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# Cultural and Social Practices Regarding Menstruation among Adolescent Girls

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*The study attempts to find out the existing social and cultural practices regarding menstruation, awareness levels, and the behavioral changes that come about in adolescent girls during menstruation, their perception about menarche, how do they treat it, and the various taboos, norms, and cultural practices associated with menarche. The study was conducted on 117 adolescent girls (age 11–20 years) and 41 mothers from various communities and classes in Ranchi comprising residential colonies and urban slums. The findings unfolds many practices: cultural and social restrictions associated with menstruation, myth, and misconception; the adaptability of the adolescent girls toward it; their reaction, reaction of the family; realization of the importance of menstruation; and the changes that have come in their life after menarche and their resistance to such changes. The article also suggests the strategies to improve menstrual health and hygiene among adolescent girls. The study concludes that cultural and social practices regarding menstruation depend on girls' education, attitude, family environment, culture, and belief.*

*KEYWORDS* *Adolescent, health, menarche, menstruation, myth, social & cultural practices, taboo*

## INTRODUCTION

One of the major challenges before every adolescent girl is to handle menstruation (Thérèse & Maria, 2010), which is a normal body function in fe-

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males. Menstruation is an important reproductive health function, yet it has been dealt with secrecy in India (United Nations Children's Fund, 2008). A number of taboos and social and cultural restrictions still exists concerning menstruation (Dhingra, Kumar, & Kour, 2009; Paul, 2007; Singh, 2006; Thérèse & Maria, 2010), which intimidates the girls and make their life difficult. Therefore, menstruation is generally unwelcomed by the adolescent girls.

Menstruation integrates countless myths and mysteries. The most common social and cultural practices and restrictions concerning menstruation among the young girls and women are not entering the *puja* room (Chawla, 1992; Ferro-Luzzi, 1980; Phipps, 1980; Sharma, Vaid, & Manhas, 2006), not entering into the kitchen, not looking into the mirror, and not attending the guests during menstruation (Audinarayana, Sakilarani, & Jyothimani, 2005; Dasgupta & Sarkar, 2008; Deo & Ghattargi, 2005; Puri & Kapoor, 2006; Sharma, Vaid, & Manhas, 2006). 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 (Puri & Kapoor, 2006). In rural areas, adolescent girls consider menstruation as a sin or curse from God (Dasgupta & Sarkar, 2008; Sharma et al., 2006). Studies also show that the awareness regarding menstruation prior to its onset is poor among adolescent girls (Ahuja & Tewari, 1995; Chowdhary, 1998; Khanna, Goyal, & Bhawsar, 2005; Sharma et al., 2006; Singh, 2006). 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 (Audinarayana et al., 2005; Kumari, 1990; Paul, 2007; Puri & Kapoor, 2006; Singh, 2006; Talwar, 1997). Menstruating girls and women are restricted from offering prayers and touching holy books (Ten, 2007).

The studies show that number of myths and taboos prevail in Indian society regarding menstruation, which has negative implication for adolescents' health particularly their menstrual hygiene. The current study was undertaken in this context to unearth the myths, taboos, and social and cultural practices related to menstruation in urban residential areas and slum areas of Ranchi.

## METHOD

The community-based cross-sectional study was conducted on 117 adolescent girls between ages 11 and 20 years and 41 mothers from various communities and classes in Ranchi comprising residential colonies and urban slums. The girls and mothers were informed about the purpose of the study, and rapport was built up and verbal consent was obtained from them. A pretested, precoded questionnaire, interview schedule, and focus group discussion (FGD) was used, which contained closed and open-ended

questions on social and cultural practices associated with menstruations, taboos, awareness about menstruation, psychological reaction to menarche (first menstruation), and sources of information of menses and hygiene practices during menstruation. At the end of the study, after collection of the questionnaire from the students, all their queries were answered satisfactorily by the researcher. The qualitative and quantitative data were collected and analyzed statistically by simple proportions.

