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FROM TABOO TO TRENDING: THE TRANSFORMATION OF MENSTRUATION DISCOURSE IN INDIA'S DIGITAL MEDIA LANDSCAPE, 2000–2026

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ABSTRACT

Background: India has 355 million menstruators, but for centuries, private, domestic, ritualized, or simply ignored discussions about menstruation have been prevalent in the public sphere. But since 2000, as the internet has grown in India, the dialogues around menstruation have changed. Now, you can hear discussions on periods all over the place, from social media to Bollywood hashtag campaigns and from "influencers." Still, questions remain. We still don't know how and for whom these conversations are changing society and what the implications are for social justice.

Objective: This review is to trace the evolution of menstrual talks in India in the context of the dynamics of the digital media landscape. It maps out the changes in three phases: the Early Internet (2000-2010), the Rise of Social Media (2010-2015), and Digital Activism and Influencer Culture (2015-2020). It ends with an epilogue on post-pandemic times (2020-2026). The review highlights the common themes, breaking points, injustices, and influence of digital media on menstrual literacy and justice.

Methods: This review explores the place of digital media in the menstrual discourse in India. It covers three phases: Early Internet (2000-2010), Social Media (2010-2015), and Digital Activism and Influencers (2015-2020). Finally, there is an epilogue (2020-2026, after the pandemic). It includes key themes, changes, and inequalities. It also explores digital media and menstrual justice and literacy.

Key Findings: It was much harder to find information in the days of dial-up internet, and it was often in medical jargon with ads in blue ink. Then came social media, and people began to post tips. This was good, but it also resulted in many myths and misinformation. There were big events, such as #HappyToBleed in 2015 and the Bollywood movie Pad Man in 2018. Now more people were talking about periods. Then there was more promotion by influencers, and new brands of period products started targeting young urban women. This helped to desensitize periods, at least in urban areas.

However, it should be noted that the word 'happy' does not mean 'metropolitan.' There is still a lot of discrimination against women and girls in rural and poor areas. The digital revolution is also not inclusive, as it also contributes to digital exclusion. There is normalization, but not all of it, and it's commercialized.

Conclusions: Menstruation is being discussed in new ways in the digital media in India. Menstruation is no longer a taboo; it is openly discussed. But to be honest, it's not happening everywhere, and it costs money. A gap between digital discourse and policy exists. These conversations cannot be recognized until we have public policies that tackle the problem in a comprehensive manner. Researchers must spread awareness about menstruation, and the media should consider the issues of poverty, caste, and lack of digital access. Otherwise, it's just a big circle of talking.

KEYWORDS: Menstrual stigma; digital media; India; menstrual hygiene management; hashtag activism; period poverty; menstrual literacy; menstrual justice; social media; intersectionality

1. INTRODUCTION

1.1 Scope and Research Questions

Menstruation is a natural part of life for many people in India, but it's taboo and very limited. It's still something that needs to be concealed. When we think that something such as menstrual blood is 'impure', it is not, said Mary Douglas a long time ago. It has to do with our notions of purity and impurity, good and bad. It is not nature, it is conventions. (Douglas, 1966). Erving Goffman described stigma as a 'mark' which causes others to think of a person as less than whole, as if they were defective. This is a demonstration of the dynamics of menstruation. Emily Martin continued to analyze the medicalization of the female body (Goffman, 1963). She said that if menstruation is medicalized, it turns into a disease. This renders it devoid of personal and social value. (Martin, 1987). This review is informed by these

approaches. India is a digital media, menstruation case study. It has experienced a digital revolution in the past 20 years; in 2000, mobile internet was virtually unavailable, but in the early 2020s, over 50% of the population had access to mobile internet. However, there are issues. Women and girls experience menstruation differently, by caste, class, region and gender. In South Asia, menstrual hygiene was not part of water and sanitation programmed, as institutions simply did not think of it (Mahon & Fernandes, 2010). In Rajasthan, Khanna and colleagues found that girls and mothers were still passing on rules and taboos around menstruation, which meant girls couldn't travel, go to school or go to the doctor (Khanna et al., 2005). And to be honest, it hasn't changed, Researcher saw the same patterns in later studies. But with social media, there are new ways to speak out and break the taboo on menstruation. 'However, there is some bad news: these technologies can also create new inequalities in the same ways as before.' This review focuses on four questions. First, it looks at the visibility of menstruation in the Indian digital media and how this has evolved over three phases from 2000 to 2020. Second, it explores key moments like hashtag campaigns, Bollywood films and viral memes that have shaped and reshaped the discourse on menstruation. It then explores the impact of class, caste, region and gender on access and influence of these digital dialogues. Finally, it reflects on the implications for policy, particularly at the intersection of menstruation and digital media.

