

LIVED EXPERIENCE OF EARLY MENARCHE AMONG ADOLESCENT GIRLS

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Abstract

Introduction: Many adolescent females begin their periods without being informed, unprepared, or too early. This study aimed to investigate the lived experience of Early Menarche among adolescent girls.

Methods: This study used an interpretive phenomenological method. A consistent sample of 10 Adolescent girls, ages 10-12 years, who had attained menarche one year prior to the data collection. To ensure the trustworthiness of the findings, participants were asked to narrate their experiences and their narratives were used for interpretive phenomenological analysis by the researcher.

Results: Results of the study revealed Five major themes emerged intrinsic, physiological, mood-relate, societal, and ecological Factors. Some girls felt pride in coming of age and at the first signs of menarche; participants were shocked, scared, confused, and anxious. Some girls experienced severe cramps, palpitations, and uncomfortable sleep but did not take any medications. They maintained good hygiene during menstruation.

Conclusion: Adolescent females need rigorous health education to understand and control the reproductive changes that occur in their bodies.

Keyword: Adolescent, Menarche, lived Experience, Themes.

INTRODUCTION

Puberty is a period of sexual development that takes place between adolescence and adulthood. An essential stage in the pubertal development of females is the first menstrual cycle, or menarche, which marks the beginning of a woman's capacity for reproduction. Menarche, a late stage of puberty characterized by the development of pubic hair and breast augmentation, frequently takes place 2-2.5 years after puberty starts. Since the beginning of the twentieth century, most industrialized and developing nations have observed a consistent decrease in menarcheal age. In developing nations, the mean menarcheal age ranged from 16.2 years in Nepal to 15.8 years in Bangladesh, 14.3 years in India (Punjab), 13.5 years in Sri Lanka, and 12.38 years in China, whereas it ranged from 13.3 years in the United Kingdom to 13.05 years in France and 12.8 years in the United States¹.

Menarche is also a major occurrence since it occurs during a vital period of emotional development in which teenage females deal with self-image, identity, peer pressure, mood shifts, family disputes, and even depression. According to the National Comorbidity Survey-Adolescent Supplement, around 11% of adolescents acquire some kind of depression by the age of 18, with depression being twice as prevalent in females compared to males². Depression, anxiety, and difficulty concentrating are frequent psychological symptoms experienced by teenage females during menstruation³. The cultural and social norms within each country influence how teenage girls perceive and interpret their menarche, resulting in a unique individual understanding of this event.

Cultural traditions determine whether menarche is a desirable or undesirable social topic. Menarche, for example, is considered an enjoyable occurrence in Benin, Cameroon, and Zambia, where females are provided with new pajamas and towels to wear as they wait for menstruation⁴. Women in Zambia and Sri

Lanka go into seclusion during menstruation for respite, and girls during menarche get jewelry and new clothing as gifts⁵. Menarche is also honoured with a large feast across various Southern Indian regions, and girls receive jewelry⁶.

Many young girls begin their menstrual cycles uninformed and unprepared. Females who have received inadequate education are more likely to exhibit negative emotional responses such as guilt, anxiety, annoyance, embarrassment, surprise, shock, worry and confusion.

However, Lee⁷ conducted a recent study in the United States and concluded that, contrary to previous research findings, women in the United States now report more positive experiences of menarche and less indication of feelings of shame, even though secrecy surrounding menarche remains a feature of many young women's first period experiences. Lee⁸ discovered that most mothers of young women were remembered for being personally supportive and emotionally connected with their children when they began menstruation. In our nation, many young girls may lack adequate and sufficient knowledge, which may induce fear and anxiety during their first experience. Many previous studies have primarily focused on determining the average age of menarche or investigating factors that contribute to early puberty. However, there has been a gap in research regarding the lived experiences of adolescents in different countries. To address this research gap, the current study aims to explore the lived experiences of adolescents, raising awareness about the importance of increasing self-confidence, managing physical symptoms, and creating an enabling environment to cope with menstrual issues. The ultimate goal is to improve the overall quality of life for adolescents undergoing this transitional phase.

