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## SOCIAL TABOO AND MENSTRUAL PRACTICES: A QUALITATIVE STUDY IN THE AREA RAJABAGICHA AND CHANDI CHHAK OF CUTTACK DISTRICT, ODISHA

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### Abstract

Menstruation being a normal biological process is still considered a subject of taboo or stigma. It is a normal discharge of blood from the uterine through the vagina of the woman. Discussion about "period" is always kept private and not considered a normal health issue. However, even in 2023, period word is still associated with stigma in society. The challenge to deal with these socio-cultural beliefs, attitudes, stigma and taboos related to Menstruation is difficult as it is integrated with the insufficiency of awareness and understanding related to Menstruation. Menstruation has influence on a female's emotional and mental state, education, way of living and especially their health. This study selects the site of study as Rajabagicha and chandi chhak of Cuttack district because there has not been any research regarding social taboo and menstrual practices. Qualitative methods are used to understand menstrual practices in the Cuttack district. For qualitative data, a semi structured interview schedule (open ended and close ended questions) was conducted with 15 girls enrolled in Shailabala women's college and 15 boys enrolled in Netaji Subhas Memorial city college of Cuttack district. This study aims to associate the feminist perspective that prevalent in patriarchal society which has been proved. The aim of the paper is to study about the belief system and taboos observed during menstruation, how men and women perceive these taboos, key barriers to changing these practices and hygiene practices among the women. The works of V. Manju Mary, D. Dipanjali, S. Amrita and G. Lopamudra have been deployed to study the research problem.

**Keywords:** Menstruation, Social Taboo, Qualitative Study, Stigma, Hygiene Practices

### INTRODUCTION

Menstruation is the process in which the uterus sheds blood and tissue through the vagina. This is a natural and healthy process for girls and women of reproductive age. In Western communities, this is often called "the period." It typically lasts 2 to 5 days, but this varies by individual. When a female begins to menstruate, this is called menarche. Menstruation is part of the menstrual cycle, a cycle of biological changes that take place in a woman or girl's body that prepare her for reproduction. These changes are triggered by hormones, which are natural chemicals in the body. This cycle begins when a girl reaches puberty and continues until she reaches the end of her fertility also known as menopause, at which time menstrual cycles end. The menstrual cycle is roughly 28 days long, but it can be shorter or longer.

Menstrual health and menstrual inequity have been neglected in social, economic, healthcare and political spheres. Menstrual inequity refers to the systematic disparities in accessing menstrual health and education, menstrual products and spaces for menstrual management, among other aspects. It has a negative impact on menstrual health of the women. Achieving good menstrual health is not just a matter of ensuring access to menstrual products but also relies on individuals having the resources they need to participate fully in all spheres of life during their menstrual cycle. These resources might include information, supplies, sanitation facilities, supportive environments and accessible health-care workers trained in menstrual health disorders. Millions of women and girls worldwide experience period poverty described as limited access to period products, menstrual education, or adequate water sanitation and hygiene facilities. In addition, cultural norms, stigma, and taboos surrounding menstruation create further barriers to achieving menstrual health.

Even though everyone has accepted menstruation as a natural biological process, still there are widespread practices of menstrual taboos that exist globally. The menstrual restriction is the limitation during menstruation. Some of the practices around the world; fruits are not allowed to eat during menstruation in Bangladesh and- household chores and religious functions not allowed in Nepal. The menstrual related stigma of purity and pollution is deeply rooted in the Indian culture which also restricts women's freedom of movement. In some countries, menstrual girls are not allowed to go to school by assuming a school is a holy place. In Nepal, during menstruations, women are restricted to enter and touch their house so they live in a separate shelter called Chhaugoth or chhaupadi and also prohibited to touch male members, infants, pregnant women, and holy people and restricted from sexual intercourse.

In India even mere mention of the topic has been a taboo in the past and even to this date the cultural and social influences appear to be a hurdle for advancement of knowledge on the subject. Culturally in many parts of India, menstruation is still considered to be dirty and impure. The origin of this myth dates back to the Vedic times and is often been linked to Indra's slaying of Vritras. For,



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it has been declared in the Veda that guilt, of killing a brahmanan murder, appears every month as menstrual flow as women had taken upon themselves a part of Indra's guilt. Further, in the Hindu faith, women are prohibited from participating in normal life while menstruating. She must be "purified" before she is allowed to return to her family and day to day chores of her life.

Many girls and women are subject to restrictions in their daily lives simply because they are menstruating. 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. Menstruating girls and women are also restricted from offering prayers and touching holy books. The underlying basis for this myth is also the cultural beliefs 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.

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. As far as the exercise is concerned, many studies in India and elsewhere have revealed that many adolescent girls believe that doing exercise/physical activity during menses aggravate the dysmenorrheal while in real exercise can help relieve the menstruating women with symptoms of premenstrual syndrome and dysmenorrheal and relieve bloating.

Such taboos about menstruation present in many societies impact on girls' and women's emotional state, mentality and lifestyle and most importantly, health. Large numbers of girls in many less economically developed countries drop out of school when they begin menstruating. This includes over 23% of girls in India (FSG). There are health and hygiene issues also to consider relating to girls and menstruation. Over 77% of menstruating girls and women in India use an old cloth, which is often reused. Further, 88% of women in India sometimes resort to using ashes, newspapers, dried leaves and husk sand to aid absorption. (FSG)

There are over 355 million menstruating women and girls in India, yet millions of women across the country still face significant barriers to comfortable and dignified experience with menstrual health.(FSG)

- Girls do not consistently have access to education on puberty and menstrual health. In India, 71% of girls report having no knowledge of menstruation before their first period. Girls often turn to their mothers for information and support, but 70% of mothers consider menstruation "dirty," further perpetuating taboos.(FSG)
- Girls do not have consistent access to preferred, high-quality MHM products. Almost 88% of women and girls in India use homemade alternatives, such as an old cloth, rags, hay, sand, or ash. Qualitative studies and an analysis of the product market indicate that premium commercial products are unaffordable or not consistently accessible for women and girls in low-income communities.
- Women and girls lack access to appropriate sanitation facilities. There are 63 million adolescent girls living in homes without toilets. Despite national efforts to improve sanitation, women and girls lack appropriate facilities and community support to manage their menstruation privately and in a safe manner.

There are 636 million Indians who lack toilets, and more than 72% of rural people relieve themselves behind bushes, in fields, or by roadsides; lack of adequate sanitation disproportionately affects women(FSG). Without toilets in their home or public spaces, many women are forced to use public spaces to openly defecate and manage their menstrual needs. In addition to the impact on their health and dignity, women in communities face an increased threat of sexual harassment, rape, and other forms of violence. Over the past decade, the Indian government, leading WASH donors, and NGOs have made significant efforts to build sanitation infrastructure. They also recognize the need to drive behavior change to encourage people to use toilets. More recently, leaders in the WASH space have begun to promote menstrual hygiene as fundamental to basic hygiene and sanitation services.

TABOO refers to prohibition of social actions based on false beliefs that performing such actions is either too scared, or too dangerous for the human race. Even in today society menstruation is seen as a taboo.

"Menstruation is not a problem, poor menstrual hygiene is."

