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Factors Influencing Menstruation Taboos among the Girl Students of The Rural Areas of Chiplun Taluka

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ABSTRACT

Menstruation, an integral component of the female reproductive system, continues to be surrounded by secrecy and cultural silence in many rural communities. This study investigates the battle factors influencing menstrual taboos among adolescent girl students in the rural areas of Chiplun Taluka, Maharashtra, India. Using a quantitative method, the data is being collected through questionnaire composed of relevant questions. When it comes to opt between logical scientific reasoning and non-verified religious and social beliefs about menstruation, even educated modern society chooses the later one. To find out the practicality and reality of the dependent and independent variables, regression analysis is done. Finally, the findings talk about the facts that the psychological factor coefficient 0.28 and p- value 0.001 indicates a conspicuous effect on the traditional menstruation taboos and fear of religious violation prevails a lot in the rural areas of Chiplun Taluka, Maharashtra, India. The accuracy of collected data has been verified through the standard error value, 0.32. Psychological conditioning shapes our social and religious self prominently. The study concluded that strengthening of menstruation education, enhancing open communication, emphasizing on supportive school environment will definitely reduce social- religious stigma and enhancing the mental health and autonomy of rural adolescent. Health sector with "Happy Five Days" concept can put such issues in the win -win situation.

Keywords: *Menstrual Taboos, Religious Restrictions, Psychological Factors, Health Awareness, Education.*

Introduction

Menstruation cycle, we call it MC or periods, most probably, comes with the full indication that the girl attains her full maturity. For reproductive purposes, her growth has been attaining perfection almost. It is an acknowledged fact that without menstruation, the reproductive cycle is just incomplete. So, in the second sense, we can say that for reproduction, menstruation, a five-day cycle, conveys a meaning. The biological process integrates many hormonal shifts and imbalances that may occur, which may cause multiple noticeable changes. Here, we notice two contrasting approaches to menstruation. Some communities tend to celebrate this occasion with great enthusiasm, as they recognise that the reality of human existence can't be fully understood without this process. The girls will be honoured and showered with blessings and gifts from the elderly', and thus, they are endowed with the deserved respect and affection. The seed of positivity towards her biological cycle is amicably ingrained in her mind, and reality-oriented perspective flashes. While some communities compel a menstruating girl with rigorous practices like her forced seclusion from religious rituals and practices. Her participation in the sacred festivals is duly denied, and she feels humiliated yet silenced by social restraints. Can we question why we don't accept the positivity of perspective ingrained in another culture of our same

society? Can we dissect the reason behind the negativity accepted and duly practised in the second half of the same society? Many researchers beforehand entangled the threads and investigated the dimensions. “Menstruation represents the transition from girlhood to womanhood and is one of the most important aspects of it. This transformation used to be marked by the elders claiming that the girl was now as fertile as nature. On the other hand, menstruation became taboo over time, and myths arose from half-baked stories, most untrue. There are still a few places in India where Menstruation is celebrated the same way it was in ancient time.” (Thiyagarajan, D.K et.al. 2021). Menstruation is a normal bodily process, but in many societies, it is surrounded by cultural and religious restrictions as well as social taboos. As a taboo topic, there is a widespread silence around this topic in the society. Parallel to these restrictions and taboos, the poor state of Menstrual Health and Hygiene Management (MHHM) in many countries is also well-documented. India is no exception to this. (Daisy Dutta et.al.2024) Globally, menarche is an important developmental milestone for females. Experiences of menarche and subsequent menstruation are embedded in socio-cultural norms and practices which can impact women’s ability to manage menstruation with dignity (Elizabeth Maulingin- Gumbaketi, et.al.2022). The very basics of the biological process are socially disallowed to discuss publically and when cultural and social antidotes are being prescribed, it becomes presumptuous to challenge. Culturally rooted taboos have proven difficult to contest. However, once challenged systematically, taboos may erode surprisingly quickly. (Alma Gottlieb, et.al.2020). Menstruation is at once a political, cultural, class, a public health issue, and most importantly a social issue. It is underpinned by centuries of shame and taboo, fear and reverence, misunderstanding and symbolism and all these still exist. (Joseph M. (2021). Owing to the shame, which is attached to menstruation, not just for individuals from rural areas but also, in urban areas, call it by different synonyms like ’test match’, ‘that time of the month, ‘lady time’, ‘happy birthday, etc. Some customs of Indian society, include sending women to basic huts outside the village premises, ‘Gaokar’, and are forced to live in grubby surroundings. (Haseena Nighat Khan et al, 2024). On the individual level, young women lack knowledge about menstruation. In the social sphere, young women experience stigma around menstruation, lack opportunities to discuss menstruation, and experience limitations around mobility and other activities during menstruation. (MaCammon E. et.al. 2020). The present research study intends to bring realization and positive change in social and religious attitudes about the biological process, menstruation, and its integrity with society. Deliberate isolation during menstruation makes women think that they are impure and socially and religiously inferior. How to maintain the health of menstruating women? Is a question that never gets empathetic attention? Men are always clueless about the perspective on this issue and women are following the illogical customs under the burden of society and religion. As a society, this issue isn’t addressed collectively. So, the collective participation may help to shred unnecessary biases hammering. If the scientific and health-wise aspects of body positivity are being discussed unanimously, we will get a balanced approach to menstruation and maintaining health during these days.