1.2 Theoretical Framework

This review brings together three theoretical perspectives that allow for analyses that are sensitive to discourse, structure, and experience. Menstrual stigma theory, as developed by Johnston-Robledo and Chrisler (Johnston-Robledo & Chrisler, 2013)building on Goffman's schema, sees menstruation as a social stigma, which is perpetuated by norms of concealment, institutional erasure, and culturally acquired and socially reinforced feelings of shame. From the perspective of critical discourse analysis (CDA) as developed by Fairclough and van Dijk, digital texts, advertisements, hashtags, memes, and blog posts are not only a reflection of power relations, but they are also a reproduction or challenge to them. The menstrual justice framework, which is most fully elaborated in the Palgrave Handbook of Critical Menstruation Studies (Bobel et al., 2020) and which was operationalized in the definition by Hennegan and colleagues (Hennegan et al., 2021) has shifted the focus from menstrual hygiene to menstrual rights and social justice. These three theories are used in tandem in the review, menstrual stigma theory to understand the discursive and psychological aspects, critical discourse analysis to understand the media and digital texts, and the menstrual justice framework as a normative framework to assess developments. There is substantial focus on campaigns, platforms, or organizations, and a lack of attention to the overarching perspective.

1.3 Review's Significance

The review is significant because well, there isn't anything else that talks about India's history of menstruation use of digital media from 2000 to 2026. The emphasis is on campaigns/ platforms/ organisations, and not on the big picture. This review seeks to make different historical periods, themes and methods align with the purpose of offering a snapshot of the Indian digital menstrual public sphere and its linkage to menstrual equity. It's also at an opportune moment. Given the Supreme Court's ground-breaking decision in the school hygiene case of 2016, it's time to highlight the blend of digital activism, grassroots mobilization and government programs documented in the current review.

2. METHODS

2.1 Review Design

It's not a primary research method, so this review allowed us to search, synthesise and analyse the published literature about menstruation in the online media in India over time. Narrative thematic reviews are good for when you have evidence from a range of sources, like qualitative discourse analysis, epidemiology, cultural analysis and policy. It's useful when you are asking questions about a social phenomenon and how it has changed, rather than the effectiveness of an intervention. Important books, policy documents and other sources can also be included that are not included in systematic reviews or meta-analyses. So researcher can go into more detail and include more sources.

2.2 Search Strategy

This review searched six databases: PubMed, Scopus, Web of Science, SAGE Journals, Tandfonline and Dialnet. I did a systematic search of the terms 'menstruation', 'menstrual hygiene management', 'India', 'digital media', 'social media', 'stigma', 'taboo', 'discourse', 'advertising', 'activism', 'period poverty' and 'menstrual literacy' using Boolean operators (AND, OR) to explore variations. Snowball search to obtain more literature. No use of date filter because some non-digital materials are still needed to understand the issue. Only publications in English have been included. All records were checked for inclusion and verified with the search results.

2.3 Eligibility Criteria

The researcher included sources that covered menstruation, stigma, hygiene, poverty, advertising, activism and policy in India and South Asia. And works with robust theoretical frameworks that were applicable to the Indian context of menstruation and works that studied the representation of menstruation in digital media from different countries if

India was clearly relevant. Ignored anything that only looked at the medical aspects of menstruation with no social, cultural or communication dimension or was not written in English.

2.4 Data Extraction and Analysis

Rather than presenting the data in a table, categories it. We explored each source, identified dominant themes and then linked these themes to one or more of the six overarching themes. Furthermore, we were able to determine the time frame of each source and add a time line to our analysis. We also developed these themes based on our observations from the literature and the theories we applied. The narrative synthesis needed to be conducted to determine the points of agreement, disagreement, and gaps. Context, methods and perspectives of each study were also taken into consideration.

3. CHRONOLOGICAL FRAMEWORK: THREE PHASES OF DIGITAL MENSTRUAL DISCOURSE

In the last 26 years, one can divide the time into three phases, each with a different aspect of the way the Indian digital media has responded to the public discourse on menstruation. A short interlude between the pandemic. These are the times when institutions start to be silent and companies start to cover up the problem, and people start to talk about it and change the status quo. Keep in mind, however, that not all of these changes were experienced equally. Differences in class, caste, region and gender. The rate of transformation? Dispersed in several locations.

The first era (2000-10) is the early internet era. There was a limited number of online sources of menstrual health information, which were fragmented and highly medicalized, with a focus on hygiene and fertility in a medicalized discourse. Menstrual advertising was limited and primarily used in the television medium; the large companies (Whisper and Stayfree) used a language of menstruation, in which the blood from the period was depicted as blue fluid and discretion was the most important virtue (Kissling, 2006). Online discussion was limited and limited to a small number of highly educated, urbanized, English-speaking women, a minority of menstruating women. This was the time of major government programmes such as the National Rural Health Mission in 2005 that included menstrual hygiene as part of public health (with varying levels of success) and scant research about menstrual health and hygiene in India ((Mahon & Fernandes, 2010; Kirk & Sommer, 2006).In Phase 2 (2010-2015), the early days of Facebook, Twitter and YouTube were witnessed. It was a time when personal knowledge sharing about menstruation began to be shared by feminist bloggers and health communicators. In 2012, civil society created a set of educational comics about menstruation called Menstrupedia. In 2014, new NGO campaigns started to harness digital media for menstrual advocacy, such as the campaign by Dasra. Cross-sectional research conducted during this time captured the large knowledge-practice gap in rural areas (Das et al., 2015; Deshpande et al., 2018; Chothe et al., 2015; Khanna et al., 2005) and started to build the epidemiological foundation for policy advocacy.

