

Intergenerational Pattern and Cultural Beliefs on Menarche: A Mixed-method Cross-sectional Study among Mothers and Adolescent Girls in Puducherry, India

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ABSTRACT

Introduction: Several studies have reported a declining trend in the age at menarche among adolescent girls in both developed and developing countries. However, there is a dearth of community-based studies in India that compare the age at menarche between adolescent girls and their mothers.

Aim: To estimate the mean age at menarche among adolescent girls and compare it with that of their mothers. In addition, to explore the cultural beliefs surrounding menarche among adolescent girls.

Materials and Methods: A cross-sectional, community-based mixed-method study was conducted at the Department of Community Medicine, Indira Gandhi Medical College and Research Institute, Puducherry, India, from November 2021 to December 2022 among 340 participants (adolescent girls and their mothers) using a multistage sampling method. Adolescent girls aged 10-19 years residing in the service areas of the Urban Health Training Centre (Lawspet) and the Rural Health Training Centre (Karikalampakkam) of Indira Gandhi Medical College and Research Institute (IGMC&RI), Puducherry, were included. The Mann-Whitney U test was applied to compare differences in age at menarche, and a p-value of <0.05 was considered

statistically significant. Focus Group Discussions (FGDs) with adolescent girls and their mothers were conducted using purposive sampling, and qualitative data were analysed using content analysis.

Results: The mean age at menarche among adolescent girls in urban and rural areas was 12.49±1.067 years and 12.62±1.187 years, respectively. Similarly, the mean age at menarche among mothers in urban and rural areas was 14.07±1.541 years and 14.21±1.227 years, respectively. A declining trend in age at menarche was observed among adolescent girls, with a reduction of 1.59 years compared to their mothers. Content analysis revealed that inadequate access to accurate information, cultural stigmatisation of open discussions surrounding menarche, and internalised anxiety related to conforming to traditional practices—often unquestioned due to fear of social or familial repercussions—contributed to a heightened sense of vulnerability among participants.

Conclusion: The observed downward shift in the age at menarche highlights the need for timely awareness regarding early puberty among adolescent girls, parents, and school teachers, as well as the importance of addressing the cultural silence surrounding menstruation.

Keywords: Adolescents, Culture, Intergenerational relations, Puberty

INTRODUCTION

Adolescence is defined by the World Health Organisation (WHO) as the phase of life between childhood and adulthood, ranging from 10 to 19 years of age [1]. Menarche marks a crucial biological milestone signifying the transition from childhood to young adulthood. It serves as an important, yet often underutilised, public health indicator reflecting broader trends in physical, nutritional, and reproductive health [2]. According to the Indian Human Development Survey (2004-2005), the mean age at menarche among Indian women was 13.76 years, indicating a reduction of nearly one month per decade [3]. Furthermore, studies have shown that early menarche (before 12-13 years of age) is associated with an increased risk of adverse reproductive and health outcomes, including breast cancer, endometrial cancer, spontaneous abortion, and mental health problems. Conversely, late menarche (after 15 years) has been linked to a higher risk of osteoporosis, anxiety, and depression in later life [4-10]. Beyond biological implications, the cultural dimensions of menarche remain underexplored. In many Indian communities, menarche is not merely a physiological event but a socially constructed experience shaped by cultural beliefs, practices, and taboos. These narratives influence how adolescent girls perceive and respond to menstruation, affecting menstrual hygiene practices, body image, and reproductive health behaviours.

With this background, the present study was undertaken with the following objectives.

Objectives to compare the mean age at menarche among adolescent girls and their mothers in urban and rural areas of Puducherry and also to explore the cultural beliefs, practices, and taboos associated with menarche among adolescent girls and their mothers.

MATERIALS AND METHODS

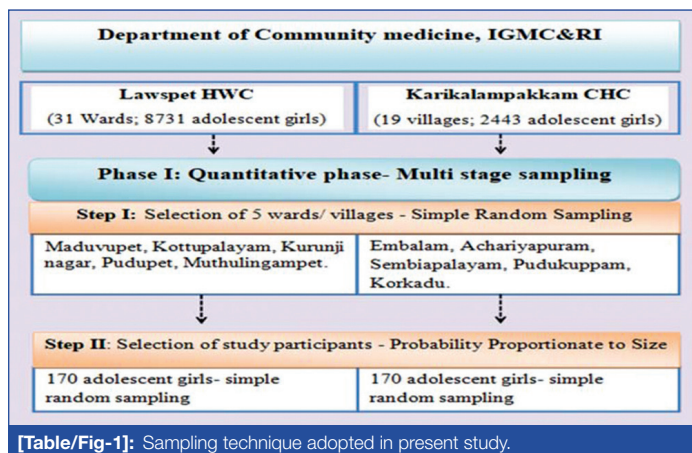
A cross-sectional mixed-method study was conducted from November 2021 to December 2022 after obtaining approval from the Institutional Ethics Committee (IEC) (No. 234/IEC-26/IGMC&RI/F-7/2019). Adolescent girls aged 10-19 years residing in the service areas of the Urban Health Training Centre (Lawspet) and the Rural Health Training Centre (Karikalampakkam) of IGMC&RI, Puducherry, were included.

