Understanding Menstruation Through a Cultural Lens of Women and Young Girls in Kallyanpur Slums of Dhaka City

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Contents

Abstract

Introduction

Menstruation is often stigmatized and associated with cultural taboos, especially in resource-constrained environments like urban slums. The taboo, stigma and myth surrounding menstruation have a negative impact on women’s and girls' education, mobility and emotional well-being. This study explores how cultural beliefs influence women's and adolescent girls' perception of menstruation and how it affects their lives in Dhaka's Kallyanpur slum.

Method

This qualitative study conducted in-depth interviews (IDIs) with 13 girls and women aged 13 to 49. Participants were chosen on purpose to represent a wide range of experiences. To gain insight into common themes, the data were analyzed using both inductive and deductive coding. Ethical approval was obtained and confidentiality was preserved throughout the study.

Findings

Menstruation was often considered as impure, resulting in limitations on mobility, religious involvement, and daily work. Participants expressed emotional difficulty during menarche due to a lack of prior understanding, with many confusing menstruations for a sickness. Cultural taboos restricted the consumption of certain foods and reinforced superstitious beliefs. Financial restrictions and inadequate sanitation facilities necessitated the use of unsafe practices, such as reusing clothes for menstrual management. Despite improved awareness due to NGO projects, stigma and secrecy remain, contributing to social isolation, school absenteeism, and insufficient access to sanitary products. However, increasing awareness efforts and male family members' support indicate a gradual shift in attitudes.

Conclusion

The study demonstrates the widespread influence of cultural norms on menstruation patterns in urban slums, emphasizing the importance of culturally sensitive, community-driven solutions. Recommendations include incorporating menstrual health teaching into schools, offering low-cost sanitary products, upgrading sanitation infrastructure, and engaging male family members to promote open discussion. Addressing these issues holistically can improve menstrual health and empower women and girls in vulnerable areas.

Introduction

Menstruation is the cyclic vaginal bleeding which starts at puberty (median age 12.4 years) and ends at menopause, along with associated hormonal changes (Thiyagarajan et al., 2024). It is an important reproductive function for women, intimately related to their health (Sugita, 2022). Yet, millions of women throughout the world are uninformed or unprepared for menstruation. According to Patterson (2021), the management of menstrual bleeding including proper knowledge about menstruation, clean sanitary products, water, soap, disposal facilities and privacy is known as menstrual hygiene management (MHM). Menstrual health and hygiene are frequently disregarded owing to a lack of knowledge, materials, services, facilities, and disposal areas. Majority of the women struggle to manage their menstrual hygiene, compromising their health, school education, and productivity (Castro & Czura, 2024). Menstruation is still stigmatized which makes women's experience difficult, affecting their physical and mental health (Van Lonkhuijzen, Garcia, & Wagemakers, 2022). It is important to address the taboos and social obstacles that can lead to adverse health outcomes among menstruating women. Understanding the social taboos and stigmas associated with menstruation in slums is important in Bangladesh since these cultural beliefs have a substantial impact on women's and girls' health, education, and socioeconomic status. In slum areas, where resources are low, these stigmas often result in limited access to sanitary products, little privacy for menstruation management, and a lack of basic menstrual education leading to worse health outcomes and socio-economic consequences (Castro & Czura, 2024).

The views of menstruation vary across different religions and cultures. The menstruating women in the Cherokee Nation were considered powerful and sacred (SOGC, 2024). Menstruation is frequently viewed unfavorably across cultures, where it is related with ideas of impurity, dirtiness, and taboo (SOGC, 2024). These views have historically stigmatized menstruating women, limiting their involvement in education, employment, and daily life. For example, Brahmin Hindu women still separate themselves and avoid domestic responsibilities during menstruation, whilst some Jewish traditions compel women to undergo ritual bathing, known as Mikvah, before resuming sexual intercourse once their monthly cycle has ended. Many religious and cultural traditions prohibit menstruating women's participation in religious activities, promoting exclusionary

practices. These stigmas have perpetuated the notion of menstruation as a curse, preventing women's complete social inclusion (SOGC, 2024). A consensus of legal scholars' states that Muslim menstruating women are excused from religious activities requiring ritual purity, such as prayer, fasting, and some pilgrimage rites. It is considered an important event that causes ritual impurity, requiring a full-body wash. Women restore ritual purity and can resume prayers once their menstruation has ended, and ablution has been performed (Ibrahim, 2020). Menstrual blood is associated with only females which has characterized menstruation as having mystical properties, leading to taboos (Gottlieb, 2020). A study conducted in Oregon found that 50% of English women refer to their menstruation as "the curse" (Gottlieb, 2020). In various South Asian cultures, menstruation is often viewed as a curse or an unnatural taboo (Ahamed, 2022). Two-thirds of South Indian females were in shock and panic when they had their first menstrual period (Sumpter & Torondel, 2013). This taboo is entrenched in patriarchy which is manifested through some prejudiced behaviors such as restricted entry to temples and private areas (Ahamed, 2022). However, in modern democratic societies, this practice frequently conflicts with the idea of legal equality of women (Ahamed, 2022).