According to census 2011 population data, about 336 million girls and women in India are of reproductive age and menstruate for 2-7 days, every month, and yet the topic of menstruation is expected to be a hush affair and kept under the wraps of the 'BLACK PLASTIC BAGS' which is given to most of us each time we buy sanitary napkins.

In reality, menstruation is simply a natural and healthy biological process. periods are nothing to be ashamed of and we need to do our part to reduce the taboos. Menstruation is not demeaning but a virtue. It is high time that we understand - menstruation is s



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human issue and not only a women's issue. Equally important it is to understand that it concerns hygiene and is not a purity issue. People need to know that menstrual blood is not impure.

Period talk is very important to spread the awareness and preparedness of young girls. No study states that washing hair or taking a shower during the period is restricted. Moreover, a warm bath can help you reduce your painful cramps. Menstrual blood is the same blood that circulates throughout the body. Calling it impure is not just a miscommunication but also derogatory. Lack of menstrual education and the stigma attached to periods make menstruators uncomfortable talking about it with their parents, peers, or teachers. Myths and taboos attached to menstruation held back a wide range of people from entering temples, public spaces or even kitchens. There is a widespread shame, silence and physical restrictions attached to Menstruation in many Indian communities, even in this 21st century.

Lack of menstrual knowledge, poor access to sanitary products and a non facilitating college and school environment can make it difficult for the menstruators to attend school and college. Most menstruates suffer from different complications during their periods - from mood swings and cramps to heavy pain. Adequate knowledge and awareness are necessary to make those days easier, not just for them but also for their close ones. After all, menstruation is a very common biological process that everyone should be knowledgeable about.

Menstrual hygiene continues to be amongst the most challenging developmental issues that women face today, especially in the developing countries like India, the mindsets, customs and institutional biases prevent women from getting the menstrual health care they need.

#### Reasons for societal taboos and lack of menstrual hygiene

1. Menstruation is associated with rules, restrictions, isolation and changed expectations from the girls by society.
2. During their menstruating days, women are prohibited from participating in day-to-day activities. For example prohibiting women to enter the kitchen or a temple.
3. Prevalence of Hegemonic Patriarchy in Indian society perpetuates the restrictions, which are often reflected in religious texts like Manu Smriti or in the restriction on entry of women from menstruating age group in the religious places.
4. The main reasons for this taboo still being relevant in the Indian society are the high rate of illiteracy especially in girls, poverty and lack of awareness about menstrual health and hygiene.
5. These deeply entrenched social norms about menstruation restrict girls' freedom and affect their health.
6. Apart from this, girls lack access to disposal facilities.

#### Government scheme to promote menstrual hygiene in India

1. The Right of Children to Free and Compulsory Education Act (RTE) (2009) includes standards for drinking water and gender-separated sanitation facilities in schools.
2. Menstrual hygiene scheme launched by the Ministry of Health and Family Welfare.
  - a. Government of India (GoI) for promotion of menstrual hygiene among adolescent girls (10-19 years) in rural areas of selected districts in 2011.
  - b. From 2014 onwards scheme extended to all districts under Rashtriya Kishore Swasthya Karyakram to enhance MH knowledge, improve hygiene practices, provide subsidized sanitary absorbents, and raise awareness of MHM at school.
3. SABLA programme of Ministry of Women and Child Development focuses on nutrition, health, hygiene and reproductive and sexual health (linked to a rural mother and childcare centers).
4. National Rural Livelihood Mission of the Ministry of Rural Development supports self-help groups and small manufacturers to produce sanitary pads.
5. Swachh Bharat Mission and Swachh Bharat: Swachh Vidyalaya (SB:SV): Menstrual hygiene management is also an integral part of the Swachh Bharat Mission and the 'Menstrual Hygiene Management Guideline' issued by the Ministry of Drinking Water and Sanitation(MDWS) involves the support from state governments, district administrations, engineers and technical experts in line departments; and school head teachers and teachers for its implementation.
  - a. Guidelines for Gender Issues in Sanitation (2017) have been evolved by MDWS to ensure gender equality and empowerment of women and girls with respect to sanitation.
  - b. Safe and effective MHM is a trigger for better and stronger development for adolescent girls and women. This requires that all state, district and local authorities, including schools, communities and families create an environment where menstrual hygiene management is seen as acceptable and normal.



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6. Menstrual Hygiene Day is an annual awareness day on May 28 to highlight the importance of good menstrual hygiene management.
  - a. It was initiated by the German-based NGO WASH United in 2014 and aims to benefit women and girls worldwide.
  - b. In 2018, 310 organizations educated 27.2 million girls across 134 countries, about menstrual hygiene.
7. The National Guidelines on Menstrual Hygiene Management
  - a. It was released by the Ministry of Drinking Water and Sanitation in 2015.
  - b. It seeks to address every component of menstrual hygiene ranging from, raising awareness, addressing behavior change, creating a demand for better hygiene products, capacity building of frontline community cadre, sensitization of key stakeholders, convergence needed for effective outreach and intervention, creation of WASH facilities including safe disposal options, etc.
  - c. The film pad man played a pivotal role in spurring conversations around periods and positioning sanitary pads as the saviour. The movie addresses many issues in a go. Menstrual hygiene is the centre of the story, so beautifully developed from the inspiring work done by the real-life Pad Man – Arunachalam Muruganantham. The movie brings out in a subtle way the reality of how Indian society still considers periods impure and menstruating women untouchable.

### Feminist perspective associated with menstruation

First and second wave feminism were the movements of people fighting for women's rights prior to the 1980s. First wave feminism can be associated with suffragettes and protesting for the right to vote, while second wave feminism encompasses more modern goals such as equal pay. On the other hand, third-wave feminism tends to focus on the social aspects of equal rights, addressing concepts like cultural imperialism, toxic masculinity, and diet-culture.

Third wave feminism is often bashed for its seemingly unnecessary goals with many debating whether or not this fight for equality is even justified in a developed nation like the United States. Despite these perceived notions, third wave feminism is an incredibly necessary force in our society. There is no denying that women are being more aggressively and legally threatened in various other parts of the world; it would be foolish to deny this. Though, a large part of the third wave feminist movement addresses notions of privileges, assisting others in the process. By applying a more global perspective on feminism, we are able to make an effort to walk the line between fighting for the rights of others and infringing on their cultural values. In reality, the argument against third wave feminism is irrelevant, and in many ways, proves the need for it.

But, how does this relate to menstruation?

As third wave feminism works to tackle certain social issues surrounding women, it is uncovering many uncomfortable topics including prostitution, sexual liberation, abortion rights, and period equity. Simply by shining a light on these issues, the public is beginning to pay attention to the silenced voices, addressing essential legal actions that - in my opinion - should have been implemented ages ago.

One example of this is known as the 'Pink Tax.' This is the phenomena that products with the intention of being used by females have an additional luxury tax, while the male equivalent is taxed as a necessity. As referenced by the article written by Money Matters, 'Pink Tax: The Cost of Being a Female Consumer,' "Women pay seven percent more for toys and accessories; four percent more for children's clothing; eight percent more for adult clothing; thirteen percent more for personal care and hygienic products; and eight percent more for senior/home health care products than their male counterparts." This issue has been fairly underground and discussed among feminist groups, social justice committees and the most progressive of politicians, until the 2010s. Third wave feminism has helped to unearth this issue.

