



An exploratory study to assess the biopsychosocial practices and attitude towards menstruation among reproductive age group women residing in selected rural areas of district Mohali, Punjab with a view to develop an informational booklet regarding myths and taboos related to menstruation.

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Abstract-

The societal base is constituted of the various age group people and their inception regarding menstruation. The lack of communication and education among community people may initiate the impending reactions towards the practices and attitudes towards menstruation. The aim was to explore the varied biological, psychological and social practices. An Informational booklet containing the myths and taboos along with their facts and realities was also given. A quantitative research approach was used and 200 reproductive age group women of rural areas were selected using convenient sampling technique. The biopsychosocial practices were assessed and the attitude towards menstruation was assessed by self-structured three-point rating scale. The results of the study indicated that the reproductive age group women had varied biopsychosocial practices with neutral attitude to the maximum. There was significant association found between attitude and marital status of reproductive age group women.

Keywords- Biopsychosocial practices, attitude, menstruation, reproductive age group, women, myths and taboos.

INTRODUCTION

Women's life stages are based on the puberty, the reproductive cycle, beginning with menarche, followed by menstruation and ending with menopause. Puberty is that the condition of being or the amount of becoming first capable of reproducing sexually marked by maturing of the genital organs, development of secondary sex characteristics by the first occurrence of menstruation i.e., menarche.¹ Menstruation, or

a menstrual period, is the periodic shedding of the lining of a woman's uterus at puberty. It is one of the indicators of the onset of puberty among them. The menstrual cycle is also the amazing means by which one creates lives. Worldwide, each day, more than 300 million women are menstruating.² Menstruation is a physiological phenomenon which has been related to multiple biopsychosocial elements. Menstrual hygiene practices are affected by cultural norms, parental influence, personal preferences, economic status, and socioeconomic pressures.³ Menstrual beliefs refer to misconceptions, practices and attitudes towards menstruation within a given culture or religion. Menstrual beliefs, knowledge, and practices are all interrelated to the menstrual hygiene management too. These norms are the barriers in the path of good menstrual practices and attitude towards it. In addition to them, the false statements as a rule to be followed strictly are labelled as taboos. Many women experience restrictions on cooking, work activities, sexual intercourse, bathing, worshipping and eating certain foods like curd, orange, pickle etc. These restrictions are due to the overall perception of people regarding menstruation as they consider it dirty and polluting. Menstrual flow was seen as dirty, polluting and shameful, so women hide menstrual cloths for fear of being cursed.⁴ Due to cultural expectations and restrictions many girls are not adequately informed about the realities of menstruation. As a result, they feel subnormal, diseased or traumatized.⁵ These restrictions and the secrecy surrounding menstruation, may in turn, impact negatively on the womanhood, essentially assaulting the women psychologically, degrading their self-image and self-esteem, creating a feeling of shame and undermining the physiological significance of menstruation.⁶ In a family, parents are often seen as much as less discussing about the topics. It is a well-developed notion that the parental lack of overall sexual communication is one of the major specific indicators of worsening condition of the relative menstruation support which could be provided within the family itself.⁷ Good knowledge begets good behavior patterns, practices and positive attitude. Myth, mystery and superstition have long enveloped the facts which in turn hinder knowledge about menstruation.⁸ Teachers have a high responsibility to lean into the issue of the menstruation from serious angle and consequently embrace a practise to facilitate the students with the desired information. They get information about puberty, sexual intercourse, menstruation, and other physiological changes in one's body from books, friends and internet which may be incomplete or inaccurate.⁹ Due to lack of knowledge and social interaction, teasing and taunting with hurtful nicknames are common in schools.¹⁰ This makes it difficult for a girl student to survive in this environment, so they often remain absent from school. Therefore, the awareness given to the girls should be accurate. Necessary information and knowledge about the relative steps to be taken during the menstruation like maintaining hygiene, or otherwise, consulting to the same aged colleagues and friends could create complexities for the reason of lack of sufficient knowledge and experience among the same-aged lobby.¹¹ All these negative responses and dissolute perceptions regarding menstruation lead to a common identifier which is called as "taboo" as indicated earlier. The women undergoing menstruation shall keep silence of their menstruation and the usage of word 'sanitary' attached to the menstrual products itself assign a negative position of menstruating women as 'unsanitary'.¹² Sapkota D et al. 2014 had conducted a study to assess the knowledge and practices regarding menstruation in rural Nepal among school going menstruating females and had concluded that they still faced different types of restrictions like not being allowed to visit holy places, cook and touch male family member etc. Therefore, the traditional beliefs regarding menstruation still persist and menstrual hygiene among the adolescents was found to be unsatisfactory.¹³ Morrison 2011 had conducted a cross-sectional study at Hawaii, United States of America, which had stated that the women's attitudes towards, and their behaviours associated with menstruation, were the result of a complex interaction of cultural beliefs, socialization factors and actual experiences.¹⁴ Whereas, In 2011, Morrison, Larkspur, Calibuso & Brown, 2010; Rumbek et al., 2006; Wong & Khoo, compiled that the attitude towards menstruation can be affected by a woman's age at menarche, her cycle length, her beliefs, practices and the intensity and duration of her menstrual flow, be it any factor otherwise.¹⁵ The expression of generating hostility that could be defined as sexism and has an interconnection with the negative perceptions of menstruating women which often is perceived as the menstrual taboo to stigmatize women and display a devoted benefit.¹⁶ Menstruation as taboo supports strengthening barriers which lead to concealment about menstruation, which is considered to be an irrational first step of menstrual management.¹⁷ Western cultures have traditionally over emphasized the apparent negativity of attitudes to menstruation, centring on concepts of taboo and pollution.¹⁸ Tang et al. 2013 found that traditional Chinese cultural myths and attitudes towards menstruation continued to exist and influenced Chinese adolescent female's reactions to menarche. Various researchers have therefore emphasized the importance of examining the cultural context in menstrual experiences.¹⁹ Bramwell et al. 2002 focused on the differences in menstrual attitudes between two countries with Western cultures and assumed to share very similar attitudes, and found that US and British similarities were less than the differences. These findings suggest that there could be similarities between various cultures as much as the differences.²⁰ For example, Beausang and Razor 2002 studied young Western women's experiences of menarche and menstruation, and found that most of them described their experiences negatively.²¹