Significantly, we have to understand that the ancient treatise Ayurveda advices about isolation and rest periods for the well-being of menstruating women and not for any religious purposes. To connect menstruation with impurity and treat it like the utmost aversion should be stopped, and this enlightenment will come with the scientific argument, medical expertise, and verified opinions, so involvement of all such streams has been insisted. Education will pave a wide vista for this and be instrumental in bringing optimistic changes in our society, so that today’s youth can understand the background and need of this change.

Literature Review

The literature review is conducted to identify the research gap and in this journey following research papers, articles, reports of UNICEF, WHO are being studied for getting the clarification of perception. This literature review has been conducted by considering the educational, psychological, social and health factors connected with the title of this present study. Sharifah Zahhura Syed Abdullah conducted a qualitative study on Menstrual food restrictions and taboos and analysed it in his article published in 2022 as menstrual restrictions function not only to protect the menstruating women and the community but also to keep intact the symbolic boundary between human and the non-human world from which disease and weakness comes. In the research article, Thakur H, et.al. 2022, researched about the information related to menstruation is misleading and so pondered over the same issue observed, he presented in “Knowledge, practices, and restriction related to menstruation among young women from low socioeconomic community in Mumbai, India. “as we conclude from our study that very few young girls between the age group 15 and 24 years did receive any information before the onset of

