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A Study to Assess the Knowledge among Elderly Women and Adolescent Regarding Menstrual Myths at Selected Area Sanwer, Indore (M.P.)

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Abstract
Menstruation is a natural biological process, yet it is surrounded by myths and misconceptions, especially in traditional societies. This study aims to assess the knowledge regarding menstrual myths among elderly women and adolescents. A descriptive research design was used with a sample size of 40 participants. Data was collected using a self-structured questionnaire. The findings revealed that while adolescents had comparatively better awareness, many myths still persist among elderly women. The study highlights the need for awareness programs to eliminate misconceptions and promote menstrual hygiene.

Introduction
Menstruation is a normal physiological process in females during their reproductive age. Despite scientific advancements, menstruation continues to be associated with various myths and taboos, particularly in rural and traditional communities. These myths influence behavior, hygiene practices, and overall health. It is characterized by the periodic shedding of the uterine lining, usually occurring every 28–35 days. This process begins at puberty (menarche) and continues until menopause.
In India and other developing countries, menstruation is not openly discussed, especially in rural and traditional settings. It is often considered a taboo subject, leading to secrecy and shame among females. Adolescent girls, who experience menstruation for the first time, are frequently unprepared due to lack of prior knowledge. This lack of awareness can lead to fear, confusion, and poor menstrual hygiene practices.
Menstrual myths are culturally rooted beliefs that are passed from one generation to another. These myths often label menstruating women as impure or unclean, resulting in restrictions on daily activities such as cooking, attending religious ceremonies, entering temples, or even interacting with others. While some of these practices may have originated from traditional or hygienic considerations, they persist today without scientific basis.
Elderly women play a crucial role in transmitting these beliefs to younger generations. Their influence within families and communities often shapes the attitudes and practices of adolescent girls. While adolescents today have greater access to education, media, and healthcare information, they may still follow traditional beliefs due to family pressure and cultural expectations.
The persistence of menstrual myths can have serious implications. It can affect the physical health of wo-

men by discouraging proper hygiene practices, leading to infections. It can also impact mental health by creating feelings of shame, embarrassment, and low self-esteem. Furthermore, it restricts the participation of girls and women in education, social, and religious activities.

Therefore, assessing the level of knowledge regarding menstrual myths among both elderly women and adolescents is essential. Understanding the differences in knowledge between these two groups can help in designing effective educational interventions. This study aims to explore these aspects and contribute to improving menstrual health awareness in the community.

Background of the Study

Cultural beliefs and traditional practices often shape attitudes toward menstruation. Elderly women play a significant role in passing these beliefs to younger generations. Lack of education and awareness contributes to the persistence of menstrual myths, which can negatively impact the physical and psychological health of adolescent girls.

Menstrual beliefs and practices have deep cultural, social, and religious roots. Historically, menstruation has been associated with impurity and pollution in many cultures. These beliefs have led to various restrictions imposed on menstruating women, such as isolation, dietary limitations, and prohibition from participating in religious or household activities.

In Indian society, menstrual myths vary across regions, religions, and communities. Common beliefs include:

- Menstruating women should not enter temples or perform religious rituals
- They should avoid cooking or touching food
- Bathing during menstruation is harmful
- Certain foods like sour or cold items should be avoided
- Physical activities should be restricted

These practices are often taught by elderly women, who themselves have learned them from previous generations. As a result, menstrual myths are perpetuated across generations without questioning their scientific validity.

Over the years, efforts have been made by government and non-governmental organizations to improve menstrual awareness. Programs focusing on menstrual hygiene management (MHM) have been introduced in schools and communities. Media campaigns and health education initiatives have also contributed to increasing awareness among adolescents.

However, despite these efforts, many myths still persist, especially in rural and semi-urban areas. Studies have shown that while adolescent girls may have some knowledge about menstruation, their understanding is often incomplete or mixed with traditional beliefs. Elderly women, on the other hand, may have limited access to formal education and health information, making them more likely to adhere to traditional practices.

The intergenerational gap in knowledge is an important aspect to consider. Adolescents may receive scientific information from schools, while elderly women rely more on cultural beliefs. This difference can lead to conflict or confusion in practices within families.

Understanding these dynamics is crucial for effective intervention. By assessing the knowledge levels of both elderly women and adolescents, this study aims to:

- Identify prevalent myths and misconceptions
- Compare knowledge between generations

- Understand the influence of demographic factors such as age, education, religion, occupation, and marital status
- Provide a basis for targeted educational programs

This study is particularly important in the current context, where improving women's health and empowerment is a priority. Addressing menstrual myths not only promotes better hygiene and health but also contributes to gender equality and social inclusion.

