

## Menstrual mindsets and rituals: Impact on adolescent health and well-being

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### Abstract

Menstruation is an incident which most women of reproductive age experience. It is a biological event with cultural and social dimensions. This event immensely influences the physical, cultural, economic and psychological wellbeing of adolescent girls. Present study was conducted in urban informal settlement (slum area) on 60 adolescent girls, attending school aged 12-16 years. The results suggested that lack of access to safe, convenient and culturally-appropriate methods of dealing with menstruation lead to discomfort and hygiene risks. It also restricts girl's participation in education, social and cultural activities. Negative attitudes surrounding menstruation have been observed all over the world but are expressed in a more stern manner in urban slum settlements particularly due to acute poverty, overcrowding, lack of privacy, lack of access to clean water and sanitation facilities. Taboos and myths surrounding menstruation increases anxiety and discomfort during menstruation and make it harder for girls to access information and support. Menstruation is an event which is concealed verbally as well as physically. A negative perception about girls' capacity to study and interact socially during menstruation also inflates anxiety and discomfort. Interventions are needed to increase girls' opportunities to discuss menstruation and access information from adults, guardians and teachers.

**Keywords:** menstruation cycle, myths, taboos, menarche, informal urban settlement

### 1. Introduction

Menstruation is an event which most women of reproductive age experience. It is a biological event with various complex dimensions. This event immensely influences the physical, cultural, economic and psychological wellbeing of women. Menstrual cycle from social, cultural and medical perspectives is often considered a central event of female's reproductive span; it signals the possibility and capacity to reproduce.

In medical terms menstruation is a woman's monthly bleeding process. During this period woman's body sheds the thickened uterine lining of the uterus (womb) and menstrual blood flows from the uterus through the small opening in the cervix and passes out of the body through the vagina. Most women experience menstrual periods from 3 to 5 days. When menstruations occur regularly, it is called the menstrual cycle. Having regular menstrual cycles indicates that a woman is healthy and capable of reproduction.

### 2. Myths and Taboos Related With Menstruation

Despite being a biological phenomenon unique and significant to women, this has always been surrounded by secrecy and myths in many societies. Different societies have viewed and valued this process in the light of their religious values and social practices. Myths and Taboos surrounding menstruation are very common and almost universal. Since ages myths and Taboos have eliminated women from many aspects of social and cultural life. According to Patil *et al.* (2011) [6], in India mere mention of this topic has been considered a taboo in the past and even today. The cultural and social values appear to be an obstacle for advancement of knowledge on this subject. Generally women are discouraged to discuss this topic openly and they are socialized to hide it from male members of the

family. In many parts of India, menstruation is still considered to be dirty and impure. Chawla (2014) stated that the origin of this myth dates back to the Vedic times and is often been linked to Indra's killing of Vritras. It has been declared in the Veda that guilt, of killing a Brahmin, appears every month as menstrual flow as women had taken upon themselves a part of Indra's guilt.

A study conducted by SOS Childrens' Village in (2014) [10] stated that Hinduism is based on the notions of purity and pollution. All kind of bodily excretions are believed to be polluting, as are the bodies producing them. All women, regardless of their social background, acquire pollution through the processes of menstruation and childbirth. It is also promoted by various rituals that women are capable of contaminating others during this period. Water is considered to be the most common medium of purification. The protection of water sources from such pollution, which is the physical manifestation of Hindu deities, is, therefore, a key concern. This can be the possible reason why menstruating women were not allowed to take a bath especially for first few days of their menstrual period. It is a traditional belief that if a woman touches a cow during menstruation, the cow will become infertile. This promotes a myth among women that their bodies are cursed and impure.

Many women are subject to restrictions in their daily lives simply because they are menstruating. Puri and Kapoor (2006) [7] found that not entering the "puja" room is the major restriction among urban girls whereas, not entering the kitchen is the main restriction among the rural girls during menstruation. They further stated that menstruating girls and women are also restricted from offering prayers and touching holy books. The underlying basis for this myth is a cultural

belief of impurity associated with menstruation. It is further believed that menstruating women are unhygienic and unclean and hence the food they prepare or handle can get contaminated. According to a study by Kumar and Srivastava in (2011) [5], participating women also reported that during menstruation the body emits some specific smell or ray, which turns preserved food bad. Therefore, they are not allowed to touch sour foods like pickles. But no scientific test has shown menstruation as the reason for spoilage of any food. However, scientifically it is known that the actual cause of menstruation is ovulation followed by missed chance of pregnancy that results in bleeding from the endometrial vessels and is followed by preparation of the next cycle. Therefore, there seems no reason for this notion to persist that menstruating women are impure and can pollute others.

