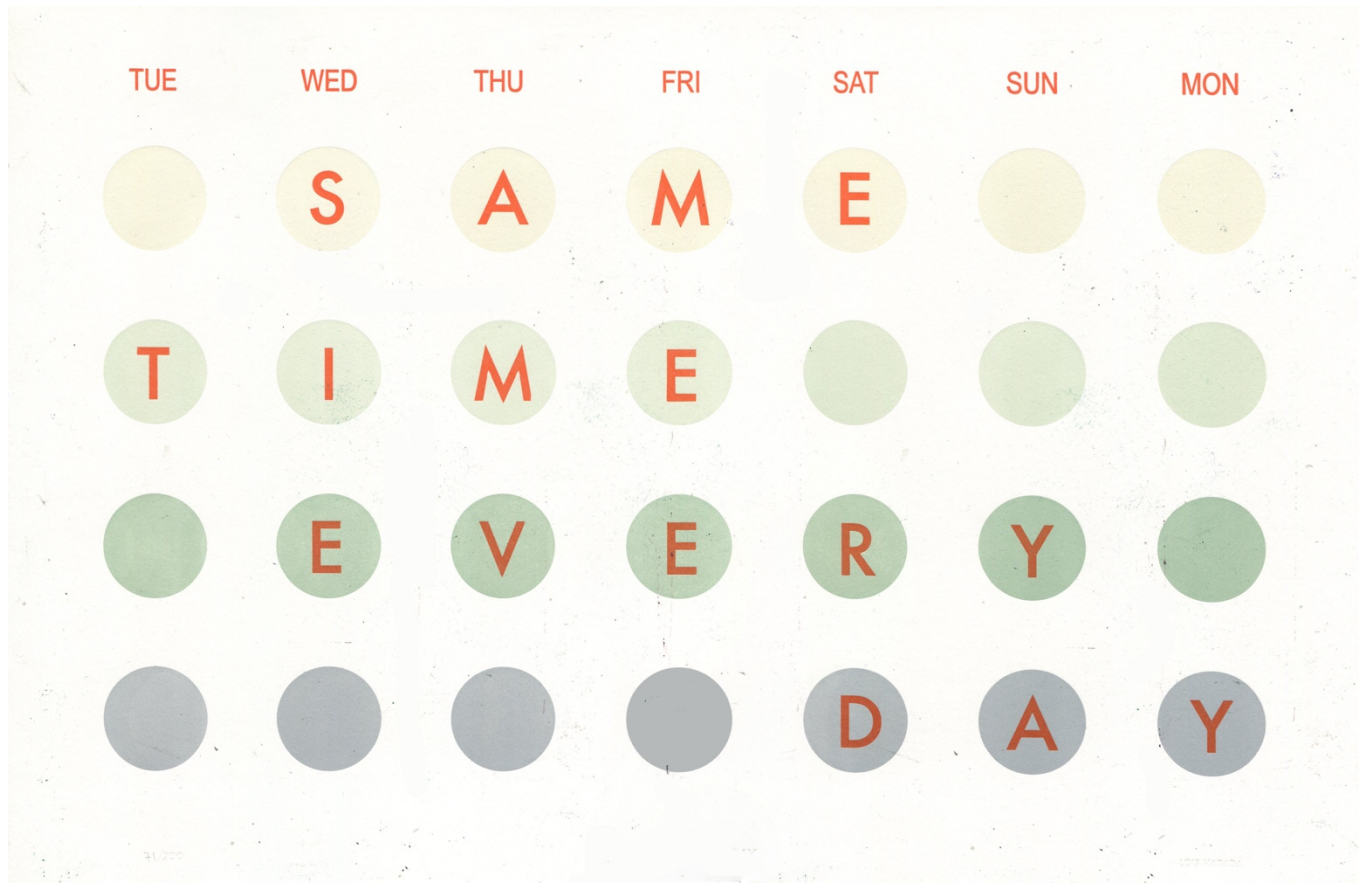


RADICAL TEACHER

A SOCIALIST, FEMINIST, AND ANTI-RACIST JOURNAL ON THE THEORY AND PRACTICE OF TEACHING

Teaching Taboo Topics: Menstruation in a Global Context

by Madhu Kushwaha and Elisabeth Fost Maring



"SAME TIME EVERY DAY" BY LOIS HARADA VIA JUST SEEDS OPEN ACCESS GRAPHICS COLLECTION

Inadequate menstrual health education is a global public health issue. Menstruation matters because it either facilitates or impedes the perception of a range of human rights. In 2019, United Nations human rights experts asserted, “the stigma and shame generated by stereotypes around menstruation have severe impacts on all aspects of women’s and girls’ human rights, including...equality, health, housing, water, sanitation, education, freedom of religion or belief, safe and healthy working conditions, and to take part in cultural and public life without discrimination” (United Nations, 2019). According to the World Bank (2022), an estimated 500 million menstruators lack access to menstrual products, effective education, adequate water, sanitation, and hygiene (WASH) facilities and a supportive environment to manage their menstruation.

A New Approach to Teaching

Teaching Menstrual Health: Dispelling Myths and Misconceptions is an International Virtual Exchange (IVE) course, also known as a Global Classroom. It was designed for undergraduate students in the United States and Bachelor of Education students in India and is situated at the intersection of gender, culture, and health. The course, first offered in 2022, explores how menstruation is addressed in different cultures and misconceptions that impact individuals and communities. The course emphasizes menstrual health as the complete physical, mental, and social wellbeing in relation to the menstrual cycle (Babbar et al., 2021) and the costs of not educating youth about this fundamental process.

The fifteen-week course is divided into three sections: defining myths and misconceptions, health and human rights, and developing interventions. In the first weeks, lectures and discussions focus on critical concepts: decolonizing global health; patriarchy and power; and theoretical perspectives on menstruation and its impact on menstruators’ lives from cross-cultural perspectives. The focus on health and human rights links the fields of public health and education. Students examine the Sustainable Development Goals, a call to action from the United Nations with a universal goal to end poverty and specific targets for taking action to address menstrual health. The course requires *Period. End of Sentence* by Anita Diamant (2021) as a textbook along with readings, films, and other media. Much of the course involves students working together in mixed gender, cross-cultural groups to develop projects in both English and Hindi that address stigma around menstruation.