Keywords: Menstruation, Myths, Knowledge, Adolescents, Elderly Women, Awareness

Need for the Study

Menstrual myths and taboos are still widely prevalent in many parts of society. These myths can lead to poor menstrual hygiene practices and may cause various health problems such as reproductive tract infections and psychological stress. Many adolescent girls feel embarrassed or ashamed to talk about menstruation because of social stigma.

Elderly women play a significant role in shaping the beliefs and practices related to menstruation within families. They often guide young girls about menstrual practices. However, if their knowledge is based on traditional beliefs rather than scientific facts, it may lead to the continuation of myths and misconceptions.

- To identify prevailing myths about menstruation.
- To promote awareness and correct misconceptions.
- To improve menstrual hygiene practices.
- To empower women and adolescent girls with accurate knowledge.

Objectives

1. To assess the knowledge regarding menstrual myths among elderly women & adolescents.
2. To compare the knowledge levels between both groups.
3. To find the association between knowledge and selected demographic variables.

Hypotheses

- H1: There is a significant difference in knowledge regarding menstrual myths between elderly women and adolescents.
- H2: There is a significant association between knowledge scores and demographic variables.

Review of Literature

Previous studies indicate that menstrual myths are still prevalent in many societies. Research shows that restrictions during menstruation (e.g., avoiding temples, certain foods) are widely practiced. Studies also reveal that education significantly improves awareness and reduces myths.

WHO (2020) emphasized that awareness campaigns can help eliminate harmful myths and promote positive attitudes toward menstruation.

Sharma et al. (2020) indicated that elderly women tend to have stronger beliefs in menstrual myths compared to adolescents, as they were raised in more conservative environments.

Another study revealed that adolescents are more open to scientific explanations, while elderly women often rely on cultural traditions.

Intergenerational transmission of myths was found to be significant, as elderly women influence the practices of younger girls.

UNICEF (2019) reported that school-based menstrual education programs significantly improved knowledge and hygiene practices among adolescent girls.

Thakre et al. (2019) showed that education level plays a crucial role in improving menstrual knowledge and hygiene practices among adolescents.

Singh et al. (2018) found that restrictions on hygiene practices can lead to infections and poor reproductive health.

Kaur et al. (2018) found that many adolescent girls were unaware of menstruation before their first menstrual cycle. Mothers were the primary source of information, but the information provided was often insufficient or influenced by cultural myths.

Dasgupta and Sarkar (2017) revealed that although awareness levels are improving, a significant proportion of girls still follow restrictions such as avoiding religious places and certain foods during menstruation.

Kumar and Srivastava (2016) highlighted that myths such as avoiding bathing, not touching plants, and dietary restrictions are still prevalent in rural communities.

Mudey et al. (2010) reported that many women believed menstruation is impure and should be hidden. Restrictions such as not entering kitchens or temples were commonly practiced.

Gap in Literature:-

- Limited studies focus on **both elderly women and adolescents together**.
- Few studies assess **intergenerational differences in knowledge**.
- Lack of research in **specific local communities**.

This highlights the need for the present study to assess and compare knowledge regarding menstrual myths among elderly women and adolescents.

Conceptual Framework

The study is based on the concept that knowledge is influenced by demographic factors and cultural beliefs. Improved education leads to better understanding and reduced menstrual myths.

Methodology

- **Research Design:-** The data collected from selected community area of Sanwer, Indore (M.P.)
- **Setting:-** Community/selected area at sanwer Indore M.P.
- **Research Approach:-** Qualitative approach
- **Population:-** The population of the study includes elderly women and adolescent girls living in the selected community area at sanwer , Indore (M.P.).

A sample of participants is selected using a convenient sampling technique.

- 20 elderly women
- 20 adolescent girls

SAMPLING AND SAMPLING TECHNIQUE

- **Sample Size:-** 40 participants
- **Sampling Technique:-** Non-probability technique.

Variable

Dependent Variable

- Level of Knowledge regarding menstrual myths.
- The dependent variable is the outcome that is measured in the study.
  Explanation:-
- This refers to the level of understanding, awareness, and beliefs of participants (elderly women and adolescents) about menstrual myths. It is measured using a self-structured questionnaire, and the knowledge level may be categorized as:
  1. Poor knowledge
  2. Average knowledge
  3. Good knowledge
- **Independent Variables**
- Independent variables are the factors that influence or affect the dependent variable.
- Independent Variables in this Study:

A. Primary Independent Variable

- Elderly Women
- Adolescents

B. Demographic Variables

- These variables may influence knowledge levels:

1. Age (in years)
2. Education status (Illiterate, Primary, Secondary, Higher)
3. Religion (Hindu, Muslim, Christian, Others)
4. Occupation (Housewife, Student, Employed, Others)
5. Marital status (Married, Unmarried, Widow, etc.)