Taboos on menstruation are often inflated by their illogical associations with evil spirits, shame and embarrassment. Patil *et al.* (2011) [6] found that in some cultures, women bury their cloths used during menstruation to prevent them being used by evil spirits. In some parts of India, some strict dietary restrictions are also followed during menstruation such as sour food like curd, tamarind, and pickles are usually avoided by menstruating girls. It is believed that such foods will disturb or stop the menstrual flow, Sadiq and Salih (2013) [8].

Menstruation is thus considered to be concealed and a matter of embarrassment in our culture (Garg and Anand 2015) [9]. It was therefore decided to conduct a study to explore the level of knowledge, emotional state myths and practices regarding menstrual hygiene among the adolescent girls of a slum settlement in Chandigarh.

### 3. Objectives

- To examine the level of knowledge related with mensuration among adolescent girls in informal urban settlement (slum area).
- To analyze the emotional state related with menstruation among respondents.
- To examine the infrastructural deficiencies and problems related with menstruation
- To examine the myths and taboos followed by the respondents during menstruation.
- To understand the respondents unmet needs on this issue.

### 4. Hypotheses

- Adolescent girls in urban informal settlements have adequate knowledge on menstruation process.
- Menstruation generates negative emotional state among adolescent girls.
- Infrastructural deficiencies and problems related with menstruation restricts the participation of adolescent girls in educational, social and cultural activities
- Myths and taboos associate with mensuration are still prevalent in urban informal settlements.

### 5. Sample

The sample of the study consisted of 60 adolescent girls, attending school, aged 12-16 years, and living in informal urban settlement of Chandigarh. Random sampling was followed to select the entire sample.

### 6. Method

Willingness to participate in the study was obtained by written consent from the government school in which participants were studying after explaining the objectives of the study. A pre-designed, pre-tested semi-structured questionnaire was used. Care was taken to ensure privacy and confidentiality. The participants were made comfortable by maintaining anonymity in the questionnaire administered to them. The pre-tested questionnaire was administered under supervision of the investigator to prevent the participants from sharing responses. The semi-structured questionnaire included topics relating to knowledge regarding menstruation, source of information regarding this process, hygiene practiced during menstruation and myths or taboos related with menstruation. Following data collection, queries from the participants relating to menstrual and reproductive health were clarified by the investigator. Data obtained was analyzed using the SPSS and findings were reported in the form of descriptive statistics.

### 7. Results and Discussion

#### 7.1. Demographic and socio-economic profile of the respondents

For comprehensive understanding of the problem under study demographic and socio-economic profile of the respondents was examined as literature review has suggested that menstruation is a complex process influenced by diverse variables like social, economic, psychological, demographic etc.

A total of 60 adolescent girls from urban informal (slum) settlement, studying in 8<sup>th</sup> to 12<sup>th</sup> standards participated in the study. The overall mean age of the participants was 13.56 years with a range of 12-16 years. The mean age at menarche was 12.31 years. The family structure showed 66.6 % (n= 40) girls living in nuclear household and 33.3 % (n= 20) staying in joint household. A majority of the respondents families 85% (n=51) were residing in one room houses with toilets away from rooms on sharing basis. Hindu religion was the major religion (80%) practiced by the respondents followed by other religions.

Mothers of most of the respondents 65 % (n=39) were unskilled workers engaged in menial kind of jobs followed by housewives. Majority of the respondents' fathers were also engaged in semiskilled or unskilled kind of jobs with monthly family income ranging between Rs. 5000 to Rs.15000. Majority of the respondents parents were either illiterate or studied up to matriculation level only.

#### 7.2. Level of Knowledge Related With Mensuration

The first objective of the study was to examine the level of knowledge related with mensuration among adolescent girls in urban informal settlement (slum area). The hypothesis stated that adolescent girls in urban informal settlements have adequate knowledge on menstruation process. To test this hypothesis respondent were asked specific questions related with menstruation process. Table 1 shows that 95 % (n=57) of the respondents knew that menstruation was a physiological process. A larger majority of the respondents around 82 % were aware about the normal duration of menstrual cycle i.e. 3-7 days. Regarding the knowledge on the normal interval between menstrual cycles, 58% respondents knew that the

normal range was between 25-32 days. It was striking to note that only 48 % girls stated that they knew about the source of menstrual bleeding while the rest did not know. Therefore the findings are supporting the hypothesis; majority of the

respondents had adequate level of knowledge on this topic as all the respondents were literate attending school and living in urban area where knowledge dissemination is very fast and accurate.

