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Menstruation Related Social Norms and Customs and it's Impact on Adolescents' Reproductive Health

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Abstract: This study was a qualitative scrutiny in the field of sociology to explore the impact of menstruation related social norms and customs on the adolescent girls' reproductive health at northern Bangladesh. The objective of the study is to explore the menstruation related social norms and customs and to identify the impact of social norms and customs on adolescent girls' reproductive health. A blending of several methods such as social survey methods through scheduled interview, focus group discussion (FGD), informal meeting, spot observation has been used to explore and gain a critical view of overall aspect of the impact of social norms and customs on adolescent girls' reproductive health. This study highlights many dimensions of research works carried out so far on menstruation related social norms and customs, and its impact on adolescent reproductive health. Various issues related to social norms and customs are recorded as responsible for bringing about health impact of rural adolescent girls. Among these issues level of the respondents' education, attitude of in-laws' family, notion of different sphere, maternal altruism, gender-based inequality, food taboos, restriction of movement, etc were dominant. To the best of the researcher's knowledge, such type of research have not been studied previously in the selected area. Rural adolescent girls adopted limited number of strategies to cope with their situation and many of them willingly support this and would like to follow in future as they see all members of society to do this practice.

Keywords: Adolescent; Social Norms and Customs; Menstruation; Reproductive Health; Society.

Introduction: Social norms and customs are very important things for rural areas in Bangladesh as it directed human actions and behaviors specially, health-related behaviors in a society. Norms are the expectations, standards, guides and informal rules of behavior or thoughts by which a culture guides and share the behavior of its members in any given situation. This study focuses on gender norms that are very important norms which are related to social norms and it is very much logical for this study about adolescent girls and their reproductive health issue. Besides, custom illustrates shared, values, norms and traditions of a group that defines and guide appropriate and inappropriate attitudes and behaviors typically which can occur on a macro level or a more micro level. The tradition or a usual way to behave is defined as custom. There are 28 million adolescents in Bangladesh; 13.7 million of them are girls and 14.3 million boys [1]. Researchers, Donors, practitioners and scholars are increasingly interested in dressing the potential of social norms and customs theory to improve adolescents' sexual and reproductive health outcomes [2]. Adolescent health is vitally important because it is an identical phase of human development and also because of the particular disease and injury burdens that are borne by adolescent populations. Adolescents can create a new window of opportunity for rapid economic growth. So, keeping teens safe and encouraging them to make smart decisions can help to break the spread of poverty. Adolescent girls are the mothers of tomorrow. So, health and nutrition of the girls of today will affect the health and survival of the future generations. Eating disorders, such as anorexia nervosa and bulimia nervosa, most commonly develop during adolescence and are more common among girls [3]. Besides this, there is increasing evidence that different problem behaviors are associated with distinct explanatory factors and this is also reflected in distinct applicable to mental disorders [4]. So, girls need special care in view of their role in shaping the health and wellbeing of present as well as future generations. In a study Hoque (2016) has shown that in India, young girls have been sadly neglected and most of them reach adolescence through years of poverty, illiteracy, ignorance and lack of adequate nutrition / health care [5]. This scenery is also seen in Bangladesh. Where, the government has taken different exertions to extend health facilities to the population [6], for the lack of enough consciousness among rural people; girls cannot get enough support for their health. So, it affects on girls foods, health treatment, and education and so on.

Menstruation is very important phase for adolescent girls but in rural areas, due to follow menstrual taboos girls faced various reproductive health problems. Whereas, during adolescence, a person needs more vitamin, nutrition, iron, mineral and calcium for physical, mental and cognitive development, for some specific social norms and customs girls get very few opportunity and most of time they become sufferer for the negative implementation of social norms and customs, specially, during menstruation, they have to follow various taboos or restrictions. This study focuses on the negative impact of social norms and customs regarding menstruation toward adolescent girls' reproductive health.

