

Sociocultural Practices and Attitudes Regarding Menstruation Among Mothers of Adolescent Daughters in Mangalore, South Karnataka, India



Social Science

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ABSTRACT

Menstruation is a natural growth process which every female passes through. It is a natural phenomenon necessary for human reproduction. Though it is a natural process, a lot of negative attitudes are attached to menstruation in India and elsewhere. Mothers play a major role in guiding their daughters at menarche which is a very crucial phase of physical changes accompanied by emotional and psychological and social relationships. Daughters look for guidance and close emotional support from mothers. Do daughters get that support? What are the barriers that may pose challenges in this context? The present study is conducted in Mangalore with rural and urban mothers of adolescent daughters who had menarche. The study focuses on rituals, restrictions and attitudes of mothers pertaining to them and also to daughters at menarche and afterwards.

Introduction:

Menstruation is a natural growth process which every female passes through. Though it is a natural phenomenon necessary for human reproduction, a lot of negative attitudes are attached to menstruation in India and elsewhere. Adolescence is a phase of change from girlhood to womanhood (between 10-19 years) where attaining reproductive maturity is marked by a number of physiological, behavioral and psychological changes, the most important being beginning of menstruation. (Shanbhag D et.al.2012)

Adolescent female population is a significant section of the reproductive age group, in India. According to the Planning Commission's Population Projections Report (2000), they account 22.8% of the population i.e. one fifth of the world's population which means that about 230 million Indians are adolescents in the age group of 10 to 19 years and have been on an increasing trend. (Report of Planning Commission - Government of India :2000)

As per 2001 census report, Karnataka's adolescent population (10-19 years) constitutes 21% of which female adolescents are estimated to be half.

Menstruation is the discharge of blood and tissues from the lining of uterus each month. It is called the menstrual period. Menarche i.e. the first instance of getting menstrual period may be an unusual experience. Adolescent girls, who are not prepared for menarche with prior information, may get disturbed by misguided information and get into psychological disturbances and disorientation. (Rajni Dhingra et al (2009); Kumar A and Srivastava K. 2011).

India is a country with a mixture of cultures. The event of menarche is associated with taboos and myths existing in our traditional society. This may at times have a negative implication for women's health, particularly their menstrual hygiene. A menstruating woman/girl is considered unclean in many instances even today, in many sections of our society, for which there is no scientific explanation. (Neeru Sharma et al. 2006).

In some settings, these negative perceptions form the basis for restricting women's religious and social activities; or the creation of social taboos that menstruation may be looked on as more than just a physiological process. (WHO 1999)

The various rituals at menarche, restrictions, superstitions and negative attitudes attached with menstruation are culturally imbibed and accepted through a long term internalization process. This aspect thus gains importance and needs to be examined and analyzed to find out ways and means to address the present generation of mothers for a scientific understanding and move towards a more progressive gender sensitive approach. Mothers play a major role in guiding their adolescent daughters on

healthy menstrual knowledge and practices. Therefore mothers who have adolescent daughters who have attained menarche are selected for this study.

Objectives:

1. To study historically the rituals for mothers during their menarche and to compare with the rituals performed at their daughter's menarche in urban and rural areas.
2. To analyze and compare restrictions for mothers and daughters after attaining menarche in urban and rural areas.
3. To find out the attitudes of the twenty-first century mothers towards menstruation.

Material and methods:

This exploratory study was conducted with mothers of adolescent daughters who have attained menarche. Data was collected after ethical clearance from the institutional ethics committee and informed consent of the participants. A total of 1000 mothers were selected at random from two rural and two urban areas of group housing sites in Mangalore, Karnataka state of Southern India of which 543 mothers of adolescent daughters who had menarche were interviewed. These mothers were interviewed using a structured interview schedule which was pretested and validated. The structured interview schedule consisted questions mainly on socio-demographic variables, age at menarche, information regarding mother's knowledge, attitude and practice, rituals performed at menarche, restrictions, health problems, health seeking behavior, mothers' response to daughter's menarche, need for education etc. The responses were recorded by the interviewer, after the questions were read out to the participants. SPSS version 17 software was used for analysis. Chi-square test was used for comparison and $P < 0.05$ is considered to be significant.

