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Socio-cultural aspects of menstruation in an urban slum in Delhi, India

Suneela Garg, Nandini Sharma, Ragini Sahay

This paper attempts to understand the experience of menstruation in the socio-cultural context of an urban Indian slum. Observations were gathered as part of a larger study of reproductive tract infections in women in Delhi, using both qualitative and quantitative methods. The qualitative phase consisted of 52 in-depth interviews, three focus groups discussions and five key informant interviews. In the quantitative phase inferences were drawn from 380 respondents. Mean age at menarche was 13.5. Onset of menarche is associated with physical maturity and the ability to marry and reproduce. However, a culture of silence surrounds menarche, an event which took the women interviewed almost by surprise. Most were previously unaware that it would happen and the information they were given was sparse. Menstruation is associated with taboos and restrictions on work, sex, food and bathing, but the taboos observed by most of the women were avoidance of sex and not participating in religious practices; the taboo on not going into the kitchen, which had been observed in rural joint households, was not being observed after migration from rural areas due to lack of social support mechanisms. There is a clear need to provide information to young women on these subjects in ways that are acceptable to their parents, schools and the larger community, and that allow them to raise their own concerns. Education on these subjects should be envisaged as a long-term, continuous process, beginning well before menarche and continuing long after it.

Keywords: menstruation, menarche, sanitary protection, sexual and reproductive health education, adolescents, India

MENSTRUATION is a physiological process, but its onset profoundly changes a young woman's life. It is now becoming increasingly recognised that the social and cultural significance of menstruation interacts with the physiological process to produce culturally determined norms and practices.[1]

In various cultures all over the world, the onset of menstruation is related with 'puberty rites', including in some parts of India. Studies conducted in the slums of Mumbai (Bombay) and in a Tamil Nadu village found that the families of women who had been raised in rural areas publicly celebrated the rite of passage at menarche, and the scale and elaborateness of the celebration was determined by the family's financial situation.[2-3]

Although menstruation is a normal physiological process, it is perceived to be associated with much morbidity. Rural women of Maharashtra reported a high level of gynaecological morbidity (92 per cent), which included menstrual disorders such as oligomenorrhoea (22.4 per cent), polymenorrhoea (0.8 per cent), menorraghia (15.1 per cent), dysmenorrhoea (57.4 per cent) and irregular periods (12.82 per cent).[4]

Women living in the slums of Baroda in one study in Gujarat mentioned menstrual problems as one of three health-related complaints, i.e. excessive discharge, menstrual problems and weakness. They attributed menstrual problems to excessive heat in the body, frequent pregnancies and sterilisation.[5] In another study in

slums and rural areas of Baroda, menstrual problems like menorrhagia, dysmenorrhoea and oligomenorrhoea were also listed frequently as illnesses amongst women. The perceived causes of heavy bleeding were weakness, heavy work, eating hot foods and uterine and fallopian tube infection.[6]

Studies on menarche and menstruation in India are meagre, limited mainly to data on age, knowledge and problems experienced. Average age at menarche worldwide (statistically weighted) was found to be 13.54 years.[7] A study amongst Meitei girls of Manipur, India reported that mean age at menarche was 13.34 (±1.09 yrs). Those who had menarche earlier were taller, heavier, broader and had more subcutaneous fat than those who had not yet experienced it.[8] The average age at menarche reported from Turkey was similar (13.28 ±1.09 yrs); dysmenorrhoea was the commonest problem reported (78.1 per cent).[9] A study in Oslo found age at menarche to be 13.2 years, with no statistically significant association between onset of menarche and physical activity or body mass. This study reported that 52 per cent of girls used drugs against dysmenorrhoea.[10]

From information already gathered, it would appear that the reproductive health needs of young women, especially during puberty, are poorly understood and ill-served.[2,11]

A Norwegian study amongst adolescent girls showed that although girls viewed themselves as prepared for menarche and claimed to have discussed it with their mothers, their explanations of the event revealed incomplete knowledge and associated misconceptions.[12] A study among adolescent girls in Delhi in India on knowledge of menstruation found that mothers do not teach their daughters about menstruation or maintenance of hygiene during periods, and that lack of information results in undue fear, anxiety and wrong ideas in the minds of adolescents.[13]

On one hand, there is evidence that menarche occurs later in India than in developed countries, owing to the poor nutritional status of the average Indian adolescent girl. On the other, marriage, sexual activity and fertility occur far earlier than in other regions of the world, frequently thrusting adolescent girls into adulthood soon after menarche and before they attain physical maturity.[11]

The objective of our study was to understand women's perceptions of menarche and menstruation in the socio-cultural context of an urban slum and whether their behaviour and beliefs in relation to menstruation changed after they had moved from a rural setting to an urban slum.