While taboos and menstrual misinformation impact women’s health globally, this Global Classroom course is rooted in India and the U.S., where its co-instructors reside. In many South Asian countries, women endure health problems due to lack of awareness, poor hygiene, and psychological distress. In South Asia, approximately one in three girls do not know about menstruation before their first experience with it (UNICEF, 2018). In India, a survey of 880 adolescent girls from rural Jharkhand found that 13% of girls believed menstruation was an illness (Jha, 2023). Poor hygiene-related practices during

menstruation increase the likelihood of Reproductive Tract Infections (RTI’s) and contribute to female morbidity and mortality (Garg et al., 2022; Anand, Singh, & Unisa, 2015). Women are also prevented from events and places (e.g., temples and prayer rooms) during menstruation as they are considered impure (Garg & Anand, 2015; Tuli et al., 2019), which may lead to social and psychological distress. Furthermore, nearly 24% of girls drop out of school in India with the onset of menstruation (Tuli et al., 2019). The latest National Family Health Survey (NFHS) of India (2019-21) showed at least 30% of girls were using “unhygienic” methods of protection – including cloth, make-shift sanitary pads, dried leaves, newspapers or nothing at all. An analysis of the NFHS-5 data found that rural Indian adolescents with higher education, medium mass media exposure and the richest wealth quintile were more likely to use hygienic methods exclusively. Methods of protection also differ along caste lines with lower hygienic methods among girls from Scheduled Castes and Scheduled Tribes than those belonging to other castes (Singh et al., 2022).

In India, government programs addressing menstrual health have focused on menstrual product distribution. Initiatives such as the Menstrual Hygiene Scheme (2010), Suidha Scheme (2019), and the national adolescent health program named Rashtriya Kishor Swasthya Karyakram have focused primarily on availability of menstrual products and exclusively sanitary pads. The most recent supreme court of India produced a judgment in April 2023 directing the government to make a “uniform national policy” to ensure the availability of free sanitary pads for all girls in sixth through twelfth grades, along with the provision of separate toilets for females in all schools (Kalia, 2023).