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Statement of the Problem: There is a global consensus regarding the importance of focusing on adolescent development [7]. Adolescents have been identified as an underserved priority target group and have initiated health programs for adolescents [8]. Adolescence is the stage of the growth and development of a person which occurs after childhood and before adulthood. Generally, during 10 to 19 years biological, physical, mental even, social changes occur in person's life [9]. The adolescent girls' health problems can be classified in three categories: Physical health, mental health and reproductive health. In this stage, some general problems seem with the changes of different aspects of health, such as, acne, abdomen pain during menstruation and so on. Besides this, in rural areas the major problems of adolescent girls are anemia, malnutrition and to be too much fatty or too much thin [10]. Rural norms and customs influence on the biological aspects of person's health and diseases [11]. In rural areas, there are some general social customs among the adult towards the adolescent girls about their health such as, during menstruation it is forbidden for girls to eat any kind of flesh (egg, fish, meat, milk etc). Where menstruation is a natural fact but rural people think it is a very dirty thing and they separate girl's bed during menstruation. Besides this, although menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes result into adverse health outcomes [12]. Even, during this period as it is their first experience girls have a very little idea. They don't know what they should do. Sometimes, many of them are not conscious about cleanliness during this time. Many girls don't use hygienic napkin and they use rag. There are also some restrictions where they dry the rag and where they preserve it. As they manage this period unhygienic way it may create reproductive health problems. This study will helpful to identify the specific reproductive health problems related to the social norms and customs regarding menstruation. The major objectives of this studies are to find out the menstruation related social norms and customs and to identify the impact of social norms and customs on adolescent girls' reproductive health.

Methodology: This is an exploratory type of research. Mixed methodology (Survey, Case study and non-participatory observation) have been used for this study. Sampling and sample size were as- Population: 1000 (Report of census 2011, Upozila Porisongkhan Office). Sample size was 15% of the married adolescent girls (n= 150). Suvodanga and Basupara unions from Bagmara upazila were selected randomly. Unit of analysis was married adolescent girls. Both qualitative and quantitative data were used. Data sources were both primary (married adolescent girls) and secondary (books, journals, related research reports, documents). Techniques of data collection were- interview schedule, informal meeting, spot observation, non-participant observation, Focus Group Discussion (FGD), In-depth interview and formal interview. Data were analyzed through simple statistical tools and techniques using inductive logic to draw inference. Analyses were presented in a narrative form along with tables and graphs.

Scopes and Limitations of the Study: Present study has covered only social norms and customs and its effects on adolescent girls' health in rural Bangladesh. It has covered rural areas. Its effect on male members of the society has remained untouched Result and Discussion: Bangladesh has an adolescent population of approximately 36 million: more than one-fifth of the total population of Bangladesh [13] and they are more vulnerable than adults and they have a higher risk of different kinds of reproductive health problems. Adolescents have specific health and development needs, and many face challenges that threaten their well-being, including poverty, a lack of access to health information and services, and unsafe environments [14]. Adolescent reproductive health constructs a major component of the global burden of sexual ill health [15]. In the developing countries, adolescent girls have suffered from different sexual or reproductive health problems due to follow specific social norms and customs.

This study contains various aspects of reproductive health issues of the adolescents.

Age distribution of the Respondents: Age is very important factor for person's life and especially adolescent age plays vital role in human body which influence in different levels.

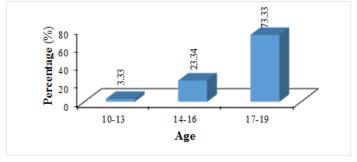


Fig 1: Age distribution of the Respondents.

Although here researcher has taken 10-19 years aged girls as respondents, this study also classified the age of the respondents in three categories. This table has shown that the percentage of 10-13 years old adolescents is very minor (3.33%) but here also shown this category that identify child marriage. The second category is 14-16 years old is not very small percentage (23.34%). The third category is the large group of percentage (73.33%) and among this group the study also found adolescent as mother.

Religious Identity of the Respondents: Religious identity can mould social customs and norms at various levels. Religious values and view can influence peoples' health. It is observed that every believer has a firm belief that his/her religion is based on the truth. Religion upholds deep emotions and sense of sacredness [16]. Religion also plays an important role in the lifestyle of adolescents and higher religiosity is associated with exhibiting fewer risky behaviors and more healthy behaviors [17]. The study areas consist of two kinds of religious people such as Muslims and Hindus. Other religious people are absent in those study areas.

