



**STUDY ON MENSTRUAL PROBLEMS AND RESTRICTIONS IMPOSED DURING
MENSTRUATION AMONG UNMARRIED GIRLS OF A RURAL COMMUNITY IN
PUNJAB**

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ABSTRACT

Background: Menstruation” may be defined as a periodic and cyclical shedding of endometrium accompanied by loss of blood. It takes place at approximately 28 days interval between menarche (onset of menstruation) and menopause (cessation of menstruation). In order to enhance the reproductive health of girls, it is important to adopt a systematic strategy for dispelling myths and societal taboos related to menstruation. **Methodology:** The present study was conducted among the unmarried girls of 3 Villages. The sample of 246 subjects was determined by Multistage stratified random sampling technique. Out of which only 229 girls were included in the study because rest of the girls had not attained the menarche and some of them were not willing to participate in the study. **Results:** The mean age of the respondents is 18 ± 3 yrs. 181 (79.0%) of respondents knew about menstruation before menarche. For 80% of the girls source of information about the menarche was mother. 184 (80%) of girls responded that they did not face any restrictions during their period.

INTRODUCTION

Menstruation” may be defined as a periodic and cyclical shedding of endometrium accompanied by loss of blood. It takes place at approximately 28 days interval between menarche (onset of menstruation) and menopause (cessation of menstruation).^[1] It is a normal procedure that begins in females between the ages of 11 and 14 and serves as one of the signs of the beginning of puberty in them. Many studies have revealed that most of the adolescent girls had incomplete and inaccurate information about the menstrual physiology and hygiene. It also revealed that mothers, television, teachers and friends were the main sources who provided information on menstruation to adolescent girls.^[2]

The uniqueness of rural places in the biological environment of presently menstruation women is veiled in secrecy and taboo and should not be discussed in public. As the family's older female members may not be familiar with biological facts or appropriate hygiene practices, they are unable to educate the family's teenage female members and instead pass on cultural taboos and limitations that they have been raised with.^[3]

Many communities restrict menstruating women from various activities such as cooking, touching food, being with family members, attending religious ceremonies and bathing.^[4] Social prohibition and strong bondage with

taboos and traditional beliefs during menstruation and hesitation of parents not discussing the related issues openly to their adolescent daughters has blocked the access to get the right kind of information regarding menstrual hygiene.^[5]

In India, menstruation is regarded as a normal occurrence, a gift from God, and is seen as essential since it confers femininity. Here, various cultures and faiths have varied views on how women should treat their periods. There are various taboos, including the prohibition of menstruation women from entering temples, cooking, and attending weddings etc. Adolescent girls in India have little understanding and a lot of myths regarding menstruation, both before and even after the menarche. Typically, this causes excessive dread, worry, and undesired behaviors. Menstrual behaviors and understanding are influenced by socioeconomic factors as well.

In order to enhance the reproductive health of girls, it is important to adopt a systematic strategy for dispelling myths and societal taboos related to menstruation. Raising girls' understanding of menstruation health and cleanliness is the first and most important measure. Very few studies have included the aspects of menstrual practices among girls of rural areas. It was therefore considered as relevant to investigate the menstruation

related knowledge and behaviour among the unmarried girls. Hence present study was carried out to find the awareness related to menstruation and taboos attached with it in rural population.

OBJECTIVES

1. To study the myths and misconceptions during menstruation.
2. To find the correlates of the myths attached with menstruation

METHODOLOGY

The present study was conducted among the unmarried girls of 3 Villages (Chandpur, Lodhi majra, Dakala) in the rural area of Rupnagar district of Punjab. A cross sectional study was conducted between March 2022 to august 2022. The target population was unmarried girls between 13 to 24 years from rural community of Roopnagar. The sample of the study was determined by Multistage stratified random sampling technique. A total of 246 respondents were surveyed out of which only 229 girls were included in the study because rest of the girls had not attained the menarche and some of them were not willing to participate in the study. Inclusion criteria: Study includes unmarried girls aged 13-24 yrs. in Roopnagar district of Punjab who agreed by giving consent to participate in the study. Exclusion criteria: Girls who had not attained menarche and were not willing to participate in the study. A Semi-Structured questionnaire comprising of three sections was used to collect information related to their demographic profile and their knowledge regarding menstruation. Information regarding taboos faced by them was also asked. Before interviewing informed verbal consent from girls was taken. All possible information regarding the study was given to the participants. Confidentiality of the study subjects was maintained.