## FINDINGS AND ANALYSIS

The findings show that religion (Dhingra et al., 2009; Guterman, Mehta, & Gibbs, 2008), socioeconomic status (Dasgupta & Sarkar, 2008), education, and family background of the family have a significant impact on the menstrual practices of the adolescent girls. The economic status of the family has direct influence on menstrual practices. The girls from rich families reported that they use sanitary napkins whereas the girls from urban slum do not use sanitary napkins because of monetary problems. They also reported having less access to private bathrooms.

The girls who are better educated are more conscious of their menstrual hygiene. The education of parents especially mothers matters a lot. The findings show (see Table 1) that in urban residential areas, the mother is a major source of information about menstruation (Thérèse & Maria, 2010). Educated mothers are not hesitant to talk about menstruation with their daughters and do not impose any social restrictions. Nevertheless, there were

**TABLE 1** Reaction Toward Menarche and Menstruation

| Knowledge of menarche prior to attaining it | Residential areas (%) | Slum areas (%) |
|---|---|---|
| Had an idea | 41.2 | 45.5 |
| No idea | 58.8 | 54.5 |
| Sources of information about menstruation | | |
| Mother | 80.4 | 30.3 |
| Friends/relatives | 19.6 | 69.7 |
| TV | 0 | 0 |
| Immediate reaction at menarche | | |
| Frightened and cried | 29.4 | 54.5 |
| Anxiety | 5.9 | 0 |
| Stress | 21.6 | 1.5 |
| Anger | 0 | 1.5 |
| Feeling normal | 35.3 | 33.3 |
| Cried | 1.9 | 3.1 |
| Confused | 5.9 | 6.1 |
| Embarrassment faced due to menstruation | | |
| Faced | 17.6 | 54.5 |
| Never faced | 82.4 | 45.5 |

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girls in residential areas going to good schools and even more educated than the girls from slum areas, yet they felt shy to talk about menstruation. Many mothers also reported that they were restricted a lot during menstruation earlier, but today they feel that girls should not be curbed by traditional practices during menstruation because now girls are working, studying, and are also bread-earners in some families. These restrictions will just be hurdles in the way of progressing girls.

In the slum areas, friends are the major source of information. Girls in the slum areas spend more time with their friends and feel free to talk about menstruation. The study also shows that some adolescent girls from slum areas who never went to school were open to talk about menstruation.

Of the participants, 47% of girls reported attaining menarche between ages 11 and 12 years, 45% reported between 13 and 14 years, and 66.7% reported 15 to 16 years. Most of the girls in the slum areas reported establishing menstruation between age 11 and 12 years, but in the urban residential areas, most of the girls attained menstruation between ages 13 and 14 years. Of the participants, 58.8% of the adolescent girls in urban residential areas and 54.5% of the girls in the slum areas were unaware of the phenomena of menstruation and its mechanics before its onset. Even the girls who had some idea were poorly informed.

The girls from residential areas, termed menstruation as "periods" whereas in the slum areas, it is termed as M.C. or "menses." Muslim girls call it "*Masik* or *Mahina* (Hindi word for a month)." It was also interesting to know that girls in one slum area refer to menstruation as "dating" or "*kapda* (cloth)". These code words actually helped them to talk about menstruation even in others' presence because these terminologies are difficult to understand by the male members of the family.

In FGD, it emerged that the adolescent girls in the slum areas are curious to know about menstruation, but they get sparse information, which makes it a disgusting experience. The girls, who had no idea of menstruation before attaining it, were frightened and cried during menarche, and a good number of them faced embarrassment in schools and colleges.

Girls who studied about menstruation in their biology course accepted menstruation as normal body function. Of the participants, 66.7% of girls reported that they consider menstruation as normal body function, 32.5% of them reported feeling disgusting, and 0.85% of them considered it unholy. Today very few girls relate menstruation with being holy or unholy. However, most girls reported that they abstain from going to holy places or touching things related to "*puja* (worship)."