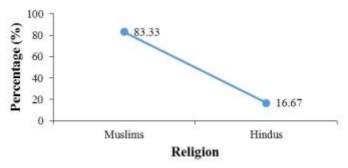


Fig 2: Religious Identity of the Respondents.

The above figure has showed that among 150 respondents, 125 (83.33%) respondents are Muslims and only 25 (16.67%) respondents are Hindus. Both of the religious people are confined to some pedantically religious values which create many health problems.

Educational Qualification of the Respondents: Education is an important medium of acquiring essential knowledge and skill and enables us to lead a successful life, enhances our intelligence, skills, knowledge, and brings positive changes in our life. Besides this, education is strongly linked to health and to determinants of health [18].

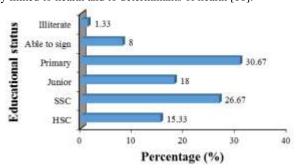


Fig 3: Educational Qualification of the Respondents.

In this study among the total respondents 15.33% have completed HSC, 26.67% have completed SSC, 18% are attended junior exam, 30.67% are primary passed adolescents, 8% are able to sign but who have not completed primary education and 1.33% are illiterate.

Ideas about Reproductive Health of the Respondents: Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when and often to do so [19]. Reproductive health also refers to the condition of male and female reproductive systems during all life stage. In this study only 10% respondents had a very little idea about reproductive health and the rest 90% respondents had no ideas about the reproductive health.

Had a very

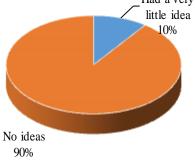


Fig 4: Ideas about Reproductive Health of the Respondents.

Norms, Customs during Menstruation: To understand the menstruation related norms and customs are very important for adolescent, because it is a very sensitive stage regarding reproductive health.

Food Taboos during Menstruation: Although in some cases, food taboos protect from health hazards [20], food taboos about menstruation present in many societies impact on girls' emotional state, mentality and lifestyle and importantly, health especially on reproductive health [21]. These food taboos often result in malnutrition among women [22]. Besides this other health problems are also found as the result of food taboos.

Restricted foods	Perception	Number of respondents	Percentage (%)
Fish	Create bad smell	19	33.33
Egg	Harmful for ovaries	2	3.51
Meat	Create bad smell	4	7.02
Milk	Causes of white discharge	2	3.51
Dal/Pulse	Create prolonged and painful menstruation	16	28.07
Sour fruits or any other sour foods	Prolong menstruation, letup sex power, excessive bleeding	10	17.54
Any kind of non-vegetarian foods	Prolong menstruation	1	1.76
Total		57	100

 Table 1: Food Taboos during Menstruation.

57 respondents had some restriction on taking food or they had some food taboos during menstruation. Among 57 respondents who had restriction 33.33% respondents had restriction to take fish because they think it may create bad smell from their body, 3.51% think taking eggs may harmful for their ovaries, 3.51% think taking milk may causes of white discharge, 28.07% believed that eating pulse create prolonged and painful menstruation, and excessive bleeding, 17.54% believed sour foods or fruits may disturb menstrual flow (excessive bleeding) or prolong menstruation and also cause for letup sex power, and other respondent also think and believed taking meat, vegetables (except potato) as well as non-vegetarian foods may harmful during menstruation period. As a result of following the food restriction during menstruation adolescent faced many problems which are shown below: It is seen that as the result of following food taboo during menstruation the girls suffered from different problem such as, taking poor nutrition and getting low calories create anomie (8 respondents), weakness (6 respondents), irregular period (5 respondents) etc.

Types of Absorbent Materials during Menstruation: As any small ignorance in hygiene during periods can increase the vulnerability to reproductive tract infection, practice of proper hygiene during menstruation is very important. But, due to lack of the knowledge, practices and limited options in market girls don't maintain proper menstrual hygiene management [23].

Absorbent Material	Perception	Number of respondents	Number of respondents (Total)	Percentage (%)
Pad	Hygienic and can protect from many disease	12	25	16.67
	Free from cleaning disturbance	13		10.07
	Fear of inauspicious power	82		80
	Odd looking by others and get bad comments	13		
Rag	Pad may cause infection or other problems	11	120	
	Easy to manage	8		
	Financial problems	6		
New cloth	Hygienic and can protect from many disease	5	5	6.67
Total			150	100

Table 2: Using of Absorbent Materials.