By pushing society to discuss some difficult topics, third-wave feminism has made significant strides in menstrual equality, including promoting an end to a luxury tax on period products, making menstrual materials more accessible, and making education surrounding feminine hygiene more inclusive.

Besides making menstrual equality a more relevant issue, third wave feminism has introduced even 'politically correct' people to the idea of intersectional menstruation. If something is 'intersectional' it addresses many identities, backgrounds, and experiences. As menstruation is introduced through this lens, people who have different cultural values, who are socioeconomically disadvantaged, or transgender are considered when discussing issues surrounding menstruation.





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## REVIEW OF LITERATURE

A number of scholars have made attempts to understand menstruation as an Indian taboo and its related aspects on the basis of empirical studies conducted by them in the different parts of India. In this chapter, a critical review of a few of these studies is presented:

**R.Juyal , S.kandpal and J.Semwal (2013)** in their article ' **social aspects of menstruation related practices in adolescent girls of district Dehradun** 'finds out that maximum restriction was observed in going to the temple followed by prohibition in touching pickles. These restrictions were equally reported by urban and rural girls. In this paper Cross-Sectional conducted in two randomly selected Inter colleges (one rural and one urban) of district Dehradun of Uttarakhand state.453 girls studying in 9th to 12th grades were interviewed by using a prestructured and pretested questionnaire regarding various aspects of menstruation process.

**T. Harshad et.al.(2014)** in their article ' **knowledge, practices and restrictions related to menstruation among young women from low socio-economic community in Mumbai, India** 'aims to assess knowledge, practices and restrictions faced by young women regarding their menstrual hygiene. The findings show that very few young girls between the age group 15 and 24 years did receive any information before the onset of menstruation. Due to inadequate knowledge, there were certain unhygienic practices followed by the young girls resulting in poor menstrual hygiene. There was a limitation in this study that views of the adult men could not be investigated.

**V. Manju Mary et.al. (2015)** in their article ' **Religious restrictions and cultural taboos related to Menstruation in adolescent girls : A school based cross sectional observational study**'said that there are multiple restriction and taboos related to Menstruation. In this paper a cross sectional observational study was conducted in 4 schools with a total of 1522 adolescent girls. The findings show that restrictions are higher among the Hindu community. The two most practices taboos are sleep and religious restrictions. They observed that taboos are practiced more by younger and less educated adolescents.

**K. Dinesh , N.K.Goel , P.Sonia and G.Nancy (2015)** in their article ' **Restrictions During menstruation: What unmarried girls in UT Chandigarh think**'talks about whether the respondents follow restrictions during menstruation or not. This is a community based cross cultural study. The study finds that the most common restriction imposed was on taking bath during menstruation. Imposing of restrictions was found to be significantly associated with age and educational status of the respondents. They observed that restrictions during menstruation lead to poor reproductive health of the respondents.

**S.Shabana and S. Deepshikha (2017)** in their article ' **knowledge, attitude and practices about menstruation and related problems in adolescent girls** 'said that menstrual practices are still clouded by taboos which resulting in adolescent girl remaining ignorant of the scientific facts and hygiene health practices. This study was a community based cross sectional observation study about 350 school girls between 10-18 years of age from two schools of Bhopal. The findings show that majority of the girls preferred cloth pieces rather than sanitary pads because of poverty, high cost of sanitary pads and lack of good absorbing capacity of pads.

**M.Avani and M.Shivani (2017)** in their article ' **Menstrual hygiene practices: myths and taboo**' talks about the myths and taboo associated with Menstruation of women residing in Mopti Khavdi village of jamanagar, Gujrat. The study finds that after having easy access of sanitary napkins, people still don't buy because of lack of awareness, wearing the pads make them uncomfortable because a lot of shame associated with its purchase.

**S.Pallavi , T. Anjali and S. Shalini (2018)** in their article ' **knowledge, practices and restrictions related to menstruation in young girls : A study from North india**'talks about the ignorance and myths regarding menstruation. In this questionnaire based study was done in 180 girls from Gynaecology department of Maulana Azad medical College New Delhi. The study finds that participants were ignorant about the importance of proper hygiene and faced a lot restrictions during menstruation. 68% participants lacked adequate knowledge about menstruation where as 45% girls were informed by mothers , sisters. Only 30% girls were using sanitary pads, while most were still using homemade clothes.

**S.Sai Soumya and N. Jayanta (2018)** in their article ' **knowledge, Attitude and practices Regarding Menstruation among Adolescents Girls of Balda village,. Koraput district, Odisha** 'observed that there is a substantial lacuna in the knowledge towards menstruation among adolescents girls. A mixed method was carried out among 29 adolescents girls. The results show that dysmenorrhea was the most common problem faced during menstruation. They were being restricted in all types of holy books and also not allowed to touch male person during menstruation. Only few respondents use sanitary napkins and go to hospitals. They are still sacrificing animals to prevent any health issues regarding menstruation.

**M.Amrita et.al. (2020)** in their article ' **perception and practices of menstruation restrictions among urban adolescent girls and women in Nepal: A cross sectional survey** 'aims to assess socio-cultural perceptions of menstrual restrictions among urban Nepalese women in the Kathmandu valley. The study findings show that though most participants disagreed with extreme menstrual restriction practices but there were social discrimination, deep rooted cultural and religious superstitions that continue to affect women during menstruation.

**V. Anjana, P. Ashish and M.Medha (2021)** in their article ' **Breaking the silence around menstruation : experiences from urban and rural india**'said that cultural stereotypes have a huge impact in the efforts to alleviate the issues related to menstruation in



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india. Lack of access to menstrual education and sanitary products affects the menstrual health. The study finds that not even 50 percent of rural women used hygienic method during menstruation and the condition in urban areas is better than rural areas.

**P. Radha , B. Chitra Bahadur and S. Prakash (2021)** in their article '**Effect of menstrual Restriction on Health, Education and Empowerment of women**' talks about that menstrual related restrictions have a direct impact on women's health, educational achievement and hindering the women from forward moving at their personal and professional careers, liberty and empowerment. They used traditional review method that published in online. The study finds that in Uganda, menstruating girls and women are not allowed to drink cow's milk, among the Muslims menstruating girls and women are forbidden to touch the Koran.

**B.Smruti and P.Kiran (2021)** in their article '**Menstruation Awareness, Beliefs and Taboos : A study of Gujarat**' examines the awareness and beliefs about menstruation and taboos practiced during the menstrual cycles. This study focuses on girls and women from different socio-economic backgrounds in Gujrat. The study reveals that education, religion (urban,rural) , and the extent of development of district ( developed, developing, tribal) are the main factors that influence the awareness, beliefs and taboos associated with menstruation. The findings show that occupation influences awareness, marital status and family type influence beliefs, where as age and religion influence taboos.

**T. Subash and A. Arja (2021)** in their article '**Menstruation means impurity: Multilevel interventions are needed to break the menstrual taboo in Nepal**' find out that menstrual management interventions, including activities to eliminate chhaupadi are only effective for a short duration of time due to several reasons like poor involvement of the community stakeholders, women who have stopped practicing chhaupadi have faced stigma and contextual factors (poverty, illiteracy) , limit the effectiveness of such intervention.

