

Health and Well-Being of Bhil Tribes in Rajasthan: An Analytical Perspective

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ABSTRACT

Background: The complications of health, menstruation, and mental well-being are a truly little-studied field in the spectrum of tribal society of India, especially in the Bhil region. Grounded in lines of cultural muteness and structural pre-appointment, Bhil women and adolescent girls are frequently frustrated with compound problems concerned with reproductive and psychological fitness. **Aims and Objectives:** This study adopts a qualitative perspective of examining one community of people or one tribe in one area of interest (i.e., Banswara, Rajasthan) to find out how social silence, cultural beliefs, and institutional neglect converge to influence health. **Setting and Design:** This paper examines the realities of Bhil women regarding their menstruation, as well as access to health services and the absence of mental health discourse. **Materials and Methods:** A qualitative exploratory study was conducted by using semi-structured interviews of 30 Bhil women in Banswara, Rajasthan, with the help of a review of NGO publications and national documents. **Results:** The results indicate that there is a strong taboo associated with menstruation, a lack of access to sanitary products, and a strong tendency towards seclusion. The number of people gaining access to healthcare is also hampered by its physical inaccessibility, coupled with the attitudes of using traditional healers.

KEYWORDS

Bhil Tribe, Menstrual Health, Tribal Women, Community Awareness

INTRODUCTION

The tribes of India are the official communities known as Scheduled Tribes that constitute more than 8.6 percent of the population and comprise a diverse set of cultural, linguistic, and socio-economic identities. The Bhil is one of the largest native tribes, primarily found in the western and central areas of India, covering the states of Madhya Pradesh, Gujarat, Rajasthan, and Maharashtra. Although the Bhil communities have been recessionary as far as their traditional roots are concerned, and are very resilient historically, these communities are still socio-economically underprivileged and under-served medically. The literature has so far paid significant attention to the practice of menstrual hygiene among tribal people, but they have said little about the emotional and

mental health impacts that these cultural restrictions have. The research specifically focused on Bhil women in Rajasthan also seems to be lacking, as even geographic and structural features limit the use of healthcare. Although the relationship between stigma about menstruation and silence about mental health are suspected to be related to each other in tribal contexts, there is lack of research to explain the overall burden of the two. Since this gap exists, the current research examines the interaction of menstrual experiences, emotions, and health information access in the lifestyle of Bhil women in Banswara, Rajasthan, to provide a culturally based insight into interventions that may be utilized in the future. Respondents using soiled cloths with no drying and cleaning procedures taking place (1). There is a doubly

stigmatizing silence about menstruation and mental health because of the patriarchalism in India, poverty, and cultural taboo (2). Although research on menstruation hygiene practices has been conducted in recent times, it has hardly reviewed such practices in cultural and emotional contexts, which influence indigenous life experiences (3). This matter leaves no room between the correlations of mental and menstrual health experiences in the tribal context (4,5). Scanty literature is available concerning only the Bhil community, and none of them will touch on the psychosocial aspects of menstrual and reproductive health (6,7).

Objective of the study:

- To examine menstrual health practices among Bhil women.
- To explore related emotional and mental health challenges.
- To assess access to health information and services in the community.

MATERIAL & METHODS

Study Type and design: Qualitative semi-structured interviews.

Study Setting: The study was done on Bhil women’s of Banaswara, Rajasthan.

Study Population: 30 Bhil women (and adolescent girls) between 14 and 45 years in Banaswara, Rajasthan.

Study Duration: February 2025 to July 2025

Sample Size: The purposive sampling was used because the sample size of 30 participants was adequate in this qualitative exploratory research aimed at the capturing of diverse experiences and not the statistical representation.

Inclusion Criteria: Bhil women (14–45 years), residents of Banswara, consenting.