Few mothers reported slight changes in social behavior of their daughters, but the majority of them reported that their daughters remain normal during menstruation. Of the participants, 82.4% of the girls from the urban residential area reported that their family members remain very positive toward them during menstruation. It helps these girls in adjusting with menses,

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and there are fewer changes observed in their social as well as psychological behavior whereas only 34.8% of girls in the slum areas reported that their family remains positive toward them during menstruation. In slum areas, mothers remained concerned and were tense about managing menstruation. Three girls from the slum areas reported that their mother scolded them during menarche.

In slum areas, about 17% of the girls preferred to stay alone during their menses. However, in urban residential areas, 5% girls reported that they avoid parties and social gathering during menstruation, although they could not substantiate their answer with proper reason.

The majority of the girls in urban residential areas reported using sanitary napkins (Baridalyne & Reddaiah, 2004) whereas most of the girls in the slum areas reported using cloth. Majority of mothers in slum areas feel that sanitary napkin can cause infections. Girls from slum areas (among Sarna[1]) believed that if a cow consumes the menstrual cloth or the sanitary napkin, the girl who used it can never become pregnant.

Of the participants, 96.07% of girls in urban residential areas reported that they do not face any kind of social restriction during menstruation from parents whereas 45.5% of the girls in the slum reported that they face social restriction. The most common restriction among them is not going to the neighborhood and not to play or talk with boys because they may become pregnant. Girls in the residential areas enjoy freedom of mobility and lead a normal life during menstruation. They study in coed schools even talk with boys during menses whereas girls in the slum have restricted movement.

## Religious Practices

Hindu[2] girls reported restricting themselves from religious practices during menstruation whereas Muslim (follower of Islam) girls reported that they do not touch religious books or read "Namaz"[3] or even do not go to the "Mazaar (shrine)" (Engineer, 1987; Fischer, 1978). Even the Sarna tribe girls do not go to the "Sarnasthal (Worship place of Sarna people)" during menstruation however, Christian girls reported that they worship and attend church during menses and can even touch and read the holy Bible.

## Social and Cultural Practices

Adolescent girls and mothers reported various social, cultural practices and taboos associated with menstruation for which they were unable to give explanation. They just follow it because they have been asked to do so. Of the participants, 76.9% of the girls reported refraining themselves from religious practices, eating medicines, wearing new clothes (Puri & Kapoor, 2006), applying kajal (kohl), attending guests, cooking food (Joshi & Fawcett,

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2001), exercise, and other things. The most common restrictions reported were not indulging in the religious practices (among Hindu, Muslim, and Sarna girls), not going to places of worship, and not touching pickles during menstruation. Mothers also reported that during menstruation the body emits some specific smell or ray, which turns preserved food bad.

In Muslim families, girls cannot go to the market during menstruation, mothers do not allow them to go anywhere except schools. There is a very common misconception among the girls in the slum areas that taking a bath during menstruation increases the flow of menstrual blood. Taking bath is strictly restricted in Muslim families because of the popular belief that bathing during this period increases intricacies during pregnancy.

Majority of girls from residential areas reported that they dispose the sanitary napkins without washing it, by just wrapping in paper or polythene whereas 25.5% of them washed the sanitary napkins after using it and then disposed. Girls in the residential areas (21.5%) used an antigerm agent (Dettol) as they want to keep themselves safe against infections. However, using Dettol was not reported in slum areas. Of the participants, 16.7% of the girls in the slum areas disposed the sanitary napkin after washing. Many of them smeared mud in the sanitary napkin after using it and then disposed it so that no one can do "black magic" using it. It is believed among most of the girls in the slum areas (among Sarna) that if a sanitary napkin is burnt after disposing then the girl who used it can never become pregnant.

