MENSTRUAL BELIEFS AND MYTHS AMONG SCHOOL-GOING ADO LESCENT GIRLS IN RURAL UTTAR PRADESH: A QUALITATIVE STUDY

Dr. Supriya[1*], Dr. Parul[2], Dr. Rashmi Bhujade[3], Dr. Pankaj Kumar Jain[4], Dr. Sandip Kumar[5], Dr. Udayakumar Rangasamy[6]

[1*]Junior Resident, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.
[2]Junior Resident, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.
[3]Associate Professor, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.
[4]Professor and Head, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.
[5]Professor, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.
[6]Junior Resident, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.

Email ID: [1*]dr.supriya2110@gmail.com, [2]parulroy123@gmail.com, [3]drbhujaderashmi@gmail.com, [4]drpankajjain@yahoo.com, [5]drsandiprims@yahoo.co.in, [6]postboxme2594@gmail.com

Corresponding Author: Dr. Supriya
Junior Resident, Department Of Community Medicine, Uttar Pradesh University of Medical Sciences, Saifai.

ABSTRACT

Background: Menstruation is a normal physiological process; however, sociocultural beliefs, myths, and taboos continue to influence menstrual experiences among adolescent girls in rural India. These beliefs often shape behaviours and practices despite increasing access to school-based menstrual health education.

Objectives: To explore sociocultural beliefs, menstrual myths, and the lived experiences of school-going adolescent girls regarding menstruation in rural Uttar Pradesh, India.

Methods: A qualitative exploratory study was conducted among school-going adolescent girls aged 10–19 years who had attained menarche in rural Etawah, Uttar Pradesh. Participants were selected using purposive sampling. Data were collected through four focus group discussions (FGDs) comprising 24 participants using a semi-structured interview guide. Discussions were audio-recorded, transcribed verbatim, translated into English, and analysed using inductive thematic analysis. Two researchers independently coded the transcripts and reached consensus through discussion. Data collection continued until thematic saturation was achieved.

Results: Six interrelated themes emerged from the analysis: menstruation and the construction of ritual impurity, negotiating restrictions in everyday life, the culture of silence around menstruation, intergenerational transmission of menstrual beliefs, fear as a mechanism of compliance, and negotiating biomedical knowledge and cultural expectations. Although participants demonstrated awareness of menstruation as a normal biological process through school education, traditional beliefs transmitted through family and community networks continued to influence behaviour. Restrictions related to religious practices, household activities, and food handling were commonly reported. Fear of negative consequences and the influence of elder family members contributed to continued adherence to menstrual taboos despite participants questioning their validity.

Conclusion: The findings highlight a persistent disconnect between biomedical knowledge and sociocultural practices surrounding menstruation. Menstrual beliefs among rural adolescent girls are shaped by deeply rooted social norms that extend beyond individual knowledge. Culturally sensitive interventions involving families, schools, and community stakeholders are needed to address menstrual stigma and promote positive menstrual health practices.

Keywords: Menstruation, Menstrual Myths, Menstrual Stigma, Qualitative Research, Rural India; Sociocultural Beliefs.

www.ajmrhs.com
eISSN: 2583-7761

Date of Received: 22-05-2026
Date Acceptance: 30-05-2026
Date of Publication: 29-06-2026

INTRODUCTION

Menstruation is a normal physiological process experienced by adolescent girls and women of reproductive age; however, it continues to be surrounded by sociocultural beliefs, myths, and taboos in many parts of the world, particularly in low- and middle-income countries such as India [1].

© Authors; 2026. This is an Open Access article CC BY-NC-SA 4.0.

These beliefs often influence perceptions and practices related to menstruation, affecting the physical, psychological, and social well-being of adolescent girls [2].

In India, menstruation is frequently associated with notions of impurity and pollution, resulting in restrictions on religious participation, food handling, social interactions, and daily activities [2,8]. Such practices are deeply embedded within cultural traditions and are transmitted across generations through family and community networks [3]. Adolescent girls in rural settings are particularly vulnerable to these influences, as mothers and elder female relatives often serve as their primary sources of information regarding menstruation [3,4].

Despite increasing access to school-based menstrual health education and awareness programmes, misconceptions and stigma surrounding menstruation continue to persist [4,6]. Several studies have reported that although adolescent girls possess basic knowledge regarding menstruation as a normal biological process, their behaviours and practices are often shaped by prevailing sociocultural norms rather than scientific understanding [5,10]. This disconnect highlights the complex interplay between biomedical knowledge and cultural beliefs in shaping menstrual experiences.