MATERIALS AND METHODS

Design

The researcher employed a Qualitative Phenomenological approach, utilizing in-depth interviews, to explore the lived experiences of early menarche among adolescents. A total of ten adolescent girls, aged between 10 and 12 years, were selected as participants for face-to-face interviews. These interviews focused on various aspects of their knowledge and experiences during the onset of menarche. All participants were regular students in the 6th and 7th grades. The sample selection criteria included: (1) being an adolescent female child (2) aged between 10 and 12 years (3) having experienced menarche within the past year and (4) possessing the cognitive and physical capability to understand and respond to questions regarding their menarche experiences. Ethical clearance was obtained from the Institutional Ethical Committee (No.85/2020/IEC/ACSMCH dt.16.12.2020). Adolescent girls were explained the purpose of the study and Parental consent was obtained. Confidentiality was assured.

Data Collection Procedure

Before commencing the study, the objectives were explained to the Headmistress of the schools, and permission was obtained. Informed consent was acquired from both the children and their parents. Participants were assured of their right to withdraw from the study at any point. They were also informed that the information provided would be treated with strict confidentiality and anonymity. The primary method used to gather reliable information was a semi-structured in-depth interview conducted face-to-face. On average, these interviews lasted 20 to 25 minutes. Each interview began with general inquiries and then transitioned into a more relaxed and adaptable approach. The interview process varied based on the respondents' level of participation. Specific questions such as their first experience with menarche, mental preparedness, mood swings, irritability, or feelings of pride upon reaching menarche were used to facilitate the interviews. Additionally, probing questions like "Could you elaborate?" or "Can you provide an example?" were employed to elicit comprehensive and understandable data. The entire interview process was video recorded.

"The participants were assured that they had the option to conclude the interview at any given moment, and every measure was taken to ensure they did not experience any emotional distress. Subsequently, the researcher listened to each recorded interview multiple times, carefully considering nonverbal cues, and transcribed every spoken word verbatim while assigning each interview a unique identifier. The data analysis employed Thematic Analysis, specifically drawing from Max Van Manen's Interpretative Phenomenology methodology."

RESULTS

A total of 10 in-depth interviews were conducted with adolescent girls. The researchers individually reviewed the transcripts and identified independent themes based on the data. Through thematic analysis, several major themes related to the menarche experiences of adolescent girls emerged. The data analysis revealed five key themes: Intrinsic factors, Physiological Factors, mood-related factors, Societal Factors, and Ecological Factors

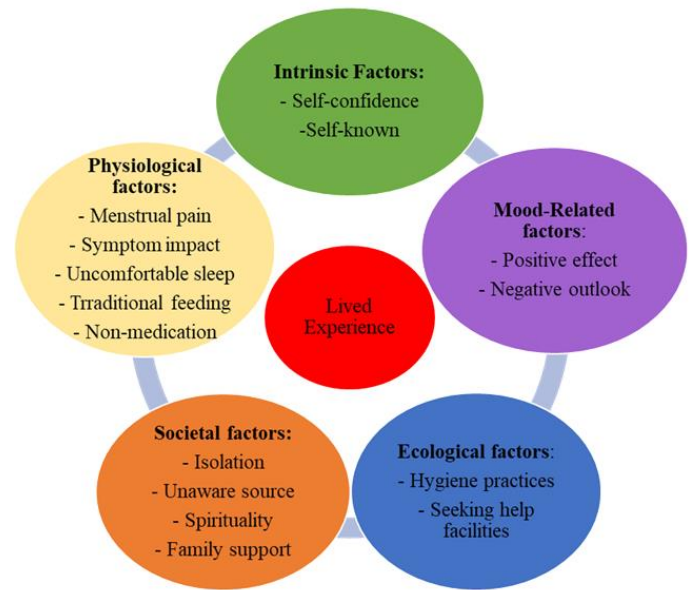


Figure 1 Themes and sub-themes

The Figure 1 shows the themes and sub-themes

INTRINSIC FACTORS

The theme of "intrinsic factor" indicates that certain factors within the individual contribute to the likelihood of experiencing specific health issues among adolescent girls. These factors include aspects such as overall health, knowledge and skills, personal attitudes, and the importance attributed to health. Within the broader theme of Intrinsic factors, two sub-themes emerged: Self-confidence and Self-perception.

Self-confidence:

The sub-theme of self-confidence encompasses the participants' perception of their professional worth, performance, and competence, which can be viewed in both positive and negative dimensions. The following quotes from two adolescent girls provide insights into their experiences:

Adolescent girl number 1 stated, *"I'm not scared of seeing the blood. I've seen it before. When I was class president at my old school, I took a lot of people to the teacher for coming of age, so I'm not scared."*

This quote indicates that the girl feels confident and unafraid of menstruation, likely due to her previous experiences and responsibilities in guiding others through the process.

