

**Menstruation Myths Among Young Girls and Women in Contemporary Sri Lankan Society**

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Received: 30 July 2026; Revised: 30 August 2026; Accepted: 20 September 2026; Available online: 10 Oct 2026

Abstract

Puberty represents a critical development phase marked by significant physical, psychological, and reproductive changes that transform a girl into young women. Menstruation is one of the most important milestones in this process. This study aims to examine the prevalence of menstruation myths among young girls and women in contemporary Sri Lanka. The specific objectives were to identify the most prevalent menstrual myths and to understand their impacts. A qualitative research approach was employed using both primary and secondary data sources. Primary data were selected through Interviews 50 female respondents aged 15 to 29 years in the Gampaha district using convenience sampling. The findings revealed that menstrual myths remain widespread among young women. The most prevalent belief was that sanitary products should be kept private and covered when purchasing them (78%). Other commonly reported myths included avoiding certain foods hey Cortana, such as oily and sour foods During menstruation (74%), the belief that showering or swimming during menstruation can you stop menstrual bleeding (68%), and the perception that girls should not discuss menstruation in public (64%). The study found that these myths have significant psychological and physical impacts, including the reinforcement of stigma and shame, reduced self-esteem, restrictions on personal hygiene practices, and limited access to menstrual health education and support. The persistence of such misconceptions highlights the need for comprehensive menstrual health education and awareness initiatives. Addressing menstrual myths is essential for promoting menstrual health, dignity, confidence, gender equality, and the full participation of girls and women in society.

Keywords: Gender Equality, Menstrual Health, Menstrual Myths, Menstruation, Sri Lanka

1. INTRODUCTION

In the path of achieving gender equality, there are different types of gender barriers that decrease the pace of that journey. When considering the gender equality, it is important to understand the concept of Gender and Sex. Although society understands that these words are interconnected, it is indeed to understand those two different words. Gender refers to the characteristics of women, men, girls and boys that are socially constructed. As a social construct, gender varies from society to society and can change over time (World Health Organization 2025). Apart from that Biological sex is a label assigned by a medical professional at birth based on physical characteristics (genitalia) and other biological determinants (*Just the Facts: Biological Sex*, 2024). Judith butler's best-known theory is called "Gender performativity". Her ideology says gender is not something we simply are but something we do. In her view, gender identity is produced through repeated actions, behaviors, speech, and social norms that make masculinity and femininity appear natural over time (Butler, 1990). In *Gender Trouble (1990)*, Butler questions the assumption that biological sex is a fixed, natural category. She argues that what we call "sex" is already interpreted through social and cultural meanings. In a gender perspective, giving more attention to the girls, women around the world still face many challenges linked to gender. These challenges include unequal access to education and jobs, pay gaps, gender-based violence, low representation in leadership, and limits on reproductive health rights. These problems mainly occur from social norms and stereotypes about gender, not from actual biological differences between men and women (United Nations, 2024).

Menstruation is a natural biological process experienced by millions of women and girls worldwide, yet it remains shrouded in myths and misconceptions. Even though it is a normal body function, menstruation is still surrounded by myths, wrong beliefs, and cultural, and religious traditions, and they shape how people think and act about menstruation. Because of this, many women and girls face stigma, discrimination, and restrictions that affect their physical health, mental wellbeing, education, social life and career growth. Menstrual myths can also strengthen gender inequality, by limiting women's freedom of movement, their voice in decision making, and their equal access to education and workplace. Therefore, it is important to understand why these myths continue, and what effects they have, to promote menstrual health, gender equality, and the empowerment of women and girls. This research aims to find out whether menstruation myths still exist among young girls and women in Sri Lanka today. It will identify the most common myths about menstruation among girls and women, look at the impact these myths have, and suggest this study is closely connected to the goals of gender equality and women's empowerment, which are key parts of development.

2. LITERATURE REVIEW

2.1 Menstruation of Girls/ Women

Menstruation is a natural biological function of millions of women and girls around the globe. It also referred to as "periods". It is associated with vaginal bleeding, part of a woman's natural cycle which however shrouded in mystery. Girl's first menstruation period is commonly referred to as "menarche" across many parts of the world. This vaginal bleeding entails discharge of blood and other tissues from the uterus walls, with the fluids coming out through the vagina (National Library of Medicine, n.d.). A myth is a symbolic narrative, often of uncertain origin and typically involving supernatural elements, that apparently describes actual events and is associated with a religious belief. Myth also means a traditional

story, especially one with supernatural characters and occurrences, that explains how the world or some aspects of it came to be the way it is (Smith et al. 2024). These myths are commonly attributed to the cultural, social, and the empowerment of women. The existence of these myths creates barriers to comprehensive sex education, promotes misconceptions, and undermines gender equality.

