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CASE REPORT

MENSTRUAL TABOOS AND CHILD RIGHTS: DEATH OF A GIRL DURING MENARCHE

Perera HAVK*, Ruwanpura PR
Office of the Judicial Medical Officer, National Hospital, Galle, Sri Lanka

ABSTRACT

Menarche, the onset of a girl's first menstrual cycle, often introduces menstrual taboos in certain eastern cultures. These taboos may manifest as social isolation, dietary restrictions, and exclusion from religious spaces, which can adversely affect health and promote gender inequality. A 10-year-old girl developed gastroenteritis while in cultural confinement after reaching menarche. Her parents strictly adhered to traditional customs that limited her interactions with the outside world and deprived her of healthy foods. They believed that her fatigue was a result of hormonal changes associated with menarche. Although her condition worsened over four days, they did not seek medical treatment. The child succumbed upon admission. The autopsy revealed extensive cyanosis in the left hand due to multiple thrombotic occlusions of the brachial vein. Microscopic examination confirmed the presence of brachial venous thrombi. The cause of death was determined to be Multiple Organ Dysfunction Syndrome (MODS) as a consequence of hypovolemic shock. Key medico-legal issues in this case include parental negligence and failure to provide medical care under Section 308A of the Penal Code, potentially leading to criminal liability for negligence-related death under Section 298. Violations of the child's rights, protected by the Children and Young Persons Ordinance (CYPO) and the Protection of Children's Rights Act, form the legal framework for child protection in Sri Lanka. The ISD has interviewed family members and collected witness statements from neighbors and teachers, referring the case to the police for further investigation and notifying the National Child Protection Authority for an additional inquiry. Additionally, Sri Lanka is a signatory to the United Nations Convention on the Rights of the Child (UNCRC), which guarantees children's fundamental rights.

Keywords: *Gender inequity; menarche; menstrual taboos*

Corresponding author: Perera HAVK
pvishadha@gmail.com
https://orcid.org/0009-0008-1798-8015

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INTRODUCTION

Menarche is the first occurrence of a girl's first period. This should be a natural and empowering experience. Menarche is associated with certain menstrual taboos in certain eastern countries. These taboos may result in social isolation, dietary restrictions, and exclusion from religious places and activities due to the perceived notion of impurity associated with menstruation. Such practices can negatively impact health and result in gender inequality. In some communities, menarche is reckoned as readiness for marriage, which often leads to the risk of adolescent pregnancy with violation of fundamental rights[1,2].

CASE HISTORY

A 10-year-old girl experienced vomiting, watery diarrhoea, and a mild fever suggestive of gastroenteritis while in confinement after her first menstruation. Other family members also exhibited similar symptoms of gastroenteritis. During the time of her first menstrual period, her parents strictly followed traditional customs, limiting her interactions with the outside world, which deprived her of adequate dietary needs. They believed that her fatigue was a result of hormonal changes associated with menarche. Her mother treated her with some over-the-counter medications obtained from a nearby pharmacy without consulting a doctor. Although her condition worsened over the next four days, they did not seek medical treatment, and the child succumbed after admission to the hospital due to severe dehydration.

Upon admission, the clinical notes indicated that she had sunken eyes, dry skin, dry mucous membranes, decreased urine output, and low blood pressure. There was significant cyanosis in the left hand (Fig. 1) caused by multiple thrombotic occlusions in the brachial vessels of the left upper limb (Fig. 2) observed at post-mortem examination.

Figure 1: Cyanosis on the left hand

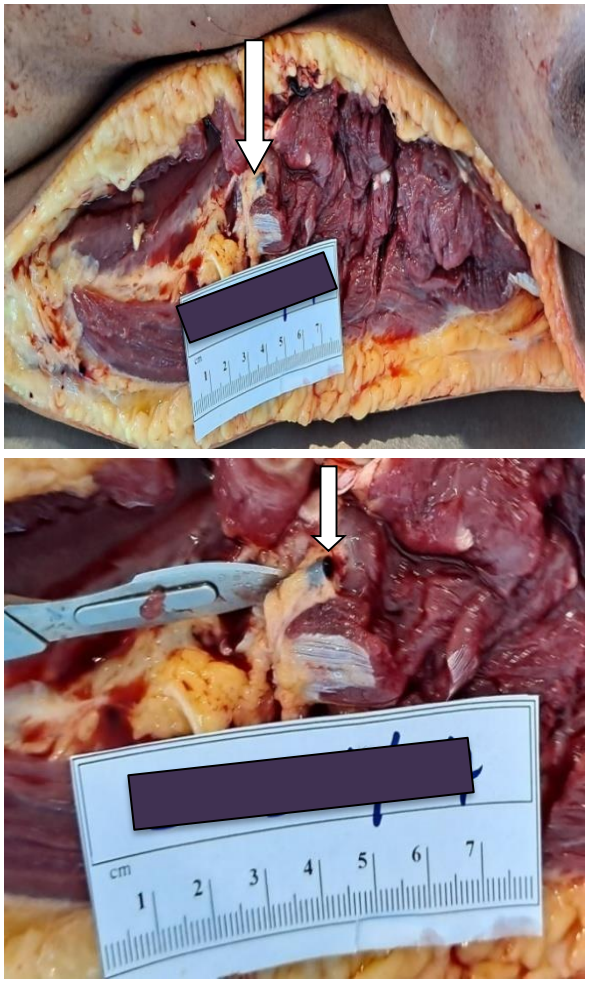

Figure 2: Multiple thromboses in the brachial vessels (white arrows in a and b)