The era of digital activism and influencer culture is at a turning point with Phase 3 (2015-2020). The #HappyToBleed hashtag campaign started in November 2015 to protest against the exclusion of women from the Sabarimala temple was a historic event in the history of digital menstrual activism in India in terms of scope and unprecedented public discussion of menstruation (Pain, 2020). The 2018 Bollywood film, Pad Man, based on the story of social entrepreneur Arunachalam Muruganantham, raised the bar for discussion and opened a cultural space for talking about menstruation that had not been possible with NGO campaigns and feminist digital activism (Pad Man, 2018). Influencers, Instagram health communicators and D2C menstrual brands (Nua, Carmesi) ushered in a commercial-activist discourse. In 2019, Stayfree made the metaphorical shift from blue ink to red in its advertising, signaling a commercial shift (Fahs & Collins, 2024)..The epilogue (2020-2026) was marked by the COVID-19 pandemic, which boosted digital health communication and risked menstrual hygiene management for millions (Singh & Singh, 2025; Chakrabarty et al., 2025). It was important to promote menstrual health through micro-videos on Instagram Reels and community education through WhatsApp. D2C menstrual brands employed more graphic themes, for instance blood, red, and pain. The landmark Supreme Court of India judgement on menstrual hygiene facilities in schools in 2026 was a significant policy shift, driven by digital activism, civil society mobilization and judicial responsiveness (Ottsen et al., 2026). The digital divide limited the potential of digital technologies to address the needs of the most disadvantaged (Chakrabarty et al., 2025; Mitra et al., 2025).

4. RESULTS: SIX THEMATIC AXES

4.1 Menstrual Stigma and Taboo in the Indian Context

4.1.1 Historical and Cultural Roots

The cultural history of menstrual stigma in India is complex, with Hindu menstruation practices, caste norms of bodily pollution, patriarchal control of women's bodies and colonial biomedical notions of hygiene and civilization all playing a role. Douglas's work on pollution and taboo (Douglas, 1966) highlighted that the stigmatizing effect of objects and substances classified as impure is due to social classification systems and not inherent qualities, which is important when considering the Indian context where menstrual blood has been formally classified as polluting in some religious and caste contexts. Johnston-Robledo and Chrisler's model (Johnston-Robledo & Chrisler, 2013) outlines three

mechanisms that add to menstrual stigma: concealment norms, which mandate covering up menstruation; disgust responses, which view menstrual blood as a contaminator; and objectification, which dehumanizes menstruating bodies to their most stigmatized state. Religious taboo, commercial concealment and lack of oversight in education are the three mechanisms that are especially pronounced in India. There is another dimension in Martin's feminist critique of biomedical representations (Martin, 1987) which medicalizes menstruation as a failed pregnancy and contributes to medicalize the menstruating body.

4.1.2 From Shame to Social: Stigma in the Digital Age

Bhatt and colleagues' systematic review of the sociocultural practices around menstruation among adolescent girls in India outlined the extent and intensity of the restrictive practices across regions and castes, such as food taboos, restrictions on involvement in religious activities and public spaces, and prohibition, while Subramanyam's mixed methods study (Gundi & Subramanyam, 2019)on menstrual health communication among Indian adolescents in Nashik revealed the taboo surrounding menstrual discourse, lack of knowledge, and the gender imbalance in which boys were excluded from menstrual discourse, entrenching their ignorance and empathetic deficit (Gundi & Subramanyam, 2019). Verma and colleagues identified that the taboo of menstruation persisted in both rural and urban India, albeit in different forms; in urban areas, it was manifested as embarrassment and avoidance of menstruating women's presence in public spaces, and in rural areas, as explicit taboos, ritual segregation, and active policing of menstruating women's behavior (Verma et al., 2021). In a qualitative study of adolescent girls' experiences of menarche and menstruation in rural Tamil Nadu, the girls' first menstruation was associated with fear, confusion and shame due to lack of pre-menstrual education, and the information received was often incomplete, inaccurate and taboo (Gold-Watts et al., 2020). The qualitative study by Åkerman et al. (Åkerman et al., 2024) identified a 'stigma continuum' from private shame to public concealment to occasional digital activism, with stigma being a constant social pressure that must be managed by young people's experiences of menstruation. Menstrual stigma is macro, meso and micro (Ottsen et al., 2026) and interventions must be truly multidimensional to tackle this, rather than the one-dimensional product-distribution programmes that have been the focus of much programming to date.

