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Perception of teenage girls towards menstrual cycle and its stigma: A qualitative study

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Abstract---Background: Globally, teenage girls undergo challenges with their menstrual cycle, including managing hygiene, fatigue, physical and psychological stigma, and absenteeism from school. Methodology: Teenage girls were included in this qualitative study, with five focus groups (three sessions each) with a researcher note. A thematic approach was adopted, and the criteria of reports on the qualitative study have been adhered to: Two major concepts of themes evolved from the collected data. 1. Dysmenorrhea and 2. Physical and psychological changes. Focus groups used a diary to document the conversations. Results: The girls reported that menstrual pain limits their everyday activities and causes less confidence. They are also more likely to feel mentally low, and it hurts their outfits. Conclusions: The research explores the significance of the data from a qualitative study in uncrating teenage girls' perception of menstrual pain and changes in their body images.

Keywords---menstrual pain, menstruation, body images, psychological stigma, absenteeism.

Introduction

Globally, menstrual pain is proven to be a gynecological disease among teens ages. Worldwide the prevalence rate is almost 75% [1]. In Saudi Arabia, the prevalence rate reaches 89.7%. Menstrual pain is pain due to spasms before, during, and after menstruation. Pain is felt mainly in the pelvic area and occurs even a few days before menstruation [2]. The common signs and symptoms during menstruation are nausea, severe headache, mood swings, and depression. Primary (PD) (no pathological reason) and secondary. The authors argue that the predominant cause of primary is associated with mental stress. On the contrary, researchers are currently associating PD with hormonal imbalances such as prostaglandin and vasopressin. Besides, there are causes related to immune, endocrine, and vascular conditions [3].

Secondary dysmenorrhea (SD) has pelvic pathology. The most common reasons are associated with endometriosis. Primary and secondary dysmenorrhea have common treatment strategies. However, SD sometimes needs surgical procedures [4]. There are more great misconceptions that it has been traditionally correlated across different cultures. Rarely it is connected with sexually interconnected causes. It is necessary to explore the relevant reasons and their impact on finding and treating illnesses by health professionals. PD and SD hurt the woman's quality of life. It has more significant connotations among school students as it affects their academic outcomes [5]. It is associated with less memory, migraines, and high rates of absenteeism from schools before and during the menstrual cycles. Rural people might worsen their conditions unless they consult health professionals for appropriate and timely care [6].

Further research was conducted in an Asian country with 376 students at a university in 2018. The study reported above 50% prevalence, with 50% of the participants with dysmenorrhea. PD was explored to have a strong association with coffee consumption with a p-value less than 0.05. It was also associated with less activity, high BMI, fast food intake, and smoking. This research has used four domains: physical, mental, health alterations, and pain. All disciplines significantly have shown a relationship with dysmenorrhea. Primary dysmenorrhea also considerably impacted the student's school attendance and performance. Many students who suffer from PD explored the controversial effects of their visit to the school; mind focus, study period, and academic involvement [7].

Across the countries, several studies explored the findings that girls do not seek professional obstetrical support; on the contrary, some studies proved that pain during menstruation has dire consequences, such as bad academic performance, and they approach healthcare organizations. The adverse impact on school performance creates many concerns comprehensively. Few educational activities and attendance can not be avoided, requiring mandatory presence.

Due to modern advancements, girls consume over-the-counter medication when they feel ill [8]. Hence, girls and researchers have a deep desire and greater need to evolve individual opinions. The girls' experiences, challenges, and barriers must be described and analyzed, especially in their educational activities and psychological stigma [9]. It will aid in establishing a comprehensive approach to gender equality and a constructive platform. Based on several qualitative researches, reviews, and meta-analyses, there are yet to explore teenage girls' perceptions and challenges about menstruation.

Research Questions

- a. What are the experiences of the girls with menstrual pain PD and SD?
- b. impact of discomfort in daily activities and its stigma.

The criteria for implementing qualitative research established by the Consolidated Criteria for Reporting Qualitative Design and the Standards for Reporting Qualitative Design were followed.