2.2. Global Trends in Menstruation Myths

India is a land of many cultures and religions. According to the review by Ganguly et al. (2021), many cultures have deeply rooted beliefs that a menstruating woman should not be allowed to enter a religious place of worship, cook, attend social events, or engage in sexual intercourse. The review shows that menstruation is associated with impurity, which leads to gender inequality and menstrual stigma. On the other hand, Fennie et al. (2022) conducted a scoping review and found that many African, Asian, and South American adolescents have negative perceptions about menstruation. The review's findings show that girls view periods as a private and embarrassing issue that should not be openly discussed. Cultural beliefs about menstruation are associated with shame, secrecy, and stigma, which lead to poor reproductive health and inadequate sexual education.

Systematic reviews have shown that there are still many myths about periods that affect women's lives. Menstruation is often associated with dirt, impurity, weakness, and restrictions, which leads to discrimination and lack of rights (Granados et al., 2025). When discussing the influence of myths about menstruation through literature, it is essential to note that psychological, educational, health, and social effects are considered. Granados et al. (2025) note that research shows that myths and misconceptions about menstruation lead to feelings of shame, fear, embarrassment, and inferiority in girls and women. The review also found that many people have negative attitudes and beliefs about menstruation, which leads to discrimination. A systematic review of 13 studies on Nigerian schoolgirls showed that most adolescents have poor knowledge of menstruation (Uzoечи et al., 2023). 82.6% of the girls studied had low knowledge and relied on their mothers' beliefs. Moreover, 70.3% of the girls studied had negative attitudes towards menstruation. This result reflects poorly on the girls' knowledge and shows the gap between theory and practice.

Similarly, a scoping review of menstrual knowledge, attitudes, and practices among adolescent girls in rural African schools found that many schoolgirls lack proper knowledge of menstruation. This gap is due to unreliable information sources and unpreparedness for menarche. Their practices are further influenced by sociocultural and religious factors, as well as resource constraints affecting school attendance and quality of life (scoping review, rural African schools). A meta-analysis of menstrual hygiene practices in Ethiopia also noted that poor access to sanitation and water supply is worsened by societal myths, stigma, and discriminatory social norms surrounding menstruation.

2.3. The Content and Persistence of Specific Myths and Taboos

The main idea of the research article, "Perspectives of Indian Adolescent Girls in Promoting Menstrual Health: A Qualitative Analysis" (2026), is that menstrual health is affected by hygiene practices as well as knowledge, emotional experiences, social support, cultural beliefs, and empowerment opportunities for adolescent girls. A related review based on Ayurveda also listed common myths in India. These include the belief that menstruating women are impure. The review highlighted that such taboos impact girls' and women's emotional health, attitudes, lifestyles, and especially their overall health. Confronting these issues is made harder by a lack of awareness about puberty, menstruation, and reproductive health (Bhalgat &

Salunkhe, 2023). The most studied example of a menstrual myth is “chhaupadi” in western Nepal. In this practice, menstruating girls and women are seen as impure, leading to their confinement in sheds or huts. A national study found that women and girls practicing chhaupadi are viewed as untouchable. They are cut off from household chores, social events, and physical contact. Poor hygiene and limited access to water make reproductive, mental, and urinary health issues worse. A related qualitative study focused on the experiences of adolescent girls in far-western Nepal. It showed that reproductive health problems, like burning urination, abnormal discharge, itching, and foul-smelling discharge, were much more common among girls who practiced menstrual exile. Many of these girls slept without mattresses or warm blankets on bare floors during harsh winters, which increased their risk of hypothermia (Amatya et al., 2018).

