UFSM

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REVISTA DE ENFERMAGEM DA UFSM

ISSN 2179-7692
OPEN ACCESS

Rev. Enferm. UFSM, v.16, 26, p.1-27, 2026 •
Submission: 01/19/2026 • Acceptance: 08/27/2026 • Publication: 11/04/2026

Original article

Between fear and acceptance: experiences of menarche and menstruation during adolescence*

Entre o medo e o acolhimento: vivências da menarca e da menstruação na adolescência

Entre el miedo y la aceptación: experiencias de la menarquia y la menstruación en la adolescencia

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* Extracted from the Final Course Project presented to the Nursing Course of the *Universidade Federal do Pampa*, 2023

Abstract

Objective: to analyze the experiences, feelings, and meanings attributed by adolescents to menarche and menstruation. **Method:** a qualitative study conducted between September and December 2023 with 12 adolescents from public schools, using individual semi-structured interviews combined with the "Almanac" creativity and sensitivity activity, followed by content analysis. **Results:** experiences of menarche and menstruation varied according to access to information and the support received, ranging from experiences marked by fear, confusion, and shame to others that were calmer and more supportive. Feelings included insecurity, fear, irritability, and sadness, highlighting emotional impacts on the adolescents' daily lives. The meanings attributed went beyond the biological dimension, associating menstruation with control, surveillance, and social stigma, especially in the absence of dialogue. **Conclusion:** the findings reinforce the importance of early, continuous educational strategies that are sensitive to the emotional, social, and cultural dimensions of menstruation, with implications for adolescent health care.
Descriptors: Adolescent Health; Adolescent; Menarche; Menstruation; Health Education

Resumo

Objetivo: analisar as vivências, os sentimentos e os significados atribuídos por adolescentes à menarca e à menstruação. **Método:** estudo qualitativo, realizado entre setembro e dezembro de 2023, com 12 adolescentes de escolas públicas, por meio de entrevistas semiestruturadas individuais associadas à dinâmica de criatividade e sensibilidade "Almanaque", com análise de conteúdo. **Resultados:** as vivências da menarca e da menstruação variaram conforme o acesso à informação e o apoio recebido, oscilando entre experiências marcadas por medo, confusão e vergonha e outras mais tranquilas e acolhedoras. Os sentimentos incluíram insegurança, medo,

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irritação e tristeza, evidenciando repercussões emocionais no cotidiano das adolescentes. Os significados atribuídos extrapolaram a dimensão biológica, associando a menstruação a controle, vigilância e estigmas sociais, especialmente na ausência de diálogo. **Conclusão:** os achados reforçam a importância de estratégias educativas precoces, contínuas e sensíveis às dimensões emocionais, sociais e culturais da menstruação, com implicações para o cuidado em saúde do adolescente.
Descritores: Saúde do Adolescente; Adolescente; Menarca; Menstruação; Educação em Saúde

Resumen

Objetivo: Analizar las experiencias, sentimientos y significados atribuidos por adolescentes a la menarquia y la menstruación. **Método:** Estudio cualitativo, realizado entre septiembre y diciembre de 2023, con 12 adolescentes de escuelas públicas, mediante entrevistas individuales semiestructuradas asociadas a la dinámica de creatividad y sensibilidad "Almanaque", con análisis de contenido. **Resultados:** Las experiencias de menarquia y menstruación variaron según el acceso a la información y el apoyo recibido, oscilando entre experiencias marcadas por el miedo, la confusión y la vergüenza, y otras más tranquilas y acogedoras. Los sentimientos incluyeron inseguridad, miedo, irritación y tristeza, lo que resalta las repercusiones emocionales en la vida diaria de las adolescentes. Los significados atribuidos trascendieron la dimensión biológica, asociando la menstruación con el control, la vigilancia y los estigmas sociales, especialmente en ausencia de diálogo. **Conclusión:** Los hallazgos refuerzan la importancia de estrategias educativas tempranas, continuas y sensibles que aborden las dimensiones emocionales, sociales y culturales de la menstruación, con implicaciones para la atención de la salud de las adolescentes.
Descriptores: Salud del Adolescente; Adolescente; Menarquia; Menstruación; Educación en Salud

