

Research Article

Exploring Social Exclusion of Women in Religious Contexts due to Menstruation

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ABSTRACT

The start of a woman's reproductive life is marked by the normal physiological process of menstruation. Menstruation is viewed through the lens of cultural and religious taboos, despite the fact that it is a fundamental aspect of reproductive health. This leads to discrimination, shame, and limited access to resources and information for women who experience it. All women experience the biological phenomena known as the menstrual cycle, which is sometimes accompanied by taboos and religious prohibitions that vary widely throughout countries. Menstruation is still viewed as disgusting or unclean in Indian society. Menstruating women are often isolated from society and subjected to restrictions within the home, which has contributed to a poor perception of their illness. Even in the twenty-first century, menstruation is still viewed as immoral because of social norms, cultural limitations, and traditional beliefs. This may have detrimental effects on their emotional and physical well-being. The current study focuses on the women of Samba District (Jammu and Kashmir) who belong to different religions. It seeks to explore the relationship between menstruation, religious beliefs, and cultural standards. This research explores the cultural dynamics around menstruation and religious limitations on women in Samba District by using a qualitative research technique. The study has used both primary and secondary sources of information, and the case study method was used to collect data from women associated with different religious communities such as Hindus, Muslims, Sikhs, and Christians.

Keywords: Menstruation, Women, Religious beliefs, Culture

INTRODUCTION

Menstruation is a natural physiological process that indicates the beginning of a woman's reproductive life. Although menstruation is a basic component of reproductive health, it is frequently seen through the prism of cultural and religious taboos, which causes prejudice, shame, and restricted access to services and information for those who experience it. When women have their first menstruation, it is called the "Menarche". A woman's menstruation, often known as her "monthly cycle" or "period," is a normal biological process that involves the loss of the uterine lining, which all women experience around every 28 days and lasts for 4-5 days. Generally, women get 13 menses in a year and 400 menses over their reproductive lives.

Despite being a common physiological process that affects billions of women globally, menstruation has long been linked to myth, mystery, and shame in a range of religious and cultural contexts. Menstruation is linked to shame and cultural and social taboos in many nations around the world. Menstruating women may not be able to attend religious rituals, social gatherings, or even certain places because they are viewed in certain societies as dirty or untouchable. Menstrual equity and the elimination of menstruation stigma are prerequisites for women's empowerment and gender equality. Menstrual hygiene and health are critical to the empowerment of women and young girls. Worldwide, at any given moment, around 300 million women are experiencing menstruation. Approximately 500 million individuals globally do not have access to appropriate menstrual hygiene management facilities or menstruation products (MHM). To manage their menstruation appropriately, girls and women need access to affordable and appropriate menstrual hygiene products, education on best practices, and a welcoming atmosphere where they may handle their period without shame or humiliation.

To avoid infections and advance general health, it is essential to practice good menstrual hygiene during the menstrual cycle. It is necessary to use sanitary goods, such as tampons, pads, or menstrual cups, to ensure proper genital cleanliness and to change them regularly. Ensuring women safely and comfortably manage their periods requires them to have access to inexpensive menstruation products, sanitary facilities, and clean water. Menstrual hygiene management means "women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood that can be changed in privacy as often as necessary, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. "Menstruating women were frequently isolated, viewed as unclean, or subjected to

other constraints in ancient societies, which is where menstruation taboos originated. Menstruation was shrouded in stigma and secrecy because it was seen in many cultures as a sign of impurity, sin, or divine retribution. Menstruation is seen differently in many religious traditions. It is regarded as a normal aspect of life in many religious cultures, but it is also fraught with rules and restrictions in others. For instance, menstrual women are not allowed to visit temples or take part in religious rites in some schools of Hinduism because of the idea that they are impure. Similarly, menstrual blood is regarded as ritually unclean in Orthodox Judaism, which places limitations on both religious practice and physical contact throughout the menstrual cycle.

REVIEW OF LITERATURE

Maulingin-Gumbaketi *et al.* (2022) conducted a scoping assessment on the socio-cultural implications for women's menstrual health in the Pacific island nations and territories. The study was founded on a scoping review that adhered to inclusion and exclusion criteria. An online search for peer-reviewed papers in Medline, Pubmed, Scopus, JSTOR, and Goggle Scholar was carried out. Eleven studies in all were included: one mixed-methods research and 10 qualitative investigations. According to almost all research, menstruation is linked to shame and menstrual taboos, making it difficult for many women and girls to manage their menstrual health with dignity. Menstrual taboos are also seen to be related to societal, personal, interpersonal, environmental, and biological variables.

DÜNDAR and Hilmiye (2022) explained in her study "Cultural beliefs and Practices of Reproductive women about Menstruation" was based on cross-sectional design and a questionnaire as the primary instrument, data was collected from respondents and analysed using chi square testing and descriptive statistics. As per this study, 88.89% of women knew about menstrual hygiene, 26.5% avoided discussing their periods with men, 79.3% avoided reading the Quran, and 23.7% avoided touching pickles while they were menstruating.

