

# Cultural Boundaries and Social Exclusion: A Study of Practices Related to Menstruation Among Women of Koota, Kathua

Jasbir Singh<sup>1</sup>, Dr. Archana Bhat<sup>2</sup>

<sup>1</sup>Director and Professor, Centre for Study of Social Exclusion and Inclusive Policy, University of Jammu, India

<sup>2</sup>Research Assistant, Centre for Study of Social Exclusion and Inclusive Policy, University of Jammu, India

**Abstract:** *Menstruation is still a stigma in Indian culture especially in Hindu Brahmins. Menstruation profoundly changes a young woman's life. It is now becoming increasingly recognised that the social and cultural significance of menstruation interacts with the physiological process to produce culturally determined norms and practices. The present research was done in village Koota, Hiranagar Tehsil, Jammu. 100 Brahmin households were chosen randomly for the study and 87 women were selected for the study depending upon set inclusion criteria. Research study was done to assess knowledge, attitude and practices related to menstruation among sample women. A self made questionnaire was used to elicit the required information. It was observed that in spite of appropriate knowledge about health and hygiene related to menstruation, social taboos were still practiced in the households, leaving women irritated and excluded during those five days. There is need to create awareness about medical importance of menstruation among all age groups of women.*

**Keywords:** Menstruation, Taboos, Practices, Awareness, Exclusion

## 1. Introduction

Adolescent girls represent a vulnerable segment, particularly in India. Despite the fact that age of girls are much of importance in their life socially as well as medically but menstruation is still a taboo which is popular only for its restrictions and not discussed in homes for medical importance. Menstruation is a phenomenon unique to females (1). Cultural differences and attitudes convey menstruating women as both something to be celebrated and shamed, as both a journey of womanhood and as a monthly contamination. In many cultures, the menstrual cycle is seen as a gift and when a girl would menstruate for the first time, it would be celebrated in public (<https://www.sbs.com.au/topics/life/health/article/2016/05/27/how-menstruating-women-are-treated-around-world>, retrieved on 24-07-18). But this again is a challenging, as the menstrual cycle here is seen as a boon for reproduction. Even when people celebrated it, they had a reductionist view that a woman's ultimate goal in life is to reproduce. In other regions or cultures, menstruating women is considered as impure. Earlier a menstruation hut was made, where women with their period stayed due to the belief that they needed to be separated to protect their families. It was formerly practiced in Rastafarian societies, and by Balinese and by Hindus in South India (<https://www.sbs.com.au/topics/life/health/article/2016/05/27/how-menstruating-women-are-treated-around-world>, retrieved on 24-07-18). Few cases in North India are also reported.

Still in 21<sup>st</sup> century, menstruation grounded with myths and taboos is difficult subject to work on especially in India. Every month, more than 350 million women and girls in our country are ashamed, uncomfortable, and often unsafe (2). All myths and taboos such as not taking bath, avoiding cold foods, not doing exercise, sleeping on floor and many more, need to be eliminated to release menstruation anxiety among

girls. An adolescent girl should be made aware of phenomenon of menstruation before menarche, so as to enable her accept it as a normal physiological process and deal it with appropriately (3). First time a bollywood movie was made to put menstruation taboos as a biggest problem, on the big screen, battling widespread myths and superstitions. 'Pad Man', a biopic celebrating the life of Arunchalam Muruganantham, sparked a minor revolution in menstrual hygiene, seemed like an enormous steps.

### Objectives for the study

- 1) To assess the Knowledge regarding Menstruation among sample women
- 2) To find attitude regarding Menstruation among sample women
- 3) To document the practices done by sample women during menstruation

## 2. Research Methodology

Study sample: This descriptive cross-sectional study was carried out in one of the village of Hiranagar Tehsil, District Jammu. The study population comprised both married and unmarried women. The inclusion criteria considered for the study was set. Only women aged between 15 to 55 years women and staying at selected village was approached for the study. Only those Women who belonged to Brahmin families were undertaken for study. Girls who had not experienced their menarche were not included in the study.

