

Changing perceptions on menstrual practices in Southern Bangladesh: a cross-generational study

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ABSTRACT

Menstruation, a natural biological process, remains deeply intertwined with women's lives but is surrounded by superstitions and stigmas, posing health risks. This study explores generational shifts in menstrual perceptions, focusing on women's knowledge, rituals, social stigmas, and the evolving sources of socialization. Using a phenomenological approach, interviews were conducted with women from 25 households, spanning three generations. Thematic analysis has been used to analyze the data. Findings revealed that while the first and second generations understood menstruation primarily as a sign of fertility and bodily maturity, the third generation recognized it as a hormonal process. Hygiene practices also varied, with older generations relying on cloths and holy water for pain relief, whereas younger women opted for sanitary pads and were more aware of the dangers of unhygienic practices. Additionally, the study highlighted prevalent misconceptions and stigmas among the first and second generations, while the third generation was more informed, open, and vocal about menstruation. The process of socialization around menstruation has also evolved; earlier generations mainly learned from their mothers, with little involvement from male family members. In contrast, the third generation gained knowledge from both parents and media, reflecting a significant shift in the cultural dialogue surrounding menstruation.

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1. INTRODUCTION

Menstruation is a feminine phenomenon and one of the most significant transformations females go through during their adolescent stage [1]. According to the World Health Organization, an individual aged between 10 and 19 years is considered an adolescent [2]. Adolescence is a phase of transition between childhood and adulthood, characterized by physical, psychological, and biological changes [3]. The first menstruation experience, known as menarche, often occurs between the ages of 11 and 15, with a mean age of 13 years [1]. During menstruation, a woman's uterus releases blood through the vaginal opening. The rhythm of the menstrual cycle is determined by the hypothalamus-pituitary-ovarian function, while the volume of blood loss is regulated by uterine contractions. The menstrual cycle typically lasts between three and seven days. Usually, a woman's menstruation begins every 28 days if she does not become pregnant during a particular cycle. It is common for the cycle length to vary by two or three days from the 28-day norm [4]. The onset of menstruation is influenced by race and family factors, but women generally experience menstruation from ages 10 to 14 until around 45 to 55 years. Additionally, geographical conditions, environmental effects, genetic

characteristics, racial factors, dietary standards, and participation in strenuous physical activity can all impact the age at which menstruation begins. On average, a woman will have around 500 menstrual cycles throughout her lifetime [5]. According to George, over 300 million women menstruate every day [6]. Menstrual bleeding is a natural physiological occurrence that marks the start of reproductive life [7]. Since menstruation is a biological process that affects a woman's psychological and emotional state, proper hygiene is essential during this cycle. Maintaining proper reproductive hygiene is crucial for future motherhood and safe reproduction [8].

Menstruation is viewed in both positive and negative ways. On the positive side, it is considered feminine, fertile, and healthy. On the negative side, it is seen as a sign of weakness, sickness, shame, and something to be hidden. Negative societal perceptions are mainly caused by misguided practices and beliefs [9]. In addition, lack of awareness about menstruation preparation and management as well as shyness and awkwardness make the situation worse for girls [10]. Furthermore, menstruation has long been associated with taboos and beliefs that exclude females from several aspects of social and cultural life [11]. These prohibitions stem from the idea that a female's menstruation is ritualistically hazardous and that her presence may harm food, plants, and other biological and social activities. All through their menstrual cycles, females are forbidden from participating in religious activities, attending events (such as weddings), cooking, and having sexual intercourse or touching males of the household. Similarly, under Islamic law, women are not permitted to enter mosques, fast, or engage in sexual activity during menstruation. Exclusion is lifted only after a purification rite, which requires women to undergo extensive ablution (ritual washing) after completing their menstrual cycle [12].

The menstrual period of women is a taboo subject in Bangladesh, often shrouded in a culture of silence [13]. According to the Bangladesh National Hygiene Baseline Survey (BNHBS) 2014, only 6% of girls receive any menstrual hygiene education at school. Around 94% of females have no idea why they menstruate. Many teachers avoid discussing the subject in co-ed classes, and even parents are often reluctant to inform their daughters about menstruation [14].