Introduction

Menstruation is a physiological phenomenon that marks female reproductive development, yet it is also an experience shaped by social, cultural, emotional, and symbolic dimensions.[1] Despite its central role in female development, menstruation remains, in many contexts, shrouded in taboos, silence, and stigma, all of which affect how it is understood and experienced.[2-3]

Historically, the meanings attributed to menstruation have undergone significant transformations. In certain contexts, menstrual bleeding was associated with symbols of fertility, renewal, and power. However, over time, particularly under the influence of Judeo-Christian cultural frameworks, it came to be viewed as a sign of impurity and filth, reinforcing practices of control, shame, and the silencing of the female body.[1] These socially and culturally constructed meanings continue to influence contemporary approaches to menstruation, perpetuating norms, values, and stigmas that permeate various social contexts.[4]

During adolescence, a period marked by profound bodily and identity-related changes, menarche represents a pivotal event that can significantly influence how adolescent girls relate to their own bodies, their sexuality, and healthcare processes. Historically constructed meanings regarding menstruation persist in the narratives of girls and adolescents, who associate menarche with fear, a sense of strangeness, shame, and the need to conceal the menstruating body, while simultaneously forging their own symbolic interpretations of this rite of passage. In this context, the female body becomes more visible, regulated, and subject to moral scrutiny.[4]

In the Brazilian context, menarche occurs on average between the ages of 10 and 15, frequently around age 11, marking the onset of reproductive life. This period is accompanied by hormonal, metabolic, and psychosocial changes that can impact the daily lives of adolescent girls through physical and emotional symptoms.[5-7] However, such manifestations are not always systematically addressed in health services or educational settings, highlighting gaps in access to reliable information and in the comprehensive care of this population.

Although there has been an increase in scientific literature regarding menstruation, particularly concerning period poverty, access to supplies, and infrastructure conditions,[8] significant gaps remain in both national and international literature regarding the understanding of subjective experiences, feelings, and meanings attributed to menarche from the perspective of the adolescents themselves.[2-3] Despite growing attention to menstrual dignity and universal access to products, menstruation remains marginalized in health care and rights agendas, perpetuating taboos and invisibility that shape both individual and collective experiences.[9]

Studies have prioritized material, epidemiological, and access-related aspects, while the lived experiences, feelings, and meanings attributed to menarche and menstruation from the adolescents' own perspectives, especially within specific sociocultural contexts, remain underexplored. Furthermore, research linking these experiences to the emotional, informational, and relational dimensions that permeate adolescents' daily lives, particularly in the Brazilian context, is still in its infancy. This gap hinders a comprehensive understanding of menstruation as a

biopsychosocial phenomenon and limits the development of more sensitive and contextualized care strategies. Given this, the present study seeks to advance knowledge by analyzing—from the adolescents' perspective—the lived experiences, feelings, and meanings attributed to menarche and menstruation, thereby contributing to broadening the debate beyond the biological and material dimensions of this process.

Thus, "lived experiences" are understood as the concrete events related to menarche and menstruation in adolescents' daily lives; "feelings" as the emotional responses associated with these experiences; and "meanings" as the significance attributed to menstruation, constructed within social, cultural, and relational contexts. Therefore, the objective of this study was to analyze the lived experiences, feelings, and meanings attributed to menarche and menstruation by adolescents.

Method

This was an exploratory and descriptive study with a qualitative approach, conducted between September and December 2023 in a municipality located in the Western Frontier region of Rio Grande do Sul. The recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed to ensure transparency and quality in reporting the methodological procedures.

Participants were recruited from two public schools in the municipality. School A was selected because it had a large number of adolescents from various neighborhoods and social classes. School B was located in an outlying neighborhood and served a large population facing social vulnerability.

Selecting two schools with distinct characteristics aimed to broaden the diversity of the research setting, encompassing adolescents from different socioeconomic and territorial backgrounds. This strategy sought to enrich the understanding of the phenomenon by considering diverse life contexts.

The study participants were female adolescents who met the following inclusion criteria: being between 10 and 19 years of age, the age range defined as adolescence by the World Health Organization (WHO), and having already experienced menarche.[11] There were no exclusion criteria.