Kaur *et al.* (2022) in her study "Menstrual taboos and social restrictions affecting good menstrual hygiene management among reproductive age group female students of Amritsar city of Punjab". This study was based on cross-sectional observation and a pre-designed questionnaire was used for the data among 200 female students of university pursuing different courses. They found in this study that the majority of the participants have knowledge of menstruation as a normal physiological process and those students who belong to the middle class family have also faced the socio-cultural restriction during their menstruation.

Yaliwal *et al.* (2020) in their study “Menstrual Morbidities, Menstrual Hygiene, Cultural Practices during Menstruation, and WASH Practices at Schools in Adolescent Girls of North Karnataka, India: A Cross-Sectional Prospective Study,” conducted a cross-sectional prospective study on 1016 school-going adolescent girls from north Karnataka. A questionnaire was used as a tool for data collection from the respondents. The researchers found that approximately 70.5% of the girls attained menarche between 12 to 14.9 years, 70.7% were using commercial sanitary napkins, 12.7% were using cloth, and 15.3% were using both. Nearly 55.5% of the girls who used cloth as an absorbent did not dry it in sunlight, and 57.1% of the girls were washing their genitals more than twice a day. Of the total, 93.8% took a bath during their menstrual periods, and 87.2% used soap along with water. Approximately 8.6% of the girls reported complete absence from school during their periods, while 17.85% reported being absent for a day. Around 76.1% said they had adequate water and sanitation facilities at school, and 73.2% said they could get a spare pad at school. Almost 43.3% of the girls said they avoided cultural functions during their periods, and 38.5% said they avoided religious ceremonies and practices. Additionally, 8.7% of the girls were made to sit outside the house during their periods. The girls from rural areas had poorer hygienic habits compared to urban girls. Cultural restrictions, such as sitting outside the house during menstruation and restricting play, were more common among rural girls than urban girls.

Kadariya and Aro (2015) underlined how being in the cowshed (a gothic place) with her youngster may have a detrimental impact on a postpartum mother’s health and how fragile moms can be while caring for their young children. Menstruation isolation increases the risk of maternal and newborn deaths because of inadequate nourishment and unsuitable living circumstances in these places.

Selvi and Ramachandran (2012) conducted a study titled “Micro-level research on socio-cultural taboos surrounding menstruation in the Cuddalore district of Tamil Nadu, India.” The purpose of this study is to learn more about the sociocultural taboos that women experience in society when they are menstruating and how these taboos consider them as ceremonially and religiously unclean. Primary data from 600 women—rural and urban—were gathered for the study using a systematic sampling technique. Additionally, the women were categorised into three groups based on low, moderate, and high social taboo behaviours using the socio-cultural taboo index, and the relationship between the variables was examined using the chi square test. The women’s strong socio-cultural attitudes and habits prevent them from participating in religious ceremonies, and urban areas have higher percentage according to research findings.

After conducting a literature review, the researcher found that religious restrictions and rituals are important factors in determining practices related to menstruation.

However, this parameter has not been extensively explored in understanding these practices. Therefore, the researcher aims to understand the impact of religion on defining menstruation practices by conducting case studies from each prevailing religion in Samba District.

OBJECTIVES OF STUDY

1. To study the religious-based restrictions and rituals on women during menstruation.
2. To document the lived experiences of women facing social exclusion related to menstruation.

RESEARCH METHODOLOGY

The study employed a qualitative research design. Both primary and secondary data were used as sources of information. Case study was used as a primary data collection tool, while secondary data was collected from published journals, articles, and reports. The cases were documented using a narrative style to present the lived experiences. To protect the clients' privacy, their names were changed in the case studies.

Case Studies

Case 1: Lived experiences of a woman practicing Hinduism

Priya, a forty-four-year-old woman, is the eldest daughter in her family and lives in a village (ABC) belonging to the Hindu community in district Samba. From a young age, Priya was taught about the importance of ceremonial cleanliness and purity in Hinduism, as she grew up in a home where religious rituals and practices were strongly emphasized. However, when she reached puberty and had her first menstrual experience, she encountered several taboos and limitations related to her monthly cycle.

In Priya's society, menstruation is often viewed as unclean and contaminating, leading to the perception that women who experience it are ritually impure. As a result, Priya's elders gave her instructions to follow certain rules during menstruation, such as not going to temples, not entering the kitchen, avoiding touching sacred objects, not touching flowering plants and pickles, and strictly avoiding certain cold and sour foods.

Following these monthly taboos can be quite challenging for Priya, especially as she goes about her daily routines and interacts with others. She fears rejection and ridicule from her peers and community, which makes it difficult for her to hide her menstrual status. Despite these obstacles, Priya manages her menstruation discreetly by using homemade sanitary products and finding quiet areas during religious events.

