The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 3, July- September, 2025
DIP: 18.01.413.20251303, DOI: 10.25215/1303.413
https://www.ijip.in

Research Paper

Menstruation and Marginality: Challenges Faced by Transhumant Gujjar and Bakerwal Women in Kashmir

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ABSTRACT

Menstruation is a natural biological process that remains hidden in many traditional societies due to stigma. Among the transhumant Gujjar and Bakerwal women of Jammu and Kashmir, the taboo surrounding menstruation is deeply embedded in cultural norms, a lack of awareness, and limited access to menstrual hygiene resources. These nomadic pastoralist communities often face additional challenges due to their migratory lifestyle, geographical isolation, and limited interaction with healthcare services. As a result, menstrual health is frequently overlooked, affecting the dignity, health, and well-being of Gujjar and Bakerwal women. This paper explores the cultural perceptions, lived experiences, and systemic barriers related to menstruation among these women, while highlighting the urgent need for culturally sensitive interventions and awareness campaigns to break the cycle of stigma.

Keywords: *Menstruation, Stigma, Challenges, Transhumant, Tribal Women, Kashmir, Health*

Menstruation and stigma

Menstruation is not only significant but also a necessary part of women's reproductive health. Yet it is viewed with such disdain that it carries negative attitudes among both men and women. Most of the negative perception comes from social and other cultural factors. These social and cultural factors sanctify and institutionalise the stigma surrounding menstruation. Superstitions, illogical beliefs, and misinterpretations of menstruation are common across the world. Hence, the menstrual blood is termed impure. Stigma surrounding menstruation can often lead to social distancing, and "menstrual blood may serve as a blemish on women's character" (Roberts et al. 2002).

Stigma, according to Goffman (1963), is any mark or characteristic that sets a person apart from others. Menstruation stigma is a negative perception of menstruation and who menstruates (Johnston-Robledo & Chrisler, 2020). Hence, women go to any extent to conceal and hide it. Menstrual stigma harms women's reproductive and physical health and consequently has a deleterious effect on social and economic well-being as well. The stigma is hindering any open and frank discussion on menstruation. Consequently, misperception and lack of understanding are rife around menstruation with lasting implications.

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Received: July 31, 2025; Revision Received: September 26, 2025; Accepted: September 30, 2025

Indian context

Menstrual stigma is not confined to any particular country or region. It is a worldwide phenomenon. If there is anything that is very sacrosanct and cannot be talked about, it is menstruation. For instance, a study conducted in the United Kingdom showed that 64% of women were not comfortable with talking about periods and the menstrual cycle with their male friends (Educate Girls, 2023). In India, menstruation is also shrouded in secrecy and taboos and stigmatized to a great extent. The most widespread taboos are that menstruating women are not allowed to bathe, as it might damage their uterus, and are not allowed to drink water or play sports and cannot participate in religious activities. Stigma related to menstruation harms women's reproductive health. Poor menstrual hygiene due to a lack of knowledge and affordability of sanitary pads can create health problems such as genital and urinary tract infections (Dasgupta, 2008). Around 1.7 billion people, according to the World Health Organization, lack access to basic sanitation (WHO, 2024). In India, 88 percent of women rely on using old cloths, rags, dried leaves, and husk sand to aid absorption (SOS Children, 2014). Avoiding the odor of menstrual blood puts girls at risk of being stigmatized. Another aspect, particularly among very low-income families, is the financial resources to buy menstrual napkins. The dilemma is always between food and pads. The former is important for survival, whereas periods can be managed through cloths and rags. In India, the highest proportion of women affected is from tribals, also known as scheduled tribes (STs). They not only fall behind the metrics of socio-economic development but also in health indices, including maternal healthcare (Ram 2020). In the same realm, the Gujjar and Bakerwal tribals of Jammu and Kashmir also live in the margins of socio-economic development. Among the worst hit are the transhumant women. Transhumant are pastoralist communities who practice seasonal migration with their herds, primarily goats and sheep, between high-altitude summer pastures and lower-altitude winter grazing grounds. Their lives are deeply intertwined with their animals and the practice of transhumance, which is both a livelihood and a cultural tradition. As per the 2011 Census report, the Gujjar and Bakerwal constitutes the third-largest population in Jammu and Kashmir. With an estimated population of around two million. The community is mostly Muslim, and almost one-fourth of its population maintains a nomadic lifestyle.

