

Menstruation related myths in India: strategies for combating it

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ABSTRACT

Menstruation is a phenomenon unique to girls. However, it has always been surrounded by taboos and myths that exclude women from many aspects of socio-cultural life. In India, the topic has been a taboo until date. Such taboos about menstruation present in many societies impact on girls' and women's emotional state, mentality and lifestyle and most importantly, health. The challenge, of addressing the socio-cultural taboos and beliefs in menstruation, is further compounded by the low girls' knowledge levels and understandings of puberty, menstruation, and reproductive health. Thus, there is the need to follow a strategic approach in combating these issues. The current paper aims to discuss menstruation related myths prevalent in India, their impact on women's life, relevance of addressing these issues in primary care and a brief description about various strategies to combat them.

Keywords: Adolescent, attitudes, culture, female, genital diseases, health knowledge, health surveys humans, India, menstruation, practice, puberty, reproductive health

Introduction

Menstruation is the natural part of the reproductive cycle in which blood from the uterus exits through the vagina.^[1] It is a natural process that first occurs in girls usually between the age of 11 and 14 years and is one of the indicators of the onset of puberty among them. Despite being a phenomenon unique to girls, this has always been surrounded by secrecy and myths in many societies. Taboos surrounding menstruation exclude women and girls from many aspects of social and cultural life. Some of these are helpful, but others have potentially harmful implications.^[2]

Myths Related to Menstruation in India

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.^[3] 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, it has been declared in the Veda that

guilt, of killing a brahmana-murder, appears every month as menstrual flow as women had taken upon themselves a part of Indra's guilt.^[4] 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. 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."

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.^[5] Menstruating girls and women are also restricted from offering prayers and touching holy books.^[6] 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. According to study by Kumar and Srivastava^[7] in 2011, participating women also reported that during menstruation the body emits some specific smell or ray, which turns preserved food bad. And, therefore, they are not allowed to touch sour foods like pickles.

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However, as long as general hygiene measures are taken into account, no scientific test has shown menstruation as the reason for spoilage of any food in making.

Cultural norms and religious taboos on menstruation are often compounded by traditional associations with evil spirits, shame and embarrassment surrounding sexual reproduction.^[2] In some cultures, women bury their cloths used during menstruation to prevent them being used by evil spirits.^[8] In Surinam, menstrual blood is believed to be dangerous, and a malevolent person can do harm to a menstruating woman or girl by using black magic (“wisi”). It is also believed that a woman can use her menstrual blood to impose her will on a man.^[1,6] Interestingly, in Asia including India, such beliefs are still practiced.^[4] However, there seems to be no logical or scientific explanation for this.

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.^[5,7] It is believed that such foods will disturb or stop the menstrual flow.^[9] 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 dysmenorrhea while in real exercise can help relieve the menstruating women with symptoms of premenstrual syndrome and dysmenorrhea and relieve bloating. Exercise also causes a release of serotonin, making one feel much happier.^[9-11]

In some parts of India, perceptions of Hinduism center on notions of purity and pollution. Bodily excretions are believed to be polluting, as are the bodies when producing them. All women, regardless of their social caste, incur pollution through the bodily processes of menstruation and childbirth. 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.^[1,12] This highlights the possible reason why menstruating women are not allowed to take a bath especially for first few days of their menstrual period. It is believed that if a girl or woman touches a cow while she is on her period, that the cow will become infertile – leading girls to associate their own bodies with curse and impurity.

Impact of Myths Related to Menstruation on Women’s Life

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.^[12] In addition to this, the monthly menstruation period also creates obstacles for female teachers.^[2] Thus, the gender – unfriendly school culture and infrastructure and the lack of adequate menstrual protection alternatives and/or clean, safe and private sanitation facilities for female teachers and girls undermine the

right of privacy.^[2,6] 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.^[12] Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odor of menstrual blood putting girls at risk of being stigmatized. The latter may have significant implications for their mental health.^[13] The challenge, of addressing the socio-cultural taboos and beliefs in menstruation, is further compounded by the fact the girls’ knowledge levels and understandings of puberty, menstruation, and reproductive health are very low.^[3,9,13,14]

Relevance of Addressing Menstruation Related Myths by Primary Care Physicians

Primary care physicians are the first point of contact for diagnosis of common menstrual problems and other associated reproductive morbidities among the populations in their community. Many of the practices during menstruation have direct implications on reproductive health. For instance, not bathing during menstruation can lead to compromise in hygiene of the girl and thus lead to the reproductive tract infections. A primary care physician, is thus, required to be acquainted with common myths related to menstruation prevalent in his/her community and treat the individual holistically by addressing them also. Else, the problem may be treated for a while but it would continue to recur with increasing severity.