On the other hand, adolescent girl number 10 expressed, *"I feel hesitant to go to school during period days."* This statement suggests that the girl may lack self-confidence or feel uncomfortable attending school while menstruating.

Self-Perception:

The sub-theme of self-known refers to the participants' awareness and knowledge of their own personality or sense of individuality, as well as their subjective tendencies. The following quote from adolescent girl number 1 provides insight into her experience:

Adolescent girl number 1 stated, *"No one told me at home, but I was the class president in school, and I used to gather everyone coming of age to the office room, so I knew about coming of age."* This quote suggests that the girl had a sense of self-awareness and understanding of the concept of "coming of age" due to her role as the class president and taking the initiative to gather others for related discussions.

PHYSIOLOGICAL FACTORS

The theme of "physiological factor" encompasses aspects related to the health and well-being of adolescent girls, particularly their ability to engage in daily activities, employment, and sports. This includes practices such as maintaining a healthy diet and getting sufficient sleep to support optimal health and performance. The sub-themes that emerged within this theme are as follows:

Menstrual Pain: This sub-theme focuses on the experiences and impact of pain during menstruation.

Symptom Impact: It highlights the influence of menstrual symptoms on the daily lives and activities of adolescent girls.

Uncomfortable Sleep: This sub-theme explores the challenges and discomfort related to sleep during menstruation.

Traditional Feeding: It encompasses the use of traditional methods or practices for managing menstrual symptoms or promoting well-being.

Non-Medication: This sub-theme refers to approaches or strategies other than medication that are employed to address physical discomfort or symptoms associated with menstruation.

Menstrual Pain:

The sub-theme of menstrual pain reflects the experiences of participants, describing the pain as excruciating stomach cramps that radiate to the back and thighs. The pain may vary in intensity and character, ranging from sharp and spasmodic to dull but persistent. It is worth noting that the first menstrual cycle is typically painless.

Adolescent girl number 2 reported, *"Yes, I had severe cramps."* This indicates that she experienced intense menstrual pain.

Adolescent girl number 3 stated, *"Yes, every month I get stomach ache."* This suggests that she consistently experiences stomach ache during her menstrual cycle.

Symptom Impact:

The sub-theme of symptom impact focuses on the participants' experiences of subjective signs of illness and physical alterations during menstruation. It involves modifications in the body or mind that are associated with various symptoms.

Adolescent girl number 2 reported, *"Yes, mam. There was palpitation during my periods."* This suggests that she experienced a rapid or irregular heartbeat as a symptom during her menstrual cycle.

Adolescent girl number 3 shared, *"I reached the age of 11, and one night I had a severe fever. The next morning, I went to the bathroom to see blood on my clothes."* This indicates that she experienced a significant change in her body, specifically the onset of menstruation, accompanied by the presence of a fever.

Uncomfortable Sleep:

The sub-theme of uncomfortable sleep focuses on the potential impact of sleep on physical health. Participants who slept alone were more likely to experience sleep apnea, fatigue, and insomnia.

Adolescent girl number 3 mentioned, *"I sleep in a separate room, but my mom sleeps with me in my room but not next to me."* This suggests that although she has her own room, her mother stays in the room with her, albeit not in close proximity. Adolescent girl number 5 reported, *"For five days, I would sleep alone in a separate room, and no one would even sleep with me."* This indicates that she sleeps alone in a separate room, without anyone accompanying her during those nights.

Traditional Feeding:

The sub-theme of traditional feeding involves the consumption of foods that have historically been associated with promoting health and have been part of the participants' cultural heritage. These foods are often organic, unaltered, and rich in nutrition or nutrient density. Culturally appropriate diets are believed to contribute to the physical fitness and strength of adolescent girls. Adolescent girl number 9 mentioned, *"They'll tell me to drink egg and to drink sesame oil after brushing. But I don't like either. I'll get used to the egg. Nevertheless, I don't like oil. I feel like throwing up at that moment. They quickly instruct me to take a bath and eat breakfast. I feel uncomfortable consuming it after consuming the oil, and my mother will give me buttermilk, which I will drink."* This indicates that the participant receives instructions to consume specific traditional foods like eggs and sesame oil, although she expresses dislike for the oil. She also mentions feeling uncomfortable after consuming the oil and subsequently drinking buttermilk as an alternative.