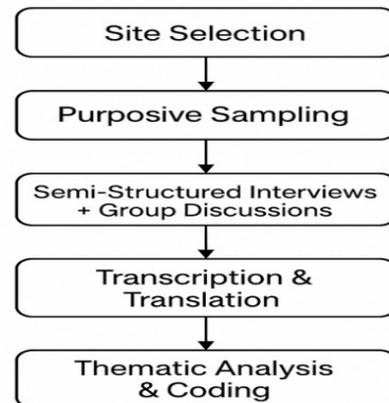
Exclusion Criteria: Non-Bhil, non-consenting participants.

Data Collection Strategy: Semi-structured interviews and informal group discussions.

Ethical Considerations: The study adhered to the ethical principles of field research within a community. All participants provided informed consent. They did not take any identification details, and the participants were allowed to withdraw at any time.

Data Analysis: The interviews that had been conducted and recorded were transcribed and translated into both Hindi and English. In the coding and interpretation of data, a direction of theme analysis was followed. Qualitative analysis was conducted through thematic analysis using open coding and categorization of recurring responses. NVivo aided in organizing narratives into key themes: **menstrual stigma and seclusion, emotional distress, and healthcare access barriers**, along with a minor theme of **emerging awareness**. Representative quotes included: *“During periods, I have to sleep outside alone,”* and *“Mann dukhta hai... andar se tootna,”* reflecting isolation and unspoken distress, while some younger participants noted improved knowledge through school lessons.

Methodological Flowchart



RESULTS

Table 1 summarizes the socio-demographic profile of the participants.

Characteristic	Category	n (%)
Age Group	14–18 years	7 (23.3%)
	19–30 years	12 (40.0%)
	31–45 years	11 (36.7%)
Education Level	No formal education	14 (46.7%)
	Primary (1st–5th)	9 (30.0%)
	Secondary & above	7 (23.3%)
Occupation	Laborer/Farmer	24 (80.0%)
	Homemaker/Student	6 (20.0%)
Marital Status	Married	19 (63.3%)
	Unmarried	11 (36.7%)

Rajasthan, and involved 30 Bhil women and adolescent girls between 14 years and 45 years of age living in the rural blocks of the district.

As one of the participants (17 years old) expressed: *"I have no clue what we were in the temple. Nor do I ask questions because grandmamma tells me, I am a town girl if I ask questions."* The findings indicate that physical exclusion leads to emotional isolation, which in turn enhances the perception of

uncleanliness and reduces self-esteem during the formative years. Out of 30 respondents, 21 women experienced Isolation during the time of menstruation became not only a physical but also a psychological process. One of the participants, at the age of 16, said: *"During periods, I have to sleep outside alone. I even cried sometimes, and nobody knows that. They say that it is girls' behaviour."*

Table 2 Frequency of Emotionally Distressing Experiences Reported by Participants (N = 30)

Emotional Experience	Participants Reporting (n)	Percentage (%)
Persistent sadness	21	70.0%
Feeling isolated or lonely	17	56.7%
Unexplained crying	15	50.0%
Anxiety or fear during menstruation	14	46.7%
Trouble sleeping or restlessness	12	40.0%
No emotional symptoms reported	5	16.7%

DISCUSSION

The discussion reveals that menstrual stigma and insufficient knowledge persist in Bhil women as 70% of them report to be constantly sad and 56.7% to feel isolated during menstruation. Low levels of education (46.7% of them unschooled) and inadequate health services add to this burden. However, there is already positive progress in learning in schools and contacts with health workers, which suggests a slow change of awareness and attitudes to health-related behaviour, which is why health communication needs to be culturally sensitive in society. The study pointed out that menstruation and mental health among Bhil communities to a significant extent, there has been a dual history of suspicion and incremental transformation that has gradually started taking place, even among young women and local frontline health practitioners. Some of the teenage respondents mentioned that they have stopped acting unthinkingly when it comes to menstrual prohibition. Girls who had exposure to schools or digital content such as YouTube had a correct knowledge of menstruation as a biological process. It has been postulated by one of them: *"This is not a bad thing, as our teacher told us. We were shown a video on how to handle and manage periods. I explained to my cousin that she does not have to feel ashamed."* There is also an increasing role of community health workers (ASHA and Anganwadi workers). There was no direct mention of training in mental health.