Research Methodology

A focus group design of a qualitative study was adopted to gather interesting details from girls in the community. Authors have important evidence-based information from previous studies that the qualitative method can reveal girls' perceptions about their experiences and struggles with their menstrual cycles. Focus group has been adopted as a mini-case study focusing on phenomenal-based perspectives. Our study has phenomena under the context of the negative consequences of PD.

Research Design

A Qualitative Focus Group -----Five Focus Groups

Three sessions each ----- Thematic approach

Two primary concepts

1. Dysmenorrhea
2. Physical and psychological changes

Two major themes

- a. life with Menstrual pain
- b. Alterations in Body Image and Swings

Furthermore, the focus group method is used to investigate the critical situations perceived as adverse outcomes which cannot be described and analyzed using other methods. Focus groups will support providing details where the hypothesis, questionnaires interpretation, and implementation can test it. Focus groups of girls from a rural community were the population, and a random sampling method was adopted to select the sample size. The research was conducted in March 2023. An equal number of participants were recruited in each focus group. There were four focus groups and eight girls in each group. Google Meet was conducted through the appropriate communication with the teenage girls. And the conversation was recorded.

Girls were allowed to join google meet even in the absence of video. Girls were given detailed instructions about sharing their opinion about their monthly challenges. Chatbox details were provided to the participants to raise their concerns and volunteer to respond to the questions. The appointed observer of the project continued rendering support to all girls. The problematic, sensitive messages were carefully dealt with to protect their self-respect. The girls' consent was obtained, and they assured them that the data would be shared anonymously.

After sufficient data were gathered, the analysis was performed using the principles of categorizing the themes and sub-themes. The observer maintained the detailed verbatim in the field report. After carefully studying the verbatims, themes were developed, clustered, and given exciting codes. The established themes, which the girls most often narrated, were: less physical energy and

interferences in daily activities; variability is the menstrual pain, deep and inability; peak perception/peevishness with groups; mind changes; menstrual pain assumed as illness; feeling accepted. Challenges and menstrual cycle encounters have been used as a prime context in investigating girls' menstruation in a rural community. Finally, all data were grouped under two major themes.

Emerged Theme 1. Life with menstrual pain

Girls have described their pain from their perspectives, according to their daily pain perceptions during the menstrual cycle. "A common disturbance or ill health" is interpreted as an abnormal menstrual cycle. Girls documented how the narration recorded by their ancestors and especially grandparents about monthly menstruation was exclusive of myths and history. In addition, stains on the outfit were intrigued with complaints and pitty, as menstruation is not explored; instead, it is a skimmy layer covering the fact.

The negative experiences as it generates alterations and changes in the everyday activities of Women's Day. It was described as an ugly kind of "hell lives" undergoing a perception of a downfall. This pain is usually associated with anxiety, fear of the unknown, and extreme fatigue. Some girls looked at themselves as seriously sick. They carry the teachings from their ancestors as it was explained as unhappy beings. Teenage girls approved that PD& SD has negative consequences for physical and mental health. The participants believed that this might arise from traditional socioeconomic roots and assimilation of cultures and history among girls; the platform of the journey descends from one to another. The menstrual cycle yields plenty of instability related to how it occurs and the number of menstrual bleeds.

This consideration about menstrual bleeds arises while attending education at schools and during social occasions visits. The dominant concern is blood leaking through the diaper, which in our study is also the predominant worry for the girls. Such kind of discomfort is felt both in the morning and at night. Most girls say they cannot avoid it at night, which is a hell-like feeling and distressing situation. In addition, during the night, girls stress that they need more attention to the bleeds, which will lead to sleep problems and rest. Menstruation cannot be quickly dealt with: it is a hidden context, becoming a myth. Incidents (such as) requesting a menstrual pad are done demonstrably, hiding the place and trying to prevent attraction and focus.

Pain during menstrual bleeding

Menstrual pain has no steady figure. It is changeable in the onset and the severity of the menstrual pain. Most girls explained the pain's severity during each intensive and incapacitating cycle in the beginning menstrual days. However, menstrual pain is unstated, changing, unpredictable, and appears at different times; some girls have it throughout the menstrual cycle, a few a couple of days, and sometimes severity increases when the process is delayed. Others may be less pain, having a fixed time for pain, and there is predictability in all aspects of menstruation.