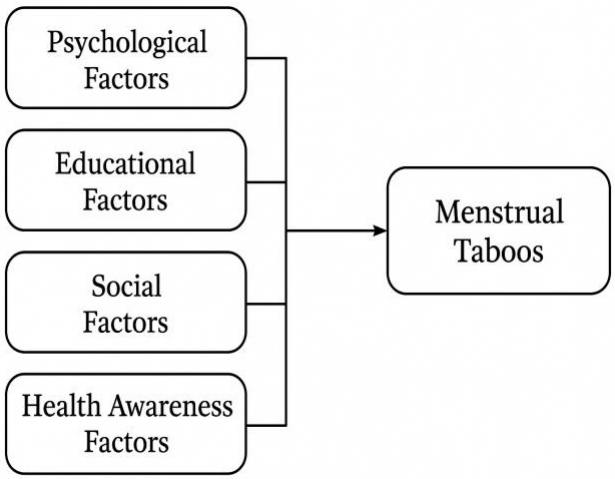
menstruation. Among those who received some information, it was not adequate enough. The source of information was also not authentic. Hannah A et.al. in their article published in BMC Women's Health in 2025 explained that this study aimed to develop and evaluate the effectiveness of a therapeutic package combining Cognitive Behavioural Therapy (CBT), Narrative Therapy, and a gender-sensitive approach to reduce the psychological and emotional challenges of Premenstrual Syndrome (PMS) in adolescent girls. Harihar Sahoo et.al., in their article published in BMC Women, 2023, put forward the issue of unhygienic menstrual practices. Moreover, the bivariate LISA map also demonstrated that rural areas in the country's Central region highly cluster unhygienic menstrual practices. Rural women often hesitate to buy sanitary napkins from male shopkeepers because of the social stigma surrounding them. This could be one of the possible reasons for unhygienic menstrual hygiene practices among rural women. Munro A.K et.al.2021 researched their subject and explained a systematic review of the menstrual experiences of university students and the impacts on education. Female university students' experiences of menstruation can negatively impact their education, highlighting the need for program and policy responses at the universityto improve students' wellbeing and educational engagement. Graeve C.et.al. in their research paper published in 2025, "Using an Interpretive Phenomenological Approach to Understand the Menstrual Experience of Young Adults," illustrated that recommendations include increasing access to menstrual healthcare, understanding cultural differences, and considering policy accommodations such as paid time off by workplaces and educational institutions related to menstruation. Paz P.J. et.al. 2024 in their research paper titled "An intersectional approach on menstrual inequity as lived by women in circumstances of socioeconomic vulnerability in an urban and rural setting in Spain: a qualitative study" opined that menstrual poverty, menstrual management and menstrual self-care challenges, barriers to accessing health care for menstrual health, and menstrual taboo, stigma and discrimination were commonplace and deepened by socioeconomic vulnerability. In this way, women's menstrual experiences were rooted in intersecting axes of inequity, based on gender, race and class. Intersectional and critical participatory research, policy and practice are imperative to develop counter mechanisms that confront systems of privilege-oppression to modulate menstrual experience, health and equity. Hansen A., et.al., in their article published in 2025, explained that adult women's knowledge of reproductive and menstrual health remains lower than expected due to various personal, cultural, and social factors. Developing educational and health promotion interventions is crucial to improving women's reproductive knowledge globally. Gundi M., and Subramanyam M. A., et.al., in the article "Menstrual health communication among Indian adolescents: A mixed-methods study", published in 2019, said that Research in health communication frequently views it as an information disseminationstrategy, thus neglecting the intricacies involved in communicating a sensitive topic such as menstruation. The social patterning in menstrual communication, a taboo in India, and its consequent health effects on adolescents are understudied. Gouvernet B. and Brisson J published "Menstrual health under the scientific microscope: Text mining analysis, Women's Health" in 2024 and studied that, although interest in this topic is global, certain regions are more active in this research than others. This raises the question: Is there a shared vision worldwide? Why is this important? This work highlights how menstrual health research has evolved and suggests that a more comprehensive approach is needed to guide future studies and health policies. By better understanding the different dimensions of menstrual health, policymakers, healthcare providers, and researchers can create more inclusive and effective solutions for women everywhere. L.Lewis Wall et.al 2023 investigated the problem of the inadequacy of necessary information regarding menstruation and stated that thus, schoolgirls do not have an adequate understanding of the physiology of menstruation and do not receiveadequate emotional support at menarche, leaving them with feelings of embarrassment and anxiety. There should be efforts to implement programs that change community perceptions about menstruation. In the article published in 2025 Mapping the health outcomes of menstrual inequity: a comprehensive scoping review, Garcia-Egea A et. al. focused on the menstrual inequality and their negative effects on the health of menstruating women and researched on the issue and put forth the conclusion that Expanding the range of health outcomes studied will strengthen research and inform policy. Further research is needed to better understand the complex association between menstrual inequities and other potential health outcomes. In the 'Chapter 39 Menstrual Justice: A Missing Element in India's Health Policies", The Palgrave Handbook of Critical Menstruation Studies, published in 2020, the authors Swatija Manorama and Radhika Desai., elaborated the reasons behind health problems of women during menstruation as the Indian state's health policies fail women because they do not recognize that the marking of women as impure menstruating bodies is a cause of women's health inequity from birth to death. This very denial by the state policy of women's gendered experience of health is menstrual injustice. Women take pills to