Many major health issues have been caused due to menstrual-period-related taboos, traditional beliefs, and misconceptions such as infection [11], [15]. As a consequence of poor personal cleanliness and hazardous sanitary arrangements, the women experience a wide range of gynecological disorders [16]. Several research have identified cases of infections caused by poor hygiene during menstruation [17], [18]. The repeatedly used and improperly dried cloth may contain micro-organisms, causing teenage girls' vaginas to get infected with germs [19]. The girls' health complications and difficulties often result from erroneous and inadequate information resources. Many studies have found that teenage girls' most important sources of knowledge regarding menstruation are their mothers, educators, peers, relatives, television, and literature. However, the information obtained from these sources is often misleading and incomplete [15]. This study, hence, has an endeavor to explore changing perceptions of menstrual practices across generations. Researchers have explored the prior knowledge level and hygiene practices regarding menstruation to achieve this broad objective.

2. LITERATURE REVIEW

One of the most important aspects of a woman's life is her menstrual cycle, which is one of the significant features of gender. Menstruation is also an indicator of a woman's ability to conceive and carry children. With the onset of menstruation, a girl enters adulthood, and the development of femininity takes place [20]. A growing body of research, especially studies conducted in low-income countries, has shown that a large proportion of girls begin menstruation without understanding what is happening to them or why [21]–[23]. Despite the availability of scientific evidence and educational materials related to the biological and physical changes connected to reproduction and sexuality, the knowledge level regarding menstruation remains deficient among young girls [24]. There is a widespread culture of silence around the subject of menstruation and its associated concerns in many third-world nations. Because of this, many young girls do not get proper and sufficient knowledge on menstrual hygiene throughout their lives [25], [26]. Even parents sometimes find it extremely difficult to discuss sensitive and sexual matters with young children, although they acknowledge their obligation [27], [28]. In addition, many women lack accurate knowledge and communication skills concerning menstruation hygiene, which they pass on to their children, resulting in incorrect ideas, attitudes, and behaviors regarding menstruation among the next generation; this may lead to them engaging in inappropriate and harmful behavior throughout their menstrual cycle [29].

Taklikar *et al.* studied the knowledge and practices regarding menstrual hygiene among schoolgirls in the urban slums of Kolkata. They found that 42% of the girls had no knowledge of menstruation before menarche, and nearly half (47%) were unaware of the cause of menstrual flow. Additionally, 68% of females were unaware of the source of their bleeding [30].

Baridalyne and Reddaiah [31] conducted a study in Delhi and showed that most females (86%) lack scientific understanding regarding menstruation and puberty. Similarly, research conducted in Tamil Nadu revealed that hygienic practices were not up to standard [21]. Only 53% of girls reported taking a

bath nearly every day, and 38.2% of girls reported taking a bath on alternate days during their most recent menstrual period. More than two-thirds of the female participants (68.5%) were unaware of the need to use sanitary pads while menstruating [21].

Maintaining good hygiene during the menstrual period is essential, including the use of sanitary pads and thorough cleaning of the genital area. Women and adolescent girls of reproductive age require access to adequate hygienic products that are clean, soft, and absorbent [31], [32]. Since habits formed during adolescence are likely to persist into adulthood, learning about cleanliness during menstruation is a crucial part of health education for young girls [33]. Towel or cloth strips are ineffective at absorbing liquids, maintaining cleanliness, and preventing the development of odors [34].

El-Gilany *et al.* conducted a study on adolescent school girls of Mansoura, Egypt, and found that the overall rate of using sanitary pads during menstruation is increasing but not among the girls of rural and impoverished families [35]. However, other menstrual hygiene practices, such as changing the pad regularly or at night and taking a bath during menstruation, remain very poor. Similarly, Fehintola *et al.* conducted a cross-sectional survey on school girls in Ogbomosho, Nigeria, and found that only a small percentage (25%) of girls maintained menstrual hygiene despite having good knowledge about menstruation [36].