In the Lohra tribe[4] among the Scheduled Tribes,[5] it is an age-old belief that mothers do not communicate about menses to their daughters. In Kayastha[6] families, it is believed that touching homemade vinegar or *ghee* during menstruation turns it bad.

In Marwari[7] families, a menstruating girl does not attend guests or serve food because the girl is considered unholy or impure (Chawla, 1992). Even entering into kitchen and storeroom or sitting on the sofa or bed is prohibited. Menstruating girls do not touch new grocery items because those items are part of the kitchen, and new things are not touched during menses. Girls also reported tying a piece of black thread on their feet (just as an anklet) to reduce pain.

In Bhargav[8] Brahmins, girls having menstruation do not touch iron-made things like lock and keys, and so on. It is also believed that the girls should not touch the iron-made latch of door and window. In earlier times, girls during menarche used to eat in separate utensils. In Sarna[5] tribe and in many other tribal groups, girls do not participate in plantation work, touching or watering plants during menses. Oraon[4] tribe believes that when a girl attains menarche and if her mother tears a piece of cloth in three equal parts in one breath and give that piece of cloth to the girl to use it during menses, it reduces the abdominal pain. However, many girls reported that this particular practice did not reduce the pain.

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In Harijan (the lowest class under Hinduism) families, there is belief that if a pitcher is touched during menstruation, it will develop a hole in it. It is also believed that if a girl who has attained menarche mops the floor in circular motion, $2\frac{1}{2}$ times then it will reduce her abdominal pain. In Vaishya[9] family, when the girl attains menarche, she has to cut a piece of thread of her height, which her mother throws on the roof. It is believed that this reduces the duration of menstruation (from 5 days to 3 days), and the girl feels comfortable. In Muslim families, each time the girl goes to toilet during menstruation, she has to wash her hand with mud then only she becomes "*paak*" (pure). This is one of the mechanisms to gain holiness (Fischer, 1978; Whelan, 1975).

These are some of the practices that have made menstruation unwelcomed among the adolescent girls. Most of these taboos actually revolve around the question of a girl being pure or impure during menstruation. These taboos, which are still prevalent, are not only threats but are also serious considerations for the professionals in the health sector.

## SUGGESTIONS

The findings of the study show that girls have different understandings depending upon various social, cultural, and economic determinants. The findings show that a number of myths, taboo, and restrictions encircle menstruation. The girls from urban residential areas and slum areas reported having poor knowledge of physiological functions and reproductive health. It is very crucial and important to raise awareness among the adolescent girls related to menstrual health and hygiene. The study suggests the following to improve menstrual health and hygiene among adolescent girls.

1. Reproductive and menstrual health and hygiene should be included in school curriculum. Teachers hardly talk and guide the girls about menstrual health and hygiene. There should be orientation programs for teachers and school counselors.
2. There should be counseling services for adolescent girls at government health facilities and schools.
3. Local Health Committees should be involved in education and awareness program.
4. Awareness program using flip chart, posters, and other behavior change communication materials should be developed. A self-learning manual and handbook for adolescent girls may be developed explaining the menstrual health and hygiene. Specific handbook should be developed on menstruation and menstrual hygiene management clarifying myths, misconceptions and taboos.

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5. Health volunteers, Accredited Social Health Activists, and Anganwadi[10] workers should be oriented to disseminate knowledge about menstruation and promote menstrual health and hygiene among adolescent girls.
6. Low-cost sanitary napkins should be developed and promoted in slum and rural areas.
7. Youth club or Adolescent Information Resource Centre should be formed.
8. Awareness and programs on adolescent girls' diet and nutrition must be developed and promoted.

