



Attitude Towards Menstrual Restrictions: An Exploration

Dr. Shipra Shukla¹ Dr. Swati Gupta^{2*} Prof. Ambalika Sinha³

¹Assistant Professor, Department of Humanities and Social Sciences, Shri Ramswaroop Memorial University, Barabanki, Uttar Pradesh

²Assistant Professor, Dept. of Psychology, Allahabad Degree College (Affiliated to University of Allahabad), U.P.(Corresponding Author).

³Consultant at Health Gennie

(Received: 04 February 2024

Revised: 11 March 2024

Accepted: 08 April 2024)

KEYWORDS

Menstruation
Menstrual
Restrictions
Attitude
Cultural
Beliefs

ABSTRACT:

Introduction: Menstruation is a natural physiological process which signifies healthy female body but the beliefs and practices associated with it are culturally constructed. In our society prevailing socio-cultural notions consider menstruation as impure and malign and therefore justify the restrictions imposed on menstruating women.

Objectives: This study aims to investigate the current scenario of attitude towards menstrual restrictions and role of culture-specific factors affecting it.

Methods: It is considerable that there is no standardized tool to measure attitude towards menstrual restrictions. The researcher has tried to develop a questionnaire based on the data taken from interviews and previous studies. The questionnaire contains 25 items on seven-point (1= strongly agree to 7= strongly disagree) rating scale. The questionnaire has been circulated through Google forms and collected 334 responses. People of age ranging from 16 years to 52 years have participated in the study. Exploratory factor analysis has been utilized for extracting factors and validating the scale.

Results: The results indicate that the respondents have unfavorable attitude towards menstrual restrictions. Moreover, impact of sex, level of education, marital status, geographical demography and family type on attitude towards restrictions has also been assessed and further comparisons have been made between the levels within each demographic variable.

Conclusions: The study offers several policy recommendations useful for policy formulation.

1. Introduction

Menstruation is a natural developmental milestone which has been gravely stereotyped and tabooed since ages. Taboos and restrictions imposed on menstruating women have been accepted in most of the societies. In India, social and religious notions that portray menstruating women as impure, untouchable and formidable have been normalized in every social stratum [1]. Several factors such as education, communication, media and change in familial structure have led to the dilution of these restrictions [2]. In this study the researcher aimed at exploring the attitude towards restrictions on

menstruating women. Menstrual taboos are pervasive in nature; vary across cultures in terms of severity and laxity depending on socio-cultural variable [3]. In India, there are some factors that are affecting the nature and degree of severity of menstrual taboos and consequently have impact on the attitude towards menstrual restrictions. These factors have been sorted as followings:

1. Religious factors – In Indian context, mythological and religious texts have been interpreted in such a way that these reflect a wide negative range of attitude towards menstrual process [4,5] asserted that



rituals and customs, which are usually inherited, irrespective of community, caste and religion reflect beliefs and attitude towards menstruation. In India, all major religions depict menstruating women as impure, hurtful and polluting; except for the Sikhism. Sikhism views menstruation as a natural process and Guru Nanak strongly condemns the opinion of impurity of menstruating women [6].

Traditional beliefs that connect evil spirits, shame and disgust with menstruation tend to strengthen the cultural practices and religious customs. In some cultures, it has been believed that menstrual blood is dangerous and can be used in black magic and other malicious activities [7].

2. Source of information- The most common source of information for a young girl has always been her mother [1,7,8]. In various studies it has been found that mothers are also unaware of the physiological verity and are likely to convey stereotypical and stigmatized view of menstruation [7]. Besides, a variety of media sources (e.g. television, magazine, advertisements etc.) feed people with negative viewpoint towards menstrual process. Menstruation has been portrayed as something which should be hidden and this culture of silence has indirectly perpetuated menstrual taboos and restriction [9].

