International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Parihar M et al. Int J Reprod Contracept Obstet Gynecol. 2026 Dec;15(12):4870-4877
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20264401

Original Research Article

Experiencing menstruation with dignity: a qualitative study of menstrual cup use in Rajasthan, India

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Received: 11 October 2026
Revised: 11 November 2026
Accepted: 12 November 2026

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ABSTRACT

Background: Menstrual cups are a reusable, low-cost menstrual product, but few Indian women use them and their experiences are poorly documented. We explored women's experiences of menstrual cup use, their views on its health and environmental effects, and the barriers to its adoption in Rajasthan, India.
Methods: This qualitative study was conducted from January 2022 to March 2022 in Jodhpur, Rajasthan. Thirty-one women aged 15–49 years were selected purposively from Nari Niketan women's shelter, Mandore; the Auxiliary Nurse Midwife Training Centre, Ummed Hospital; and the Government College of Nursing, Jodhpur. Participants were experienced cup users (n=5), new cup users (n=6) and conventional method users (n=20). Data from 11 in-depth interviews and two focus group discussions were analysed thematically.
Results: Three themes emerged: perceived health benefits, perceived environmental benefits, and misconceptions and barriers to adoption. Cup users reported less odour, fewer rashes, less itching and burning, longer wear time, lower monthly spending, simpler disposal and greater freedom of movement. Experienced users were very satisfied, and new users described some early difficulty in adjusting to the cup. Conventional method users feared insertion and removal, had little say in decisions about menstrual products, could not find cups in local shops and feared loss of virginity.
Conclusions: Participants viewed the menstrual cup as healthier, cheaper and more sustainable than disposable products. Wider uptake needs education with follow-up support, family involvement, retail availability and subsidised supply through national menstrual hygiene programmes.

Keywords: Menstrual cup, Menstrual hygiene management, Women's health, Qualitative research, India

INTRODUCTION

Menstrual health is central to the health, dignity and well-being of women. It refers to complete physical, mental and social well-being, and not only the absence of disease or infirmity, in relation to the menstrual cycle.[1] Menstruation is a normal monthly process for millions of women during their reproductive years, yet the way it is experienced is not determined by biology alone.[2,3] Social and cultural norms, access to suitable products, comfort, cost, privacy and the presence of safe water, sanitation and hygiene (WASH) facilities all shape that experience. For some women, menstruation is manageable and can even feel empowering. For others, it brings restriction, discomfort, stigma, anxiety, depression and exclusion from social life, and these experiences can lower overall quality of life.[4,5]

Menstrual health is now widely recognised as a public health and human rights concern, but wide inequalities remain. Around 500 million people who menstruate do not have adequate menstrual materials or WASH facilities that allow them to manage menstruation safely and with dignity.[6–8] In low and middle-income countries (LMICs), these problems are made worse by limited menstrual health education and a lack of supportive environments. Women need accurate information and a choice of safe and

acceptable products to decide how to manage menstruation. Disposable products carry a recurring cost throughout the reproductive years, and one woman may use 8,000 to 10,000 of them in her lifetime. Where money is short, women turn to cloth, ash, dried leaves or newspaper, which raises the risk of poor menstrual hygiene and related ill health.[9,10] Menstrual cups have recently received attention as a reusable and sustainable option. They lower long-term spending and menstrual waste, and users have reported greater comfort, more confidence and more freedom to carry on with daily activities.[11-13]

Quantitative studies have established that menstrual cups are safe and effective, but uptake is still low in many settings. Reasons include low awareness, misconceptions about insertion and virginity, sociocultural taboos about menstruation and doubts about acceptability.[14] Environmental impact now enters some women's choice of product, although comfort, access, cost, cultural beliefs and personal preference usually carry more weight.[9,15-18]

Earlier research on menstrual cups has measured clinical outcomes or user satisfaction and has confirmed their safety, effectiveness and acceptability.[19–21] Qualitative work on how women understand, negotiate and give meaning to cup use within their own sociocultural setting is scarce, especially in India. Such evidence can guide menstrual health policies and programmes that support informed choice, menstrual dignity and sustainable practice. We therefore explored women's experiences of using menstrual cups, their views on its health and environmental benefits and the barriers to its adoption in Rajasthan, India.