Strategies to Combat Menstruation Related Myths

Based on the available evidence, it is pertinent 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 strategy in this regard is raising 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 women shy away from discussing the 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.^[1] 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. In Delhi, there are an estimated 132 public toilets for women, only 8% the number of the 1534 for men.^[12]

Low cost sanitary napkins can be locally made and distributed particularly in rural and slum areas as these are the areas where access to the product is difficult.^[7] Government of India has approved a scheme to improve menstrual hygiene for 1.5 Crore adolescent girls by distributing low cost sanitary napkins in rural areas under the National Rural Health Mission since 2010.^[15] However, the scheme is in the pilot phase, and a lot more needs to achieve in this regard. Increasing the role of the male partner and clearing the beliefs system of the male partner is also pertinent in combating deep rooted social beliefs and cultural taboos. 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.^[13] Sensitization of health workers, Accredited Social Health Activists and Anganwadi workers regarding menstruation biology must also be done 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.

Thus, it is becoming clear that multi-sectoral 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.^[14] 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.^[9]

References

1. Wateraid.org. Module one: Menstrual Hygiene Basics. 2012. Available from: http://www.wateraid.org/~media/Files/Global/MHM%20files/Module1_HR.pdf. [Last accessed on 2014 Aug 09].
2. Stefanie Kaiser. Menstrual Hygiene Management. 2008. Available from: <http://www.sswm.info/content/menstrual-hygiene-management>. [Last accessed on 2014 Aug 09].
3. Patil R, Agarwal L, Khan MI, Gupta SK, Vedapriya DR, Raghavia M, *et al*. Beliefs about menstruation: A study from rural Pondicherry. *Indian J Med Specialities* 2011;2:23-6.
4. Chawla J, Matrika. The Mythic Origins of the Menstrual Taboo in the Rig Veda. 1992. Available from: <http://www.matrika-india.org/Research/MythicOrigins.html>. [Last accessed on 2014 Aug 09].
5. Puri S, Kapoor S. Taboos and Myths associated with women health among rural and urban adolescent girls in Punjab. *Indian J Community Med* 2006;31:168-70.
6. Ten VT. Menstrual hygiene: A neglected condition for the achievement of several millennium development goals. Europe External Policy Advisors. 2007. Available from: http://www.eepa.be/wcm/component/option,com_repository/func,startdown/id,26/. [Last retrieved on 2014 Aug 09].
7. Kumar A, Srivastava K. Cultural and social practices regarding menstruation among adolescent girls. *Soc Work Public Health* 2011;26:594-604.
8. UNICEF. Bangladesh: Tackling menstrual hygiene taboos. Sanitation and Hygiene Case Study No. 10. 2008. Available from: http://www.unicef.org/wash/files/10_case_study_BANGLADESH_4web.pdf. [Last accessed on 2014 Aug 12].
9. Sadiq MA, Salih AA. Knowledge and practice of adolescent females about menstruation in Baghdad. *J Gen Pract* 2013;2:138.
10. Morley W. Common myths about your period. 2014. Available from: <http://www.womenshealth.answers.com/menstruation/common-myths-about-your-period>. [Last accessed on 2014 Aug 12].
11. Poureslami M, Osati-Ashtiani F. Assessing knowledge, attitudes, and behavior of adolescent girls in suburban districts of Tehran about dysmenorrhoea and menstrual hygiene. *J Int Womens Stud* 2002;3:51-61.
12. SOS Childrens' Village. Social taboos damage the health of girls and women. 2014. Available from: <http://www.soschildrensvillages.org.uk/news/blog/social-taboos-damage-the-health-of-girls-and-women>. [Last accessed on 2014 Aug 12].
13. Kirk J, Sommer M. Menstruation and body awareness: linking girls' health with girls' education. 2006. Available from: http://www.wsscc.org/sites/default/files/publications/kirk-2006-menstruation-kit_paper.pdf. [Last accessed on 2014 Aug 13].
14. Kaur K, Arora B, Singh GK, Neki NS. Social beliefs and practices associated with menstrual hygiene among adolescent girls of Amritsar, Punjab, India. *J Int Med Sci Acd* 2012;25:69-70.
15. Press Information Bureau, GoI. Government Approves Scheme for Menstrual Hygiene 1.5 Crore Girls to Get Low-Cost Sanitary Napkins. 2010. Available from: <http://www.pib.nic.in/newsite/erelease.aspx?relid=62586>. [Last accessed on 2014 Aug 13].

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