4.1.3 Psychosocial Impacts

McCammon and colleagues' qualitative mapping of young women's menstruation-related problems in Uttar Pradesh identified a variety of psychosocial impacts, such as restricted mobility, fear of leakage in public settings, avoidance of health services and shame due to poverty and caste discrimination (McCammon et al., 2020). Critchley et al. conducted an interdisciplinary review of menstruation science and society, which revealed the gap between the science of menstruation from a biological perspective and the science of menstruation from a social perspective and openly discussed, as well as the need to reduce the stigma surrounding menstruation to inform health communication (Critchley et al., 2020). Eissazade and colleagues' qualitative research on double stigma for Middle Eastern women, who are simultaneously stigmatized for menstruation and premenstrual disorders, offers cross-cultural comparative insights on the compounding of stigma when multiple devalued identities converge (Eissazade et al., 2025). The psychosocial impacts of menstrual stigma are not accidental but are the result of institutional neglect and commercialization of concealment, as Selva and colleagues' psychosocial review of menstrual stigma and discrimination makes clear (Selva et al., 2026).

4.2 Media Representations and Advertising Discourse

4.2.1 The Blue-Ink Era (2000–2019): Sanitized Concealment

The history of the advertising of menstrual products in India is a tale of menstrual stigma. 'The period covered in the first 20 years that I have studied is what I call the blue-ink era: a visual idiom that is characterized by the absence of blood in the representation of menstrual blood, and the presence of white-clad women, active and socially engaged.' This code is one way to make menstruation commercially speak able because it is biologically unspeakable, as Kissling has shown in her analysis of the commercial construction of menstruation (Selva et al., 2026). In the context of a century of product advertising, Fahs and Collins's historical examination of a century of menstrual product ads situates the Indian blue-ink tradition in a global landscape in which norms of concealment have been consistently promoted by menstrual product companies, with the absorptive capacity of the product being advertised primarily as a promise of social invisibility (Fahs & Collins, 2024). The norms of concealment in advertising were first challenged in the context of the emerging third wave feminist menstrual politics, as described in Bobel's study (Bobel, 2010).

4.2.2 Commercial Registers: From Euphemism to Empowerment to Honesty

The bibliometric and discourse analysis of remaking menstrual hygiene discourses in India reveals the reproduction of postcolonial hygiene discourses in contemporary Indian public health and commercial advertising discourse, which are based on the colonial sanitation campaigns that linked the use of menstrual cloth with backwardness in India (Gopee, 2024). The disposable pad is a civilizing object in both colonial and postcolonial registers, and this narrative obscures the caste and class privilege of having access to commercial menstrual products. Arora's political economy analysis links the commercialization of menstrual modernity in India to ideologies and capitalism, arguing that the marketization of menstrual management not only expands market access but also reinforces inequality in the process of making it unequal (Arora, 2017). The thematic analysis of the advertisements of Indian menstrual brands on

Instagram published in the Health Communication revealed that direct-to-consumer brands had used a more explicit visual approach, including the use of the color red, explicit statements about menstrual pain, and sustainability statements that connected reusable products to feminist and environmental issues (Naidu et al., 2025). The multimodal critical discourse analysis of Instagram and TikTok advertisements for menstrual products in Feminist Media Studies placed these developments in the context of neoliberal health discourse, and found that the visuals have become more inclusive, but the discourse is still one of individual responsibility for menstrual management, not social responsibility (Frost et al., 2026).

4.2.3 Bollywood and Film Discourse: Pad Man (2018) as Discursive Event

In the third phase (Pad Man, 2018) the most important discursive step in the transformation of menstruation in the media in India is the Bollywood film Pad Man of 2018. The film's success has brought menstruation into Bollywood in an unprecedented manner and created a cultural space for the discourse on menstruation that NGO campaigns and feminist online activism had not been able to do. The menstrual hygiene management practices reviewed by Kaur et al. revealed that the film helped in increased willingness to discuss menstruation with men in public (Kaur et al., 2018). The film has also been criticized, as researchers have pointed out that it portrays the female figure of a savior as the liberator of menstruation, raising issues of gender, paternalism and the commercialization of feminist menstrual politics. Feminist Media Studies analysis highlights the brand-driven menstrual normalization that has emerged as a result of the film, which has led to a commercial feminism that normalizes and sells (Frost et al., 2026).

4.3 Digital Activism and Hashtag Campaigns

4.3.1 #HappyToBleed (2015): Anatomy of a Viral Campaign

Based on an analysis of 35,065 tweets and the most comprehensive empirical study of the discursive processes of the #HappyToBleed campaign, Pain's discourse analysis reveals that the campaign successfully disrupted the silence around menstruation in the public discourse of India (Pain, 2020). The campaign was initiated by activist Nikita Azad in November 2015, in response to a statement by the president of the Sabarimala temple advisory board that menstruating women would only be allowed to enter the temple if a machine was invented to detect ritual impurity and put menstruation on the political agenda for the first time in the Indian media. However, the analysis of pain reveals that the campaign had a lot of backlash, trolling, and cooption from anti-feminists, which highlights how hashtag activism can be backlashed and how Twitter is an unstable platform for transformative activism. The critical review of policy initiatives to end menstrual silence by Olson and colleagues found that campaigns like #HappyToBleed, which have succeeded in raising awareness and breaking the silence on menstruation through the concealment of menstruation have been unevenly connected to policy and legislative change to address structural menstrual inequalities (Olson et al., 2022).