NEED FOR THE STUDY

Menstruation is viewed very differently from women to women, family to family and culture to culture.²² Attitudes towards menstruation are often culturally based and may be taught a variety of folk belief and practices at the time of puberty. Females constitute a vulnerable group, particularly in India where they are the most neglected one.²³ Menstruation is considered something unclean or dirty in Indian society. The manner during which a woman learns about menstruation and its associated changes may have an impression process; it's linked with several misconceptions and inadequate practices, which sometimes result into adverse health outcomes and negativism in attitudes towards it.²⁴ Above all, females should be taught about proper hygiene practices too with selections of disposable sanitary absorbent material. This can be promoted and achieved through information, education and communication (IEC) activities like television program, compulsory sex education curriculum in schools and knowledgeable interactions of sociologists, health personnel, teachers and parents with females.²⁵ All mothers regardless of their educational level should be counseled to interrupt their inhibitions regarding discussing with their daughters about menstrual process much before the age of menarche. Universalized use of sanitary pads or absorbent material needs to be advocated to every reproductive age group woman.²⁶ Conducting research on menstruation is an opportunity to explore what young women know about their bodies, to investigate myths and misinformation they may have learned, and explore the extent of the impact of culture and social cognition on the elements of biological processes, marks and stigmas such as menstruation (Chrisler 2013).²⁷ Menstruation and its practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent females remaining ignorant of the scientific facts and hygienic health practices, which sometimes result into adverse health outcomes. Our traditional society discourages open discussion about menstrual issues. The study will help to plan and implement necessary education regarding menstruation.²⁸ However, scarcity of information is found for the context. Furthermore, the researcher aims to provide a contextual and theoretical understanding about biopsychosocial practices, attitude towards menstruation.

AIM AND METHODS

The present study was carried out to assess the biopsychosocial practices and attitude towards menstruation among reproductive age group women residing in selected rural areas of district Mohali, Punjab with a view to develop an informational booklet regarding myths and taboos related to menstruation. A quantitative research approach, an exploratory non- experimental research design and self-structured tool was used for the study. The study was conducted in Daun and Ballo Majra, the selected rural areas of district Mohali, Punjab. Coding criteria was prepared for socio-demographic variables. Self-structured checklist to assess biopsychosocial practices. The total questions were 38 in number. Self-structured rating scale comprised of 20 questions with three-point rating options that were: Disagree, Uncertain and Agree, revealing attitude towards menstruation.