METHODS

Study design and setting

We carried out this qualitative study in Jodhpur district, Rajasthan, India, from January 2022 to March 2022. The study was registered with the Clinical Trials Registry India (CTRI/2022/01/039237), and this report follows the consolidated criteria for reporting qualitative research (COREQ).[22] The study design drew on published work, including earlier studies by our team.[12,23–25] Participants were recruited from three purposively chosen sites: Nari Niketan women's shelter, Mandore, Jodhpur; the Auxiliary Nurse Midwife (ANM) Training Centre, Ummed Hospital, Jodhpur, where accredited social health activists (ASHAs) receive training; and the Government College of Nursing, Jodhpur. We chose these sites to include women from different social and educational backgrounds who used a range of menstrual management methods.

Participants and sampling

Thirty-one women aged 15–49 years were selected by purposive sampling. Inclusion criteria were literacy, regular menstrual cycles, no reproductive tract infection and no plan to become pregnant in the near future. We recorded the demographic details and current menstrual management method of each eligible woman and placed her in one of three groups: experienced menstrual cup users, defined as women who had used a cup for more than six months (n=5); new menstrual cup users, who had begun using a cup within the previous three months (n=6); and conventional method users (n=20). At each site, interested women attended a 30-minute educational session that included a video showing how to use a cup for the first time. Women who then agreed to join as new users received a menstrual cup free of charge. Recruitment stopped when data saturation was reached. Table 1 presents the characteristics of the participants.

Data collection

We used semi-structured guides with open-ended questions and probes to explore how women experienced menstrual cups compared with conventional methods, focusing on perceived health and environmental benefits and on barriers to use. We conducted two focus group discussions (FGDs), each with 10 conventional method users, and 11 in-depth interviews (IDIs) with cup users. The FGDs captured shared views, and the IDIs allowed each cup user to describe her own experience in detail. All sessions were held in Hindi, with Marwari used where needed. FGDs lasted about 40-60 minutes and IDIs about 30-40 minutes. The first author (MP), a female nurse researcher from the study area who speaks the local language and knows the local culture, conducted all FGDs and IDIs. Her professional background may have shaped how she interacted with participants and how she interpreted their accounts. To reduce the effect of her own assumptions, she used an open-ended guide with probes and asked participants to describe their experiences in their own words. FGDs and IDIs took place at venues that suited participants and protected their privacy. The study grew out of community health contacts in which women had asked for a sustainable option for menstrual hygiene. Community members gave feedback at each stage of data collection.

Data analysis

All FGDs and IDIs were audio-recorded, transcribed verbatim and translated into English. We used thematic analysis as described by Sundler et al.[26] The first author (MP) coded every transcript. She read the transcripts several times to become familiar with the data, then identified meaning units related to the study objectives and coded them in MAXQDA (VERBI GmbH, Berlin, Germany). Codes were compared repeatedly, grouped into categories and then organised into overarching themes. The multidisciplinary team, whose members had expertise in nursing, public health and qualitative methods, discussed the emerging codes and themes to refine them and to support reflexive interpretation. Four participants

reviewed the preliminary findings (member checking) to confirm that our interpretations matched their experiences.

Ethical approval

The Human Research Ethics Committee of Geetanjali University, Udaipur, approved the study (GU/HREC/EC/2019/666). Data collection was due to start shortly after approval but was delayed until 2022 by COVID-19 restrictions. Each adult participant gave written informed consent. Participants younger than 18 years gave assent after a parent had given permission. Before data collection, we obtained administrative permission from every site, including the Department of Health and Social Justice for the women's shelter (letter no. 9095-9102/2/12/2) and the Government College of Nursing, Jodhpur (GCON/JU/2021/209/24.2.21).

RESULTS

The analysis produced three overarching themes: perceived health benefits of menstrual cups, perceived environmental benefits of menstrual cups, and misconceptions and barriers to adoption (Figure 1).