Methodology

The present paper is based on data from an epidemiological and sociological study carried out from August 1996-November 2000 on symptomatic and asymptomatic reproductive tract infections (RTIs) and sexually transmitted infections (STIs) among women in an urban slum in central Delhi.[14]

The population of 3,676, divided in four geographically defined groups of hutments, all belonged to a lower socio-economic category. A large proportion were migrants from other states, mainly Bihar and Uttar Pradesh; 64.5 per cent were Hindus and 34.6 per cent Muslims. Most of the men were either construction workers, rickshaw pullers, vendors, petty shopkeepers or were involved in various home-based, small-scale businesses such as manufacturing cardboard boxes for packing cartons or footwear. About ten per cent of the men were employed by the government sector, mainly as linesmen with the telephone department. The majority of the women were housewives and 23.4 per cent of women worked as part-time domestic servants or helped in home-based commercial units.

A voluntary organisation, the Sharan Charitable Trust, was engaged in primary education, adult education and income-generation activities within the community. Although there was one government dispensary and two large public hospitals (Lok Nayak Jai Prakash Narayan Hospital & Gobind Ballabh Pant Hospital), within one kilometer of the area, medical care was most often sought from indigenous or local medical practitioners.[15]

The data collection on reproductive morbidity was initiated by undertaking qualitative research using topic outline guides in three focus group discussions, five key informant interviews and 52 in-depth interviews with women. The key informants included one local leader from the community, one worker from

an NGO, two local registered medical practitioners (RMPs), and one *dai* (traditional birth attendant), who were selected for their preeminent role in health care provision in the community. The key informants were interviewed for information on general socio-cultural and economic issues, reproductive health problems and care-seeking behaviour in the community.

The three focus group discussions were conducted for general information on the community, ethnological perspectives on anatomy and physiology, morbidities experienced by women, their perceptions regarding causation, health care-seeking behaviour, sexual life, marital norms, abortions, delivery, family planning, nutrition, and decision-making. The focus groups were homogenous in terms of age, religion and duration of stay in the area. Two focus group discussions comprising seven participants each were conducted with Hindu and Muslim women and the third with women who had been staying in the area for more than five years.

The 52 women interviewed in depth were women who had symptoms of RTI, e.g. vaginal discharge, dyspareunia, lower backache or infertility. Most of them complained of vaginal discharge, lower backache and lower abdominal pain. They were all married women, aged 19 to 44 years old, 25 were Hindu and 27 were Muslim. They were identified through key informants and local providers, and subsequently by the women themselves.

The topic outline guide for the in-depth interviews included a general socio-demographic profile, nutrition, personal hygiene, menstruation and related hygiene, obstetric history, health-care-seeking behaviour, sexual life, family planning, decision-making, free-listing and pile-sorting of diseases. Probing on menstruation specifically pertained to knowledge prior to onset of periods, initial experiences, channels of communication, type of sanitary protection used and its disposal, and taboos observed.

Based on the qualitative data, the quantitative schedule was developed, which included sections on informants' background (migratory pattern, occupation, etc), menarche, menstrual problems, menstrual hygiene, reproductive morbidity, health care-seeking, family planning, and husbands' sexual health problems (e.g. urethral discharge, burning micturition, itching of genitalia, swelling in groin, genital ulcers, scrotal swelling). All 446 women of reproductive age (15-45) living in the area were enrolled in the study. A peripheral health clinic was established locally by the department of Community Medicine, Maulana Azad Medical college (MAMC) New Delhi; all the women, whether symptomatic or asymptomatic, were referred there for clinical examination. The quantitative schedule was used for interviewing the 380 women who attended for the clinical examination; the data were used for drawing inferences for the study.

Observations

In this urban slum community, menarche symbolised the attainment for women of physical maturity and the ability to bear children. *Mahena* or *masik* (monthly periods), and *mahene se hona* (having monthly periods) or *kapda chalu* (having menstruation) are the terms used locally and it is assumed menstruation will happen to every woman by age 12-13.

