

Attitude and socio-cultural practices during menstruation in nursing students

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ABSTRACT:

Background: Menstruation significantly influences women's physical, mental, and social well-being. Despite its importance, menstrual health is often stigmatized, leading to discrimination and inadequate management, especially in India. Nursing students face unique challenges in managing their menstrual health due to demanding academic and clinical environments. This study explores the emotional, physical, and cultural dimensions of menstrual hygiene among nursing students. **Objectives:** This study aims to understand the emotional, physical, and cultural experiences related to menstruation among nursing students and to identify the challenges they face in managing menstrual health. **Methodology:** A qualitative research design employing focus group discussions was used to gather in-depth insights from nursing students at MGM Nursing College, Aurangabad. Twenty purposively sampled students participated in two FGDs. Data were analyzed thematically to identify significant patterns and themes. **Results:** Five major themes emerged from the data- 1) Emotional and Physical Experiences of Menstruation: Participants reported negative emotions, discomfort, and a sense of unfairness associated with menstruation ; 2) Attitudes Towards Rituals and Restrictions: There was a unanimous rejection of outdated menstrual restrictions and a call for abolishing such practices; 3) Participation in Social Gatherings: Hygiene concerns and physical limitations often led to reduced social participation during menstruation ; 4) Communication and Stigma: Participants preferred discussing menstruation with peers rather than family, particularly male relatives, due to cultural barriers; 5) Societal Change and Advocacy: There was a strong advocacy for supportive environments, cultural celebrations of menarche, and policy changes like menstrual leave. **Conclusion:** Menstruation among nursing students is characterized by negative emotional and physical experiences, cultural and social restrictions, and communication barriers. There is a need for supportive environments and policy changes to improve menstrual health management and reduce stigma.

Keywords: Menstrual Health, Nursing Students, Menstrual Stigma, Cultural Practices, Qualitative Study.

INTRODUCTION:

Menstruation is a critical aspect of a woman's life, significantly impacting her physical, mental, and social well-being. Women spend nearly half of their lives menstruating, making menstrual health a vital concern.

[1] Menstruation is a natural phenomenon as physiological as breathing or excretion. However, societal stigma and silence surrounding menstruation often hinder open discussions and proper management of menstrual health. In India, menstruating girls face discrimination, isolation, and various restrictions, further exacerbating negative perceptions. [2] Despite some progress in awareness, menstrual health remains one of the most neglected aspects of society. [3–5] Nursing students, as future healthcare providers, encounter challenges in managing their menstrual

health due to rigorous academic and clinical demands. Understanding their experiences and challenges is crucial for improving menstrual health education and support within the healthcare profession.

METHODOLOGY:

The study was approved by the Ethical Committee of MGM Medical College & Hospital. This study employed a qualitative research design to explore the emotional, physical, and cultural dimensions of menstruation among nursing students. A focus group discussion was chosen as the primary data collection method to facilitate in-depth discussion and gather diverse perspectives on the topic. The participants were nursing students from MGM Nursing College Aurangabad who were selected using purposive

sampling. This sampling method was chosen to ensure that the participants had relevant experiences about menstruation, making them suitable for providing rich data on the topic. A total of 20 students participated in the study. The inclusion criteria were students who have experienced menstruation for at-least 6 months. Informed consent was obtained from all participants prior to their participation in the study. Participants were assured of the confidentiality and anonymity of their responses. They were informed of their right to withdraw from the study at any time without any consequences.

Data was collected through a pre validated focus group discussion guide, which was conducted in a comfortable and private setting at MGM Medical College & Hospital. The discussion lasted approximately 60 mins and was moderated by a trained facilitator who ensured that all participants had the opportunity to share their views. The FGD was audio-recorded with the participants' consent and transcribed verbatim. Thematic analysis was used to analyse the data. The researchers read and re-read the transcripts to become familiar with the content. Initial codes were

generated by identifying significant phrases and segments related to the research questions. Codes were grouped into themes that represented broader patterns in the data. The themes were reviewed and refined to ensure they accurately captured the participants' perspectives. Each theme was clearly defined and named, and representative quotes were selected to illustrate each theme.

RESULTS:

Two FGDs were conducted with 10 students in each FGD. Transcripts were written based on notes and audio recording. The following five themes were generated.

Theme 1: Emotional and Physical Experiences of Menstruation: This theme represents the diverse and predominantly negative emotional and physical experiences associated with menstruation, including mood swings, discomfort, and perceived unfairness. The subthemes, their description and related verbatims are given in Table 1.