2.4. Health, Psychological, and Educational Consequences

Menstruation is something that affects the health of girls. It also affects how often girls go to school and how much girls exercise. Smith and other people did a study in 2026 about girls in South Sudan. They found out that when people think about menstruation and do not give girls the things girls need to stay clean it's bad for girls' mental health. They also found out that when boys know a girl is menstruating it can be bad for girls' health too. There was another study that looked at 86 studies from 33 different countries. This study found out that menstruation can stop girls from exercising because of the symptoms girls have and because people think things about menstruation. It also found out that exercising can make some of the symptoms of menstruation better. This study said that we need to be careful because most of the information they got was from girls telling them how girls feel. When people do not talk about menstruation it can also cause problems. A study of girls in India found out that girls who were taught to think that menstruation is very bad were more stressed about getting stains on their clothes. The study also found out that girls from tribes were less likely to be taught to think that menstruation is very bad than girls from areas. This shows that different groups of people have ideas about menstruation.

2.5. Menstruation Myths/Knowledge Research in Sri Lanka

Researchers looked at 720 schoolgirls in the grade in Kalutara District. They found out that 25 percent of these girls had a good understanding of menstrual hygiene. 67 Percent of them had good attitudes towards it. Only 17 percent practiced good menstrual hygiene. The girls who did not understand menstrual hygiene usually did not get information about it from their science teacher. The type of school they went to and their mother's education levels also played a role. Another study looked at 375 girls in government schools in Kilinochchi District. It found that 54 percent of these girls understood menstrual hygiene. The girls who were in classes were Christian had fathers with more education went to private schools and lived in rural areas tended to have a better understanding of menstrual hygiene. This study also found that knowing about menstrual hygiene did not necessarily mean the girls practiced it. However, the older girls tended to have an understanding and practice of menstrual hygiene.

There was another study on women in Sri Lanka. It was published in the Anuradhapura Medical Journal. This study found that 25 percent of the women had problems with their periods. Only about 13 percent of these women went to see a doctor. 26 Percent of the women said they lost a lot of blood during their periods. This is similar to what happens in parts of South Asia, where women do not get the medical help they need because of the stigma surrounding menstrual issues. Menstrual hygiene is still an issue for women in Sri Lanka including menstrual hygiene knowledge and practices and the stigma surrounding it and menstrual hygiene knowledge and practices are still not satisfactory for many women, in Sri Lanka. National surveys of Sri Lankan youth found that few adolescents have good knowledge about reproductive

health. In fact, then one percent of them know what they need to know. A recent survey of people who are not married showed that there is still a big gap in their knowledge about sexual and reproductive health. This means that Sri Lankan youth really need to learn more about this and they need to learn it in a way that's right for their age and gender.

A study that talked to people who go to training centers found that these young people and their mothers think that not knowing enough about reproductive health is a big problem. They think this needs to be improved. The United Nations Population Fund in Sri Lanka or UNFPA Sri Lanka has found that some people still believe in myths about menstruation. For example, some people think that women who are menstruating are impure because of their blood. They also think that these women should not do their activities. The UNFPA Sri Lanka has been working to teach people more about menstrual health. They have been able to reach 10,000 young people through special sessions, clinics and camps for young people. The United Nations Children's Fund in Sri Lanka or UNICEF Sri Lanka has a program that deals with water, sanitation and hygiene which is called the WASH programme. This program has a story about a woman who was not allowed to go into the kitchen or visit places of worship when she was menstruating. People thought she was dirty, at that time. Then she went on to teach her own school community about this issue. The problem of chhaupadi is still an issue in Nepal. Even though the government of Nepal made chhaupadi a crime in 2017 it is still happening. Many people have studied this. They all agree that just making a law against it has not stopped people from doing it.

One study looked at the law that Nepal passed in 2017. Found that it only says you cannot force someone to go to a chhaupadi hut, but it does not say how to stop the practice from happening. Also Nepal does not have a policy that says people have the right to be clean and healthy when they are having their period. A paper from 2026 talked about how chhaupadi's a good example of how just making a law, against something does not always work especially when people believe in it because of their religion or caste. This is a discussion and many people are now saying that we should focus on working with the community and using people who are trusted in the community to help stop chhaupadi rather than just punishing people who do it. The chhaupadi practice is still very strong because of what people believe, and we need to find a way to change these beliefs. The chhaupadi issue is an example of how laws and beliefs can be very different and we need to find a way to bring them together.

The best way to stop chhaupadi might be to use women from the community to help teach people about why it's not a good practice and to use local ideas and solutions to solve the problem rather than just relying on the law. This way we can work with the community to stop chhaupadi than just trying to force them to stop. There is another issue with how people talk about the rules women have to follow when they are menstruating. Some people in India who study Ayurveda say that these rules are good, for women's health. They say that women should not do things when they are menstruating, like talking too much or walking too far. They also say that women should not have sex or sit for long. The people who study Ayurveda think that these rules help women stay healthy during their period. They do not think that these rules are meant to punish women.

