforce the silence surrounding menstruation in Dhirkot. This institutional silence stems from a complex interplay of administrative conservatism, societal pressures, and teachers' own discomfort with reproductive health

topics. Educators, acutely aware of community sensibilities and fearful of parental backlash, systematically avoid addressing reproductive health chapters in the curriculum, often skipping these sections entirely or treating them with such superficiality that girls gain no meaningful understanding. Consequently, adolescent girls encounter menarche without any institutional preparation or support, left to navigate their changing bodies in complete isolation. One respondent's harrowing account powerfully illustrates this institutional failure: "School ke washroom mein bleeding Hui. Rona aa Gaya. Kapray paani se dhoye aur ek ghanta washroom mn rahi takay kpray sookh Jaen. Kisi KO nahi bataya. Jaldi ghar chali gayi bina kuch kehay." [Translation: "I started bleeding in the school washroom. I started crying. I washed my clothes with water and stayed in the washroom for an hour so they could dry. I didn't tell anyone and went home early without saying anything."]

This narrative encapsulates the compounded tragedy of institutional silence and personal panic. The girl's immediate response washing her clothes in the school washroom and hiding for an hour while they dried reveals how deeply she had internalized the expectation of concealment even before she fully understood what was happening to her body. Her decision to leave school early without informing anyone demonstrates the profound isolation that institutional silence creates. The panic she experienced stemmed not merely from the biological event itself but from the conditioned social expectation that any evidence of menstruation must be hidden at all costs. When we consider that approximately 80% of schools in Azad Kashmir lack adequate WASH facilities, including private spaces for menstrual hygiene management, this silence transforms from a merely social phenomenon into a systematic form of institutional neglect that actively endangers girls' health and dignity.

**Religious Modesty and Concealment in Sacred Spaces**

In Dhirkot's deeply conservative social landscape, religious teachings and cultural expectations regarding female modesty intersect in ways that profoundly shape young girls' experiences of menstruation. Within traditional families and communities, menstruation transcends its biological reality to become a spiritually marked state of "impurity" (napaki) demanding concealment, particularly from male family members and elders. This religious framing of menstruation as polluting creates a powerful imperative for secrecy that extends into sacred spaces and times, including the holy month of Ramadan, the celebration of Eid, and daily prayer observances. The linkage between menstruation and spiritual disconnection means that girls must navigate their monthly cycles while maintaining the appearance of religious piety, often at significant physical and emotional cost.

"Ramzan ke mahine mein period a gaya tha. Lekin roza nahi chhoda, ghar walon KO shak na ho is liye. Bhooki pyaasi rahi, lekin sach nahi bataya." [Translation: "I got my period during Ramadan, but I didn't skip the fast so my family wouldn't suspect anything. I stayed hungry and thirsty but didn't tell the truth."]

This poignant narrative reveals the extraordinary lengths to which girls will go to preserve the appearance of religious observance while menstruating. The fear of being discovered as "impure" compelled this young girl to fast despite the potential health risks, sacrificing her physical wellbeing to maintain the fiction of piety. Her decision to remain hungry and thirsty rather than reveal her condition illustrates how deeply the shame of menstruation is internalized. The performance of religiosity becomes more important than actual religious

practice, and the girl's bodily reality must be sacrificed to preserve family perceptions and community reputation.

Another participant's experience further illuminates the theatrical nature of religious concealment:

"Masjid mein ammi kehti hain har waqt dupatta lo, aur jab periods ho to Quran Na chhuno. Lekin agar namaz Na parhi to dada gussa karte hain. Is liye wazoo karke sajde ka natak krti hon dada ko dikhanay." [Translation: "My mother says always wear a dupatta at the mosque and not to touch the Quran during periods. But if I miss a prayer, my grandfather gets angry. So, I pretended to do ablution and prayer."]

This narrative exposes the impossible position in which girls find themselves: instructed to maintain ritual purity by avoiding prayer during menstruation, yet subjected to punishment and suspicion if they are observed not praying. The girl's solution performing ablution and going through the motions of prayer to deceive her grandfather represents a coping strategy born of necessity rather than choice. This "quiet drama of modesty" reveals how religious teachings, when culturally distorted, can transform sacred exemptions into sources of shame and deception. The emotional toll of maintaining such pretenses is immeasurable; girls describe feeling guilty, hypocritical, and confused, unable to reconcile their bodily reality with the religious performances demanded of them. The silence of religious authorities on this matter, as local imams and madrasa teachers rarely address menstruation openly in public sermons or religious instruction, only compounds this spiritual anguish.