Menstruation is widely attached with stigma and taboo which remains an ongoing challenge in Bangladesh (Habib, Basak, & Chakraba, n.d.). The WASH sector primarily prioritizes cleanliness and hygiene practices during menstruation, ignoring the stigma that prevents menstruating women from participating in social and religious activities. Although the NGO workers in Bangladesh teach teenage girls about menstrual hygiene, they also apparently instruct them to hide their reusable clothes and pads from men to maintain their dignity (Zaman, 2022). This leads to perpetuating views that menstruation is 'dirty' or humiliating, hampering women's daily activities, especially in marginalized communities (Zaman, 2022). Parents frequently urge females to stay inside while menstruating to prevent evil possession, which contributes to the dropout of schoolgirls and promotes marriage right after puberty. Women frequently attend to *kabiraj,* to fend off bad spirits using herbal remedies (Zaman, 2022). Discrimination against menstruating women is also widespread. A study conducted among three rural isolated communities of Bangladesh highlighted that the human body is frequently portrayed as "natural" and not in need of professional sexual and reproductive healthcare due to cultural traditions of privacy and silence, local beliefs, and a sense of shame. As a result, many people rely on traditional healers and herbal medicines

instead (Ahmmed et al., 2021). Such norms impede open talks about these issues, promoting a culture of shame along with potential stigma. Most of the women refrain from cooking, religious rituals, and consuming certain foods during their menstrual cycle. Due to the high cost of sanitary products, they rely on old clothes to absorb menstrual blood. They regularly use the same clothes without cleaning and drying them under the sun due to embarrassment and fear of evil spirits (Ahmmed et al., 2021). Studies suggest that educational interventions help in shifting preconceptions about menstruation (Castro & Czura, 2024). However, interventions are not enough to change the deeply rooted beliefs, norms, and cultural practices of the community.

In urban slums of Bangladesh, adolescent girls and women face many obstacles in managing menstruation because of insufficient information on menstrual hygiene and financial limitations. According to a Bangladeshi study, adolescent girls in urban slums do not have proper knowledge about menstruation before experiencing menarche (Lopez et al., 2024). Menstrual stigma causes difficulty in open discussions about sanitary products required during menstruation. Many girls feel ashamed and socially isolated during menstruation, which affects their attendance at school and participation in daily activities. In addition, the lack of proper sanitation, such as private toilets and waste disposal systems in slums, makes it challenging for girls and women to maintain proper hygiene during menstruation (Lopez et al., 2024). Lopez et al (2024) emphasis on establishing targeted strategies, including community-based educational campaigns, improved sanitary facilities, as well as affordable access to sanitary products.

Another study found that in urban slums of Bangladesh, unhygienic menstrual practices and reproductive tract infections (RTI) are serious public health concerns. The stigma surrounding menstruation is exacerbated by menstrual impurity and pollution, which affect women's overall well-being. The absence of open discussion reinforces these stigmas and limits access to sanitary products (Habib, Basak, & Chakraba, n.d.). In Bangladesh, the myths, stigma and taboos surrounding adolescent health are strongly ingrained, making it extremely difficult for adolescents to receive health information and treatments. Although there is some access to health information, positive shifts in behavior are hindered by the absence of structured and efficient Social and Behavioral Change Communication (SBCC) efforts. Other obstacles that prevent adolescents, especially females, from seeking sexual and reproductive health (SRH) services include

embarrassment, superstition, and opposition from elder family members. To ensure their health and well-being, it is imperative that these barriers be addressed through inclusive and cooperative SBCC programs (Government of Bangladesh, Ministry of Health and Family Welfare, 2017).

To reduce the cultural barriers of menstruation, multiple recommendations have been enforced in the national MHM strategy of 2021 (Government of Bangladesh, Local Government Division, Policy Support Branch, 2021). Addressing the emotional and psychological effects of menstruation can help improve the overall well-being and self-esteem of women and girls, ensuring they never have to miss school or work due to inadequate MHM, also supported by the Sustainable Development Goals (SDGs). Therefore, it is important to acquire a culturally relevant understanding of menstruation and menstrual hygiene management practices of women in Bangladesh to help dismantle harmful taboos, and foster a safe environment for women's health, rights, and dignity. In the long term, this will help inform strategies to promote equitable education, gender equality, women's empowerment, health, and environment in line with the SDGs (American College of Men's and Women's Health, 2023). In this regard, the purpose of this study is to explore how cultural beliefs, taboos, myths, and shame surrounding menstruation continue to affect the lives of women living in the Kallyanpur slums of Dhaka, Bangladesh.

Research Questions

General Research Question

1. How do the cultural beliefs construct an understanding of menstruation that influences the daily lives of women and young girls in the Kallyanpur slums of Dhaka city?

Specific Research Questions

1. How do young girls and women aged 13-49 perceive menstruation in the Kallyanpur slum of Dhaka city?
2. What are the taboos and beliefs about menstruation among girls and women aged 13-49?
3. How do cultural beliefs related to menstruation impact the daily life of menstruating young girls and women?

Objectives:

General Objectives

To examine and explore how cultural beliefs construct an understanding of menstruation that influences the daily lives of women and young girls in the Kallyanpur slums of Dhaka city

Specific Objectives

- To explore how young girls and adult women aged 13-49 in the Kallyanpur slum of Dhaka city perceive menstruation.
- To identify and analyze common taboos and beliefs about menstruation among young girls and women aged 13-49 years'; and
- To examine the impact of cultural beliefs related to menstruation on the daily lives of menstruating women.

Conceptual Framework

The conceptual framework is outlined below which shows how various factors, such as social myths and taboos, socioeconomic conditions, personal beliefs and perception, restrictions and concepts of purity and pollution influence cultural construction of menstruation which have implications on women's physical and mental health outcome.