The problem is that some people think that these rules are unfair and hurt women's rights. They think that women should be able to do what they want when they are menstruating. The people who study Ayurveda think that these rules are helpful. It is not clear how the same rules can be seen as both helpful and hurtful at the time. Menstruation rules are still a topic of discussion, and more research is needed on menstruation and the rules that women have to follow during their period and how these menstruation rules affect

women's health and women's rights. The topic of menstruation is surrounded by a lot of controversy. One of the issues is whether negative thoughts about menstruation cause symptoms or if the symptoms make people think more negatively about menstruation. Some research has shown that girls who have ideas about menstruation before they start their period are more likely to have problems with their period and feel self-conscious about their body. This could be because they are expecting to have an experience.

However, most of the studies that have been done far cannot say for sure which comes first. The negative thoughts or the symptoms. Menstruation is a part of the culture in some countries like Sri Lanka and India. In these countries when a girl has her period it is often celebrated with a special ceremony. Some people think that these ceremonies are traditions, but others think that they are not fair to women and make them feel like they are not equal to men. The thing about menstruation is that it is still not well understood, especially in Sri Lanka. Most of the research that has been done in Sri Lanka has focused on how to manage menstruation and reproductive health. Not much has been done on the myths and legends that surround menstruation. Menstruation myths are still a problem in Sri Lanka, and they can affect how girls and women feel about themselves and their bodies.

There is a need for research on menstruation myths in Sri Lanka especially on how they affect young women. This study is trying to fill that gap by looking at how common menstruation myths among girls and young women in Sri Lanka and how they affect their mental and physical health. Menstruation myths are an issue, and they need to be addressed so that girls and women can have a more positive experience with menstruation. The study is focusing on girls and young women aged 15-29 years in Sri Lanka. It is trying to find out which menstruation myths are the most common and how they affect their well-being. Menstruation is a part of life, and it should not be surrounded by so many myths and legends. By understanding more about menstruation myths, we can work to create a positive and supportive environment for girls and women in Sri Lanka.

Menstruation myths are not a problem in Sri Lanka, but they are also a problem in many other countries. However, the cultural context of Sri Lanka is unique. That is why it is so important to study menstruation myths in this country. The study is hoping to provide information on how to create programs and policies that are tailored to the needs of girls and women in Sri Lanka. Menstruation myths are an issue, and they need to be addressed in a way that is culturally sensitive and effective. To do this we need to understand more about the menstruation myths that're common in Sri Lanka and how they affect girls and women. We also need to find out how to create programs and policies that can help to reduce the impact of these myths. Menstruation is a part of life and it should not be something that girls and women are ashamed of or afraid of. By working we can create a more positive and supportive environment for girls and women in Sri Lanka, and we can help to reduce the negative impacts of menstruation myths. Menstruation myths are a problem, and they need to be addressed. The study is a step in this process, and it is hoping to provide more information on how to create a more positive and supportive environment for girls and women in Sri Lanka. Menstruation is a part of life, and it should not be surrounded by so many myths and legends. By understanding more about menstruation myths, we can work to create a future for girls and women, in Sri Lanka.

3. METHODOLOGY

This study used a qualitative research approach to examine the persistence of menstrual misconceptions among Sri Lankan girls and young women. This is qualitative research, which primarily uses qualitative data and employs an inductive research approach. The data was acquired utilizing both secondary and primary sources. Secondary data came from a variety of sources, including books, research reports, peer-reviewed academic publications, websites, and periodicals. The principal data gathering methods included structured and semi-structured interviews, in-depth interviews, and phone calls. Convenience sampling was used to collect data from 50 teenagers aged 15 to 29 in the Gampaha district.

The qualitative data was analysed using both topic and content analysis techniques. Initially, all interview transcripts and responses were thoroughly checked and transcribed to establish familiarity with the material. Using thematic analysis, repeating patterns, meanings, and experiences associated with menstruation myths and practices were found, coded, and organised into larger themes and sub-themes. This technique allowed the researchers to thoroughly investigate individuals' views, beliefs, and actual experiences.