**Hiding the Signs: From Clothes to Movements**

The imperative to conceal menstruation extends far beyond verbal silence to encompass every aspect of girls' physical presentation and movement. Adolescent girls in Dhirkot develop elaborate strategies to hide any tangible evidence of menstruation, from stains and odors to the altered gait that might accompany menstrual discomfort. This constant vigilance transforms everyday activities into performances of normalcy, where girls must simultaneously manage their bodily functions and maintain the appearance of being unaffected. The physical management of menstruation becomes a full-time occupation, requiring constant attention to clothing, posture, and movement.

"Mujhe dar hota tha ke kahin chadar pe nishan na lag jaaye. Mein dupatta peeche pahla ke chalti thi taake kisi ko na pata chale." [Translation: "I was always scared of leaving a stain on the sheet. I would spread my scarf behind me while walking so no one would find out."]

This testimony illustrates how menstruation becomes an embodied performance of control, where girls must constantly monitor their bodies for any sign of exposure. The fear of staining clothing or bedding is so pervasive that it dictates how girls walk, sit, and move through their daily lives. The practice of spreading a scarf behind while walking represents a learned strategy of concealment passed down through generations, a practical response to the cultural imperative that menstruation must remain invisible. This constant state of hypervigilance exacts a significant psychological toll, as girls can never fully relax or forget their condition. The fear of discovery pervades every moment of menstruation, from sleep to social interaction to religious observance. This is not merely a matter of personal embarrassment but a survival strategy in a social environment where exposure would bring shame not only to the individual girl but also to her family. The embodied nature of this shame

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felt physically through constant monitoring and bodily discipline demonstrates how cultural taboos become literally incorporated into girls' lived experiences of their own bodies.

**Cultural Taboos and Emotional Turmoil**

In Dhirkot's social landscape, menarche is neither observed nor celebrated as a developmental milestone but rather endured in isolating silence. Beyond the immediate lack of acknowledgment, a complex web of deeply entrenched cultural assumptions transforms this natural biological process into a source of profound individual and social unease. The psychological anguish associated with these cultural taboos is not an incidental byproduct but rather a deliberately constructed and systematically imposed burden, passed down through generations of women who themselves experienced similar trauma. This intergenerational transmission of shame ensures that each new cohort of adolescent girls inherits not only the practical challenges of menstrual management but also the emotional weight of centuries of taboo and silence.

**Mental Confusion and Physical Embarrassment**

For the majority of adolescent girls in Dhirkot, first menstruation constitutes a deeply confusing and often traumatic event that leaves lasting psychological imprints. The complete absence of prior preparation or emotional guidance means that girls encounter this biological transition with no framework for understanding what is happening to their bodies. In the absence of accurate information, their minds race to catastrophic explanations, interpreting menstrual bleeding as injury, illness, or divine punishment. This confusion often persists well beyond the initial event, as the culture of silence prevents girls from seeking clarification or reassurance.

"School mein achanak bleeding hui. Mujhe laga mujhe koi chot lag gayi hai. Rone lagi. Aik teacher ne jab pucha to mein chup rahi. Baad mein jab ghar gayi to maa ne kaha ke yeh har larki ke sath hota hai, lekin mujhe laga mujhe kuch ajeeb sa ho Gaya hai." [Translation: "I suddenly started bleeding at school. I thought I was injured and started crying. A teacher asked, but I stayed silent. When I got home, my mom said this happens to all girls, but I felt something strange had happened to me."]