Menstrual attitudes and habits are often influenced by cultural norms. In some cultures, menstruation is seen as a symbol of physical maturity and fertility; in others, it is regarded as a source of contamination and impurity that must be avoided at all costs. Several studies have shown that menstruation is subject to various kinds of stigma in numerous cultures, including religious and ethnic groups [37]. A glance at history reveals how religion cemented the threat of menstruation in every primitive society. For example, menstruation is viewed as unclean within the Orthodox Christian Church. Menstruating women are not allowed to move sacred objects such as the Bible or religious icons. Catholic women are not given any high standing in the church and are considered impure because of their monthly menstruation. Similarly, in Islamic views, menstruation is seen as an illness when women are prohibited from entering the shrine or mosque during Ramadan. Menstruating women are confined from touching or even reciting the Quran [38]. In certain societies, women are afraid of disclosing that they are menstruating and keep it hidden from male family members. They also face limitations on their everyday activities, meals, and attire during their periods. Additionally, physical symptoms, such as period cramps, feeling ill or disgusted, and suffering from mood swings, may compound the monthly experience, leading to a more unfavorable attitude about menstruation among women [37]. According to Farage *et al.* more than half of the world's population experiences menstruation; nonetheless, it is a taboo in almost every culture. Most girls are ill-informed about menstruation and unprepared for menarche [39].

In Bangladesh, numerous studies have been conducted on menstrual knowledge, health, hygiene, and practices. However, the changes in perceptions and practices related to menstruation across different generations have not been adequately studied. This study aimed to examine the knowledge, practices, and taboos related to menstruation among different generations of women to address this gap.

3. METHOD

3.1. Research design

This research is exploratory in nature. As no previous studies have addressed this topic in the context of Bangladesh, this study aimed to explore how perceptions and practices regarding menstruation have changed among different generations of women. The study used qualitative methods following the phenomenological approach (i.e., the subjective experience of the respondents) to meet the study objectives.

3.2. Sampling procedure

The purposive sampling method was used to select relevant respondents who could provide the required information for the study. Data was collected from women of three generations in Barisal city, Bangladesh. The researcher purposively selected 25 households that consisted of three generations: grandmothers, daughters-in-law/daughters, and granddaughters. The study's sample comprised individuals from the Muslim community who came from lower socioeconomic backgrounds. The sample size for this study was determined based on the principle of data saturation. Each household provided three generational viewpoints (grandmothers, daughters-in-law/daughters, and granddaughters), amounting to a total of seventy-five individual interviews. After interviewing twenty-five households, researchers realized they had reached the saturation point, as they were receiving similar responses, and no new information was emerging.

3.3. Data collection

In this study, researchers used primary sources of data. In-depth interviews were conducted to gather primary data on changing perceptions and practices regarding menstruation. A semi-structured interview method was employed to explore various issues related to menstruation, such as prior knowledge, menstrual

hygiene, taboos, and misconceptions. The questionnaire was created following a thorough review of existing literature on menstrual practices and cross-generational studies. To ensure content validity, the draft was evaluated by experts in public health and women's studies. Their feedback was used to refine the questions, ensuring comprehensive coverage of all relevant aspects. Additionally, a pilot study was carried out with five households not included in the final sample. This pilot testing helped identify and eliminate any ambiguities or biases in the questions, allowing for further refinement to ensure clarity and thoroughness.

Researchers obtained face-to-face oral consent from the respondents before conducting the interviews. Data collection took place between September 2021 and November 2021. Respondents were informed about the purpose of the research, assured of the confidentiality of their personal information and responses, and asked for permission to record the interview. All interviews were recorded using a smartphone device with the consent of the respondents. Each interview lasted approximately 45 minutes to one hour and was conducted in Bengali.

3.4. Data analysis

At first, researchers transcribed the interview recordings in Bengali and then translated them into English. Researchers ensured that the transcriptions were accurate compared to the tapes. Translations were then cross-checked, and the relevant information was summarized. Based on the responses, the data were coded, and categorized and thematic analyses were advanced. Researchers avoided bias or judgments about the respondents' experience while collecting and analyzing data. Researchers also ensured all the ethical criteria while conducting this study.