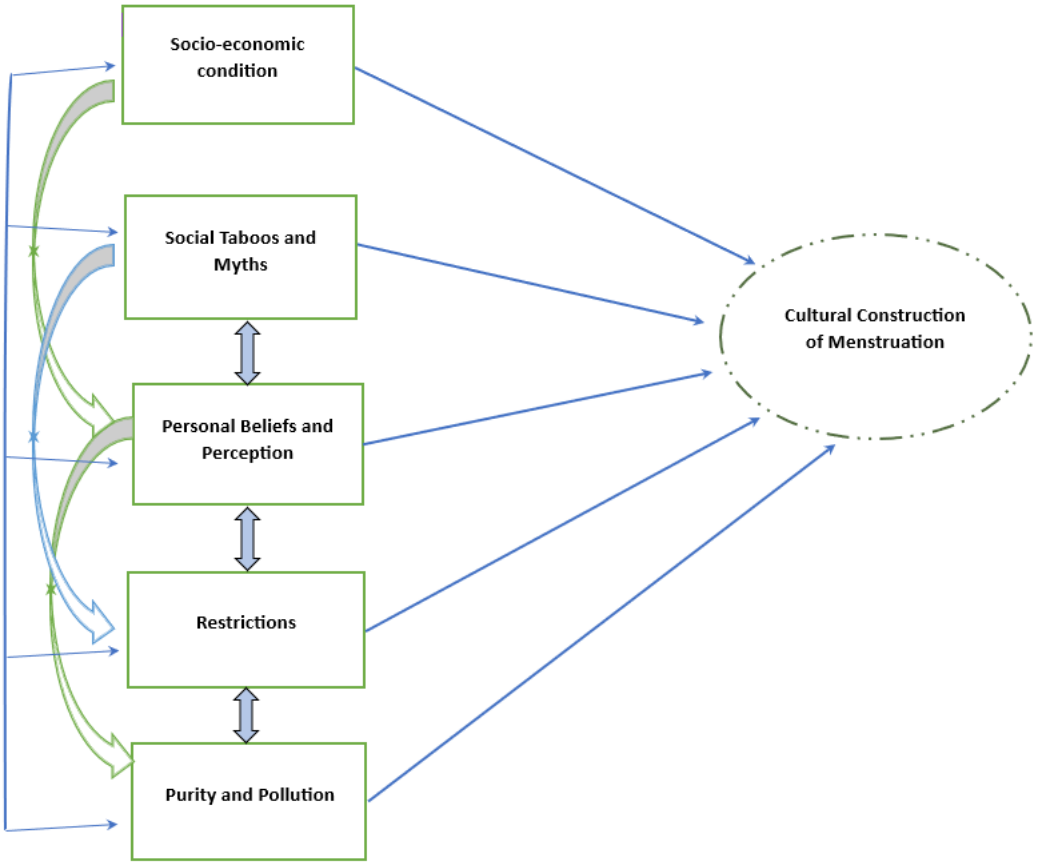

Figure 1: Factors influencing cultural construction of menstruation.

Operational definitions of concepts

Slum: A slum is defined as follows "A cluster of compact settlements of five or more households that generally grow very unsystematically and haphazardly in an unhealthy condition and atmosphere on government and private vacant land." (BBS,1999)

Menstrual hygiene management (MHM): Management of hygiene associated with the process of menstruation. WHO and UNICEF Joint Monitoring Program (JMP) for drinking water, sanitation, and hygiene has defined MHM as 'Women and adolescent girls are using a clean menstrual material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual materials.

They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear' (UNICEF, 2019).

Beliefs: Belief, is a mental attitude of acceptance or assent toward a proposition without the full intellectual knowledge required to guarantee its truth (Encyclopedia Britannica, 2024).

Taboos: Taboos are putting a person or a thing under temporary or permanent prohibition, especially as a social custom (Sociology Group, 2018).

Myths: Myth is a symbolic narrative, usually of unknown origin and at least partly traditional, that ostensibly relates to actual events and that is especially associated with religious belief (Encyclopedia Britannica, 2024).

Cultural construction: Cultural construction refers to the development of definitions of social concepts derived from cultures rather than absolute realities (Vaghefi, 2023).

Methodology

Study Design

This exploratory qualitative study sought to better understand menstruation-related cultural beliefs, taboos, myths, and perceptions, as well as how these cultural constructions impact women's everyday lives in the urban slums of Dhaka.

Study Setting

The study was conducted in the Kallyanpur slum of Dhaka, Bangladesh, which is administered by the Dhaka North City Corporation (DNCC). This location was chosen purposefully because of the robust research network established by the BRAC JPGSPH ARISE (Accountability and Responsiveness in Informal Settlements for Equity) project. The ARISE initiative aims to reduce health disparities in urban informal settlements, empower vulnerable populations through participatory action research, and increase governance accountability. Using this study network accelerated community access, gained participant trust, and provided a contextual understanding of menstrual experiences. Furthermore, choosing this location provided enough time for collecting data while minimizing logistical problems.

Study Population

The study focused on girls and women of reproductive age (13–49) living in Kallyanpur slums. Participants from this area were included to obtain an in-depth analysis of menstrual hygiene habits and perspectives from individuals affected. Women were the primary focus since they had firsthand experience with menstruation and could provide important insights into how cultural beliefs affected their hygiene practices and daily lives.

Inclusion Criteria:

- Women aged 13-49 who had experienced menstruation .

- Women who agreed to participate in the study.
- Women who had resided in the Kallyanpur slum for at least 6 months and gained a thorough understanding of the local context.

Exclusion Criteria:

- Women who were unwilling to discuss menstruation.
- Women who had resided in Kallyanpur slums for less than 6 months.

Sample and Sampling Technique:

The study used purposive sampling to recruit girls and women of reproductive age (13–49) from the Kallyanpur slum. Thirteen participants were selected for in-depth interviews depending on data saturation. This sample size was suitable for an in-depth, qualitative investigation, providing a range of varied insights while being manageable for an intensive narrative analysis.

This technique allowed the researcher to purposefully choose participants who were most likely to provide meaningful and important insights on the research issue, ensuring the emphasis on the distinct social and cultural perspectives of the community.