The brain was pale and oedematous, suggesting hypoxic-ischaemic encephalopathy. The kidneys were swollen and pale, with an indistinct cortico-medullary demarcation. No renal vein thrombosis was observed macroscopically. The liver was enlarged and showed signs of fatty change. The heart was flabby, and all chambers were dilated. The lungs were dark and heavy due to haemorrhagic pulmonary oedema, and both the small and large intestines showed ischaemic changes in the walls, accompanied by necrosis. The spleen was soft and friable.

Histology revealed multiple thrombi within the brachial vessels (Fig. 3). There were features consistent with ischaemic-type acute tubular necrosis of the kidney. Both adrenal glands exhibited small parenchymal haemorrhages, while the lungs showed alveolar haemorrhages

with oedema and varying degrees of neutrophilic infiltration in the interstitium.

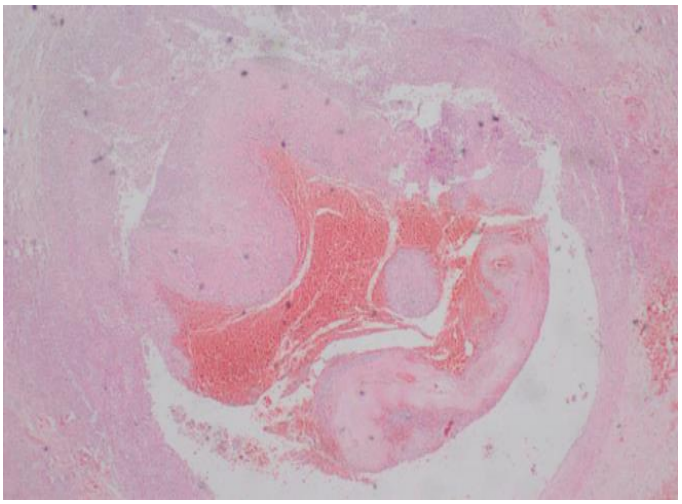

Figure 3: Brachial vessel thrombi (H&E ×10)

The toxicology screening was negative. The postmortem septic screening, including blood, CSF, and urine cultures, as well as viral studies, was negative for common viruses such as influenza, Epstein-Barr virus (EBV), cytomegalovirus (CMV), herpes simplex virus (HSV), and enteroviruses. The cause of death was identified as multi-organ dysfunction syndrome (MODS) resulting from hypovolemic shock.

CONCLUSION

Dehydration is a known independent risk factor for the development of thrombosis. However, there is inadequate evidence to form a strong association between the two. A literature review revealed a few reported cases of deep vein thrombosis (DVT) occurring due to severe dehydration following gastroenteritis[3,4]. When dehydration is associated with immobility, as in this case, deep veins of the upper limb, such as the brachial veins, can develop thrombosis. Dehydration-induced increased blood viscosity, haemoconcentration, endothelial injury, and blood flow stasis collectively contribute to thrombus formation. Traditional Sri Lankan customs about menstruation can negatively impact girls both mentally and physically, as well as in their education. This practice of confining girls during their first period reinforces the idea that menstruation is something to be hidden or feared, fostering a sense of embarrassment rather than acceptance. The main issue in this case is parental ignorance and adherence to traditional practices, which indicates a failure to provide timely medical care to the child. According to section 308A of the penal code of Sri Lanka, such negligence can result in criminal liability, especially if it is found to have contributed to the child's demise. The rights of children are protected by various legal statutes in Sri Lanka, including the Children and Young Persons Ordinance (CYPO) and the Protection of Children's Rights Act[5]. These laws create a framework to safeguard children from harm and promote their welfare. Any violation of these rights not only has legal repercussions but also highlights the responsibility of society to protect vulnerable people. The inquirer into sudden deaths (ISD) and the judicial medical officer (JMO) interviewed family members and referred the case to the police for further investigation. The National Child Protection Authority was notified regarding an additional inquiry. Sri Lanka's commitment as a signatory to the United Nations Convention on the Rights of the Child (UNCRC) reinforces the necessity of adhering to global standards regarding children's rights. The UNCRC guarantees fundamental rights, including access to health care, safety, and proper care, which are particularly relevant in this case.

ACKNOWLEDGMENTS

None.

CONFLICTS OF INTEREST

The authors declared no conflicts of interest.

ETHICAL ISSUES

The presented case was conducted for medico-legal purposes, and the findings were used for academic purposes, according to the institutional guidelines, without divulging the identity of the individual.

SOURCES OF SUPPORT

None.

AUTHOR CONTRIBUTIONS

HAVKP: Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published. **PRR:** Revising the manuscript critically for important intellectual content; and final approval of the version to be published.

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