Menstrual health is increasingly recognized as a multidimensional issue influenced not only by biological factors but also by social, cultural, and gender-related determinants [6]. Menstrual stigma, characterized by silence, secrecy, and restrictive practices, continues to affect girls' confidence, participation in daily activities, and overall quality of life [11,12]. Fear of social disapproval and adherence to traditional expectations often reinforce these practices even when their scientific basis is questioned [5].

Although numerous quantitative studies have examined menstrual knowledge, attitudes, and practices among adolescent girls in India, relatively few studies have explored the sociocultural context and lived experiences underlying these behaviours [7]. Qualitative approaches provide an opportunity to understand how adolescent girls negotiate the conflict between information received through formal education and traditional beliefs enforced within households and communities. Such insights are essential for designing culturally appropriate interventions that address not only knowledge deficits but also the social norms that perpetuate menstrual stigma.

There remains limited qualitative evidence from rural regions of Uttar Pradesh exploring these issues among school-going adolescent girls. Therefore, the present study was undertaken to explore sociocultural beliefs, menstrual myths, and the lived experiences of menstruation among school-going adolescent girls in rural Uttar Pradesh, India.

METHODOLOGY

Study design and Setting

A qualitative exploratory study was conducted among school-going adolescent girls in rural areas of Etawah district, Uttar Pradesh, India. The study aimed to explore sociocultural beliefs, myths, and experiences related to menstruation within the participants' sociocultural context.

Study Participants and Sampling

The study included school-going adolescent girls aged 10–19 years who had attained menarche and had been residing in the study area for at least six months. Participants were selected using purposive sampling to ensure variation in age and educational level. Girls who were unwilling to participate or unable to communicate effectively were excluded from the study.

Data collection methods

Data were collected through four Focus Group Discussions (FGDs), each comprising six participants (total n=24). A semi-structured interview guide was used to explore participants' understanding of menstruation, sociocultural beliefs and myths, restrictions and taboos, perceptions of purity and impurity, and the influence of family and community on menstrual practices.

FGDs were conducted in Hindi in a private setting within the school premises to ensure participant comfort and confidentiality. Each discussion lasted approximately 30–45 minutes. All discussions were audio-recorded with participants' consent and supplemented with field notes. Data collection continued until thematic saturation was achieved.

Data management and Analysis

Audio recordings were transcribed verbatim in Hindi and translated into English. Transcripts were reviewed for accuracy before analysis. Data were analysed using inductive thematic analysis. Two researchers independently coded the transcripts, identified recurring patterns, and grouped codes into themes through an iterative process. Discrepancies were resolved through discussion and consensus.

Rigor and trustworthiness

Credibility was enhanced through peer debriefing and the use of field notes alongside audio recordings. Dependability and confirmability were ensured through independent coding and consensus-based theme development. Transferability was supported by providing a detailed description of the study setting and participant characteristics.

Ethical considerations

The study was approved by the Institutional Ethics Committee. Written informed consent was obtained from participants aged 18 years and above, while assent along with parental or guardian consent was obtained for participants below 18 years of age.

Confidentiality and anonymity were maintained throughout the study.

RESULTS

A total of 24 school-going adolescent girls participated in four focus group discussions (FGDs), with each group comprising six participants. Participants were aged 10–19 years and represented different educational levels and socioeconomic backgrounds.

Table 1: Sociodemographic characteristics of participants (n = 24)

Variable	Category	Frequency (n)
Age (years)	10–13	8
	14–16	10
	17–19	6
Education (Class)	Middle school	9
	High school	10
	Higher secondary	5
Socioeconomic status*	Lower	11
	Middle	13

Based on modified BG Prasad classification

Overview of themes

Analysis of the FGDs revealed that participants' menstrual experiences were shaped by the interaction between biomedical knowledge acquired through school education and traditional beliefs reinforced within families and communities. Although most participants recognized menstruation as a normal physiological process, sociocultural expectations continued to influence their attitudes and practices. Six major themes emerged from the analysis: (1) menstruation and the construction of ritual impurity, (2) negotiating restrictions in everyday life, (3) the culture of silence around menstruation, (4) intergenerational transmission of menstrual beliefs, (5) fear as a mechanism of compliance, and (6) negotiating biomedical knowledge and cultural expectations.