Results:

The study population consisted 258 (47.5%) women from rural and 285 (52.5%) from urban areas. 370 (68%) of the respondents were in the age group of 36-45 years, 117 (22%) in the age group of 35 and below (minimum age of responded mothers was 30) and 56 (10%) in the age of 45-50 years respectively. 75% of the respondents were Hindus, 12% Muslims, 6% Christians, 4% Scheduled Caste and 3% Scheduled Tribes. Education wise, 332 (61%) of the respondents had education up to 7th standard, 61 (11%) had high school education (grades 8 through 10) and 7 (1%) studied up to pre-university level (grades 11 & 12) or higher. Only one participant had a post graduate qualification. 143 (26%) had no formal education. 449 (83%) of the respondents were employed, whereas 94 (17%) were not. Nearly half i.e. 271 respondents were beedi rollers (a local cottage industry), 58 (11%) had unskilled jobs, 10% in service sector jobs, 2% in skilled jobs and 10% were found in other petty jobs respectively. Of the total families, 40% families earned an income less than Rs.5000 (USD 80) per month, 34%

earn between Rs.5001 to Rs.9000 (USD 81-144) and 26% earn above Rs.9000 (USD 145) per month.

Rituals at menarche:

Responses on rituals performed at menarche revealed that traditionally some rituals were followed at menarche among Hindu community. Immediately after menarche the girl was made to sit on coconuts (three or five) under a coconut tree. Washer women (if available) otherwise *mutthaide women* (married women whose husbands are living) would pour three pots of water on the girl. The girl was then made to sit outside in a secluded room or in verandah during menstrual period. She would not be allowed to touch anybody. She would be served with food and other requirements there itself. This practice would repeat at every menstruation period, till menopause. Once the menstrual cycle at menarche is over, she would be dressed like a bride, be presented with gifts and the occasion celebrated with festivity. Then she would then be taken to the temple for a sacred bath which is called *thirthasnana* (holy dip). Later she would be sent off to stay at her grandmother's (maternal) house, or else to her maternal uncle or aunt's house. These rituals were observed mainly among Hindu community. The local Scheduled Caste and Scheduled Tribe Communities also followed the same rituals. Muslim and Christian communities do not follow any rituals.

After menarche for few days the girl would be given fenugreek rice, preparations along with fenugreek, gingili, beaten rice, jigery, etc. in some families.

Table No 1

Rituals at menarche for mothers and daughters in rural and urban n=543

Area	Rituals for mothers		Total	Rituals for daughters		Total
	Yes	No		Yes	No	
Rural	111 (43%)	147 (57%)	258 (100)	56 (21.7%)	202 (78.3%)	258 (100)
Urban	81 (28.4%)	204 (71.6%)	285 (100)	25 (8.8%)	260 (91.2%)	285 (100)
Total	192 (35.4%)	351 (64.6%)	543 (100)	81 (14.9%)	462 (85.1%)	543 (100)
P <0.001				P< 0.0005		

From the findings of Table No. 1 it is evident that there is a decline in the prevalence of rituals from mother's time (35.4%) to daughters (14.9%). There is significant difference between urban and rural and rituals at menarche for mothers ($p < 0.001$) and also for daughters ($p < 0.0005$).

Table No. 2

Religious and social restrictions for mothers

Opinion	Religious restrictions			Social restrictions		
	Rural	Urban	Total	Rural	Urban	Total
Yes	246 (95.4%)	264 (92.6%)	510 (93.9%)	206 (79.8%)	136 (47.7%)	342 (63.0%)
No	12 (4.6%)	21 (7.4%)	33 (6.1%)	52 (20.2%)	149 (52.3%)	201 (37%)
Total	258 (100)	285 (100)	543 (100)	258 (100)	285 (100)	543 (100)

There were various forms of restrictions on women and adolescent girls after menarche and during menstrual periods. Restrictions were mainly religious and social in nature. 93.9% of the respondents had religious restrictions and 6.08 % had no restrictions during menstruation. Religious restrictions included restriction from entering temples and prayer rooms, conducting *poojas* (prayer), touching holy scriptures (e.g. *Quran*), performing *namaz*, *Ramadan* fasting, performing any religious rites, touching any pooja materials, lighting *diyas* (clay lamps), not participating in any religious functions, etc. Of the total re-

spondents 63.3% had some or the other social restrictions and 37.3% did not.