In the U.S., the term period poverty is used to refer to the inaccessibility of supplies to manage menstrual bleeding. Menstruators report missing school, job interviews, and both educational and social opportunities for their children because they cannot afford supplies (Rapp and Kilpatrick, 2020). Furthermore, the U.S. Supreme Court decision in *Dobbs v. Jackson Women’s Health* has the potential to impact the accessibility of education about menstruation and bodies that menstruate. Waldman and Crawford (2022) examine menstruation and how the overturning of *Roe v. Wade* affects the legal future of reproduction-associated bodily processes in the article, *Menstruation in a Post-Dobbs World*. They suggest menstruation be contextualized as one of four reproduction-associated bodily processes along with pregnancy, breastfeeding and menopause. This framing is suggested by the authors to maximize protection against discrimination and workplace leave policies as these bodily processes share biology and symptoms, needs and common social attitudes. However, the *Dobbs* decision, which says that there is no constitutional right to abortion, is important to menstrual advocacy efforts. They note that education about menstruation is uneven and can contribute to stigma and discrimination in the workplace. Lack of education for menstruators as well as non-menstruators in positions of power can also lead to misunderstanding about ovulation,

cycles, and when to measure the start of a pregnancy (Waldman and Crawford, 2022).

Libraries in U.S. schools and communities have been targeted with conservative mores about books that address puberty, sexuality, the reproductive system and menstruation since Judy Blume's first edition of *Are You There God, It's Me Margaret* was published in 1970. Yet, the current context demands renewed attention to educating all students about and advocating against what legal scholar, Margaret E. Johnson defines as menstrual injustice, "the oppression of menstruators, women, girls, transgender men and boys, and non-binary persons, simply because they menstruate" (Johnson, 2019, p 1-2). Johnson suggests that asking the menstruation question: "where is the menstrual oppression in this?" will undoubtedly open dialogue to address the lack of biologically accurate menstrual education in schools and other indignities experienced by menstruators, often at the intersection of race, class, gender, gender identity, and (dis)ability (Johnson, 2021).

In our course, we posit that distribution of menstrual products is important but not enough to dislodge the stigma and shame around menstruation, nor does it contribute to agency for menstruators. More often than not, distribution of sanitary pads in schools is shrouded in secrecy and seldom does it initiate discussion about menstrual stigma at the school, community, or society level. A comprehensive approach to menstruation education is necessary to situate menstruation as a constitutional and human right.

In many cultures, menstruation is inscribed with myths, taboos, and lists of "do's" and "don'ts". Therefore, menstrual health education is essential for the development of a positive self-concept among menstruators as well as addressing misinformation and preventing adverse health outcomes. Although curricula on menstrual education exist, it is limited and none, to our knowledge, within a Global Classroom. We aimed to fill this gap by designing a course for students from India and the U.S. using a decolonized pedagogical approach focusing on commonalities around menstrual health. A global decolonial teaching model is intended to build cultural competency and strengthen global citizenship by addressing power imbalances within and between our own universities (e.g., gender, class, caste, race); emphasizing the examination of individual and group biases; and ongoing reflection about culture, power, privilege, and ideology (Roholt and Fisher, 2013; Kerkhoff and Cloud, 2020; Kwete, Tang, Chen et al., 2022).

In the first three weeks of our course, we use conceptual models to launch discussion about addressing power asymmetries in global health. Kwete, Tang, and Chen et al. (2022) name three colonial remnants: perpetuated norms that the global south is incapable of solving its own problems, organizations and regulations that give power to the rich and powerful, and practices that further strengthen unequal power hierarchy. Along with this, we present an adaptation of the Indian folk tale of the blind men and an elephant (Abimbola et al., 2021). In the figure, several individuals (whose gender and other

socially constructed characteristics are not defined for the viewer or reader) are blindfolded and touch different parts of the elephant with "Power and Privilege" boldly painted on its side. The tail, tusks, ear, trunk and other parts that one individual touches each bear a label including: coloniality; lack of diversity, equity, and inclusion; white supremacy and saviorism; foreign gaze; patriarchy; and racism. We urge students to consider how people can be marginalized when our positionalities are experienced while blindfolded. We also nudge the class to see ways that intersectionalities reap greater inequities for people who belong to more than one marginalized group. Our course focuses on menstruation and reproductive justice, but it can be expanded to other cross-cultural contexts and build upon global social justice movements in multiple disciplines.