3. Education- Level of education of young girls and that of parents especially mothers can play a significant role in displacing the orthodox religious beliefs with proper menstrual hygiene practices. Chandra-Mouli & Patel [10] have revealed in their study that level of education has a significant effect on the abstinence from visiting religious places. Moreover, Garg & Anand [7] in their study have recommended sensitization of the grass root level health workers such as- Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwife (ANM) and Anganwadi workers about the physiology of menstruation so that they can further propagate this information in the community which will result in fading away of menstrual myths [11].

4. Type of family- Montgomery [3] discussed that in nuclear family disengagement of menstruating women from daily home chores perturbs family routine; hence in societies predominantly with nuclear families taboos would be less restraining. Myths and misconceptions in

India have been conveyed and enforced through attitudes and practices of the elders in family [5].

5. Social stigma- Menstruation has been stigmatized in Indian society because of the culture of silence; myths and superstitions further strengthen the stigma [12]. A young girl's reaction to menarche depends upon her level of preparedness, awareness and knowledge about the process. The manner in which a girl learns about restrictions and seclusion during menstrual period influences the nature of attitude (positive or negative) towards menstruation. Lack of propagation of scientific facts along with socio-cultural restrictions reinforces the stigma about the issue [13].

6. Role of men- The most crucial feature of this study is that it illustrates the role of men in attitude (menstruation related) formation and consolidation. In our society, majority of men who consider menstrual blood and menstruating women as impure and ominous, are among the propagators of taboos and stigma surrounding menstruation [14]. Men are mostly unfamiliar with the physiology of menstruation and are deeply influenced by its mysterious nature. Men understand menstruation in terms of some restrictions imposed on menstruating women and they tend to infer that menstruation affects women negatively [15]. Men can bring changes in prevalent cultural norms regarding menstruation, if they participate in menstrual hygiene interventions [16].

These factors work as both propagating and maintaining factors. Since these restrictions have been backed by religious texts, therefore these are rarely challenged and being followed blindly [4]. Some of the most commonly practiced restrictions have been discussed below:

Religious restrictions are the most rigorously followed restrictions. Raina and Balodi [13] found in their study that 81.33 percent of the girls refrain from any religious activities. Besides, many other researchers have found that menstruating women have been restricted from visiting religious places, performing religious rituals and going into 'puja' room in their houses [7,10,15,17]. Moreover, Guterman, Mehta & Gibbs [18] stated in their study that in Islam there are no social restrictions on menstruating women as it does not consider them possessing any 'contagious impurity'. Islamic law considers menstruating women impure only for religious functions.



Menstruating women are not allowed to enter in kitchen, cook food, serve food, touch stored food and touch sour food such as pickle. It has been believed that menstruating women contaminate the food they prepare [10, 13, 15, 17].

Seclusion during menstrual periods has also been observed in some societies. Menstruating women live either in shed away from home or in a separate isolated room mostly towards the back of the house. They use separate utensils, cloths and bedroll. They are not allowed to wash or bath in the river or main source of water [18]. At societal level, menstruating girls and women are averted from attending school, marriage or any auspicious function and social gatherings [13, 17].

Sharma [19] has very interestingly put forward that isolation period signifies 'period of rest' but women described that it comes with some conditions. During menstruation they are supposed to be involved in some of the household chores (such as cleaning); while simultaneously refrain from other works (such as cooking). This duality is suggestive of curtailed freedom rather than 'period of rest'.

From past few years people have open up to discuss menstruation and issues related to it, but a large segment of our society still has rigid orthodox attitude towards menstruation. There are some factors like- increased level of awareness, knowledge, change in familial structure have provided some flexibility to the menstruation related restrictions.

Rationale of the study-

1. Indian society is witnessing the transition phase; people have opened up to discuss the issue of menstruation in terms of hygiene and health but, conversely, unlikely to give up certain menstrual restrictions.
2. The researcher has not found any relevant literature pertaining to attitude towards menstrual restrictions in Indian context.
3. There is a need to understand male perspective towards menstrual restrictions in male dominated Indian society [5]. The gender gap (in terms of subordination, communication and rigidity) and generation gap (taboo and shame) regarding the issue

pose as an obstacle in awareness and knowledge about the issue.