Table 1: Subthemes and description under Theme 1- Emotional and Physical Experiences of Menstruation

Sub-themes	Description	Verbatims
Negative Emotions and Mood Swings	Participants expressed a range of negative emotions associated with menstruation, including irritation, anger, sadness, and mood swings. The commonality of these experiences was emphasized by multiple affirmations from the group.	<i>"I feel irritated, angry, sad and moody during menses. Most of the times I have mood swings."</i>
Feelings of Dirtiness and Discomfort	Many participants felt dirty and unhygienic during menstruation, particularly in summer. The struggle to maintain hygiene during this time was a recurring theme, reflecting significant discomfort.	<i>"I feel dirty and unhygienic. We have to maintain utmost hygiene during menstruation and most of the times, it is impossible to do so."</i>
Perceived Unfairness	There was a strong sentiment of unfairness among participants regarding the exclusive burden of menstruation on women. This was tied to broader themes of gendered suffering related to pain and biological processes like	<i>"I don't want periods. Why should only women suffer all the time?"</i>

	pregnancy and labour.	
Mixed Views on Menstruation's Necessity	While some participants viewed menstruation as essential for expelling impurities and enabling motherhood, others saw it as a hindrance to women's progress, suggesting that menstruation might be necessary but its frequency and associated pain are problematic.	<i>"I feel menstruation is very painful. During the initial two days of my menses I have dysmenorrhoea."</i>

Theme 2: Attitudes Towards Rituals, Religious and traditional Restrictions: This theme reflects the participants' awareness of the historical and cultural contexts behind menstrual restrictions and their unanimous view that these outdated practices should be abolished. It also underscores the participants' rejection of the need for kitchen and food preparation restrictions during menstruation, viewing them as unnecessary and rooted in outdated beliefs. The subthemes, their description and related verbatims are given in Table 2.

Table 2: Subthemes and description under Theme 2- Attitudes Towards Rituals, Religious and traditional Restrictions

Sub-themes	Description	Verbatims
Historical and Cultural Contexts	Participants noted that historical contexts, such as lack of sanitation facilities, contributed to current menstrual restrictions in rituals and temple visits. They argued these restrictions are based on outdated practices and myths.	<i>"In my opinion, I feel it's not wrong to go to temples or attend any ritual or ceremonies during menstruation."</i>
Religious Exclusion	Many participants felt excluded and treated unfairly due to religious restrictions during menstruation, which prevented them from participating in rituals and ceremonies. This exclusion was viewed as an outdated practice that should be abolished.	<i>"At my place, if I'm menstruating, I could not do pooja or eat prasad or go to any religious ceremony or go to temple."</i>
Religious Variations	There were differences in practices among religious groups. For example, Buddhist participants noted fewer restrictions, highlighting the diversity of experiences and the impact of religious beliefs on menstrual	<i>"I'm Buddhist and so, in our community there is no such rule and no prohibitions. I feel this should be followed in other communities as well."</i>

	practices.	
Need for Rest vs. Unnecessary Restrictions	While some participants saw value in resting during menstruation, they largely rejected the notion that menstruation required women to stay away from the kitchen or food preparation due to impurity concerns. These restrictions were seen as unnecessary and based on outdated beliefs.	<i>"For the purpose of giving rest to the women having periods, it is good. But if look at it from another aspect, it is not necessary to do any such thing as staying from kitchen or not cooking." "They say that it's impure and ominous to cook during menses."</i>
Rejection of Separate Utensils	Participants unanimously rejected the idea of using separate utensils during menstruation, indicating a shift away from traditional practices that view menstruation as impure.	<i>"We use the same utensils every day. There is no such thing as not mixing utensils. We do not use separate utensils during menstruation."</i>
Normalizing Sleeping Arrangements	Sleeping on the same bed during menstruation was considered normal by most participants. They noted practical issues like staining but highlighted understanding from family members.	<i>"I feel like sleeping the same bed is normal and there is no need to use a separate bed or to sleep on the floor during menses."</i>
Inclusion in Meals	Participants generally reported that they ate together with their families during menstruation and did not feel the need for segregation. They noted that while rural areas might still practice segregation, it was unnecessary and outdated.	<i>"We eat together only. We don't feel like anyone menstruating should be kept aside from having food together."</i>
Rejection of Untouchability	Most participants rejected the concept of untouchability during menstruation, viewing it as unfair and based on myths. They shared personal anecdotes of discrimination and expressed a desire to eliminate such practices.	<i>"The older generations consider touching someone who's menstruating as untouchable. They have this myth that if such a mishap occurs, we might be born as an animal in our next life." "Our neighbours still believe that it is ominous to touch someone who is menstruating."</i>

Theme 3: Participation in Social Gatherings: This theme highlights the significant impact of hygiene concerns and physical limitations on women's participation in social activities during menstruation, leading many to prefer staying at home. The subthemes, their description and related verbatims are given in Table 3.