3.5. Ethical consideration

All the interviews have been carried out with informed written consent. Confidentiality was ensured to the interviewees before taking the interview. All procedures performed in studies involving human participants followed the ethical standards of the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. This study was also approved by the Department of Sociology Research Committee, Bangladesh University of Professionals, and reviewed number: 2111281005.

4. RESULT

4.1. Knowledge about menstruation

First-generation women, or the generation of grandmothers, believe that menstruation is a positive sign for girls, indicating the monthly bleeding that occurs as girls grow into young women. This process enables them to have children. During menstruation, a girl's body undergoes significant changes, typically resulting in weight gain. Conversely, if they are not menstruating, they may lose weight. Moreover, there is a belief that marrying early can heal menstrual issues, as women with these problems often face complications during pregnancy. Therefore, menstruation is seen as a crucial process through which a girl's body matures, developing breasts and gaining the ability to conceive. In the past, several taboos were practiced. For example, family members of a prospective bride were questioned about her menstrual status at the time of marriage. Additionally, during menstruation, the body was considered filthy. As a result, girls who menstruated were advised by family members to stay indoors and be cautious, as there was a belief that they were susceptible to attacks by evil spirits (Jinn). Furthermore, women would recite 'Surah' all day long and were provided with separate beds, clothes, and plates. They were required to maintain distance while sitting, were not allowed to sit in elevated places or stand at the door, and were prohibited from entering the cow house or going to the pond. Moreover, girls often experience significant discomfort and pain during their menstrual cycle. It is believed that walking for a few hours daily during menstruation can alleviate this pain, making physical movement essential. Additionally, they believed in the power of amulets to ease menstrual pain. For most women, the first menstrual experience was horrifying, painful, and filled with suffering. Typically, women of the first and second generations learned about menstruation from their mothers, aunts, grandmothers, elder sisters, or sisters-in-law. One of the respondents said:

During winter, it was a bitter experience because my grandmother forced me to take a bath twice a day. She used to give me only rice with bharta (Bharta is a dish made from mashed vegetables and chilies, with a spicy and sour taste) and vegetables to eat. When my grandmother heard about my period, she became so happy that she brought sweets for everyone, I still remember. I could not go to the kitchen then; she let me eat rice on the veranda. My aunt forbade me to comb my hair. I obeyed the words of the elders. I used to work a lot during menstruation, but nowadays, I see girls lying down all day but still suffering from many diseases. (Ahana, 1st Generation)

The current generation, or third-generation girls, understand that the cyclical changes in the uterus influenced by hormones every month are referred to as the menstrual cycle or menstruation. During this cycle, the lining of the uterus is shed, resulting in the discharge of blood and uterine secretions through the vagina. Symptoms such as abdominal pain, back pain, and nausea may accompany menstruation, which occurs monthly. Unfortunately, they still hesitate to openly discuss menstruation. Many families still overlook this crucial aspect. For most girls, the experience of their first period is shocking and unpleasant, leading to feelings of fear, shame, and apprehension. However, compared to previous generations, they receive more helpful support, advice, and access to menstrual products. Third-generation girls typically learn about menstruation from various sources, including their mothers, sisters, relatives, friends, TV shows, awareness programs, textbooks, health classes, and magazines. They understand the importance of consuming nutritious food and changing pads regularly. When using cloth pads, they ensure proper cleaning and drying in the sun, followed by disinfection with products like Savlon.

4.2. Practices regarding menstruation

First and second-generation women used to wear specific clothes during menstruation, referred to as Tena (cloth). They washed and dried these clothes inside the house, quickly removing them before anyone noticed when they were dry. Women typically washed and dried this piece of cloth, storing it for the next month. This generation of women did not prefer to take bath for the first three days of menstruation. The body was considered exceptionally fragile during these initial days. After the first three or four days, when the blood pressure decreased, they would take a bath. They believed that if women bathed every day, their menstrual flow would increase. During menstruation, women could not offer prayers and had to recite Surah orally, as the holy Quran could not be touched, nor could they enter the prayer room. At that time, women ate rice with jhal (spicy) bharta. It was believed that eating panta, fish, and salty food was unsuitable during menstruation. To stay fit, women drank water and wore clothes and chadors to keep warm. Women also wore amulets given by the Imam and drank water if they anticipated any health problems. They drank ginger water during this time as well. When the pain decreased, women ate hot rice foam, which was considered beneficial for their health. One of the respondents said:

At the end of menstruation, on the last day, the hair on the head needs to be cut a little and covered with soil otherwise, the income of the men in the family decreases. The family members told her that she should not stand at the house door and not be allowed to go around the cemetery. She was not allowed to see someone die and go to that house when a new baby was born. (Bhoomi, 2nd Generation)

If there is contamination in the body during menstruation, girls can develop serious diseases in the urinary area. Urinary problems, itching, tingling, pregnancy complications, and pain during urination may occur. Current-generation girls believe that menstruation certainly requires more awareness than usual. At this stage, the body becomes very shaky and weak, necessitating extra caution. During menstruation, one must pay close attention to their health, such as deciding whether to eat more liquid food or stay on an empty stomach. Eating a banana every day is recommended, and drinking plenty of water is crucial to avoid dehydration, which can cause headaches or dizziness. Additionally, consuming milk, eggs, fish, and meat daily is beneficial. Eating oranges, which contain calcium and vitamin D, helps reduce body pain. Ginger water, lemon water, and mint water are excellent for maintaining good physical and mental health. Drinking hot water with cinnamon keeps the body fresh and reduces pain. Heavily fried and spicy foods should be avoided, and alcohol consumption is prohibited. Those experiencing menstruation should eat low-fat foods rich in calcium, magnesium, and vitamin E. Light exercise is beneficial for overall well-being, and mental health should also be taken into account. It is important to dispel misconceptions related to menstruation. Using sanitary napkins during menstruation is healthy, but pads should not be worn for long periods. Girls should be meticulous when using cloth alternatives. Menstrual cups are very convenient, involving no extra hassle, and the disinfection process is straightforward. Cups can be worn for a longer duration. Extra care should also be taken when using pads. Menstrual appliances should be disinfected, washed, and stored after drying in the sun. Savlon should be used to disinfect materials for preservation. One cloth should not be used for an extended period, and both clothes and pads should be discarded after use. When disposing of them, ensure they are not visible in the garbage. A little bit of exercise can be beneficial during menstruation, but intense workouts should be avoided. If there is pain in the abdomen and back, exercising is unnecessary.

4.3. Social stigma and taboos related to menstruation

First-generation women believe that evil enters the house when menstrual cramps begin. They also hold the belief that if the shadow of a menstrual cloth falls on a tree, the tree will die and not produce fruit. Additionally, they think that holding a new baby after menstruation will harm the baby. During menstruation,

girls were not allowed to bathe, as it was believed that bathing could cause arthritis. They were confined to their rooms and avoided contact with others. They were prohibited from touching cooking utensils and even the water jug. Furthermore, they were not permitted to enter the prayer room, hold a book, or eat fish. Oily food and salt were also avoided. Women were not allowed to enter the cowshed or water the trees during menstruation. They were also restricted from touching their hair, oiling their hair, or sleeping in their regular beds. Instead, they were told to stay in a separate room. One of the respondents said:

This is the worst time ever. During this time, the body of the girl remains unclean and unholy. So, most of the evil souls are on the girls at this time. In our time, mothers and aunts would not allow the girls to go out of the house at this time. They told us to be careful. Girls do not have to wear menstrual clothes outside the home. If you put menstrual clothes outside, those clothes lick the ghost. (Zohora, 1st Generation)

Third generational girls believe that menstruation is a natural physical change and a regular cycle that supports healthy body circulation. They think it is essential to raise awareness about this critical aspect in society. They recognize that until these issues are effectively addressed, women will continue to face negligence. One of the respondents said;

I want all misconceptions about menstruation to be removed from our country. Create more and more advertisements to raise awareness. There are men and women in society, and all are equal. It's not something to hide from men. It's an effortless thing. The girls themselves feel so ashamed and embarrassed about it that even though the boys are aware, they don't dare to say anything about it. And because the girls themselves are sorry for it, the boys also make fun of it and ridicule the girls. So, when a boy is young, his family should teach him that this is a pervasive thing. When he grows up, he will come forward to help his classmates if they have any such problems. Then he will understand that it is a very normal thing. He will not doubt everything. He will respect the girls. (Mohona, 3rd Generation)

To uphold the dignity of women, it is essential to openly discuss these issues. All misconceptions need to be clarified, which requires increased publicity and awareness-raising initiatives. There is a lot of skepticism and silence about menstruation due to fear of societal perception. By promoting awareness publicly about how to deal with menstruation, we can educate girls and break the misconceptions and superstitions related to it within society.