ETHICAL CONSIDERATIONS

- Formal permission was obtained from the ethical committee of Mata Sahib Kaur College of Nursing to conduct the research study.
- Formal permission was taken from the concerned authorities of the selected rural areas of district Mohali, Punjab.
- A formal written consent was obtained from the study participants and a formal written consent was obtained from the below 18 years of age study participants from their legal representatives.

PLAN OF DATA ANALYSIS

The data was organized, tabulated and analysed by using descriptive and inferential analysis.

DISCUSSION

To explore the biopsychosocial practices during menstruation among reproductive age group women residing in selected rural areas of district Mohali, Punjab.

The biological practices during menstruation include the dietary practices which depicted that 81.5% of the participants avoided cold food items such as juice, cold drink, ice cream, cold coffee etcetera. Majority of the sample i.e., 93% preferred hot beverages such as tea, coffee, soups, kaahwa etcetera. People avoiding certain citrus food items such as pickles, curd, orange, lemon etcetera were 78%. As per the bathing practices during menstruation about 39.5% were observed who took bath daily. Around 25.5% preferred hot showers irrespective of weather conditions. About 66.5% avoided washing hair during menstruation. The menstrual hygiene practices during menstruation included the material/absorbent (sanitary napkins/cloth pieces/cotton pads) used by the participants primarily. The values indicated that 38% used sanitary napkins, 35.5% used the cloth piece and the remaining 26.5% used cotton pad.

A similar study was conducted by Ali A S et al 2020 at the outpatient department of civil hospital Karachi, Pakistan and the results showed that 77.8% of the general population and 66.1% of health care workers

avoided bathing on days during menses, with the most common reason being that 'it causes irregular flow'. A higher number of women avoided washing of genital area during menstruation was 31.2%. The most common material used by respondents were pads, followed by cloth. The data showed that 64.2% of females from the general population abstained from eating certain foods.²⁹

Dhingra R, Kumar A, Kour et al 2009 at various districts of Jammu and Kashmir had revealed that 98% of women did not take regular bath during menstruation.³⁰

The disposal for sanitary napkins/cotton pad indicated that 49.6% wrapped and disposed off in the bin, 8.5% disposed off in the bin, 16.2% discarded openly, 6.2% buried them, 17.8% burnt them and 1.5% flushed them. Apart from this only 8% of cloth piece users were reusing the cloth piece. From the count of cloth piece users, only 18.7% washed the cloth piece with water only, 31.2% with water and detergent/soap and 50% washed with detergent/soap and antiseptic. Concerning to the drying of the washed cloth to be reused, about 12.5% lacked private space, 62.5% had feeling of embarrassment and 25% indicated social restraining. Almost 53% of study participants washed their genitals every time after voiding/micturition.

A close contrast study was done by **Drakshayani Devi K, Venkata Ramaiah P A 1994** at rural high school of Guntur District in Andhra Pradesh. The results showed that, all but one used old cloth during menstruation and 25% reused the cloth. A very little, that is 16% disposed of the used cloth through burying, 13% flushed it (into canal).³¹

A similar study was conducted by **Thakre S et al 2011** at health unit and training centre at Nagpur, India. The results indicated cleaning of external genitalia was practised every time by only 33.85% and 66.15% girls did not.³²

The activities of daily living during menstruation include 97% for study participants who agree that menstruation limits their routine activities and prefer to take leave or be absent.

Alike study was performed by **Dambhare D, Wagh S 2012** at District Wardha, Central India. He had concluded that, absenteeism from the school by 13.9% of the subjects was the effect of menstruation related problems during their daily routine.³³

The pain-relieving practices during menstruation were practised by 68.5% which included the remedial measures adopted. They revealed that 48.1% used hot water bottles, 11.1% preferred massage, 7.4% lay in supine position calmly, 22.2% preferred to take nap and 11.1% preferred self-medications/painkillers. Similarly, **Dambhare D, Wagh S 2012** had concluded from his study findings that only 8% of study participants practiced self-medications.³⁴

As per the social practices during menstruation about 84.5% of subjects practiced restrictions/prohibitions. Almost 82% were restricted to enter prayer room, 43% were not allowed to enter kitchen, 44% were not allowed to touch pickles, 6% were not allowed to talk to boys, 0.5% were not allowed to play, 3% were not allowed to attend school, 4% were not allowed to visit public places, 10% were not allowed to attend guests, 2% were not allowed to attend family functions and 14% were not allowed to indulge in sexual intercourse. Only 0.5% of study sample was forced to live in a dark room/isolated area, 1.5% were made to sleep separate, 2% were made to eat separate while 6% were made to be separate from other family members.