Our Global Classroom Method

This course was intended to be taught utilizing virtual exchange and digital media. We received a grant to teach this synchronous course with both in person and online components. Once a week, students in India and students in the U.S. are taught separately in their respective locations in the classroom. This face-to-face instruction provides an opportunity for instructors to know their students personally. In the second class of the week, students from both institutions are taught jointly by both the instructors through Zoom. Online sessions are exciting as students from different continents, cultural, and academic backgrounds get to know each other. Initially, we observe general apprehension as well as challenges with language and understanding. However, with time dedicated to building cultural competency and acknowledgement of ethnocentric tendencies, rapport grows, and the students gradually become more comfortable working on teams with members from both institutions. The instructors have weekly online planning meetings for both in-person and online sessions. Lectures, readings, quizzes and assignments are discussed and designed in complete alignment at both institutions. Most materials are provided in Hindi and English. It is a project-based course where students work in cross-cultural teams to develop educational or communication material for a chosen population.

Design Strategies

We use five strategies to create a Global Classroom that challenges students to think critically and step outside their comfort zone; discomfort in a decolonizing pedagogy facilitates building cultural competency (Roholt and Fisher, 2013). Our intent is to create an environment for active engagement by all participants, which can dismantle power relationships. With the topic of menstrual health education, a public health issue with gendered human rights implications, these design strategies are critical.

Strategy 1. Acknowledge Personal Biographies and Biases

As co-instructors of a course, we each bring personal biographies and biases. The India-based instructor is a cis woman from Uttar Pradesh and is a first-generation university learner. She has visited the U.S. as a Fulbright Scholar, has language proficiency in Hindi and English and teaches gender issues in education. She has developed an instructional module in Hindi to teach about menstruation to adolescent girls in India (Kushwaha and Maurya, 2022) and has firsthand personal experience with stigma related to menstruation. The U.S.-based instructor, a cis white woman from the Northeast, speaks English, with low language proficiency in a second language. She teaches cultural competency and seeks to build reciprocity in community partnerships. She has traveled to India as a Fulbright Scholar, led study abroad programs, and observed how colonial legacies privilege those with native English language proficiency and white skin.

The instructors share a long professional and personal relationship and are aware of the socio-economic cultural contexts related to menstruation in India and the U.S. As co-instructors, we share identity as feminists and promoters of gender equity and human rights. Our Global Classroom focuses on power in relationships and dismantling colonial remnants and patriarchal practices that impact menstruators' reproductive health and well-being. Possible contentious power dynamics within a Global Classroom include that of members from high-income and low-middle income countries, teachers and students, and by gender and race with systemic privilege associated with maleness and whiteness.

We share a feminist pedagogy focused on teaching methods and concepts from our multidisciplinary foundations (Shrewsbury, 1987). With the interconnected nature of inequity and our own training as instructors each grounded in our disciplines, we incorporate western and Indian perspectives and begin with key concepts that are critical to empowerment of menstruators such as intersectionality and global reproductive justice. Our course pedagogy begins with the notion that all menstruators need safe and affordable reproductive care. Yet, individuals who experience inequities due to race, gender, class, caste, and/or intersectionalities with other social determinants are more likely to experience marginalization and menstrual stigma. We believe it is critical for course instructors to acknowledge and discuss personal biography and bias so that power and labor is distributed equitably, and so students observe modeling that aligns with course intention.

Strategy 2. Language

To develop a Global Classroom using a decolonized lens, we seek to ensure that students who enroll in the course have equitable access to materials. Equitable access means that proficiency in one language is not valued over others. Therefore, our texts and other media have English and Hindi options. When there are no dual language options, we provide translation. In a Global Classroom that decenters English as the primary language, students should feel that their language capability is not a

criterion for acceptance or valued class participation. This practice is critical for decolonization and ensures clear communication, a hallmark of health literacy planning. Studies have shown that the gap between information from health providers and receivers is often language-based (Al Shamsi et al., 2020). Teaching students to be aware of and active in removing health literacy barriers has the potential to improve reproductive care and invite open dialogue in the classroom. Since many students in this course are future educators and health professionals, and all are members of families, democratizing language and improving student's ability to use clear communication has potential to improve reproductive health outcomes for a global citizenry.