A study by UNICEF reported that 10 percent of Indian girls believe menstruation is a genetic disease (Shah and Madiha, 2017). Another study done by Dasra reveals that in India, only 48 percent of the adolescent girl's population are aware of menstruation before they get their first period (Dasra, 2019). Furthermore, in India, according to the National Family Health Survey during 2015-2016, only 36 percent of women use sanitary napkins (Upadhyay, 2019). Therefore, this article will delve more into the menstrual stigma and taboos among the transhumant Gujjar and Bakerwal community of Jammu and Kashmir.

Living in the margins: Reproductive Health among the Transhumant Gujjar and Bakerwal women

There is a close connection between economics and health. Socioeconomic development also has a bearing on health. They live in temporary tents. Given their precarious economic conditions, they rely on traditional medicines. Another aspect is the early marriage tradition among the tribal community. When a girl gets her first menstruation, the elders try to get her married as soon as possible. Consequently, girls from the community have a high fertility rate. By the time they reach the age of menopause, they have had multiple pregnancies with poor maternal health. It has been studied that the reproductive health among the tribal women is very poor (Fareed, 2021). In a patriarchal society with strong traditional moorings,

any concept of family planning is strongly forbidden by the often-cited religious rulings on that.

As Najma, a Gujjar woman, maintained:

> "I can't even talk about birth control with my husband, and we have never discussed it. Discussing it in my community is considered shameful, and I can never talk about having or not having children with my husband. I have given birth to three children in seven years, and my body is too weak now to produce another child. We must go through unwanted pregnancies" (Nabi, 2020).

This was further concurred by another tribal woman, Tahira:

> "It is a stigma to talk about family planning or birth control in our community" ..…. "We have to produce children, and we are told that we cannot go in nature's way. During the years of my marriage, I have never used any methods of birth control. Some people also say that it is a sin." (Nabi, 2020).

Early marriage, frequent pregnancies, and lack of access to pre- and postnatal healthcare lead to numerous health issues among tribal women. They are often exposed to vaginal infections and other sexually transmitted diseases. Moreover, 71 percent of the nomadic people are not aware of the free healthcare schemes.

Even using contraceptives is allowed among the community. It is considered unethical and against the religious moorings. Therefore, the actual level of modern contraceptive use remains well below its potential. There is also the strong belief among the community that the use of contraceptives causes infertility by spoiling the reproductive system of a woman.

Managing Menstruation

There are many menstrual products, such as sanitary pads, tampons, menstrual cups, menstrual discs, and period underwear that absorb or collect blood during periods. Menstrual hygiene is not only an important but also a scientific prerequisite for health. During menstruation, the vaginal pH levels can be elevated due to the alkaline nature of the menstrual blood, making the body prone to infections. Due to a lack of hygienic products or poor hygiene habits, bacterial and fungal infections may arise. Endometrial cancer and cervical and pelvic inflammatory disease can be caused by unhygienic management of menstruation. Therefore, it has been found through studies that the availability and affordability of sanitary products can greatly help to reduce sexually transmitted infections and bacterial diseases among girls and women (Benshaul Tolonen et al. 2020). A study done on the management of menstruation among the Gujjar adolescent girls stated that 96.9% of the girls interviewed had poor menstruation management by relying on old cloths, improper washing of those cloths, and maintaining hygiene during the periods (Dhingra et al. 2009).