**G. Lopamudra and N. Sreeparna (2021)** in their article '**Taboos and myth - indispensable part of menstruation**' reviewed that the superstitions and misconceptions practiced by families and those in the culture are dangerously overlooked and not given priority. They observed that disposing of the substance used is not discussed vividly and the government guideline is not bright for the masses and is not more widely involved.

**Shalini, S. Vijeta and B. Rakesh (2022)** in their article '**Menstruation: The socio-cultural perspective in the Indian society**' talks about that the subject of menstruation has always been associated with many cultural beliefs,myth and taboos. The lack of awareness can cause damage to female health. The study finds that female still prefer washable clothes instead of sanitary pads, the ill treatment of the society makes the self esteem of females very low. They suggested that collective efforts are required to come out of this stigma prevalent in society that has negative impact on the life of females. The concept of stigma given by Erving Goffman which means situation of the individual who is disqualified from full social acceptance.

**D.Dipanjali and G. Rajesh (2022)** in their article '**Problems and practices Related to Menstruation among Adolescents Girls of Dongria kondh of Rayagada, Odisha, india**' focused on age at first Menstruation, bleeding days and it's associated with marital status, taboo, hygiene and sanitary practices related to Menstruation among the adolescent girls of Dongria Kondh, particularly vulnerable Tribal group of Niyamgiri hill of Rayagada district. Both qualitative and quantitative methods are used. They observed that unmarried girls have more bleeding days as compared to married. It was found that the use and acceptance of sanitary napkins are increasing among them but still some girls using old cloth. They suggested that primary and community health care centers should work concisely.

**S. Babita and P. Shashi (2022)** in their article '**Beliefs and practices Related to Menstruation Among Rural women in Shimla: A narrative Analysis**' tries to explore the hidden narratives about menstruation and it's related practices in the village of Shimla district of Himachal Pradesh. Four in depth interviews have been taken to understand the beliefs regarding menstruation. The study finds that socio- religious practices during menstruation are still prevalent in the villages; women are excluded from doing their daily chores. Deep faith in God is the main reason behind it because the people of Himachal Pradesh are very religious.

**A. Ferdousi, S. Amrita and G. Santanu (2022)** in their article '**Menstrual Hygiene practices, Social Taboo and Attitude towards it - A community based cross sectional study among young women in a Rural Area of west Bengal, india**' aims to find out the menstrual hygiene practices, social taboos and attitude towards it among 15-24 years aged women of a rural area of West Bengal, India. The study finds that disposal of used pads under the soil was most common practice, restrictions to social activities like taking part in religious activity and kitchen or household work were also reported.

**K. Rajinder and K. Kanwaljit (2022)** in their article '**Menstrual taboo and social restrictions affecting good menstrual hygiene management among reproductive age group female students**' shows a significant association between the age and knowledge of the participants regarding menstrual hygiene practices. The study finds that education status of the parents affect the good menstrual hygiene practices.

**U. Manpreet, R. Meenakshi and B. Ajoy (2023)** in their article '**Taboos Related to Menstruation in various culture**' reviewed that misconceptions about menstruation have led to women's and girl's exclusion from all kinds of roles and settings. They observed certain myths related to menstruation like Menstruation is dirty, certain foods are off limits to menstruating women and girls and menstruation limits women's abilities. They suggested that men's and boys' must be involved in conversations about gender equality



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and collectively aiming to eliminate stigma associated with Menstruation. The concept of stigma given by Erving Goffman which means situation of the individual who is disqualified from full social acceptance.

## Objective

1. To evaluate the taboos and stigma associated with menstruation.
2. To examine hygienic practices during menstruation.
3. To study men's knowledge and attitude regarding menstruation.
4. To examine socio-cultural and socio-economic factors' influence on the belief system, taboos and hygiene practices of the respondents.

## RESEARCH METHODOLOGY

This paper is an outcome of the research that was conducted in Netaji Subhas Memorial city college of Rajabagicha area and Shailabala women's college of chandi chhak in Cuttack. Qualitative method have been used in this study because it can provide valuable insights into the cultural and social factors that shape menstrual practices and attitudes. Both narrative and descriptive research design were employed in this study as it focuses on getting insights into women's menstrual hygiene practices and social stigma or taboos associated with menstruation and also men's knowledge regarding menstruation. The population of the study comprises male students from Netaji Subhas Memorial city college and female students from shailabala women's college. The researcher chose to employ a convenience sampling method. Berg (2001) notes that convenience sample is sometimes referred to as an accidental or availability sample. This category of sample relies on available subjects those who are close at hand or easily accessible. The researchers interacted with the students, with whom they came across in the field and who expressed their willingness to provide information. The questionnaire with a set of semi- structured question (open ended and close ended question) was used for this study. A total of 30 samples aged (18-22) collected for this study in which 15 samples have collected from male respondent who enrolled in Netaji Subhas Memorial City College and other 15 samples have collected from Shailabala women's college. Direct observation method was also used for this study.

## Method

Qualitative method have been used in this study because it can be used to gather in depth insights about the beliefs and taboos associated with menstruation or generate new ideas for research.

## Research design -

This study employs both narrative and descriptive research design to examine the objectives. The design is descriptive as it focuses on getting insights into women's awareness about menstruation and social beliefs and taboos associated with it and also men's knowledge regarding menstruation.

## Area of study

Shailabala women's college of Chandi chhak and Netaji Subhas Memorial city college of Rajabagicha in Cuttack district have been used as the area of study.

## Sample size

A total of 30 samples aged (18- 22) collected for this study in which 15 samples have collected from males and other 15 samples have collected from females.

## Sampling technique

The convenience sampling (non probability sampling) technique was used for this study as it collect data quickly.

## Tools and techniques of data collection

The tool used for this study is questionnaire with a set of a semi structured question ( close ended question and open ended question). Direct observation method is also used for this study.

## Sources of data collection

In this study primary data was collected from Netaji Subhas Memorial city college which is located in Rajabagicha and from Shailabala women's college which is located in Chandi chhak of Cuttack district. The secondary sources also used in this study which were collected from articles, FSG, and various research works.



