

Religious restrictions and cultural taboos related to menstruation in adolescent girls: A school-based cross-sectional observational study

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Abstract

Introduction: The period of adolescence needs special attention because of the turmoil an adolescent faces at different stages of development, different circumstances and needs, and diverse problems. In India, there are multiple restrictions and taboos related to menstruation. In many communities, the mention of the topic is taboo even today. **Objective:** To evaluate the religious restrictions and other taboos practiced during menstruation by adolescent school girls. **Methods:** A cross-sectional observational study was conducted in four schools. Girls in the age group of 13-18 years, who have attained menarche and gave verbal consent to participate, were included in the study. A pre-designed, validated questionnaire that captured information on the cultural taboos practiced during menstruation was administered to the participants. The data were analyzed using SPSS version 15 and the percentage of menstrual taboos that were practiced on average was determined. Factor analysis was done to determine the most practiced taboo. **Results:** A total of 1522 adolescent girls participated in the study. The average age of attaining menarche was 13.08±3.5 years. 81.2% (n=1236) of the participants, predominantly from the Hindu community, did not attend religious functions during menstruation. More than half of them (56.6%) did not sleep in their usual place during menstruation. 40.1% of them (n=611) were not allowed to enter the kitchen. 69.3% (n=1054) of the participants had restrictions on certain food items. Only 5.4% (n=82) of them did not go to school during menstruation. Factor analysis showed that the two most important factors contributing to the taboos were restrictions on religious functions and on sleeping in the same place. Menstrual taboos were prevalent more in younger and less-educated girls (p=0.037 and 0.000, respectively). **Conclusion:** Restrictions during menstruation are still prevalent in many communities. The two most important cultural taboos are sleep restrictions and religious restrictions. Cultural taboos are prevalent more among less-educated and younger adolescent girls.

Key words: Adolescent, Menstruation, Taboo

The word “adolescence” comes from the Latin word “adolescere” meaning “to grow in maturity” [1]. The World Health Organization defines this period as ranging from 10 to 19 years of age [2]. It is a phase of rapid physical growth and development along with physiological and behavioral changes. Adolescent girls constitute a vulnerable group, particularly in India, where the female child is the neglected one [3]. Menstruation is still regarded as something unclean or dirty in the Indian society. The reaction to menstruation depends on the awareness and knowledge about the subject. The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. Myth, mystery, and superstition have long enveloped the facts about menstruation. In India, even mere mention of the topic has been a taboo in the past and even today, cultural and social influences appear to be barriers for increased awareness of the subject [4]. Therefore, we conducted this study to evaluate the religious restrictions

and other taboos practiced during menstruation by adolescent school girls of south India.

MATERIALS AND METHODS

The study was a school-based cross-sectional observational study conducted among adolescent girls, from schools in and around Porur, Chennai, Tamil Nadu, India. The study included girls between 13 and 18 years, who had attained menarche and volunteered to participate. 10 girl's higher secondary schools in and around Porur locality were chosen from our locality map and, out of these four schools were chosen by a computer program randomly. These schools were approached, and due permission was obtained from their principal before starting the study.

In each school, the list of girls between 13 and 18 years was obtained, and girls were selected by simple random methods

based on their school roll numbers. From these, the girls who had not attained menarche or those who did not give their consent were excluded. Equal representation was ensured among the four schools. The questionnaire was validated by two senior professors from our department who were not the part of the study but had the experience in the above field and a pilot study of 25 adolescents was done in our outpatient department before finalization of the questionnaire. The questionnaire was in English and Tamil and included questions related to restricted activities and taboos during menstruation.

Dates were scheduled for data collection from different schools. The girls were called to a separate classroom, and the importance and usefulness of the study were explained to them. They were assured of confidentiality and anonymity as mentioned in the informed consent, and this was duly signed by them and their parents. They were made comfortable to answer the self-administered questionnaire. The completed questionnaires were examined onsite for irregularities. These were corrected if required.

Data entry and analysis was done using the SPSS version 15 software. Percentages were calculated, and Chi-square test for association was used to assess categorical variables and factor analysis was done for the questions on menstrual taboos. $p=0.05$ or less was considered to be statistically significant.

RESULTS

Among the total 1522 participants, 62.1% were between 13 and 15 years and the rest were between 15 and 18 years, with 40.1% studying in class X or above. On stratifying them based on modified Kuppusamy's classification of socio-economic status, most belonged to upper-lower (51.4%) and lower-middle (42.4%) strata. The mean age of attaining menarche in the study population was 13.08 ± 3.5 years.