Pain during menstruation is correlated with stress. However, it is not clear how, when, and what supportive strategies can ease the pain. Also, no one can predict how much physical and mental focus is impacted. Many other difficulties include a heavy abdomen, fatigue, lazy feelings, nausea, muscle pain, migraine headache, diarrhea or constipation, and stress.

Emerged Theme 2. Alterations in Body Image and Swings

Body changes occur during each menstrual cycle, affecting girls' perceptions of beauty, clothes, outfits, and thoughts. The girls revealed that it is uglier, deformed", and uncatchy due to alterations in their body, swollen legs and abdomen, and facial pimples. Body changes will need more attention to dress up nicely, loose-fitting clothes and more comfortable pants. Indeed, there is depression in gaining more weight they gain during menstruation.

Participants also reported mood changes, undergoing psychological blocks of ups and downs, at times demanding more amazing personality of affection or feeling demotivated, disturbed, or looking for contradiction with girls close to them. Most teenage girl participants described this, in their opinion, as feeling a "dual mind." Conflicted mentality can also occur before, during, and after menstruation. Additionally, girls feel discouraged and express this as a lack of energy, appetite, and decreased capabilities to carry out daily activities (study, work, etc.), dressing manners, and interests, sometimes having to interfere with these. The teenage girls related how they perceived themselves as "more sensitive" in their associations and approach with peer groups. Thus, they were more adaptive to show care, patience, and attention but were also more obsessed when faced with the character; they did not get attraction, critiques, or opinions. This state of greater sensitivity often made them perceive more annoyed because they may have responded improperly to thoughts or observations from other people. The girls interpreted this as "increased resistance and irritation" and tried to control themselves. They identified hormonal alterations cause this "sensitivity," although. However, they opted not to authenticate this so as not to have abnormal perceptions due to having their period: to avoid being judged.

Discussion

This study described how teenage school students experience body and mind alterations due to PD. Our findings revealed that PD is a complex entity influenced by socio-sociocultural background. PD has a wrong description for most girls, and they are more likely to hide their menstrual period. They experience colossal suffering and broader exposure to struggles, as dysmenorrhea is unexpected in how long they undergo pain, severity, clinical manifestations, and shortcomings. Besides, they experience plenty of sufferings physically and mentally. These changes tend to make girls feel less attracted and less moving forward to do enough activities and explore their real nature [10]. Although all hidden perceptions, women are usually freer to express their psychological feelings exactly how they perceive them [11].

The teenage girls explained the socio-cultural impact according to their family traditions, myths, and taboos. This was depicted in the documentaries, where

females expressed their menstrual bleeding as “the period I am ill” and the fundamental nature that women tend to hide their menstrual periods. The negative behaviors toward PD& SD are present in all cultures and are still stated in popular culture through myths and taboos. How socio-cultural factors in multi-ethnic clusters play a significant place in girls’ meaning of menstrual bleeding, especially in providing details about menstrual bleeding and related consequences. Along these interpretations, several authors have found deep-anchored social regulations and socio-cultural norms that could lead to the principle of hiding menstruation, social stress, and ongoing pressure among females trying to compete with existing guidelines. This also affects women’s family-related bonding issues by interfering with healthcare employees and making it difficult to identify problems [12].

Existing advertisements on menstrual amenities also convey the same necessity to hide menstruation. It is not a wonder that generations of women suffer from PD in the same family. Various articles have depicted that a first-line generation with PD carries a risk factor. Therefore, girls who have come up in families where more females have suffered from dysmenorrhea would tend to be associated with PD sickness because of the shortcomings. This aligns with the “conceptual, associative model of transcending risk from ancestors with chronic struggles to offspring.” In this model, the researchers pointed out that dysmenorrhea is inherited from family and ties descend from one generation to another group. It is based on generic factors, particularly social acquisition about dysmenorrhea, parent rearing, family welfare managerial skills, and disclosure to a stressful environment. This model shows how creating and targeting preventive interventions in subsequent generations to avoid or minimize pain would be possible [13].