This narrative powerfully illustrates the cognitive and emotional confusion that characterizes the menarche experience. The girl's immediate assumption that she was injured reveals the profound knowledge gap that exists around reproductive health. Her inability to articulate her distress to her teacher demonstrates how the culture of silence disables even the most basic communication about bodily functions. The teacher's inquiry, while perhaps well-intentioned, could not bridge the chasm created by institutional silence. Even after reaching home and receiving the minimal explanation that "this happens to all girls," the participant remained convinced that something uniquely strange had occurred to her. This lingering sense of being somehow abnormal or defective is a common theme in girls' narratives, reflecting the hermeneutical injustice that denies them the conceptual tools to make sense of their own bodily experiences. The confusion is not resolved by the mother's brief acknowledgment but rather transformed into a vague sense of otherness that persists throughout adolescence.

**Physical Distress, Emotional Repression**

The physical symptoms accompanying menstruation cramps, fatigue, headaches, and other discomforts are experienced in Dhirkot within a cultural framework that demands silent

endurance. Girls learn from an early age that their pain must be concealed not only from male family members but also from other women, as any acknowledgment of discomfort would be seen as weakness or inappropriate attention-seeking. This expectation of silent suffering is reinforced through maternal admonitions that normalize pain and discourage complaint.
"Jab dard hota hai to mene school mein kuch nahin kahi. Ek baar itna Dard tha ki faint ho gayi. Lekin maa ne kaha ki sab larkiyan bardasht karti hain. Dard toh hota hi hai." [Translation: "When I was in pain, I didn't say anything at school. One time the pain was so bad I fainted. But my mom said all girls endure it pain is normal."]
This testimony reveals the dangerous normalization of menstrual pain that characterizes Dhirkot's approach to reproductive health. The girl's decision to remain silent about her pain at school, even to the point of fainting, demonstrates the powerful internalization of the expectation that female suffering must be borne in silence. The mother's response that all girls endure pain and that pain is normal while perhaps intended as reassurance, effectively dismisses the severity of the daughter's experience and forecloses any possibility of seeking medical attention. This normalization of pain reflects a broader cultural pattern in which women's health concerns are routinely minimized or ignored. The consequence is that girls endure treatable conditions in silence, risking complications, chronic pain, and diminished quality of life. The repression of emotional responses to physical distress creates a psychological burden that compounds the physical suffering. Girls learn to dissociate from their bodily experiences, treating pain as something to be endured rather than addressed. This pattern of silent suffering has long-term implications for how these girls will approach their own health and healthcare-seeking behaviors throughout their lives.

**Myths Surrounding Menstruation**

The cultural landscape of Dhirkot is saturated with myths and misconceptions about menstruation that profoundly influence girls' behavior, emotional responses, and self-understanding. These inherited beliefs, transmitted through generations of grandmothers, mothers, and peers, constitute a powerful informal curriculum that teaches girls what they can and cannot do, where they may and may not go, and how they must think about their own bodies. While these myths vary in their specific content, they share a common function: reinforcing the fundamental premise that menstruation is shameful, dangerous, and polluting.

**"Menstrual Blood Spoils What It Touches"**

One of the most deeply entrenched myths in Dhirkot holds that menstruating girls can inadvertently damage plants, food, or religious objects simply through contact. This belief operates as a powerful mechanism of social control, isolating girls from everyday activities and instilling constant anxiety about the potential consequences of their touch.
"Mujhe kaha gaya tha ke agar period mein pauday ko haath lagao to murjha jata hai. Ek dafa mein bhool gayi aur ammi ne dant diya, 'Dekho ye gulab ka phool kyun murjha gaya hai!' Us din se mein dar gayi ke mein kuch kharab kar doon gi." [Translation: "I was told that if you touch plants during your period, they wither. Once, I forgot and touched a rose, and my mom scolded me, saying, 'See why it wilted?' Since then, I'm scared I might ruin something."]
This narrative reveals how a seemingly harmless superstition can create lasting psychological damage. The girl's accidental contact with a plant and her mother's subsequent scolding, linking the act of touch with the plant's demise, instilled a fear of causing harm that persists

long after the incident. The power of this myth lies not in its truth but in its ability to make girls feel dangerous, destructive, and fundamentally unclean. The anxiety of potentially ruining something whether plants, food, or religious objects haunts girls throughout their menstrual years and shapes their interactions with their environment. This belief effectively restricts girls' movements and activities, as they avoid situations where their touch might cause damage. The myth also serves to reinforce the idea that menstrual blood is inherently polluting, capable of corrupting the natural order through mere contact.

