

Transforming Views Regarding Menstruation Patterns in Rajshahi City: An Intergenerational Analysis

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ABSTRACT

Menstruation, although being a natural biological process, significantly impacts women's life and is sometimes accompanied by myths and cultural stigmas that might pose health risks. This study examines intergenerational transformations in menstruation perceptions, highlighting women's knowledge, related rituals, societal stigmas, and evolving sources of socialization. Utilizing a phenomenological methodology, interviews were conducted with women from 35 houses spanning three generations, and the data were analyzed through thematic analysis. The results demonstrate that the first and second generations predominantly perceived menstruation as an indicator of fertility and physical maturity, whereas the third generation comprehended it more scientifically as a hormonal process. Hygiene behaviors exhibited generational disparities: older women mostly relied on cloths and holy water for pain relief, while younger women favored sanitary pads and had heightened awareness of the health concerns associated with unsanitary activities. The prevalence of misunderstandings and stigmas was particularly evident among the first and second generations, although the third generation seemed more informed, articulate, and less inhibited in discussing menstruation. Moreover, the avenues of socialization have significantly evolved; previous generations predominantly depended on their mothers, with limited involvement from male relatives, while the third generation acquired knowledge from both parents and the media indicating a considerable cultural shift in the discourse and comprehension of menstruation.

Keywords: health, knowledge, menstruation, perception, practice

INTRODUCTION

One of the most notable physiological changes that occur during adolescence is menstruation, a natural biological process that is unique to females. The World Health Organization (WHO) defines adolescents as individuals aged 10 to 19 years, a period marked by biological, psychological, and physical changes that signify the transition from childhood to maturity. Menarche, the commencement of menstruation, generally transpires between the ages of 11 and 15, with a mean beginning around 13 years. The menstrual cycle is biologically regulated by the hypothalamic–pituitary–ovarian axis, whilst uterine contractions control the volume of blood ejected through the vaginal canal. Menstrual bleeding generally persists for three to seven days, and cycles recur at intervals of about 28 days in non-pregnant women, although slight variations of two to three days are considered normal. The initiation and pattern of menstruation are influenced by hereditary traits, race, and familial conditions. On average, women begin menstruating between the ages of 10 and 14 and continue to experience the cycle until the age range of 45 to 55 years, when menopause sets in.

The initiation of menstruation is determined by several interacting factors such as geography, environmental influences, genetic traits, ethnicity, nutritional patterns, and engagement in rigorous physical activity. Across her reproductive lifespan, a woman is expected to undergo nearly 500 menstrual cycles. As George highlights, over 300 million women menstruate each day worldwide. Menstruation, a normal physiological phenomenon, signals the beginning of a woman's reproductive phase. Given its influence on both mental and emotional health, ensuring proper menstrual hygiene is of critical importance. Adequate hygiene practices not only safeguard health during the menstrual period but also contribute to maternal well-being and safe reproductive outcomes in later life.

Social interpretations of menstruation are often ambivalent. On one hand, it is associated with womanhood, fertility, and health; on the other, it is stigmatized as a marker of weakness, impurity, embarrassment, and secrecy. These negative attitudes largely stem from traditional misconceptions and cultural practices. Limited awareness about menstrual management, coupled with feelings of shame and discomfort, aggravates difficulties particularly among adolescent girls. Furthermore, menstruation has historically been linked with taboos that restrict women's participation in cultural and social domains. Such prohibitions are rooted in beliefs that menstrual blood is ritually unclean and that women may negatively influence food, agriculture, or other biological and social processes during this time. As a result, menstruating women are frequently excluded from religious observances, public gatherings (such as weddings), cooking, and sexual intimacy. Within Islamic law, women are similarly restricted from entering mosques, performing fasting, or engaging in sexual relations during menstruation. These restrictions end only after the completion of ritual purification (*ghusl*), which is performed following the cessation of menstrual bleeding.