The project was presented to the school administrations to obtain authorization. Following ethical approval, the lead author returned to the schools. Initial participant selection was based on convenience sampling, with schools identifying adolescents who met the inclusion criteria. Subsequently, the snowball sampling technique12 was employed, wherein each participant recommended other adolescents, thereby expanding the sample until data saturation was reached.[13]

The snowball sampling technique was adopted at both schools. In each setting, the adolescent girls initially identified by the school administration would point out potential participants from the same school environment. Data saturation was deemed reached when no new relevant elements emerged from the accounts, with repetition and convergence of content observed across interviews. This process occurred concurrently with data collection and analysis and was evaluated based on the body of collected material, taking into account the similarity and complementarity of experiences among participants from both schools.

All participants were approached individually and invited to join the study. Adolescents aged 18 or older received the Informed Consent Form. Those under 18 received the Informed Assent Form, while the Informed Consent Form was sent to their guardians. These documents were taken to the participants' homes for reading and signing.

At a pre-arranged date and time, the author returned to the schools to collect data through individual semi-structured interviews, guided by a script developed by the researchers. The script included closed-ended questions for sociodemographic characterization (age, education level, family composition, etc.) and open-ended questions related to the study's objective. Key guiding questions included: “What was it like for you the first time you menstruated?”; “How did you feel when you experienced menarche?”; “What does menstruation mean to you?”; “Who did you talk to about it?”; and “How does menstruation affect your daily life?”.

Alongside the interviews, the “Almanac” creativity and sensitivity exercise was administered individually in a private setting at the schools. For this activity, participants were provided with images pre-selected by the researchers—depicting emotions, everyday situations, and symbolic representations of the body and menstruation—as

well as materials such as paper, glue, and pens. The adolescents were invited to select and arrange the images on a sheet of paper to freely express what menstruation meant to them. During the activity, the researcher maintained a stance of listening and support, intervening only for clarification when necessary. The entire data collection process was audio-recorded and lasted an average of 20 minutes. At the end, the almanac produced by each participant was photographed.

It is noteworthy that the interviews took place in a single moment with each participant, without repetition. No field diary was used, with data recorded through audio recordings and materials produced during the dynamics.

The main author, responsible for data collection, had prior training in qualitative research and was trained to conduct participatory dynamics, seeking to ensure a sensitive, welcoming and non-judgmental approach. It is also worth noting that there were no refusals or withdrawals from participants throughout the research. In total, 12 adolescents participated in the study, six from school A and six from school B.

After the end of the collections, the interviews were transcribed in full and organized together with the records from the “Almanac” dynamic, being analyzed in an integrated way. The empirical material was subjected to content analysis, developed in three stages: pre-analysis, exploration of the material and treatment of results and interpretation.[14]

The organization of the material occurred manually, through successive readings of the transcriptions and records produced in the dynamics, aiming for immersion in the data. In the exploration stage, units of meaning were identified, subsequently coded and grouped by similarity, giving rise to thematic categories. The researchers conducted the coding, categorization and interpretation steps iteratively, in a continuous and comparative analysis process.

The data from the two collection scenarios were analyzed together, without segmentation by school, since the objective of the study was to understand the phenomenon in its complexity, and not to compare contexts. The statements showed significant convergences, being considered complementary in the construction of the thematic categories.

The analysis of the empirical material made it possible to organize the findings into two thematic groups: Experiences and meanings attributed to menarche and Experiences and meanings attributed to menstruation in everyday life. Based on the recurrence, convergence and complementarity of the statements, five thematic categories were constructed, categories that express the experiences, feelings and meanings attributed by the adolescents to the experiences of menarche and menstruation. These categories show that menstruation is understood beyond the biological dimension, constituting a sociocultural phenomenon crossed by emotional, informational and sociocultural aspects, which, in certain contexts, require care strategies and coping with shame related to the menstruating body.[10]

All ethical aspects outlined in Resolution No. 466/2012 of the National Health Council, which governs research involving human subjects, were observed. The project was approved on August 18, 2023, by the Research Ethics Committee of the local educational institution (CAAE number 71512123.4.0000.5323). To ensure participant anonymity, the participants were identified by the letter "A" (for *adolescente* [adolescent]), followed by a number.