4.3.2 Meme Culture, Instagram, and the Semiotics of Menstrual Humor

The qualitative analysis of the online body politics of menstruation by Åkerman and colleagues provides cross-national comparative insights, showing that Instagram is a space where both normalising and resistant discourses circulate about menstruation, while the visual nature of Instagram allows for a semiotics of menstruation that is not possible through text-only platforms (Åkerman et al., 2020). The conceptual framework for this understanding of memes as condensed ideological statements about menstruation, which reinforce and challenge the stigma, is provided by Hasson's semiotic analysis of social media menstrual memes (Hasson, 2021). Content analysis of the menstruation memes shared in the Rupkatha Journal showed that the content of these memes was a form of digital life-writing which enabled menstruating people to gain public voice for their menstrual experiences, satirizing and humorously challenging norms of concealment that were not possible through mainstream health communication (Shaju et al., 2023).

4.3.3 Activist-to-Influencer Pipeline: Commercialization of Menstrual Discourse

Since 2018, the activist-to-influencer pipeline, in which feminist social movement claims are picked up and commercialized by brands and influencers, has been on the rise and has implications for the co-optation of menstrual justice claims by corporations. In this research, Mitra and Karunakaran examine how the drive of digital feminist activism around menstruation has been partially appropriated by commercial interests, who have adopted the language of empowerment and extended their markets in contemporary India (Mitra & Karunakaran, 2024). The Feminist Media Studies analysis of the neoliberal health messaging in menstrual product advertising reveals that brand messages on Instagram and TikTok can both destigmatize menstruation and commercialize menstrual identity, while masking structural inequities, shifting a rights-based identity to a consumer identity (Frost et al., 2026). Holst and colleagues' qualitative study of menstrual inequalities in Barcelona provides a comparative perspective, as there are similar trends in other European contexts where commercial normalization has occurred without parallel structural change (Holst et al., 2022).

4.4 Menstrual Poverty and Structural Inequalities

4.4.1 Menstrual Poverty and Poverty in India

Menstrual poverty in India is a multifaceted problem, which is rooted in the interplay between economic, caste, geographical and gender inequalities (Mann & Byrne, 2023). The study by Das and colleagues in Odisha is a

pioneering cross-sectional study, which showed that women who use unhygienic absorbents were more likely to be suffering from urogenital infection, suggesting a connection between menstrual poverty and health impacts (Das et al., 2015). In a cross sectional study conducted in rural areas of Maharashtra, Deshpande and colleagues reported the knowledge-practice gap observed among adolescent girls, where these girls were knowledgeable about the use of hygienic sanitary products but lacked access to them (this has been called the awareness-without-access paradox) (Deshpande et al., 2018). The national analysis of NFHS-4 data by Jha et al. corroborated that rural areas, lower wealth quintiles, lower education status and Scheduled Caste or Scheduled Tribe status were independent predictors of non-use of sanitary napkins (Jha & Yadav, 2018). The use of hygienic menstrual products in India has improved significantly between 2016 and 2021, as seen in the longitudinal study using NFHS-4 and NFHS-5 data, but there are also ongoing and acute spatial inequalities, with less than 25% of respondents in rural areas of Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh using hygienic products (Singh & Singh, 2025).

4.4.2 Menstrual Equity in the Digital Divide

The reframing of menstrual health and hygiene among adolescent women in India based on data from over 205,000 women from the National Family Health Survey (NFHS-5) published in npj Women's Health documented inequalities in access to menstrual hygiene at the district level and found the use of menstrual products was independently associated with socioeconomic quintile, education and caste, with Scheduled Caste and Scheduled Tribe women showing much lower rates of hygienic practice, even after controlling for wealth (Chakrabarty et al., 2025). The scoping review of menstrual and pelvic health factors in India included biopsychosocial factors, noting that government programmes in India, including state-based free distribution of sanitary napkins, have had limited impact, and not addressed infrastructure and affordability (Mitra et al., 2025). There is a paradox in that the groups most impacted by menstrual poverty are least likely to access digital menstrual health information, and that digital discourse change is quickest among those who have the greatest menstrual health benefits. In a public health and legislative review of period poverty, Mann and Byrne highlight the fact that the commercialization of menstrual hygiene products as commodities, not health products, creates a structural factor that contributes to this inequality (Mann & Byrne, 2023).

4.4.3 Intersectional Issues: Caste, Class and Region

In a qualitative study conducted by Roy et al. in a slum area of Delhi, lack of privacy in the household at which the sanitation was managed, cost of the products compared to income, and stigma associated with disposing products in public toilets were found to be factors affecting the dignity of menstrual management and menstrual hygiene in the slum environment (Roy et al., 2018). In their mapping of evidence on menstrual hygiene, Muralidharan and colleagues identified a gap in coverage, monitoring, and evaluation in government and NGO programmes, as interventions that focused on providing products did not equally focus on providing water, sanitation, and hygiene (WASH) infrastructure, education, and reducing stigma (Muralidharan et al., 2015). In Spain, Prunena and colleagues' qualitative study of menstrual inequity provides cross-national comparative evidence on the significance of intersectional analysis, revealing that gender, class, migration status, and non-binary gender identity each exacerbate menstrual vulnerability in unique ways that single-axis analysis cannot capture (Pruneda et al., 2024). The Ugandan study by Namuwonge et al. on culture, self-esteem, and menstrual hygiene management among adolescent girls also offers evidence for the need for economic and family strengthening interventions to tackle the material aspects of menstrual management, beyond knowledge-based approaches (Namuwonge et al., 2025).