81.2% ($n=1236$) did not attend any religious functions during menstruation. The proportion of girls not attending the respective religious functions during menstruation was 86.3% among Hindus, 42.5% among Christians, and 79.1% among Muslims. The association between religion and restrictions practiced during menstruation was found to be significant. More taboos were practiced by Hindus, followed by Muslims, and the least by Christians ($p=0.000$) (Table 1). The girls aged 15 years or below had more menstrual taboos ($p=0.035$). Menstrual taboo in relation to the education of the adolescent

was also found to be significant ($p=0.000$). Girls with an education higher than 10th standard had fewer menstrual taboos.

Menstrual taboos were analyzed based on five factors (Table 2) and analysis with reference to age, education, and religion were performed. More than half the study population (56.6%) did not sleep in their usual place during menstruation. A significant percentage, 40.1% ($n=611$), were not allowed to enter the kitchen during menstruation. 69.3% ($n=1054$) of the participants restricted intake of certain food items. 94.6% ($n=1440$) of them attended school during menstruation, only 5.4% ($n=82$) of them did not go to school during menstruation.

The overall percentage of adolescent girls in the study practicing these menstrual taboos was assessed on the basis of the above observations. The girls who observed all of the five restrictions during menstruation constituted 0.4% ($n=6$) of the total number of girls. 12.3% ($n=187$) of them practiced 75-99% (3-4 taboos out of 5) of these restrictions (Figure 1).

A factor analysis was done on the questions of menstrual taboos from which two components were derived, which on analysis showed that the two most important factors contributing to the taboos were religious restrictions and restriction on sleeping in the same place as usual during menstruation.

DISCUSSION

In India, the topic of menstruation is caught in a strong web of social and cultural practices. A study done in Jammu and Kashmir showed that restrictions such as going to religious places and taboos such as avoiding going near water, brushing their teeth, and so on were being followed [5]. In the present study, the maximum restrictions were related to religious practices. 81.2% of the study population had religious restrictions in comparison to studies conducted by Nair et al. [6], in which it was 92%. In the study conducted by Water Aid in Nepal [7] and the study by Dasgupta and Sarkar [8] in West Bengal, it was found to be lower; 67.6% in the former and 70.6% in the latter.

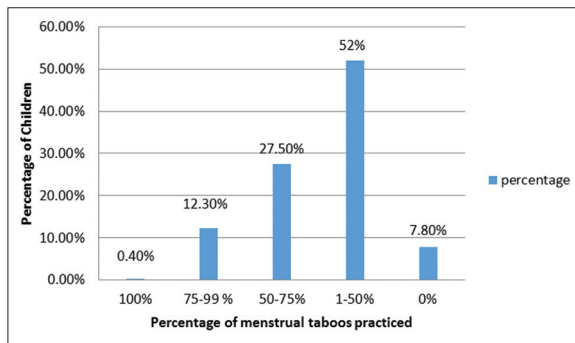
These religious restrictions are more prevalent throughout India probably because of our age-old traditions still being followed. A more detailed study on factors influencing the families to follow a specific religious custom will help to analyze the specific reasons behind such restrictions. A study done by Narayan et al. [9] concluded that girls who were more steeped in "traditionality" had poorer hygienic practices during

Table 1: Religious restrictions during menstruation

Religion	N (%)					p value
	Hindu	Christian	Muslim	Others	Total	
Attending religious functions during menstruation	173 (13.7)	93 (57.40)	19 (20.8)	1 (50)	286 (18.8)	0.000
Not attending religious functions during menstruation	1094 (86.3)	69 (42.5)	72 (79.1)	1 (50)	1236 (81.2)	
Total	1267 (100)	162 (100)	91 (100)	2 (100)	1522 (100)	

Table 2: Factor analysis - menstrual taboos

Taboos	Component I	Component II
Do you sleep in the same place as usual during your periods?	0.748	0.129
Are you allowed to enter the kitchen during your periods?	0.731	0.243
Do you restrict any food during menstruation?	0.258	-0.106
Do you attend religious functions during menstruations?	0.597	0.828
Do you attend school during menstruation?	-0.003	0.647

**Figure 1: Average percentage of menstrual taboos practiced**

menstruation. More than half of the participants (56.6%) did not sleep in their usual place during menstruation. Restrictions were found to be much higher (92.7%) in the study conducted by Adhikari et al. [10].