Results

The study involved 12 adolescent girls from two public schools with distinct socio-territorial characteristics. The results presented reflect an integrated analysis of the narratives produced in both settings, considering the convergences and complementarities of the experiences reported by the adolescents.

The participants were aged between 12 and 18, with an even distribution across self-declared racial categories, White, Brown and Black, totaling four adolescents in each category. Menarche occurred at age 8 (n=1), 9 (n=3), 11 (n=3), and 12 (n=5). Regarding sexual orientation, 11 participants identified as heterosexual and one as bisexual; three had already become sexually active. Two adolescents, aged 17 and 18, were using oral contraceptives and were part of the workforce.

The adolescents were enrolled in various stages of basic education, ranging from the 7th grade of elementary school to the 3rd year of high school. Regarding family composition, five lived with both parents, two with only their mother, two with only their

father, one with grandparents, and one with an older brother. Most guardians held formal employment (n=10). Of the others, one performed casual labor (n=1) and one was a beneficiary of the National Social Security Institute (n=1).

Data analysis was guided by a sociocultural perspective, which views menstruation as a phenomenon that transcends the biological dimension, shaped by socially constructed norms, values, and meanings. From this perspective, the aim was to understand: (1) lived experiences, understood as the concrete experiences related to menarche and menstruation in the adolescents' daily lives; and (2) feelings, expressed through the emotional responses associated with these experiences. and (3) the meanings, understood as the significance attributed to menstruation, constructed within social, cultural, and relational contexts. This approach allowed for the interpretation of the narratives while considering the sociocultural influences that shape the menstrual experience of adolescent girls.

Therefore, beyond lived experiences and feelings, the meanings attributed to menstruation emerged across the narratives, associated with notions of shame, dirtiness, body control, and the transition to adulthood. These meanings do not appear in isolation but are intertwined with lived experiences and feelings, highlighting the complexity of the menstrual experience during adolescence. It is also worth noting that the findings revealed similarities in the experiences, feelings, and meanings attributed to menarche and menstruation among the adolescent girls in both settings studied.

Menarche as an experience marked by a lack of knowledge, fear, and silencing

For many adolescents, menarche was experienced as an event marked by fear, confusion, and a sense of strangeness, particularly when it occurred in the absence of prior information or opportunities for dialogue. In such situations, the first period was perceived as threatening or abnormal, leading to silence, shame, and difficulty sharing the experience with family members or trusted individuals. These findings indicate that, for some participants, menarche was not recognized as an expected developmental process, but rather as an unexpected and unsettling event.

For some adolescents, the first period was experienced as a frightening event, especially in the absence of family dialogue or an understanding of bodily changes, generating insecurity, silence, and a reluctance to share the experience. Among these

participants, menarche was associated with surprise, fear, and confusion.

> *I was scared because I didn't know what it was. I called my mom and my godmother, and they told me what to do. But I was really frightened by what it was when I went to the bathroom and saw it for the first time. It was very scary because I didn't know what was happening, and since people didn't talk openly about it, I was confused and afraid. (A2)*
> *It was strange; I didn't know about it because I don't live with my mom. It was my aunt who told me. She was the one who bought sanitary pads and later told my dad. (A6)*
> *It was really confusing and scary because I didn't know what it was. I was home alone when I felt something come down; I went to the bathroom and saw it. I was terrified and didn't know what to do. (A11)*

In the absence of prior conversations about menstruation, some adolescent girls reported choosing silence or attempting to hide the bleeding, associating the experience with shame and fear. These experiences occurred in both family and school settings and, in some cases, were marked by difficulty interpreting the bleeding and the perception of a large volume of blood.