4. Guterman, Mehta & Gibbs [18] emphasized on the need of study encompassing differences in location (rural versus urban) and also on the educational differences. It will help in drawing a true picture of current scenario so that it may enable us to rectify our approaches and bring required changes.

Objectives of the study: This study aims at-

1. Exploring a general attitude towards menstrual restrictions.
2. To study the difference between men's and women's attitude towards menstruation related restrictions.
3. To look into the differences in attitude towards menstrual restrictions among the groups of participants based on- marital status (married versus unmarried), geographical demography (rural versus urban), familial structure (nuclear versus joint), religion (Hinduism versus Islam mainly) and level of education.

Hypotheses:

Ho 1: There will be no difference between the attitude of males and females towards menstrual restrictions.

Ho 2: There will be no difference in the attitude of people having urban and rural background towards menstrual restrictions.

Ho 3: There will be no difference between the attitude of married and unmarried people regarding menstrual restrictions.

Ho 4: People living in nuclear or joint family will not differ significantly in terms of their attitude towards menstrual restrictions.

Ho 5: There will be no difference in the attitude towards menstrual restrictions among people having different religious beliefs.

Ho 6: People of different level of education will not differ significantly in terms of their attitude towards menstrual restrictions.

Data Methodology:

Study design: The present study is an online cross-sectional survey study. In this study total 334 participants



gave their consent to give response on the survey questionnaire. People from various states of the country have participated in the study. The age range of participants is from 16 years to 52 years with mean age of- 25.5 years (please refer to table 1).

Table 1 is depicting sample profile (N= 334)

Gender of Participants		Geographical Demography	
Female	Male	Urban	Rural
232	102	296	38
Marital Status		Type of family	
Married	Unmarried	Nuclear	Joint
76	258	246	88

Tools: There is no standardized tool for measuring attitude towards menstrual restrictions. The researcher has tried to develop a tool on the basis of interviews and previous studies. The survey questionnaire contained 25 items, on seven-point rating scale, related to menstrual restrictions. In the questionnaire, higher the score implies more unfavorable attitude towards menstrual restrictions. More specifically, items are related to religious restrictions, social restrictions, kitchen related restrictions, seclusion, orthodox beliefs about restrictions and abolition of restrictions. The researcher believes that there are some restrictions that are logical and menstruating women should follow such as- not lifting heavy things, eating junk food and avoiding excess physical work. These restrictions were not included in the questionnaire.

Method of data collection: The questionnaire has been prepared using Google Forms and circulated through e-mails. The process of data collection commenced in the first week of August 2023 and it was continued till mid-September 2023. The minimum sample size (n=334) is determined using G* Power 3.1.9.7 (HHU, Germany) to detect a medium effect size (0.4), with a power of 0.95 and alpha 0.05 [19].

Ethical Approval:

Potential participants were informed about the objective of the survey and were asked to give their voluntary

agreement before taking part. The study also enforced strict adherence to anonymity in order to maintain the confidentiality of the respondent's identity. The study adhered to the ethical guidelines outlined in the 1964 Helsinki statement and its subsequent revisions, or equivalent ethical norms. The study was conducted and reported in accordance with the rules provided by the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). This investigation employed an online questionnaire that was distributed to the whole population of India, without seeking formal ethical permission [20].

Data Analysis:

Preliminary analysis: Since there is no other measure of attitude towards menstrual restrictions the obtained data was subjected to exploratory factor analysis (EFA). Principal component analysis (PCA) was used as the extraction method and Direct Oblimin was the method of factor rotation as the items were not independent. Assumptions of factor analysis were tested out by Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. KMO value was 0.77 (greater than 0.70) and Bartlett's test value was significant at 0.00, this indicates that the data is suitable for factor analysis. By EFA, the 25-items scale was reduced to 21-items scale and items were further grouped under six factors. These factors explained 63.68 percent variance with Eigen value greater than 1. Pattern matrix and structure matrix both have been taken into consideration for factor loadings. Pattern matrix displayed that in factor six only one item IN 22 was loaded, while in structure matrix this item was loaded in factor three too. There were three items that were not suitably placed under respective factors (depending on the nature of other items loaded in that factor). By using their loadings in structure matrix, the factors were shifted under more appropriate factors and the sixth factor was deleted.