**"Washing Hair During Periods Causes Illness"**

Another widespread misconception warns that bathing or shampooing hair during menstruation will lead to long-term health problems, including infertility, mental instability, or chronic illness. This belief has a direct impact on menstrual hygiene, as many girls limit their bathing during their periods, exacerbating the very health risks the myth supposedly addresses.

"Har baar jab period aata hai to ammi kehti hain ke sir nahi dhona warna dimaagh mein thandak chali jaye gi. Mein 5 din tak sirf paani se munh dhoti hoon." [Translation: "Every time I get my period, my mom tells me not to wash my hair or it will cool my brain. I only wash my face with water for five days."]

This testimony illustrates the dangerous consequences of menstrual myths. The girl's description of going five days without washing her hair, washing only her face with water, reveals how deeply she has internalized this belief. The concern about "cooling the brain" reflects a humoral theory of health that has been adapted to menstrual contexts, but the practical effect is compromised hygiene during a time when girls are already vulnerable to infections. The irony of the myth that avoiding washing during menstruation leads to illness is lost on those who perpetuate it. The girl's compliance demonstrates the power of maternal authority and cultural tradition, even when the consequences may be harmful to health. This belief also reinforces the notion that menstruation is a time of vulnerability when the body requires special protection from the perceived dangers of water and cold.

**"Menstruating Girls Are Spiritually Impure"**

The concept of impurity associated with menstruation extends beyond the physical realm to encompass spiritual pollution. Girls are frequently discouraged from participating in religious activities during their periods, and many internalize this exclusion as evidence of personal shame and unworthiness.

"Period ke dino mein jab mein choti thi to mujhe lagta tha ke mein gandi hoon. Dadi kehti thi ke Allah ke qareeb nahi ja sakti. Mujhe bura lagta tha aur mein chup ho jaati thi." [Translation: "When I was younger and on my period, I felt dirty. My grandmother said I couldn't go near God. I used to feel bad and stay quiet."]

This poignant reflection reveals the profound psychological impact of the impurity discourse. The girl's internalization of the idea that she is "dirty" demonstrates how cultural beliefs become embodied shame. The grandmother's explanation that menstruating girls "cannot go near God" imposes a spiritual distance that creates feelings of unworthiness and disconnection from religious community. The girl's response feeling bad and staying quiet illustrates the isolation that spiritual impurity beliefs create. This is not merely a matter of missing religious observances but of experiencing exclusion from the divine and from the

community of believers. For young girls in a deeply religious society, this exclusion carries significant emotional weight and can contribute to a lasting sense of spiritual inadequacy.

**"Informing Girls Early Will Bring Menstruation Sooner"**

In Dhirkot, a pervasive myth holds that providing girls with information about menstruation before menarche will somehow cause puberty to occur prematurely. This belief, passed down through generations, serves as a powerful justification for withholding vital knowledge from girls until they have already experienced menarche.

"Jab mein ne ammi se poocha ke pehle kyun nahi bataya tou unka kehna tha: 'Agar pehle bataya hota tou jaldi hojaata.' Mujhe laga mein beemaar ho gayi hoon." [Translation: "When I asked my mom why she didn't tell me earlier, she said, 'If I had told you, it would've started early.' I thought I was ill."]

This narrative exposes the harmful consequences of this myth. The mother's explanation that prior knowledge would have accelerated puberty reveals a fundamental misunderstanding of biological processes and a dangerous approach to health education. The girl's resulting belief that she was ill stems directly from the absence of appropriate information and the cultural tendency to treat menstruation as a shameful secret rather than a normal biological process. This myth not only delays vital knowledge but also reinforces silence around the body, treating ignorance as a form of protection. The irony is that this "protection" causes precisely the harm it purports to prevent: when girls experience menarche without preparation, they are more likely to suffer trauma, confusion, and long-term anxiety. The myth also obstructs sister-to-sister learning, as even older siblings are discouraged from sharing their experiences with younger girls. Another participant's experience illustrates this dynamic:

"Mein ne apni choti behn ko bataya ke mere sath kya hua tha, tou ammi ne mana kar diya kehti thi abhi uski umr nahi." [Translation: "When I told my younger sister what happened to me, my mom stopped me and said she's too young to know."]

