

Cultural Practices and Misconceptions Surrounding Menstruation in India: A Narrative Review

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ABSTRACT

Background: Menstruation has long been surrounded by myths, misconceptions, and socio-cultural taboos, particularly in India. These beliefs often give rise to restrictive practices that limit women's participation in religious, educational, and social activities and may adversely affect their physical and psychological well-being. This review aims to examine the cultural practices and misconceptions surrounding menstruation in the Indian context and their implications for women's health and social inclusion. **Methods:** A literature search was conducted using ProQuest, PubMed, and Google Scholar. The search included the terms "menstruation," "menarche," "India," and "cultural practices." Original research articles and review papers published in English and available in full text were included and narratively synthesized. **Results:** The reviewed literature indicates that menstruation continues to be associated with numerous cultural beliefs and restrictive practices across different regions of India. Common misconceptions contribute to stigma, social exclusion, restrictions on daily activities, and limited access to accurate menstrual health information. These practices negatively influence girls' and women's psychological well-being, self-esteem, education, and social participation. **Conclusion:** Although awareness regarding menstrual health has improved in recent years, deeply rooted cultural beliefs and misconceptions remain prevalent. Comprehensive menstrual health education, community awareness programmes, and culturally sensitive interventions are needed to challenge harmful practices, reduce stigma, and promote the health, dignity, and well-being of girls and women.

Keywords: Menstruation; Menarche; Cultural practices; Menstrual myths; Menstrual stigma; India

INTRODUCTION

Menarche, the onset of the first menstrual period, is an important physiological milestone in a woman's reproductive life.^[1] It typically occurs between 10 and 16 years of age, with the average age of menarche in India being approximately 13 years.^[2] Menstruation is a normal biological process in which the uterine lining is shed through the vagina as part of the menstrual cycle, occurring approximately every month in women of reproductive age who are not pregnant.^[3] The term *menses* is derived from the Latin word meaning "month," while *menstruation* originates from the Old French word referring to a monthly occurrence.^[1]

Although menstruation is a natural physiological process and an integral aspect of women's reproductive health, it is also recognized as a significant psychosocial experience.

Despite increasing awareness and improvements in menstrual health education, menstruation continues to be surrounded by myths, misconceptions, and socio-cultural taboos in many parts of India.^[4] These beliefs often result in restrictions on women's participation in religious, educational, household, and social activities during menstruation. Open discussion about menstruation remains limited in many

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communities, contributing to misinformation, stigma, and negative emotional experiences among adolescent girls and women. For many girls, particularly at the time of menarche, inadequate knowledge and prevailing misconceptions can make the experience confusing, distressing, and psychologically challenging.^[2]

The socio-cultural restrictions associated with menstruation have important psychological and social implications, affecting self-esteem, mobility, educational participation, social interactions, and overall well-being.^[2,3] Understanding these cultural beliefs and practices is essential for developing interventions that promote menstrual health, gender equality, and women's empowerment. Therefore, this review examines the cultural practices, myths, and misconceptions surrounding menstruation in India and discusses their implications for the health and well-being of girls and women.

METHODS

This narrative review was conducted through a comprehensive literature search using the electronic databases ProQuest, PubMed, and Google Scholar. The search strategy included the keywords "*menstruation*," "*menarche*," "*India*," and "*cultural practices*," combined using Boolean operators where appropriate. The search aimed to identify studies examining cultural beliefs, myths, misconceptions, and practices related to menstruation in the Indian context.

Articles published in English and available as full text were considered for inclusion. Eligible publications included original research articles (observational and qualitative studies), clinical studies, case reports, systematic reviews, narrative reviews, and meta-analyses. Titles and abstracts were initially screened for relevance, followed by a full-text review of potentially eligible articles. Studies without accessible full text, those published in languages other than English, and articles not relevant to the objectives of this review were excluded.

To ensure comprehensive coverage, an additional manual search was conducted using Google Scholar and by screening the reference lists of relevant publications. The selected literature was narratively synthesized and

organized into three thematic domains: (1) cultural practices surrounding menstruation across India, (2) myths, silence, communication, and restrictions associated with menstruation, (3) menstruation, menstrual hygiene management, and the Sustainable Development Goals (SDGs).

CULTURAL PRACTICES ACROSS INDIA

Cultural practices related to menstruation in India are highly diverse and are influenced by regional traditions, religious beliefs, family customs, and local social norms. While some communities celebrate menarche as an important transition into womanhood, others impose restrictions based on beliefs regarding purity, pollution, and spirituality. These practices vary considerably across different regions and communities and continue to shape girls' and women's experiences of menstruation.