The five factors were labeled as- i) Kitchen related restrictions; ii) Religious restrictions; iii) Conservative beliefs; iv) Outdoor restrictions; v) Menstruation is normal. The concise EFA results have been displayed in Table 2. (Please refer in Appendix as Table 2). Reliability for the scale has been computed using Cronbach alpha and it is found to be 0.808 for 21 items.



Results & Discussion:

The seven-point rating scale was developed to explore favorable or unfavorable attitude towards menstrual restrictions. Higher score on the scale signifies more unfavorable attitude towards menstrual restrictions. Mean and standard deviation (SD) of the obtained data are 6.45 and 0.58 respectively (please refer to Table 3). This implies that the respondents have unfavorable attitude towards menstrual restrictions. The obtained data is found to be heavily negatively skewed.

Table 3: Showing mean and standard deviation (SD) of groups based on sex, present location, marital status and type of family.

Groups based on		N	Mean	SD
Sex	Female	232	6.53	0.46
	Male	102	6.27	0.77
Present location	Urban	296	6.49	0.54
	Rural	38	6.19	0.76
Marital status	Unmarried	258	6.54	0.52
	Married	76	6.14	0.66
Type of Family	Joint	88	6.33	0.71
	Nuclear	246	6.50	0.52

Authors calculation using SPSS

The above table suggests that females have more unfavorable attitude towards menstrual restrictions than males. People residing in urban areas, people who are unmarried and those who are living in nuclear family have more unfavorable attitude towards menstrual restrictions as compared to people of rural background, married people and those living in joint families [21]. Mean values for all the groups are more than 6 this implies that people do not have favorable attitude towards menstrual restrictions imposed on women.

The differences between the mentioned groups have been further analyzed to check the significance of these differences. Mann-Whitney U test was used to test hypotheses. Summarized results are given in the table below (please refer in appendix as Table 4):

The table 4 shows the grouped mean ranks that are based on marital status differ significantly in terms of attitude

towards menstrual restrictions. It illustrates that unmarried people have more unfavorable attitude towards menstrual restrictions as compared to married people. Moreover, Kruskal-Wallis test was used to check the level of significance of the differences among the groups based on level of education. The differences of grouped mean ranks were not significant as the p value was 0.249 which is greater than 0.05. Therefore, H_0 is retained.

Menstruation related stigma and taboos have been deep-seated for very long period of time but now with changing societal and cultural milieu some flexibility have been observed. This change is perhaps due to the awareness and increased sources of information (radio, television, magazines, movies, websites etc.) regarding menstrual process and its significance. Another reason for this change as discussed by Sharma [21] is the dilution of religious rigorous beliefs which led the practitioner to renounce some religious rituals.

Selvi and Ramachandran [22] have conducted a study on socio-cultural taboos in Tamil Nadu. They have described in their study that majority of the respondents fell into the category of low or moderate practice. This is suggestive of respondents' unfavorable attitude towards menstrual restrictions and hence it supports the results of present study. Further, their study revealed that respondents who were unmarried, follower of Hinduism, living in urban area, belonging to joint family and having a lower level of education (high school) are those who rigorously follow the socio-cultural taboos. A few variables such as the respondents in the category of unmarried and residing in urban area have comparatively higher score on the socio-cultural taboos Index, is contrary to the findings of the present study. On the other hand, this study supports the results of present study in terms of more stringent restrictions in joint family. Selvi and Ramachandran [22] have not found any significant impact of educational qualification so as in the present study. The differences can be attributed to the cultural differences of Northern and Southern India or things might have changed in the duration of past seven-eight years [23,24,25].