The process of menstruation was described as the expulsion from the body of *ganda khoon* (dirty blood), which is why it leads to segregation and untouchability. It is thought that menstrual blood could harm the body if it did not come out; it is not considered equivalent to the blood which gives energy.

'Menstrual blood is dirty. Its expulsion is very important. Only after its expulsion can the body be healthy; otherwise this could lead to development of various diseases.'

Women also thought that at the time of menstruation, the mouth of the uterus, through which the blood is discharged, opened. It is believed that the blood vessels stretched during menstruation to push out the blood, resulting in lower abdominal pain and backache, and release of heat from the body:

'Menstrual blood is actually the heat of the body.'

'During menstruation the heat of the brain is released; if it is not released, this will lead to formation of gas in the body. There may be blurring of vision, i.e. one cannot see properly.

Therefore, the dirty blood from the vessels has to come out.'

Because of the release of heat, synthetic cloth is not used as it is believed to have a warm texture. Sexual intercourse is also thought to result in the release of heat from semen, so it is avoided.

'During menstruation we do not have sex. If a man even touches a menstruating woman he becomes ritually impure. Since both the partners are releasing heat from their bodies, if they mix, it will harm the body.'

Missing a menstrual period is termed *din chadna* (period overdue) and signifies that pregnancy has occurred.

Lack of knowledge and experience of menarche

In the study area the mean age at menarche was 13.5 and the mean age at marriage was 15.2. About three-fourths of the women (73.4 per cent) were married after menarche. In cases where marriage took place before the onset of menarche the consummation of marriage usually took place soon after its attainment.

'I was very small when I got married.'

'I was a kid.'

'I was not menstruating at the time of marriage and I stayed back with my parents. When I started menstruating I was sent to my husband's place.'

In a very few cases, the woman's marriage was consummated before the onset of menarche. These women felt that their first sexual intercourse had brought on menarche.

'Soon after marriage, I had my first menstrual period. When I had sexual intercourse for the first time, I started menstruating.'

Out of 52 women only six said they had any knowledge of menstruation prior to its onset, which they obtained through friends who had started menstruating before them.

'When I had my first cycle, oh! my God, do not ask. I did not know anything before.'

'My friend, who had started menstruating before me, told me that all girls have menstrual cycles.'

'When I saw some blood on my clothes, on pretext of taking a bath, I changed my clothes. After some time, I again found that my clothes were soiled so I kept a cloth inside my underwear...I had heard a little bit...gradually I understood.'

Most of the women initially felt uncomfortable or scared, a few even cried or were shocked. Apart from the six women who had some prior information, none of the women were aware of the significance of what was happening, whether they noticed the soiling of their clothes themselves or it was pointed out by others. Most were either engaged in routine work or playing with friends when the event occurred.

'When I had menstruation for the first time I thought to myself, if I do not have a boil then where is this blood coming from?'

'When I menstruated for the first time I thought that due to the heat I had got some boil which must have burst, therefore I changed my clothes.'

When they were unable to connect the blood to a sore or boil, they asked a friend or sister-in-law. Those who were told by others about the onset of menstruation said they felt ashamed and confused about it. Some of the reactions of others, however, communicate a negative message.

'When it happened for the first time and all my clothes got wet due to bleeding, I did not come to know. I got worried and asked my sister, "Oh! What has happened?" She told me to change my clothes first and then she explained everything.'

'Oh! God, what have you done.'

'Oh! Your pantaloons are stained, go inside.'

In India, common statements during menstruation are: *'I've become an untouchable'* and *'I am a mahar'* (I'm sitting apart).[16]

First sources of information about menstruation

Mostly very limited information was given to the women during their first period and it was given only once, i.e. that periods came every

month and to use a cloth for absorbing the blood. Many were not even told how often the cloth should be changed. In some cases, the silence surrounding menstruation was such that the reason for the bleeding was not even disclosed.

Information is usually provided by a friend or a sister-in-law. None of the mothers of the women in this study had imparted any knowledge to them prior to menarche, and very few consulted their mothers when their period started unless nobody else was available at home. The women described their own mothers as having been reluctant to discuss or even acknowledge this aspect of their daughters' growing up and they expressed the same hesitancy towards their daughters. Some felt that the phenomenon of menstruation was a normal affair which would be understood by young girls over the course of time. They themselves had slowly imbibed information and become matter-of-fact about the phenomenon; as a result, they told their daughters no more than they themselves had been told.