**Table 1:** Level of knowledge related with mensuration among respondents.

Level of Knowledge Related With Mensuration	Responses (Multiple choices were given)
Menstruation is a physiological process	95 %
Duration of menstrual cycle varies between 3-7 days	82%
Source of menstrual bleeding	48 %
Normal interval between menstrual cycles ranges between 25-32 days	58%

**7.3. Emotional State Related With Menstruation**

The second objective of the study was to analyze the emotional state related with menstruation among respondents. The hypothesis stated that menstruation generates negative emotional feelings among adolescent girls. When the respondents were asked about the emotional state they relate with menstruation, they showed varied reactions. The principal emotions experienced by them during menstruation included fear reported by 53 % followed by a feeling of embarrassment by 82 %, anxiety in 57 % and depression in

32% (multiple options were given). There wasn't any positive response from the respondents regarding menstruation. Respondents reported that they experience negative emotions because menstruation leads to discomfort and embarrassment. Moreover lack of convenient services like clean toilets, sanitary pads and their disposal, inflates negativity and anxiety in them. Along with this they feel suffocated because they are supposed to hide this process; they can't discuss their situation openly. It also restricts them from social and cultural activities.

**Table 2:** Emotions experienced by the respondents during menstruation.

Emotions experienced by the respondents during menstruation	Responses (Multiple choices were given)
Fear	53 %
Embarrassment	82 %
Anxiety	57 %
Depression	32%

Further analysis revealed that only 48 % participants had awareness about menstruation prior to menarche. Fear, panic embarrassment and anxiety were the common reactions they observed on its onset. In depth analysis revealed that girls with no previous knowledge about menstruation felt more negative emotions at menarche. These negative feelings associated with menstruation could be because of participant's ignorance and not being psychologically prepared for attaining menarche which is an important milestone in their life. This could also be a reflection of the cultural values and taboos in the society regarding menstruation.

**7.4. Sources of Information on Menstruation**

Majority of the participants (80 %) reported that they were comfortable to discuss menstrual issues with mother followed by friends 38 %, sisters 31 % and with teachers only 4.5%. The important finding reported in the present study is that teachers were not considered a good source of information nor were they preferred to provide education regarding these matters. During the informal interaction session, the participants revealed that they did not feel comfortable discussing the subject of reproductive health with their teachers. And it was also observed that when the teachers were approached, they expressed being embarrassed and hesitant in discussing these issues with their students. This is a matter of concern as teachers could be important source of information on reproductive health to students. Majority of the respondents expressed the need for information regarding

menstrual hygiene.

**7.5. Infrastructural deficiencies and problems related with Menstruation**

Present study was under taken in informal urban settlement popularly known as slum area. Generally a slum is a heavily populated urban area characterized by substandard housing, resided by people belonging to lower class, engaged in menial jobs. Such areas lack basic services like sanitation, clean water, reliable electricity, law enforcement etc. Thus, keeping in mind the peculiarities of the area under study, it was decided to analyze the infrastructural problems felt by the respondents during menstruation.

**Table 3:** Deficiencies and Problems felt during menstruation by the respondents.

Problems felt during menstruation	Responses (Multiple choices were given)
Overcrowded housing	85%
lack of water	55%
Toilets away from houses	80 %
Lack of waste disposal facilities	75%
High cost of pads	55%

Third objective of the study was to examine the infrastructural deficiencies and problems related with menstruation among respondent. The hypothesis stated that such deficiencies and problems restrict the participation of respondents in

educational, social and cultural activities. To test this hypothesis infrastructure related questions were asked to the respondents.

Table 3 depicts that overcrowded housing and toilets away from house used on sharing basis by three to four families were stated as the main problems faced by the respondents, 85% and 80% respectively. Lack of water was reported by 55% respondents. They cited these conditions as main reasons for not changing pads frequently; as a result they suffer from foul smell, infection and skin irritation during menstruation. Even in schools they can't change pads due to lack of water, unhygienic conditions of toilet. Inadequate washing facilities may increase susceptibility to infection, with the odor of menstrual blood putting girls at risk of being stigmatized.

High cost of pads was stated as another problem by 55% respondents. Almost all the participants see sanitary pads as their preferred method for managing menstrual flow, but two third of the participants said they have problems accessing sanitary pads. Respondents reported that they generally use old cloth, rags, cotton wool or improvised materials such as pieces of mattress or tissue as absorbents. Some respondents reported that they can't use sanitary pads as they are high in cost and difficult to dispose, due to lack of disposal facility. Many respondents used a combination of pads and cloths, saving pads for their heaviest days. Some change pads infrequently to save money. Some respondents reported that old cloth and rags are reused after wash and dried inside their homes. It was observed that respondents dried washed menstrual cloth inside the house because menstruation is considered impure, dirty and meant to be hidden; this reflects

the myths and taboos are still followed by the people in such communities. Another interesting revelation was made by a respondent that her mother does not allow her to use sanitary pad because menstrual blood if thrown out can be misused for magical procedures.