Sample size: The sample size was estimated using the mean age at menarche among adolescent girls in rural and urban areas [11]. The mean±SD for rural participants (Group 1) was 13.59±0.97 years, and for urban participants (Group 2) was 13.25±1.14 years. Assuming a 1:1 group ratio, the estimated sample size was 306. After accounting for a 10% non-response rate, the final sample size was calculated as 340 participants (170 from each area).

Inclusion criteria: Only adolescent girls who had attained menarche and were residing with their parents were included in the study.

Exclusion criteria: Girls with chronic medical conditions and those whose parents did not provide consent were excluded from the study.

A multistage sampling technique was employed to select study participants [Table/Fig-1]. For the qualitative component, four FGDs were conducted separately among mothers and their daughters using purposive sampling.



[Table/Fig-1]: Sampling technique adopted in present study.

Study Procedure

Data collection was conducted through house-to-house visits to the sampled respondents in both urban and rural areas by the principal investigator, using a semistructured, interviewer-administered questionnaire. Four Focus Group Discussions (FGDs) were conducted—two with adolescent girls and two with their mothers. Participants were selected through purposive sampling, and key informants were contacted to coordinate the timing and venue of the discussions based on participants' convenience. Separate interview guides were used for adolescent girls and mothers [Appendix], and each FGD lasted approximately 45-60 minutes. Written informed consent was obtained from all participants, including consent for audio recording. The discussions were facilitated by a moderator formally trained in qualitative research methods. A comfortable environment was ensured to encourage open expression in the local language and the sharing of personal experiences. Efforts were made to promote active participation among all members. Participant validation was performed by summarising key findings at the end of each discussion. Consent was obtained from both participants and their parents.

Operational Definitions

Age at Menarche: Menarcheal age was determined using the recall method. Participants were asked to report, to the nearest whole year, the age at which they experienced their first menstrual period.

STATISTICAL ANALYSIS

Data were analysed using Statistical Package for the Social Sciences (SPSS) software (Windows, version 22.0). Continuous variables, such as age at menarche, were expressed as mean±Standard Deviation (SD), median, and Interquartile Range (IQR). The Kolmogorov–Smirnov test indicated non normal distribution of data; therefore, the Mann–Whitney U test was applied to assess differences in age at menarche. A p-value of <0.05 was considered statistically significant.

For the qualitative component, the audio recordings were transcribed verbatim after each FGD. Transcripts were read repeatedly, and both inductive and deductive coding were performed. Codes were grouped into categories based on similarities, and overarching themes were derived and interpreted.

RESULTS

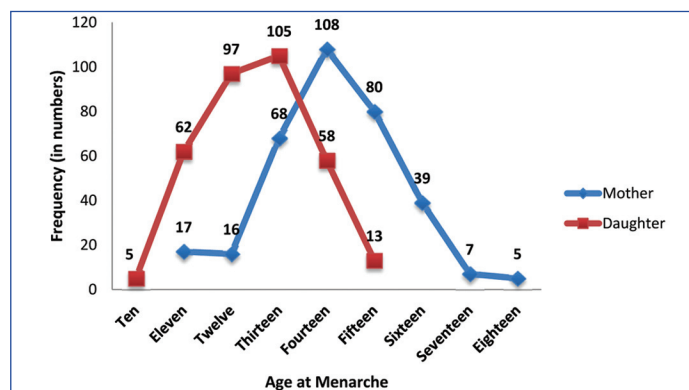
Quantitative results: The mean age of adolescent girls in the urban and rural populations was 15.17±2.398 years and 15.32±2.250 years, respectively. The difference in age at menarche between adolescent girls and their mothers in both urban and rural areas was statistically significant (p-value <0.05). The mean age at menarche among adolescent girls (12.55±1.129 years) was 1.59 years lower than that of their mothers (14.14±1.392 years), as shown in [Table/Fig-2].