In the study the largest number of the respondents (80%) used rags during menstruation period and they reused it. They think if they used pad, it should throw outside and doing this unchaste or harmful fact will be happened. It may cause heavy bleeding or others mental or physical problems; some of them think pad may hygienic, but it is made by some artificial elements that may cause negative impact; using pad is not positive in rural view and girls get bad comments from community people (including family, neighbor, relatives and others). Beside this many of them think using rag is very easy to manage and get very easily and using pad is a bad practice and waste money as rural people seem menstruation is a dirty thing. They also think by using pad

many big problems like infection, cancer etc. may occur. Very few respondents did not use pad or new cloths because of their financial inability. Moreover, the cleaning and drying process are not hygienic.

Cleaning Process of the Reusable Materials Used During Menstruation of the Respondents: Reusable materials may not be well sanitized because cleaning is often done without soap and with unclean water, and social taboos and restriction force drying indoors, away from sunlight and open air, besides this, unhygienic washing practice are particularly common in rural areas and girls and women in lower socio-economic groups [24].

Table 3: P	Process of	Cleaning	the Absorbent	Materials.
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Equipment	Number of respondents	Percentage (%)
Only water	59	49.17
Soap/Detergent	36	31.30
Hot water and soap	20	17.39
Soap and other anti-bacterial	5	4.35
Total	120	100

The above table shows that 49.17% respondents cleaned their used rags with water only. Only 4.35% respondents used antibacterial agents.

Place of Drying of the Materials Used during Menstruation of the Respondents: Menstrual hygiene is a venerable subject of humanity but due to the readiness of the society, it has gained recent importance to accept the challenges [25]. As menstrual flow was seen as dirty, shameful and polluting; women hide menstrual cloths and the cleaning and drying thought to be done secretly or in a hidden corner so that it cannot be seen by others. In this study, the largest numbers (92.5%) of the respondent dried their reusable cloths in the back side of their toilet, dark place in their house where the sunlight cannot reach; because, girls are specifically taught to keep menstruation a secret from the male members of their family. Consequently, they also stored these materials in unhygienic way.

Table 4: Place of Drying of the Materials Used During Menstruation.

Way	Place	Number of respondents	Number of respondents (Total)	Percentage (%)
Hygienic	In the place where they dry other cloths	9	9	7.5
	Beside their washroom	40		92.5
	Under the bed/backside of any furniture where none can see	26		
Unhygienic	Hide of the bushes	13	111	
7.5	Rooftop	8		
	Chatal	9		
	Others hidden place where the sunlight can't reach	15		
Total			120	100

Causes for Follow the Unhygienic Process: Many social, religious and cultural restrictions play a vital role as the big barrier towards menstrual hygiene management and the practices; personal preferences, parental influence, economic status, socioeconomic pressure and cultural norms affect the menstrual hygiene management and the practices too [26].

Table 5: Causes for Follow the Unhygienic Process.

Causes	Perception	Number of respondents	Percentage (%)
Insist of the family members	Shameful, obscene and grimy, inauspicious eyesight create many problems	29	29.90
Girls herself did such work for their personal constrain	Shameful, inauspicious evil eye create many problems	28	28.87
Bad comment from family members	Shameful, unholy one, may fall inauspicious eyesight	11	11.34
Bad comment from neighbor	Shameful, unholy one, may fall inauspicious eyesight	8	8.25
Prohibition of husband	Obscene and grimy	21	21.64
Total		97	100

This study found that 29 respondents follow unhygienic process for insist of the family members and they replied that menstruation and its absorbent is really very shameful, obscene and grimy subject and if it keeps everywhere fall inauspicious eyesight and create many problems such as girls face heavy bleeding for long time, ghost may fall upon them and they will suffer for long run. The adolescents themselves also believed it and followed their older. As it is unholy, obscene and grimy one 21 had strict prohibition of husband, 8 respondents got bad comments from their neighbor and relatives. Again, although 28 respondents followed the process from their personal constrain, they believed that it is harmful for them to keep their cloths in visible place. Because they think if someone sees it they may comment very badly or their surrounding people behave with them roughly. Hence, social norms regarding this situation make them so much shameful and make them constrictor.