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## CONCLUSION

The findings of the study unfold many practices and social restrictions associated with menstruation, myths, and misconceptions, the adaptability of the adolescent girls toward it, their reaction, reaction of the family, realization of the importance of menstruation, and the changes that come in their life after menarche. The findings show that socioeconomic status of the family and education of parents and girls influences and affect the menstrual practice among adolescent girls. Nevertheless, in many communities and families, menstrual practices are guided by religion, caste, community, and age-old beliefs. The findings also show that girls have become sensitive and aware toward their health, which shows positive change in the outlook of girls regarding menstruation. A number of girls today treat menstruation as a very normal body function.

There are serious concerns about female adolescent health in India and the social and cultural practices are further augmenting the problem. Although many social and cultural practices are justified scientifically, there is need to challenge and discourage those practices that adversely affect the health of individual especially girls. Many age-old beliefs and practices are communicated from generations, but it is hardly realized that many of those have become irrelevant today. Instead of communicating about the correct hygienic practices related to menstruation to the adolescent girls, we are entangling them in myths and tradition. By following, such cultural practices blindly, we are deliberately making the adolescents stand on the crossroads. It is therefore important to reinforce safe menstrual hygienic practices among girls and pull them out of untrue perceptions, irrelevant practices, and traditions related to menstruation. Mothers should come out of their culture of silence, communicate, and build healthy relation with their daughters irrespective of their educational status. Menstruation just needs a proper understanding of hygiene and safe practices. Menstruation is nothing but a very normal biological phenomenon, and adolescent girls should understand that they have the power of procreation only because of this virtue. The adolescents should not be curbed by the taboos regarding menstruation, rather they should be prepared for their greater responsibilities. The study

concludes that cultural and social practices regarding menstruation depend on girls' education, attitude, family environment, culture, and belief. The study highlights and suggests the need for health and hygiene programs for adolescent girls.

## NOTES

1. *Sarna* (religion), the religious beliefs held by tribes in the state of Jharkhand, India, and other central Indian states.
2. Hindu—Hindus are follower of Hinduism (world's third largest religion), which is the predominant and indigenous religious tradition of South Asia, often referred to as *Sanātana Dharma* (a Sanskrit phrase meaning "the eternal law") by its adherents. Hinduism is formed of diverse traditions and has no single founder.
3. The *salat*, the five obligatory daily prayers by Muslims, is also known as the *namaz* in India.
4. One of the tribe in Jharkhand. The tribes of Jharkhand consist of 32 tribes inhabiting the Jharkhand state in India. The tribes in Jharkhand were originally classified on the basis of their cultural types by the world-renowned Indian anthropologist late Professor L. P. Vidyarthi. His classification was as follows: Hunter-gatherer type—Birhor, Korwa, Hill Kharia; Shifting agriculture—Sauria Paharia; Simple artisans—Mahli, Lohra, Karmali, Chik Baraik; Settled agriculturists—Santhal, Munda, Oraon, Ho, Bhumij, etc.
5. *Scheduled Tribes* is an umbrella term for a heterogeneous set of ethnic and tribal groups believed to be the aboriginal population of India. They constitute a substantial indigenous minority of the population of India.
6. *Kayastha* is a caste/ethnic-group of India. They are the only referred to as direct descendants of a Vedic God in the religious texts and the only ancestor worshipping sect of Hinduism also called Chitranshi/Devputra. They are mainly spread across North India and are a subsect of Brahmins whose ancient profession was writing.
7. *Marwaris* are subgroup of larger Indo-Aryan ethnic group, which inhabit the Rajasthan region of India. Now settled all over India.
8. Bhargava is a common surname in Northern India. It is also used as a first name in parts of southern India. Bhargavas are a community, who are decedents of Rishi Bhrigu (who contributed in Manu Samriti also) and Parshurama.
9. Vaishya Vaishya is 3rd position in one of the four varnas (social divisions) of Hinduism. According to Vedic tradition, this order primarily comprises merchants, cattle herders, and farmer artisans.
10. *Anganwadi* means "courtyard shelter" in Hindi. It is a government sponsored for children and lactating mothers. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition, and child care. She is in charge of an Anganwadi that covers a population of 1,000.

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