> *I was at home. My grandmother, my father, and my mother were home too. I didn't want to tell anyone. I spent the whole day changing my underwear while figuring out how to tell them, until the moment I took a bath that night and finally told them. Because they had never spoken about it, though I knew what it wasI'd h, eard people talk about it before. But neither my mother nor my grandmother had ever spoken to me about it... to me, it was something shameful... I told my mother and said, "Don't tell anyone," because I didn't want anyone to know. (A8)*
> *It was a strange and unusual experience. I was asleep. When I got up, I saw the bed was covered in blood and got scared, thinking I was dying... I asked my sister and brother, and they said I was "having my day." I didn't understand. What did "having my day" mean? Was I counting down the days until I died or something? Because I was bleeding so much. I was terrified, but I called my sister, and she talked to me. Later, I began to understand about menstruation. (A12)*

In contrast, other adolescent girls described menarche as a calm experience, free from fear or pain, accompanied by subsequent family support. In these instances, the bleeding was noticed during everyday activities and managed using resources available at home and immediate practical measures, such as hygiene, changing clothes, and using a sanitary pad.

> *The first time I got my period was when I woke up and went to take a shower before school. That's when I saw it had happened. I didn't tell anyone; I just grabbed some of my mom's pads and put one on. When I went to the bathroom and saw I was menstruating, I just showered, washed my clothes, put on a pad, and went to school. I only told anyone when I got home. But it was really uneventful; I didn't feel any pain or cramps, I experienced those in later months*

> *as the flow got heavier and the cramps started. But it was very calm; I wasn't scared. (A1)*

Overall, the experience of menarche was influenced by the presence or absence of information and support. A lack of knowledge and the presence of silence contributed to feelings of fear, confusion, and shame, whereas prior guidance and family support fostered a calmer experience with less emotional impact. Thus, the experiences described—marked by fear, confusion, and silence, reveal not only emotional responses to menarche but also the meanings attributed to the event, which are frequently associated with the idea of bodily abnormality, the unknown, and the perception of bleeding as something threatening.

Family support and prior information regarding the experience of menarche

This category addresses the meanings attributed by adolescents to family support and the presence or absence of prior information about menarche. The statements indicate that family support and access to information played an important role in the menarche experience. For some adolescents, previous guidance received in the family or school environment favored greater preparation and security in the face of what happened.

After menarche, the adolescents reported support mainly from their mothers, who explained what was happening and offered practical guidance, such as using sanitary pads. In some cases, other family members were also present, helping the participants feel welcomed.

> *I felt supported because my mother was patient enough to talk to me and explain things properly. It wasn't just a case of handing me a sanitary pad and leaving me to figure it out on my own. She talked to me and explained that I was "becoming a young woman," that this would happen every month, and that it would last for seven days. So, I felt supported. (A5)*
> *I felt very supported because it was a really big, emotional moment for them. My godmother came to see me, and then other relatives came too, it was like an event. They came to see me, ask how I was doing, and what I thought about it. They were all so welcoming; it seemed like they were trying to make me feel good about it, to show me it was normal. Even though, to me, it didn't feel that way. (A8)*
> *My mother explained what it was and showed me how to use a sanitary pad, but my father was worried about what was happening and had my mother take me to the doctor, who confirmed I was healthy. She helped me and explained everything. (A9)*

Some adolescent girls reported having received prior information about menstruation at home or at school, which helped them recognize and handle the situation. This guidance included explanations of what to expect regarding menstruation and what to do when it occurred.

> *My mother always talked to me about menstruation and warned me about what I had to do if it happened. I think this information was important, because I knew what to do and I didn't need to run around desperately asking for help and I could act on my own. (A1)*
> *I had already received some prior information, but I didn't pay much attention. I was a child and didn't understand it very well, but I received some information [...] I think it made a difference, because I knew more or less what it was, but I still felt scared at the time. It was something I didn't expect, it was a very random moment and I was very young too. (A5)*
> *At the other school, there was a lecture by some people who went to the school, they distributed pamphlets about menstruation, and I saw it in the pre-teen notebook that we received. I think it was important, because I wasn't scared and I already knew this was going to happen and I was prepared for it. (A10)*

In contrast, other adolescent girls reported not having received prior guidance within the family setting, with explanations provided only after the onset of their first period. Faced with this lack of information, they described feelings of fear, confusion, and surprise, as well as difficulty sharing the experience.