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## Data collection, Data analysis and discussion

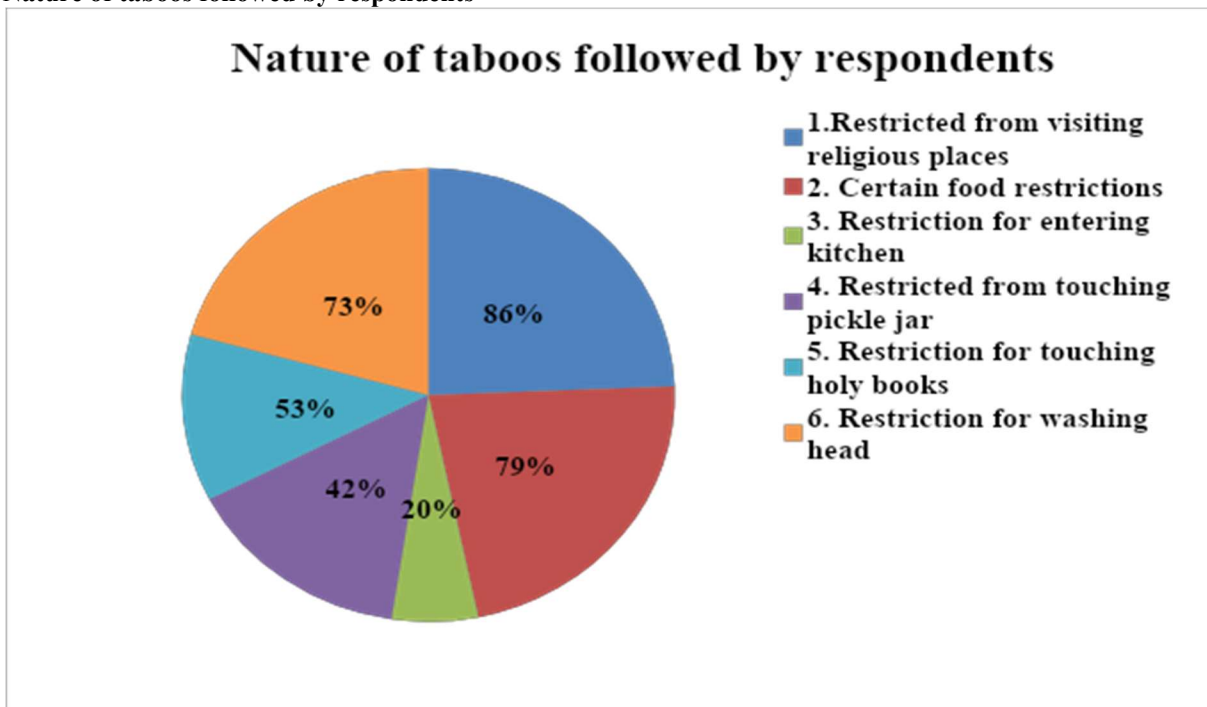
### Results/ Findings

This section represents the results obtained by analyzing the responses received from the respondents.

#### 1.1 Stigma or taboos associated with menstruation

Stigma refers to an attitude that prevents someone's full acceptance in a particular situation which is given by Erving Goffman. Taboo means prohibited or restricted by social custom. In this present study, it was found that females were associated with various taboos and stigma during their menstrual cycle. In this study most of the females are found to be restricted from visiting religious places (86%) followed by avoiding certain food (79%), washing head (73%), touching holy books (53%), touching pickle jar (42%) and entering kitchen (20%). Graph 1 shows the nature of taboos followed by respondents. No female were found to be restricted sleeping in the same place as usual during their menstruation. In this present study, 73% respondents (both male and female) said that our society is responsible for prevailing taboos or stigma around menstruation, while other 16% and 10% respondents think that our older generation or parents were responsible for prevailing taboos or stigma around menstruation respectively. Graph 2 shows respondent views about responsible for prevailing stigma and taboos around menstruation. About 86.6% respondents were found to be uncomfortable to talk about with opposite gender due to prevailing stigma around menstruation.

Graph 1: Nature of taboos followed by respondents



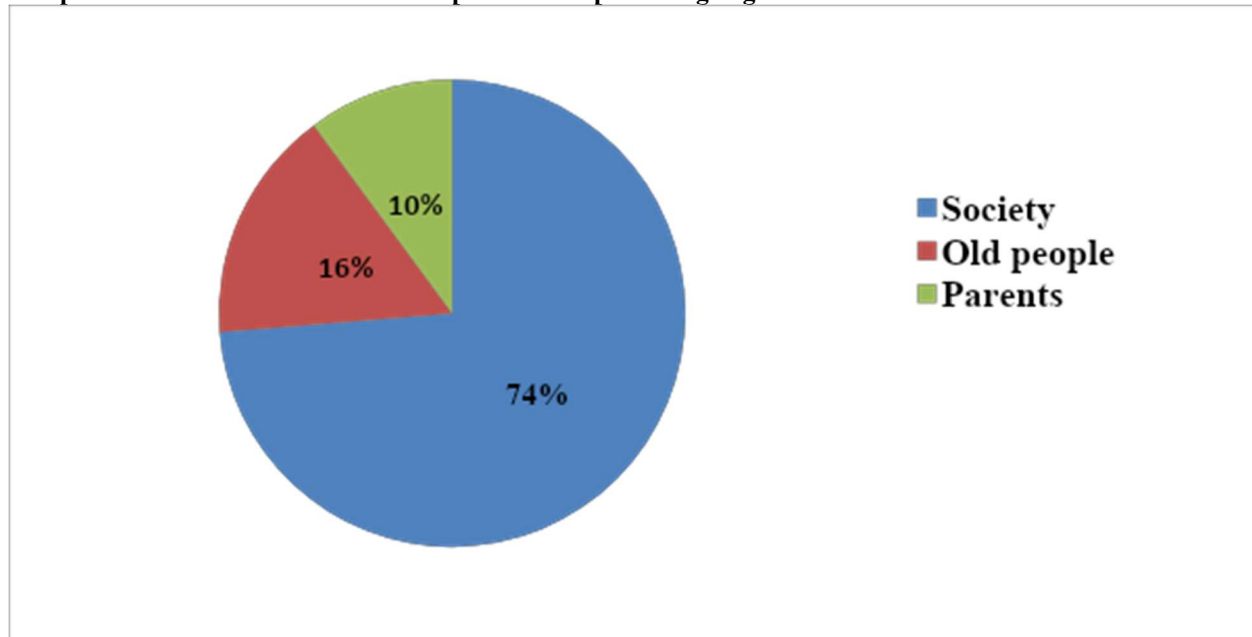




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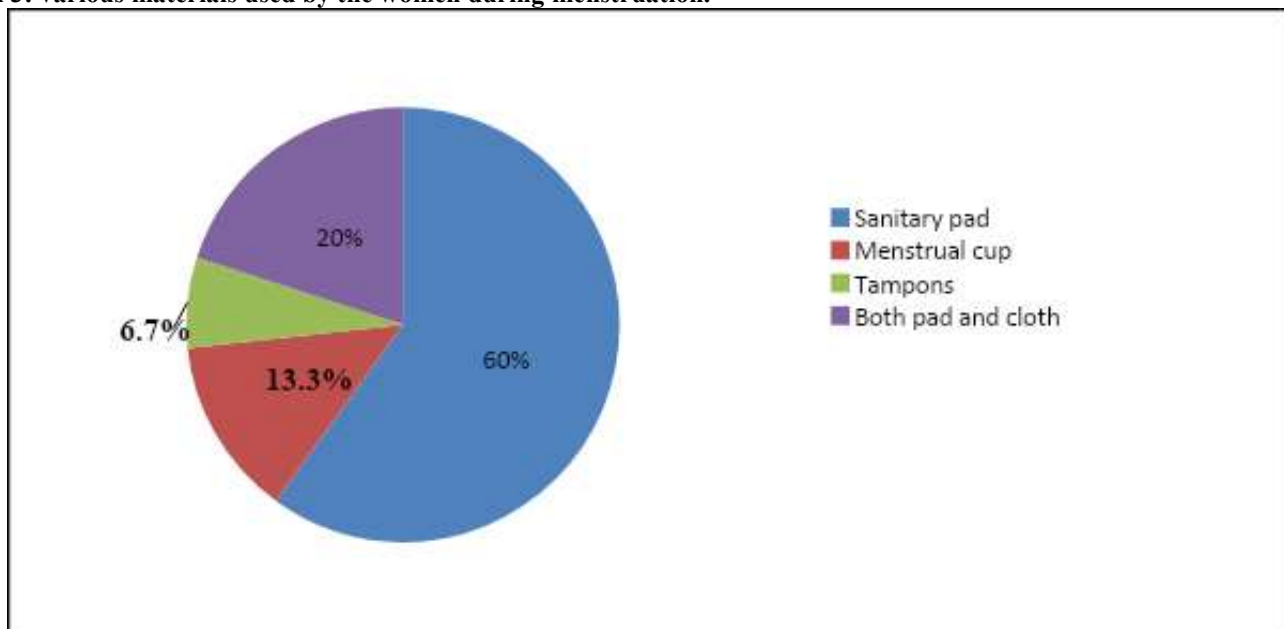
Graph 2: respondent's views about who are responsible for prevailing stigma or taboos around menstruation.