Strategy 3. Student Engagement

This course provides a unique opportunity for students to question not only historical power imbalances between countries from global south and global north but also patriarchal power imbalances within each country and how education about menstruation (e.g., information, resources, products) operates within those systems. The course provides a platform for students to engage with media on menstruation from lenses such as race, class, caste, gender, socioeconomic status, and sexuality. Engagement on the history of reproductive education and bodily autonomy in different cultural contexts and contemporary events that help or hinder are critical discussion in the course. In class, we screen *Long Line of Ladies*, a documentary film on the Hupa tradition of the Flower Dance. We have students reflect on the film and for homework, interview three people about their menstruation experiences. One female student wrote:

A lot of the people that I talked to were my friends and since we are all from the same background being Nigerian, we had similar experiences with menstruation. We were all shown how to put a pad on by either our mother or eldest sister, and although we were between the ages of 10-12 when we got it, to this day as college students, we still use a pad because it is the most comfortable. Because we are all from the same background, we didn't have any ritual that happened when we got our first period, it was something that we weren't spoken about in our household especially when we had men living with us. Our mother and eldest sister never explained much to us about science except we get it once a month, so it wasn't until we got to college that we learned the science behind it. After speaking to my friends and telling them what I learned from the documentary we watched in class, we realized that maybe we should start having rituals with our future daughter as a way to get rid of the stigma, understand the science behind it, and celebrate it and talk freely about it in the house regardless if there is a man in there.

Consistently, men in the course from both India and the U.S. noted their surprise about what it is like for menstruation to come with little to no notice. One commented, "This was a very interesting fact to me because it helped me to realize just how difficult it could be to have to go through this every single month. One

other thing I learned about menstruation was that there is not one set age for when it starts. It can vary from person to person. When I noticed this, it immediately stuck out to me because this went even further to show how hard it is to be prepared and know when to expect this process to start.”

Data collected in anonymous evaluation surveys revealed student insights about how they engaged with content. For example, one student wrote: “I will ensure that my next and future generations will not have to feel shy while talking about their periods.” Another stated, “Personally, I want to be more intentional about advocating for myself and other females when it comes to menstruation justice. Especially in the workplace. I also want to be more aware and intentional about teaching/explaining menstrual health and justice to the next generation (boys and girls alike).”

Student engagement as an instructional objective is universal among educators (Groccia, 2018; Harris, 2008). Yet, engagement is defined differently depending on cultural norms in educational systems. Some educators' expectations for engagement are concrete behaviors such as attendance and completing assignments. Others may expect engagement to reference internal states such as excitement or curiosity. As co-instructors, we define engagement to include wrestling with power, experiencing states of discomfort, and more concretely, working together to complete projects. We build opportunities for engagement through an iterative design process that incorporates student voices and concrete deliverables. Students in mixed gender, cross-cultural teams developed games, infographics, interactive teaching material, and handbooks to educate a target audience about menstruation for a very diverse category of menstruators. This engagement is exciting for us as instructors and was rewarding for the students. One student noted, “I learned that when I am on a team of highly motivated students, it doesn't matter whether we are at the same school or 1000s of miles away, we will collaborate and make a good project.” Another shared, “I learned how fortunate I am to live in a time where making connections to others who live across the world is possible. Even further, it was incredibly rewarding to experience this class with others from another culture.”