Place of residence	Age at menarche				p-value*
	Mean± SD		Median (IQR)		
	Study participants	Mothers	Study participants	Mothers	
Urban	12.49±1.067	14.07±1.541	12.50 (12-13)	14 (13-15)	<0.001*
Rural	12.62±1.187	14.21±1.227	13 (12-13)	14 (13-15)	<0.001*

[Table/Fig-2]: Comparison of 'Age at Menarche' among adolescent girls and their mothers in urban and rural area (N=340).

*Mann-Whitney U test, p-value <0.05 considered as statistically significant.

The line graph illustrates contrasting patterns in age at menarche between adolescent girls and their mothers. Among adolescents, most attained menarche at younger ages, with frequencies gradually decreasing at later ages (range: 10-15 years). In contrast, their mothers showed the opposite trend, with fewer experiencing menarche at younger ages and increasing frequency at later ages (range: 11-18 years). This demonstrates a clear generational shift toward earlier onset of menarche [Table/Fig-3].



[Table/Fig-3]: Line graph representing pattern of 'age at menarche' among adolescent girls and their mothers (N=340).

Qualitative results:

Four major themes emerged:

1. Menstruation and religion
2. Restrictions on daily routine
3. Menarche rituals
4. Puberty-related communication

Menstruation and Religion

Menstrual practices in the community were consistently described as restrictive and oppressive, limiting the freedom of adolescent girls. These norms affected daily activities and were often perceived as coercive and imposed. Participants across caste groups reported facing multiple restrictions related to religious practices during menstruation.

One participant shared what her mother often told her: "During puja, certain austerities must be followed and everything has to remain pure. Since menstrual blood is considered dirty and impure, one should avoid touching anything used for puja." Others echoed similar beliefs, noting that menstruation was regarded as a "curse of the Gods." In their community, girls were prohibited from entering temples for seven days after the onset of menstruation, as menstrual blood was believed to be contaminating and impure.

Restrictions on their Daily Routine

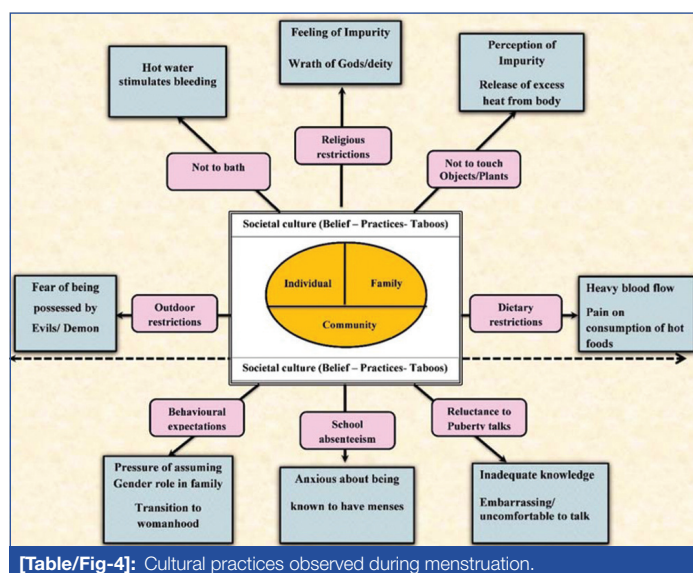
Most participants described several restrictions imposed after attaining puberty, including:

- Not bathing for the first three days of menstruation
- Avoiding interaction with boys
- Sitting, eating, and sleeping separately
- Not touching or watering plants

Additionally, dietary restrictions were commonly practiced. Foods such as curd, tamarind, and pickles were avoided, as they were believed to disrupt or halt menstrual flow. These practices made many girls feel embarrassed and socially uncomfortable. However, due to shyness and fear, they were unable to voice their concerns and followed their mothers' instructions unquestioningly.

Mothers explained that these practices had been followed for generations, although many were unsure of the reasons behind them. They described living in a community environment that fostered fear and anxiety, where menstruation was viewed as impure and spiritually harmful (locally referred to as "*Madhavidai kadavulukku theenganathu*"). Deviating from traditional practices was believed to invite divine punishment, illness, or misfortune.

As a result, families felt compelled to adhere to these cultural restrictions due to societal pressure and fear of social repercussions [Table/Fig-4].



[Table/Fig-4]: Cultural practices observed during menstruation.