Furthermore, content analysis was used to comprehensively investigate the frequency and occurrence of various concepts, beliefs, and narratives that emerged from the data. Similar replies were classified based on shared meanings and interpretations, allowing for the identification of prevalent ideas and patterns. The findings were then analysed by comparing the identified themes and categories to existing research on menstrual myths, stigma, and health practices. This integrated analytical approach allowed for a thorough comprehension of the persistence and effect of menstruation myths among young women in contemporary Sri Lankan society.

4. RESULTS AND FINDINGS

4.1. Demographic Characteristics of Respondents

The research was conducted among girls and women in between 15 to 29 years old. It mainly consists of younger individuals, where 44% were 15-19 years old, 34% were aged 20-24 years old and 22% were aged 25-29 years old. From the above age range, it can be noted that there were many school-girls and the rest were young women. Regarding the marital status of the respondents, 64 % of the respondents were single and 36% were married. On religion based, 80% were Buddhists and 20 % were Christians.

4.2. Prevalence of Menstruation Myths

The findings indicate that several menstrual myths remain prevalent among the study population as the primary objective of this study was to examine whether menstrual myths continue to persist among girls and young women in contemporary society.

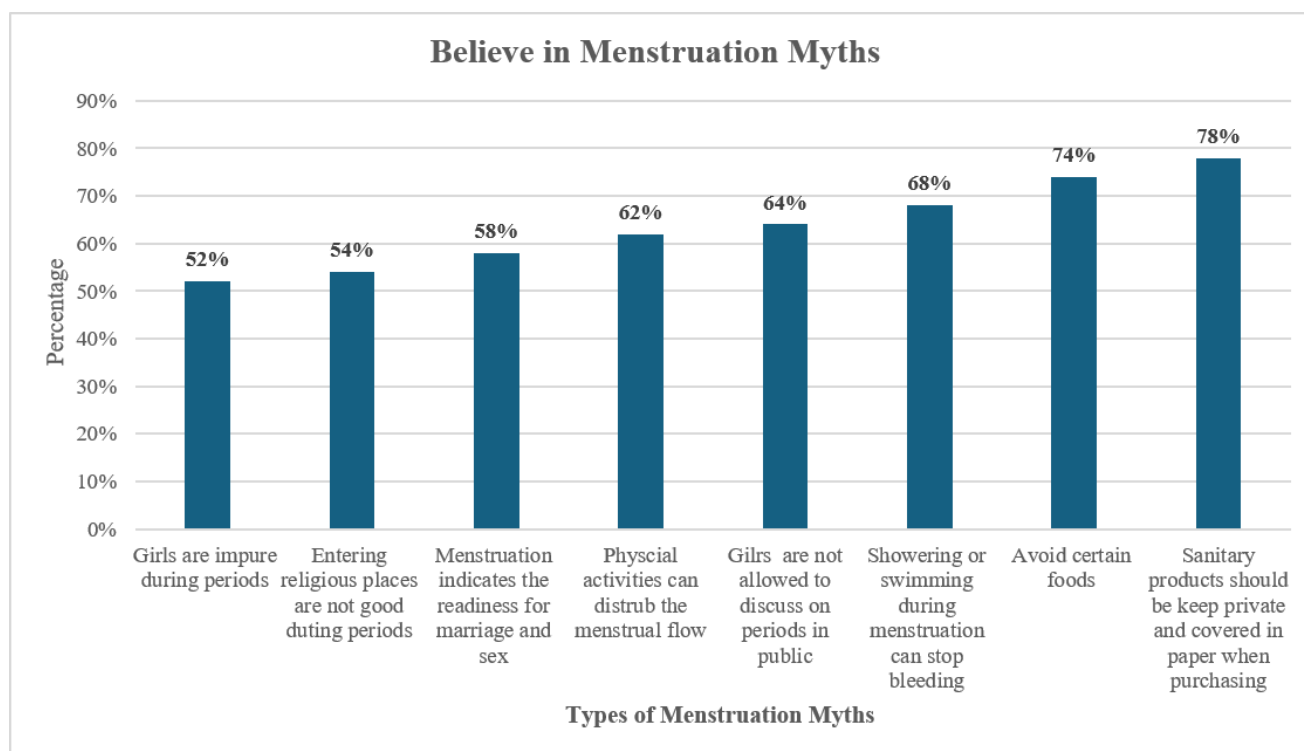


Fig1: Believe in menstruation myths

Fig1. depicts the prevalence of certain types of menstrual-related beliefs among young women in contemporary Sri Lanka. The findings demonstrate that menstruation misconceptions/falsehoods persist, with more than half of respondents supporting each of the myths presented. The most frequently accepted myth was that sanitary items should be purchased in secret and covered (78%). This conclusion demonstrates the continuation of menstrual stigma and the belief that menstruation should be hidden from public view. Such ideas may increase feelings of humiliation and impede open discussions about menstruation health. One 19-year-old respondent stated that she still does not buy sanitary pads herself; instead, she asks her mother to do so on her behalf.