Conclusion:

The results indicated that people have unfavorable attitude towards menstrual restrictions. Our society is undergoing transformational changes which are positive



as far as women's position and health is concerned. Menstrual restrictions tend to negatively affect the psychological health of women which in turn incapacitate them from participating fully in the national development. In this study, male perspective regarding menstrual restrictions has also been explored and it is good to know that male respondents too have unfavorable attitude towards menstrual restrictions. With the collective effort of each section of society such as family members, policy makers, investors, health services providers or the stakeholders menstruating women should be emancipated from irrational menstrual restrictions.

Limitations: The data for this study has been collected through online resources that included well-read population; result might differ in case of more inclusive sample.

References:

1. Gold-Watts A, Hovdenak M, Daniel M, Gandhimathi S, Sudha R, Bastien S. A qualitative study of adolescent girls' experiences of menarche and menstruation in rural Tamil Nadu, India. *International journal of qualitative studies on health and well-being*. 2020 Jan 1;15(1):1845924.
2. Mohammed S, Larsen-Reindorf RE. Menstrual knowledge, sociocultural restrictions, and barriers to menstrual hygiene management in Ghana: Evidence from a multi-method survey among adolescent schoolgirls and schoolboys. *Plos one*. 2020 Oct 22;15(10):e0241106.
3. Montgomery RE. A cross-cultural study of menstruation, menstrual taboos, and related social variables. *Ethos*. 1974 Jul 1;2(2):137-70.
4. Tan DA, Haththotuwa R, Fraser IS. Cultural aspects and mythologies surrounding menstruation and abnormal uterine bleeding. *Best Practice & Research Clinical Obstetrics & Gynaecology*. 2017 Apr 1;40:121-33.
5. Chaturvedi SK, Chandra PS. Sociocultural aspects of menstrual attitudes and premenstrual experiences in India. *Social Science & Medicine*. 1991 Jan 1;32(3):349-51.
6. Bhartiya A. Menstruation, religion and society. *International Journal of Social Science and Humanity*. 2013 Nov 1;3(6):523
7. Garg S, Anand T. Menstruation related myths in India: strategies for combating it. *Journal of family medicine and primary care*. 2015 Apr 1;4(2):184-6.
8. Chothe V, Khubchandani J, Seabert D, Asalkar M, Rakshe S, Firke A, Midha I, Simmons R. Students' perceptions and doubts about menstruation in developing countries: a case study from India. *Health promotion practice*. 2014 May;15(3):319-26.
9. Johnston-Robledo I, Chrisler JC. The menstrual mark: Menstruation as social stigma. *The Palgrave handbook of critical menstruation studies*. 2020:181-99.
10. Chandra-Mouli V, Patel SV. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *The Palgrave handbook of critical menstruation studies*. 2020:609-36.
11. Rajagopal S, Mathur K. 'Breaking the silence around menstruation': experiences of adolescent girls in an urban setting in India. *Gender & Development*. 2017 May 4;25(2):303-17.
12. Kaundal M, Thakur B. A dialogue on menstrual taboo. *Indian Journal of Community Health*. 2014 Jun 30;26(2):192-5.
13. Raina D, Balodi G. Menstrual hygiene: Knowledge, practise and restrictions amongst girls of Dehradun, Uttarakhand, India. *Global Journal of Interdisciplinary Social Sciences*. 2014;3(4):156-62.
14. Erchull MJ. "You will find out when the time is right": Boys, men, and menstruation. *The Palgrave handbook of critical menstruation studies*. 2020:395-407.
15. Mason L, Sivakami M, Thakur H, Kakade N, Beauman A, Alexander KT, van Eijke AM, Laserson KF, Thakkar MB, Phillips-Howard PA. 'We do not know': a qualitative study exploring boys perceptions of menstruation in India. *Reproductive health*. 2017 Dec;14:1-9.
16. Mahon T, Tripathy A, Singh N. Putting the men into menstruation: the role of men and boys in community