Bangladesh still views menstruation as a taboo subject, ingrained in a socially awkward and silent culture. The Bangladesh National Hygiene Baseline Survey (BNHBS) 2014 indicates that merely 6% of adolescent girls receive menstrual hygiene education in schools, leaving approximately 94% uninformed about the biological aspects of menstruation. In co-educational classrooms, teachers frequently avoid the subject, and many parents hesitate to provide their daughters with essential knowledge. This persistent silence reinforces misinformation, stigma, and fear. The consequences of such taboos and misconceptions are far-reaching. Poor menstrual hygiene, rooted in limited awareness and unsafe practices, contributes to infections and a wide range of gynecological disorders. Studies highlight that the repeated use of unclean or improperly dried cloths creates a breeding ground for microorganisms, often resulting in reproductive tract infections among adolescent girls. These health challenges are exacerbated by the inadequacy of reliable information, as adolescent girls primarily depend on mothers, teachers, peers, relatives, mass media, and literature for guidance—sources that frequently provide incomplete or inaccurate knowledge. This knowledge gap underscores a critical need to examine how menstrual perceptions and practices are shaped and transmitted across generations. The present study seeks to address this gap by investigating prior knowledge levels, hygiene practices, and evolving attitudes toward menstruation, thereby contributing to a deeper understanding of intergenerational change in menstrual health and socialization.

LITERATURE REVIEW

The menstrual cycle represents a central aspect of a woman's life and constitutes a key marker of gender identity. Beyond its biological function, menstruation signals reproductive capability, marking the onset of potential fertility and the capacity to bear children. The initiation of menstruation also signifies the transition from childhood to adolescence, accompanied by the development of secondary sexual characteristics and the emergence of femininity.

A significant percentage of girls experience menarche without comprehending the physiological mechanisms that underlie it, according to empirical data, especially from research conducted in low-income environments. Notwithstanding the accessibility of scientific knowledge and educational tools on reproductive and sexual health, awareness of menstruation among young girls remains significantly inadequate. A widespread culture of silence regarding menstruation in numerous underdeveloped nations intensifies this knowledge deficit, hindering adolescents from obtaining sufficient information on menstrual hygiene.

Parental hesitation further compounds the issue. Although caregivers often recognize their responsibility to educate children about sexual and reproductive health, many find it difficult to engage in open discussions on these sensitive topics. Consequently, women frequently transmit inaccurate knowledge and misconceptions regarding menstrual hygiene to their daughters, perpetuating erroneous beliefs, attitudes, and practices across generations. Such misinformation may result in adolescents engaging in unsafe or harmful behaviors during their menstrual cycles. Empirical research underscores the severity of this knowledge deficit. Taklikar et al. investigated menstrual hygiene knowledge and practices among schoolgirls living in urban slums of Kolkata. The study indicated that 42% of girls had no prior knowledge of menstruation before menarche, nearly half (47%) were unaware of the cause of menstrual flow, and 68% did not understand the biological source of bleeding. The findings reveal significant deficiencies in menstrual education, emphasizing the necessity for comprehensive,

evidence-based interventions aimed at adolescent menstrual health. These findings underscore the necessity for focused interventions and thorough educational initiatives to enhance menstrual awareness and hygiene practices among adolescent girls.

Baridalyne and Reddaiah reported in their study conducted in Delhi that a substantial majority of females (86%) lacked scientific understanding of menstruation and pubertal changes. Comparable findings have been documented in Tamil Nadu, where menstrual hygiene practices were observed to be substandard. Specifically, only 53% of adolescent girls reported bathing nearly every day during their most recent menstrual period, while 38.2% bathed on alternate days. Alarmingly, over two-thirds of the participants (68.5%) were unaware of the necessity of using sanitary pads during menstruation.

Proper menstrual hygiene, encompassing the use of sanitary pads and meticulous genital cleaning, is critical for safeguarding reproductive health. Adolescent girls and women of reproductive age require access to hygienic products that are clean, soft, and adequately absorbent. Given that behaviors established during adolescence often persist into adulthood, menstrual hygiene education represents an essential component of comprehensive health education for young girls. In contrast, the use of towel or cloth strips is largely ineffective, failing to absorb fluids adequately, maintain cleanliness, or prevent odor formation.