Non-Medication:

The sub-theme of non-medication highlights the participants' avoidance of medication for managing menstrual symptoms or discomfort.

Adolescent girl number 1 stated, *"I don't take any pill. I'm into sports, so I do sports concentration."* This suggests that she prefers engaging in sports activities to cope with menstrual symptoms rather than relying on medication.

Adolescent girl number 2 expressed, *"I don't take pills. I lie down and sleep."* This indicates that she finds relief from menstrual discomfort by resting and getting enough sleep, rather than using medication.

Adolescent girl number 4 stated, *"No, I don't take any pills."* This suggests that she does not rely on medication to manage her menstrual symptoms.

MOOD- RELATED FACTORS

Emotional factors play a significant role in shaping our experiences and interactions with the world. These factors can encompass various aspects, including physical responses and expressive movements. Let's explore the sub-themes of emotional factors: positive effects and negative outlooks.

Positive effects:

The statements provided by adolescent girl number 1 and adolescent girl number 6 highlight the positive effects of emotions, specifically related to the experience of coming of age. Let's discuss these statements and their implications.

Adolescent girl number 1 mentioned experiencing stomach aches while being involved in sports activities. She also mentioned that her teacher told her that it is normal for girls to experience such discomfort and advised her to continue playing. Despite the physical discomfort, she expressed feeling happy about reaching the milestone of coming of age. This statement suggests that the positive emotion associated with this developmental milestone may outweigh the temporary physical discomfort she experiences.

Adolescent girl number 6 simply stated that *she feels happy about coming of age*. This highlights the positive emotional response associated with reaching this significant life stage.

These statements demonstrate the subjective experience of positive emotions such as joy and happiness in relation to the adolescent girls' coming of age. Positive emotions can have a

protective role in an individual's well-being, including their ability to stay fit, active, and in charge of their health. Feeling good emotions like joy, interest, and alertness can contribute to a positive mindset, motivation, and overall psychological well-being, which can in turn influence future behaviors and health outcomes.

Negative Outlooks:

The sub-theme of Negative Outlook encompasses experiencing negative emotions and perceiving the world in a more negative light. Negative emotions refer to any feelings that cause unhappiness and misery. These emotions can have detrimental effects on an individual's self-assurance, self-worth, and overall life satisfaction. In the context of adolescent girls, experiencing negative emotions such as despair, rage, loneliness, envy, self-criticism, fear, or rejection can be challenging and even painful. Adolescent girl number 5 stated, *"First, my grandmother only saw that my dress was stained, and I was very scared and I didn't know what to do. I was studying in 5th standard then I came and started crying, and grandmother said don't cry for all this, you have to be brave and sit still. It was very difficult for me, I was so scared that I cried a lot wondering why this was happening to me alone. I am thinking that why I attained menarche. I don't like getting old and I wonder why I got old, I feel like this every month when I get my period, and I wonder if there is an ending period."*

Adolescent girl number 10 expressed, **"I was experiencing severe cramps and a lot of rage at the time, which made me fear and anger."**

These statements collectively demonstrate the range of negative emotions and difficulties that adolescent girls may experience during the onset of menstruation. It is important to recognize and address these emotions by providing appropriate education, support, and resources to help girls navigate this transition. Open and honest communication, access to accurate information about menstruation, and creating a supportive environment can help alleviate fear, confusion, and negative emotions associated with menarche.

SOCIETAL DETERMINANTS

Social Factors denote participants alter the capacity to engage in healthy behaviours, which has an impact on people or groups.

The sub- themes of physical factors are **Isolation, Unaware source, Spirituality and Family Support.**

Isolation:

This sub-theme refers to the lack of contacts, connections, and relationships that adolescent girls may experience with friends, family, neighbors, and society at large. It can manifest as a personal level of isolation or a broader sense of disconnect from society. Some participants may feel lonely as a result of this isolation, while others may experience loneliness even without being socially isolated.

Adolescent girl number 2 mentioned that *she is not allowed to go outside, visit the kitchen, or attend special events.* This restriction further contributes to her sense of isolation and limited social interactions.

Adolescent girl number 4 shared that *she was made to sit alone in a separate room for ten days and was not allowed to play at home.* This confinement and restriction of activities can result in a heightened sense of isolation and limited social engagement.

Unaware Source: Participants may lack awareness of certain aspects, as seen in the experiences of girl number 3 and girl number 5, who did not receive information about coming of age

from teachers, friends, or family. External sources, such as peers, play a crucial role in providing this information.