Table 2: Themes and Subthemes Emerging from Focus Group Discussions

Theme	Subthemes
Menstruation and the Construction of Ritual Impurity	Perception of impurity; exclusion from religious activities
Negotiating Restrictions in Everyday Life	Restrictions on cooking, food handling, and daily activities
The Culture of Silence Around Menstruation	Limited family communication; secrecy and embarrassment
Intergenerational Transmission of Menstrual Beliefs	Influence of mothers and grandmothers; adherence to traditional norms
Fear as a Mechanism of Compliance	Fear of negative consequences; unquestioned acceptance of restrictions
Negotiating Biomedical Knowledge and Cultural Expectations	Conflict between school-based education and household beliefs

Theme 1: Menstruation and the Construction of Ritual Impurity

Participants commonly described menstruation as a state associated with ritual impurity within the household. Although they were aware that menstruation is a normal biological process, cultural beliefs regarding purity and pollution continued to shape their experiences. Many girls reported being discouraged from participating in religious activities during menstruation.

“पीरियड्समेंहमलोगगंदेहोजातहैं, इसीलिएमंदिर-फंदरनहींजानेदेते।”

(Participant 2, FGD 1, age 16)

“उनदिनोंमेंहमेंअलगबैठनेकोबोलतेहैं, कहतेहैंछूनेसेचीजेंअपवित्रहोजातीहैं।”

(Participant 5, FGD 1, age 15)

Theme 2: Negotiating Restrictions in Everyday Life

Participants reported several restrictions during menstruation, particularly related to religious practices, food preparation, and household activities. These restrictions were generally accepted as customary family practices and were rarely questioned.

“अचार-वचारछूनेसेमनाकरतहैं, कहतहैंखराबहोजाएगा।”

(Participant 4, FGD 2, age 17)

“रसोईमेंनहींजानेदेते,
बोलतेहैंखानाबिगड़जाएगाअगरहमबनाएं।”
(Participant 2, FGD 3, age 16)

Theme 3: The Culture of Silence Around Menstruation

Despite receiving information regarding menstruation through school education, participants reported limited communication on the topic within their families. Menstruation was often treated as a private subject, resulting in uncertainty and anxiety, especially during menarche.

“घरमेंकोईढंगसेबतावतनहींहै, बसखुदसमझो।”
(Participant 1, FGD 3, age 16)

“पहलीबारहुआतोबहुतडरलगरहाथा,
किसीसेखुलकेपूछभीनहींपाए।”
(Participant 6, FGD 2, age 14)

Theme 4: Intergenerational Transmission of Menstrual Beliefs

Mothers and grandmothers emerged as influential figures in shaping menstrual practices. Participants frequently reported following traditional instructions from elder family members even when these conflicted with information learned at school.

“माँजैसाबोलतीहैंवैसाहीकरतेहैं, वहीसहीमानतेहैं।”
(Participant 3, FGD 2, age 15)

“दादीकीबातमाननीपड़तीहै,
वोकहतीहैंऐसेहीकरनाचाहिए।”
(Participant 1, FGD 4, age 15)

Theme 5: Fear as a Mechanism of Compliance

Fear of adverse consequences was a major factor influencing adherence to menstrual restrictions. Participants often continued following practices despite questioning their validity, primarily because they feared possible negative outcomes.

“अगरनहींमानेंगेतोकुछऊल्टा-सीधाहोजाएगा,
ऐसाडरलगतहै।”
(Participant 5, FGD 4, age 14)

“मनमेंलगताहैसहीनहींहै,
लेकिनडरकेकारणमाननापड़ताहै।”
(Participant 3, FGD 3, age 16)

Theme 6: Negotiating Biomedical Knowledge and Cultural Expectations

A recurring theme was the conflict between scientific information acquired through school education and traditional beliefs practiced at home. Participants acknowledged menstruation as a normal physiological process but reported difficulty applying this knowledge within household settings where traditional norms prevailed.

“स्कूलमेंबतातेहैंकियेनॉर्मलहै, परघरमेंअभीभीरोक-टोकहै।”
(Participant 2, FGD 4, age 17)

“स्कूलकीबातअलगहै, घरमेंतोपुरानेनियमहीचलतेहैं।”
(Participant 4, FGD 1, age 17)

Overall, the findings indicate that while school education contributed to improved awareness regarding menstruation, deeply rooted sociocultural beliefs and family expectations continued to shape menstrual practices among adolescent girls in rural Uttar Pradesh.