4.5 Policy and Legislative Developments

4.5.1 Government MHH Programs: National Rural Health Mission to Swachh Bharat

The policy engagement with menstrual health and hygiene has taken place in two parallel streams in India: a public health stream that views menstrual hygiene management as a WASH issue, and a fledgling feminist and human rights stream that views menstrual health as a matter of gender justice, bodily autonomy and reproductive rights. At the halfway point of the second phase, Muralidharan et al. conducted a landscape analysis of MHH evidence, identifying gaps in the coverage, monitoring and evaluation of government and NGO schemes, and the distribution of products over the education and infrastructure investment needed for comprehensive menstrual health (Muralidharan et al., 2015). The National Rural Health Mission's Kishori Shakti Yojana, which provided sanitary napkins to adolescent girls in rural areas, was one of the first attempts at demand-side subsidy, but was not consistently implemented and only reached a small proportion of the target group. The advocacy of Sommer and Sahin for the incorporation of menstrual health into the international agenda for schoolgirls is based on a conception of the relationship between menstrual health and education that has been the basis for policy in India (Sommer & Sahin, 2013). Kirk and Sommer's policy report on body awareness and girls' education was the first to offer a framework for school-based menstrual health programmes, which have influenced the development of the curriculum (Kirk & Sommer, 2006). The evidence base for implementing monitoring has been provided by Dolan and colleagues' MHH measurement indicators (Dolan et al., 2014).

4.5.2 The Disconnect Between Online and Policy

In their critical review of policy interventions to break menstrual silence, Olson and colleagues [SD1] conducted a documentary analysis and interviews with 19 Indian policy makers, and found that the policy responses were mostly directed at provision of products, and that there had been a neglect of addressing stigma, menstrual literacy, and enabling infrastructure for dignified menstrual management, including in India (Olson et al., 2022). The study is an illustration of the 'bricks and pads' approach to government programmes, as described in the review of MHH initiatives in India, where the provision of physical products is considered sufficient, without any investment in education and social change needed to help menstruating people use products without shame (Kumari & Muneshwar, 2023). The review of MHH initiatives revealed that the number of school programmes had increased since 2005, but the quality of the menstrual health education provided was poor and teachers were often not prepared to teach about menstruation (Kumari & Muneshwar, 2023). Hennegan and colleagues' definition of menstrual health offered policy advocates a definition that is not a product-focused definition, as it conceptualized menstrual health as physical, psychosocial, social and stigma-free (Hennegan et al., 2021).

4.5.3 The 2026 Supreme Court Mandate: A Digital Policy Development

The scoping review on interventions to address menstrual stigma and menstrual health interventions in India, published in Social Sciences in 2026, provides evidence of the role of digital advocacy, such as the #HappyToBleed campaign, influencer advocacy, and online petitions mobilized through civil society platforms, in creating the political conditions that made the Supreme Court's 2026 mandate on menstrual hygiene in schools possible (Ottsen et al., 2026). The mandate, which requires adequate sanitary facilities and hygienic menstrual products in schools, is the most significant policy development in the Indian menstrual health landscape in the post-pandemic era and is an example of judicial responsiveness to digital civil society mobilizations in the field of reproductive health, which has few parallels. The qualitative study of menstrual policymaking and community mobilization in Catalonia by Garcia-Egea et al. provides comparative evidence that community mobilization can result in policy change, when amplified and translated into political terms (Garcia-Egea et al., 2024). However, the lack of connection between mandate and implementation in a country with such great disparities in state capacity and political will remains the challenge for the post-mandate era.

4.6 Menstrual Literacy and Digital Health Education

4.6.1 Deficits in Menstrual Literacy: From Classroom to Digital

The literature reviewed revealed that menstrual literacy, which is the knowledge, skills and critical understanding required to manage menstruation in a way that supports physical, psychological and social wellbeing, is grossly inadequate in India and in this area new opportunities have been opened up by digital media. Chothe and colleagues conducted a survey of students' perceptions and doubts regarding menstruation in India, which revealed the level and type of misconceptions about menstruation, such as menstrual blood is impure, menstruation is a form of illness, and menstruating women can contaminate food by touching it (Chothe et al., 2015). These beliefs were passed on informally among family members and peers, and were not taught in schools. The scoping review on menstrual and pelvic health factors in India showed that the current national curriculum emphasizes on the biological aspects of menstruation, with less emphasis on the social, emotional and practical aspects of menstrual health knowledge that students report as relevant (Mitra et al., 2025). A systematic review of menstrual health and hygiene in Nepal by Sharma et al. (2020) within a social ecological framework suggests that interventions to enhance menstrual literacy need to target the individual, household, community and institutional levels (Sharma et al., 2022)a lesson for India. Thapa and Aro's study in Nepal that 'menstruation means impurity' concluded that multidimensional interventions are needed to break menstrual taboo, with education as a necessary but not sufficient component without simultaneous focus on structural and normative aspects (Thapa & Aro, 2021).