4.4. Changing sources of socialization

First-generation women believe that menstruation is a secret and a source of shame for girls. They fear that if men hear about these matters, girls will lose their respect, as men are perceived as unable to understand. Expressing such things to men is considered sinful, and it is believed that it displeases God. Therefore, girls must be careful to maintain their privacy and avoid public attention. Girls often hide these matters from their fathers and brothers. While women may confide in their husbands after marriage, revealing such details to their fathers and brothers is seen as equivalent to sinful deeds. One of the respondents said:

Is this something to tell the boys? In our time, when we were menstruating, we walked in a way that no one could understand. I would not even go in front of the brothers during menstruation. I was afraid of my father, grandfather, and uncle. Menstruation is a shame. (Nazma, 1st Generation)

First-generation women also believe that advertising or menstruation-related posters are not the right way to do these things. All these activities harm the dignity of girls. One of the respondents expressed:

Girls are not respected nowadays, just because everything is under the control of men. These are the signs that Kiyamat (the day the world will destroy) is not that far. (Halima, 1st Generation)

When a mother can openly share everything with her daughter, guiding her on what is good or bad and how to handle any situation, the girl can navigate any circumstance with grace. The importance of this socialization becomes evident when a girl experiences her first menstrual period. With proper guidance from her mother or other family members, she no longer feels afraid, ashamed, or confused. It is crucial for there to be a friendly and open relationship between a mother and her daughter so that the girl feels comfortable sharing any troubles or difficulties she may encounter. This type of supportive relationship is commonly observed between the third generation of women and their mothers.

5. DISCUSSION

This qualitative study reported changing perceptions of menstrual practices in Bangladesh. This study used four major themes that were strongly related to knowledge about menstruation, practices regarding menstruation, social stigma and taboos related to menstruation, and changing sources of socialization. Based on in-depth interviews conducted for the research, the study discerned that several factors collectively contribute to the changing perceptions of menstrual practices.

The qualitative research conducted in the Barisal District of Bangladesh reveals that the first generational women, comprising grandmothers, maintain traditional views that menstruation as a significant milestone in a girl's life, signifying her readiness for motherhood [40]. Their experiences include adherence to cultural taboos and rituals, which emphasize the societal and even supernatural significance of menstruation [41]. These practices reflect a deeply ingrained cultural perspective. In contrast to the perspectives documented by Shah *et al.* and Michael *et al.* the third-generation women, representing the present era, exhibit a much more informed and progressive understanding of menstruation [42], [43]. They view it through a primarily biological lens, recognizing the hormonal changes and physical aspects associated with the menstrual cycle. Furthermore, they experience less stigma, seek support from various sources, and have access to comprehensive information through family, friends, and media. This shift in perception and knowledge demonstrates the profound impact of changing social norms and education.

The exploration of practices regarding menstruation unveils a vivid contrast in how women manage their menstrual cycles. First and second-generation women followed traditional practices, primarily relying on cloth pads known as "Tena." These cloth pads were washed, dried inside the house discreetly, and reused from month to month [3]. Bathing during the initial days of menstruation was discouraged, as it was believed that the body was exceptionally fragile during this time. Moreover, there were religious restrictions on prayer and touching holy books [44]. Dietary choices were also influenced, with an emphasis on consuming certain foods and avoiding others. In contrast, third-generation women exhibit a more modern approach to managing menstruation. They prioritize hygiene and health, emphasizing the importance of a balanced diet, hydration, and self-care. They have access to a variety of menstrual hygiene products, including sanitary napkins and menstrual cups, and understand the significance of proper usage and maintenance. Moreover, they advocate against misconceptions and promote open discussions about menstruation. This shift in practices reflects the influence of education, changing cultural norms, and increased awareness about menstrual hygiene. These findings contrast with those of Kambala *et al.* and Sommer *et al.* [45], [46].

