

ISRG JOURNAL OF HUMANITIES AND CULTURAL STUDIES (ISRGJHCS)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Humanit Cult Stud

ISSN: 3048-5436 (Online)

Journal homepage: <https://isrgpublishers.com/gjhcs/>

Volume – II Issue- IV (July-August) 2025

Frequency: Bimonthly



Cultural Perceptions and Health Realities of Menopause: A Qualitative Enquiry Among Bhil Tribal Women in Nandurbar District of Maharashtra

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| **Received:** 08.07.2025 | **Accepted:** 12.07.2025 | **Published:** 13.07.2025

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Abstract

Menopause is a universal biological phenomenon, yet its experience, perception, and socio-cultural implications vary significantly across cultures among women. Perception of menopause across cultures, shapes not only how menopause is viewed but also influencing a woman's attitude toward this biological process. Among indigenous populations, these differences are further shaped by limited access to resources, healthcare, low literacy, and strong traditional belief systems.

The present study focuses on women from the Bhil tribe, an indigenous group characterized by geographical isolation, lower literacy, and limited awareness levels; thus, understanding their outlook on menopause becomes crucial. The study explores the phenomenon of menopause among Bhil women one of the largest indigenous groups in Maharashtra residing in the Akkalkuwa region within the Tribal Sub-Plan of Nandurbar district. Ethnographic study was conducted among the Bhil tribe utilising the qualitative research method through in-depth interviews with premenopausal women who menstruate regularly and postmenopausal women who underwent menopause within two to eight years, within the age group of 35–64 years. Semi-structured interview questions captured their knowledge, attitude, perception, and experience of menopause along with the changes in recent years with respect to diet.

Thematic analysis revealed eight cross-cutting themes: changes in dietary patterns, low awareness of menopausal symptoms, reliance on traditional healers, misconceptions about menopause, shifting partner dynamics, and the need for targeted health education and interventions. The findings highlight the importance of addressing menopausal health through culturally sensitive approaches, emphasizing awareness and support for women within and beyond reproductive years in tribal communities through effective policy design.

Keywords: Bhil tribe, Menopause, Attitude, Perception, Traditional healers, Health awareness

Introduction

Menopause is characterized by the cessation of the menstrual cycle for a period exceeding twelve months, accompanied by a decrease in oestrogen and progesterone levels (WHO, 1996). Although, the biological process of menopause is universal, its individual experience varies among women. The perception of attaining menopause at early or late ages significantly influences how women interpret this phase, resulting in diverse perspectives and their view on menopause. Globally, among various cultures, menopause is viewed as a social status of pride and getting wiser, that eventually elevates the social role of women in their respective society at large (Alidou & Verpoorten, 2019). In India, tribal communities face several health challenges and have poorer health outcomes compared to the overall population (Kumar, Pathak, & Ruikar, 2020). It is important to assess the health and awareness of women from these isolated groups during their post-reproductive years, as most policies prioritize women within their reproductive-age. The present study is focused on the women from Bhil tribe to assess their attitude, knowledge, perception, and experience of menopause

The Bhil tribe, is one of the largest scheduled tribes of Maharashtra in India (Census, 2011). Tribal people live with unfavourable socio-economic conditions and deficient social health indicators, resulting in adverse health consequences in later stages (Madankar, Kakade, Basa, & Sabri, 2024). They are categorized under socio-economically backward groups and are often seen to share characteristics of lower literacy, geographical isolation. The population of Bhil tribe is predominantly found in the regions of Maharashtra known as western Khandesh and once were hunter gatherer tribe but now relying on agriculture for sustenance. These regions are surrounded by Satpura hill tract and Tapi river making access to various resources difficult especially education and healthcare. The Bhil tribe has its own culture and associated practices influenced by nature that is reflected in its traditional practices of folk-songs, paintings, and dance forms with key theme of life-death, sun-moon, man-animal. The Bhil tribe has its own ethnomedicine ecosystem that is preserved by the traditional healers within the community. Using ethnographic method of qualitative research through in-depth interviews the present study documents narratives on attitude, awareness, perception, experience of menopause with insights on their relationship with their own self.

Materials and Method

The present study utilises cross-sectional research design method. The study area Akkalkuwa of Nandurbar district of Maharashtra comes under the tribal sub-plan (TSP) as per the Government of Maharashtra order of 1985. The TSP regions have a tribal population of more than 50% in a taluka or block. Qualitative research methods are employed to understand the attitude, awareness, perception and experience towards menopause and recent changes in dietary preference among Bhil women.