Tool Development

To conduct in-depth interviews (IDIs), a semi-structured guideline was prepared before starting data collection. The guideline included open-ended questions about the key themes such as participants' experiences and perceptions of menstruation, sources of menstrual knowledge and advice, cultural beliefs and taboos, and their effect on daily life. This strategy provided a wide range of responses, additionally serving as an outline to ensure all the themes were fully explored throughout the interviews.

Data Collection

In-depth interviews (IDIs) encourage participants to open up about their culturally diverse experiences (Rutledge & Hogg, 2020). IDIs were appropriate for this study since they provided detailed insights into a sensitive topic such as menstruation among a limited sample. This approach helped to explore and capture the rich, context-specific narratives required to understand the

complicated social norms within urban slums. Each IDIs were conducted for 50-60 minutes at the participants' houses to ensure their comfort and privacy, following a semi-structured guideline (refer to Annex 3 & 4).

Data Analysis

The audio recordings were first transcribed verbatim into text for further analysis. The written transcripts were carefully reviewed several times to become acquainted with the data. Deductive and inductive coding were both applied. Deductive coding was carried out using an a priori code list, while inductive coding was carried out while reading the transcripts. After coding, the codes were organized into broader categories by grouping similar codes to identify themes. Themes were then identified by examining the categorized codes and patterns.

Ethical Considerations

The concept note was reviewed and approved by the BRAC JPGSPH Institutional Review Board (IRB). The study began after the review board's clearance. Participants were fully informed about the study's goal, and they provided informed consent and assent after being assured that their confidentiality and identity would be protected. Participation was entirely voluntary, and the participants were allowed to withdraw at any time.

Findings

Background characteristics of the study participants

The Socio-demographic characteristics of young girls and women residing in the Kallyanpur slum are provided in Table 1 in Annex. The table provides insights into their age, age of menarche, family composition, number of female family members, education, occupation, monthly income, and source of water and toilet facilities.

The participants' ages ranged from 13 to 45 years, and menarche occurred between the ages of 12 and 16. Most households are made up of two females, usually the participant and a female family member such as a mother or daughter. All respondents used tube wells for water, and the majority used common toilets, except one person who had a personal toilet. Educational achievement ranged widely, from no formal education to higher education (Honors first year). Adolescents were predominantly in lower school (grades 2–10). Many participants were unemployed, with a handful working as housemaids. Monthly income ranged between 6,000 and 15,000 BDT, with some adolescent participants reporting no income.

Perception and Experience of Menstruation

Menstruation was characterized by a mix of fear, confusion, and shame among the participants, owing to a lack of prior understanding and preparation. Emotional discomfort was enhanced when girls went through menarche without close family assistance. The lack of awareness highlights the dearth of comprehensive menstrual health education before menarche, which exposes young girls to psychological and emotional stress. For example, one participant described she felt scared when experiencing menstruation for the first time saying:

> *"I was scared a lot. Although I was aware that something would happen like this when I had menstruation for the first time my mother wasn't with me. She went abroad for two years and was supposed to come back in January. However, it was delayed, and she came back after two more months. My period happened before my mother came, and I got scared*

a lot. I cried thinking to Allah what happened to me. Then, there was a sister next door to me, so I told her." (IDI-1, adult woman, Kallyanpur)

Similar experiences occurred to other women who sought help from female neighbors, relatives, and friends for managing menstruation.

Many participants mistook the menstrual blood for a disease or injury when it happened for the first time. Some participants thought they cut their hands or feet when they saw blood. One participant said she thought a worm went inside her body. She stated:

"I thought maybe some leech went inside me as we used to swim in ponds. I wondered if that was the reason, or if it was something else." (IDI-8, adult woman, Kallyanpur)

Lack of knowledge about menstruation created misconceptions regarding menstruation while experiencing it for the first time.

Bodily changes, such as breast growth and weight gain, were mostly observed after menstruation, confirming the belief that it symbolizes a transition into womanhood. While some participants who started menstruating recently accepted these changes naturally, some linked them to discomfort or shame. One of the adult participants who was in her forties stated how her clothing changed when she started menstruating at the age of fourteen years:

"I started buying more clothes. Earlier I used to walk without a long scarf but after it started, I could not walk without a long scarf so my mother used to make me dress with frills in the front as I did not want to wear it. Later I used to feel shy and started wearing a long scarf." (IDI-4, adult women, Kallyanpur)

Bodily changes and menstruation made young girls adapt and accept the reality of the circumstances.

Sources of Menstrual Information and Advice

Mothers, grandmothers, sisters, and female peers emerged as the primary information provider on menstruation. Female family members taught the majority of participants about practical menstrual management such as using cloth or sanitary pads and cleanliness habits. However, the advice provided was often based on cultural taboos rather than scientific reasons, resulting in knowledge gaps.

Peers played an important role when there was a lack of family support. Girls frequently relied on their peers for emotional support and shared experiences, even if the knowledge provided was sometimes incorrect or misguided. On the contrary, school-based menstrual education was almost absent and deemed unsatisfactory, focusing primarily on biological causes while ignoring psychosocial factors.

Participants who communicated with non-governmental organizations and healthcare professionals reported higher levels of awareness of menstruation and its management, underscoring the importance of targeted interventions in breaking the loop of misconceptions. According to the respondents, people from NGOs had a transformative role in decreasing knowledge gaps, especially through awareness campaigns highlighting menstrual hygiene and dispelling myths, especially about food habits. Table 2 in Annex summarizes the information sources that influence MHM procedures.