The theme of "Social Stigma and Taboos related to menstruation" uncovers a striking dichotomy between the beliefs and practices of first-generation women and third-generation women in the Barisal District of Bangladesh. First-generation women held deep-seated superstitions and taboos surrounding menstruation, which perpetuated a culture of fear and ignorance. They associated menstrual cramps with the arrival of evil and believed that menstrual cloth could harm trees, newborns, and even household items. These beliefs contributed to the isolation and restriction of women during their menstrual periods, leading to a lack of mobility, access to resources, and participation in daily activities [47]. Conversely, third-generation girls possess a more enlightened perspective, recognizing menstruation as a normal physiological process. They emphasize the urgency of dispelling the myths and stigmas that persist in Bengali society and advocate for greater awareness and education on menstruation. The need for open discussions and comprehensive awareness campaigns is evident, as these superstitions continue to stigmatize and marginalize women. Promoting public awareness and breaking the silence surrounding menstruation are pivotal steps toward empowering women and dismantling the misconceptions and taboos that have endured for generations [48]. To protect the dignity and rights of women, there is a pressing demand for societal change. This involves challenging harmful beliefs, engaging in dialogue, and promoting greater public awareness regarding menstruation.

This study reveals a notable shift in attitudes and beliefs across generations in the Barisal District of Bangladesh. First-generation women clung to a conservative perspective, viewing menstruation as a secretive and shameful matter for girls. They believed that discussing it with men, even within the family, was a sin and could lead to the loss of respect. The privacy and segregation of girls from public attention were deemed crucial. The communication about menstruation was primarily restricted to mothers and older female family members, creating a barrier to open and honest discourse [49], [50]. In contrast, the third generation of women displays a more progressive outlook, emphasizing the importance of a trusting and friendly relationship between mothers and daughters. They believe that open communication about menstruation, as well as other life experiences, is essential for a girl's emotional well-being and self-confidence. This change signifies a growing acceptance of the need to destigmatize menstruation and establish a nurturing and supportive environment within the family [51]. This transition in sources of socialization highlights the power of generational change in reshaping societal norms and breaking down barriers associated with menstruation.

6. CONCLUSION

This study has attempted to explore changing perceptions on menstrual practices in Bangladesh. This study analyzes menstrual practices' changing perception and their effects of lifestyle on menstrual girls and women. Specifically, this research has tried to determine the impact of changing perceptions on menstrual practices cross-generational study in Barisal district.

First-generation women, such as grandmothers, perceive menstruation from a traditional perspective, influenced by cultural taboos and rituals that emphasize its societal and supernatural importance. These traditions demonstrate a deeply ingrained cultural perspective, highlighting limitations and social disapproval that isolate women throughout their menstrual cycles. In contrast, third-generation women embrace a contemporary and knowledgeable perspective, acknowledging menstruation as a normal physiological phenomenon. They derive advantages from enhanced knowledge, increased availability of menstrual hygiene products, and a nurturing atmosphere that fosters open dialogues, thereby diminishing stigma and misinformation. The shift across generations highlights how evolving societal standards and educational progress impact the health and overall welfare of women. Third-generation women place a high importance on maintaining cleanliness and good health. They use a variety of menstrual products and actively work towards debunking misconceptions and encouraging information about menstruation. The enduring presence of conservative views in certain regions underscores the necessity for ongoing endeavors to foster consciousness and refute detrimental misconceptions.





The study's results suggest that although some progress has been achieved, continuous discussion and education are crucial in order to completely eliminate the long-standing stigmas and taboos associated with menstruation. Promoting women's empowerment via education and transparent communication may cultivate a more inclusive and supportive culture, allowing women to navigate menstruation without experiencing fear or shame. The transition from conventional to progressive ideologies in Barisal showcases the capacity for societal transformation, underscoring the need for fostering knowledgeable viewpoints and harmonious family relationships to promote women's menstrual health and general welfare.

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