> *I heard some people talk about menstruation, but no one ever explained it to me personally. [...] My family didn't talk much about it. My mother didn't explain it very well. [...] I called them [mother and sister] over, and they helped me. They taught me how to handle the sanitary pad and how to use it. I really missed having that guidance, because I didn't know what was happening, and it came as a huge surprise to me that day. (A2)*
> *My mother never spoke about menstruation, so I was scared when I got my period for the first time. I missed having that information. (A7)*
> *I heard some people talking about it, but my guardians never spoke to me about it. I really missed that. That's why I didn't tell them when it happened, even though it was something I should have shared. I think if they had been more open with me and given me the freedom to talk, I would have said something and wouldn't have felt so ashamed of something that is perfectly normal. (A8)*
> *I didn't receive any information beforehand. I really missed having it. If I had known what menstruation was and what to expect, I would have known what to do in the moment. That's why I was scared and confused. It would have made a big difference if they had spoken to me about it earlier. I would have understood that it was a natural bodily process and wouldn't have been so frightened. (A11)*

The accounts demonstrate that family support and prior knowledge directly influenced the experience of menarche. Open communication and a supportive environment fostered a sense of security and calm, whereas a lack of information was

associated with fear, confusion, and difficulty discussing the topic within the family. Beyond the supportive experiences and associated feelings, the accounts also reveal the meanings ascribed to menstruation as a milestone in the transition to adulthood, often linked to the idea of "becoming a woman" and the normalization of the female body.

Seeking information and recognizing the importance of dialogue about menstruation

Following menarche, the adolescents sought to better understand how their bodies work and reflected on the need for more opportunities to discuss and learn about the subject. They sought information after questions, concerns, or discomforts arose. Consequently, they looked into the mechanics of the menstrual cycle, the normal duration of menstruation, cycle delays, the intensity and characteristics of the flow, as well as symptoms like cramps and ways to relieve them. They also searched for information regarding the use of contraceptives and the morning-after pill.

> *At first, I used to look up a lot of information to understand the menstrual cycle, how it works, how many days of menstruation are normal, and at what point it becomes a cause for concern. I mostly researched things like whether bleeding for more than three days is normal, or if a 38-day cycle is too long and requires a hospital visit. Nowadays, I don't search for information as much. I only look things up if I have serious doubts or if I'm in a lot of pain somewhere; I really only search when I'm genuinely curious. (A3)*
> *I look for information online mostly when my period is late. I also looked up the morning-after pill because I saw it could be very harmful, things like causing thrombosis, and I'd never heard anyone talk about that before. (A8)*
> *Sometimes I search online to see what a normal cycle looks like, because my period is irregular; I try to find out what the normal number of days is. I also check about the color, because sometimes the blood comes out dark. (A10)*
> *I have my sister. I ask her everything; she has a good idea of how it works and explains it to me. (A12)*

The accounts indicate that information was sought primarily through the internet and from people close to them, especially sisters, who were identified as accessible and reliable sources of guidance. The internet served as a resource for clarifying questions about the menstrual cycle, delayed periods, the characteristics of menstrual flow, cramps, and contraceptive methods, while sisters played a role in mediating knowledge by offering experience-based explanations and facilitating an understanding of the menstrual process.

The adolescents emphasized the importance of having access to information about menstruation. They highlighted that open dialogue can benefit both those who lack knowledge and those who already possess basic information, fostering a better understanding and making the experience less stressful.

> *It is really important to have this information—especially for those who know nothing about menstruation—and for those who already know the basics, it is always good to learn more. (A1)*
> *I think it's very important; some people don't care about this information, but I do. I think it would really raise awareness among people. (A3)*
> *It's an important topic, and I think talking about it would help a lot of girls. (A5)*

The need to expand and deepen discussions about menstruation in the school environment, in an early and inclusive manner, was also emphasized. Adolescent girls highlighted the importance of involving boys in these conversations to foster understanding, prevent embarrassment, and reduce attitudes stemming from misinformation or ridicule.