Sample site: Hiranagar Tehsil was chosen for the present study. Hiranagar is a town and a notified area committee in Kathua district in the Indian state of Jammu and Kashmir. It is a tehsil headquarters. It is named after Raja Hira Singh, son of Raja Dhyani Singh and nephew of Raja Gulab Singh. The village Koota was selected randomly for the study. 240 households of Brahmins were present in Koota. 100 households were randomly selected and Only

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those women who fulfilled the inclusion criteria were included in the study.

**Tools used:** A self made interview schedule was used to seek the required information. Both open and close ended questions were included depending upon need of the research. A pilot study was carried on 20 households of Koota before actual survey to check reliability and validity of the questionnaire.

**Data Collection:** The data was collected with the help of a pre-tested Performa which included variables like knowledge about menstruation, the hygienic practices during menstruation, the sources of information regarding menstruation, type of absorbent which was used, its storage place, and the restricted activities practiced during menstruation. Respondents consent before survey was an important aspect. Only those respondents who were willing to talk about the research problem were further approached. Both group based strategy and individual based strategy was used to gather the data.

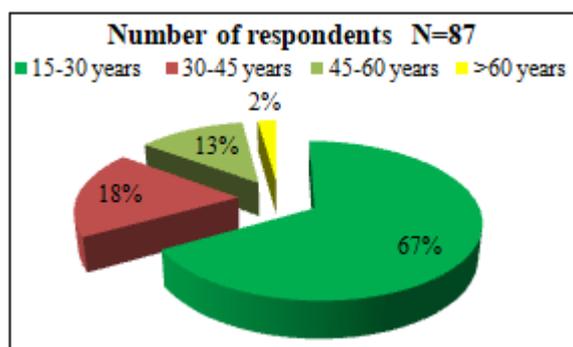
**Data Analysis:** The data obtained was coded and tabulated to get clear picture of results. Qualitative as well as quantitative approach was used for analysis. SPSS was used for quantitative analysis.

### 3. Results and Discussion

The results of the study have been presented under various sections, each focusing on the objectives of the study. The data has been presented by illustrations in the form of tables and figures. Mainly the following sections have been made:

- Profile of respondents
- Asses the Knowledge Regarding Menstruation among Sample Women
- Attitude regarding Menstruation among sample women
- Document the practices done by sample women during menstruation

#### Profile of respondents



**Figure 1:** Profile of respondents

Figure 1 highlights profile information of respondent women of Koota. It was observed that most of the respondents were from age group of 15-30 years. Among them four girls were unmarried and below 25 years of age. Only 2% women were above 60 years of age. All respondents belonged to Brahmin caste of varna system and were from economically middle class family.

#### Asses the Knowledge Regarding Menstruation among Sample Women

Menstruation is usually considered as unclean in Indian society. Isolation of the menstruating girls and restrictions imposed on them in the family have reinforced negative attitude towards this phenomenon in girls. This section highlights the knowledge possessed by sample respondents regarding menstruation.

**Table 1:** Knowledge about menstruation among women respondents

Knowledge Regarding Menstruation	Respondents N=87
<b>Received information prior menstruation</b>	
Mother	20 (22.98)
Teacher	11 (12.64)
Family Member	18 (20.68)
Friends	6 (6.89)
Other Sources	4 (4.59)
No information	28 (32.18)
<b>Adequate information</b>	16 (18.39)
<b>Inadequate information</b>	71 (81.60)
<b>Complaints Faced During Menstruation</b>	
Pain in abdomen (Dysmenorrhea )	50 (57.50)
Backache	13 (14.90)
Bodyache	2 (2.3)
Others (Weakness, giddiness, etc.)	10 (11.5)
No problem	12 (13.8)
<b>Remedies during Dysmenorrhea</b>	
Self treatment	53 (60.9)
mother or mother in law	30 (34.5)
Doctor or Gynecologist	4 (4.6)
<b>Reason for monthly cycles</b>	
Physiological or natural Process	63 (72.4)
Menstrual Blood is impure	13 (14.9)
Excessive Bleeding lead to Anemia	0
Curse from God	0
Untouchability	0
Disease	0
Don't Know	0
	11 (12.6)
Any other relevant information	53 (60.9)
*Figures in parenthesis represent percentage	