Table 3: Subthemes and description under Theme 3 - Participation in Social Gatherings

Sub-themes	Description	Verbatims
Hygiene Concerns	The lack of hygienic facilities in public places was a major barrier to attending social gatherings. Participants highlighted the difficulties in changing and disposing of sanitary products in public restrooms.	<i>"When we go out, the main thing that we need during our periods are the toilets/washrooms. In most of the places, they aren't available. Or even if they are available, they aren't hygienic."</i>
Physical Limitations	Dysmenorrhea and heavy bleeding were cited as reasons for avoiding rigorous activities and social events. These physical limitations made staying at home a preferable option for many.	<i>"During periods, due to dysmenorrhoea we aren't able to do any rigorous activities. Even if we try it's not possible. Our body doesn't accept it. We feel weak physically."</i>

Theme 4: Communication and Stigma: This theme shows that participants prefer discussing menstruation with friends rather than family, especially male relatives, due to cultural barriers and comfort levels. The subthemes, their description and related verbatims are given in Table 4.

Table 4: Subthemes and description under Theme 4- Communication and Stigma

Sub-themes	Description	Verbatims
Selective Disclosure	Participants were comfortable discussing menstruation with friends but less so with family members, especially fathers and male relatives. They felt more relatable and supported by peers who shared similar experiences.	<i>"Normally, we don't talk openly regarding periods. Even when we talk with our mothers, we don't talk a lot."</i> <i>"Only when I have pain and I want to get excused from class, I tell it to female teachers. We don't feel comfortable sharing it with them."</i> <i>"Maybe because she seems to be going through the same thing like me, so it's more relatable and comfortable to tell it to a friend than someone else first."</i>
Indirect Communication	When necessary, participants communicated their menstrual issues	

	indirectly through their mothers, indicating a cultural barrier to direct communication with male family members.	
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Theme 5: Societal Change and Advocacy: This theme emphasizes the need for a supportive home environment, cultural celebrations of menarche, and policy changes such as menstrual leave to improve the wellbeing of menstruating women. The subthemes, their description and related verbatims are given in Table 5.

Table 5: Subthemes and description under Theme 5- Societal Change and Advocacy

Sub-themes	Description	Verbatims
Supportive Environment	Participants emphasized the need for a supportive environment at home, where menstruating women are not burdened with chores and are given the necessary rest and care.	<i>"They shouldn't make her feel different for having periods. She doesn't be secluded and even if she is having pain or not; they should be helpful and cater to their needs."</i> <i>"If she is staying in a joint family, they should help her in all her chores instead of bombarding her with them."</i>
Cultural Celebrations	Some participants mentioned cultural practices that celebrate menarche, suggesting a positive aspect of menstrual traditions that can be embraced to improve societal perceptions.	
Advocacy for Menstrual Leave	Participants advocated for menstrual leave and greater psychological support for menstruating women, suggesting policy changes to improve their wellbeing.	<i>"There should be an implementation of menstrual leave for 2 days per month by the government."</i>
Changing Societal Perceptions	Participants called for societal openness and awareness to combat menstrual stigma. They highlighted the symbolic act of wrapping sanitary pads as indicative of broader societal discomfort with menstruation.	<i>"If there is openness in society around the topic menstruation; automatically all the myths will vanish thereby, creating awareness."</i>

DISCUSSION:

Our study delves into the multifaceted dimensions of menstrual hygiene among nursing students, highlighting emotional, physical, and cultural experiences that shape their perceptions and practices. The findings resonate with existing literature while also contributing novel insights into the specific challenges faced by this demographic. Participants in our study reported predominantly negative emotional experiences, including mood swings, irritation, and feelings of unfairness regarding menstruation. **Sundari et al.** [6] similarly found high levels of emotional distress among adolescents, with 70% of respondents feeling irritated and 63.3% experiencing moodiness and instability during their menstrual cycle. **Ahmed et al.** [7] also noted significant physical discomforts, including dysmenorrhea (18.33%) and backaches (22.17%). Both studies highlight significant emotional and physical challenges during menstruation, though our participants, being older and in a more demanding educational environment, might experience these issues in the context of balancing academic and clinical responsibilities.