Inclusive Criteria

- Only the elderly women &Adolescent.
- Who are willing to participate in the study?
- Who can understand the English/Hindi.

Exclusion criteria

- Who are on leave at the time of data collection?
- Elderly women & adolescent who have attended similar programmed within 6 month.

Tools use for data collection:-The data collection tools includes two sections:

Section A: Demographic variables such as age, education, occupation, religion, and marital status.

- **Section B:** Self-structured questionnaire related to knowledge regarding menstrual myths and beliefs.

Data Collection Procedure

Permission is obtained from the concerned authority before conducting the study.

Participants are informed about the purpose of the study and consent is taken from them. Data is collected through a structured questionnaire.

Assumptions

- Participants will provide honest responses.
- The questionnaire accurately measures knowledge.
- Participants have some prior exposure to menstrual myths information.

Research Setting of the Study:

The present study was conducted in a selected community area of Sanwer**, Indore M.P.** The setting was chosen based on feasibility, accessibility, and availability of participants, including both elderly women and adolescents.

The community consists of individuals from diverse socio-economic backgrounds with varying levels of education, occupation, and cultural beliefs. The area reflects common traditional practices and cultural norms related to menstruation, making it appropriate for studying menstrual myths and knowledge.

The setting includes:

- Households where elderly women reside
- Schools or community areas where adolescents are accessible

The participants were approached in their homes or community centers, and data was collected in a comfortable and private environment to ensure confidentiality and honest responses.

By assessing the knowledge of elderly women and adolescents, health professionals and educators can identify gaps in knowledge and develop appropriate awareness programs. Such programs can help promote menstrual hygiene, remove misconceptions, and improve the health and well-being of women and girls.

Analysis and Interpretation of Data

- Data was analyzed using descriptive statistics (Frequency, percentage, mean).
- Comparison between elderly women and adolescents was done.
- Association between demographic variables and knowledge was examined.

Results

- Adolescents showed moderate to good knowledge.
- Elderly women had lower awareness and more belief in myths.
- Education level significantly influenced knowledge.

Knowledge level	Frequency	Percentage
Poor	5	12.5%
Moderate	31	77.5%
Adequate	4	10%

Majority (70%) of elderly women & adolescent had inadequate knowledge regarding menstrual myths before the intervention.

Knowledge level	Frequency	Percentage
Poor	4	10%
Moderate	7	17.5%
Adequate	19	47.5%

After survey, majority (85%) achieved adequate knowledge level, showing improvement regarding menstrual myths among elderly women & adolescent.

Comparison of mean knowledge score

DISTRIBUTION ACCORDING TO SCORE					
Pre-assessment			**Post-assessment**		
Knowledge level		**No.**	%		%
AVREGE	0-5	5	12.5%	4	10%
GOOD	6 TO 10	31	77.5%	7	17.5%
EXCELENT	11 TO 15	4	10%	19	47.5%
TOTAL		40		40	

Highly effective in boosting elderly women & adolescent knowledge regarding menstrual myths significantly improving their awareness of lifestyle management, and self-care.

Association of level of knowledge & their demographic variable among elderly women& adolescent

MEAN	7.975	**MEAN**	11.07692308
MEDIAN	8	**MEDIAN**	11
SD	0.707106781	**SD**	0.707107
T-TEST	4.52895E-06		

Age, education, religious, occupation and y marital status were significantly associated with level of knowledge among elderly women & adolescent.

Discussion

The study findings indicate that traditional beliefs still dominate Among elderly women, whereas adolescents are more informed due to education and media exposure. However, misconceptions still exist in both groups.

Delimitation

- Study limited to a small sample size (40 participants).
- Conducted at selected community area Sanwer, Indore (M.P.).
- Focused only on elderly women and adolescents regarding menstrual myths.

Limitations

- Small sample size limits generalization.
- Responses may be influenced by social desirability.
- Time constraints during data collection.
- Only knowledge assessed, not practice or outcomes
- Small sample size

Recommendations

- Conduct health education programs.
- Include menstrual health education in school curriculum.
- Community awareness campaigns.
- Involve healthcare professionals in awareness programs.
- Conduct long-term follow-up to assess retention of knowledge.
- Include assessment of practice and behavioral changes.

Conclusion

Menstrual myths continue to exist, especially among elderly women. although adolescents show better awareness, misconceptions persist. education and awareness are essential to eliminate myths and promote healthy practices.

Summary

The study assessed knowledge regarding menstrual myths among 40 participants. It found differences in awareness levels and highlighted the need for education and awareness programs.