'When I started menstruating I thought that I must have been hurt and told this to my mother. I am bleeding from this place. My mother said there may be some wound and she gave me a cloth and told me to keep it inside my underwear...No, my mother did not tell me the actual thing. She must have thought that once I started menstruating I would come to know about it automatically. My mother must have been feeling hesitant.'

Mothers were uncomfortable about providing information to their daughters, especially before menarche. The women in this study felt that if this form of communication were initiated, it might lead young women to ask questions about reproduction and sex.

'There is nothing which has to be discussed. They will come to know through their friends. How can we talk to our daughters about such things?'

Taboos observed during menstruation

The phenomenon of menstruation is associated in India with taboos and restrictions on work, sex, food and bathing. The strongest taboo observed and practised during menstruation in this community was avoidance of sexual intercourse. Of 380 women, 90.3 per cent reported not having sex during menstruation, of whom most abstained willingly. Avoidance of sex was supposed to ward off the harmful effects of menstruation on both men's and women's bodies.

'During menstruation heat is released from the body of a woman and intercourse at this time can cause various diseases like irritation in private parts and urinary problems like yellow and white urine.'

'Intercourse during menstruation can cause obstruction in blood flow, due to which the blood will clot and is unable to come out. This leads to spreading of poison and formation of tuberculosis in women.'

Because women are believed to be unclean during menstruation, they are not supposed to go into the kitchen, which connotes a pure, clean space. However, there were clear differences between this norm and the actual practice in this urban area. Abstaining from kitchen chores in the villages depended on extended family members filling in for each other, a necessary social support mechanism. In the slums, the women were living in nuclear families and had to manage on their own.

'There is a restriction on doing kitchen work. This was a common practice observed in the village; mother-in-law and sister-in-law used to manage the work but here I cannot follow it. I touch everything. If I do not, then who will do the work?'

Out of 52 women, only two said that they did not enter the kitchen or do any other work during menstruation, and that this was managed by their husband or other family members. Data from the 380 women surveyed revealed that 92.6 per cent carried out their usual daily work during menstruation.

The avoidance of bathing during menstruation is commonly observed among Muslims in the study area whereas Hindus do not practise this. Muslims believe that a bath with cold water during menstruation leads to swelling of the fallopian tubes (*nalon*) and abdominal pain. Bathing with warm water is an

option but was not a common practice as it required additional work to heat the water.

A few women believed that certain foods considered to be hot or sour in nature should be avoided as they enhanced bleeding and pain in the abdomen. This taboo of avoidance of food was known to the women in this community but generally not practised.

'I do not observe any restriction regarding food but I have heard people do not eat curd, pickles or any sour things.'

Religious practices, such as visiting holy places or touching religious texts, were avoided during menstruation by both Hindu and Muslim women, including by those who did their housework and cooking as normally.

Menstrual hygiene

It was believed that the menstrual flow coming out from the body should be managed with great care and cleanliness as the women perceived that poor hygiene was related to the acquisition of disease. The general remarks were:

'The cloth used for menstruation should be clean otherwise it will become septic and form pus.'

'If the cloth used is dirty, i.e. not cleaned properly before it is used, it can cause boils and sores to form on private parts.'

Cloth was the preferred and cheapest material used for protection during menstruation. All kinds of old, ragged and rejected clothes are kept by women for this. Low-cost, old cotton sarees were also bought for this purpose. Of the 52 women, only six (11.5 per cent) were using sanitary napkins as well as old cloth. Of the 380 women, 2.9 per cent were using sanitary napkins or new cotton, all the rest were either using old or worn cloth. With exposure to the media the women had become aware of the use of sanitary napkins but they could not afford to buy them regularly.

Although the women were taught to use clean cotton cloth and were aware of the consequences of using dirty cloth, observation revealed that old clothes are often kept in a dirty bundle for use during periods. When cotton cloth is not available any material – towelling, pillow-covers or synthetic cloth – is used. In actual practice the women were not able to maintain hygiene because they did not have clean cloth or were unable to wash the cloth they had before using it.

'I use old ragged clothes from the children, my own pantaloons, whatever; I try my best to use cotton but if it is not available then in an emergency I use any cloth that is available.'

Of the 380 women, 92 per cent said they discard the cloth they use during menstruation, whereas 5.4 per cent refold and reuse cloths and only 1.1 per cent wash used cloths before reusing them. Washing their cloths for reuse was practised in the villages but in the slum area, due to lack of space and privacy, this practice had changed.