- menstrual hygiene management. *Waterlines*. 2015 Jan 1:7-14.
17. Thakur H, Aronsson A, Bansode S, Stalsby Lundborg C, Dalvie S, Faxelid E. Knowledge, practices, and restrictions related to menstruation among young women from low socioeconomic community in Mumbai, India. *Frontiers in public health*. 2014 Jul 3;2:72.
 18. Thapa S, Bhattarai S, Aro AR. ‘Menstrual blood is bad and should be cleaned’: A qualitative case study on traditional menstrual practices and contextual factors in the rural communities of far-western Nepal. *SAGE open medicine*. 2019 May;7:2050312119850400.
 19. Commodari E, La Rosa VL. Adolescents in quarantine during COVID-19 pandemic in Italy: perceived health risk, beliefs, psychological experiences and expectations for the future. *Frontiers in psychology*. 2020 Sep 23;11:559951.
 20. Sultana A, Tasnim S, Hossain MM, Bhattacharya S, Purohit N. Digital screen time during the COVID-19 pandemic: a public health concern. *F1000Research*. 2021 Feb 8;10:81.
 21. Sharma N. From fixity to fluidity: Menstrual ritual change among Hindu women of Nepalese origin. PhD diss., University of Colorado Boulder. <https://scholar.colorado.edu/cgi/viewcontent.cgi>. 2014.
 22. Selvi KT, Ramachandran S. Socio-cultural taboos concerning menstruation: A micro level study in the Cuddalore district of Tamil Nadu, India. *Int J Scientific Res Publica*. 2012 Aug;2(8):1-7.
 23. Gupta, S., Rai, D., & Shukla, S. (2023). COVID vaccine: Social, menstrual and psychological aftermath. *Vacunas (English Edition)*, 24(4), 326-334.
 24. Shukla, S. (2020). Negligence of women health in India: Role of gender biasness and other socio-cultural issues. *International Journal of Economic and Business Review*, 8(9), 5-9.
 25. Shukla, S. (2023). Does digital access to financial services improves social upliftment for sustainable future: An empirical approach in context to social welfare of Indian economy. In *International Applied Social Sciences Congress* (pp. 108-108).

Appendix:

Table 2: Showing values of communalities extraction and factor loadings.

Items	Communalities extraction	1	2	3	4	5	6
IN1	0.63			0.75			
IP2	0.68		0.75				
IN3	0.69			0.76			
IP4	0.58					0.71	
IN5	0.65		0.78				
IP6	0.59		0.70				
IN7	0.62		0.58				
IN8	0.57		0.57				
IN9	0.54					0.40	
IN10	0.79	0.76					
IN11	0.59	0.77					
IN12	0.55	0.59					0.40
IN14	0.70				0.82		



IN15	0.71	0.53		0.49			
IN16	0.65			0.76			
IP17	0.61				0.63		
IN19	0.67	0.57		(0.52)*			
IN20	0.55		0.55				
IN21	0.57		0.48				
IN22	0.65		(0.44)*			0.52	
IN24	0.68		0.67	(0.44)*			
Eigen values		5.21	2.42	1.72	1.54	1.41	1.07

(*indicates the factor loadings of respective items in structure matrix)

Table 4: Showing results of Mann- Whitney U test and decisions taken regarding hypotheses.

Groups based on		N	Mean rank	Ho Decision	Level of significance
Sex	Female	232	87.54	Ho 1: retained	
	Male	102	75.94		
Present location	Urban	296	86.02	Ho2: retained	
	Rural	38	68.29		
Marital status	Unmarried	258	91.12	Ho3: rejected	p < 0.01
	Married	76	59.82		
Type of Family	Joint	88	76.11	Ho4: retained	
	Nuclear	246	86.82		
Religion	Hinduism	268	73.76	Ho5: retained	
	Islam	22	63.77		

Authors calculation using SPSS