## 1.2. Menstrual management and hygiene

Menstrual hygiene is the very important risk factor for reproductive tract infection. But in India only 12% of girls and women have access to hygienic ways of managing their periods. In this present study most of the respondents, i.e. 60% use sanitary pads during menstruation. Apart from sanitary napkins, 13.3% respondents were use menstrual cup. Being expensive, tampons are used by 6.7% females. Only 20% of the respondents said that they were use both pad and cloth during their very heavy flow days. However, none of the respondents re-used same cloth. Graph 3 shows the various materials used by the women during menstruation. Regarding frequency of changing absorbent, 73.3 % of participants answered that they change it more than 4 times a day. About 93% of participants were aware about cleaning their genitalia regularly. About 80% of participants disposing their uses absorbents in dustbin, while 20% of the respondents throw it in roadside. Graph 4 shows different methods for disposing menstrual waste.

Graph 3: various materials used by the women during menstruation.

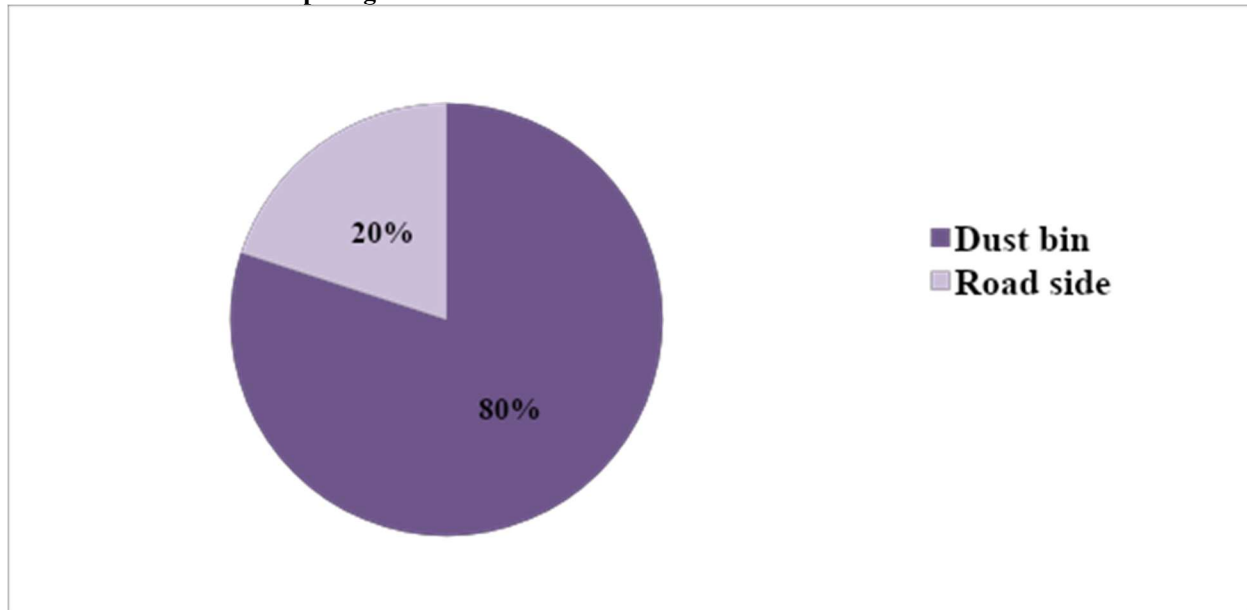




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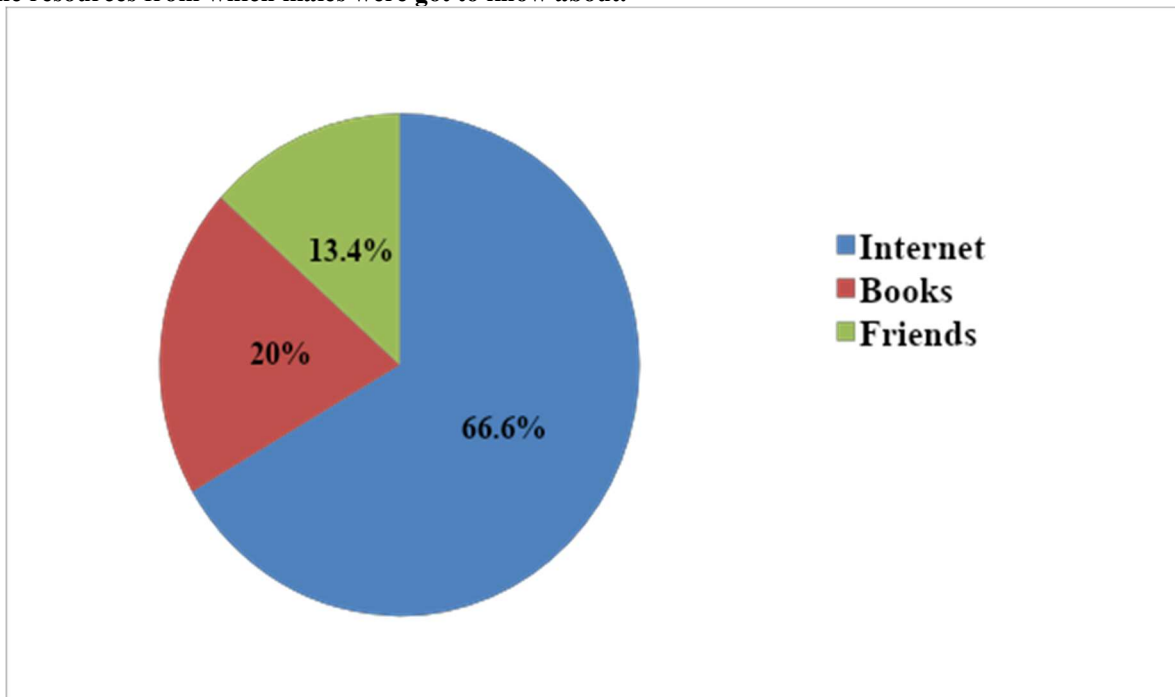
Graph 4: different methods for disposing menstrual waste.



