

Beliefs and Attitudes towards Menstruation in Urban Women

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ABSTRACT

Background: Menstruation has been talked about in whispers all over the world, even though unhygienic practices were known to cause avoidable morbidity. There is paucity of social and health related Indian research on menstruation and issues related to it. **Aim:** To evaluate the beliefs and attitudes of Indian women towards menstruation. **Methodology:** A cross-sectional study was carried out in the Department of Psychiatry in a Tertiary care hospital from August 2019 to March 2020. Permission of Institutional Ethics Committee was obtained before beginning the study. A written informed consent was obtained from all the participants. By purposive sampling, a total of 100 women in the age group of 18-40 years, residing in urban areas, with no known Psychiatric disorders, after clinical interview, were included in the study. Subjects were interviewed and subjected to the socio-demographic proforma and the BATM Scale. The results were tabulated. Statistical analysis was performed using the SPSS. **Results:** Educated women and women belonging to upper-socioeconomic class were better prepared, had more information, were less secretive and felt less disabled with respect to menstruation as compared to the less educated women and women belonging to the lower socio-economic class. Women belonging to upper socio-economic class had more irritation associated with menstruation as compared to the women belonging to the lower socio-economic class. **Conclusions:** Education and socio-economic class had a significant impact on the beliefs and attitudes about menstruation.

Keywords: Menstruation, Beliefs, Attitudes, Preparedness, Information, Secrecy, Annoyance, Disability, Pleasantness, Proscriptions and Prescriptions.

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Introduction

The onset of menstruation deeply affects a young woman's life. Menstruation has been surrounded by mystery and not discussed openly all over the world. Despite awareness and openness toward menstruation, disparities in attitudes still continue amongst diverse populations. There are differences between countries, cultures, religions, and ethnic groups [1]. Menstruation is still associated with uncleanness, impurity, contamination and taboos in Indian society. It is a topic which is not discussed openly. It is shrouded in secrecy, obscurity, misconceptions, and unhygienic practices, which occasionally result in adverse health outcomes. Today, millions of women suffer from reproductive tract infections

and its complications and often the infection is transmitted to offspring of the pregnant mother [2]. The female's reproductive health is grounded on her knowledge, attitude and practices towards her menstrual cycle to safely predict safe periods, understand her body physiology and any pathologic change, unnoticed ailments, unintended pregnancies, leading to unsafe abortions, infections; thereby, increasing the morbidity and mortality rate of women [3]. There is paucity of research on menstruation as a social and cultural phenomenon or on the medical and hygienic aspects of sanitary protection in various socioeconomic contexts in India [1]. In view of the above the present work was undertaken to evaluate the beliefs and attitudes of urban women towards menstruation.

Material and Methods

This Cross-sectional study was undertaken in the Department of Psychiatry in a Tertiary care hospital in the period August 2019 to March 2020. Institute Ethics Committee clearance (IESC/22/2019 dated 16 Jul 2019) was obtained before the study and a written informed consent was obtained for all the participation in the study after explaining the purpose and design of the study.

Sample

With purposive sampling, one hundred women in the age group of 18-40 years residing in urban area of Pimpri and Alandi were recruited in the study after fulfilling the following inclusion and exclusion criteria.

Inclusion Criteria

- 1) Females from the urban areas of Pimpri and Alandi who are in the menstruating age group.
- 2) Females between ages 18- 40 years.

Exclusion Criteria

- 1) Known history of head injury, mental retardation or any other psychiatric illness.
- 2) Known endocrine disorder, gynaecological disorder or physical illness.
- 3) Females receiving hormonal therapy.

Tools

Socio- demographic Proforma

This self-designed proforma was used to record the background details and socio-demographic profile.

Menstrual history Proforma

This specially designed proforma was used to record the menstrual and obstetric profile.

Beliefs about and attitudes towards menstruation scale (BATM)

The BATM was developed specially to measure the beliefs about and attitudes of women towards menstruation. It consists of 45 questions to be answered in the form of; “strongly disagree”, “disagree”, “neutral”, “agree”, “strongly agree”. It measures 5 factors viz. Secrecy, Annoyance, Proscriptions and Prescriptions, Disability and Pleasantness. The Cronbach’s alpha of the scale was 0.86 and 0.80 for the Mexican and U.S. samples, respectively [4].

Procedure

One hundred females from urban areas of Pimpri with no known Psychiatric disorders, after clinical interview were included in the study group. They were explained about the

project and written informed consent obtained. They were subjected to the sociodemographic proforma, menstrual history proforma and the BATM Scale. The BATM scale was scored as per the test booklets. The results were tabulated.

Statistical Analysis

Statistical analysis was performed using the SPSS (IBM, Chicago, USA) by applying parametric and non-parametric tests as appropriate.