Problems Create from Unhygienic Menstrual Management:

Exercise related to menstruation hygiene are of significant concern as it has a health impact; neglecting this, it leads to toxic shock syndrome, reproductive tract infections (RTI), and other vaginal diseases and pathetic genital hygiene negatively affects adolescents' health.

Direct Problems	Indirect Long-term Effects (Health problems)	Number of respondents		Percentage (%)	
White discharge	Regular abdomen pain, under weight	6		26.09	
Infection	Chronic pelvic pain	1	4	17.20	
	Excessive bleeding	3	4	17.39	
Rash	Pain and fever	5		21.74	
Itchiness	Pain and feel discomfort	8		34.78	
Total		23		100	

Table 6: Problems Create from Unhygienic Menstrual Management.

Although the above table does not present any major problems, but the number of the respondents are not uncountable. Among 23 respondents 26.09% faced white discharge as the result of unhygienic menstrual period and they suffered from regular abdomen pain and underweight problem for long term. 17.39% mentioned they faced vaginal discharge, discomfort, vaginal odor, pain and burning sensations while urinating, irritation, itching, and pain during sexual intercourse which is the symptoms of infection. They also faced chronic pelvic pain and excessive bleeding. Itching, burning, or irritation, bumps, blisters, lesions, or sores, skin that's discolored (red, purple, or yellow), patches of thickened skin, inflammation, pain during urination or sex, discharge, odor, fever, pain in your pelvic area, enlarged lymph nodes are the main symptoms of rash in vaginal areas [27]. 21.74% respondents mentioned those symptoms and it is clear that they faced rash problems and as the result of rash they also suffered from pain and fever. 34.78% had itchiness and they feel pain and discomfort. So, from this table it is vivid that among 150 respondents, 23 respondents were facing some difficulties due to follow unhygienic menstrual period which may turn to critical problems.

Different Problems during Menstruation Period Faced by the Respondents: Although menstruation is an ordinary physiological occurrence, it is co-operated with some calamity and menstrual problems that significantly got into one's daily activities, mental well-being, reproductive life and social life [28]. In this study, adolescent girls faced various problems during menstruation. Too much bleeding, abdomen pain and fickleness are highly seen among most of the respondents.

Problems	Social norms and customs	Practices	Number of respondents	Percentage (%)
Excessive bleeding	Gender based inequality and maternal altruism, menstrual taboo	Work hard and stressful life	17	15.74
Abdomen pain	Menstrual taboo	Follow unhygienic way and suffer with white discharge, infection	31	28.70
Tiredness	Gender based food inequality and food taboo	Take insufficient healthy food	5	4.63
Fickleness	Gender based inequality	Don't know their expectations in life, low self-esteem, unrealistic expectations, insecurity	10	9.26
Anorexia	Menstrual taboo and food taboo	Specific item of food intake	7	6.48
Nausea	Menstrual taboo and food taboo	Specific item of food intake	9	8.33
Vomiting	Menstrual taboo and food taboo	Specific item of food intake	6	5.56
Fever and pain	Menstrual taboo	Technique of using absorbent	3	2.78
Mode swing	Menstrual taboo	Treat as impure, follow food taboo	4	3.70
Irregular menstruation (Late or early menstruation as well as excessive or insufficient menstrual flow)	Food taboo and gender-based food inequality	Insufficient food intake	16	14.82
Total			108	100

Table 9: Different Problems during Menstruation Period Faced by the Respondents.