Study Area and Population

The research is conducted in Akkalkuwa taluka, where the Bhil tribe predominantly resides in the Khandesh region of Maharashtra (The Gazetteer of the Bombay Presidency, 1880). These regions are surrounded by hilly tracts and semi-agricultural settlements, which influence the tribe's subsistence patterns. The study population consists of women from Bhil tribe who are in their premenopausal and postmenopausal phase.

Sampling and Sample Size

A purposive sampling method was used. The main sample size for the study was 397 out of which 42 in-depth interviews were conducted from both premenopausal and postmenopausal women within the age group of 35-65. Participants were selected from a diverse range of age groups and socioeconomic backgrounds to capture a holistic understanding of menopause. The data was collected until saturation was achieved.

Data and Analysis

Thematic analysis of the transcripts from the in-depth interviews was done where emerging themes were highlighted and supporting reference quotes were assigned. The quotations from the participants from both the premenopausal and postmenopausal women groups were compared and analysed to draft the findings. A total of eight themes emerged from the interviews.

1. Dietary changes among Bhil women: Influence of aging, culture, and economic status

The primary diet of the Bhil tribe is highly influenced by its ecological surrounding and the tribe predominantly consumes non-vegetarian food mostly meat traditionally. However, with time there have been changes in recent years due to various changes as a part of cultural adoption. Adopting new cultural components like worship of Hindu deities and practising vegetarianism to following religious group and saints. A postmenopausal woman in their late fifties mentioned that while growing up; they were consuming non-vegetarian food comprising of chicken and mutton along with Gau Chapati (wheat bread) and Pando (Rice). However, this was not a regular diet; the diet included various agriculturally based produce from the field like pulses, millet, and legumes but as she got married; her in-laws did family was strict vegetarian as they followed a Maharaj (spiritual guru) and it had been more than thirty years since she last consumed any meat-based diet. She also emphasised that as she aged her diet has reduced significantly, it is usually one main meal and one light meal comprising of green vegetables that are either seasonal vegetable like lady finger with wheat bread and legumes. According to her, old people do not require a lot of food while the young ones need to eat more as they work hard in the field. Another postmenopausal woman in her mid-forties stated, 'I tend to eat non-vegetarian meal but I cannot digest full meat so, I prefer eating small pieces and mostly it is just the gravy of cooked Bokdi (mutton) or Kokadi (chicken). At times Maase(fish) is also cooked.... I was fond of it during my youth but I cannot eat as much as I did back then at present.' A premenopausal woman in her late-thirties stated, 'I eat non-vegetarian food once or twice a week but for the remaining week its mostly vegetarian food...we cannot afford to cook non-vegetarian food on a daily basis...it mostly during occasions and festivals when it is prepared...my kids enjoy it a lot and I prefer to feed them the meat as they are in growing phase, they need it more than me.' Here, it is evident that even though the Bhil women would call themselves a non-vegetarian eater but eating non-vegetarian food has become is after their kids are fed and it is not daily consumed due to higher cost.

2. Menopause as a synonym for 'Aging'

This theme emerged from the discussion that tried to understand participants knowledge about the phenomenon of Menopause. As, the belief and perception towards menopause is both socially and culturally shaped among women in all the age group especially within under-privileged communities; their belief system influence their behaviour. Women often defined health and disease through

their descriptions of health conditions, living and dying, as well as aging. A woman in her late forties stated, 'Being healthy is about being able to do my daily chores without much difficulty and as I am aging, a little difficulty is expected...I cannot be forever young and active.' While, many people described lack of health in relation to diseases especially that make them bed ridden, many others related it to dying early without a sign or symptom, such as a mid-thirty-year-old woman who said, 'My biggest fear is that after I am gone...who will look after my child,' here; leaving one's child unattended was her greatest fear. Women used several reference terms for menopause, often referring to the social and natural aging transition. The study participants were asked to tell about menopause and it was reported that in their community, when a woman who has attained menopause or is menopausal, it is acknowledged by linking it with menstruation that is known as 'Potudo' to indicate a woman who has stopped menstruating and has aged, they simply used the term 'Potudo-jaatudo' that means 'menstruation has stopped' and 'Daayi hohiye' that means the women has aged.

Personal view of menopause was obtained by using the term used for menopause and information was collected on how and what these women feel about menopause. Many women participants from the Bhil tribe believed that menopausal experiences vary among women. One woman in her mid-forties stated, 'I would not know about menopause before I experienced it! But my, sister-in-law had it a few years later... so, I guess it varies from women to women...we do not have the same bodies... However, I felt awkward when my periods stopped... I did not know why it stopped...I felt may be something is wrong with my body... For a while, I thought that may be its pregnancy but then I did not get my periods for a year.'