The second most common myth was the idea that women need to be careful about their diet during the menstrual cycle (74%). Most respondents said they thought it was unhealthy for women to take oily and sour foods during the menstrual cycle, considering these types of food to cause abdominal and stomach pain during menstruation. This kind of information was mostly derived from traditional wisdom and personal experiences of the individual in her family or community. Due to this reason, many young women used to avoid such foods while having their menstrual cycle, although there is no scientific proof of any relation between oily or sour food and menstrual discomfort. One of the respondents said, "In fact, it was until you asked me that question that I had never thought about the reason behind avoiding such foods during my periods."

Menstrual dietary restrictions are deeply rooted in local customs and are frequently passed down through the generations. Many dietary limitations lack scientific support and may have a detrimental impact on nutritional intake, even though some may be based on comfort or personal preferences. Menstrual bleeding can be stopped by taking a shower or swimming, according to a significant number of responders (68%).

This false belief shows a lack of precise understanding of the biological processes of menstruation and could result in needless limitations on physical activity and cleanliness habits.

Moreover, 64% of participants believed that girls should not speak about menstruation in public places, stressing the persisting social taboo on the issue of menstruation. The taboo on discussing the topic openly may impede proper information exchange among people and spread misinformation in the community.

More than six in ten participants (62%) believed that physical exercises such as sports could interfere with menstrual cycle flow. Such myths might discourage girls and women from playing sports and doing other physical activities during their periods. Moreover, 58% of participants believed that menstruation signaled the readiness for marriage and sexual activity. Most of the respondents pointed out that their views on these issues were passed on to them by their mothers, grandmothers or other female relatives in the family. The results show that myths on menstruation continue to be shared inter-generationally. In addition, most participants revealed that their first menstruation was accompanied by some sort of celebration organized for the relatives, neighbors and other close friends. These celebrations that take place widely in Sri Lankan society are considered an expression of the girl's entry into womanhood and show the cultural significance of the phenomenon of menarche.

There were also some restrictions based on religion and culture, with 54% of the participants thinking that it is inappropriate to enter religious places during menstruation. These interpretations are usually linked to the term 'Kili' which can be translated from Sinhala language as ideas about dirt, pollution or ritual impurity. In view of these cultural interpretations, people tend to stay away from shrines or other religious ceremonies during their period since they consider it a state of ritual impurity.

However, even though the percentage of those believing in this myth is small, it remains quite widespread (52%). Even though the acceptance rate of this myth is the lowest, the high number of people (more than 50%) supporting this myth is worrying since it encourages negative perceptions about menstruation and contributes to discrimination, feelings of shame and low self-esteem.