### 1.3. Men's knowledge and attitude towards menstruation

In this present study, most of the men i.e. 66.6% were got to know about menstruation from internet. About 20% of males were known about from books while others 13.4% of males were know about from friends. Graph 5 shows the resources from which males were got to know about menstruation. About 73% of males are thinking that menstruation is gross or unhygienic due to their lack of knowledge about menstruation. About 86.6% of males are thinking that menstruation is a women's issue but also be discussed with men. In this study, 80% of males have positive attitude towards while other 20% have negative attitude towards. Graph 6 shows men's attitude towards.

Graph 5: the resources from which males were got to know about.

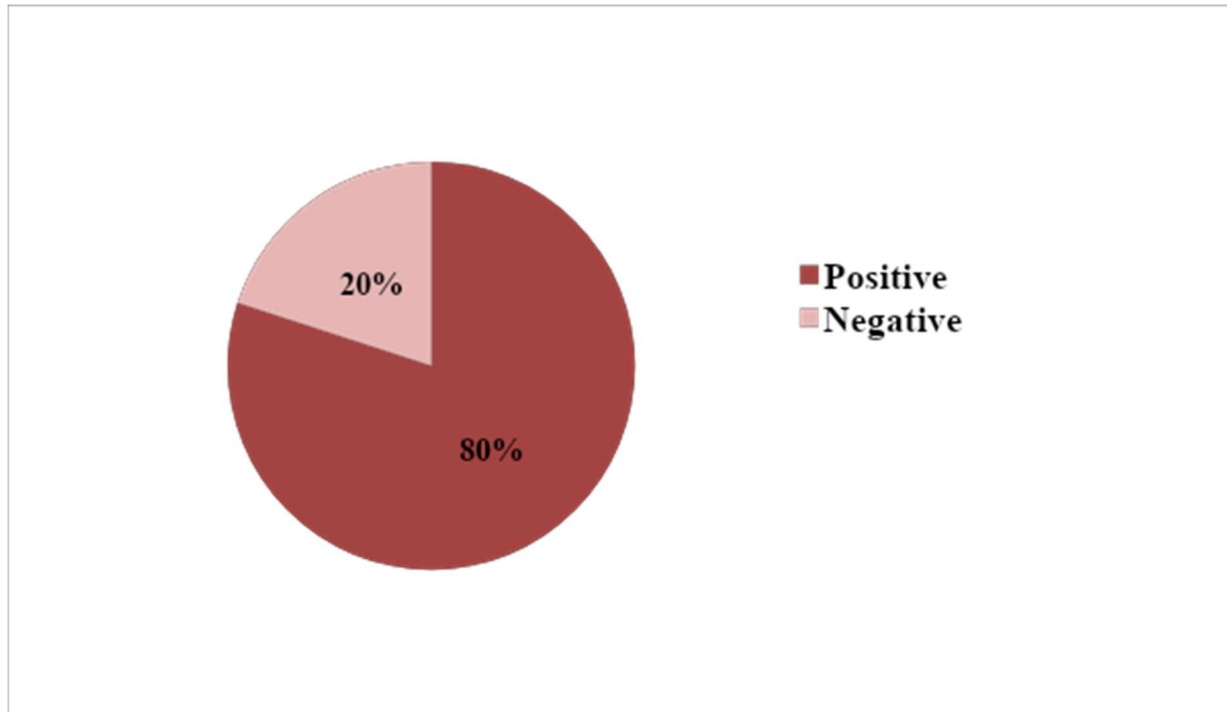




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Graph 6: Men's attitude towards.



#### 1.4. Socio-cultural and socio-economic factors affecting the taboos or hygiene practices of the respondents

Socio-cultural factors include respondent's education, religion, beliefs, values, demographics, social classes, sexuality and attitudes. Social and economic factors, such as income, education and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and more. In the sample, almost 33.3% respondents were from the age group of 18 to 20 years, whereas almost 66.6% respondents were from the age group of 20 to 22 years. While 33.3 % respondents are from lower income group, 56.6% belong to middle income group and only 10% belongs to higher income group. In this sample 50 % respondents are males and other 50% respondents are females. In this study, most of the respondents were belong to Hinduism (83.3%) , while only 16.6 % of the respondents belongs to Muslim. in this study, 73.3% respondents has doing their B.A. and other 26.6% of respondents has continuing higher secondary school (+2). About 63.3% of respondents belong from nuclear family while others 36.6% respondents were belong from joint family. In this present study, about 13.3% mother's of participants studied up to B.A., 26.6 % studied up to higher secondary school and other 60% studied up to elementary level. About 20% fathers of participants studied up to B.A., 46.6 % studied up to higher secondary school and other 33.3% studied up to elementary level. Table -1 shows the socio-economic and socio-cultural profile of the respondents.



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Table-1: Socio-economic and socio-cultural profile of the respondents (n=30).

Variables	Sub group	Frequency	Percentage
Age	18-20	10	33.3%
	20-22	20	66.6%
Gender	Male	15	50%
	Female	15	50%
Educational status	Higher secondary school	8	26.6%
	Bachelor's	22	73.3%
Religion	Hindu	25	83.3%
	Muslim	5	16.6%
Sub economic status( Income in RS/Year)	Less than 90,000	10	33.3%
	More than 90,000	17	56.6%
	More than 200,000	3	10%
Mothers education status	Elementary education	18	60%
	Higher secondary education	8	26.6%
	Bachelor's	4	13.3%
Fathers education status	Elementary education	10	33.3%
	Higher secondary education	14	46.6%
	Bachelor's	6	20%
Types of family	Nuclear	19	63.3%
	Joint	11	36.6%

## Discussion

### 1.1. stigma and taboos associated with menstruation

The silence around menstruation is part of a larger syndrome: the silencing of women, especially their bodies. The silence on menstruation is a mirror of this overarching structure of patriarchy. In fact, women and men are all victims of patriarchy. Women are particularly subjugated. This involves all the aspects of menstruation - whether it is the restrictions, taboos, knowledge about menstruation, the silence, - all these aspects reflect the powerful patriarchal forces operative in our society. It promotes gender inequality by misplacing a health issue onto the arena of shame, stigma and taboo. Just as patriarchy silences the voices of women in various ways, it effectively silences them on menstruation. It uses the forced shame and silence and the taboos on mobility to control women's sexuality. By controlling their activities, mobility, and emotions, patriarchy effectively subjugates women - making them feel guilty about a biological process which is beyond human control. In this study most of the females found to be face restrictions during their Menstruation. They just follow it because they have asked to do so. Most of the females belongs to Hinduism in this study. Hindu females reported restricting themselves from religious practices followed by avoiding certain foods, washing head, touching pickle jar whereas Muslim females reported that they do not touch holy books or read 'Namaz' or even do not go to the 'Mazaar'. Others study which is occurred in India also shows that most of the females were restricted themselves from visiting religious places. 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 (Kumar A, Srivastava K. 2011). It is believed that such foods will disturb or stop the menstrual flow (Sadiq MA, Salih AA. 2017). However, there seems to be no logical or scientific explanation for this. In this study most of the females found to be feel uncomfortable to talk about menstruation with men because of the stigmatize attitude towards menstruation which has been shaped by our society. Many respondents said that they were shocked at menarche, because they had no clue this would happen to them.