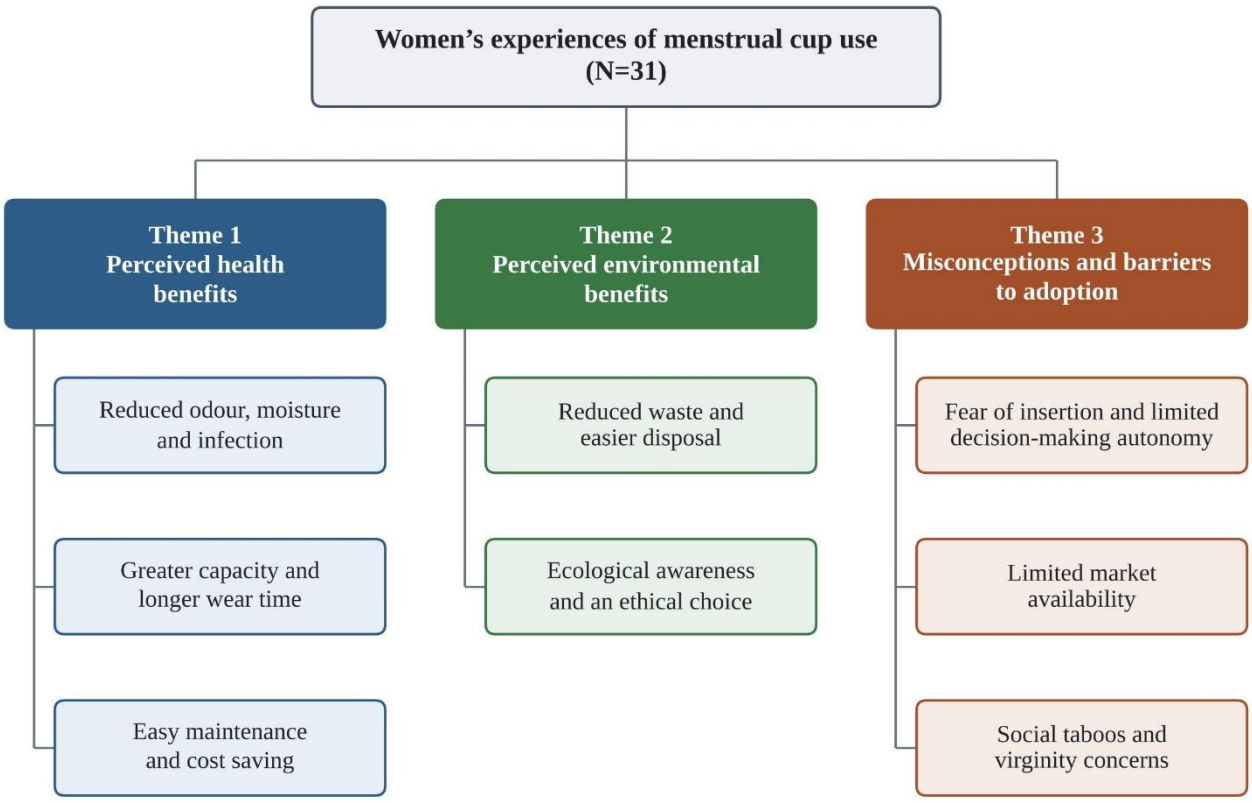


Figure 1: Thematic map of women's perceptions of menstrual cup use, showing the three themes and their subthemes.

Theme 1: Perceived health benefits of menstrual cups

Reduced odour, moisture and infection

Cup users described a clear improvement over conventional methods. Because the cup collects menstrual blood instead of absorbing it, they reported less odour, less skin irritation and fewer problems caused by moisture. Most had suffered irritation, rashes, burning and itching while using sanitary pads, and said these complaints stopped after they changed to the cup.

"With the cup, I can travel easily. My life has changed; now I can dance, play Holi, swim, run, and do whatever I want. I only need to empty the cup a few times, and it solved all my problems of burning, rashes, and itching." (New cup user, 33 years, married)

Participants also disliked seeing blood every time they went to the toilet while wearing a pad, and this was one more reason they preferred the cup.

Greater capacity and longer wear time

Users said they could wear the cup for up to 12 hours, depending on their flow, so they emptied it less often than they had changed pads. This mattered most on heavy-flow days and in places with limited toilet access, such as during travel, at work or outdoors. Women with heavy bleeding

valued the larger capacity because it meant fewer changes and less leakage.

"I travel daily from home to my workplace, and with this I don't need to panic about any stain. It gives me tension-free travel. Now I don't take leave for four days." (Experienced cup user, 30 years, married)

Experienced users were very satisfied and believed they had made a better choice for their health, their hygiene and the environment. Reusability was a main reason they kept using the cup. They described long trips on public transport during which they did not need to think about changing a menstrual product, and they saw this as an important change in their lives.

Easy maintenance and cost saving

Users described the cup, which is made of medical-grade silicone, as safe for the body and easy to clean between periods with mild soap and water. A single cup can be reused for several years, so users no longer had to buy disposable products every month, and their monthly spending on menstrual products fell to almost nothing. They acknowledged that the cup costs more at the outset but considered it cheaper over time.