Religious and Societal Perspectives about Menstruation

Religious Perspectives

Societal perception of menstruation often reflects deeply rooted religious and cultural beliefs. Religious limitations were prominent, especially among Muslim responders who were excused from praying, fasting, and reading the Quran during menstruation for 7 days. For example, an adolescent participant stated:

> *"Religious books cannot be touched, we cannot say our prayers, and we cannot touch anything holy" (IDI-3, adolescent girl, Kallyanpur).*

Another participant disclosed avoiding sacred places such as mosques and traditional healers' houses due to their impure state. Additionally, some participants expressed worries that menstruation would negatively affect other people's health. For example, one adult woman stated:

> *"Suppose I had menstruation, and the person standing beside me had an operation. She would have eye pain" (IDI-1, adult woman, Kallyanpur).*

This highlights the misconceptions which arises from the ingrained religious beliefs about menstruation which often excludes menstruating women from social gatherings.

Family and Male Support

Despite the stigma, attitudes have improved within families, especially among male relatives. Participants provided references of male family members who demonstrated empathy and assistance during menstruation. One participant emphasized her uncle's supporting behavior:

> *"I saw my uncle telling his wife to take rest and he used to bring pads and medicine for her" (IDI-3, adolescent girl, Kallyanpur).*

Husbands assisting with household chores or purchasing fruits for menstruating wives were also mentioned. These behaviors indicate a gradual normalization of menstruation as a part of women's health within some families.

Community Stigma and Shared Resources

The stigma surrounding menstruation is particularly evident in communal settings. Participants described instances where menstruating girls faced criticism for using shared water sources or toilets. For example, one participant noted:

> *"When 20–30 people use the same water source or toilet, and the girls who menstruate go there for cleaning up or washing clothes, others think badly of them and scold them, saying the place is filled with blood and the environment is ruined" (IDI-4, adult woman Kallyanpur).*

The judgmental attitude of people in the community makes girl feel embarrassed when they menstruate which restrains open discussion in the long run.

Secrecy and Social Discomfort

Secrecy and embarrassment around menstruation remain pervasive, especially when purchasing menstrual products or discussing menstruation in other's presence. One adolescent participant described her discomfort when buying pads from male shopkeepers:

> *"I keep saying give me that, give me that, but I cannot say give me pads. The shopkeeper then asks me what is that? Then I show him the packets of pads by pointing my finger" (IDI-5, adolescent girl, Kallyanpur).*

This uneasiness, coupled with societal discomfort, perpetuates the stigma around menstruation and reinforces the notion that it should remain a private subject.

Taboos, Beliefs, and Cultural Norms

Food restrictions

Most of the participants were instructed mostly by the mothers and grandmothers to not eat certain foods, such as fish, dry fish, meat, eggs, onions and sour foods, due to perceptions that they induce menstruation odors or increase bleeding. The participants were told to eat light foods such as vegetables, dal and milk during menstruation to prevent odor. Some of the respondents stated:

> *"I was told to not eat dry fish or any fish since it causes a smell in the blood. I had to pick foods." (IDI-4, adult woman, Kallyanpur)*

Although the elderly impose restrictions on the younger girls, they sometimes do not follow these rules due to their dissimilar beliefs. One of the adolescent participants shared she is in a dilemma

whether to abide by the restrictions or not since she had a negative experience while trying to break these rules. She shared that during her menstruation she once ate a sour fruit and felt sick. She stated:

> "*I felt very uncomfortable because I ate sour fruits..it increased my bleeding." (IDI-5, adolescent girl, Kallyanpur)*

This kind of experience reinforces the belief about the restrictions that is better to avoid certain foods during menstruation.

Menstrual Taboos and Prohibited Activities

Menstruating women avoided performing certain activities such as lifting heavy weights, avoiding journey thinking their uterus might come down. One of the participants reported that she avoided watering plants because she believed the plant would die. She stated:

> *"Suppose we plant trees; those trees cannot be touched during menstruation. If we do, then those trees' leaves will die. It is said menstruation is an unholy matter that is why plants would not grow or will die…I have heard something like this." (IDI-1, adult woman, Kallyanpur)*

Beliefs on evil spirit

Many people linked menstruation to supernatural danger. Fears of spirits like "Jins" and "Kaal Drishti" (evil eye) led to customs like concealing menstrual products, used clothes and staying away from public areas at night. One of the participants stated:

> *"I do not go to the toilet at night because the toilets are not good…a girl once committed suicide and her spirit roams around that place." (IDI-7, adult woman, Kallyanpur).*

While these views were widely held, some participants indicated doubt regarding their origins or necessity. One of the young girls stated:

> "*We think that these do not exist, these are strange talks because ghosts, fairies, vampires do not exist." (IDI-6, adolescent girl, Kallyanpur)*

The majority of participants who feared evil spirit during menstruation were adults and a few were adolescents indicating a generational divide in beliefs.

Impact of Cultural Beliefs on Daily Life

Emotional distress and social isolation

Many women said they experienced emotional distress and social isolation during their periods, either as a result of social expectations or as a result of their own actions. For example, one participant talked about avoiding peers and public places. Low self-esteem, isolation, and shame were all exacerbated by such situations. The participant stated:

> *"The people of the village comment that this girl got her menstruation and they talk about it a lot, whispering with each other. If I hide this, then no one knows about it. It's a matter of shyness. If people hear about it, they will negatively whisper with each other. That's why it's better to be hidden." (IDI-2, adult women, Kallyanpur)*

Another participant mentioned the discrimination that adolescent girls encounter in the community when others become aware of their menstruation. She said:

> *"Often the girls face harassment as people tell them that they are unclean and dirty if they see blood on their dresses. Suppose, an accident happens, sometimes blood gets leaked but the people behave badly or harass them because of it. They do bad mouthing using slangs" (IDI-4, adult women, Kallyanpur)*

Such behavior reflects deeply rooted cultural attitudes about menstruation as "unclean," resulting in a hostile and judgmental environment for young girls going through this natural process. These

encounters not only lower their self-esteem, but also limit their capacity to participate freely in daily activities when menstruating.