Statistical Analysis: Data was entered in MS Excel and analysed using statistical package for social sciences SPSS version 20. Descriptive statistics such as mean, median and standard deviation were applied to describe continuous variables while frequency distributions were

obtained for dichotomous variables. Association between variables were done using Chi-square test. A p value of less than or equal to 0.05 has been considered to be significant.

RESULTS

Table 1: Demographic Variables.

Demographic variables	Frequency (n)	Percentage
Age		
13	19	8.3%
14	14	6.1%
15	16	7.0%
16	17	7.4%
17	26	11.4%
18	27	11.8%
19	29	12.7%
20	29	12.7%
21	19	8.3%
22	13	5.7%
23	10	4.4%
24	10	4.4%
Educational status		
Below 10 th	33	14.1%
10 th	30	13.1%
11 th	53	23.1%
10+2	59	25.8%
Graduate	46	20.1%
Post graduate	48	3.5%

The mean age of the respondents is 18 ± 3 yrs. The maximum number of girls were of 19 and 20 years with 12.7%. Educational status of one fourth of the respondents i.e 25.8% is 10 + 2 while 23% girls were in 11th standard. 14% of the respondent's educational status was below 10th. 75% were studying in English medium whereas only 25 % from Punjabi medium. Majority of the mothers i.e 62.7% were educated between 10th to 12th standard while 3.5 were illiterate. The educational status of father of the respondents was mostly between 10th to 12th and only 4% were illiterate.

Table 2: Information About Menstruation.

Information regarding menstruation	Frequency(n)	Percentage
Already attained menarche		
Yes	229	100%
No	0	0%
Prior knowledge of menarche		
Yes	181	79.0%
No	48	21.0%
Source of information		
Mother	142	62.0%
Elder sister	30	13.1%
Friend	10	4.4%

Table 2 depicts that out of 229 girls 100 % of girls have attained menarche. 181 (79.0%) of respondents knew about menstruation before menarche. For 80% of the

girls source of information about the menarche was mother while 30 (13.1%) attained information from their

elder sister whereas only 10 (4.4%) admitted that they were informed about periods by their friends.

Table 3: Restrictions Imposed During Menstruation.

Restrictions	Frequency (n)	Percentage (%)
Restriction faced		
Yes	184	80.3%
No	45	19.6%
Type of restrictions imposed		
No restriction imposed	184	80.3%
Don't allowed to visit temple	19	8.3%
Don't allowed to enter in the kitchen	17	7.4%
Don't allowed to touch pickle	9	3.9%
Reaction to restrictions imposed		
Accept normally	19	8.3%
Become angry and react	15	6.6%
Become angry but unable to react	10	4.4%
Other	1	.4%

Table 3 depicts the restrictions faced by girls during menstruation. 184 (80%) of girls responded that they did not face any restrictions during their periods while 19 (8.3%) were not allowed to visit temples, 17 (7.4%) of girls were not allowed to enter in the kitchen and 3% of

the girls were not allowed to touch pickle. About 8.3% girls accepted restrictions normally, 15(6.6%) become angry and reacted while 4.4% girls become angry but unable to react when restrictions imposed on them.

Table 4: Relation Variables Medium Of Studying And Restrictions Imposed.