Strategy 4. Co-Learning

Sharing of personal experiences is a powerful pedagogical tool that helps forge relationships in the classroom (Rhodes, 2019; Pugach, 2018). From a feminist research and teaching standpoint, co-learning involves sharing personal experiences that may manifest shame, awkwardness, bullying, ignorance, or indifference (Shrewsbury, 1987). In our course, sharing was encouraged to build trust and rapport among students. In anonymous feedback, one student shared, “The communication, I mean at first I myself found...uncomfortable talking about it with my male counterparts. But then talking, communicating and sharing made everything easy. And also, I can convince people and help out many there.” Co-learning helps students approach an issue from a decolonial lens, finding

commonality and perhaps, a shared narrative about mind-body duality within which the bodily experience of menstruation is a universal basis of discrimination (Spelman, 1982). In another example, a student stated, “I learned from a global perspective that we face the same conflict yet have different experiences.” Instructors and students left the course motivated to work for menstrual justice, while acknowledging that historical and contemporary narratives are entrenched. One student wrote, “The fact [is] that, in all honesty, many will still consider periods as a taboo or as an unspoken subject.” As part of co-learning, students are encouraged to question biases and cultural taboos, to apply learning about menstruation in academia and in public discourse. Many students identified ways that they planned to apply their learning outside of the classroom from dinner table discussions with their families and composing poetry “so that stigmas find more space in public dialogue” to dissertation work, future research projects, and voting and policy action. One student wrote, “I will vote only [for] those people who will work towards the betterment of the life of people and promotion of human rights and values.”

Strategy 5. Critical Reflection

The transformative potential (TP), a theoretical framework informed by and developed in response to the theoretical limitations of Freire's critical consciousness pedagogy (Freire, 2018), is defined as levels of consciousness and action that produce potential for change at one or more socio-ecosystemic (e.g., individual, institutional) levels (Jemal, 2016). Students in the course reflect on learning at a personal level (e.g., deconstructing personal beliefs in socio-cultural taboos about menstruation) and at the institutional level (e.g., observing menstrual management in public institutions).

Critical reflection – examining everyday realities to analyze the relationship between personal context and structural oppression (e.g., social, economic and political environments) – is a precursor to critical action. Structural barriers restrict access to opportunity and resources, and thus, sustain inequity and perpetuate injustice that limit well-being and human agency (Giroux, 1983). The ability to see the issue of menstrual education in terms of a broad socio-political environment is crucial. A wider lens can help one to understand why and how young menstruators are denied menstrual and reproductive health education within a country's borders and across the globe in the name of culture, tradition, religion, and morality. One response from a Global Classroom student not only critically questioned the state and parents' control over what a child should learn but expressed deep anguish over the inability to bring any meaningful change in menstrual and reproductive health education. The student asked (rhetorically) how schools can let parents choose whether their children receive educational content about menstruation, questioning why so many schools “allow the parents to have a choice on learning period?” The student noted that intervention and advocacy is needed to change policy so that menstrual health and justice are prioritized.

In this course, students engage in meaningful discourse and reflective writing on their experiences

interacting with cross-cultural peers as well as on sensitive issues surrounding menstrual health. In response to a question about action steps to follow this course, one student wrote, "I would love to discuss more on this with my friends who were not in the course." Another wrote, "In the future, if I become a teacher, I would love to start one such course on menstruators for school students." Reflection is critical to personal growth, building agency to participate in dialogue, and moving to critical action outside the classroom and in the public domain about menstrual health policy, activism and education as exemplified in the statement: "I think I would like to do more research into period poverty in my own community and join organizations that address it."

Students' responses suggest that classroom discussions, readings and engagement with a "taboo" topic helped raise consciousness to the pervasive need for active engagement. We genuinely hope that they will take this learning into political organizing and advocacy in the future. Projects done by students, development of educational materials for different target audiences demonstrate their motivation and determination to work in communities to reduce stigma around discussing menstruation. While we cannot know where they will go, reflective writing and project deliverables give us hope that many will take their enthusiasm to political engagement, activism in their communities, and to their future workplaces.

Discussion

A Global Classroom with students and professors from low-middle income and high-income countries will establish what Martha Nussbaum calls a "rich network of human connections," necessary to establishing global citizenship (Dolby, 2008). Yet, inequities between the global north and global south cannot be treated like an elephant in the room. We must address biases and practice critical reflection to deconstruct ideologies and "us and them" labels that dominate colonial narratives (Roholt and Fisher, 2013; Kerkhoff and Cloud, 2020). A decolonized pedagogical approach aims to strengthen global citizenship by building momentum from self-awareness to working collaboratively and with cultural competence. Cultural competence education within a global citizenship model builds capability to value cultural differences (Roholt and Fisher, 2013).