delay periods. But many are not aware of the side effects in an article published in The Kathmandu Post on 22 September 2025 and reported by the reporter Akriti Ghimire about the world wide problem that the focus should be on educating the public that menstruation is a normal phenomenon if they are to tackle and overcome these social attitudes. Additionally, knowledge of the medicines one is consuming is crucial to help. In India, a teenager died of taking period delaying pills and the news is published in madhyamum' on 28 August 2025, the Bengaluru doctor vascular surgeon Dr. Vivekananda warned about the side effects of the pills as they use synthetic material in in. The big warning is that hormonal changing period delaying pills affect the whole reproductive system. UNISEF felt the need of focusing on the healthy teaching about the same problem and they discuss about it in the report titled as Guidance on Menstrual Health and Hygiene (2019) by Burgers L., Alleman P. It is declared about that by strengthening self-efficacy and negotiating ability, MHH programmes can help girls build the skills to overcome obstacles to their health, freedom and development, such as gender – based violence, child marriage and school drop-out. Investment in adolescent girls' well-being yield triple dividends: for those girls, for the women they will become, and for the next generation. Castro S. and Czura K observed the problem and come up with the solutions in the research paper published in 2024 and described the results as the findings suggest that information alone is insufficient to change entrenched norms, highlighting the need for more comprehensive strategies to improve menstrual health management. Wafang C.O., advisor of women's rights at UN Human Rightsclearly stated that "Anchoring the discussion on women's health within the normative human rights framework allows the right to health to be addressed as a matter of equality and non-discrimination. That framework should guide all interventions affecting the health of women and girls." It is reported by the office of High Commissioner for Human Rights in the study concluded in 2024. Elliason E. K et.al. observed the impact of menstruation exclusion and the psychological impact and amalgamated his research in the research paper 'Menstrual exclusions and their psychological impact: A quantitative study on religious and cultural restrictions among women in South India.' Published in 2025. He is advocated for open discussion about menstruation and recommended that future research could explore the deeper sociocultural factors influencing menstrual restrictions and the impact of education and policy interventions in reducing discriminatory practices. In the volume 33 of Ethics, Medicine and Public Health, published in 2025, the problem of menstruation and cramps which are considered as a taboos and stigma, has been duly analysed by Moorty P. and D. Kumar and framed as so, the literary representations suggests that women around the world equally suffer the intangible pain of fear, anxiety, depression, humiliation, embarrassment, grief, shock, mental anguish, loss of enjoyment, Global UNICEF and WHO report, 2024, found a visible gap of hygiene and menstrual health in schools which is abbreviated as, 'Achieving the relevant Sustainable Development Goal by 2030 will require a two-fold increase in current rates of progress for basic drinking water, a two-fold increase for basic sanitation, and a four-fold increase for basic hygiene services.' The research paper presented by Howard P. et. al. 2017 emphasized on the topic of menstruation but with the concern of an another dimension that there is need to promote inclusive, learner-centred, participatory and gender transformative teaching and learning on menstruation, which is based on core principles of human rights and gender equality. Kaitlyn Z. and Y. Frances Fei .2024 in the research paper Young Men's Attitudes and Understanding of Menstruation discussed about the attitude of young men and put forward the discussion as Comprehensive education and accurate reproductive health knowledge are critical in combating gender bias and stigma.

Research Methodology

For getting the nuanced approach, it begins with the quantitative method, a questionnaire consisting of 23 questions has been circulated in three nearby high schools, junior colleges, and senior colleges. These educational institutions are located in rural areas, thus fulfilling the study criteria. While designing the questionnaire, simplicity in the formation of questions has been maintained. Thus, greater scope is provided for exploring psychological factors. The questionnaire has been filled up by the girl students of Vasantarao Bhagwat School, and Sau Kamalabai Vaman Pethe Jr. College and D.V.Savargaokar Primary and Dr. Shridhar Chitale Secondary School, Margtamhane. Along with 250 girl students, the questionnaire was also filled out by their female family members to understand supportive opinions regarding menstruation taboos. The participation of female family members helps to clarify whether there is a common agreement between adolescent girls and older women about these taboos and the need to eradicate them through educational interventions. For testing the hypothesis, ANOVA test is conducted.

Conceptual Model



Result and Discussion

The present research intends to analyse the overall effects of psychological, social, health awareness and education on the mind set setting menstrual taboos deep rooted in the rural areas of Chiplun Taluka. To check reliability of variables, Regression Model, and ANOVA are being employed. These analysis methods assure relativity of various variables mentioned. Along with it, through the incurred data, it establishes the innate connection of variables in moulding perception and outlook about menstruation practices.

Regression Statistics	Value
Multiple R	0.82
R Square	0.67
Adjusted R Square	0.65
Standard Error	0.32
Observations	100

Overview of the Model

Educational, Psychological, Social, and Health Awareness factors are playing a pivotal role as Independent Variables, and the dependent variable is Menstrual Taboos. The strongest affirmative correlation between the independent and dependent variables is confirmed by the Multiple R value, which is 0.82. The present study aims to investigate the relationship and impact of independent variables on the dependent variable. So the Multiple R value confirms the correlation. The independent variables considerably exert pressure on the menstruation taboos prevailing in the rural areas of Chiplun Taluka. To sum up, the collective effect of education, psychological, social, and health awareness factors on the degree of menstruation taboo is demonstrated by R Square value, which scores as 0.67. It signifies the fact that the model is significantly influential in showing the efficiency of the dimensions interacting with each other to shape the attitude towards menstruation. We can get a proper analysis of the data and the anticipated results. So, for the present study, regression statistics provide a perfect meaning and reliable interpretation as a firm foundation. So, the model proclaims a strong resistance to this concern.