Table No: 3

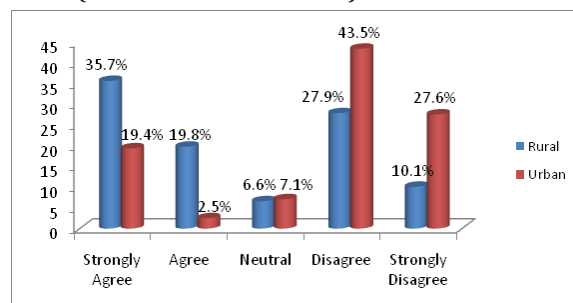
Restrictions for daughters during menarche and menstruation (n=543)

Opinion	Religious Restrictions			Social Restrictions		
	Rural	Urban	Total	Rural	Urban	Total
Yes	241 (93.4%)	257 (90.2%)	498 (91.7%)	180 (69.8%)	106 (37.3%)	286 (52.8%)
No	17 (6.6%)	28 (9.8%)	45 (8.3%)	78 (30.2%)	179 (62.8%)	257 (47.2%)
Total	258 (100)	285 (100)	543 (100)	258 (100)	285 (100)	543 (100)

Unlike traditional rituals, religious restrictions continued for daughters without much change. Religious and social restrictions were reported among 91.7% and 52.8 % of daughters. Although there was not much difference for religious restrictions but significant difference was found for social restrictions for daughters in rural area (69.8%) as against 37.2% in urban area. It was observed that social restrictions for mothers were more as compared to daughters. From the mothers' narrations about their menstruation it was gathered that "for our daughters today, it is only to restrict them from mingling with male members.....but for us along with restricting most of the social movements, we were considered as 'impure' and 'untouchable' during menstruation".

Figure.1

Attitude statement 1: Girl/woman is impure during menstruation n=541 (Rural=258 and Urban=283)



For this negative statement about 'impurity during menstruation', 56% of the respondents in rural area agreed as against 38 % who disagreed with the statement. But in urban area a majority of respondents i.e. 71% disagreed with the statement as against 27% agreed with the statement. The observed difference in attitude between rural and urban locations was found statistically significant ($p < 0.0005$).

Table No.4

Attitude statement - 2 "Women should not enter temples/prayer halls during menstruation". n=541

Area	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	P value
Rural	170 (65.9%)	63 (24.4%)	8 (3.1%)	15 (5.8%)	2 (0.8%)	258 (100)	<0.005
Urban	161 (56.9)	72 (25.4%)	33 (11.7%)	15 (5.3%)	2(0.7%)	283 (100)	
Total	331 (61.2)	135 (25%)	41 (7.6%)	30 (5.5%)	4 (0.7%)	541 (100)	

Most of the mothers (86%) agreed with this statement of religious restrictions during menstruation of which 61% strongly agreed. This confirms that most of the women still accept religious restrictions during menstruation.

Discussion:

In a study conducted in Nagpur by Thakre et al (2011) 285 out of 387 (73.6%) girls were found to practice different restrictions during menstruation. 102 (26.4%) of the subjects did not practice any restrictions. Among the 285 who did, 173 (71.8%) girls did not attend any religious functions or visit temples. As regards restrictions during menarche and menstrual periods in the present study 93.9% of the respondents (mothers) had restrictions at menarche and during menstruation. Religious restrictions were reported among 93.9% mothers and 91.7% daughters. Similarly 63 % mothers and 52.7 % of daughters had social restrictions. Location wise difference was found significant with regard to social restrictions. 79.8% mothers and 69.8% of daughters in rural area had social restrictions as against 47.72% mothers and 37.20% daughters in urban area. Belief on menstruation as impure and practice of social untouchability and social distancing was prevailing during mother's time, specifically during menstrual periods but in the daughter's time it was about maintaining distance from men after attaining menarche and not specifically during menstruation. But in urban area social restrictions are less reported.

In a study conducted by Bassiouny et al (2013) in Egypt the majority of girls (73.1%) girls felt that "menstrual blood is impure". In the present study 56% of women agreed that 'girl/woman is impure during menstruation'

In a study conducted by Sharma et al (2006) it was found that all the girls (100%) of the Brahmin and Rajput community avoid going to temple during this period. In the present study 86% mothers agreed with the statement that 'we should not enter temples or prayer halls during menstruation, showing a concordance on the religious beliefs across the country.

Conclusion:

This study confirms the widespread existence of rituals, negative attitudes and restrictions on menstruation among mothers of adolescent daughters in the study area and explores the need to change the perception of women, with a scientific outlook which may further strengthen the knowledge and skill base of women. Furthermore it is hoped that with this knowledge they will be better equipped to provide appropriate gender sensitive guidance, related to menstruation and provide support to their daughters at menarche and after.

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