4.3. Awareness Before Menarche

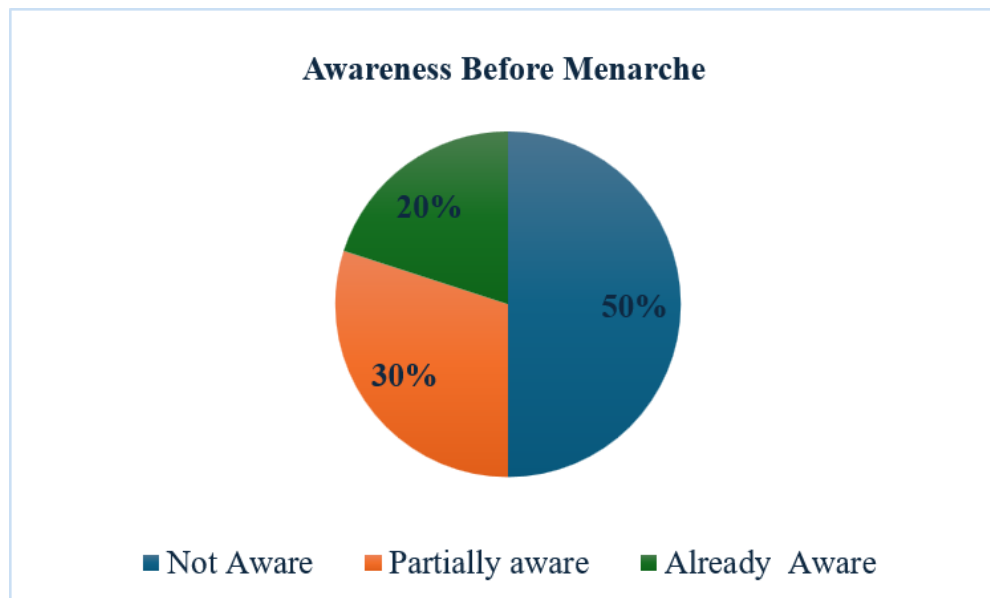


Fig 2: Awareness Before the Menarche

According to the fig 2, 20% of the respondents had adequate knowledge about menarche even before their menarche experience. While half of the respondents (50%) did not have any knowledge whatsoever, 30% had partial knowledge. Among the few who had prior knowledge about menarche even before their experience with it, one stated that her mother and grandmother had prepared her in advance because they had said that she would grow up "like other girls in society" and it would happen naturally. She stated that they had told her that she would know when it happens because "blood comes out of her reproductive organ." They told her not to be scared, but to tell her mother, grandmother, or a teacher when it occurs at school.

In contrast, other respondents described their first experiences as confusing and distressing due to a lack of prior knowledge. One respondent stated, *"I was very afraid as I faced it at the school and I couldn't understand what to do. I was in Grade 6, blood appeared in my uniform and I started to cry. My friend informed it to my class teacher and then she made me comfort by explaining this is normal."*

Another respondent shared, *"I was traveling to school by bus, and I faced that situation in the bus. I was blank at the moment, and I remember one of aunties in the bus helped me and waited with me until my parents came to pick me up."*

A further participant expressed strong fear at the time, stating, *"I was afraid at that moment, and I thought I am going to die,"* highlighting the emotional distress and lack of preparedness experienced during menarche.

The above information indicates that there is a need for reproductive health education for the young females. The lack of appropriate preparation for the onset of the menstrual period may lead to fear, anxiety, and confusion in their first encounter with the process.

4.4. Menstrual Hygiene Practices

One positive aspect of the study is that 95% of respondents from the sample have reported that they are using sanitary napkins during their menstruation, signifying an increased level of access to menstrual hygiene products and adopting modern menstrual hygiene management practices by young females. Yet, even in the context of extensive usage of sanitary napkins, it is found that misconceptions and menstrual myths prevail. It indicates that enhanced accessibility to menstrual hygiene products is not enough to eradicate deeply rooted cultural myths regarding menstruation. Thus, along with efforts for enhancing accessibility to menstrual products, there is also a need for menstrual health education programs to dispel these myths.

4.5. Impacts of Menstruation Myths

The data were organized in thematic categories in two main domains: psychological effects and health effects of menstrual myths and misconceptions experienced by young females. Psychologically, the notion that one needs to hide sanitary pads and talk about them discreetly has led to a lot of embarrassment and menstrual stigma. This kind of mindset has made young females feel embarrassed, anxious, and have low self-esteem. This is why even when buying sanitary pads from the store, the salespeople tend to hide them using the newspaper or anything else. This can be seen in the following response from a respondent.

"I usually buy sanitary pads from Food City, but I still feel a bit ashamed when I have to give them to a male cashier." (22-year-old female respondent)

As a result, people may not feel comfortable talking about menstrual issues, thus depriving themselves of the chance to obtain information and assistance.

Likewise, the attitude towards menstruating girls as being unclean leads to developing negative views on a perfectly normal biological function. Such stigma can cause discrimination, alienation, and social ostracization, negatively impacting emotional well-being and self-confidence of young girls. In addition, limitations related to menstruation tend to perpetuate the existing gender stereotypes and prevent equal involvement in social life.

Overall, these findings demonstrate that menstrual myths extend beyond mere misconceptions, exerting significant psychological and health-related effects on young women. Addressing these beliefs through comprehensive menstrual health education and awareness initiatives is therefore essential to promoting both physical well-being and gender equality.

Several other health implications were discovered with regard to myths about menstruation. The notion that some foods should be restricted when one is menstruating could mean that girls deprive themselves of essential nutrients due to this belief. This would have negative impacts on their physical wellbeing and energy levels. Also, the myth that showering when one is menstruating will end the menstruation process could cause girls to avoid showering. This would lead to hygiene problems and increase chances of infections among others. Another myth that exists is that engaging in any form of physical activity disrupts menstruation. Not only does this myth deprive girls the benefit of participating in recreational and athletic activities but also reinforces gender roles.