ANOVA for Regression Model

Source	df	SS	MS	F	Significance F
Regression	4	21.50	5.37	52.3	0.000
Residual	95	9.75	0.10		
Total	99	31.25			

The results obtained for the ANOVA test suggest F-Value as 52.3, and- p-value is less than 0.05. The results show that the null hypothesis (H0) is rejected. The independent variables have a very prominent influence on the dependent variable. So, (H1), the alternative hypothesis claiming a strong

relationship among the variables should be accepted positively. F value is so conspicuous to make sure that to bring a positive change in the practice of menstruation taboos, education, which comes with the proper retaliation and verified arguments, will be a heroic factor in changing psychological attainment, social perception, and health awareness disposition.

Regression Coefficients Analysis

Variable	Coefficient	Std. Error	t Stat	P-value	Interpretation
Intercept(Menstrual Taboo)	0.42	0.10	4.20	0.000	Baseline effect
Educational Factor	**0.35**	0.07	5.00	0.000	Strong positive predictor — awareness reduces taboo
Psychological Factor	**0.28**	0.08	3.50	0.001	Moderate influence — emotions and beliefs matter
Social Factor	**0.18**	0.09	2.00	0.048	Small but significant effect — norms and restrictions
Health Awareness Factor	**-0.22**	0.08	-2.75	0.007	Negative — better hygiene and health awareness reduce taboos

The regression analysis studies the degree of effectiveness of education, psychological, social, and health awareness on menstruation taboos. The girls with a good educational background back the taboos disturbing them. Education provides them with logic, along with empowering them to strengthen their outlook in a positive direction. Now we are going step by step by stabilizing the other factors while letting only one function for results. The baseline level of the intercept value is 0.42. Hereby, all other factors are considered constant. The Educational factor coefficient is 0.35, and the p-value is 0.000, which ultimately suggests the fact we should care for education because it reduces all the leading misconceptions. The coefficient ratio, which flickers with the positivity of this factor, is unanimous. To build an optimistic belief system, the education factor should be held up. The psychological factor coefficient counts like 0.28, and the p-value is 0.001, which directs this discussion as this factor has a moderate but positive influence on menstruation taboos.

Correlation Matrix

Variables	Educational	Psychological	Social	Health Awareness
Educational	1	0.32	0.28	0.45
Psychological	0.32	1	0.41	-0.35
Social	0.28	0.41	1	-0.22
Health Awareness	0.45	-0.35	-0.22	1

Discussion

- **Essentiality of the analysis- Education Factor**

To throw out the burden of rugged opinions and precincts, a powerful thought body and some scientifically proven facts may help the situation. To break the age-old notions, verified opinions supported with justified statements can bring the cumulative transformation in the present situation. f-value and R2 value together in tune explain the egregious sense education has been bringing gradually.

- **Psychological Dimension Connected with Emotions**

Human psychology, specifically when concerned with religion, is so intricate and vulnerable so should be trained with facts. As the present study discusses very common but integral factors like menstruation, the emphasis should be given to the psychological factors shaping our social mentality.

- **Social Context**

No society accepts intrusion into their set code of conduct and consciously draws the boundaries to discipline their progenies for balancing the stature. When societies establish norms for communities, everyone is compelled to keep a proper pace with them. Society curtly denies the purity of menstruating women and subjugates them under the pretext of religious norms. So, the severity of the situation keeps increasing day by day because when anything goes under the realm of religion, the right to question it becomes blurred in boundaries.

- **Significance of Health Awareness**

On the family front, if the health of menstruating women has been cared for, it will be an easy advancement for the health sector. If health literacy is inculcated successfully, “well beginning is the half success’ like thing will definitely be achieved. Proper knowledge about hygiene, which pads should be used, food to be preferred, and even rest periods and relaxing exercises should be taught deliberately. The experts in the health sector should deploy their expertise to educate about the topic. Scientific guidance may lead people in the right direction. Women feel a great trauma in this period due to the superstitious disposition and misconceptions, and in the light of scientific rationality, they may get the needed help.