Further respondents were asked whether these problems restrict their participation in educational, social and cultural activities. Surprisingly 92 % respondents stated that these problems arrest their activities during menstruation. Like they cannot visit religious places and can't participate in social ceremonies. This behaviour depicts the underlying myth of impurity associated with menstruation. These problems also restrict their educational activities as they are constantly fearful of staining their clothes or have body odor for which they are sometimes mocked and stigmatized. The results are in accordance with the third hypothesis of the present study.

**7.6. Myths and taboos related with Mensuration**

Biologically, menstruating is a very good sign indicating the fact that a woman has a healthy reproductive cycle. But in many communities menstruation is perceived quite differently and there are diverse myths and taboos associated with it. Menstruation taboos are more or less universal and found in all human societies. In some societies menstruation is perceived as ritually unclean or embarrassing. Keeping these dimensions in mind fourth objective of the study was framed. The hypothesis stated that myths and taboos associate with mensuration are still prevalent in urban informal settlements. Under the light of this hypothesis myths and taboos followed by the respondents during mensuration were examined.

**Table 4:** Myths and taboos related with mensuration reported by the respondents.

<b>Myths and taboos related with Mensuration</b>	<b>Responses (Multiple choices)</b>
Menstruation cleans the body of dirty blood	76%
Women are dirty and impure during menstruation	55%
Bathing or washing your hair during menstruation will increase blood flow	67%
Eating sour foods will worsen menstrual cramps	48%
Pickle will get contaminated if you touch it during menstruation	35%
Menstruating women can pollute food	22%
Visiting holy places during menstrual cycle may annoy the Gods	86%
If there is break in menstrual cycle you are definitely pregnant	27%

Table 4 highlights various myths and taboos related with menstruation still prevalent in or society. A majority of the respondents 86% believed that visiting holy places during menstrual cycle may annoy the Gods. This is a common belief found in Hindu religion which has a strong notion of purity and pollution. In depth analysis revealed that majority of the respondents in the present study are the followers of this faith and usually religious values are not challenged by the people. This might be the reason for the strong prevalence of this taboo among the respondents of this study. Further it was found that a good proportion of the respondents believed that menstrual flow consist dirty blood and bathing or washing hair during menstruation will increase blood flow 76% and 67 % respectively. However surprisingly very few respondents agreed that menstruating women can pollute food or pickle and break in menstrual cycle definitely means pregnancy. These findings support the fact that respondents despite living in a slum area have acquired some knowledge on this issue.

But still prevalence of myths and taboos cannot be denied. Thus findings partially support the hypotheses. Activities related to dissemination of health education are being carried out by health personnel in schools to increase awareness regarding menstruation and hygiene but respondents reported that this facility is not sufficient and regular.

**8. Conclusion**

Based on the findings of the study it is important to follow a strategic approach for combating the myths and social taboos associated with menstruation in order to improve the reproductive health of adolescent girls and women.

The first and foremost approach in this regard is increasing the awareness among the adolescent girls related to menstrual health and hygiene. Young girls often grow up with limited knowledge of menstruation because their mothers and other people shy away from discussing such issues with them. Adult women may themselves not be aware of the biological facts or

good hygienic practices, instead passing on cultural taboos and restrictions to be observed. Community based health education campaigns could prove worthwhile in achieving this task. There is also need to spread awareness among the school teachers regarding menstruation.

Empowerment of women through education and increasing their role in decision-making can also aid in this regard. Women and girls are often excluded from decision-making due to their lower literacy levels *per se*. Increasing the education status of women plays an important role in improving the health status of the community at large and overcoming the cultural taboos, in particular. Provision of sanitary napkins and adequate facilities for sanitation and washing should be made available with the gender perspective.

Low cost sanitary napkins can be locally made and distributed particularly in slum areas as these are the areas where access to the product is difficult. Increasing the role of the male partner and clearing the beliefs system is also pertinent in combating deep rooted social beliefs and cultural taboos (Kumar and Srivastava 2011)<sup>[5]</sup>. Men and boys typically know even less, but it is important for them to understand menstruation so they can support their wives, daughters, mothers, students, employees, and peers (Kirk and Sommer, 2014).

Sensitization of health workers is necessary so that they can further disseminate this knowledge in the community and mobilize social support against busting menstruation related myths. Adolescent Friendly Health Services Clinics must also have trained manpower to address these issues (Sadiq and Salih 2013)<sup>[8]</sup>.

Thus, it is clear that multi-sectorial approaches are needed. We need to link physical infrastructure and water and sanitation projects to health education and reproductive health programs and address the issue in more holistic ways (Kaur *et al.* 2006). Menstruation is nothing but a very normal biological phenomenon, and adolescent girls and women should understand that they have the power of procreation only because of this virtue.

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