"Now I will never purchase or advise any woman to purchase a pad. I don't need to go to the pharmacy and never spend money on buying those sanitary napkins." (Experienced cup user, 32 years, married)

New users had taken up the cup because of heavy bleeding, long periods, limits on physical activity, and problems with buying and disposing of sanitary products. They reported a better quality of life, most often in the form of more freedom to be physically active. When asked what difference the cup had made, they appeared more confident and cheerful to the interviewer.

Theme 2: Perceived environmental benefits of menstrual cups

Reduced waste and easier disposal

Users noted that one cup, if cared for properly, lasts several years and takes the place of the large number of disposable pads a woman would otherwise use, which are a major source of menstrual waste. Some pointed out that disposable products, especially those containing plastic, can end up in water bodies and pollute them, and they saw the cup as a way to prevent this.

Participants also found that the cup removed the difficulty of disposal. Many conventional method users did not know how to dispose of pads properly and used unsafe methods such as flushing them, putting them in household waste, burning them or discarding them in the open (Table 1).

"Disposing was a task, as my mother-in-law checks all garbage at home. I was so scared to throw the waste in the dustbin. With the cup, these problems vanished." (New cup user, 40 years, married)

Table 1: Characteristics of study participants (n=31).

Characteristics	Experienced cup users (n=5)	New cup users (n=6)	Conventional method users (n=20)
Marital status			
Married	5	5	4
Unmarried	0	1	14
Widowed	0	0	2
Educational qualification			
Primary school	0	0	11
Upper primary/high school	0	0	4
Graduate and above	5	6	5
Monthly spending on menstrual products (₹)			
<50	5	6	0
>150	0	0	20
Disposal practice[a]			
Dustbin	0	0	12
Flushing	0	0	5
Burning	0	0	3
Open disposal	0	0	5
Reuse after washing (cup)	5	6	0
Disposal challenges reported	0	0	15

Values are number of participants. [a]Multiple responses were possible. Cup users reported minimal ongoing cost because the cup is reusable.

Ecological awareness and an ethical choice

Only highly educated participants knew that a reusable cup has a smaller carbon footprint because it uses fewer resources and produces less waste over its lifetime. These women regarded switching to the cup as an ethical decision and as their own contribution to reducing waste and saving resources. Participants also believed that the medical-grade silicone cup contained none of the harmful chemicals, such as dioxins and bleaching agents, that they linked with sanitary pads, and they therefore considered it the healthier option. Some wished they had learned about the cup sooner.

"The moment I used it, I regretted that nobody told me earlier. I am already 40 now, and I suffered a lot due to heavy bleeding. Why did nobody tell me? Now I will tell every girl I know to try at least once." (New cup user, 40 years, married)

Theme 3: Misconceptions and barriers to adoption

Fear of insertion and limited decision-making autonomy

Conventional method users were still unsure about the cup and were anxious about inserting and removing it. Some were content with their current method; others were open to trying the cup but had not made up their minds. Younger participants said they would first need permission from their parents or husbands. Lack of knowledge, confidence and family support kept them undecided, and most relied on their parents or husbands to make such decisions.

"I am not confident enough that I can use it. I am too afraid to insert it. I am more worried about removing it. No, I can't use this; it seems too difficult." (Pad user, 15 years, unmarried)

For some participants, fear persisted even after the educational session had explained how to use the cup. The idea of placing an object inside the body still frightened them, and they did not feel ready to try it.

"I am still confused and can't understand where I should insert it. How will I urinate if the cup is in the way?" (Pad user, 16 years, unmarried)

Limited market availability

Menstrual cups were not sold in local shops. Participants took this as a sign that the product was expensive and unsafe. Because cups were not advertised in the way sanitary pads are, some assumed that the government and health authorities did not recommend them.

"I wonder why I have never seen this in the market. I doubt it is a safe method; that is why it is not available. Otherwise, I would have used it already." (FGD participant, pad user)

Social taboos and virginity concerns

The concern raised most strongly was that inserting the cup would lead to loss of virginity. Participants did not feel able to raise this with their families or partners. Unmarried girls were the most worried, because their families placed great importance on chastity before marriage.

"Our parents will never agree to use this before marriage. Any boy wants a virgin girl, and using this will raise a question about our character." (FGD participant, pad user)

These taboos acted at the individual, family and community levels and formed the main barriers to adoption. Even participants who accepted that the cup had benefits were not fully persuaded to use it.