Spirituality: Spirituality as a social institution affects ideas and behaviors catering to societal requirements. Participants express restrictions during menstruation related to spiritual practices. For example, girl number 4 mentions restrictions on touching the Holy Quran during menstruation.

Family Support: This sub-theme highlights the role of family in providing both physical and emotional support. Adolescent girls like number 1, number 6, and number 7 share instances of family support during menstruation, ranging from cooking and chores to emotional comfort.

These sub-themes collectively underscore the societal and familial influences on adolescent girls' experiences, emphasizing the need for awareness, support, and understanding during this crucial stage of development.

ECOLOGICAL FACTORS

Ecological factors denote affect daily life and are crucial in bringing about health disparities among adolescent girls. Menstrual health and hygiene requirements may be addressed of basic amenities like sanitary products and bathrooms."

"The sub-themes of ecological factors are Hygiene Practices and Seeking Help Facilities."

Hygiene Practices:

"The sub-theme of hygiene practices is a vital part of the health and dignity of girls. It refers to actions like routine hand washing, maintaining a clean face, and taking a warm, soapy shower that can increase cleanliness and promote excellent health."

Adolescent girl number 1 expressed, *"I take a bath every day, but my mother will not tell me to wash my head every day. My mother will tell me that it will be seven days, but only if you think that your head is dirty, only if you think it is enough. She will say that it is not necessary. I change twice when I'm at school and four to five times when I'm at home for a napkin."* Adolescent girl number 2 expressed, *"I used to take a bath. In school, when there's more flow, I will change 3-4 times. Other days only one time during lunchtime."*

These statements demonstrate the hygiene practices related to bathing, hair washing, and menstrual hygiene among the adolescent girls. Each girl has her own routine and approach to maintaining cleanliness and hygiene. The statements highlight the importance of personal preferences, cultural beliefs, and practical considerations in their hygiene practices.

Promoting hygiene practices among girls is essential for their overall health and well-being. It helps prevent infections, maintain cleanliness, and promotes self-care and dignity. Providing education and resources on proper hygiene practices, including menstrual hygiene management, can empower girls to take care of their health and maintain good hygiene habits throughout their lives.

Seeking Help Facilities: This sub-theme underscores the necessity for access to menstrual products, clean and safe spaces to use them, and the freedom to manage periods without embarrassment or stigma. Adolescent girls describe how they obtain and dispose of menstrual products:

Girl number 1 asks friends or the office room for a napkin and disposes of it in the bin.

Girl number 2 disposes of wrapped newspaper in the school dustbin.

Girl number 3 mentions that napkins are available in the office, and they can be purchased.

Girl number 4 obtains napkins from the school office by paying. Girl number 5 gets napkins from the school office, folds them in paper, and places them in a plastic bag.

Girl number 6 asks a friend for a napkin in school and disposes of it in the bin.

Girl number 7 disposes of wrapped newspaper in the dustbin.

These statements highlight the various ways girls manage menstrual hygiene and the importance of providing accessible and stigma-free facilities for menstrual health. It emphasizes the need for comprehensive support systems to ensure the well-being of adolescent girls.

DISCUSSION

The main goal of this phenomenological study was to learn about early adolescent girls' lived experiences with menarche and their menstrual cycle in relation to cultural practices. Menstruation-related consequences were predominantly unfavourable, whereas certain beneficial impacts were noticed when girls were more informed and prepared. Findings from this study may assist young females who experience hardships adjusting to bodily changes while maintaining respect for their culture.

Many of the adolescent girls had confidence that even if they had pain, they would go to school as usual. This subtheme seemed to be similar to that of Julie Hennegan et al., 2019⁹ which indicated that girls could control their periods and continue with other activities while they had them. Menstruation management skills were more confident when participants had access to preferred tools and surroundings, more information, and social support. Without worrying about their period, they were free to go out and about or engage in social activities.

Many girls had negative reactions to their first period. For example, a majority of school-going girls in one study in India described menarche as a shocking or fearful event; many cried upon seeing their blood, and some adolescents were experiencing severe cramps that made them more fearful and angrier. Few adolescents had irritability and mood swings during their periods. This subtheme seems to find support from Elizabeth Kemigisha, Masna Rai, Wendo Mlahagwa, Viola N. Nyakato, and Olena Ivanova¹⁰ who reported in 2010 that teenage girls' capacity to engage in leisure activities was restricted by menstruation. This was mainly brought on by discomfort or feeling sick. They sometimes preferred to separate themselves since they lacked proper hygiene supplies and were worried about ruining their clothes or seeming foolish.