In many parts of India, the onset of menstruation is associated with puberty rites that signify a girl's transition into womanhood.^[5] Traditional beliefs and practices vary across regions and communities. In several communities, menstruation continues to be perceived as a period of ritual impurity, and euphemistic expressions such as "being unwell" are often used instead of openly referring to menstruation.^[4]

Conversely, many communities, particularly in southern India, celebrate menarche through traditional ceremonies that acknowledge the transition into adulthood.^[5] These celebrations often include family gatherings, gifts, new clothing, and the provision of iron- and protein-rich foods to support the nutritional needs of adolescent girls.^[5] In Tamil Nadu, for example, puberty ceremonies are accompanied by guidance regarding expected social roles and responsibilities. However, discussions about the biological changes of puberty, menstruation, and sexuality often remain limited, leading many adolescents to rely on peers or other informal sources for information.^[5]

Several cultural beliefs surrounding menstruation are based on traditional notions of spirituality and protection from supernatural forces. In some communities, it is believed that menstrual blood or menstrual absorbents may attract evil spirits or be misused for black magic, prompting women to dispose of

menstrual cloths or sanitary materials in specific ways.^[6] Among certain tribal communities, menstruating women may undergo temporary seclusion or stay in separate shelters during menstruation because of these traditional beliefs.^[7] Although these practices continue in some areas, there is no scientific evidence to support the underlying beliefs.^[7]

Menstrual practices also differ across religious and cultural communities. In some Muslim communities, menstruating women are exempt from ritual prayers, fasting, and other religious observances until menstruation ends and ritual purification is performed, in accordance with religious teachings.^[8] Menstrual customs within Hindu communities also vary widely across regions and families, with some communities observing restrictions on temple entry, food preparation, or participation in religious ceremonies during menstruation.^[5] In parts of Puducherry, traditional beliefs include placing neem leaves, a broomstick, or footwear near a menstruating girl to ward off evil spirits, followed by a ritual bath after menstruation as a symbol of purification.^[6]

In certain regions, menarche is viewed as an indicator of readiness for marriage and social adulthood.^[9] Among some Bengali communities, menstrual blood has traditionally been associated with fertility and reproductive potential. In Assam, girls attaining menarche may observe a period of seclusion followed by ritual bathing and traditional ceremonies, including symbolic marriage rituals and community feasts.^[9] Although these customs differ considerably across communities, they reflect the diverse cultural meanings attached to menstruation in India.

Not all menstrual practices are restrictive. In several tribal and rural communities, menarche ceremonies serve as positive social events that provide emotional support and facilitate acceptance of the physical and psychological changes associated with puberty.^[9] These ceremonies may include flower showers, special diets, blessings from elders, gifts, and community celebrations, thereby promoting a positive perception of the transition into womanhood.^[9]

In some parts of Rajasthan, menstruating girls are considered ritually impure and may be restricted from attending guests, entering the kitchen or bedroom, or sharing household

utensils and sleeping arrangements with other family members.^[10] Similar practices of using separate utensils or restricting household activities continue to be reported in several regions of India.^[9,10] Such restrictions are often based on beliefs that menstruating women may contaminate people, food, or sacred spaces, despite the absence of scientific evidence supporting these notions.^[9]

Another common misconception prevalent in many parts of India is that physical activity during menstruation aggravates dysmenorrhea or increases menstrual bleeding. However, scientific evidence suggests that regular physical activity may reduce menstrual pain, alleviate bloating, improve mood through endorphin release, and enhance overall well-being during menstruation.^[12]

The *Manusmriti*, an ancient Brahmanical legal text, contains prescriptions concerning interactions with menstruating women, including restrictions on conversation, sharing food, and sexual relations. Such textual notions of ritual impurity have been interpreted as contributing to broader menstrual restrictions that developed within some Hindu communities, including restrictions on cooking, entering kitchens or places of worship, and sleeping arrangements.^[13]

Overall, cultural practices surrounding menstruation in India reflect a complex interplay of tradition, religion, and social norms. While several customs celebrate menarche and provide social support to adolescent girls, many restrictive practices continue to reinforce stigma, limit women's participation in daily activities, and perpetuate misconceptions about menstruation. Promoting culturally sensitive menstrual health education and community awareness is essential to challenge harmful beliefs while respecting the cultural diversity of Indian society.^[6,11,12]

SILENCE, COMMUNICATION, AND RESTRICTIONS SURROUNDING MENSTRUATION

Menstruation continues to be embedded within a culture of silence in many parts of India, where discussions regarding menstrual health are often considered private or taboo.^[14] The secrecy surrounding menstruation contributes to inadequate knowledge, fear, anxiety, and misconceptions among adolescent girls,

particularly before menarche.^[5,14] Because menstruation is seldom discussed openly within families or communities, many girls experience embarrassment and hesitation in seeking information or discussing menstrual concerns, which may adversely affect their understanding of reproductive health and fertility.^[14] Conversations about menstruation with boys or men are also discouraged in many communities, further reinforcing menstrual stigma and limiting opportunities for comprehensive menstrual health education.^[12]