Menstruation and stigma among the tribals of Kashmir

The local term for menstruation among Gujjar and Bakerwal is '*Kapadaanna or 'Mahavari'.* According to the adolescent girls of Gujjar and Bakerwal, they had no complete information about the process of menstruation before they started menstruating (Dhingra, 2009). Most of the information about menstruation comes from friends, TV, and mothers. However, the nature of the information is secret and incomplete. This could be one of the reasons why there are several dos and don'ts attached to menstruation among the Gujjar and

Bakerwal women. The social and cultural practices around menstruation have been strongly intertwined within the community over the centuries. These practices are passed from one generation to another through specific instructions passed by mothers to their daughters. The World Health Organization (WHO) maintained that girls between the ages of 13 and 15 reach puberty. Hence, knowledge about menstruation should have been imparted beforehand so that adolescent girls are well aware of the whole process of menstruation. Several studies have mentioned that a lack of knowledge and awareness about menstruation plays a great role in shaping feelings of fear and discomfort in discussing menstruation. Poverty and lack of awareness not only intensify the issue but also take precedence over the open and scientific discussion around menstruation. Shazia Chaudhary, a young activist from the tribal Gujjar, facilitated a menstrual health counselling session for nearly 70 girls between the ages of 14 and 16. She stated, "The girls were shy and reluctant to talk. I showed them an educational video on hygiene. Most of the girls turned their heads. "She further stated that their mothers did not turn up for the event" (Mugloo and Rafiq, 2022). Hence, not only does it sanctify the negative perception about menstruation, but this negativity also passes from generation to generation. The lack of knowledge and preparation for menstruation, according to several studies, is purely due to a negative attitude (White, 2013). Furthermore, early preparation for menstruation plays a significant role in managing periods, but it is not enough. Emotional distress around menstruation would remain as long as cultural and traditional stigmas are attached to menstruation.

As discussed earlier, menstrual stigma is prevalent in every society, but a few segments of society are significantly impacted, due to their lifestyle. The transhumance lifestyle is the biggest hurdle to education and healthcare access. The transhumant community remains illiterate, both due to a lack of educational facilities and by not relinquishing its old lifestyle. Although women of Gujjar and Bakerwal play a significant role in the economic sector by raising livestock, they are totally dependent on the males. They have no say in the decision-making. Their financial overdependence makes it difficult to get access to health, sanitation, and basic amenities.

For tribal women in general and transhumant women in particular, the ownership of their bodies is with men. They have no say in family planning either. The men of the Gujjar and Bakerwal communities do not permit family planning. They don't even let us talk or discuss menstruation, as one transhumant male Bakerwal was reported as saying that "it is something we never speak about, not even with our wives" (Mugloo and Rafiq, 2022).
The following are the various myths and taboos attached to menstruation among the Gujjar and Bakerwal women:

- Purchasing sanitary pads from shops owned or operated by men is considered socially inappropriate or taboo.
- Menstruating individuals are often prohibited from entering religious spaces, reading sacred texts, offering prayers, or observing fasts (e.g., Roza).
- Regular bathing is discouraged during menstruation due to traditional beliefs.
- There exists a belief that looking into a mirror during menstruation can cause severe skin ailments.
- Visiting others' homes while menstruating is often avoided due to the notions of impurity.
- Contact with flowing water bodies (such as rivers or streams) is restricted during menstruation.

- Untying braided hair is discouraged during menstruation, stemming from cultural myths.

Impact of Menstrual Taboos on Health and Hygiene

The persistence of such menstrual taboos has serious implications for the physical, mental, and reproductive health of women, particularly in marginalized and tribal communities. Cultural restrictions—such as avoiding regular bathing, contact with water, or use of mirrors—contribute to poor menstrual hygiene practices, increasing the risk of urinary and reproductive tract infections. Myths discouraging hair grooming or basic hygiene further intensify these risks. The stigmatization of menstruation also prevents many women from seeking medical advice or using sanitary products, especially when purchasing from male vendors is deemed shameful. This reluctance limits access to safe menstrual materials, pushing many to rely on unhygienic alternatives such as old rags or soiled cloths. Additionally, social isolation and restrictions on movement during menstruation can lead to psychological stress and reinforce gender-based discrimination.

For healthcare providers and policy planners, it is essential to address these culturally rooted taboos through community-centered awareness programs, gender-sensitive education, and accessible menstrual hygiene services. Only by challenging these deep-seated norms can sustainable improvements in menstrual health be achieved.