> *I think it would be good to talk about menstruation, but that's not the case for us here at school. If you start talking about it back in elementary school, it would be a more relaxed experience and everyone would know... I think it's something they should focus on more, and not just for the girls, but for the boys too, because there are a lot of irresponsible boys. (A8)*
> *There are girls who don't know what menstruation is. It's also important to know that it's normal. Not just for the girls, but for the boys too, so they don't laugh at us. (A9)*
> *I think they could talk to us more about it, go into more depth so we can understand the subject better. I think it would make a difference for the girls. There are a lot of girls who still don't know much, because sometimes their mothers don't help and they get confused. If they explained it at school, people would know a bit more, especially at the beginning, which is when things get complicated. (A12)*

Seeking information after menarche emerged as a strategy for understanding one's own body, addressing questions, and reducing insecurities related to the menstrual cycle. Adolescents recognized the importance of expanding and improving opportunities for dialogue about menstruation, particularly within school and family settings. Their accounts also clearly link their experiences, feelings, and the meanings they attribute to menstruation, revealing it as a process requiring ongoing control, monitoring, and understanding, highlighting the need for regulation and constant attention to bodily functions.

Menstruation: Between physical symptoms and feelings

Following menarche, menstruation was experienced as a period marked by physical and emotional changes that interfered with the adolescents' daily lives. Their accounts highlight symptoms such as cramps, headaches, breast tenderness, increased menstrual flow, and acne, often accompanied by feelings of irritability, sadness, insecurity, and stress.

Emotional changes were linked to the menstrual period, with irritability, sadness, and emotional instability emerging as recurring experiences. The adolescents described mood swings, heightened emotional sensitivity, and feelings of insecurity regarding their bodies.

> *I get really moody and irritable. Anything sets me off. I also get scared [...] I get cramps [...] I always feel shaken and sad; I cry all the time. I feel insecure about my body and have a lot of questions about menstruation. (A1)*
> *My period gives me breast pain [...] I get a lot of pimples when I'm on my period. I don't have that much pain; I only get cramps when it's about to start. (A2)*

In addition to emotional aspects, the participants mentioned the presence of physical symptoms accompanying menstruation, such as cramps, breast tenderness, nausea, appetite changes, and skin issues. These symptoms often intensified the discomfort and influenced the negative perception of menstruation.

> *I feel irritable because my hormones are running high. It seems like the slightest thing stresses me out. I also get sad, and over really small things, too. I get sadder... I feel insecure as well... When I have my period, I gain a lot of weight because I eat a lot and feel nauseous. I overeat due to stress and sadness. (A3)*
> *This image showing irritation defines me... menstruation triggers this irritation even more. (A4)*

The speeches also demonstrate that the intensity of physical symptoms was associated with feelings of fear, frustration, and worry. These sensations arose particularly in response to variations in menstrual flow, delays, or more intense pain.

> *I get quite irritable with headaches and cramps; I get really scared, and sometimes I feel frustrated with my period—whether it's very heavy or if it's a day or two late. I often feel sad [...] and quite insecure. During this time, I get pimples on my face [...] I get upset very easily over things, and my breasts feel sore. (A5)*
> *I feel irritable and sad. I get headaches and also stain myself with blood. (A11)*

These experiences were also expressed through the “Almanac” activity, which fostered creativity and sensitivity. The letters (A–F) correspond to excerpts from the participants' work, illustrating key symbolic elements identified during the analysis. Notably, irritation (Figure 1-A) was selected by six adolescents, while sadness (Figure 1-B) appeared in the almanacs of four participants. Images associated with physical symptoms, such as headaches (Figure 1-C) and breast pain (Figure 1-D), were chosen by six and two adolescents, respectively; meanwhile, images related to leakage (Figure 1-E) and concerns about sanitary pads (Figure 1-F) appeared in four and three of the creations.

Figure 1- Fragments of creations from the “Almanaque” creativity and sensitivity activity, representing symbolic elements associated with menstruation: (A) irritability; (B) sadness; (C) headache; (D) breast pain; (E) leakage; (F) worry about sanitary pads. Brazil, 2023



The outputs from the "Almanac" Creativity and Sensitivity activity reinforced the sentiments expressed in the participants' accounts, highlighting the alignment between verbal narratives and symbolic expressions, both of which convey culturally constructed meanings. The selected images depicted irritation, sadness, physical symptoms, and concerns regarding leakage and sanitary products, indicating that the menstrual experience encompasses subjective dimensions that go beyond verbal discourse.

For the adolescents, menstruation was experienced as a time when physical symptoms and emotional changes intertwined, impacting their daily lives. Cramps, pain, bodily changes, and variations in menstrual flow were linked to feelings of irritation, sadness, insecurity, and stress, perceptions that were further reinforced by the Almanac materials. The accounts indicate that menstruation is also perceived as a period of physical and emotional distress, associated with discomfort, instability, and a negative impact on daily well-being.