Table 1 describes knowledge about menstruation among women respondents. Most of the respondents had no prior information about menstruation at the onset of their menarche. Among the respondents who were aware of menstruation, many of them had received this information from their mother or elder sister. Even 4.59% of respondents received information from TV advertisements about sanitary pads. The information received was inadequate as per 81.60% respondents quoted that the information they received was incomplete. More than half of the respondents suffered from dysmenorrhea during menstruation. 13.8% sample women did not faced any medical problem during menstruation

It was observed from the table that most of the sample women do not referred any doctor or gynecologist for dysmenorrhea and relied on self treatment. Even 34.5% women followed instruction of mother/ mother in law for treatment of dysmenorrhea. Menstruation as physiological process was perceived by 72.4% of women and 14.9% of respondents considered menstrual blood as impure. 12.6%

women were not aware about cause of monthly cycles. Most of respondents believed that these monthly cycles were relevant and important for fertility, pregnancy and motherhood.

**Attitude regarding Menstruation among sample women**

The menstruation taboos have firm roots in Indian society till today. Menstruation is such an issue which is often misted up by various myths and misconceptions in our society. This section relates to attitude regarding menstruation among sample women.

**Table 2:** Attitude about menstruation among sample women

Attitude About Menstruation N= 87	Yes	No
Restriction in household task during menstruation is not significant	34 (39.08)	53 (60.91)
Self- esteem increases after menarche	63 (72.41)	24 (27.58)
Menarche signals the body is functioning normally	72 (82.75)	15 (17.24)
God will not curse family members if cultures / taboos are not followed during menstruation	36 (41.37)	51 (58.62)
Increase in supplementation of nutritious food is necessary during menstruation	80 (91.95)	7 (8.04)
Men will not become sick when menstruating female touch them	42 (48.27)	45 (51.72)
Menstruating female should take bath	77 (88.50)	10 (11.49)
Menstruating females can eat dairy and sour items	68 (78.16)	19 (21.83)
We should make our daughters aware about taboos related to these cycles and make them practice all	37 (42.52)	50 (57.47)
Need to create awareness regarding menstrual practices	83 (95.40)	4 (4.59)

Figures in parenthesis represent percentage

Table 2 depicts attitude about menstruation among sample women. It was observed that majority of women do not believed that there should be restrictions in house hold task during menstruation where as 39.08% felt that restrictions are necessary especially in worship places as these restrictions were set by their elders for family betterment. 72% of respondents considered menarche as normal body function. 36% sample women reported that God will curse their family, if they do not followed the set taboos. A mix response was observed in attitude towards men becoming sick, when touched by menstruating women. 51.72% felt that no health hazard happens to their men, where as 48.27% believed that their men will become sick, if they touched them during monthly cycle.

Majority of women respondents agreed that supplementation of nutritious diet is necessary during menstruation. Most of sample women reported bathing essential during monthly cycles where as 11.49% responded bathing as not healthier practice. They believed that bathing decreases body temperature and makes uterus weak. Though many respondents (42.52%) wanted to make their daughters aware of taboos and practices related to monthly cycles. They believed that their daughters may need to practice these taboos in their in laws house after marriage under in laws influence.

**Document the practices and taboos done by sample women during menstruation**

Many beliefs and taboos relating to menstruation exist in society especially Brahmin class. These are mainly related to freedom of movement, restrictions of some types of foods, avoidance of certain day-to-day rituals. Many sociocultural prohibitions are still noticed during menstruation, which result in adolescent girls remaining unaware of the scientific realities and hygiene health practices, which result morbid health outcomes.