The stigma and restrictions surrounding menstruation have negative effects on Priya's physical and mental health. She worries about unintentionally breaking religious rules, which adds to the stress and anxiety of her menstrual cycles. Additionally, her lack of access to sufficient menstrual hygiene resources increases her pain and risk of reproductive health problems.

Over time, these restrictions have become somewhat less stringent, but they have not completely disappeared. In the present scenario, Priya mentions that menstrual absorbents are widely used instead of traditional methods during early ages.

Case 2: Lived experiences of a woman practicing the Muslim Religion

Uzma resides in a Muslim community in an urban area of District Samba, where upholding Islamic traditions and rituals is highly valued. From a young age, Uzma was taught the importance of ceremonial purity and cleanliness in Islam as she was raised in a devout household. However, when she reaches puberty and starts her period, she must navigate a challenging landscape of religious limitations and taboos surrounding menstruation.

In the Muslim faith, menstruation is considered a natural occurrence that Allah has ordained, but it is also associated with ceremonial impurity and restrictions. As a result, Uzma is instructed by her family and community elders to follow specific customs during her menstrual cycle. These customs include skipping prayers, fasting, refraining from going to the mosque, not touching the Quran, and avoiding physical contact with her spouse.

Following these menstrual restrictions poses practical and emotional obstacles for Uzma. In religious and social settings, she experiences feelings of loneliness and exclusion because her menstrual cycle prevents her from fully participating and sets her apart from others.

Case 3: Lived experiences of a woman practicing the Sikh Religion

Manpreet Kaur is a devoted Sikh who lives in a tight-knit community that deeply values religion and culture. She has been taught to embrace equality, compassion, and self-discipline, growing up in a household that cherishes the teachings of Sikh gurus. However, Kaur grapples with the cultural taboos and societal expectations surrounding menstruation as she reaches puberty and begins menstruating.

While there are no explicit religious prohibitions on menstruation in the Sikh community, societal norms and customs often influence how menstruation is perceived and handled. Manpreet narrates that menstruating women are allowed to go to Gurudwaras (Sikh

temples) and offer prayers, as well as read pathas (Sikh scriptures). Unlike in the Hindu community, women in the Sikh community are not restricted from going to the kitchen or Gurudwaras, and they are not limited in terms of food consumption during menstruation. She further adds that in the past, there were fewer restrictions imposed on menstruating women, but over time, these restrictions have become less stringent.

A Woman belongs with the Christian Religion

Sarah is a devoted Christian living in a suburban neighborhood where people share similar religious beliefs and a great sense of togetherness. She was taught to value compassion, humility, and self-discipline while growing up in a home that placed a high value on moral instruction and religion. However, when Sarah reaches puberty and starts her period, she struggles with cultural beliefs and societal expectations related to this normal physiological function.

Although Christianity places religious limits on menstruation, cultural norms and biblical interpretations may impact how menstruation is perceived and handled in Sarah's community. Women who menstruate are often advised to keep themselves clean and discreet. Furthermore, the shame or humiliation associated with menstruation may be worsened by cultural taboos and misunderstandings. In the Christian community, menstruating women are also not allowed to go to church or touch sacred things, including the Bible. However, there are no restrictions on consuming food items in their religion. In the current scenario, the majority of women maintain proper hygiene and use menstrual absorbents more compared to some years ago.

The impact of religious restrictions or taboos on menstruation has been a significant factor contributing to the social exclusion of women across various societies. These restrictions, often rooted in traditional beliefs and cultural norms, have perpetuated harmful stereotypes and discriminatory practices against women based solely on their biological processes.

The consequences of such social exclusion are far-reaching, affecting women's access to education, employment opportunities, and overall participation in public life. Moreover, these restrictions reinforce gender inequality and power dynamics that marginalize women within their communities.

Menstruation is a normal biological occurrence, thus it shouldn't be associated with stigma, shame, or taboo. Although there are differences in cultural and religious perspectives on menstruation, it is important to acknowledge the negative effects that menstrual taboos have on people's lives and strive towards establishing a more equal and inclusive community. Women of the Hindu and Muslim communities face a number

of restrictions compared to women of the Sikh and Christian communities. In the Sikh community, women enjoy more liberty than the other three religions.

Addressing these issues requires a multi-faceted approach that involves challenging ingrained cultural norms, promoting education and awareness about menstruation, and advocating for gender equality within religious institutions. By dismantling these barriers and fostering inclusivity, societies can strive towards creating environments where all individuals are treated with dignity and respect, regardless of their biological characteristics or religious beliefs.

We may work towards a future where menstruation is embraced as a normal and healthy element of the human experience, free from stigma and prejudice, by opposing outmoded ideas, raising awareness and encouraging education, and lobbying for legislation that prioritizes menstrual health and cleanliness.

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