Results

The mean (\pm S.D.) of age of the 100 women included in the study was 29.09 (\pm 5.15) years. They included 6 students, 68 working women and 26 housewives. The sample included 44 single women and 56 married women. Education level was degree holders 54, high school pass 12, school dropout after primary level was 28 and 6 had only primary schooling. Religion was Hindus 95, Muslim 4, and 1 Sikh. Mean (\pm SD) of age of menarche was 12.82 (\pm 0.83) years. Menstrual cycles were regular in 94 and irregular in 6. Amount of bleeding was average in 80, heavy in 11 and scanty in 9. The minimum and the maximum scores on each subscale of the Beliefs about and attitudes towards menstruation scale as well as the mean scores and the standard deviation (SD) is given in Table 1.

The 100 women included in the study group were divided into groups based on their socio-economic class and educational qualification and compared. Table 2 indicates that the mean scores of information, preparedness and annoyance in the women belonging to lower socio-economic class, was significantly lower than the mean scores of information, preparedness and annoyance in the women belonging to upper socio-economic class. Whereas, the mean scores of secrecy and disability were significantly higher in the women belonging to lower socio-economic as compared to those of upper socio-economic class. There was no significant difference in the mean scores of proscriptions and prescriptions and pleasantness of the lower and upper socio-economic classes.

Table 3 indicates that the mean scores of Preparedness and Information of the degree holding females is significantly higher than the mean scores Preparedness and Information of the non- degree holders. Whereas, the mean scores of Secrecy and Disability were significantly lower in the degree holding women as compared to those of the non- degree holders. There was no significant difference in the mean scores of annoyance, proscriptions and prescriptions and pleasantness of the degree holders and non- degree holders.

Table 4 indicates that the mean scores of Preparedness and Information of the single women is significantly higher than the mean scores Preparedness and Information of married

Table 1: Scores on the subscales of the Beliefs about and attitudes towards menstruation scale

	Minimum Score	Maximum Score	Mean Score (SD)
Preparedness	1	3	2.07(0.63)
Information	1	3	2.2(0.73)
Secrecy	11	53	33.66 (12.78)
Annoyance	12	52	29.89 (8.83)
Proscriptions and prescriptions	21	42	31.92 (4.87)
Disability	8	38	16.61 (5.20)
Pleasantness	8	33	16.81 (6.73)

Table 2: Comparison between the mean scores of women belonging to the lower-socioeconomic class and the upper socio-economic class

BATM subscales	Low socio-eco	Upper socio-eco	p value
Preparedness	1.7 (0.5)	2.44 (0.54)	0.000
Information	1.66 (0.55)	2.75 (0.43)	0.000
Secrecy	43.88 (5.48)	23.02 (10.38)	0.000
Annoyance	28.98 (7.03)	30.83(10.38)	0.291
Proscriptions & prescriptions	31.7 (4.26)	32.15 (5.4)	0.653
Disability	19.68 (4.86)	13.4 (3.27)	0.000
Pleasantness	17.8(6.68)	15.77 (6.7)	0.086

Table 3: Comparison between the mean scores of degree holding women and non-degree holders

BATM subscales	Degree holders	Non-degree holders	p value
Preparedness	2.37 (0.59)	1.71 (0.5)	0.000
Information	2.68 (0.5)	1.6 (0.53)	0.000
Secrecy	24.46 (9.77)	44.45 (5.16)	0.000
Annoyance	30.37 (10.19)	29.32 (6.98)	0.559
Proscriptions & prescriptions	32.16 (5.4)	31.63(4.2)	0.567
Disability	13.75 (3.53)	19.95 (4.86)	0.000
Pleasantness	16.35(6.88)	17.34 (6.59)	0.329

Table 4: Comparison between the scores of married and single women

BATM subscales	Single	Married	p
Preparedness	2.48 (0.51)	1.75 (0.55)	0.000
Information	2.75 (0.44)	1.77 (0.63)	0.000
Secrecy	21.91 (8.03)	42.89 (6.83)	0.000
Annoyance	29.88 (10.57)	29.89 (7.29)	0.928
Proscriptions & prescriptions	32.02(5.29)	31.84 (4.57)	0.931
Disability	13.09 (3.17)	19.38 (4.81)	0.000
Pleasantness	15.84 (6.36)	17.57 (6.99)	0.185

women. Whereas, the mean scores of Secrecy and Disability were significantly lower in the single women as compared to married women. There was no significant difference in the mean scores of annoyance, proscriptions and prescriptions and pleasantness of the single and married women.

Discussion

Levels of income, education, rural/urban upbringing: are all attributive to varying perceptions of menstruation. Lower income, lower education and rural upbringing women regard

menstruation very differently from their counterparts who are more affluent, better educated and who were raised in urban settings. The former group is more likely to perceive menstruation as an event which is influenced by traditional beliefs and cultures. Their opinions are usually refractory to change, and do not alter even in the presence of sound medical evidence; unlike the women of the latter group. The latter group is more likely to be influenced by passing fads and customs which are made popular by the media and internet. While these women are not oblivious to the rational explanations for the workings of the menstrual cycle and its associated symptoms, they are still susceptible to misinformation, as the media is not free of vices. The media is very influential in altering thought processes without factual underlying evidence, and more often than not, feeds how menstruation is a pathological and not a physiological phenomenon. The media encourages women to feel weak and tired and non-functional during periods of menstruation, and contributes in its own ways to the disabling ideology of “menstrual suppression” [5].