Critical Analysis

As discussed above, most menstrual stigma is due to a lack of awareness among adolescent girls and women. A globally significant number of women do not have prior knowledge about menstruation. In the Indian case, more than 71% of girls do not know about menstruation before their first period, and only 18 percent of girls use napkins during menstruation (2018). In rural areas, the record is abysmal. It is around 83.9% of girls who have no prior knowledge about menstruation (Mahishale and Khan, 2024).

Among the Gujjar and Bakerwal women, the lack of awareness and unhygienic practices are very high. There are several reasons behind their nomadic way of life, including economic issues, illiteracy, patriarchy, and outdated traditions. However, the government of India has taken several initiatives in this regard. The critical analysis of the few schemes germane to the transhumant Gujjar and Bakerwal women is as follows:

The Government of India has initiated healthcare schemes such as the Menstrual Hygiene Scheme (MHS), launched by the Ministry of Health and Family Welfare, to provide rural adolescent girls with easy and affordable access to napkins and to generate awareness about menstruation and reproductive healthcare. However, this scheme has been running in Jammu and Kashmir since 2016; its reach and success rate are still debatable within the community, given the socio-cultural taboos attached to menstruation and reproductive health. These communities are traditionally conservative; therefore, they are not open to discussing them at both the public and private levels. During these awareness campaigns, it was reported that girls were reluctant and refused to take napkin pads with them, and during conversations, girls preferred not to talk about it (Chaudhary, 2022).

Another aspect to look critically at these schemes is that they do not have innovative methods to deal with the nomadic lifestyle of the communities. Only awareness is not enough; what matters after that is the affordability of napkins. Even though sanitary products are available—and may appear affordable to outsiders—they remain prohibitively expensive

for many tribal families, particularly for the transhumant women. One transhumant woman was reported to say that, "My husband cannot afford sanitary pads for me every month. They are expensive and not available in our village market" (Wani, 2023). Although sanitary napkins are available at the Primary Health Center (PHC) and are cheaper, they are not available much. Public health centers (PHCs) provide just one packet that is 10-12 pads for a whole year (Wani, 2023).

The transhumant lifestyle, which is nomadic, makes it difficult for healthcare staff to reach them. Given the limited reach, various government health care schemes did not reach remote areas, and thus a huge chunk of tribal people, especially women, remain unaware of the schemes and do not receive the benefits of government-sponsored schemes. The conservative nature of the tribal communities of Gujjar and Bakerwal makes state intervention superficial. The socio-cultural influence creates a trust deficit within the community about modern health care (Thakur et al., 2025). These trust deficits hamper any government initiatives to work with tribal women in general and transhumant women in particular. Instead, this community relies on *peers* (spiritual persons) for health-related issues. For example, during menstruation, if a girl has acute pain and other issues, she is not taken to the doctor but to a peer because it is believed that she might have a bad spirit.

Strategies to Improve Menstrual Health and Hygiene

There are already various initiatives taken, and a few are in process, but there are still certain areas where state and central governments, along with NGOs, can make inroads to address the multifaceted challenges the Gujjar and Bakerwal community is confronted with. Therefore, this study prescribes the subsequent suggestions. A foundational strategy for addressing menstrual health challenges is to raise awareness among adolescent girls about menstruation and hygiene practices. Many young girls grow up with little to no knowledge of menstruation, as mothers and elder women in their families often avoid discussing the subject due to social taboos. In many cases, adult women themselves lack accurate biological knowledge or hygienic practices and instead perpetuate traditional myths and restrictions. To counter this, community-based health education campaigns can play a vital role. These initiatives should aim to create safe spaces for dialogue and education around menstruation, targeting both girls and women. Moreover, training schoolteachers to understand and communicate the biological and hygienic aspects of menstruation is crucial, as schools serve as a key platform for early intervention and awareness-building.