**Table 3:** Practices related to health and hygiene during menstruation

Practices	Respondents N=87
<b>Use of material during menstruation</b>	
Trash clothes	6 (6.89)
Re uses used clothes	9 (10.34)
New cloth	0
Sanitary Pads	72 (82.75)
<b>Changing Pad Per Day</b>	
2-4 hours	7 (8.04)
4-6 hours	21 (24.13)
6-8 hours	44 (50.57)
8-12 hours	15 (17.24)
<b>Washes hand after changing pad</b>	
Yes	80 (91.95)
No	7 (8.04)
<b>Do you have bathroom facility at home</b>	
Yes	79 (90.80)
No	8 (9.19)
<b>Perineum care</b>	
Morning & Evening	71 (81.60)
After every urination and defecation	16 (18.39)
While taking bath	0
Whenever feel discomfort/ necessary	0
<b>Articles used to clean perineum</b>	
Soap & water	56 (64.36)
Water alone	21 (24.13)
Medicated soap	10 (11.49)
<b>Properly disposal of used pads</b>	
Yes	74 (85.05)
No	13 (14.94)
<b>Takes bath daily during menstruation</b>	
Once	50 (57.47)
Twice	35 (40.22)
Thrice	2 (2.29)
None	0

Table 3 highlights practices related to health and hygiene during monthly cycles. It was seen that most of the respondents were using sanitary pads during menstruation. Half of the sample women changed pads every 6-8 hourly during their monthly cycles. Most of women washed their hands after changing the pad but 8.04% women were not practicing it. Even 9.19% sample respondents do not bathroom facility at their homes. 14.94% sample women were not aware about disposal of used pads. More than half of sample women were having regular bath during menstruation.