This silencing of intergenerational knowledge transmission ensures that each new generation of girls enters menarche with the same lack of preparation as their mothers before them, perpetuating a cycle of trauma and shame.

**"Some Foods Make Periods Worse"**

Among adolescent girls in Dhirkot, a prevalent belief, passed down through grandmothers and mothers, warns that certain foods will prolong bleeding, increase pain, or cause health complications during menstruation. Foods such as eggs, meat, mangoes, cold beverages, and dairy products are commonly avoided based on traditional classifications of "garam" (hot) and "thanda" (cold) foods.

"Periods ke dino mein mein anday ya gosht nahi khati, dadi kehti hain ke khoon barh jaata hai. Aik dafa khaya tha tou unhon ne daanta bhi." [Translation: "During periods, I don't eat eggs or meat. Grandma says it increases blood flow. Once I did, and she scolded me."]

This testimony reveals how dietary restrictions based on traditional beliefs can compromise nutrition during a time when girls' bodies need adequate nourishment. The girl's description of being scolded for eating eggs or meat demonstrates the social pressure to comply with these restrictions. The underlying belief that certain foods increase blood flow reflects a misunderstanding of menstrual physiology but has real consequences for girls' nutritional status. The avoidance of protein-rich foods is particularly concerning in a context where anemia and malnutrition are already prevalent concerns.

"Mujhe mango bohat pasand hai, lekin jab periods hotay hain tou mana hota hai. Kehtay hain ke garmi maar deti hai aur pet mein jalan hoti hai." [Translation: "I love mangoes, but during periods, I'm not allowed. They say it causes heat and burning in the stomach."]

This participant's lament illustrates how dietary restrictions based on humoral theories can deprive girls of foods they enjoy and that provide essential nutrition. The belief that mangoes cause "heat" and "burning" reflects the traditional classification of foods as hot or cold, but the practical effect is nutritional restriction. For girls who may already have limited dietary options, these restrictions can further compromise their nutritional status.

"Cold drink pee tou nano ne kaha ke bachiyan bekaar ho jaati hain agar aise cheezein periods mein lein. Mein dar gayi ke kuch kharab Na ho jaaye." [Translation: "Once I had a cold drink, and my grandma said girls go bad if they consume such things during periods. I was scared something bad would happen."]

This participant's fear of consuming cold drinks during her period illustrates how these beliefs create anxiety around everyday consumption. The language used "girls go bad" carries particularly weighty implications, suggesting that menstrual dietary violations could somehow damage a girl's moral or physical character permanently. Another participant added:

"Mein jab doodh peeti thi tou khalajaan kehti thi ke doodh se infection ho sakta hai periods mein. Is liye mein har baar mana kar deti thi." [Translation: "I used to drink milk, but my aunt said it causes infection during periods. So I started refusing it every time."]

This testimony reveals how dietary restrictions can create long-term habits that persist beyond menstruation, as girls internalize these beliefs and apply them throughout their lives. The fear of infection, while perhaps rooted in genuine concern, is based on a misunderstanding of the relationship between diet and menstrual health.

"School mein lunch mein kabhi biryani hoti thi tou mein nahi khati thi, ghar walay kehte the masale wali cheezon se dard barh jata hai." [Translation: "Sometimes we have biryani for lunch at school, but I don't eat it. My family says spicy food increases the pain."]

This narrative reveals how dietary restrictions impact girls' social lives as well as their nutrition, as they must refuse food offerings from school or peers during their periods. The avoidance of spicy foods is particularly relevant in Pakistani cuisine, where such dishes are common, meaning girls must constantly negotiate their dietary restrictions in social settings.

**Cultural Trust in Informal Healers Rather than Biomedical Advice**

In the absence of accessible, gender-sensitive formal healthcare, adolescent girls and their families in Dhirkot turn to a range of informal practitioners for menstrual-related concerns. These include herbalists, spiritual healers (pirs), and traditional birth attendants (daais), who offer culturally familiar but frequently medically unsound explanations for menstrual irregularities. The cultural preference for these healers over biomedical practitioners reflects not only limited access to formal healthcare but also a deep-seated trust in traditional healing practices that have served communities for generations. The shame and concealment surrounding menstruation ensure that formal gynecological assistance is sought only in the most acute cases, leaving most girls to navigate reproductive health concerns through informal channels that may cause more harm than good.