From the above table it is seen that among 108 respondents, 15.74% respondents faced too much bleeding and they replied it was the result of gender-based inequality, maternal altruism and menstrual taboo. For such kind of norms and customs girls worked hard and leaded a stressful life. Although during menstruation it is very positive to do some physical exercise but adolescent girls had to do hard work and they suffered from heavy bleeding. 28.70% respondents suffered with abdomen pain during menstruation and they noticed that as they couldn't maintain hygiene due to familial and religious norms and customs and they faced infection and white discharge which create pain. 4.63% respondents couldn't take food as they wish because they are prohibited. They mentioned that although they took insufficient food due to gender-based inequality but they were more restricted during menstruation. They shouldn't take egg, fish, milk, vegetables (except specific vegetables), pulse, fruit (especially sour fruit) etc. They should take only potato smash or papaya smash, or green bananas smash (Varta). It also created anorexia, nausea and vomiting as they were obliged to take specific item but they were not fond of it. 9.26% adolescents faced fickleness for gender-based inequality. They mentioned that they didn't know what they want in life, they had low self-esteem, their expectations were unrealistic and they stayed with insecurity which makes them fickle. As they had to stay separate during menstruation in case of familial and social norms and it was sometimes for imposed and sometimes girls are habituated, so they didn't know well what they want. They were always treating as impure one which makes them low self-esteem. Girls were always misdoubting about their personal lifestyle. Girls expected they will treat as a human being every time but they suffered from negligence during menstrual period more. So, all of these create fickleness. 2.78% respondents pushed rag into the vagina which is too much painful and also create pain in full body and they suffered from fever too. 3.70% adolescents mentioned that as they treated very harshly during menstruation they couldn't stay with fresh mind and they faced different mode in different time.14.82% mentioned that if they took healthy food before or during menstruation, they got normal menstrual period. But if they took insufficient and unhealthy food their bleeding was either heavy or low bleeding; they also faced with irregular menstruation (late or early menstruation) due to insufficient food intake. So, it is vivid that social norms and customs are the causes for different problems during menstruation period.

Conclusion: Reproductive health is very important and sensitive issue across the world. But in rural areas adolescent girls are not enough conscious about this. Many of them cannot get enough scope to gain information about reproductive health. Moreover, they follow many social norms and customs related to reproductive health which affect badly on them. In rural areas there are many negative implementations of social norms and customs surrounding menstruation period. Adolescent girls often suffer in their whole life as the result of these social norms and customs.

References:

- [1] https://www.unicef.orgbangladeshAdolescent_Empowerment_ (KA), Accessed on March 29, 2017.
- [2] Ben Cislaghi, Holly Shakya, "Social Norms and Adolescents' Sexual Health: An Introduction for Practitioners Working in Low and Midincome African countries", African Journal of Reproductive Health, Vol. 22, Issue: 1, March 1, 2018. DOI: 10.29063/ajrh2018/v22i1.4
- [3] https://www.msdmanuals.com/home/children-s-health-issues/problems-in-adolescents/introduction-to-problems-in-adolescents
- [4] Rolf Loeber, David P. Farrington, Magda Stouthamer-Loeber, Antisocial Behavior and Mental Health Problems: Explanatory Factors in Childhood and Adolescence, ed. Taylor and Francis, (London: Mahwah, New Jersey, 1998), pp. 1-10.
- [5] Md. Monoarul Hoque, "Adolescent Girls' Nutrition in Bangladesh Perspective," Journal of Nutritional Health and Food Engineering, Vol.4, No.4, (2016): p.39 accessed May 11, 2017, doi: 10.15406/jnhfe.2016.04.00139.
- [6] Bangladesh Health Bulletin, Management Information System(MIS), Directorate General of Health Services(DGHS), Ministry of Health and Family Welfare, Government of Bangladesh, Dhaka, 2008, p.1. www.dghs.gov.bd. Accessed on April 20, 2017.
- [7] Bruce, Judith. "Married Adolescent Girls: Human Rights, Health, and Developmental Needs of a Neglected Majority." Economic and Political Weekly 38, no. 41 (2003): 4378–80. http://www.jstor.org/stable/4414139.
- [8] Quamrun Nahar, et.al., Reproductive Health Needs of Adolescents in Bangladesh: A Study Report, M. Shamsul Islam Khan (ed.), (Dhaka, ICDDRB: Centre for Health and Population Research, 1990), p. 4.
- [9] www.who.int/...adolescent/... Accessed April 10, 2016.
- [10] McNeely Clea and Blanchard Jayne, Ten Years Explained: A Guide To Healthy Adolescent Development, (USA: Center for Adolescent Health at John Hopkins Bloomberg School of Public Health, 2010), pp-10-50.
- [11] Sultana Mustafa Khanum, "Nari O Shishu Sastho Prosongo: Gramanchole" in Bangladesher Gram, pp. 252-266.
- [12] A Dasgupta and M Sarkar, "Menstrual Hygiene: How Hygienic is the Adolescent Girl", Indian Journal of Community Medicine, Vol.33, No.2, (2008), pp.77-80.
- [13] https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/National-Strategy-for-Adolescent-Health-2017-2030.pdf
- [14] https://www.data4impactproject.org/prh/womens-health/adolescent-and-youth-sexual-and-reproductive-health/
- [15] Jessica L. Morris, HamidRushwan, "Adolescent sexual and reproductive health: The global challenges", International Journal of Gynocology and Obstratics, Vol. 131, Issue: 1, February 26, 2015, Pp:40-42.
- [16] Emile Durkheim, The Elementary Forms of the Religious Life (London: George Allen and Unwin Ltd., 1915), pp. 219-230.
- [17] Tawfik Mamoun Rajab, Juliann Saquib, Ahmad Mamoun Rajab, Saed Enabi, Saleh Qusai Saleh Ayash, Suhaib Abdelrahman Abdellatif Abdelrahman, Mohammed Abdulaziz Abdulwahab Khojah, Abdulrahman Almazrou, Nazmus Saquib, "The associations of religiosity and family atmosphere with lifestyle among Saudi adolescents", SSM Population Health, Vol. 14, June 2021, pp. https://doi.org/10.1016/j.ssmph.2021.100766, Accessed on November 10, 2021.
- [18] Leon Feinstein, Ricardo Sabates, Tashweka M. Anderson, Annik Sorhaindo and Cathie Hammond, "What are the effects of education on health?" pp. 172-173. https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html, Accessed on November 10, 2021.
- [19] https://www.int>westernpacific. Accessed on May 17, 2020.