A similar study by **Choudhary N, Gupta M K 2019** was done at rural and urban areas of Jodhpur. The results showed that 55% of subjects did not worship and 45% were not allowed to enter kitchen during menstruation.³⁵

Varghese M et al 2015 had concluded that 81% of the participants did not attend religious functions, 56% did not sleep in their usual place and 40% were not allowed to enter kitchen during menstruation.³⁶

Thakre S et al 2011 at health unit and training centre at Nagpur, India had revealed that 73.64% of study participants were practicing social restrictions and remaining 26.36% did not practise any of them.³⁷

FINDINGS

According to the age, maximum number of subjects (49.5%) were in the age group up to 15-25 years and minimum (14.5%) were in age group 36-45 years. It was found that 41% of subjects belonged to Hindu religion whereas only 4.5% belonged to Christian religion. The marital status depicted that 44.5% were unmarried and 6% were widows. The type of family revealed that 43.5% belonged to nuclear but a greater number of subjects (56.5%) to joint family. The distribution of subjects in relation to their educational status revealed that 6% were educated up to primary level and 37% had attained education up to secondary level. The working status depicted that of most of the subjects (56.5%) were working whereas 43.5% were non-working. The dietary pattern depicted that majority of subjects (61%) were vegetarian but on the contrary, only 1% were eggitarian. It has been revealed that 9.5% of the study subjects had attained menarche at 11 years and only 2.5% attained menarche at 15 years of age. Almost 87% of subjects had regular periods and 13% had irregular periods. Around 64% of subjects were aware about menstruation and 36% were unaware, the source of information were the mothers being 71%, friends being 5.4%, mass media being 19.5% and the teachers being only 3.1%. The severity of symptoms by the subjects indicated

that 14% had no symptoms, 77.5% had mild/moderate symptoms and 8.7% had severe menstrual symptoms.

Biopsychosocial practices during menstruation:

The biological practices during menstruation include the dietary practices which depicted that 81.5% of the participants avoided cold food items such as juice, cold drink, ice cream, cold coffee etcetera. Majority of the sample (93%) preferred hot beverages such as tea, coffee, soups, kaahwa etcetera. People avoiding certain citrus food items such as pickles, curd, orange, lemon etcetera were 78%. About 17.5% of the subjects increased turmeric consumption during menstruation. Out of the total number of subjects, 61.5% preferred to have chocolates. A count of 45% participants consumed nuts/dry fruits. About 53.5% avoided spicy food items.

As per the bathing practices during menstruation about 39.5% were observed who took bath daily. About 66.5% avoided washing hair during menstruation.

The menstrual hygiene practices during menstruation included the material/absorbent (sanitary napkins/cloth pieces/cotton pads) used by the participants primarily. The values indicated that 38% used sanitary napkins, 35.5% used the cloth piece and the remaining 26.5% used cotton pad. The disposal for sanitary napkins/cotton pad indicated that 49.6% wrapped and disposed in the bin, 8.5% disposed in the bin without wrapping, 16.2% discarded openly, 6.2% buried them, 17.8% burnt them and 1.5% flushed them. Apart from this only 8% of cloth piece users were reusing the cloth piece, 18.7% washed the cloth piece with water only, 31.2% with water and detergent/soap and 50% washed with detergent/soap and antiseptic.

Concerning to the drying of the washed cloth to be reused, about 12.5% lacked private space, 62.5% had feeling of embarrassment and 25% indicated social restraining. Almost 53% of study participants washed their genitals every time after voiding/micturition. Regarding the material/solution used for the washing and cleaning of the genitals, around 15% used only plain water, 33% used soap and water, 42.4% used antiseptic water and only 9.4% used commercial genital wash and water.