DISCUSSION

Principal findings

In this study, menstrual cup users reported clear health and environmental benefits: more physical freedom, a better quality of life, less menstrual waste, less odour, and relief from itching, skin irritation and burning. Over the longer term, they also valued the money saved and the avoidance of chemicals they associated with pads. Among non-users, adoption was held back by psychosocial barriers, such as fear of an intravaginal device, limited autonomy and poor availability in shops, and by entrenched sociocultural taboos, especially fear of losing virginity.

Comparison with existing literature

These findings agree with the expanding international evidence on the safety and acceptability of menstrual cups.[20,27–29] A systematic review reported good personal hygiene and little genital inflammation among cup users and a study in Kerala found that users had few adverse effects.[30,31] A meta-analysis also found that leakage with cups was similar to or lower than with disposable products, with no added health risk.[19] The environmental benefits our participants recognised are consistent with evidence on the harm caused by single-use menstrual products and the savings they reported match those described in earlier studies.[19,32-34] The barriers in our study are similar to those reported from other LMICs. Students in South Africa also feared that the cup would affect virginity.[21] In our study, family members had a strong influence on women's choices, and most women felt they needed permission from relatives or their partner before trying a new menstrual product.

Menstrual cups have become more popular worldwide as a sustainable and economical alternative to disposable products, but in many settings they remain stigmatised or poorly understood.[35–37] Where menstruation is considered impure, the same view extends to menstrual products, including cups, and cultural norms strongly affect whether

they are accepted.[38,39] People unfamiliar with cups may judge those who use them, and worries persist about pain during insertion or removal and about the hygiene of reuse, although correct cleaning keeps the cup hygienic.[39]

In many communities, knowledge of menstrual cups is still limited, and this gap feeds misunderstanding and fear. Tackling these taboos calls for education, awareness and open discussion. Menstrual health promotion can correct myths, give accurate information and make cup use an ordinary choice. Experienced and new cup users were both satisfied with the cup, unlike pad users, and married women were more accepting of it than unmarried women. Many conventional method users were interested in the cup but wanted more time to decide because of social and cultural concerns, which matches the sociocultural restrictions on menstrual management described elsewhere.[40]

The initial cost, lack of family support, social taboos and limited knowledge of sustainable methods made participants hesitant, as an earlier qualitative study in India also found.[25] Users rated the cup above their previous methods for comfort, cleanliness, cost, convenience and appearance, and regarded it as the answer to the problems they had faced with conventional products. They said that family and social reasons had kept them from trying the cup earlier, and all planned to keep using it. Conventional method users faced psychosocial and cultural barriers, poor availability, and a lack of training, education and follow-up.

Strengths and limitations

The study has several strengths. Purposive selection of women who used different menstrual products, together with the use of both IDIs and FGDs, captured group views as well as individual depth. Member checking strengthened trustworthiness, and the first author's knowledge of the local culture helped build rapport and allowed culturally sensitive data collection. The study also has limitations. All participants came from one district in one Indian state, so the findings may not transfer to other cultural settings.

A single researcher coded all transcripts, although the themes were discussed by the team and checked with participants. New users received free cups, which may have made their views more positive. Cup users were more educated than conventional method users and were more often married (Table 1), so some group differences may reflect education or marital status rather than the product itself. Data were collected at one point in time, and longitudinal studies are needed to show how women's experiences change with continued use.

Implications for policy and practice

Policymakers could add menstrual cups to national menstrual hygiene management strategies and widen access through subsidised distribution. For health care providers, our findings show that education works best when it is followed up; training can give women practical skills and help them handle psychosocial barriers and family concerns. Programme planners should build in continued follow-up and peer support.

CONCLUSION

Women who used menstrual cups in this study saw them as a healthy, environmentally sustainable and economical option that improved physical comfort, mobility, confidence and quality of life. Uptake, however, is shaped by personal fears, family power relations, availability in shops and sociocultural norms, and education alone cannot overcome these. A combined approach of education, retail availability, family involvement, peer support and supportive policy is needed. Given their health, economic and environmental benefits, menstrual cups could become an important part of India's menstrual hygiene management strategy.

ACKNOWLEDGEMENTS

The authors thank all the participants for sharing their experiences.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Parihar M, Ajmera V, Anderson KA, Sahoo KC. Experiencing menstruation with dignity: a qualitative study of menstrual cup use in Rajasthan, India. Int J Reprod Contracept Obstet Gynecol 2026;15:4870-7.