- [20] Katharine McNamara and Elizabeth Wood, "Food taboos, health belief, and gender: understanding household food choice and nutrition in rural Tajikistan," Journal of Health, Population and Nutrition, Vol. 38, (07 August 2019), pp. 5-6.
- [21] Suneela Garg and Tanu Anand, "Menstruation related myths in India: strategies for combating it," Journal of Family Medicine and Primary Care, Vol. 4(2), (Apr-Jun, 2015), pp. 184-186. Doi: 10.4103/2249-4863.154627.
- [22] https://www.dhakatribune.com/opinion/special/2018/05/28/world-menstrual-hygiene-day-menstruation-taboos-pose-major-health-risks-for-bangladeshi-women
- [23] B.K. Mondol, M.K. Ali, T. Dewan and T. Tasnim, Practice and effects of menstrual hygiene management in rural Bangladesh, 40th WEDC International Conference, Loughborough, UK, 2017. pp. 1-2.
- [24] Padma Das, Kelly K. Baker, Ambarish Dutta, Tapoja Swain, Bijay Panda, Arati Nayak, Mary Bara, BibianaBilung, Pravas Ranjan Mishra, Pinaki Panigrahi, Sandy Cairncross and Belen Torondel "Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India," PLOS ONE, 10 (6), (June 30, 2015), pp. Doi: 10.1371/journal.pone.0130777.
- [25] Rajasri G. Yaliwal, Aruna M. Biradar, Shreedevi S. Kori, Subhashchandra R. Mudanur, Shivakumar U. Pujeri, and MohdShannawaz, "Menstrual Morbidities, Menstrual Hygiene, Cultural Practices during Menstruation, and Wash Practices at Schools in Adolescent Girls of North Karnataka, India: A Cross-Sectional Prospective Study", Obstetrics and Gynecology International, Vol. 2020, Article ID 6238193, Jul 16, 2020, pp. 8. https://doi.org/10.1155/2020/6238193
- [26] Rajanbir Kaur, Kanwaljit Kaur and Rajinder Kaur, "Menstrual Hygiene, Management, and Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries," Journal of Environmental and Public Health, Vol.2018,(20 Feb, 2018), pp. https://doi.org/10.1155/2018/1730964.
- [27] https://www.healthline.com. Accessed on April 24, 2022.
- [28] D.K.N.N. Hemachandra and Lenore Manderson, "Menstrual Problems and Health Seeking in Sri Lanka," Women and Health, Vol. 49, July, 2009, pp.405-421. https://doi.org/10.1080/03630240903238636. Accessed on June 12, 2020.