Medium of study			No restrictions at all	Restrictions	Total
English	Count		143	29	172
	Percentage		83.1%	16.9%	100%
Punjabi	Count		41	16	57
	Percentage		71.9%	28.1%	100%
Total	Count		184	45	229
	Percentage		80.3%	19.7%	100%

(Chi square value = 3.407, degree of freedom = 1, p value > 0.05)

Table 4 depicts that 28.1% girls who are having Punjabi as a medium of studying were experiencing maximum number of restrictions. Chi square test shows that there is

no statistically significant relationship between medium of studying and restrictions imposed. (p value is >0.05).

Table 5: Cross Tabulation Between Variables Age And Restrictions Imposed.

Age			No restrictions at all	Restrictions	Total
13-15	Count		41	08	49
	Percentage		83.7%	16.3%	100%
16-19	Count		86	13	99
	Percentage		86.9%	13.1%	100%
20-21	Count		38	10	48
	Percentage		79.2%	20.8%	100%
22-25	Count		19	14	33
	Percentage		57.6%	42.4%	100%
Total	Count		184	45	229
	Percentage		80.3%	19.7%	100.0%

Chi square value = 13.890, degree of freedom = 3, p value < 0.05)

Table 5 depicts that 42.4% girls between age group 22-25 years were experiencing maximum number of restrictions imposed. Chi square test shows that there is a statistically significant relationship between age in years and restrictions imposed. (p value is < 0.05).

DISCUSSION

The study's primary goal was to assess menstrual health awareness of unmarried girls aged 13-24 years of rural community of Punjab.

The present study showed that the mean age range of participants of menarche was 18 ± 3 years, i.e 13 to 24 years. Another studies by Thakre *et al*^[6] and Dasgupta^[2] *et al* reported that mean age of menarche as 12.8 yrs. which was slightly lesser than that found in the present study.

In the present study respondents having prior knowledge of menarche was about 79.0% which was much higher than the study done by Nahar *et al*^[7] where only 45.5 % were having prior knowledge of menstruation. Nahar *et al*^[7] found that only 34% of adolescent girls in rural Bangladesh knew about menstruation before experiencing it whereas the other experienced it with trauma. Another study conducted by Sapkota D *et al*^[8] reported that 67.2% girls were having prior knowledge of menstruation which is comparable to the findings of present study.

Subjects of the present study reported that main source of information related to menstruation was mothers (77.9%) which is supported by the study done by Gandotra *et al*^[9] in which primary source of information was mothers in 67.7% females participants. However this finding is in contrast with the finding of study done by Dongre *et al*^[10] wherein 69% of adolescent girls got information regarding menstrual cycle from their friends. In this study only 4.4% of participants got information from friends.

In the current study 80.3% of girls had no restrictions imposed on them during menstruation. On the other hand 19.7% girls are those to whom restrictions was imposed. It was observed that those studying in Punjabi medium were facing more restriction but the relation was not statistically significant. The relation of restriction and age was found to be statistically significant. Restriction was seen maximum in the age group of 22 to 25 years.

Out of these 19.7% girls 8.3% were not allowed to go out for temple, 7.4% were not allowed to enter in the kitchen whereas 3.9% were those who are not allowed to touch pickle. Borkar *et al*^[11] in their study experienced that majority of the females had to face some kind of restriction. The restriction imposed was much higher than present study where 74.6% girls face seclusion and about 67.4% girls were restricted from doing household activity and 97% were not allowed to attend religious functions. The difference is because the study was conducted in tribal area where the literacy rate must be less as compared to the participants of present study.

CONCLUSION

It is concluded from the present study that there is a need to impart accurate and adequate information about menstruation and how to maintain proper hygiene during menstruation. Many social taboos and misbeliefs are prevalent in the society, which need to be corrected. Mothers, sisters, teachers, and friends could help in discussing the problems of adolescents related to

menstruation and give them proper advice regarding menstrual hygiene. □ Girls should be imparted health education for clearing up their misconceptions and be offered them possible treatment options.

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