A postmenopausal woman in her early sixties stated, 'I do not understand fully why menopause happens, I never did as no one told me about it before; I figured out about it when I stopped getting my periods.' Most women told that, menopause is something they did not learn, know, or talk about. A breast-feeding participant from the premenopausal group who was in her mid-thirties; when asked about menopause stated, 'I got married just last year and had my first child and if my periods stop what will I do? I should at least have time to plan my family...my mother's period stopped in her forties; I still have no clue when will that happen to me...we do not have any knowledge about menopause...No one talks about it.'

3. Menopausal women from the lens of premenopausal women

Participants from the premenopausal category were asked about their perceptions of menopause and post-menopausal women. Few premenopausal women suggested that menopausal women tend to think that they have aged and identify themselves as 'daayi' or old women. A woman in her late thirties said, 'I think these women isolate themselves as they start to relate with older people more.' One premenopausal woman in her early forties suggested that menopausal women should share their experience and knowledge with younger generations as most of the younger women do not get such information.' Another premenopausal woman commented, 'I think that they lose their mind around this mind, become attention seeking especially around family members when in that phase.'

4. Postmenopausal women on menopause: Attitude depends on perception and experience

When the postmenopausal women were asked to share their view of menopause, a woman in her late fifties stated that she was no longer worried about getting pregnant and said it was a relief. This came from the fact that her kids were all grown up and her family was complete. Shedding blood every month and going through pain and isolation was a painful experience as shared by many respondents and this freedom felt more like liberation especially among women in their late fifties with complete family and grown-up children. Another, women stated that; going to the field and doing household work during menses was painful. This phase without monthly pain was a relief. A woman in her late sixties told that she is finally enjoying her social life with women from fellow age-group. It was noted that women in their postmenopausal phase tend to become more active in community work. On the contrary, when the premenopausal women were asked about their perception of menopause, it was reported that they worried about how their husband will respond to this change and were concerned if they started late family planning and this concern came from increasing trend of late marriages among present youngsters who are facing issues with finding compatible partners and marrying late due to education and job stability.

5. Symptoms reported during menopause: An experience and perception-based narrative

Participants from both the categories were asked about menopause. The women in their premenopausal phase were asked about their perception of menopause and postmenopausal women were asked about their experience during the menopausal phase. Most women mentioned menopause as the sign of 'aging.' Few premenopausal women perceived physiological challenge with menopause that is difficulty in walking, back pain, and headache as one attains menopause. A postmenopausal participant in her late fifties blamed menopause for having problems with mobility and mentioned that ever since menopause happened, her strength has declined and there is difficult in sleeping. 'Weigh loss" was one of the most frequently reported physiological change by the postmenopausal group. A premenopausal young woman in her mid-thirties stated that the blockage in womb prevents one from having normal period and related menopause with illness. Another postmenopausal elderly woman in her mid-sixties stated that her knee pain started post menopause and the issue of frequent urination was affecting her life. The women also associated child birth and miscarriages with menopause, linking blood loss with becoming menopausal as; a woman in her late. A premenopausal woman in her thirties stated; "when I had a girl child after that I had two miscarriages and then conceived again twice; my body seems to be running out of blood and my body will not have any more blood.... I will soon stop shedding monthly blood." Another woman in her late thirties mentioned that early menopause happens when someone has had numerous miscarriages, the body's blood runs out. When asked to talk about the physical experiences from the women who experienced, or thought that they were related to menopause. Hot flashes, night sweats and sweating were described to be experienced most frequently among all the postmenopausal women along with leg pain, back ache, and headaches to be most severe. The findings also revealed that the participants did not really associate these symptoms with menopause initially but thought to be an illness. These highlights lack of education and awareness among women towards menopause.