As per the activities of daily living during menstruation, about 97% for study participants agreed that menstruation tend to limit their routine activities. Only 37.5% got support/help in household chores by family members. About 23% preferred to get dressed in dark coloured clothing/wears to cover the incidental soiling/ staining of clothes. Almost 50.5% of the study participants preferred to take leave form school/college/workplace. Around 15% the participants performed exercise/walk/yoga practices. Almost 73% avoided laborious activities such as climbing stairs, lifting up the heavy objects and many. Out of the total sample only 16.5% indulged themselves in self-calming activities such as meditation, chanting the prayers, deep breathing, listening to music etcetera.

According to the sleep hygiene practices during menstruation, almost 57.5% of study participants had effect on their sleep quality. While sleeping during menstruation, only 26.5% preferred the foetal position to relieve menstrual symptoms, 48.5% preferred to have a hot glass of milk before sleep and 12.5% preferred to take bath before sleep.

The pain-relieving practices during menstruation were adopted by 98.5% which include the remedial measures such as hot water bottles which were used by 48.1%, about 11.1% preferred massage, 7.4% lay in supine position calmly whereas 22.2% preferred to take nap and 11.1% preferred self-medications/painkillers.

As per the psychological practices during menstruation, almost 99% of the study sample considered menstruation as a distressing event. Out of entire the sample, 42.1% hesitated/felt ashamed to buy sanitary napkins, 25% preferred to buy sanitary napkins without being seen and 32.8% preferred to buy from a female shopkeeper.

As per the social practices during menstruation about 84.5% of subjects practiced restrictions/prohibitions. Almost 82% were restricted to enter prayer room, 43% were not allowed to enter kitchen, 44% were not allowed to touch pickles, 6% were not allowed to talk to boys, 0.5% were not allowed to play, 3% were not allowed to attend school, 4% were not allowed to visit public places, 10% were not allowed to attend guests, 2% were not allowed to attend family functions and 14% were not allowed to indulge in sexual intercourse. Only 0.5% of study sample was forced to live in a dark room/isolated area, 1.5% were made to sleep separate, 2% were made to eat separate while 6% were made to be separate from other family members.

RESULT

The overall findings of the study revealed that the reproductive age group women had varied biopsychosocial practices. The significant association was found with the marital status. No significant association was found with age, religion, type of family, educational status, working status, nature of

work, dietary pattern, age at menarche, regularity of periods, source of information about menstruation and the severity of symptoms of reproductive age group women towards menstruation residing in selected rural areas of district Mohali, Punjab.

RECOMMENDATIONS

- The study can be undertaken with a larger sample to validate and generalize its findings.
- A similar study can be done among the health care workers to assess the biopsychosocial practices and attitude towards menstruation.
- A comparative study can be conducted to discover different biopsychosocial menstrual practices and attitude toward menstruation between rural and urban reproductive age group women.
- A study can be done to find the attitude of adolescent girls towards premenstrual syndrome.

TABLES/CHARTS/FIGURES

TABLE 1. SOCIO DEMOGRAPHIC VARIABLES

1.3	Marital status			
	Unmarried	89	44.5	
	Married	85	42.5	
	Separated	14	07	
	Widow	12	06	

TABLE 2. ATTITUDE TOWARDS MENSTRUATION

Sr No.	Items	Disagree		Uncertain		Agree	
		(f)	(%)	(f)	(%)	(f)	(%)
1.	Menstrual period is a troublesome/bothersome/debilitating event	01	0.5	45	22.5	154	77
2.	It is a normal physiological phenomenon/natural process	27	13.5	72	36	101	50.5
3.	It is quite alright to discuss about menstruation openly	63	31.5	83	41.5	54	27
4.	It is a welcoming phase of life towards fertility	20	10	100	50	80	40
5.	When I am having my periods, it is to be kept hidden/a secret	15	7.5	114	57	71	35.5

TABLE 4: REPRESENTS ATTITUDE OF REPRODUCTIVE AGE GROUP WOMEN TOWARDS MENSTRUATION SHOWING THAT A FEW SUBJECTS HAD POSITIVE ATTITUDE

Sr no.	Attitude	Frequency	Percentage
1	Neutral	175	87.5
2	Negative	24	12
3	Positive	1	0.5

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