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Notice for the PhD Viva Voce Examination

Ms Sangeetha George, Registration Number: 1980704, PhD Scholar at the Department of Social Work, CHRIST (Deemed to be University), will defend her PhD thesis at the public viva-voce examination on Thursday, 01 October 2026, at 10.00 am in Room No. 628, 6th Floor, R & D Block, CHRIST (Deemed to be University), Bengaluru - 560029, Karnataka, India.

Title of the Thesis	:	Socio-Cultural Menstrual Practices among Urban, Rural, and Tribal Adolescent Girls in Bengaluru
Discipline	:	Social Work
External Examiner - I	:	Dr K Sathyamurthi Associate Professor and HOD Department of Social Work Madras School of Social Work 32 Casa Major Road, Egmore Chennai - 600008 Tamil Nadu
External Examiner - II	:	Dr Meenu Anand Associate Professor Department of Social Work 3, University Road University of Delhi Delhi - 110007 India
Supervisor	:	Dr Sheeja Remani B Karalam Professor Department of Social Work CHRIST (Deemed to be University) Bengaluru - 560029 Karnataka

The members of the Research Advisory Committee of the Scholar, the faculty members of the Department and the School, interested experts and research scholars of all the branches of research are cordially invited to attend this open viva-voce examination.

Registrar (Academics)

Place: Bengaluru

Date: 23 September 2026

ABSTRACT

Menstruation is the first significant milestone in the reproductive health of a woman's life. Menstrual health is a critical yet an under-examined dimension of adolescent well-being in India. Shaped and influenced by intersecting socio-cultural norms, infrastructural conditions, and access to health services. This study examines socio-cultural menstrual practices among adolescent girls from urban, rural, and tribal communities of Bengaluru using a parallel independent mixed methods design. The quantitative and qualitative strands were conducted concurrently and analysed independently to generate complementary evidence on menstrual practices, menstrual practice needs, and perceived access to healthcare across the three diverse communities. The quantitative strand comprised a sample of 450 adolescent girls with equal representation of 150 girls from urban, rural, and tribal communities. The sample was selected from government schools, and data were collected using three standardized instruments: the Psychometric Evaluation of Perceived Access to Healthcare Scale, the Menstrual Practices Questionnaire, and the Menstrual Practice Needs Scale (MPNS-36). Non-parametric statistical tests such as Kruskal-Wallis, Chi-Square, Spearman's correlation, and Mann-Whitney U tests were employed to test the hypothesis examining the role of vicinity, adolescent education programmes, sanitation access, and healthcare access in shaping menstrual practices. The qualitative component consisted of 15 in-depth case narratives, with 5 representing each vicinity selected purposively to capture diverse lived experiences of menstruation. Thematic analysis generated four core themes, namely a) Cultural Initiation Rituals and Puberty Taboos, b) Hygiene Management Practices, c) Emotional Experiences: Fear, Shame, and Resilience, and d) Impact on Schooling and Social Participation. Findings reveal that menstrual health outcomes vary significantly between vicinities, with tribal adolescents reporting the poorest menstrual practices, lowest perceived access to healthcare, and the highest levels of unmet menstrual health needs. Sanitation access emerged as a significant determinant of menstrual practices, with girls using private flush toilets reporting better hygiene behaviours than those using shared community toilets or having no toilet facilities. Perceived access to healthcare showed a weak but a statistically significant positive association with menstrual practices, indicating that healthcare functions as a facilitating factor rather than a primary determinant. Results showed participation in adolescent education programmes alone was not sufficient to ensure improved menstrual practices, highlighting the importance of supportive socio-cultural environments and well-equipped WASH facilities. The qualitative findings provide contextual depth to the menstrual and menarchial practices that are socially regulated through ritual seclusion, dietary restrictions, and notions of impurity, particularly in the rural and tribal communities. However, through supportive hostel environments, teachers, NGO interventions and peers' resilience and agency also emerged. The study underscores the need for integrated, rights-based, gender-transformative, multi-stakeholder interventions that strengthen both physical infrastructure such as WASH facilities, menstrual product supply, adolescent-friendly healthcare services, and also improve educational equity, gender justice, menstrual literacy, stigma reduction, and menstrual equity across urban, rural, and tribal contexts. The quantitative and qualitative findings provided evidence for the patented digitalised IEC material on menstrual management in vernacular languages. Digital communication technologies have revamped the landscape of health information dissemination around the world. The development of *Ritubot*, a vernacular voice bot, using LLM (Language Learning Models) to address menstrual queries in vernacular languages, is a novel contribution to menstrual literacy. This study highlights implications for social workers, policymakers, educators, NGOs, and digital health designers, emphasizing the need for gender responsive digital infrastructure and strengthened school support systems. Integrating menstrual health into digital education strategies can support SDGs 3, 4, 5, and 10 and contribute to more equitable health and educational outcomes for adolescent girls and women in the long run.

Keywords: *Menstrual Practices, adolescent girls, Urban, rural, and tribal communities, menstrual literacy, digitalised menstrual education*

Publications:

1. George, S., & Karalam, S. R. (Feb 2026). Rural-Urban Disparities in Menstrual Health Implications for Inclusive Growth and Educational Equity. *Indian Journal of Natural Sciences*, 16(94), 106930-106935.
2. George, S., Karalam, S. B., & Bhavana, S. (2026). Digital pathways to menstrual health education in India: Bridging urban-rural gaps through inclusive technologies. *Social Sciences & Humanities Open*, 14, 103367. <https://doi.org/https://doi.org/10.1016/j.ssaho.2026.103367>
3. George, S., Karalam, S. R., & Bhavana, S. (2026, February 20). India Patent No. 202541130489 A. (Title: Vernacular Voicebot System for Menstrual Health Awareness and Management)