Regional and socioeconomic disparities further exacerbate menstrual hygiene challenges. El-Gilany et al. examined adolescent schoolgirls in Mansoura, Egypt, and observed that while overall sanitary pad usage is increasing, girls from rural or impoverished backgrounds continue to lag behind. Additionally, essential hygiene practices, including prompt pad changes and bathing during menstruation, are still insufficient. Fehintola et al. conducted a cross-sectional survey of schoolgirls in Ogbomoso, Nigeria, revealing that only 25% of participants adhered to appropriate menstrual hygiene practices, despite having sufficient knowledge about menstruation. The findings highlight significant gaps between knowledge and practice, emphasizing the necessity for context-specific interventions to enhance safe and effective menstrual hygiene, especially for underserved adolescent populations.

Reproductive health depends on maintaining appropriate menstrual hygiene, which includes frequent use of sanitary pads and complete genital washing. Access to clean, soft, and absorbent hygienic products is essential, as habits established during adolescence frequently continue into adulthood. The use of cloth or towel strips is ineffective, as it does not guarantee cleanliness, absorbency, or odor control.

Socioeconomic and regional disparities further compound these challenges. El-Gilany et al. Observed increasing sanitary pad usage among adolescent schoolgirls in Mansoura, Egypt, though girls from rural and impoverished backgrounds remained underserved. Even when sanitary pads are used, complementary hygiene practices, such as regular pad changes and bathing during menstruation, are frequently inadequate. Similarly, Fehintola et al. reported that only 25% of schoolgirls in Ogbomoso, Nigeria, maintained appropriate menstrual hygiene despite possessing adequate knowledge. Collectively, these findings reveal a persistent gap between knowledge and practice, underscoring the need for targeted, context-specific interventions to improve menstrual hygiene management and promote reproductive health among adolescent girls, particularly in low-resource settings.

Cultural and religious norms significantly influence menstrual beliefs and practices, resulting in varied and often contradictory interpretations of menstruation. In certain contexts, it is viewed as an indicator of physical maturity and fertility; conversely, in others, it is stigmatized as a source of impurity or pollution to be eschewed. Cross-cultural studies consistently show that menstruation is associated with various forms of stigma across different religious and ethnic groups. Religious traditions have historically reinforced notions of impurity. In the Orthodox Christian Church, menstruating women are restricted from handling sacred objects, including the Bible and icons. In Catholicism, women have traditionally been excluded from higher positions within the church, in part due to the association of menstruation with notions of impurity. In Islamic traditions, menstruation is often viewed as a condition of illness or ritual impurity, leading to restrictions on women's access to mosques, participation in Ramadan fasting, and the recitation or handling of the Qur'an.

These cultural and religious restrictions contribute to a broader culture of silence surrounding menstruation. In many societies, women conceal their menstrual status from male family members, and their daily activities, diet,

and even clothing may be restricted during this period. The physical symptoms associated with menstruation—such as abdominal cramps, nausea, fatigue, or mood swings—often intensify negative perceptions and reinforce unfavorable attitudes toward the menstrual experience. Farage et al. note that, despite menstruation being a biological reality for more than half of the global population, it remains a taboo subject in nearly every culture, leaving many girls uninformed and unprepared for menarche.

In Bangladesh, extensive research has focused on menstrual knowledge, hygiene, and practices; however, there has been limited investigation into intergenerational differences in perceptions and behaviors concerning menstruation. This research aims to examine the transmission and transformation of menstrual knowledge, practices, and taboos across various generations of women.

METHODOLOGY

Research Design: This study is exploratory in nature. This study aimed to investigate the evolution of perceptions and practices related to menstruation among various generations of women in Bangladesh, as prior research has not examined this topic within this context. The research employed qualitative methods grounded in a phenomenological approach to address the study objectives through the subjective experiences of the respondents.

Sampling procedure: A purposive sampling strategy was utilized to select participants who could offer comprehensive and relevant insights related to the study objectives. The study involved data collection from women across three generations living in Rajsahi city, Bangladesh. The researcher intentionally chose 25 households, each consisting of three generational cohorts: grandmothers, daughters-in-law or daughters, and granddaughters. Participants were selected from the Muslim community, primarily reflecting lower socioeconomic backgrounds. The sample size was determined based on the principle of data saturation, ensuring comprehensive information collection. Every household provided insights from all three generational cohorts, culminating in seventy-five individual interviews. Following the interviews conducted with twenty-five households, the researchers determined that thematic saturation was reached, evidenced by the repetitive nature of responses and the absence of new insights.