4.6.2 mHealth and Menstrual Health Apps

Raj and colleagues' randomized controlled trial of the Go Nisha Go mobile game in India is the most rigors evidence to date that digital intervention can enhance menstrual health knowledge and product awareness among adolescent girls (Raj et al., 2025). It showed statistically significant improvements in knowledge and self-efficacy in the intervention group compared to the control group, in a way that addressed cultural taboos around menstruation and made health information a part of a story that was accessible to girls who had received minimal education about menstruation. In a similar randomized controlled trial in South Korea, Kim et al. found that user-centred digital sex and menstrual education was effective, giving cross-cultural evidence of the effectiveness of digital-native educational design and offering design lessons for India (Kim et al., 2025). The Menstrual Health Instrument developed by Nikbakht et al. is a psychometric tool to measure menstrual health outcomes in culturally diverse settings, essential for evaluating the effectiveness of mHealth interventions and across studies (Nikbakht et al., 2025). The methodological background for indicators used to measure MHH comes from the work of Dolan and colleagues (Dolan et al., 2014).

4.6.3 Social Media as Informal Menstrual Education

Although many menstruating people in India receive their first information on menstruation from their families, schools or peers, social media is increasingly becoming a platform for menstrual health information in adolescence and adulthood. A key problem found in the literature is the association of the informal role of social media in menstrual education with a high risk of misinformation, commercialization, and stigmatizing narratives digitalization (Olson et al., 2022; Naidu et al., 2025; Frost et al., 2026). When analyzing the advertisements of menstrual brands on Instagram, it can be observed that although the content is increasingly sexual, the information provided on the topic of menstruation in the advertisements predominantly focuses on product marketing instead of menstrual health literacy (Naidu et al., 2025). The digital divide has emerged as a significant factor in the critical review of menstrual literacy policy programmes by Olson and her colleagues (Olson et al., 2022) which identified those who most require information on menstrual health as being least likely to gain access to it through digital platforms. Selva and colleagues' psychosocial review proposes an integrated approach to menstrual health education which includes biological, stigma, product and institutional change, and the role of digital communication in addressing menstrual health should be complemented by institutional change for a menstrual justice approach (Selva et al., 2026).

5. DISCUSSION

5.1 From Concealment to Contestation: A Structural Transformation?

The findings of this review show that there has been a discernible discursive change in the representation of menstruation in India since 2000 in the digital media, but that this change is characterized by structural inequality, commercialization and lack of material connection with the most disadvantaged groups' realities of menstrual health. The change from concealment to contestation, from blue-ink advertisements to #HappyToBleed and red branding by today's D2C brands is a noticeable shift in the discursive field. The NFHS data, however, in the latest epidemiological studies (Singh & Singh, 2025; Chakrabarty et al., 2025) indicate that this discursive shift has not been paralleled by a material shift, particularly in rural and low-income urban areas. This validates Olson and colleagues' findings that the visibility of menstruation does not eradicate stigma, but rather that there are other processes that continue to sustain it (Olson et al., 2022). The scoping review of stigma intervention in India also shows that there is a lack of congruence between discursive and material change that is the critical issue for menstrual justice in India (Ottsen et al., 2026).

5.2 The Double-Edged Nature of Digital Media

The fact that digital media can be used to reproduce and challenge stigma is a recurring theme. The research of feminist media studies on menstrual advertising on social media shows how the neoliberal health promotion can both challenge the stigma of menstruation and promote the menstrual identity in a commercial manner that blurs the lines of structural injustice (Frost et al., 2026). Hasson's semiotic analysis (Hasson, 2021) shows this is intrinsic to digital media driven by the logic of engagement and virality rather than menstrual justice. Even campaigns that are politically aware and feminist in purpose can be appropriated, backlashed and discursively contained by countermobilizations (Pain, 2020) as shown by Pain's analysis of the #HappyToBleed campaign. The Hennegan et al. (Hennegan et al., 2021) and Bobel et al. (Bobel et al., 2020) frameworks for menstrual justice provide the normative standard to evaluate these processes: the right to dignified menstrual management is a right to access to products, infrastructure, education and stigma-free status, and addressing one dimension without the others leaves the other dimensions unaddressed.

5.3 Commercial Feminism and the Co-Optation Question

The co-optation question is raised by the marketisation of menstrual normalization: how much of the feminist political aspect of menstrual justice claims is lost when it becomes the business of market actors whose fiduciary duty is to shareholders, not menstruators? According to Arora's analysis (Arora, 2017) commercial menstrual feminism is self-replicating in its need by selling products which are not equally affordable. The historical analysis of menstrual product advertising by Fahs and Collins (Fahs & Collins, 2024) shows that brand appropriation of the concept of empowerment has a long history, prior to digital platforms, and has always been for the purposes of business, not feminist politics. The multimodal critical discourse analysis of the menstrual advertising on Instagram and TikTok (Frost et al., 2026) reveals that although the current D2C brands in India have taken the most visual progressive register in the history of menstrual advertising, they still continue to frame menstrual products as the solution for menstrual poverty and fail to acknowledge the structural conditions that create menstrual poverty. The broader context of these developments is provided by Bobel's groundbreaking research on third-wave feminist menstrual politics (Bobel, 2010) which puts the conflict between commercial normalization and menstrual justice at the center of feminist political relations with consumer capitalism.