Physically, our participants reported discomfort, feelings of dirtiness, and difficulties maintaining hygiene, particularly in hot climates. **Sundari et al.** also reported common physical complaints, including sleep disturbances (61.6%), lower abdominal pain (61.6%), and back pain (68.3%). The consistency between these findings underscores the widespread nature of menstrual discomfort and the critical need for better hygiene management and support systems like schools or colleges and workplaces. However, our study uniquely highlights the perception of menstruation as a barrier to women's progress, which calls for a deeper exploration of the impact of menstrual-related physical discomfort on academic and professional pursuits.

The unanimous rejection of outdated menstrual restrictions among participants underscores a shift in cultural attitudes, particularly among younger, educated women. Similar sentiments were observed in the study by **Kumar et al.** [8] which found that educational status significantly influenced attitudes towards menstrual taboos. However, our participants' understanding of historical contexts behind these restrictions provides a richer perspective on the interplay between tradition and modernity. This highlights the need for culturally sensitive health education programs that acknowledge historical contexts while promoting progressive attitudes.

Our study revealed that hygiene concerns and physical limitations significantly impact participation in social activities during menstruation. Our participants reported that inadequate sanitary facilities and physical

limitations such as dysmenorrhea and heavy bleeding often led them to avoid social gatherings. Similarly, **Sundari et al.** noted that while the majority of respondents (68.3%) moved freely during menstruation, younger girls (13-14 years) felt more isolated than their older counterparts. This finding is consistent with the work of **Ejik et al.** [9], who reported that inadequate menstrual hygiene facilities often lead to social withdrawal among menstruating women in low and middle-income countries. They reported about 77% experienced restrictions, particularly in religious activities. They also report that only about half of the girls' homes had toilets, and inappropriate disposal of sanitary products was common, highlighting infrastructural issues that align with the barriers identified in our study.

The preference for discussing menstrual issues with friends rather than family, particularly male relatives, was evident in our study. This finding parallels those of **Dasgupta and Sarkar**, [10] who observed that menstrual discussions are often limited to female peers and mothers in Indian society. **Sundari et al.** also found that 65% of their respondents discussed menstrual changes with their mothers, indicating a reliance on maternal support during menarche. Other studies like **Nahar and Khatun et al.** [11], **Bhavya HU** [12], **Zamri and Zow** [13], **Prajapati and Patel** [2], **Deshpande et al** [14] also shows that friends, family members like sisters and mothers were source of information regarding menstruation and also for discussion regarding menstruation. This highlights a persistent cultural barrier in open family communication about menstruation, suggesting that while peer support is crucial, efforts to involve all family members in menstrual health discussions are necessary to reduce stigma.

Participants' advocacy for menstrual leave and supportive environments underscores the need for institutional and policy changes. This advocacy aligns with **Levitt et al** [15] who argued that menstrual leave policies could significantly improve the well-being and productivity of menstruating women.

Our study further suggests that cultural practices celebrating menarche could positively influence societal perceptions, a perspective that warrants further research and could inform culturally tailored interventions.

CONCLUSION:

The focus group discussion among nursing students reveals a complex and multifaceted view of menstruation, encompassing emotional, physical, social, and cultural dimensions. The predominant emotional and physical experiences reported include discomfort, mood swings, and a sense of unfairness. Social and cultural practices such as restrictions on religious participation, social gatherings, kitchen

activities, and the use of utensils reflect a mix of historical context and contemporary rejection of these practices. Communication about menstruation is primarily conducted with peers rather than family members, particularly male relatives, highlighting a significant cultural barrier. Overall, the participants advocate for a supportive environment at home and in society, free from stigma and outdated restrictions.

Recommendations:

Based on the findings from this study, it is recommended to implement comprehensive educational programs to debunk myths and normalize menstruation, alongside public awareness campaigns to reduce stigma. Policy changes should include the introduction of menstrual leave and ensuring the availability of clean, hygienic facilities in public spaces, schools, and workplaces. Engaging religious and community leaders to challenge restrictive practices and promote inclusivity is crucial. Families should be encouraged to create supportive environments, and the establishment of peer support groups can enhance mutual understanding. Improved access to healthcare services for menstrual-related issues, including pain management and psychological support, is necessary. Additionally, making sanitary products more affordable and promoting sustainable options will help in managing menstrual hygiene effectively. These measures together can create a more supportive, inclusive, and understanding environment for menstruating women.

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