Data collection: This study relied on primary data to investigate evolving perceptions and practices surrounding menstruation. In-depth, semi-structured interviews were employed to elicit nuanced insights into multiple dimensions of menstrual experience, including prior knowledge, hygiene practices, prevailing taboos, and misconceptions. The interview guide was developed through an extensive review of existing literature on menstrual practices and intergenerational dynamics, ensuring that the instrument reflected both theoretical and empirical foundations.

To enhance content validity, the draft instrument underwent expert review by scholars in public health and women's studies, whose feedback informed iterative refinements to comprehensively capture the phenomena under study. A preliminary pilot study involving five households, distinct from the final sample, was conducted to detect ambiguities, potential biases, and areas requiring clarification, thereby optimizing the clarity and reliability of the data collection thoroughness.

Prior to data collection, participants provided informed oral consent, and the objectives of the study, along with assurances of confidentiality, were clearly communicated. Interviews were conducted face-to-face between September and November 2021, recorded with participants' permission using a smartphone device, and lasted approximately 45 to 60 minutes each. All interactions were conducted in Bengali to ensure linguistic and cultural accessibility, thereby facilitating authentic responses and minimizing interpretive distortions.

Data analysis: Initially, the researchers transcribed the interview recordings in Bengali, followed by translation into English. The accuracy of the transcriptions was carefully verified against the original recordings. Subsequently, the translations were cross-checked, and pertinent information was systematically summarized. The data were then coded, categorized, and subjected to thematic analysis based on participants' responses. Throughout the data collection and analysis process, the researchers maintained objectivity, refraining from

introducing bias or personal judgments regarding the participants' experiences. Ethical standards were rigorously upheld at every stage of the study.

Ethical Considerations: Before the interviews were conducted, all participants submitted informed written consent. Participant confidentiality was rigorously upheld during the data collection process. All study procedures involving human participants adhered to the ethical principles established in the 1964 Declaration of Helsinki and its subsequent amendments, or other comparable ethical guidelines.

RESULT

Knowledge about Menstruation: Among first-generation women, or grandmothers, menstruation is traditionally perceived as a positive and significant milestone, marking the onset of reproductive capability. It is viewed as an essential biological process through which girls mature physically, develop secondary sexual characteristics such as breast growth, and gain the potential for childbirth. Menstrual cycles were also associated with bodily changes, including weight fluctuations, with weight gain often observed during menstruation and weight loss in its absence. Cultural beliefs frequently linked menstrual health to marital practices. Early marriage was sometimes considered a remedy for menstrual irregularities, as women with such issues were thought to face complications during pregnancy. Historically, several taboos surrounded menstruation. For instance, prospective brides were often questioned about their menstrual status during marriage negotiations. Menstruating women were regarded as ritually impure, and families advised them to remain indoors and exercise caution, driven by the belief that they could be vulnerable to attacks by supernatural forces.

Ritual practices included recitation of the Surah throughout the day, provision of separate beds, clothing, and utensils, and restrictions on physical positioning and movement, such as prohibitions against sitting in elevated places, standing at doorways, entering cow sheds, or visiting ponds. Menstrual discomfort and pain were widely acknowledged, and physical activity, such as walking for several hours, was believed to alleviate these symptoms. Amulets were frequently utilized as a conventional method to alleviate menstrual pain. For many women, the initial menstrual experience often elicited feelings of fear, discomfort, and distress. Menstruation knowledge was predominantly conveyed through familial networks, encompassing mothers, aunts, grandmothers, elder sisters, and sisters-in-law, especially within the first and second generations. One of the respondents said:

In winter, the experience was unpleasant as my grandmother mandated that I bathe twice daily. She provided me solely with rice, bharta, and vegetables for consumption. Upon learning about my menstruation, my grandmother expressed great joy by distributing sweets to everyone, a memory that remains vivid. I was unable to access the kitchen at that time; she permitted me to eat rice on the veranda. My aunt prohibited me from combing my hair. I adhered to the guidance of the elders. In the past, I worked extensively during menstruation; however, I now observe that many girls remain inactive throughout the day while still experiencing various health issues. (Halima, 1st Generation)