5.4 Policy Recommendations

The policy implications of this review are huge. In menstrual health programmes, there are a lot of things that they need to do, such as providing products, good WASH [water, sanitation and hygiene] and good learning materials and

reducing stigma and online health promotion. Not only that, but there are multiple of them and they are all connected. Therefore, when you read the reimagining of menstrual health for adolescent girls in India (Chakrabarty et al., 2025) and the biopsychosocial scoping review (Mitra et al., 2025) you will see that products are not the only thing you should look at. Look at the other issues affecting menstrual health. The Supreme Court judgement for 2016 (Ottsen et al., 2026) sets the ground for menstrual education in schools. But there is still a lot of work to be done for this, such as teacher training, infrastructure and new learning materials, and activities that are already being implemented. You may have thought that if you read Harerimana's review of menstrual hygiene management for refugee girls in Africa (Harerimana et al., 2025) it would be different, but it's the same concept: lots of pieces. Thus, products and infrastructure must be provided while communicating with the community. And House et al. who investigate the gender-WASH link (House et al., 2012). In the absence of infrastructure, it is said, words have no meaning. 'Menstruation is supported in an environment.' Those seeking menstrual justice seek to change the culture, both in the context of menstrual management and in society. We can't have one without the other.

6. LIMITATIONS

The review does have a couple of obvious drawbacks. First of all, it refers only to English sources and that is not where the real action is, the real action is in Hindi, Tamil, Bengali, Marathi and so on. The research dealt with in this review is largely a main stream one and tells a story of voices from the city, the privileged and the institutions.

In addition, the digital media space is changing fast. Due to the pandemic, you might notice that the evidence is not up-to-date since they might not be even be in the journals yet. It would be a mistake to package all the research together or even to compare the results since the research is so diverse, ranging from qualitative to quantitative, policy to cultural studies. Honestly, the way the review is divided up makes it seem a little neater than real life, where experiences and opinions can overlap or conflict. More research is needed in the future beyond these categories. Research that is multilingual, community-based, longitudinal, and mixed methods will help us inch closer to the truth regarding menstrual discourse in India.

7. CONCLUSIONS

This is a review of the discourse on menstruation in the Indian online media in the last 20 years and six months. The internet had a lot of medical, covert stuff. Then social media appeared, and people started communicating with each other. Then there was a lot of publicity, the #HappyToBleed and the Pad Man campaigns really brought it to the forefront. More recently, post-pandemic, we're seeing more conversations around menstruation and more companies engaged in marketing products, albeit not always with the right motivations. Social media has indeed broken the taboo and stigma of menstruation. All these developments should be understood in the context of menstrual justice. So, there has been a change, but it's not enough. "India needs menstrual justice and all the issues, supply of products, hygiene and education in schools and offices should be covered by government policies. Not one, but all. Online health education should not be limited to children in urban areas and health education should be in the local language for children who do not have a smartphone or sufficient internet access. Menstruators also need to be able to read and interpret marketing and advertising so that they can see it as a human rights issue, not as consumers. But it takes political and financial will to carry out these changes in schools and in offices, clinics and public spaces.

India is certainly getting a better debate on periods. But for those who are still being left behind, those living in rural poverty, Dalit and Adivasi households, and urban slums, refugees and migrants need to improve their daily experiences. And we know how to solve it. This is a review of the nature of menstruation discussions in online media in India over the past 20 and a half years. Initially there was a great deal of medical and underground information on the internet. As social media grew, people started communicating more openly with each other. There were some initiatives like the #HappyToBleed and Pad Man campaigns which brought greater visibility to the topic. Most recently, post-pandemic, there's been a noticeable increase in conversations around menstruation, as well as more companies marketing products, but not always for the right reasons.

Social media is transforming the narrative surrounding the stigma and taboo associated with menstruation. However, we need to consider these developments through the perspective of menstrual justice. Some achievement has been made, but not enough yet. Menstrual justice is significant in the Indian context and government policies must take into consideration all the pertinent issues, like product supply, hygiene, and education in schools and workplaces. We must not just focus on one aspect, but cover all these mentioned. Web-based health education is not just for urban kids. There are children without smartphones or internet who need this material and the local language version too. Moreover, we need to empower menstruators so that they can read and interpret marketing and advertising which will enable them to realise it is a human rights issue and not a mere consumer issue. Policy and financial support is necessary to bring about these changes in schools, workplaces, clinics and public spaces. Menstruation is a vibrant topic of discussion in India today. However, the lived experience of those who are still left behind – people living in rural poverty, Dalits and Adivasis households, urban slums, refugees and migrants – must get better. We possess the means to fix these issues.

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