This course, through its thematic and methodological approach, has potential to change the narrative on teachable content in higher education. In our experience, the words decolonization and menstruation push boundaries of comfort. University authorities in India express subtle hesitation and overt resistance to menstruation as a relevant course topic, while decolonizing a Global Classroom course pushes U.S. institutions to truly address historical power imbalances. Global Classrooms afford opportunities to build global citizenship and cultural competency, but the work can be uncomfortable and takes ongoing commitment.

This Global Classroom offers a new approach to dispelling misconceptions about menstrual health. Engaging students in co-learning and critical reflection challenges instructors and our institutions. Course material and discussions address colonial narratives that stigmatize menstruation and menstruators, whitewash, and undermine women's health. In the aftermath of the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, this course has potential to calibrate and re-calibrate to a shifting reproductive landscape. *Teaching Menstrual Health: Dispelling Myths and Misconceptions* is our effort to address power imbalances, build cultural competency, and de-center colonized perspectives by bringing a taboo topic to the classroom. Ultimately, our Global Classroom has the potential for expansion to improve gender equity and address human rights at a global level.

References

- Abimbola, S., Asthana, S., Montenegro, C., Guinto, RR, Jumbam, D.T., et al. (2021) Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLOS Medicine*, 18(4): e1003604.
<https://doi.org/10.1371/journal.pmed.1003604>
- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: A systematic review. *Oman Medical Journal*, 35(2), e122.
<https://doi.org/10.5001/omj.2020.40>
- Anand, E., Singh, J., & Unisa, S. (2015). Menstrual hygiene practices and its association with reproductive tract infections and abnormal vaginal discharge among women in India. *Sex Reprod Health*, 6(4):249-254.
- Babbar, K. et al. (2021). Menstrual health is a public health and human rights issue. *The Lancet Public Health*, 7; e10-e11.
- Diamant, A. (2021). *Period. End of sentence: A new chapter in the fight for menstrual justice*. Scribner: New York.
- Dolby N. (2008). Global citizenship and study abroad: A comparative study of American and Australian Undergraduates. *Frontiers: The Interdisciplinary Journal of Study Abroad*. 2008; (17): 51-67.
<https://doi.org/10.36366/frontiers.v17i1.244>.
- Freire, P. *Pedagogy of the oppressed*. Bloomsbury publishing USA; 2018.
- Garg S., & Anand, T. (2015). Menstruation related myths in India: Strategies for combating it. *J Family Med Prim Care*. Apr-Jun;4(2):184-6. doi: 10.4103/2249-4863.154627.
- Garg S., Bhatnagar, N., Singh, M.M., Basu, S., Borle, A., Marimuthu, Y., Azmi, F., Dabi, Y., & Bala, I. (2022). Menstrual hygiene management and its determinants among adolescent girls in low-income urban areas of Delhi, India: A community-based study. *Osong Public Health Res Perspect*. 13(4):273-281. doi: 10.24171/j.phrp.2022.0127.
- Giroux, H. (1983). Theories of reproduction and resistance in the new sociology of education: A critical analysis. *Harvard Educational Review*. 53 (3), 257-293.
- Groccia J.E. (2018). What is student engagement? *Teaching and Learning*. 154:11-20.
<https://doi.org/10.1002/tl.20287>.
- Harris L.R. (2008). A phenomenographic investigation of teacher conceptions of student engagement in learning. *The Australian Educational Researcher*. 35.
- Jha, T. (2023, May 3). Adolescent leadership can address menstruation myths. *Down to Earth*, <https://www.downtoearth.org.in/blog/health/adolescent-leadership-can-address-menstruation-myths-89084>. Accessed March 11, 2024.
- Jemal, A. D. (2016). Transformative consciousness: Conceptualization, scale development and testing (Unpublished doctoral dissertation). Rutgers University, NJ
- Johnson, Margaret E., (2019, May 1). Menstrual justice. 53 UC Davis Law Review 1, University of Baltimore School of Law Legal Studies Research Paper # 2019-04, Available at SSRN: <https://ssrn.com/abstract=3389773> or <http://dx.doi.org/10.2139/ssrn.3389773>
- Johnson, M. E. (2021). Asking the menstruation question to achieve menstrual justice. *Columbia Journal of Gender and Law*, 41(1), 158-68.
<https://doi.org/10.52214/cjgl.v41i1.8830>
- Kalia, S. (2023, April 30). Explained-Menstrual hygiene facilities in school. *The Hindu*, <https://www.thehindu.com/sci-tech/health/explained-menstrual-hygiene-facilities-in-indian-schools/article66754551.ece>
- Kerkhoff, S.N. & Cloud M.E. (2020). Equipping teachers with globally competent practices: A mixed methods study on integrating global competence and teacher education. *International Journal of Educational Research*. 2020; 103.
<https://doi.org/10.1016/j.ijer.2020.101629>.
- Kushwaha, M. & Maurya, A. (2022). *Menstrual health: Lets' know our body*. Manda Publishers, New Delhi. www.mandapublishers.com
- Kwete, X., Tang, K., Chen, L. et al. (2022). Decolonizing global health: What should be the target of this movement and where does it lead us? *Global Health Research and Policy* 7(3).
<https://doi.org/10.1186/s41256-022-00237-3>
- National Family Health Survey (NFHS-5) 2019-21 for India.
https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf
- Pugach, M.C. & Glesne, C. (2018). Story as pedagogy: A reflective commentary. *LEARNING Landscapes*. (11):2.
- Rapp, A., & Kilpatrick, S. (2020, January 4). Changing the cycle: Period poverty as a public health crisis. University of Michigan School of Public Health. <https://sph.umich.edu/pursuit/2020posts/period-poverty.html> Accessed March 11, 2024
- Rhodes, R. (2019). Personal story sharing as an engagement strategy to promote student learning. *Penn GSE Perspectives on Urban Education*. 16(1).
- Roholt, R.V. & Fisher, C.(2013). Expect the unexpected: International short-term study course pedagogies and practices. *Journal of Social Work Education*. 49(1), 48-65, DOI: [10.1080/10437797.2013.755416](https://doi.org/10.1080/10437797.2013.755416)
- Shrewsbury, C.M. (1987). What is feminist pedagogy? *Women's Studies Quarterly*. 15(3/4), 6-14.
- Singh, A., Chakrabarty, M., Singh, S. et al. (2022). Menstrual hygiene practices among adolescent