Mobility restriction due to perceived purity and pollution during menstruation

Participants were unable to participate in routine activities during menstruation. Some refrained from engaging in school activities, walking outside, or touching religious objects such as the Quraan and prayer mats, demonstrating the prevalent influence of cultural norms. One of the participants stated she felt uncomfortable while attending school during menstruation since her friends avoided her, telling her to stay away from them. Another participant expressed that the elderly ask them to stay indoors while menstruating, saying:

> *"They forbid us to run, play and tell us to sit down." (IDI-5, adolescent girl, Kallyanpur)*

Hygiene challenges

Economic constraints and limited access to private toilet facilities made menstruation management difficult. Due to financial limitations, participants frequently used cloth rather than sanitary pads. Some of the participants highlighted the challenge of drying menstruation clothing in public areas. One of the adult participants said:

> *"People will say bad things if they see it, especially men and boys. They might laugh or make fun of it or if I go in front of them. I have seen men mocking girls pointing towards it." (IDI-8, adult women, Kallyanpur)*

Employment and Education:

Cultural beliefs sometimes disrupt work and education. Menstruating females avoided going to school because they were afraid of being exposed to leakage or stigmatized, which further exacerbated gendered inequalities in schooling. One of the participants stated she does not like to attend school saying:

> *"I do not feel like carrying my bags and climbing the stairs during menstruation." (IDI-5, adolescent girl, Kallyanpur)*

Shifting Practices and Emerging Awareness

Although traditional ideas are still prevalent, participants reported a slow shift in menstruation behaviors and attitudes. Improved cleanliness habits, community awareness programs, and easier access to information have all contributed to the breakdown of several taboos. For example, younger women reported knowing the need to dry menstruation clothes in the sun to avoid bacterial growth because of the health awareness campaigns. NGOs and medical professionals' assistance has been crucial in raising awareness and giving women the confidence they need in managing their menstrual cycles. One participant stated:

> *"We learned how to use pads from the NGO people" (IDI-4, adult women, Kallyanpur).*

However, economic difficulties, poor sanitation, and ingrained social norms continue to impede progress in the community.

Discussion

The study's findings provide a thorough understanding of cultural narratives surrounding menstruation among women and girls living in the Kallyanpur slum. The findings indicate that menstruation is associated with cultural taboos, misinformation, and social stigma, all of which have a major effect on women's and girls' experience and behaviors. Many participants experienced confusion, fear, and shame during menarche due to the absence of prior knowledge. Cultural norms, influenced by religious or superstitious beliefs enforced restrictions on consuming food, movement, and daily activities. However, NGOs and health education programs have begun to raise awareness and combat cultural taboos surrounding menstrual hygiene management. Despite these advances, financial hurdles, poor sanitation, and strongly established cultural norms tend to pose significant challenges to menstruation health.

Traditional beliefs, taboos, and social norms have shaped how menstruation is viewed and handled, promoting the ongoing cycle of shame and restriction. According to the participant narratives, menstruation is viewed as a source of contamination and impurity, a perspective that is deeply based in religious and cultural traditions. According to the literature, menstruation is a significant but stigmatized biological event impacted by socio-cultural norms (SOGC, 2024). Menstrual stigma is commonly rooted in religious and cultural traditions around the world, with menstruation perceived as impure or dirty (SOGC, 2024; Gottlieb, 2020). This study supports these findings, which shows how participants internalize cultural taboos, resulting in limitations on everyday activities like attending school, playing outside, going out, praying, touching trees, and occasionally cooking. These limitations reveal narratives of impurity that align with findings from comparable South Asian contexts (Ahamed, 2022).

Menarche is typically used to mark a girl's transition into womanhood; however, it is concealed in secrecy and shame. According to WHO (2024), fewer than half of all girls are aware of menstruation before menarche. Menstrual stigma prevents open discussions about menstruation. Similarly, the outcomes of this study indicate that a large number of participants had little formal understanding of menstruation prior to experiencing it. Menstrual information is primarily passed down through mothers, grandparents, and other elderly female relatives, and it is often based on

myths rather than facts. Many individuals confused their first menstruation for a wound or disease, resulting in shock and confusion.

The stigma associated with menstruation restricts women's mobility, prohibiting them from working, attending school, and engaging in other activities. Girls frequently reported staying at home rather than playing outside, attending school, abstaining from religious activities, and visiting others' homes. Most participants reported feelings of embarrassment, isolation, and low self-esteem, particularly while handling menstrual stains or discussing menstruation in male-dominated settings. This is congruent with the findings of Van Lonkhuijzen et al. (2022), who investigated the psychological impact of menstrual stigma. Furthermore, restrictions on movement and participation in education and job during menstruation exacerbate gender inequities, as earlier research in South Asia has shown (Sumpter & Torondel, 2013).

In addition, the challenges of MHM are exacerbated by structural inequalities in urban slums. Consistent with international research on MHM in marginalized communities, the participants reported major challenges in maintaining menstrual hygiene, which were exacerbated by a lack of access to sanitary products, toilet facilities, water, and privacy (Patterson, 2021). Many relied on reusable cloths, which, out of concern for the public, were frequently washed and dried underneath other garments. This is consistent with studies that show how financial constraints and cultural shame deter people from practicing good hygiene and utilizing safe menstrual products (Ahmmed et al., 2021; Zaman, 2022).