"Jab mujhe 3 mah tak period nahi aya tou ammi mujhe aik pir baba ke paas le gayi. Unhon ne kuch dam phoonk kiya aur kaha ke nazar lag gayi hai. Phir 7 din tak mujhe chini par phoonk

maar ke khani thi. Period aya tou bola ke baba ki dua lagi." [Translation: "When I didn't get my period for three months, mom took me to a spiritual healer. He did some ritual and said it was evil eye. Then I had to eat sugar he had prayed over for seven days. When I got my period, they said it was his blessing."]

This narrative exemplifies how spiritual explanations such as 'nazar' (evil eye) are routinely applied to medical conditions, while biomedical explanations are overlooked or actively dismissed. The girl's amenorrhea (absence of menstruation) could have been caused by any number of medical conditions, including hormonal imbalances, nutritional deficiencies, or stress, but instead was attributed to supernatural forces. The prescribed remedy eating sugar that had been prayed over while perhaps psychologically comforting, did nothing to address the underlying medical cause. When the girl's period eventually arrived, it was interpreted as confirmation of the healer's power rather than as a natural physiological event. This pattern of attribution reinforces faith in traditional healers while undermining trust in biomedical approaches. The consequence is that treatable conditions go unaddressed, complications develop, and girls remain vulnerable to recurrent health problems.

**Resistance, Agency, and Local Coping**

Where formal systems have collapsed and menstruation is shrouded in silence, adolescent girls in Dhirkot demonstrate remarkable resilience and creativity in navigating their reproductive lives. Rather than remaining passive victims of their circumstances, these girls engage in subtle acts of resistance, peer support, improvisation, and increasing consciousness that allow them to develop their own paths toward understanding and coping with menarche. These narratives capture not only the constraints under which girls operate but also their developing agency within limited social arrangements. The coping strategies they develop range from practical innovations to technological engagement to intergenerational advocacy, collectively demonstrating that even in the most restrictive environments, adolescent girls find ways to challenge, negotiate, and transform their circumstances.

**Innovative Solutions Under Limited Resources**

Despite poverty and limited access to commercial sanitary products, most girls in Dhirkot develop creative, resourceful methods of managing menstruation. From sewing homemade cloth pads to wearing layered old dupattas, they create practical solutions that allow them to maintain mobility and participation in daily activities. These innovations represent not only practical coping but also a form of resistance against the economic constraints that would otherwise limit their freedom of movement.

"Meri nani ne purani soft malmal ki shirts kaat ke mujhe bataya ke 3 layers mein lapetna aur needle se silna. Dhona roz aur dhoop mein sukhana. Mere paas pad nahi thay lekin mein school ja sakti thi." [Translation: "My grandmother cut soft old shirts into three layers and sewed them together with a needle. She said to wash it daily and dry it in the sun. I didn't have pads, but I could still go to school."]

This testimony demonstrates how indigenous knowledge and intergenerational transfer can empower girls practically. The grandmother's innovation creating reusable cloth pads from old clothing represents a sustainable, affordable alternative to commercial products that might be unavailable or unaffordable. The detailed instructions about washing and drying reveal a systematic approach to menstrual hygiene that, while born of necessity, demonstrates considerable practical knowledge. The girl's ability to continue attending school

because of this innovation underscores the importance of practical solutions in maintaining educational access. This tradition of cloth pad use, passed down through generations, represents an indigenous technology that serves girls' needs despite the absence of commercial options. However, the lack of adequate washing facilities at school or in the household can compromise the hygiene of these cloth pads, creating infection risks that girls must manage with the limited resources available to them.

**New Literacies Through Smartphones**

The increasing availability of smartphones in Dhirkot has opened new avenues for menstrual knowledge that bypass traditional family and community silences. Some girls use YouTube, TikTok, and Google to access information that no one in their household is willing or able to provide. These virtual spaces offer contemporary explanations, health advice, and solidarity that challenge the shame-based narratives transmitted through traditional channels. The digital realm becomes a counter-public sphere where girls can access knowledge that is otherwise unavailable to them.