- **Interconnectivity Studied Regarding the Factors**

Societies run in co-existence and co-operation, and nothing is possible in isolation. It is because everything is interconnected with everything else as they are imagined as the twinned halves of the same sphere. So the blocks, education, psychology, social, and health awareness connected with the menstruation taboos, should be kept in close vicinity to experience the good approached domino effect, when one falls in the right place, the other will play its role with the justified tone. The worthy changes achieved by the education sector will boost the optimism of efforts of the psychological, social, and health sectors simultaneously.

- **Practical Implications for Policy Making**

Any research is intended for a citable change in the current situation. To set a good dialogue about the eradication of the menstruation stigma, policymakers, social activists, and teachers should organise social outreach programmes in these rural areas. The teachers, male and female, working on the high school level, primarily focus their attention on the open discussion in this context. First of all, both genders should participate on an equal level because, as a society, it is essential to work out any problem in collaboration. How to maintain hygiene, good mental health and diet? Like questions should be discussed with the girls and women of the rural areas. Even the religious antidotes and preaching need to alter the garb because the foundation of religion always remains the truth and an all-inclusive approach. Social activists, health workers, community leaders and teachers should set foot on the purpose because these roads are still untrodden and the journey demands extra courage and clemency. Primary health centres can collaborate with the educational institutions to end the traumas related to the topic. Critical thinking, a good courtesy quotient and empathy-building campaigns can infuse the soul in this regard if communicated by authentic personas.

- **Discussion about Previous Research**

Previous studies concentrated on the different dimensions, like the problems related to the menstrual cycle faced by women and the aftermath of such problems on the efficiency of women. The present research paper talks about the facts analysed in the rural areas, their problems, beliefs, and the solution that the education sector can bring about, a plausible change in removing menstruation taboos deeply embedded in social and religious psychology, and filling the atmosphere with the good ambience of empathy and understanding, and the faculty of critical thinking, segregating facts and fraudulent. The thoughtful studies conducted and microscopic details delved into in this regard considerably assist in moving a step ahead from the previous discussion. What makes the present research paper egregious is the less talked about discussion about the diet to be followed these days, because no one talks about it. It is more authentic information to be communicated for “Happy Five Days’ is to teach menstruating women to follow a healthy diet advised by Ayurveda, the studiously pristine text investigated the needs of feminine tendencies and energy. Due to period cramps, menstruating girls avoid meals, and their bodies' needs get compromised.

- **Scope for Future Research – Recommendations**

The regression model shows 67% variance. It does mean that 33% of the portion is still unexplored. With different variables and perspectives, the study can be aimed in a further direction. For the more comprehensive results, a qualitative study can be conducted, and the focus groups will be investigated to get a good and unexplored insight. There might be other angles left, like inter-societal or intercultural elements when set in close proximity, as we move to and fro in the globalized world, that can or not influence each other’s beliefs about menstruation taboos.

Summarization

- Perfection in choosing the model. The coefficient of fit-in of regression model is R = 0.82; R^2 = 0.67. So, to make the choice of regression model for comparing the correlation among the variables is a perfect one.
- Supremacy of Education Factor. F value is 52.3, $p < 0.001$. It demonstrates that the variables, independent and dependant, are interconnected. Their relationship is essentially confirmed. Coefficient of Education factor is relatedly strong and supports to much optimism. 3. Psychological and Social Dynamics. Societies functions in correlation. The thing to mention is a scope of improvement after the statistical data analysis.
- Health Awareness. Health sector has a pivotal role to play by organizing guiding sessions, outreach programmes and campaigns on the need of critical thinking about the issue in the rural areas.

Conclusion

As per the support of the statistical data, the fact is visible that we follow the dead corpse of age-old beliefs about menstruation, and there is a need for time to throw it away, as they are working as an obstacle for the psychological and social growth of women. Societies should improve their perception in this regard as we are moving towards better opportunities made available by globalization, and should recognize the fact that women are also half of the total workforce. If this half won't get a plausible attention, then it will create an unnecessary ditch never to be crossed and an arena full of toxic mysteries. So, if we do wish to sustain in the whole timeline line then such unnecessary thwarting issues should be conquered timely. Menstruation is an integral part of the reproductive system, and if it were surrounded by such a tarnished atmosphere, a healthy society would be part of the Utopian imagination. The study amalgamates the fact that education will change the scenario, although gradually. Educational, psychological, social, and health awareness, like factors or fields, should work with total integrity to bring a balanced outlook towards menstruation and should develop "a fresh air and avouched approach blissfully.

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