The taboos and myths can result in gender differences, exhibited by keeping themselves away or postponing consultation with healthcare organizations for menstrual reasons, feelings of shame about menstruation, and accepting the presence of pain as something inherent to females. Authors argue that breaking the taboos about menstruation is mandatory to cope with gender differences through educational activities. However, another study on their systematic review of educational activities to enhance menstrual well-being specified that most recent implementations do not evolve significant alteration in considering these social taboos. Other researchers have put effort into analyzing in this perspective, speculating ideal significant models to alleviate these mental taboos; however, it would also be substantial to explore whether opinions about menstrual pain influence the intensity of menstrual pain. In addition, health professionals must consider cultural aspects and myths around menstrual pain to offer care with a biocultural perspective. Several studies highlighted that females described their menstrual experience as an all-around complicate entity even though the assessment of females with menstrual pain and the major focus of care is concentrated only on menstrual pain and do not tend to reach their expectations, as these are substantially standardized. Therefore, this considers the necessity of for extensive comprehensive approach. The research in the Arabian country explored that females understood the menstrual cycles holistically and described multiple problems and aspects concerning menstruation rather than focusing on dysmenorrhea, presenting more complicated experiences. These results are in

correlation with earlier researchers highlighting how females with menstrual pain tend to have high levels of hormones and severe pain threshold while suffering more painful experiences in different parts and more severe pain perceptions.

Additionally, girls with dysmenorrhea strongly perceived mind alterations during their menstrual cycle, such as increased perception and vulnerability and even trying at self-regulations that were revealed by most girls and which are less discussed in earlier research. The females ascribed these to their hormonal body level alterations; yet, there is a novel report, and it is identified that most females do not explore. Also, they do not try to manage themselves to avoid the fear of others' opinions [14].

Fear of people around females during menstruation is not precisely the stigma due to the menstrual cycle. females also documented low appetite and low energy to perform activities during the menstrual cycle. Along the lines of specific reports, a few earlier researches were written about girls' irritation, low common health, lack of sleep, and more fatigue in girls with pain during the menstrual cycle compared to girls without pain. They also documented body alterations that made them feel ill about physical discomfort that even managed their choice of outfit on menstrual days. Another researcher found differences during menstruation regarding body image and selective care toward body parts [15].

Previous study findings have attributed their reports to hormonal alterations; however, it is essential to keenly look at the results, as body image perception is a risk for bulimia nervosa and anorexia nervosa. Studies need to be performed on girls' perception, the impact of changes in body image results from hormone level interpretations, and to explore any deviations in the self-image of girls with menstrual pain compared to other girls.

Researchers have identified a correlation between favorable attributes toward the menstrual cycle and a more favorable image. In addition, our focus group discussion revealed a bad image assessment during the menstrual cycle. This could be believed by the negative attributes toward the menstrual cycle expressed from family perspectives [16]. Girls have discussed with the researchers that mental tension triggers their dysmenorrhea. This association has a correlation with one of the previous studies. Mental tension is recognized as a predominant cause of PD and is attributed to a lack of adaptation to cortisol [17].

Conclusion

This research analyzed menstrual pain and perceptions of teenage girls in the rural community of a developed country. Focus group results recommend that menstruation establishes biological transmissions of menarche and cultural domains or prohibitions that mitigate strict gender differences and regulations in this perspective. Furthermore, gender regulations also establish, regulate, and generate psychological stigma and its everyday assumptions that activate the development of coping strategies associated with menstrual hygiene managerial skills at home and in schools. In addition, this research explored the significance of qualitative design in uncrating teenage females' perceptions about menstrual cycles, which relates to exponential formal studies for the acceptance and

implementation of healthcare activities to match the concerned region populations.