5. CONCLUSION AND RECOMMENDATIONS

The prevalence of menstruation myths among young girls and women in Sri Lanka represents a major cultural and societal barrier pertaining to a naturally occurring biological phenomenon. While there have been many efforts toward increasing knowledge and awareness of such matters, it is clear from the findings of this research that some myths relating to menstruation persist in present-day Sri Lanka. This not only reflects the extent to which certain myths can still impact the way that people think, behave, and conduct themselves in terms of menstruation but also highlights the need for education and awareness campaigns about menstrual hygiene management.

The continued existence of myths around menstruation has profound implications on the lives of girls and young women, impacting not only their menstrual experiences but also influencing their education, socialization, and personal development. These myths act as barriers to participation in daily activities and to accessing opportunities both educational and social. In addition, such myths fuel structural gender inequality through stigma, discrimination, and misinformation about menstruation, thus leaving young women at risk of having low self-esteem, few opportunities, and poor life chances. It is crucial, therefore, to confront these negative perceptions about menstruation to break the cycle of menstrual discrimination and stigma that continues to affect many women and girls.

The final important piece of information that can be identified from the literature review and the findings of the study is that the context of Sri Lanka seems to be comparatively better than that of some other countries, such as India and Nigeria, where the more stringent and dangerous menstrual myths still prevail. Previous research has noted that there were very strict limitations imposed on women's movement, participation in religious ceremonies, communication with others, and education during their menstruation in such countries. In contrast, although menstrual myths still persist among young women in Sri Lanka, most of them seem to be not as dangerous or stringent. On the other hand, the findings imply that girls and women in Sri Lanka are reluctant to question or refute these traditional myths due to the cultural pressures, influence of families, and social norms. Therefore, even with an improved access to education and knowledge, menstrual myths still persist due to tradition. Thus, there is a need not only for raising awareness, but also for empowering young women to challenge these myths.

Encouraging menstrual health education, facilitating informed discussions on menstruation, and dispelling deeply ingrained cultural myths are important ways that can help us move towards building an equal and just society. By promoting menstrual literacy and discussing menstruation issues, people will be able to empower girls and women to take care of themselves during their periods with confidence and pride. This will enable people to make contributions to gender equality, better health conditions, increased access to education, and social inclusion. At the end of the day, busting the myths around menstruation is the most important step towards building a society where menstruation will be accepted and respected as a natural phenomenon.

The following recommendations are proposed based on the findings of this study.

- Advocate for development of policies that incorporate the menstrual health and hygiene needs of women fully.
- Work towards reforming the education system such that reproductive and menstrual education is taught at schools.
- Support campaigns and other programs that promote the awareness about good menstrual habits.
- Conduct community awareness programs regarding menstruation and reproductive health.
- Conduct community discussion forums, programs, and workshops in order to address the taboos of menstruation.
- Conduct menstruation education programs among men and boys as well.

The study shows that menstrual myths have deep roots in the culture of contemporary Sri Lankan society. It should be emphasized that myths about secrecy, privacy, and behavior restrictions are the most agreed upon by the respondents. This indicates that menstruation is still considered as a tabooed and sensitive issue. Moreover, the widespread myths about hygiene habits, food intake, physical exercise, and social activity of women during menstruation show that there are serious problems with menstrual health literacy of young women.

Therefore, it is possible to conclude that despite the positive changes in menstrual health education field, there are still many challenges in combating culturally transferred myths and taboos associated with menstruation. Such myths can restrict young women from participating in educational, religious, recreational, and social events and continue to stigmatize the menstruation. That is why the implementation of the menstrual health education programs is critical.

Acknowledgment

I would like to express my sincere gratitude to all the respondents who participated in this study.

Declaration of Conflict of Interest

The author declares that there are no conflicts of interest regarding the publication of this paper. The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Ethical considerations

Ethical standards were maintained throughout the research process. Participation was voluntary, informed consent (verbal) was obtained from all participants, and confidentiality and anonymity were ensured. Specifically consent of guardians of the girls between age of 15- 18 have been obtained for the data collection.

Consent for Publication

Participants were informed that the collected information would be used for research and publication purposes, while ensuring anonymity.

Data Availability

The data supporting the findings of this study are available from the author upon reasonable request.

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