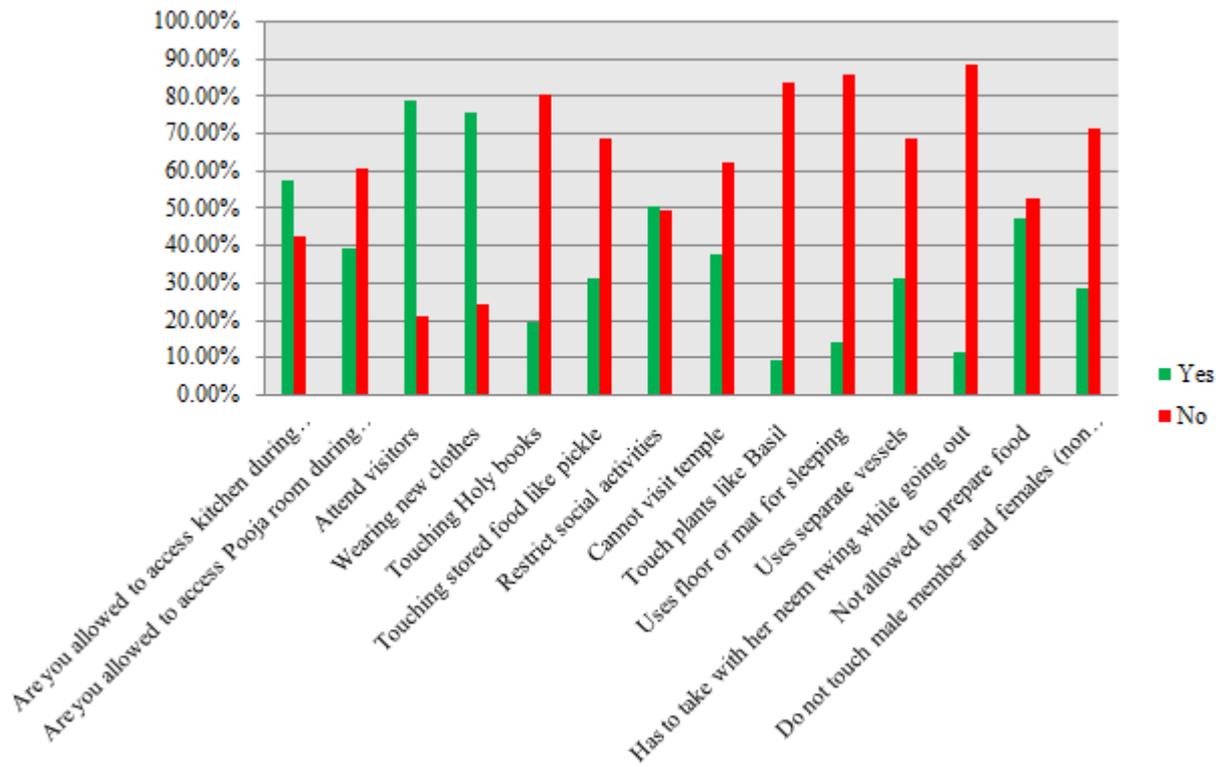


Figure 2: Taboos still practiced by sample respondents

Figure 2 represents taboos still practiced by sample women. It was observed that only 57.5% of sample women were allowed to access kitchen during menstruation. Nearly 61% of respondents were not allowed to access Pooja room during monthly cycles. Majority of women do not touched holy books and worship idols during their menstruation. More than half of respondents do not visit any temple or holy place during these five days. Few respondents (13.8%) even slept on floor and many (31%) used separate utensils during menstruation which made condition more worse. 47.1% of respondents used to cook food in kitchen due to non availability of any other female member in the house.

#### Reason for these taboos

Though all women respondents felt that these taboos and practices should be stopped but practically they all still persist in our society especially in Brahmin class. The respondents agreed to the fact that these taboos make women irritated and socially excluded, leaving them alone and frustrated during those five days. These practices should be stopped but many respondents felt that old women of house do not allow to stop these taboos. Elder people believed that these practices are essential part of community and should be taught to younger generation also. Rather than focusing on scientific and medical perspectives of menstruation, people focus on practicing these social taboos, which make women socially excluded.

#### 4. Conclusion

It was found in present study that respondent women were well equipped with knowledge about health and hygiene, despite that they were indulged in practicing these taboos related to monthly cycles. Most often women preferred old home remedies for dysmenorrhea rather than going into its root cause. Many respondents felt that these restrictions are

not essential and awareness should be created to stop these practices. Sample women considered old rituals and elderly persons especially women (mother in law, mothers and grand mothers) ideology which do not allow to stop these practices at home and play as major hindrance in braking the ice.

The present study reported, the mother of the adolescent girl was the primary source of information regarding menstruation. Similar results were found in studies done by various researchers (5,6,7). In the present study, the percentage of the women not allowed to do religious activities was mostly found. A study was done in a rural area in West Bengal elicited that restricting sour food and not visiting temple and touching religious idols have been the most common restrictions observed in home settings on menstruating women (8). A study done among school going adolescent girls residing in tribal social welfare hostels in Kuppam from April to September 2015 found Sanitary pads usage during menstruation was seen in 78.5%, and disposal of absorbent was by throwing them into the dust bins in 58.0% people (9). Cause of menstruation was believed to be physiological by 86% of the girls in a study done in Singur (10) similar to present study where 72.4% respondents agreed to it. Numerous studies report that taboos associated with menstruation makes women irritable, depressed and socially excluded (11,12,13,14).

Some regions and families are stricter than others, but for the most part the Hindu menstrual taboo is so deeply imbedded in Indian culture and society that even non-religious and anti-taboo people still practice it. In some cases, young women afraid of being shunned or of offending their elders still participate in the restrictions despite their personal objection to the taboo. People receive the taboo differently, some agree with its continuation for religious

purposes, while others are displeased with the practice altogether. Need based awareness programs focusing on menstrual health and hygiene should be done to impart knowledge about menstruation. Non-government organizations and Government agencies should come forward to educate rural women both married and unmarried about monthly cycle, menstrual hygiene, importance of toilets at homes, hand washing, reproductive tract infections. Scientific approach should be adopted to tackle the taboos related to menstruation.

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