Societal perception of menstruation has a very large role in shaping women’s perception. Various studies have been conducted to prove this. One such was instilling in women the attitude of “Menstrual joy” just before assessing how they felt about menstruation. It was observed that the answers were much more positive than expected, and some even reported that they wished to alleviate the negativities associated with menstruation for good. It is extremely vital for health-care providers and educational bodies to instil ideas of menstrual positivity in women, especially girls [5]. In another study, two groups of women were made to watch some videos on menstruation. One group was made to watch negative content, and the other group was made to watch neutral content. After that, their perception on menstruation was gauged. The results were such that the latter group yielded a much better opinion and understanding on menstruation [6]. Therefore, women’s attitudes can be moulded easily by societal influence.

Historically, menstrual cycles have always been cast in a negative light. It has been considered disabling, incapacitating, impure and dangerous; and has required women to conceal it, dismiss it, and accept their disability during the cycle. Women have been ever since trained to accept their lower performing skills, their incompetence and weakness, and their lack of sexual appeal during their cycles. Different cultures and traditions have different disparaging lingo for the menstrual cycles, all too afraid to term it for what it is. These negative perceptions seep into the human psyche and influence both men and women alike. The antidote to this can be a healthy mother-daughter bond. In India, however, even this takes a setback, as educational levels are not the most ideal, and more of what is passed in hearsay is

held true, as compared to sound scientific evidence [6]. The present study reflects how women who are from privileged upper socioeconomic classes are more prepared and informed about menstruation, and do not regard it with secrecy or as a disability.

Educated women, however, can often evade menstrual suppression successfully, and are most likely to understand and perceive menstruation for what it is, free of any tags and taboos. Moreover, they also appreciate the positive aspects of menstruation in that they have a functional reproductive system, and are healthy. In the educated and young cohort of women, we can see diminished levels of proscriptions and prescriptions to the concept, as compared to their older counterparts. They have a more positive outlook towards menstruation, and are aware of its importance to maintain a healthy lifestyle. They are more ready to shed the age-old historical concepts of menstruation, and perceive it in a new light of education and science. All said and done, they are not entirely refractory to the vices of the media, and are still liable to change their perception, as already explained above [7]. This study also reflects how education acts as a protective factor to the vices of menstruation, by making them more prepared and informed, and less likely to regard it with secrecy or as a disability [6]. If not adequately educated about menstruation when a girl attains menarche, it can tamper with not only her perception of her monthly cycles, but can also tamper her self-image and self-esteem. Studies exist to correlate poor menstrual knowledge at menarche with higher levels of anxiety, depression, anorexia nervosa, substance misuse, risky sexual behaviours and poor performance at school and work [7].

Age of a woman is instrumental in moulding her perception of menstruation. However, age is also confounded by many variables. Nearly half the women from lower socioeconomic strata are unaware about menstrual cycles at menarche, thereby superimposing mental incapacitance over the physical incapacitance they are suddenly met with at that young age. They are unprepared to handle it, and at that moment of crisis, are vulnerable to misinformation and ill perceptions which they carry with them for a lifetime [7].

Marital status of a woman can also alter her notion of what menstruation is and the role it plays in her life. This study revealed that married women were not as prepared and informed about menstruation as their unmarried counterparts were. They were also seen to regard menstruation with secrecy, and consider it a disability. This can be supported by the theory that the hostile form of sexism which is practised by men in a marriage, is capable of undoing a woman’s own understanding of her physiologic functioning. When women are subjugated to abuse and violence, there is an overall deterioration in her self-esteem and image of self. She exhibits global deterioration in cognitive abilities, and in this situation

the societally proscribed menstruation works to only further worsen her perception of self. They do not feel the need to rest or the need to have some assistance in this period, like other women who aren't undergoing hostility. They do not believe that they need to take special attention of themselves in terms of hygiene and emotionality, and perceive the days of their cycle as no different than the rest. They are more likely to hide it from their families and friends, due to the higher levels of shame and surveillance, which accompany maltreatment of a woman. Mistreated women are made to feel disparaged in all aspects and menstruation serves no different. They regard it as a disability, as they are already uncomfortable with their femininity, which they in fact blame to be the cause of their misfortune [8].

Limitations

A small sample size of 100 women residing in an urban area were studied, limiting the generalization of the findings.

Conclusions

Educated women and women belonging to upper-socioeconomic class were better prepared, had more information, were less secretive and felt less disabled with respect to menstruation as compared to the less educated women and women belonging to the lower socio-economic class. Women belonging to upper socio-economic class had more annoyance associated with menstruation as compared to the women belonging to the lower socio-economic class.

Education and socio-economic class had a significant impact on the beliefs and attitudes about menstruation.

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