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Their mothers were silent on the issue, until menarche set in, and it became inevitable to talk about it. Most of the females said that if they want to discuss something about periods they usually get negative reactions from family and thus fall silent.

## 1.2. Menstrual management and hygiene practices

Menstrual hygiene is the very important risk factor for reproductive tract infection. But in India only 12% of girls and women have access to hygienic ways of managing their periods. The social stigma attached to menstruation causes many girls and women to carry out dangerous hygiene practices. Lacking a platform to share menstrual hygiene problems, girls and women often suffer from discomfort and infection, avoiding urination during menstruation, and using any kind of cloth available old (or) unwashed. In this present study most of the respondents are using sanitary napkins while few respondents also use menstrual cup and tampons. Tampons and menstrual cup are also not advertised and promoted by the manufacturers, as much as sanitary napkins. Due to being expensive most of the respondents also don't use menstrual cup and tampons. In this study only 20% females reported that they use both pad and cloth during their heavy flow days. Those females also said that because of lack of good absorbency of pads they are using both cloth and pads. Few respondents said that due to economic problem they don't buy sanitary pads so they are using both sanitary napkins and cloth during their heavy flow days. About 93% of females are cleaning their genitalia regularly. Thus, sanitary napkins emerged as the most popular choice for menstrual management. The frequency of changing pads is an important indicator of menstrual hygiene and in this study most of the females change it more than 4 times a day. Menstrual hygiene was the major risk factors for RTI and UTIs and other vaginal disorders. Majority of the participants in this study had knowledge that poor menstrual hygiene causes infections. They were also aware of the RTIs. This study found significant association between the age and knowledge of the participants for practising good menstrual hygiene practices which was similar to other studies. In this study, the usage of good menstrual hygiene is found more in those females who are doing B.A compared to those in +2 (higher secondary school).

## 1.3. men's knowledge and attitude regarding menstruation

In this present study, all males appeared to be aware of various customs and taboos that restricted girls' lives, even if they were not sure why such customs were adhered to, or that they were due to menstruation. About 66.6% males were got to know about menstruation from internet. While other 20% males were know about menstruation from school books. The little knowledge that males had gleaned about menstruation appeared to be primarily from informal sources. The other manner in which males acquired knowledge was from overhearing private conversations between females. Most of the males are of the opinion that menstruation should be discussed more openly in their society because it is a 'normal' thing. Few boys openly displayed a negative attitude, although a minority voiced the idea that menstruation is a 'taboo' topic and believed it was right that girls should be isolated at this time. However, other males disagreed with the seclusion and felt that females should remain with their family at this time to be supported by them. Chang and colleagues (2013) reported that boys in Taiwan resorted to going online to investigate this topic, as did some of our participants. Removing the culture of secrecy surrounding menstruation was also suggested as a way forward to help change societal attitudes, making things easier for menstruating females. Being ignorant about menstruation was deemed 'harmful'. However in this present study most of the males think that menstruation is gross or unhygienic due to their lack of knowledge about menstruation.

## 1.4. Socio-cultural and socio-economic factors influence on the belief system and hygiene practices of the respondents

This study elicited that the age and education level, economy conditions, family type of the respondents as well as of their parents affected menstrual hygiene and belief system related to menstruation. The participants older than 20 years were significantly more aware and knowledgeable and found to be don't followed the taboos strictly associated with menstruation as compared to the younger one. The students having higher level of study possess better knowledge and practiced good menstrual hygiene practices. The educational status of the parents especially mothers was an important parameter of good menstrual hygiene practices. In this study, about 60% of females found to be know about menstruation before the onset of menstruation by their mother. Educated mothers are not hesitate to talk about menstruation with their daughters. India is a secular country and the people were bound to different religions. They followed different religious beliefs and taboos of their religions. About 86% of the participants were restricted from going to religious places. The cultural and social practices regarding menstruation mainly depends on the educational status of the parents, family environment, female's education and attitude. Females from Muslim observe milder taboos compared to Hindu. In present study, only 20% female used both sanitary pads and cloths. Obviously due to the poor socio-economic conditions of these families, they cannot afford to purchase costly sanitary napkins. Another important factor influencing their choice of both pad and cloth methods was due to lack of good absorbency of pads. This study also reveals that only few females are using tampons and menstrual cup those who come from high socio-economic condition of family. The result reveal that with an increase in education, the beliefs get milder. Female in nuclear families hold milder beliefs compared to those in joint or extended families. This study also reveal that the practice of taboos appears to get milder with age, an increase in the level of education results in the lesser practice of taboos. The study findings also show that more educated respondents feel comfortable to talk about menstruation compared to those in lower education level.



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## Suggestions

The findings show that a number of taboos encircle menstruation. The study suggests the following to break the taboos or stigma around menstruation.

1. The more we talk about it, the more we know, less it's a taboo. Include men in 'Menstruation' and normalise the subject in our surroundings.
2. Menstruation is nothing to be ashamed of and the black bags/ newspaper adds to the stigma. So, reject it.
3. Question the logical backing of the taboos imposed on you. We don't have to follow something just because it have been happening for a long period of time.
4. Women shouldn't have to be forced under the strict structures of a patriarchal society.

## Conclusion

Most cultures worldwide have surrounded menstruation with a stigma that is now proving very difficult to eradicate. Women are pressured to follow the taboos imposed on them by their families, religion and culture. The findings of the study unfold many practices and social restrictions associated with menstruation, myths and misconceptions, the adaptability of the women towards it, their reaction and men's knowledge and attitude towards menstruation. The study found that the female participants possess good knowledge of menstruation and menstrual hygiene management. The age, education status of the parents especially of mothers and education status of the respondents affect the good menstrual hygiene practices. Females having knowledge of menstruation prior to menarche can handle their menstruation confidently and safely. Religious restrictions during menstruation continue to be practiced even to this day among Hindu and Muslim. In this study, these restrictions are higher among the Hindu community. The two most practiced taboos are food and religious restrictions. Taboos are practiced more by younger and less - educated females. The study found that most of the male respondents have positive attitude towards menstruation and think that topic of menstruation also be discussed with them so that they will get clarity about menstruation. In this study, some male respondents felt that menstruation is unhygienic because they do not know much about it.

The study concludes that cultural and social taboos regarding menstruation depend on female's education, attitude, family environment, society, culture and belief. This study highlights and suggests that it is important to share the knowledge of menstruation not only with the females, but also with males, so that it is destigmatized and normalized in our society.

Being able to manage menstruation safely and without stigma is a basic human right which many females are denied. It is not ignorance that leads women to follow the cultural taboos, it is the internalization of traditional and religious norms. The silence and stigma around menstruation needs to be replaced by open and positive dialogue about it. It is important that experts develop communications which will bring about positive change in attitudes and behavior of the people. Such a change in attitude about menstruation cannot be achieved if it addresses menstruation alone. It can only be realised as part of a larger social transformation where men and women are equal.

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