DISCUSSION

The present qualitative study explored sociocultural beliefs and menstrual myths among school-going adolescent girls in rural Uttar Pradesh. The findings demonstrate that although participants possessed basic knowledge regarding menstruation as a normal physiological process, their perceptions and practices continued to be strongly influenced by sociocultural norms, family traditions, and community expectations. A prominent finding was the coexistence of biomedical knowledge and traditional beliefs, resulting in a persistent gap between awareness and behaviour.

One of the central themes that emerged was the perception of menstruation as a state of impurity. Participants reported restrictions on religious participation and social interactions despite understanding the biological basis of menstruation. Similar findings have been documented in India and other low- and middle-income countries, where menstruation is often associated with notions of ritual pollution and uncleanliness [2,8,12]. Such beliefs are deeply embedded within cultural and religious traditions and continue to shape menstrual experiences across generations. The persistence of these beliefs despite increasing educational opportunities suggests that menstrual stigma is sustained through social norms rather than knowledge deficits alone [6,11].

Participants also described multiple restrictions related to cooking, food handling, and household activities. These restrictions appeared to be normalized within family settings and were often followed without questioning their rationale. Previous studies have similarly reported restrictions on entering kitchens, touching food items, and participating in routine household activities during menstruation [2,3,9]. Such practices reflect broader gender norms that regulate female behaviour and reinforce perceptions of menstruation as a condition requiring social exclusion. Beyond their symbolic significance, these restrictions may adversely affect adolescents’ self-esteem, autonomy, and social participation [10,12].

Another important finding was the culture of silence surrounding menstruation within families. Although participants reported receiving information about menstruation through schools, communication at home remained limited. Many girls described feelings of confusion, embarrassment, and fear during menarche because menstruation was rarely discussed openly. Similar observations have been reported in qualitative studies from India, Nepal, Ethiopia, and other resource-limited settings, where menstruation is often considered a private or taboo

subject [4,5,10]. The lack of open communication may contribute to the persistence of misconceptions and prevent adolescent girls from seeking accurate information and support.

The influence of mothers and grandmothers emerged as a key determinant of menstrual practices. Participants frequently reported following instructions from elder female family members even when these conflicted with scientific explanations learned at school. This finding highlights the role of intergenerational transmission in perpetuating menstrual beliefs and restrictions. Previous studies have similarly identified mothers as the primary source of menstrual information while simultaneously serving as custodians of traditional practices [3,4,11]. These findings suggest that interventions targeting adolescents alone may be insufficient unless influential family members are also engaged.

Fear was another important factor underlying adherence to menstrual restrictions. Participants often acknowledged uncertainty regarding the validity of certain beliefs but continued to comply because of concerns about potential negative consequences. This fear-driven compliance reflects the internalization of social norms and menstrual stigma. Similar findings have been reported in studies exploring menstrual experiences among adolescent girls, where fear of social disapproval, divine punishment, or adverse outcomes contributed to continued observance of restrictions despite limited scientific justification [5,12]. Such observations support the argument that menstrual behaviour is often shaped by social expectations rather than individual beliefs.

A particularly noteworthy finding was the conflict between school-acquired knowledge and household-based cultural expectations. Participants generally recognized menstruation as a normal physiological process; however, this understanding rarely translated into behavioural change because traditional norms continued to dominate household practices. Similar knowledge-practice gaps have been reported in recent research, suggesting that educational interventions alone may have limited impact when sociocultural norms remain unchanged [6,7,13]. From a social norms perspective, individual behaviour is strongly influenced by perceived expectations of significant others, particularly family members and community leaders. Consequently, improvements in knowledge may not necessarily result in changes in practice unless the broader social environment also supports such changes.

The findings of this study have important public health implications. Current menstrual health programmes largely focus on improving knowledge among adolescent girls through school-based education. While these initiatives are essential, the present findings indicate that sustainable behavioural change requires broader community engagement. Interventions should involve parents, grandparents, teachers, ASHA workers, and community leaders to address deeply rooted myths and challenge restrictive social norms. Community-based approaches that promote open dialogue regarding menstruation may help reduce stigma and create supportive environments for adolescent girls.

The present study provides valuable insights into the sociocultural dimensions of menstruation among rural adolescent girls; however, certain limitations should be acknowledged. The study included only school-going adolescents and may not reflect the experiences of out-of-school girls, who may face different challenges. Additionally, as data were collected through focus group discussions, responses may have been influenced by social desirability and peer dynamics. Nevertheless, the use of thematic saturation and rich participant narratives strengthens the credibility of the findings.