According to the Government of Bangladesh, Local Government Division, Policy Support Branch (2021), myths and stigma surrounding menstruation can be dispelled by conducting campaigns and discussion sessions engaging both men and women. Menstruation can be normalized by incorporating menstrual health education into the school curriculum. The strategy recommends having affordable sanitary products with easy access reducing shame in the long term along with safe waste disposal systems. Besides, the strategy also proposes collaboration between the relevant stakeholders.

Implications

These findings demonstrate the urgent need for community-based, culturally appropriate programs to dispel the stigma and misconceptions surrounding menstruation. Providing young girls with proper knowledge and promoting open discussions, including menstruation health education in the curriculum and campaigns for community awareness can help reduce feelings of shame and concealment. Involving male family members and community figures in these activities can assist in breaking down cultural taboos and create a more accepting environment. Furthermore, increasing access to affordable menstrual products and private sanitary facilities is critical to overcoming economic and infrastructure constraints and ensuring that menstruation does not interfere with education, work, or daily life. Collectively, these measures can help improve the overall well-being of women and girls, as well as contribute towards meeting the SDG for Good Health and Wellbeing, Quality Education, Gender Equality, and Clean Water and Sanitation.

Limitations

This study has some limitations in the small sample size and specifically selected locations which may raise concerns on the generalizability of the findings. However, data generated from 13 participants were rich and in-depth divulging cultural beliefs and myths existing in the slum community of Bangladesh. Recall bias in women's interviews was minimized by asking diverse questions, spending more time, and interviewing women from a wide age range. As this study was female-focused, male perspectives were missed. However, women's problems can be assessed and enriched by multiple women's voices which I tried to capture by interviewing a diverse group of women.

Conclusion

The study provides a detailed analysis of the cultural constructions, taboos, and practical obstacles associated with menstruation among women and young girls in the Kallyanpur slum of Dhaka city. By capturing the lived experiences of the women participants, the study demonstrates how deeply ingrained beliefs impact perceptions and practices, resulting in stigma, emotional discomfort, and limited mobility of women. In urban slum settings, structural inequities, limited access to

resources, and intergenerational transmission of myths and misconceptions contribute to the persistence of menstrual stigma and poor MHM practices. Addressing the various challenges to menstrual health necessitates a comprehensive strategy that includes cultural sensitivity, community engagement, and systemic assistance. This study adds to the rising discussion about menstrual health as a vital component of SRHR, emphasizing the necessity of breaking down harmful taboos and creating a supportive environment for women's and girls' lives and health.

Recommendations

The following recommendations are proposed in light of the study's findings to address the structural, educational, and cultural barriers influencing menstrual health in the Kallyanpur slums in accordance to the recommendations provided in the national MHM strategy 2021:

- Implement culturally appropriate educational initiatives for adolescents, men, and women, to dispel myths, reduce stigma, and promote open discussion.
- Include menstrual health education into school curricula and community activities to help females prepare for menarche.
- Provide sanitary napkin distribution channels that are either free or significantly discounted along with training on correctly using them.
- Promote collaboration to ensure an affordable and dependable supply.
- Improve sanitation services to include private, hygienic, gender-specific spaces for managing menstruation. Provide appropriate waste disposal systems while ensuring shared spaces are regularly cleaned.
- Provide counseling services and safe environments for women and girls to share their feelings and get peer support, therefore mitigating the emotional impact of menstruation stigma.

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Annex

Annex table 1: Socio Demographic characteristics of young girls and women in Kallyanpur Slum.

ID NO.	Age (yrs)	Age of menarche (yrs)	Number Of Female in house	Source of Water	Toilet Facility	Education	Occupation	Monthly Income (BDT)
IDI 1	28	14	1 (herself)	Tubewell	Communal	SSC	Unemployed	14000
IDI 2	42	15	2 (herself, daughter)	Tubewell	Communal	N/A	Housemaid	10000
IDI 3	14	12	2 (herself, mother)	Tubewell	Communal	Class 2	Unemployed	N/A
IDI 4	45	14	2 (herself, daughter)	Tubewell	Personal	Class 5	Unemployed	15000
IDI 5	14	14	2 (herself, mother)	Tubewell	Communal	Class 5	Unemployed	N/A
IDI 6	13	12	2 (herself, mother)	Tubewell	Communal	Class 5	Unemployed	10000
IDI 7	36	13	4 (herself, daughter, daughter in laws)	Tubewell	Communal	Class 5	Housemaid	6000
IDI 8	38	14	2 (herself, daughter)	Tubewell	Communal	Class 7	Unemployed	12000
IDI 9	26	16	2 (herself, mother-in-law)	Tubewell	Communal	Class 8	Unemployed	12000
IDI 10	19	14	4 (herself, mother, sisters)	Tubewell	Communal	Class 5	Unemployed	N/A
IDI 11	22	14	2 (herself, mother)	Tubewell	Communal	Honours 1st year	Unemployed	15000
IDI 12	18	16	2 (herself, mother)	Tubewell	Communal	Class 10, (Madrasa)	Unemployed	8000
IDI 13	43	14	1 (herself)	Tubewell	Communal	N/A	Housemaid	12000