"Mein ne phone pe 'why girls bleed' likha tou video mili jahan doctor ne explain kiya tha. Tab mujhe pata chala ke yeh normal hai. Mein ne pehli baar feel kiya ke mein pagal nahi hoon." [Translation: "I searched 'why girls bleed' on my phone and found a doctor explaining it. That's when I realized this is normal. For the first time, I didn't feel crazy."]

This narrative powerfully illustrates the transformative potential of digital literacy. The girl's search query "why girls bleed" reveals a basic question that had gone unanswered in her offline life. Finding a doctor's explanation on YouTube provided not only factual information but also emotional validation. Her realization "this is normal" and her feeling "I'm not crazy" represent a fundamental shift in self-understanding, challenging the shame-based narratives that had previously defined her experience. The ability to access biomedical explanations through digital media creates the possibility of alternative knowledge frameworks that counter the myths and misconceptions transmitted through family and community. However, this digital literacy is not equally accessible to all girls, as it requires not only a smartphone but also the digital skills to navigate online platforms and the English literacy to access content that may not be available in local languages. Despite these limitations, smartphones represent an emerging resource for girls seeking to understand their bodies beyond the constraints of cultural silence.

**Coping Without Complaining**

Most girls in Dhirkot develop a form of resilience that involves enduring pain and discomfort quietly, going about their daily tasks without complaint. This emotional labor, while not always healthy, represents an accommodation to limited realities and a source of quiet strength. Girls learn to manage their pain and discomfort without disrupting their responsibilities, developing a stoic resilience that allows them to participate in school, household work, and community activities even when they are suffering.

"School mein exams thay aur period bhi. Lekin mein chhutti nahi kar sakti thi. Dard ho raha tha lekin mein ne Kisi ko bataya nahi. Paper diya aur wapas aake royi." [Translation: "We had exams during my period. I couldn't take a leave. I was in pain, but I didn't tell anyone. I gave my paper and cried afterward."]

This testimony encapsulates the double burden of menstrual coping. The girl's decision to take her exams despite significant pain demonstrates remarkable resilience and commitment

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to her education. Her silence during the exam telling no one about her pain represents the internalization of the cultural expectation that female suffering must be concealed. The act of crying afterward, when the performance of strength was no longer required, reveals the emotional cost of this stoicism. This pattern of silent endurance, while enabling girls to participate in activities that might otherwise be impossible, exacts a significant psychological toll. The repression of pain and distress creates a dissociation from the body that can have long-term implications for health and wellbeing. Yet within this pattern of silent suffering, we can also recognize agency: girls are not merely passive victims but are actively managing their condition in the only ways available to them.

**Advocating for Younger Girls**

Perhaps the most powerful form of resistance documented in this study is the advocacy that girls undertake on behalf of younger sisters, cousins, and neighbors. Girls who experienced traumatic first periods make conscious decisions to ensure that the younger girls in their lives are better prepared, breaking the cycle of silence and shame that characterized their own experiences. This intergenerational advocacy represents a grassroots education chain that challenges cultural norms at the most intimate level.

"Jab meri choti behn ko hua tou mein ne usay pehle hi sab samajh diya tha. Use dard hua lekin ghabrahat nahi hui. Mein chah rahi thi ke usay meri tarah na guzarna pade." [Translation: "When my younger sister got her period, I explained everything to her beforehand. She was in pain, but not afraid. I didn't want her to go through what I did."]

This testimony exemplifies the transformation from silence to mentorship, from ignorance to concern. The girl's proactive decision to explain menstruation to her younger sister before menarche represents a conscious break from the family pattern of reactive, shame-laden disclosure. Her description of the sister's experience "she was in pain, but not afraid" reveals the goal of her advocacy: not to eliminate discomfort but to remove fear and confusion. The phrase "I didn't want her to go through what I did" captures the motivation that drives this advocacy a desire to spare others the trauma of unprepared menarche. This intergenerational mentoring, occurring in small, private moments between sisters and cousins, represents a quiet revolution in menstrual knowledge transmission. Each girl who advocates for a younger girl breaks the cycle of silence just a little more, creating the possibility of change across generations. These informal education chains, while limited in scope, represent the most promising site for cultural transformation in Dhirkot, as they build on existing relationships and cultural values while challenging harmful practices.