The current generation of girls, or third-generation women, possesses a more scientific understanding of menstruation. They recognize it as a cyclical process driven by hormonal changes in the uterus, during which the uterine lining is shed, resulting in the discharge of blood and other uterine secretions through the vagina. This process is typically accompanied by symptoms such as abdominal cramps, back pain, and nausea. Despite this increased awareness, menstruation remains a sensitive topic, and many girls hesitate to discuss it openly. In numerous households, this crucial aspect of female health continues to be overlooked. The onset of menarche is often experienced as shocking or unpleasant, eliciting feelings of fear, shame, and apprehension. Nevertheless, third-generation girls generally receive more comprehensive support compared to earlier generations, including guidance, advice, and improved access to menstrual hygiene products.

Education about menstruation now comes from diverse sources: mothers, sisters, relatives, friends, textbooks, health classes, television programs, magazines, and awareness campaigns. These girls are more conscious of menstrual hygiene practices, understanding the importance of balanced nutrition, regular pad changes, and the proper care of reusable cloth pads. When using cloth pads, they ensure thorough cleaning, sun drying, and disinfection using antiseptic solutions such as Savlon, reflecting a blend of traditional practices with modern hygienic knowledge.

Menstrual practices

Among first- and second-generation women, menstruation was closely associated with specific cultural and ritual practices. Women used particular cloths, commonly referred to as Tena, exclusively during their menstrual periods. These cloths were carefully washed and dried inside the house, often hidden from view, and stored for reuse in the subsequent cycle. Bathing practices were also regulated by traditional beliefs. Women typically refrained from bathing during the first three days of menstruation, as this period was considered one of bodily fragility. Bathing was resumed only after the initial days, when it was believed that blood pressure had stabilized. There was also a prevailing notion that daily bathing could increase menstrual flow, which influenced personal hygiene practices. Religious practices were similarly adapted during menstruation. Women were not allowed to touch the holy Quran or enter prayer spaces; instead, they recited Surah orally. Dietary habits were guided by traditional beliefs, with women consuming rice accompanied by spicy bharta while avoiding panta (fermented rice), fish, and salty foods, which were deemed unsuitable during menstruation. To maintain health and warmth, women wore chadors and drank water regularly. Additionally, traditional remedies were commonly employed. Women often wore amulets provided by local religious leaders, drank ginger-infused water, and consumed hot rice foam once menstrual pain subsided, as these practices were believed to alleviate discomfort and promote well-being. One of the respondents said:

At the conclusion of menstruation, specifically on the final day, it is advised to trim the hair on the head slightly and cover it with soil; otherwise, it is believed that the family's male members may experience a decline in income. Family members advised her against standing at the house door and prohibited her from wandering around the cemetery. She was prohibited from witnessing a death and from visiting the house upon the birth of a new baby. (Arifa, 2nd Generation)

Menstruation in the current generation is recognized as a critical period requiring heightened awareness and careful health management. Contamination or inadequate hygiene during menstruation may lead to urinary tract infections, itching, tingling sensations, dysuria, and other complications, including potential impacts on reproductive health. Girls in this generation understand the importance of maintaining nutritional balance to support their physical well-being during menstruation. Recommended practices include consuming hydrating foods and beverages, such as bananas and ample water, to prevent dehydration-related symptoms like headaches or dizziness. A diet rich in milk, eggs, fish, and meat provides essential nutrients, while oranges contribute calcium and vitamin D, which may help reduce body pain. Herbal remedies such as ginger, lemon, and mint-infused water, as well as hot water with cinnamon, are employed to support both physical and mental health. Heavily fried, spicy foods and alcohol are avoided, while low-fat foods high in calcium, magnesium, and vitamin E are encouraged. Light exercise is recommended for general well-being, whereas strenuous physical activity is discouraged, particularly during episodes of abdominal or back pain.