6. Menopause: Result of evil eye or health disorder

The participants from both premenopausal and postmenopausal groups were asked about their first reaction when their menstrual

cycle stopped, at what age it happened and what was their perception of it. Responses revealed that both early and late menopause was perceived as a sign of disorder. Most women reported that they panicked when they no longer were menstruating and associated the phase with some health issue or pregnancy or cause of evil eye. A woman in her late thirties stated that; 'When I stopped my period...I thought that someone must have cast an eye on my womb.' Another woman in her mid-thirties stated that, 'Sometimes as I discuss with other women that when such a time comes you no longer go on your periods around the age of fifty, it's natural; but if you stop getting your periods at 40, maybe you have health issue in that case, so it's not something that one must be happy about not getting their periods when they are around forty or less, you'll think things are normal when in actual something is wrong with the body. Another woman stated that she is usually wondering where does all the blood come from? That is shed every month, and if one continues to shed blood at maybe till fifty then surely there will be trouble in their old age. Other women in her late sixties shared that when her menstrual flow stopped around late forty, she started to feel lifeless and initially thought that its due to evil eye. So, she approached a Bodava (Religious healer) who told her that since she has been active and prosperous, someone casted an evil eye on her and so he performed a ritual and she did Maanta (wished). However, it was much later that she found that her went through the same issue after her periods stopped.

7. Change in family dynamics and partnership

Most of the participants mentioned how menopause was a period where their sexual dynamics with their partners would alter after menopause. A premenopausal woman in her mid-thirties stated that after menopause it is difficult to see oneself as a young woman who would keep her husband interested. As one can no longer become pregnant, the intimacy between couples becomes less interesting. Another premenopausal woman stated that it was not appropriate to sleep with the husband after menopause as post menopause they become old. Another postmenopausal woman stated that they could enjoy intimacy with their husband without thinking about getting pregnant. Another postmenopausal woman mentioned that older woman should not sleep with her husband because it looks awkward before young children. However, postmenopausal women especially in their early forties reported that, no periods mean freedom to enjoy life with partner and family while, the women in late menopause revealed that, after their partner get to know about their menopausal status, they maintain distance and start to sleep separately.

8. Care through existing health systems and Gaps

The participants mentioned that menopausal symptoms required medical assistance. A woman from the postmenopausal group stated that when she was going through serious symptoms, she was not aware that they were menopausal symptoms. Another participant stated that even though it is normal for a woman to go through menopause, it is mysterious. It is a stage where one has multiple mood swings. One woman mentioned she approached the 'Bodava' who is a traditional healer from the community, who gave her a thread to tie around her waist and herbal powder which helped her from experiencing menopausal symptoms and that really helped her. Older women perceived that the traditional healers from the community are better at curing for illness especially pains that affects their mobility, they feel it requires help. The Accredited Health Activists (ASHA) workers from the community said, 'I do not know about menopausal symptoms

separately, I collect information of women on their periods that too is for recording for pregnancies and vaccination but nothing more. Information about menopause is not specifically asked as we are not told to do so, I just record if a woman has had her period or not and if not, then to confirm that its pregnancy or not. A postmenopausal woman in her mid-forties who had her menopause from last two years stated that she experiences terrible back ache issues and it makes it difficult for her to stand or sit but there is no awareness or medical help. She further added that they had to rely on the traditional healers who perform rituals and give herbal medicines that sometime works and sometimes does not work so, it is a problem for them.

Conclusion

The findings from the present study highlight that even though menopause is experienced universally but throughout its transition, its meaning, experience and health experience and associated consequences are deeply rooted in the socio-cultural, ecological, and economic contexts. Among the Bhil women, menopause is largely perceived as a sign of ageing rather than physiological or health phase, and is often embedded in silence, misconceptions, and traditional interpretations that are spiritually influenced. It is also noted that the knowledge about menopause is limited, with symptoms often associated or misinterpreted with illness, evil eye, or aging, rather than being recognized as part of a natural life phase. The reliance on traditional healers, limited services, and interaction with formal healthcare systems, and almost absence of targeted awareness programs around post reproductive years further increases this gap.

Women's attitude toward menopause are shaped not only by the symptomatic experiences but also by narratives passed down across generations, traditional and religious influences, shifting family dynamics, and access to resources; food and healthcare. The absence of any discussion around menopause contributes to confusion and anxiety, particularly among the premenopausal women, who often learn about it only when they may personally experience it themselves in upcoming years or through partial observation around women who have attained menopause. Postmenopausal women, in contrast, expressed mixed emotions; relief from menstruation and pregnancy fears, but also concerns over decreased sexual and social identity.

The study findings underscore the urgent need for culturally sensitive, community-based awareness programs that support knowledge and awareness about menopause and integrate traditional belief systems with medical understanding. Engaging community-based health workers and tribal leaders in capacity building initiatives could bridge the communication gap thereby promoting health-seeking behaviour. By recognizing and respecting indigenous knowledge systems while improving health system outreach, public health efforts can more effectively support the holistic wellbeing of tribal women during their post-reproductive years.

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