Additionally, empowering women through education and enhancing their participation in household and community-level decision-making processes is essential. Women's exclusion from decision-making often stems from low literacy levels, which in turn affect their health-seeking behaviour and reinforce cultural taboos. Educating women not only improves individual health outcomes but also fosters broader community well-being, particularly in overcoming the entrenched menstrual stigma. From a policy perspective, the provision of affordable sanitary napkins and access to clean sanitation and washing facilities must be prioritized, especially in under-resourced settings. The production and distribution of low-cost sanitary pads, particularly through community-based self-help groups in rural and urban slum areas, can improve accessibility while generating local employment.

Incorporating a gender-sensitive approach to menstrual health that recognizes the intersecting barriers of caste, class, and geography is critical for achieving sustainable and equitable outcomes. One effective intervention to address menstrual health challenges in

remote tribal areas is the deployment of mobile health clinics under the National Health Mission (NHM**)**. These clinics can be specifically equipped with menstrual health supplies, tribal health educators, and counsellors. The focus of these mobile units would be to serve seasonal migration routes and dhows, which are high-altitude tribal settlements that are difficult to reach via traditional healthcare infrastructure. These clinics can bridge the accessibility gap by providing essential health services and supplies to areas where commercial sanitary products are often unaffordable and difficult to obtain.

Another crucial intervention is to empower Self-Help Groups (SHGs) within tribal regions to produce and distribute biodegradable, reusable sanitary pads. This initiative can be modelled after successful examples such as the '*Sakhi'* or '*Suvidha'* models, which provide low-cost sanitary products tailored to local needs. By funding these SHGs, communities can produce affordable menstrual products that are not only accessible but also sustainable, as they use eco-friendly materials. This approach addresses both the problem of unaffordable commercial pads and the lack of local availability.

In addition to providing sanitary products, it is essential to focus on education and awareness. One way to do this is by training local tribal women as "Menstrual Health Champions" within the Accredited Social Health Activist (ASHA) or Self-Help Groups (SHG) frameworks. These women would be responsible for raising awareness within their communities about menstrual hygiene, addressing the myths surrounding menstruation, and promoting good hygiene practices. By being part of these well-established health networks, the Menstrual Health Champions can effectively disseminate knowledge about menstrual health, demonstrating the correct way to wash and dry menstrual cloths and educating their peers on the importance of proper hygiene to prevent infections. Having women from the community lead these efforts is key to overcoming stigma and increasing the acceptance of menstrual health education.

CONCLUSION

In conclusion, addressing menstrual health issues among the transhumant Gujjar and Bakerwal women of Jammu and Kashmir requires a multifaceted approach that includes breaking cultural taboos, enhancing awareness, and improving access to hygienic menstrual products. The stigma surrounding menstruation in these communities, compounded by limited education, economic constraints, and geographical isolation, intensifies and intensifies the challenges faced by women in managing their menstrual health. Despite government initiatives such as the Menstrual Hygiene Scheme, the reach and effectiveness of these programs have been limited, particularly due to the nomadic lifestyle of the transhumant communities and their deep-rooted cultural conservatism. To improve menstrual health and hygiene, it is essential to raise awareness among adolescent girls and women, empower them through education, and provide affordable and accessible sanitary products. Mobile Health Clinics under the National Health Mission, along with the support of Self-Help Groups to produce eco-friendly, reusable sanitary pads, can significantly enhance accessibility to menstrual supplies in remote areas. Additionally, training local women as menstrual health champions within community health structures can help overcome cultural barriers and facilitate the dissemination of accurate information about menstrual hygiene. Only through a comprehensive, culturally sensitive approach can the stigma surrounding menstruation be dismantled, improving the overall health and well-being of Gujjar and Bakerwal women.

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Acknowledgment

We thank the Indian Council of Social Science Research (ICSSR), New Delhi, for encouraging the study on issues concerning the Tribal population.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Jan, A., Manzoor, S. & Rashid, J. (2025). Menstruation and Marginality: Challenges Faced by Transhumant Gujjar and Bakerwal Women in Kashmir. *International Journal of Indian Psychology*, *13*(3)*,* 4505-4513. DIP:18.01.413.20251303, DOI:10.25215/1303.413