CONCLUSION

The study covered experiences of Bhil tribal women and girls with menstruation, health, and mental

well-being. We discovered that these issues are not discussed publicly in their communities. Instead, it is silence, shame, and fear that surround them, and that is passed on from generation to generation. Menstruation is not explained or taught to most of the Bhil girls. They usually find out about it when it occurs. It is due to this that when most girls experience their first period, many of them feel confused, frightened, or embarrassed. Thereafter, they are even advised to obey specific rules, such as not entering the kitchen, not touching others, and staying in their own enclosed room. Such rules lead them to feel impure as well as excluded, even though menstruation is a natural process. Eventually, it emotionally impacts them. Most women reported feeling sad, fatigued, or anxious, especially during their menstrual cycle. However, they do not apply terminologies such as mental health since these things are not part of the culture. Health workers such as ASHA and teachers are also attempting to do so by engaging in small talks and relaying the correct information. When a girl is informed that she is dirty during her period, she can begin to think that she is somehow less valuable, and this will have an impact on her mental well-being. That is why we cannot solve one thing without the other. In short, Bhil women do not lie helpless. They are already on the way to awareness.

RECOMMENDATION

Bhil women need to be provided with targeted community-based interventions that would help them manage their menstrual and mental health issues. This needs school sensitization, the participation of ASHA and Anganwadi workers and locally sensitive communication methods.

LIMITATION OF THE STUDY

The sample size was small in this study because a purposive sample was restricted to a few villages in Banswara and this could not represent the Bhil people in general. Self-report information can be affected by cultural unwillingness or underreporting because of stigma. Being qualitative work, the results cannot be obtained statistically but offer important background information.

RELEVANCE OF THE STUDY

The study will cover a significant gap in nexus between menstrual experiences, emotional distress, and access to healthcare in the Bhil tribal society. The knowledge obtained can serve policy makers, health professionals to develop culturally responsive programs that support not only the menstrual well-being, but also the mental well-being of marginalized indigenous populations.

AUTHORS CONTRIBUTION

AY: conceptualization, gathering of data, data analysis, and manuscript drafting.; AV: Review, critical inputs and supervising and approving final manuscript.

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Nil

CONFLICT OF INTEREST

There are no conflict of interest.

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DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors have not used any generative AI/AI-assisted technologies in the writing process.

REFERENCES

1. Sridhar B, Gauthami B. A study of menstrual hygiene and practices among adolescent girls in Achampet, Telangana. *Int J Community Med Public Health*. 2017;4(11):4100-4105.
2. George Institute for Global Health. Mental health of Scheduled Tribe populations in India: A policy brief. 2019.
3. Patil K, Sharma S, Vashisht A. Sociological analysis on menstrual hygiene awareness among Bhil and Bhilala tribal girls. *Int J Res Sci Innov*. 2024;12(2):269-280.
4. Sehgal NKR, Kambhamettu H, Matam SP, Ungar L, Guntuku SC. Exploring socio-cultural challenges and opportunities in designing mental health chatbots for adolescents in India. *arXiv preprint*. 2025.
5. Dixit S. Sociological analysis on menstruation perception amongst tribes of Madhya Pradesh (Bhil & Bhilalas). *Int J Res Sci Innov*. 2025;12(2):269-280.
6. Jena S, Mishra S, Naik S. Menstrual hygiene awareness and practices among adolescent tribal girls in Koraput district: A cross-sectional study. *J Prevent Ther Community Med*. 2023;9(1):14-20.
7. Shibu A, Amaresha AC. Menstrual rituals and mental health: Ethnographic insights from Kurichiya tribal women in Wayanad, Kerala. *Int J Community Med Public Health*. 2023;10(5):1982-1987.