The coping strategies documented in this study from practical innovations to digital literacy to intergenerational advocacy demonstrate that adolescent girls in Dhirkot are far from passive victims of their circumstances. Even in the absence of formal education, institutional support, and cultural recognition, they develop creative, resilient approaches to managing their reproductive lives. These strategies represent both accommodation to limited realities and subtle resistance against the forces that would render them silent and invisible. By documenting these acts of resilience and agency, this research challenges dominant narratives that portray rural adolescent girls as merely victims of cultural oppression, revealing instead the complex negotiations through which they assert their dignity and protect their wellbeing.

**Discussion**

The findings reveal the profound challenges adolescent girls in Dhirkot face during menarche in the absence of formal education and institutional support. Cultural taboos and menstrual myths create an environment where girls experience menarche as a traumatic rather than celebratory event. The normalization of pain, the expectation of concealment, and the spiritual interpretations of menstruation as "impurity" contribute to what scholars term "embodied shame" a lived, bodily experience of shame connected to cultural prohibitions. The concept of the "pollution paradigm" (Douglas, 1966) is particularly relevant in understanding how menstrual blood is constructed as contaminating in Dhirkot. Myths about menstrual blood spoiling food, withering plants, or attracting evil spirits serve to isolate girls from normal life and reinforce their subordinate status. These taboos overlap with existing gender norms and expectations, creating what anthropologists recognize as a space where patriarchy, religion, and cultural identity intersect, usually to the compromising of adolescent girls' autonomy and dignity (Mary, 2003).

The findings demonstrate how schools and health institutions exacerbate rather than alleviate these challenges. With 80% of schools lacking adequate WASH facilities (Kashmir Welfare Trust, 2023), girls face practical barriers to menstrual management that compound the emotional and social difficulties. The institutional avoidance of menstrual education, as noted by teachers who avoid reproductive health chapters for fear of community resentment, represents what scholars term "structural violence" the systematic exclusion of girls from knowledge necessary for their autonomy and self-understanding (Bashir, 2017). Despite these challenges, girls exhibit remarkable agency and resistance. The coping mechanisms documented in this study from sewing cloth pads to seeking information online to advocating for younger girls demonstrate what de Certeau (1984) terms "tactical knowledge." These improvisational strategies represent acts of subtle resistance within constrained social environments. The emergence of digital literacy as a source of counter-narratives is particularly significant, as it allows some girls to bypass family and community silences and access biomedical explanations that challenge shame-based understandings.

The intergenerational transmission of menstrual knowledge, while often reinforcing taboos, also creates opportunities for change. Girls who experience traumatic first periods ensure that their younger sisters are better educated and supported, establishing grassroots education chains that challenge the culture of silence. This pattern of "social reproduction" (Bourdieu, 1997) can be redirected toward more empowering practices when older girls consciously choose to break the cycle of secrecy and shame.

**Conclusion**

This article demonstrates that adolescent girls in Dhirkot face significant challenges during menarche, including cultural taboos, emotional turmoil, physical distress, and institutional neglect. The absence of formal education and institutional support creates an environment where girls must navigate menarche through secrecy, shame, and misinformation. However, girls are not passive victims of these conditions they develop creative coping mechanisms that demonstrate remarkable agency and resilience. The findings have significant implications for policy and practice. First, they underscore the urgent need for culturally sensitive menstrual health education that acknowledges the reality of informal knowledge systems while providing accurate, non-stigmatizing information. Second, they highlight the importance of engaging families and community elders in awareness programs, as these remain central to

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girls' understandings of menstruation. Third, they suggest that peer education programs and digital media could be leveraged to provide accurate information in ways that respect cultural norms while challenging harmful myths.

Addressing the challenges of menarche requires not only improved education and infrastructure but also a broader cultural shift away from the silence and shame that surround menstruation. This shift must recognize adolescent girls as agents of change, not merely recipients of interventions. By supporting girls' existing coping strategies and advocacy efforts, policymakers and practitioners can build on existing strengths while challenging the structural and symbolic barriers that perpetuate menstrual stigma.

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