'I wash the cloths at night inside my hutment when my children are asleep and spread them over my hutment roof. By morning they've become dry.'

'Where will we wash, where will we put them for drying. You stay in a big house. You must be washing in one corner of the house. Here sometimes a man is passing, sometimes a young boy is passing, then how can we wash.'

The few women who did wash their cloths found it very difficult, as they had little or no privacy. Some disliked washing the cloths because they remained stained and looked dirty, even if they were not. Some did not like to admit they reused cloths they had washed, for fear of being ridiculed.

Hence, due to their living conditions most of the women felt forced to spend money on purchasing new cloth. Two of the 52 women also disclosed that they buried their menstrual cloths after use, to prevent witchcraft. Since menstrual blood is related to women's fertility, the women believed that witchcraft practised on it could lead to infertility.

'My mother advised me to bury it or throw it in the pit latrine. People say that otherwise there could be witchcraft practised which could impair fertility and close the mouth of uterus (kokh band hona). So I bury it.'

'Amongst us, we usually bury the cloth but here there are so many hutments around and if I bury it, everybody would come to know. It does not look nice, so we throw it away.'

Thus, the practice of burying menstrual cloths seems to be vanishing gradually due to lack of space in urban slums.

Discussion

The subject of menstruation revolves around notions of dirt, taboos and restrictions in various spheres of women's lives in India, and is hidden by an overall silence. Because it is considered a private matter pertaining to the domestic sphere, it is barely discussed and menarche takes young girls by surprise. This serves to make the onset of menstruation a traumatic experience. Along with lack of knowledge of the physiology of the process of menstruation, and not taught to link it with sexual development and fertility, young girls feel ashamed and hesitant to ask about or discuss what they are experiencing.

Being segregated and told they are 'impure' and must avoid certain behaviours, restricted in their interaction with men, not allowed to touch religious texts or food or go into the kitchen, not allowed to visit holy places, and having to cover themselves fully, all make young adolescent girls feel inferior. Their first menstrual period often evokes negative feelings towards their bodies and bitterness about having to endure not only menstruation but the changes it makes in their lives.

Attaining physical maturity and the meanings attached to this affect a young girl's sexuality, her status and reproductive status in society, and consequently her overall health status. As a phenomenon happening only to girls, menstruation is correlated with female sexuality and its onset is defined by restrictions on behaviour that instill a sense of shame in young women and negatively influence self-image. There is a long history of viewing menstruation as unclean, and as a result feelings of shame and unease among women in relation to the natural workings of their bodies.[17] Taboos and restrictions associated with menstruation are also a worldwide phenomenon. Almost universally, menstrual blood, sexual fluids and the lochia of childbirth have been regarded as pollutants which threaten the well-being of the community, and men in particular. The very presence of menstruating women has been thought to be sufficient to doom any enterprise. Women are still subject to restrictions in many societies, and in some they are completely secluded.[16-24]

The notions of uncleanliness attached to menstruation in the present study can also be explained by the socio-cultural milieu of Indian society. The perception that women's bodies produce dirty blood is manifest in taboos that require menstruating women to refrain from performing domestic and ritual activities. Similar findings were reported in 1983 from Egypt, other parts of India, Indonesia and Yugoslavia, where a considerable proportion of respondents believed that it was inadvisable for menstruating women, because of their impure state, to visit female friends or relations or to visit temples and ritual places.[1]

In this study, following migration from rural areas, the women have made some changes in their practices, mostly a relaxing of the prohibition on handling food and being in the kitchen; this may also be due to the women's separation from their extended families. No puberty rites were performed in this area either, unlike in other parts of the country. Other taboos remain strong and widely practised.

Menarche is essentially not discussed in relation to fertility and having babies because of the fear that young women would become conscious of their sexuality. This fear also contributes to mothers' reluctance to discuss menstruation and related issues with their daughters.[2] In Pune, researchers found that the handing on of sexual and nuptial information is not considered the duty of women within a given family. Girls were receiving no instruction in these matters from their mothers nor had their mothers received any from theirs. Thus, through their silence about puberty and its symptoms and how to act, mothers pose a puzzle to their daughters.[16]

Adolescent girls need emotional support and assurance that menstruation is normal and healthy; mothers are critically important in this regard but are often unable to meet their daughters' needs.[25] Furthermore, as the study in a Bombay slum has brought out, women do not know what to tell their daughters,[2] at least partially because of their own lack of

knowledge of the physiology of menstruation.