Only 40.1% of respondents in the present study were not allowed to enter the kitchen during menstruation. In striking contrast, the study by Adhikari et al. [10] observed that 100% of the girls do not cook food during menstruation. 69.3% girls in the present study restricted intake of certain food items such as non-vegetarian food, milk and milk products, sweets, prasadam, and vegetables. during menstruation. Other studies have also confirmed the Hindu belief that menstruation is religiously impure and ceremonially unclean [11]. This practice also has nutritional implications. Restrictions on food lead to anemia and other vitamin deficiencies. Similar restrictions in food intake were also observed in the studies by Drakshayani and Venkata [12], Singh [13], and Dasgupta and Sarkar [8].

In our study, only 5.4% of the study population did not attend school during menstruation. An astonishing number of girls (70.7%) did not go to school in the study by Adhikari et al. [10]. In the study by Dasgupta and Sarkar [8], 16.2% did not go to school during menstruation. This may not be due to restrictions as such, but can also be due to inadequate toilet facilities in school or due to menstrual problems or due to the high cost of sanitary napkins. Based on the observations in this study, we can

say that disseminating appropriate knowledge is important to bring about a change in these practices. Adolescent girls and their guardians should be educated about the facts of menstruation and its physiological implications so that their socio-cultural beliefs and taboos like those seen in this study can be clarified in the context of nutritional requirements and health [14].

A change in perception of the community at large is required to overcome the religious beliefs and cultural taboos associated with menstruation. The methods to bring about such a change needs to be discussed and planned based on further studies on a larger scale throughout India. One limitation of our study is that the sample is representative of only a particular demography in India; hence, a similar study done on a larger scale throughout the country may help to arrive at broader conclusions.

CONCLUSION

Religious restrictions during menstruation continue to be practiced even to this day. In our study, these restrictions are higher among the Hindu community. The two most practiced taboos are sleep and religious restrictions. Taboos are practiced more by younger and less-educated adolescents.

REFERENCES

- Hurlock EB. Developmental Psychology. 5th ed. Delhi: Tata McGraw-Hill Education; 2001.
- Newman, K. Reviews : Problems, problems : Young People's Health - A Challenge for Society. Report of a WHO Study Group on Young People and 'Health for All by the Year 2000'. Health Education Journal. 1986; 45(3): 194-194. DOI: 10.1177/001789698604500328.
- Sharma P, Malhotra C, Taneja DK, Saha R. Problems related to menstruation amongst adolescent girls. Indian J Pediatr. 2008;75(2):125-9.
- Deo DS, Ghattargi CH. Perceptions and practices regarding menstruation: A comparative study in urban and rural adolescent girls. Indian J Community Med. 2005;30:1.
- Abioye-Kuteyi EA. Menstrual knowledge and practices amongst secondary school girls in Ile Ife, Nigeria. J R Soc Promot Health. 2000;120(1):23-6.
- Nair P, Grover V, Kannan A. Awareness and practices of menstruation and pubertal changes amongst unmarried female adolescents in a rural area of East Delhi. Indian J Community Med. 2007;32(2):156.
- Pradhan A. Is menstrual hygiene and management an issue for adolescent school girls? A Comparative Study of Four Schools in Different Settings of Nepal. Nepal: Water Aid; 2009. p. 1-32. Available from: <http://www.wateraid.org/nepal>. [Last accessed on 2011 Mar 04].
- Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? Indian J Community Med. 2008;33(2):77-80.
- Narayan KA, Srinivasa DK, Pelto PJ, Veeramal S. Puberty rituals reproductive knowledge and health of adolescent schoolgirls in south India. Asia Pac Popul J. 2001;16(2):225-38.
- Adhikari P, Kadel B, Dhungel S, Mandal A. Knowledge and

practices regarding menstrual hygiene in rural adolescent girls of Nepal. Kathmandu Univ Med J. 2007;5(3):382-6.

11. Tamilselvi K, Ramachandran S. Socio-cultural taboos concerning Menstruation: A micro level study in the Cuddalore District of Tamil Nadu, India. Int J Sci Res Publ. 2012;2(8). Available from: <http://www.ijsrp.org/research-paper-0812/ijsrp-p0861.pdf>. [Last accessed on Sep 10, 2014].
12. Drakshayani Devi K, Venkata Ramaiah P. A study on menstrual hygiene among rural adolescent girls. Indian J Med Sci. 1994;48(6):139-43.
13. Singh A. Place of menstruation in the reproductive lives of women of rural North India. Indian J Community Med. 2006;31(1):10.

14. Trusswell AS, Hill ID. Course manual for adolescent health. Part-II: Indian perspective. In: Bhavne SY, editor. Adolescent Health. New Delhi: Indian Academy of Pediatrics; 2002.

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