Not all feelings about reaching menarche were negative; they also had positive reactions, for example "feel happy for coming of age". Some girls reported that they felt pride in becoming mature. This subtheme seemed to be similar to that of Anise Gold-Watts et al., 2019¹¹ which indicated that the event was hailed as "happy" and "enjoyable" by teenage girls. They discussed a number of functional details, such as the ceremonies and traditions carried out.

Physical factors of menstruation that were commonly reported by almost all adolescents included menstrual pain, premenstrual symptoms, Traditional feeding, and painful periods. Most of the adolescents reported that they felt painful cramps and dysmenorrhea. This subtheme seemed to be similar to that of Zay Yar Swe et al., 2022¹² which indicated that many girls reported menstrual pain, which made them miss school and caused problems for the girls. Dizziness and heavy bleeding were both mentioned, and some girls connected heavy bleeding with sensations of nausea and dizziness.

Many girls were given raw eggs and sesame oil to drink, as it is a traditional practice in Tamil Nadu. They felt uncomfortable after drinking these. This subtheme seems to find support from Lemma Getacher, Beyene Wondafrash Ademe, and Tefera Belachew, 2023¹³ reported that despite the fact that traditional or cultural foods are advised to schools, families, and the community, they are disregarded and not thought of as food by these groups. Culturally appropriate diets help children develop their physical fitness and strength. The current generation does not utilize or eat foods that are recognized in their culture.

Even if the adolescents had severe, painful menstruation, they would not take any tablets for pain. Some girls had uncomfortable sleep because their mothers made them sleep in a separate room. This subtheme seemed to be similar to that of Jessica Harvey, Lydia Emm-Collison and Simon J. Sebire, 2020¹⁴ which indicated that feeling exposed and uneasy while engaging in an activity, can occasionally cause people to avoid participating in particular activities.

Menstruation hindered everyday activities or routines for half of the girls in rural India. Daily activities are further restricted by taboos regarding what and with whom menstruating girls may come into contact. Menstruating girls in India are sometimes restricted from entering kitchens or bedrooms to avoid contaminating food or others. Cooking was frequently listed as 'not allowed' for menstruating girls in India. Female adolescents in rural and urban India reported restrictions on whom they could contact during menstruation. Other frequently identified social limits include avoiding physical or social activities (e.g., sports and occasions), refraining from religious activities, and missing school. This subtheme seems to find support in Anise Gold-Watts et al. (2019)¹¹ reported that participants used internalized withdrawal and isolation as coping mechanisms for their periods. Lack of participation in numerous social, intellectual, and professional activities, as well as feelings of isolation and failure to form healthy bonds with people, can all result from withdrawal. Participants spoke about their self-inflicted withdrawal from relationships, the social world, and relationships throughout the interviews.

A frequent absence of adult menstrual guidance may contribute to heterogeneity in fundamental hygiene management behaviors such as the use of sanitary absorbents and daily bathing. Sanitary pad use was significantly higher among urban-living girls in India¹⁵. A quasi-experimental study in India that used village-based gatherings for girls as a venue for communicating health messages resulted in large increases in sanitary pad use and a decrease in cloth usage (p -value < 0.05)¹⁶. The majority of the girls change 5 to 6 times during school hours. Methods for disposing of materials wrapped with newspapers and through them in the dustbin. This subtheme seems to find support from Rula Ghandour, Weeam Hammoudeh, Rita Giacaman, Gerd Holmboe Ottesen, and Heidi E. Fjeld, 2022¹⁷ who reported that information to help adolescent females be more prepared for their periods heavily emphasized hygiene and practical considerations while paying less attention to biological details, timely emotional support, or the psychological significance of menstruation. These typically included body cleaning and menstrual hygiene, such as using and discarding pads

CONCLUSION

The study addresses various factors that may contribute to adolescent girls' likelihood of experiencing certain health issues, including personal characteristics such as health knowledge and abilities, individual attitudes, and the emphasis we place on health.

FUNDING ACKNOWLEDGEMENTS

There was no particular grant from any funding agency in the public, private, or not-for-profit sectors for this study.

DECLARATION OF CONFLICTING INTERESTS

The authors state that they have no conflicts of interest.

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