Thus, during a vulnerable period in their growth and development, young Indian women are extremely poorly informed regarding the changes in their bodies that accompany puberty and menarche, and how to understand and cope with these. The process of socialisation in this urban setting leaves young adolescent girls with inadequate knowledge and support to deal with the onset of menstruation, sexuality and fertility.

This situation presents a challenge for health care providers and other professionals working with adolescents. There is a clear need to provide information to young girls in ways that are acceptable to their parents, schools and the larger community, and at the same time, allow young women to raise their own concerns. To do this successfully, on such a sensitive topic, it is essential to develop innovative ways of overcoming parental and community resistance in the design of programmes and services. Education on these subjects should be envisaged as a long-term, continuous process, beginning well before menarche and continuing long after it. A range of constituencies, including government, non-governmental organisations, researchers, teachers and voluntary workers must be catalysed and empowered to address young people's physiological and social needs during adolescence. The knowledge thus imparted would lead to an improvement in women's status from an early age, and an increase in self-esteem, and contribute to the reduction of gender disparity.

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Résumé

Cet article tente de comprendre l'expérience de la menstruation dans le contexte socio-culturel d'un bidonville indien, dans le cadre d'une étude plus large des infections gynécologiques à Delhi. L'étude a utilisé des méthodes qualitatives et quantitatives. La phase qualitative consistait en 52 entretiens approfondis, trois discussions de groupe et cinq entretiens avec des informateurs clés. Dans la phase quantitative, des observations ont été recueillies auprès de 380 personnes. L'âge moyen de la ménarche était de 13,5 ans. Le début de la menstruation est associé à la maturité physique et à la capacité de se marier et de se reproduire. Néanmoins, une culture du silence entoure la ménarche, événement qui a surpris presque toutes les femmes interrogées. La plupart ignoraient qu'elle se produirait et avaient reçu peu d'information. La menstruation est associée à des tabous et des restrictions sur le travail, les relations sexuelles, la nourriture et l'hygiène, mais les tabous observés par la plupart des femmes étaient l'abstinence sexuelle et la non-participation aux pratiques religieuses; l'interdiction d'entrer dans la cuisine, constatée dans les ménages ruraux conjoints, ne se retrouve pas après la migration en ville, faute de mécanismes de soutien social. Il est nécessaire d'informer les jeunes femmes sous une forme acceptable pour les parents, les écoles et l'ensemble de la communauté, et de manière à leur permettre d'exprimer leurs propres préoccupations. L'éducation sur ces questions doit être conçue comme un processus permanent et à long terme, commençant bien avant la ménarche et se poursuivant longtemps après.

Resumen

Este trabajo busca comprender la experiencia de la menstruación en el contexto sociocultural de una barriada urbana en la India. Las observaciones se recogieron como parte de un estudio más amplio sobre infecciones del aparato reproductivo en las mujeres en Delhi, utilizando métodos cualitativos y cuantitativos. La fase cualitativa consistió de 52 entrevistas a profundidad, 3 charlas con grupos focales y 5 entrevistas a informantes claves. En la fase cuantitativa, se hicieron inferencias a partir de 380 encuestadas. La edad media de la menarquía era 13,5 años. El comienzo de la menarquía está asociado con la madurez física y la capacidad de casarse y reproducir. Sin embargo, la menarquía está rodeada por una cultura de silencio. A casi todas las mujeres entrevistadas les tomó por sorpresa; no sabían que les iba a pasar y recibieron escasa información al respecto. Se asocia la menstruación con tabúes y restricciones para trabajar, tener relaciones sexuales, alimentarse y bañarse, pero los tabúes respetados por la mayoría de las mujeres eran evitar el sexo y no participar en prácticas religiosas. El tabú de no entrar en la cocina, el cual era respetado en los hogares comunes rurales, no se respetaba después de emigrar de áreas rurales, debido a la falta de mecanismos de apoyo social. Es preciso proveer información a las mujeres jóvenes acerca de estos temas en formas que sean aceptables para sus padres, las escuelas y la comunidad, y que les permita expresar sus propias inquietudes. Se debe visualizar la educación sobre estos temas como un proceso continuo de largo plazo, comenzando mucho antes de la menarquía y continuando mucho después.