Social Stigma and Taboos Related to Menstruation among First-Generation Women Among first-generation women, menstruation was associated with numerous cultural taboos and social restrictions, reflecting deeply entrenched beliefs about purity and danger. Menstrual cramps were perceived as a sign of evil entering the household. Superstitions extended to nature and infants; for example, it was believed that the shadow of a menstrual cloth falling on a tree could cause the tree to wither or fail to bear fruit, and holding a newborn immediately after menstruation was thought to endanger the child's health.

During menstruation, women faced significant restrictions on daily activities. Bathing was often prohibited, as it was believed to increase the risk of arthritis. Menstruating women were generally confined to private rooms, minimizing contact with family members and others. They were forbidden from handling cooking utensils, water containers, or religious texts, and were not allowed to enter prayer rooms. Dietary restrictions were common, including the avoidance of fish, oily foods, and salt. Physical engagement with household or agricultural tasks, such as tending to cows or watering plants, was restricted. Additionally, women were discouraged from touching or oiling their hair and were often required to sleep separately from their usual beds.

These practices highlight the pervasive social stigma and taboos surrounding menstruation in earlier generations, which significantly shaped women's daily lives and personal freedoms. One of the respondents said:

It's the worst moment ever. The girl's body is still unclean and unholy throughout this period. Thus, the girls are currently the target of the majority of bad spirits. Mothers and aunts in our day would forbid the girls from leaving the house during this period. They warned us to exercise caution. Girls are not required to dress in menstruation attire when they are not at home. Menstrual clothing will lick the ghost if it is left outside. (Momena, 1st Generation).

Third-generation girls perceive menstruation as a natural and regular physiological process that supports overall bodily health and circulation. They emphasize the importance of promoting awareness and education about menstruation within society. According to this generation, addressing menstrual health knowledge gaps is crucial, as continued neglect may perpetuate misconceptions, social stigma, and barriers to women's well-being.

I want our nation to be free of all myths regarding menstruation. To increase awareness, make more and more commercials. In society, there are men and women, and everyone is treated equally. Men shouldn't be kept in the dark about it. It comes naturally to you. Even if the boys are aware of it, they are afraid to speak about it since the girls themselves are so humiliated and embarrassed about it. Additionally, the boys mock it and make fun of the girls because they themselves feel bad about it. Therefore, a boy's family should teach him that this is a common occurrence when he is young. When he is older, he will step up and assist his peers in the event that they encounter similar issues. He will then realize that it is quite common. He won't question anything. The females will be respected by him. (Riya, 3rd Generation)

Changing Sources of Socialization Regarding Menstruation

Among first-generation women, menstruation was considered a private and shameful matter for girls. There was a widespread belief that discussing menstrual issues with men would result in a loss of respect, as men were perceived as incapable of understanding these experiences. Sharing such information with male family members was often viewed as morally inappropriate and even displeasing to God. Consequently, girls were encouraged to maintain strict privacy, avoiding public attention regarding their menstrual status. Discussions about menstruation with fathers or brothers were particularly restricted, whereas confiding in husbands after marriage was considered acceptable. This generational perspective highlights the influence of cultural and religious norms in shaping early socialization about menstrual health. One of the respondents said:

Should I inform the boys about this? We used to walk in a way that no one could comprehend while we were menstruation. I wouldn't even approach the brothers when I was menstruating. I feared my uncle, father, and grandfather. The menstrual cycle is a disgrace. (Selina, 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:

Because everything is controlled by men these days, girls are not appreciated. These indicate that Kiyamat, the day the world will end, is not too far off. (Jahanara, 1st Generation)

Open and supportive communication between mothers and daughters plays a critical role in shaping girls' understanding of menstruation. When mothers provide clear guidance on what is considered safe or appropriate and offer advice on managing various situations, girls are better equipped to navigate their experiences with confidence and composure. This guidance is particularly important during menarche, as it helps alleviate feelings of fear, shame, or confusion. Among third-generation women, such open and nurturing relationships with mothers are increasingly common, enabling girls to discuss menstrual challenges freely and fostering a positive and informed approach to menstrual health.