The Menarche Rituals

Participants described their experiences of menarche celebrations practiced in their communities. According to them, these rituals were often compulsory, rooted in the belief that pubertal girls were vulnerable to possession by evil spirits (*kaathu karuppu* or *pisasu*) if the ceremonies were not performed. In some families, particularly those from lower socio-economic backgrounds, there was social pressure to conduct these rituals in order to conform to community norms.

One participant shared:

"The rituals (puberty ceremony) were conducted on the fifth day after I attained puberty, during which I was asked to dress like a bride in a silk saree adorned with jewellery and stand in front of family gatherings."

Participants felt that these celebrations reflected patriarchal perceptions of womanhood, where menarche was celebrated primarily because it signified readiness for marriage and childbearing. However, they found this contradictory—while they were instructed to keep their puberty private, their families publicly announced it through such ceremonies.

Another participant stated:

"I attained puberty during my annual exams, but my mother did not allow me to go to school, and I was unable to write my exams."

Adolescent girls also expressed distress over the sudden behavioural expectations imposed by their communities, including increased household responsibilities, strict obedience to elders, restricted movement outside the home, prohibition from staying with relatives, curfews, and limited interaction with strangers, particularly boys. They struggled to adapt to these abrupt changes in social roles and expectations.

In contrast, some mothers expressed happiness and relief when their daughters attained menarche, as delayed puberty was considered a misfortune in their cultural context and often subjected girls to social stigma. One mother shared:

"I felt content and proud when my daughter became a complete woman, and we celebrated it."

Nevertheless, mothers enforced mobility restrictions, such as not allowing daughters to attend school until all rituals were completed, due to fears of spiritual harm. They were also reluctant to send their daughters to school during menstruation, worrying about inadequate menstrual hygiene facilities and proper disposal of sanitary napkins.

"The Puberty Talk"

Although mothers were the primary source of information regarding menarche, most were reluctant to engage in open discussions with their daughters. This hesitation stemmed from their limited knowledge about puberty and the belief that such information was adequately provided at school. Consequently, due to insufficient guidance from both family and educational institutions, many adolescent girls were ill-equipped to manage menstrual health challenges and adapt to pubertal changes.

DISCUSSION

No previous studies documenting the mean age at menarche were found in the present study area for direct comparison. However, across India, reported mean ages range from 12.1 years (Davangere) to 13.6 years (Sikkim and Karnataka). Most studies indicate menarche between 12.1 and 13.2 years, suggesting a clustering around 12.5 years, which aligns with the findings from Puducherry [Table/Fig-5] [12-19].

S. No.	Authors	Publication year	Mean age at Menarche	Population
1.	Varsha C and Bezboruah G, [12]	2016	12.3 years	Assam
2.	Pandey M and Pradhan A, [13]	2017	13.6 years	Sikkim
3.	Pramanik P et al., [14]	2015	12.2 years	West Bengal
4.	Mane KS et al., [15]	2016	12.1 years	Davangere
5.	Namboothri NG et al., [16]	2020	12.5 years	Mangalore
6.	Biradar AM et al., [17]	2020	13.6 years	Karnataka
7.	Ramraj B and Subramanian VM [18]	2021	12.5 years	Chennai
8.	Solanki S et al., [19]	2021	13.2 years	Madhya Pradesh
9.	Periyasamy S et al.,	2026	12.5 years	Puducherry

[Table/Fig-5]: Distribution of age at menarche among adolescent girls across various parts of India [12-19].

A declining trend in age at menarche was observed in the present study, consistent with findings by Pathak PK et al., who documented a secular decline of approximately one month per decade across Indian states [3]. This trend has been attributed to rapid industrialisation, urbanisation, and lifestyle changes, including improved nutrition, dietary transitions, and reduced physical activity among adolescents. Qualitative findings were consistent with studies by Mirzaee F et al., (Iran) and Kumar A and Srivastava K (Ranchi, India), which reported

inadequate knowledge regarding puberty among adolescent girls [20,21]. Cultural norms among mothers influenced communication patterns, limiting open discussions about menstruation.

Bhattarai K et al., reported poor health-seeking behaviour among adolescents due to limited knowledge about menstrual health, fear of breached confidentiality, lack of adolescent-friendly services, and persistent stigma and taboos [22].

Participants in the present study described the restrictions imposed during menstruation as distressing and isolating. One girl shared:

"I was told to stay in a separate room in my own house and was not allowed to touch any objects. I was treated as if I had a contagious disease."

Similarly, Thapa S et al., documented the practice of Chhaupadi in Nepal, where menstruating girls are isolated in small sheds away from their homes for several days [23]. These girls were prohibited from entering the house, touching objects, or participating in religious activities.