Annex table 2: Sources of Menstrual Information and Advice

Source of Information	**Advice Provided**	**Examples from Participants**
Mothers	Practical advice on using cloth or sanitary pads.	*"My mother taught me how to wash dirty clothes, how to clean yourself, what to eat etc."* *(IDI-12, adult woman, Kallyanpur)*
	Maintaining proper hygiene and cleanliness	*"My mother told me to clean my body properly while bathing when it happens and to stay clean."* *(IDI-6, adolescent girl, Kallyanpur)*
	Restrictions on food consumption (e.g., avoiding certain foods)	*"My mother advised me not to eat any sour things like tamarind during menstruation, saying it might cause problems with heavy bleeding."* *(IDI-5, adolescent girl, Kallyanpur)*
Grandmothers/Elderly Women	Cultural beliefs and restrictions (e.g., avoiding certain foods like eggs, fish, dry fish, meat and onion).	*"The elderly say you cannot eat anything that is cold, you cannot eat fish because if you eat fish your menstrual blood will stink, you have to eat vegetables more and more etc."* *(IDI-12, adult woman, Kallyanpur)*
	Avoiding activities considered inappropriate during	*"If women go out at night during menstruation they get diseases from the air. There are ghosts*

	menstruation (e.g., going out, or at night).	*and spirits that possess them. It is known as "Kaal drishti" which later causes abortion. (IDI-4, adult woman, Kallyanpur)*
Female Peers (Classmates/Friends)	Emotional support, symptoms and shared experiences.	*"I used to discuss with my friend that I have breast pain before menstruation..Does it happen to you as well?" (IDI-4, adult woman, Kallyanpur)*
NGO workers	Awareness programs focusing on MHM	*"Now people from different NGOs come and provide training to the girls about it. They taught girls in the 'Uthaan Baithak' about using pads, disposing pads properly, and hygiene." (IDI-4, adult woman, Kallyanpur)*
	Correcting misconceptions and false notions about food restrictions	*"NGO people say we should eat nutritious food such as milk, fruits, eggs during menstruation" (IDI-10, adult woman, Kallyanpur)*

Annex 3: In-depth interview guide_Bangla

ঢাকা শহরের কল্যাণপুর বস্তির মহিলাদের এবং কিশোরীদের মাধ্যমে সাংস্কৃতিক দৃষ্টিকোণ থেকে মাসিক বোঝা

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Annex_4: In-depth interview guide_English

Understanding Menstruation Through a Cultural Lense of Women and Young Girls in Kallyanpur Slums of Dhaka City

Guide for the Semi structured In-depth Interview for young girls and women aged 13-49 years

Interviewers Name		Starting time:	
Note takers Name		End time:	

Respondent ID		Duration of Interview:	
Date		Day:	
Details of the study site:			

Background History

# of Family member		Marital status	
# of Female family members		No of Children (Age and Gender)	
Monthly Family Income		Educational Status	
Age at menarche		Parental educational status	
Toilet facilities (Pvt/ Communal)		Spousal age and educational status	
Sources of water		Occupation	
Menstrual water disposal at home		Parental Occupation	
		Spousal Occupation	

Introduction

First, I would like to know about you.

A. Perception and Experience of Menarche:

1. When you first got your period, how old were you? Do you think you can say how you felt when you first got your period? (For example: shock, fear, disgust, anger, irritation, etc.) Why did you feel that way?
2. What did you think was the cause of this?

3. What physical changes did you experience at that time? If you had something to know, who would you talk to or what would you do?
4. What kind of restrictions or rules were told to you by your family during your first period? How are girls generally expected to behave during this time? (For example: hiding, cleanliness) Is it considered something special?

B. Sources of information

1. From whom did you generally learn about menstruation? What did you hear or learn?
2. Did you or the girls you know receive any advice from adults about menstruation? What was said?
3. How did your family or society behave during your first menstruation? (Question: Good, bad, or neutral?) Why do you think that?
4. Where do girls generally learn about menstruation from? What is your opinion on this?

C. Menstruation and Societal Perspective

1. How are girls or women treated during their menstruation in this area? (Please provide some examples).
2. How do men (father, brother, husband, son) generally react to menstruation? Do they understand the pain women go through during menstruation? Why or why not, in your opinion?
3. In your society, is there a difference in the way men and women think or behave about menstruation? Why do you think that is?
4. Do you think there is any difference in the perspective on menstruation between older and younger people in your society? Why do you think that is?
5. In your opinion, how is menstruation viewed in your community? Are there any common ways people talk about menstruation? (Considered normal/natural process, or something that people shy away from talking about)

D. Taboos, Beliefs, and Cultural Norms around Menstruation

1. In your family or society, are there any specific taboos or beliefs related to menstruation? What kind of things are restricted? (Such as certain foods that should or should not be eaten, customs, religious practices, refraining from certain activities, not entering the

kitchen, being restricted from reading religious books, not participating in religious rituals, etc.)

2. What do you think—are there any tasks that women or girls should or should not do during their period? Why? Is there any religious influence behind these practices?
3. Would you advise anyone to do/not do certain things during menstruation? Why?
4. Have you ever felt uncomfortable or excluded because of your menstruation? Why?
5. How do others treat you during this time? Why do you think that is?
6. Have you behaved with someone differently knowing they are menstruating? Why?
7. What do you think are the reasons behind these thoughts or restrictions? According to you, where do these thoughts come from?

E. Impact of Cultural Beliefs on Daily Life

1. How do cultural beliefs around menstruation affect your daily routine or activities when you are menstruating?
2. Are there things you avoid doing, or places you avoid going, during menstruation because of these beliefs? Why?
3. How do these beliefs affect your social interactions, such as with friends, family, or neighbors, during menstruation? Please explain with an example.
4. Do you feel that menstruation affects your ability to go to work, school, or other activities in the community? Why do you think so? Please explain with an example.
5. What resources (such as sanitary products, clean water, or private space) are available to you during menstruation? How do cultural beliefs influence your access to these resources?
6. Are there any health practices or remedies that you or your community follow to manage menstruation?
7. Do cultural beliefs around menstruation affect your access to medical care, or how you take care of your health during menstruation?
8. Do you think attitudes toward menstruation have changed over time in your community? How so?
9. If you could change one thing about how menstruation is viewed or treated in your community, what would it be?

F. Closing Questions

1. Is there anything else you'd like to share about your experience with menstruation or cultural beliefs about it?