DISCUSSION

With a focus on four main themes—menstrual practices, societal shame and taboos, sources of socialization, and information about menstruation—this qualitative study examined changing attitudes about menstrual practices in Bangladesh. According to in-depth interviews done in the Rajshahi District, a variety of factors work together to influence shifting menstrual attitudes and behaviors. According to the findings, first-generation women—mostly grandmothers—have conventional beliefs that a girl's menstruation marks her entry into femininity and

her readiness for parenthood. Cultural taboos and rituals that stress the social and even supernatural significance of menstruation are strongly ingrained in their experiences. These customs uphold social norms regarding female adulthood and are a reflection of ingrained cultural ideas.

Third-generation women, on the other hand, have a more progressive and scientific perspective on menstruation. They see it primarily from a biological perspective, acknowledging the part played by hormonal fluctuations and the physiological mechanisms underlying the menstrual cycle. This generation benefits from greater access to information through peers, family, educational programs, and the media, actively seeks advice and assistance from a variety of sources, and feels less societal stigma. Comparing these generational viewpoints highlights how changing social conventions, education, and general awareness have shaped menstrual knowledge and behaviors in modern-day Bangladesh.

The examination of menstrual practices highlights marked generational differences in how women manage their menstrual cycles. Among first- and second-generation women, traditional methods predominated, with cloth pads, commonly referred to as Tena, being washed, discreetly dried indoors, and reused from month to month. Bathing during the initial days of menstruation was generally avoided due to the belief that the body was particularly vulnerable during this period. Religious practices were also regulated, including restrictions on prayer and handling of sacred texts. Dietary habits were similarly influenced by cultural norms, with certain foods encouraged while others were avoided.

In contrast, third-generation women adopt a more contemporary approach to menstrual management, emphasizing personal hygiene, nutrition, hydration, and overall self-care. They have access to a range of menstrual hygiene products, such as disposable sanitary pads and menstrual cups, and are knowledgeable about their proper use and maintenance. Furthermore, this generation actively challenges misconceptions and supports open dialogue about menstruation. The observed shift in practices reflects the impact of education, evolving cultural norms, and heightened awareness regarding menstrual health and hygiene. These findings align with, yet expand upon, prior research by Kambala et al. and Sommer et al., underscoring the role of social change in shaping menstrual practices.

This study highlights significant generational differences in attitudes and beliefs regarding menstruation in the Rajshahi District of Bangladesh. First-generation women maintained a conservative perspective, perceiving menstruation as a private and shameful matter. Discussing menstrual experiences with male family members was considered inappropriate and even sinful, potentially leading to a perceived loss of respect. Consequently, girls were expected to maintain strict privacy and avoid public exposure, with communication about menstruation largely confined to mothers and elder female relatives. This limited discourse reinforced secrecy and inhibited open discussion.

CONCLUSION

This study explores evolving perceptions of menstrual practices in Bangladesh, with a particular focus on how these perceptions influence the lifestyles and well-being of girls and women. Using a cross-generational approach in the Barisal district, the research examines the impact of shifting attitudes on menstrual experiences.

The results show that first-generation women, including grandmothers, have a tendency to see menstruation through a traditional lens, greatly influenced by ceremonial practices and cultural taboos that emphasize its supernatural and societal significance. These ingrained conventions frequently lead to limitations and social rejection, which isolates women throughout their menstrual cycles. Third-generation women, on the other hand, embrace a more modern and knowledgeable perspective, acknowledging menstruation as a typical physiological occurrence. This generation benefits from improved education, more accessible menstrual hygiene products, and supportive settings that promote candid conversation, all of which help to lessen stigma and false information.

The generational shift highlights the influence of changing societal norms and educational advancement on women's health and overall well-being. Third-generation women prioritize personal hygiene and health maintenance, actively engage in debunking myths, and promote menstrual education. Nonetheless, the

persistence of conservative beliefs in some communities emphasizes the ongoing need for awareness initiatives and educational interventions aimed at challenging harmful misconceptions.

The study emphasizes that although there has been progress in changing how people view menstruation, ongoing discussion and education are still necessary to completely eradicate ingrained taboos and stigmas. A more accepting and encouraging atmosphere can be created by empowering women via education and candid dialogue, allowing them to experience menstruation without embarrassment or fear. The move from traditional to progressive attitudes in Barisal illustrates the potential for societal development and highlights the need of encouraging educated viewpoints and harmonious family relations to boost menstruation health and overall female well-being.

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