Critical discussions revealed that although some girls had basic biological knowledge about menstruation, they had internalised cultural stereotypes. Feelings of impurity, guilt, and humiliation, coupled with sudden transitions into womanhood and imposed gender roles, contributed to psychological distress and helplessness.

Gold-Watts A et al., in a study from rural Tamil Nadu, found that girls' experiences of menarche and menstruation were shaped by cultural codes and gender norms, which reinforced attitudes and practices that alienated and isolated them [24].

Limitation(s)

The cross-sectional design limits causal inference. Recall bias may have affected reporting of age at menarche, particularly among mothers. The study setting restricts generalisability of the study findings. Social desirability bias may have influenced qualitative responses, and the limited number of focus group discussions may not capture the full range of cultural perspectives.

CONCLUSION(S)

The present study demonstrated a declining trend in the age at menarche among adolescent girls compared to their mothers. Adolescents reported receiving limited and often inappropriate information about puberty. Cultural restrictions, behavioural expectations, and forced transitions into womanhood negatively affected their daily lives and contributed to feelings of discrimination and vulnerability. Early puberty education programs, along with psychological support for school-going girls, are essential. Additionally, fostering positive attitudes toward menstruation within families and communities is crucial.

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QUALITATIVE DATA COLLECTION

a. Focus Group Discussion (FGD) among adolescent girls - Interview Guide

Questions	Probes
1. When you hear the word menstruation, what goes through your mind?	When does it happen? Why? How often? What changes in a girls' life when she starts to menstruate?
2. Can you tell me about the first time you learned about menstruation?	Did you learn about menstruation before or after you started your period? How old were you? Who told you? What did they tell you? How did you feel when you were told? [Scared? Excited?] Did they tell you anything about how you should behave or act? What health education does the students learn at school? Are menstruation-related education materials available and accessible to girls at the school? How do you think most teachers feel about teaching menstruation to girls in school?
3. Tell me the story of the time you first got your period.	Context How old were you? How did you feel when you got your period? Where did you get your period? What did you do? Did you know what to do? Did you have the necessary materials? What materials did you use? Social Support Who did you tell first? How did you tell this person? What did you tell them? Cultural Aspects Did you perform any traditional acts when you started menstruation? What meanings do the acts have? Who performed them? Who was with you? Did you attend school after menarche? If not why?
4. How do you manage your period at school?	How do you feel going to school when you are menstruating? [Comfortable? Nervous?] What materials do you use at school? Are these materials different from what you use at home? At school, where do you go to change your material? Is there water, soap, privacy? What do you find challenging about managing your menses at school?
5. What is challenging about menstruating?	What cultural practices do girls observe when on their menstruation? How are girls expected to behave once they have started menstruating? How is their behaviour different from before? How do girls manage menstrual pain: when at school? At home? Do girls miss school because of menstruation?

b. Focus Group Discussion (FGD) among Mothers– Interview Guide

1. Women's knowledge, perceptions and behaviours	
Questions	Probes
1. What terms, words or phrases do women in this community use for menstruation?	What does this term mean? Good/bad connotation?
2. Can you explain why women menstruate?	a. When do women start menstruating? b. How often does it happen? c. Why does blood leave the body?
3. Can you describe a typical day for a woman in your community when she is menstruating?	a. How is her daily routine changed? b. Are there restrictions placed on women when they are menstruating? Why?
4. What kind of materials do women use to manage their menstruation?	a. Why these materials? b. Are they accessible? c. What do they cost? d. Do girls use the same materials?
2. Mothers' support to children and their understanding of their daughters' experiences	
1. How do young girls usually find out about menstruation?	a. Who (if anyone) normally communicates with young girls about menstruation? Why? b. Do girls find out before or after menarche?
2. How does a mother feel when her daughter begins to menstruate?	a. How does a girl's life change when she reaches menarche? b. Does reaching menarche signify something specific? c. Pubertal ceremony? Myths and taboos
3. What do mothers in this community typically share with their daughters about menstruation?	Biological basis: a. Why does menstruation happen? b. Physical changes? Emotional changes? Information on management: c. Materials? (cloths, sanitary pads, other) d. Washing? Where? How? Behavioural expectations: e. Expected changes in daily routine? f. How she should interact with others?
4. How do mothers feel when talking about menstruation with their daughters?	a. Do mothers feel comfortable talking with their daughters about menstruation?
5. Does a girl's typical day change when she is menstruating? How?	a. Daily routine/ Going to school b. Social norms c. Restrictions