Strengths and Limitations

This study provides in-depth insights into menstrual beliefs and myths among rural adolescent girls using focus group discussions, enabling exploration of shared sociocultural experiences. Thematic saturation enhanced the credibility of the findings. However, the study included only school-going adolescents from a single rural district, limiting transferability. Additionally, social desirability and peer influence during discussions may have affected participants' responses.

CONCLUSION

The present study highlights that menstruation among school-going adolescent girls in rural Uttar Pradesh continues to be strongly influenced by deeply rooted sociocultural beliefs, particularly the perception of impurity. These beliefs manifest as restrictions, silence, and fear-driven practices, reinforced through intergenerational transmission within families. Although participants demonstrated adequate awareness regarding menstruation as a normal physiological process, this knowledge did not translate into practice, reflecting a persistent disconnect between biomedical understanding and sociocultural norms. Addressing this gap requires culturally sensitive, community-based interventions that extend beyond adolescent education to actively involve families, caregivers, and frontline health workers in challenging and transforming restrictive beliefs.

REFERENCES

1. McCammon E, Bansal S, Hebert LE, et al. Menstrual health experiences of young women in India: A qualitative study. BMC Public Health. 2020;20:1-11.

2. Garg S, Anand T. Menstruation related myths in India: Strategies for combating it. J Family Med Prim Care. 2015;4(2):184-186.
3. Kumari S, Singh A, Negi N. Knowledge and practices related to menstruation among adolescent girls: A cross-sectional study. J Family Med Prim Care. 2021;10(3):1382-1388.
4. Gold-Watts A, Hegland J, Dost M, et al. A qualitative study of adolescent girls' experiences of menstruation in rural Tamil Nadu, India. BMC Public Health. 2020;20:1-12.
5. Betsu BD, Demissie GD, Getahun BC, et al. “Menstruation is a fearful thing”: A qualitative exploration of menstrual experiences among schoolgirls. BMC Public Health. 2023;23:1-12.
6. Hennegan J, Winkler IT, Bobel C, Keiser D, Hampton J, Larsson G, et al. Menstrual health: A definition for policy, practice, and research. Sex Reprod Health Matters. 2021;29(1):1911618.
7. Parija PP, Mishra A, Mohapatra I. Menstrual hygiene practices and sociocultural perceptions among adolescent girls: A qualitative study. Indian J Community Med. 2022;47(4):560-565.
8. Chandra-Mouli V, Patel SV. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. Reprod Health. 2017;14:30.
9. Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? Indian J Community Med. 2008;33(2):77-80.
10. Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, safely, and without shame: Defining menstrual hygiene management as a public health issue. Am J Public Health. 2015;105(7):1302-1311.
11. Mason L, Nyothach E, Alexander K, et al. “We keep it secret so no one should know” – A qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural western Kenya. PLoS One. 2013;8(11):e79132.
12. Hennegan J, Shannon AK, Rubli J, Schwab KJ, Melendez-Torres GJ. Women's and girls' experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis. PLoS Med. 2019;16(5):e1002803.
13. Sumpter C, Torondel B. A systematic review of the health and social effects of menstrual hygiene management. PLoS One. 2013;8(4):e62004.
14. UNICEF. Guidance on Menstrual Health and Hygiene. New York: United Nations Children's Fund; 2024.
15. Sahiledengle B, Atlaw D, Kumie A, Tekalegn Y, Woldeyohannes D, et al. Menstrual experiences and sociocultural barriers among adolescent girls: A qualitative evidence synthesis. BMC Womens Health. 2023;23:487.
16. Van Eijk AM, Zulaika G, Lenchner M, Mason L, Sivakami M, Nyothach E, et al. Menstrual health and gender equality: Progress and remaining challenges. Lancet Public Health. 2024;9:e123-e132.

How to cite this article: Dr. Supriya, Dr. Parul, Dr. Rashmi Bhujade, Dr. Pankaj Kumar Jain, Dr. Sandip Kumar, Dr. Udayakumar Rangasamy, MENSTRUAL BELIEFS AND MYTHS AMONG SCHOOL-GOING ADO LESCENT GIRLS IN RURAL UTTAR PRADESH: A QUALITATIVE STUDY, Asian J. Med. Res. Health Sci., 2026; 4 (2):1350-1355.

Source of Support: Nil, Conflicts of Interest: None declared.