The limited communication between parents and daughters regarding menstruation often leaves girls inadequately prepared for menarche and its associated physical and emotional changes.^[14] Instead of using the term *menstruation*, families frequently employ euphemistic expressions such as *chums*, *who din*, and *dooram*, reflecting the continued discomfort associated with discussing the subject openly.^[3] Moreover, when menstruation is discussed, the communication often focuses on restrictions and prohibitions rather than scientific information or menstrual hygiene management.^[10]

Poor communication contributes to misconceptions regarding menstruation and negatively influences menstrual perceptions, hygiene practices, and reproductive health outcomes.^[3] Several studies have reported that many adolescent girls lack adequate knowledge about the physiology of menstruation before experiencing menarche, resulting in fear, confusion, and unhealthy menstrual practices.^[3] Inadequate awareness of menstrual hygiene may further increase the risk of reproductive tract infections and negatively affect physical and psychological well-being.^[3]

In many communities, menstruating women are subjected to various social and religious restrictions that limit their participation in everyday activities.^[5] They may be discouraged from performing household chores, preparing food, touching religious texts, entering places of worship, or participating in religious ceremonies.^[5,6] In certain communities, restrictions may extend to temporary isolation from other family members or limitations on entering specific areas of the home.^[5] These practices are generally based on traditional beliefs regarding ritual impurity rather than scientific evidence.^[6]

Dietary restrictions during menstruation are also commonly reported across different regions of India.^[8] Certain foods, particularly sour foods such as tamarind, curd, and pickles, are traditionally avoided because they are believed to increase menstrual bleeding or disturb the menstrual flow.^[6,15] However, there is no scientific evidence to support these dietary restrictions, and a balanced, nutritious diet is recommended during menstruation to maintain overall health and well-being.^[8]

Although many of these restrictions are deeply rooted in cultural traditions and social norms, they may contribute to menstrual stigma, reduced self-esteem, school absenteeism, restricted social participation, and poor menstrual health practices among girls and women.^[14,8] Promoting open communication within families, schools, and communities, together with evidence-based menstrual health education, is essential for dispelling misconceptions, reducing stigma, and empowering girls and women to manage menstruation with confidence and dignity.^[8]

MENSTRUATION IN RELATION TO MENSTRUAL HYGIENE

Menstrual hygiene management is an essential component of women's reproductive health and well-being. Historically, women have used a variety of absorbent materials, including cloth, mud, ashes, leaves, and sea sponges, to manage menstrual flow before the introduction of commercially manufactured disposable sanitary pads in the late nineteenth century.^[15] Despite increased availability of menstrual hygiene products, reusable cloth continues to be the most commonly used menstrual absorbent among many women in India, particularly in rural and resource-limited settings. Studies have reported that only a small proportion of Indian women regularly use commercially available menstrual hygiene products such as sanitary pads or tampons.^[15]

The use of menstrual hygiene products is strongly influenced by socioeconomic status, educational attainment, availability, and affordability. Women from low-income households are significantly less likely to use commercially available menstrual hygiene products because of financial constraints, limited accessibility, and inadequate awareness regarding safe menstrual hygiene practices.^[15]

Menstrual hygiene practices are further affected by the stigma and shame associated with menstruation.^[2] Deep-rooted cultural beliefs and restrictions often discourage open discussions regarding menstrual health, limiting access to accurate information and appropriate hygiene practices despite increasing public awareness.^[2] In certain tribal communities, menstruating women are traditionally required to stay in separate shelters or cowsheds during menstruation.^[9] Such practices may expose women to poor sanitation, harsh environmental conditions, and an increased risk of infections and other adverse health outcomes.^[9]

The stigma surrounding menstruation may also discourage women and adolescent girls from seeking timely medical advice for menstrual or reproductive health problems, resulting in delayed diagnosis and treatment of infections and other gynaecological conditions.^[2] Poor menstrual hygiene practices, coupled with inadequate awareness and limited access to sanitary products, may increase the risk of reproductive tract infections and negatively affect women's physical, psychological, and social well-being.^[2,15]

Adequate Water, Sanitation and Hygiene (WASH) facilities are fundamental to effective menstrual hygiene management. However, many schools, workplaces, and public institutions in India continue to lack access to clean water, private toilets, handwashing facilities, and appropriate mechanisms for the disposal of menstrual waste.^[16] The absence of these essential facilities often compromises privacy and dignity, making it difficult for girls and women to manage menstruation safely and hygienically. Inadequate menstrual hygiene facilities have also been associated with school absenteeism, reduced classroom participation, and poor educational outcomes among adolescent girls.^[16]