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References

1. Alharbi, K. K., Alkharan, A. A., Abukhamseen, D. A., Altassan, M. A., Alzahrani, W., & Fayed, A. (2018). Knowledge, readiness, and myths about menstruation among students at the Princess Noura University. *Journal of family medicine and primary care*, 7(6), 1197–1202. https://doi.org/10.4103/jfmpe.jfmpe_279_18
2. Greydanus DE, McAnarney ER. Menstruation and its disorders in adolescence. *Curr Probl Pediatr*. 1982;12(10):1-61. doi:10.1016/0045-9380(82)90034-2
3. Adams Hillard PJ, Nelson LM. Adolescent girls, the menstrual cycle, and bone health. *J Pediatr Endocrinol Metab*. 2003;16 Suppl 3:673-681.
4. Marques P, Madeira T, Gama A. Menstrual cycle among adolescents: girls' awareness and influence of age at menarche and overweight. *Rev Paul Pediatr*. 2022;40:e2020494. Published 2022 Jan 5. doi:10.1590/1984-0462/2022/40/2020494
5. Almutairi AS. Assessment of awareness, experience, and attitude of Saudi women about oral health changes during the menstruation: A cross-sectional study. *Saudi J Health Sci* 2022;11:209-14
6. Peña AS, Doherty DA, Atkinson HC, Hickey M, Norman RJ, Hart R. The majority of irregular menstrual cycles in adolescence are ovulatory: results of a prospective study. *Arch Dis Child*. 2018;103(3):235-239. doi:10.1136/archdischild-2017-312968
7. Adams Hillard PJ. Adolescent menstrual health. *Pediatr Endocrinol Rev*. 2006;3 Suppl 1:138-145.
8. Johnston-Robledo I, Sheffield K, Voigt J, Wilcox-Constantine J. Reproductive shame: self-objectification and young women's attitudes toward their reproductive functioning. *Women Health*. 2007;46(1):25-39. doi:10.1300/J013v46n01_03
9. Johnston-Robledo I, Chrisler JC. The Menstrual Mark: Menstruation as Social Stigma. In: Bobel C, Winkler IT, Fahs B, Hasson KA, Kissling EA, Roberts TA, eds. *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan; July 25, 2020.181-199
10. Turki Jalil A, Alameri AA, Iqbal Doewes R, et al. Circulating and dietary advanced glycation end products and obesity in an adult population: A paradox of their detrimental effects in obesity. *Front Endocrinol (Lausanne)*. 2022;13:966590. Published 2022 Dec 1. doi:10.3389/fendo.2022.966590
11. Rafique N, Al-Sheikh MH. Prevalence of menstrual problems and their association with psychological stress in young female students studying health sciences. *Saudi Med J*. 2018;39(1):67-73. doi:10.15537/smj.2018.1.21438

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12. Odongo, E., Byamugisha, J., Ajeani, J. et al. Prevalence and effects of menstrual disorders on quality of life of female undergraduate students in Makerere University College of health sciences, a cross sectional survey. *BMC Women's Health* 23, 152 (2023). <https://doi.org/10.1186/s12905-023-02290-7>
 13. Eshetu, N., Abebe, H., Fikadu, E. et al. Premenstrual syndrome, coping mechanisms and associated factors among Wolkite university female regular students, Ethiopia, 2021. *BMC Women's Health* 22, 88 (2022). <https://doi.org/10.1186/s12905-022-01658-5>
 14. Prema S, Ramaiah Pushpamala, Lamiaa Ahmed Elsayed, Ibtessam Nomani, "Effect of Foot Reflexology on the Relief of Premenstrual Syndrome and Dysmenorrhea", *International Journal of Science and Research* <https://www.ijsr.net/getabstract.php?paperid=26111706>
 15. Ramaiah P and Albokhary, Afnan A. (2021) Muscle Relaxation Strategies on Dysmenorrhea: An Interventional Study. *Journal of Pharmaceutical Research International*. pp. 79-85. ISSN 2456-9119
 16. Ramaiah Pushpamala, Altalbawy FMA, Margiana R, et al. The association between prenatal exposure to polycyclic aromatic hydrocarbons and childhood intelligence: a systematic review of observational studies. *Environ Sci Pollut Res Int.* 2023;30(8):19592-19601. doi:10.1007/s11356-023-25309-w
 17. Bianchin, L., Bozzola, M., Battistella Pier, A., Bernasconi, S., Bona, G., Buzi, F., De Sanctis, C., De Sanctis, V., Tonini, G., Radetti, G., Rigon, F., & Perissinotto, E. (2019). Menstrual Cycle and Headache in Teenagers. *Indian journal of pediatrics*, 86(Suppl 1), 25–33. <https://doi.org/10.1007/s12098-018-2829-3>