women in rural India: a cross-sectional study. *BMC Public Health*. 22, 2126
<https://doi.org/10.1186/s12889-022-14622-7>
Accessed March 11, 2024.

Spelman, E.V. (1982). Woman as Body: Ancient and Contemporary Views. *Feminist Studies*. 8(1), 109–131. <https://doi.org/10.2307/3177582>.

Tuli, A., Dalvi, S., Kumar, N., & Singh, P. (2019). "It's a girl thing": Examining challenges and opportunities around menstrual health education in India. *ACM Transactions on Computer-Human Interaction (TOCHI)*. 26(5), 1-24.

UNICEF (2018). Menstrual Hygiene Management of adolescent school girls and nuns: A knowledge, attitudes and practices study in Bhutan. <https://www.unicef.org/bhutan/media/211/file>. Accessed on March 10, 2024.

Waldman, E.G., & Crawford, B.J. (2022). Menstruation in a Post- Dobbs World. *New York University Law Review Online*, 191. <https://ssrn.com/abstract=4270825>

World Bank (2022, May 12). Menstrual Health and Hygiene. Brief. <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>. Accessed on February 15, 2024.

Madhu Kushwaha, PhD, is a Professor of Education in the Faculty of Education, Banaras Hindu University, India. Her areas of specialization are Sociology of Education and Gender Issues in Education with research focus on equity in learning and pedagogic practices.

Elisabeth Fost Maring, PhD is a Clinical Professor of Family Science in the School of Public Health at the University of Maryland, College Park. As Associate Director of the Global Health Initiative, she directs the Global Public Health Scholars program and advises the Public Health Beyond Borders student organization. Maring is a qualitative researcher whose teaching and research focus on global families.



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).



This journal is published by [Pitt Open Library Publishing](https://pittopenlibrarypublishing.com/).