Recognizing the importance of menstrual health, the Government of India has implemented several initiatives to improve menstrual hygiene management among adolescent girls and women. Programmes such as the Menstrual Hygiene Scheme, Rashtriya Kishor Swasthya Karyakram (RKSK), and the distribution of affordable sanitary napkins through various public health initiatives have sought to increase awareness, improve access to

menstrual hygiene products, and promote safe menstrual practices.^[17] More recently, menstrual health has also been incorporated into broader national programmes focusing on sanitation, school health, and women's empowerment. Despite these efforts, disparities in access to menstrual hygiene products, sanitation facilities, and menstrual health education continue to persist, particularly among rural, tribal, and socioeconomically disadvantaged populations.^[17]

Although Menstrual Hygiene Day is observed annually on 28 May to promote menstrual health awareness and advocate for improved menstrual hygiene management, considerable challenges remain in achieving equitable access to menstrual hygiene products, sanitation facilities, and menstrual health education across India.^[15]

The safe disposal of used menstrual absorbents remains another important public health and environmental concern. In many rural areas of India, used sanitary pads are commonly burned, buried, or discarded in open fields, rivers, or other water bodies because of inadequate waste management systems.^[15] Improper disposal practices contribute to environmental pollution, create unhygienic conditions, and may pose risks to community sanitation and public health. Promoting environmentally sustainable menstrual products, appropriate waste disposal systems, and awareness regarding safe disposal practices is therefore essential for improving menstrual hygiene management and environmental sustainability.^[15]

SUSTAINABLE DEVELOPMENT GOALS AND MENSTRUATION

Although menstrual health and hygiene are not explicitly mentioned in the United Nations Sustainable Development Goals (SDGs), they are closely linked to several SDGs, particularly SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 6 (Clean Water and Sanitation).^[18] Ensuring access to accurate menstrual health information, affordable menstrual hygiene products, safe sanitation facilities, and appropriate healthcare services contributes directly to improving the health, dignity, education, and overall well-being of girls and women.^[18]

In India, the Menstrual Hygiene Scheme (MHS) was introduced by the Ministry of Health and Family Welfare to improve menstrual hygiene management among adolescent girls, particularly in rural areas.^[18] The scheme aims to increase awareness regarding menstruation, promote safe and hygienic menstrual practices, improve access to affordable sanitary napkins, and encourage the environmentally safe disposal of menstrual waste. Under the scheme, subsidized sanitary napkins are made available to adolescent girls through community health workers and public health facilities.^[18]

Poor menstrual hygiene management remains a significant public health concern, particularly in rural and underserved communities where inadequate sanitation facilities and improper disposal of menstrual waste continue to pose health and environmental challenges.^[17] Limited access to clean water, private toilets, and appropriate waste disposal facilities may adversely affect menstrual hygiene practices, increase the risk of infections, and contribute to school absenteeism among adolescent girls.^[16,17] Strengthening water, sanitation, and hygiene (WASH) infrastructure is therefore essential for improving menstrual health and achieving the targets of SDG 6.^[16]

Menstrual health also has important implications for gender equality and women's empowerment. Addressing menstrual stigma, promoting comprehensive menstrual health education, and ensuring equitable access to menstrual hygiene resources enable girls and women to participate fully in education, employment, and community life without discrimination.^[18] Consequently, improving menstrual health and hygiene may contribute to progress toward multiple Sustainable Development Goals and promote more inclusive, equitable, and sustainable development.^[18,19]

CONCLUSION

Menstruation is a natural physiological process; however, it continues to be surrounded by myths, misconceptions, and socio-cultural taboos in many parts of India. This review highlights that, despite increasing awareness and improvements in menstrual health education, several traditional beliefs and restrictive practices continue to influence the lives of girls and women across both rural and

urban communities. Such practices may adversely affect menstrual hygiene, physical and psychological well-being, educational participation, social inclusion, and health-seeking behaviour.

Although positive cultural practices, such as the celebration of menarche in some communities, promote social support and acceptance of the transition into womanhood, many misconceptions regarding ritual impurity, dietary restrictions, physical activity, and social participation persist without scientific evidence. Addressing these misconceptions requires culturally sensitive, evidence-based interventions that respect local traditions while promoting accurate menstrual health information.

Improving menstrual health literacy through comprehensive health education, community awareness programmes, family engagement, and access to affordable menstrual hygiene products and adequate water, sanitation, and hygiene (WASH) facilities is essential for reducing menstrual stigma and improving women's health and dignity. Collaborative efforts involving policymakers, healthcare professionals, educators, community leaders, and families are necessary to create an enabling environment in which menstruation is recognized as a normal biological process rather than a source of shame or discrimination.

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