Strategies for self-care and coping with menstruation-related shame

Faced with the fear of leakage and a sense of uncleanliness, the adolescents described self-care strategies aimed at managing menstruation. These included frequently changing sanitary pads, bathing, wearing dark clothing, and planning ahead, such as organizing supplies, to ensure greater security during their period. Their accounts reveal not only their experiences and feelings but also the meanings they attribute to menstruation.

> *I use a lot of sanitary pads because my flow is heavy. So, I need a lot of pads [...] I always want to be at home. (A1)*
> *Every time I go out somewhere, I take a shower because I'm afraid someone might smell the blood. (A2)*
> *I buy a lot of skincare products when I have my period or PMS to help me relax amidst all the tension that comes with menstruation. (A3)*
> *When I'm on my period, I like staying home because it's a place where I feel comfortable [...] I take care of myself; I know when my period is coming. I take birth control, so I know the date it's due; a few days beforehand, I buy pads and keep them in my toiletry bag or my purse. (A5)*

These practices are directly related to the fear of leakage, concerns about odor, and the sense of uncleanliness associated with menstruation. These strategies reflect an effort by adolescent girls to avoid situations considered embarrassing in social settings.

> *I always keep a stock of sanitary pads so I never run out, because I find it really embarrassing to have to go buy them [...] I don't like feeling unclean; I change them all the time. (A8)*

It is also observed that care strategies are permeated by feelings of shame and disgust, as well as the internalization of family norms regarding hygiene and the disposal of sanitary pads. In these accounts, the adolescents reveal how the menstruating body is perceived and managed in daily life.

> *I bathe and wash myself frequently. But I don't wash my hair. I wear dark clothes so that if there's a stain, no one will see it [...] My mom says you can't leave sanitary pads in the bathroom, or else bugs will gather and it'll start to stink. And since I have a brother, he can't see them. I take the pad, put it in the shower, and step on it to get the blood out, just like she told me to do, because she does it too. Then I throw it in the trash. But sometimes I find it really gross; you have to keep touching that thing. (A9)*
> *I try to keep myself clean. I use sanitary pads and change them often so there's no odor and they don't get too full and leak. I also bathe and use intimate wash to feel clean. (A11)*

In this study, situations requiring improvisation due to a lack of sanitary pads heightened the adolescents' emotional stress. The self-care strategies reported by the adolescents reveal that the experience of menstruation is shaped by concerns regarding cleanliness, body control, and the avoidance of situations perceived as embarrassing. Fear of leakage, odor, and exposure led to intensified hygiene practices, careful planning, and activity restrictions, particularly outside the home. These behaviors reflect the adolescents' daily experiences managing menstruation, permeated by feelings of fear, shame, and insecurity, while also expressing the meanings they attach to this bodily process, which are linked to a need for control, cleanliness, and discretion.

Discussion

The findings show that experiences, feelings and meanings attributed to menstruation are not presented in a dissociated way, but constitute interdependent dimensions of the menstrual experience, continually produced and given new meanings in the sociocultural contexts in which the adolescents are inserted. This perspective is in line with the understanding that culture constitutes a system of shared meanings that guides the subjects' experiences.[10] In general, the experiences and feelings related to menarche and menstruation reveal social constructions associated with shame, body control, suffering, the transition to adulthood and the need for concealment.

Similar results are described in a qualitative study carried out in Ghana, in which adolescents reported experiencing menarche in a context of silence, fear and confusion, often associating menstrual bleeding with danger, illness or shame. The lack of prior information and the culturally private nature of menstruation contribute to menarche being perceived as a threatening experience, reinforcing the emotional isolation of adolescents.[15] These findings help to understand why, in the present study, lack of knowledge about one's own body was directly associated with intense feelings of insecurity and fear.

In this sense, weaknesses are observed in the process of body literacy, understood as the ability to recognize, name and understand body transformations throughout development.[16] The insufficiency of this educational process can lead to the interpretation of menstrual bleeding as something abnormal or dangerous, increasing feelings of vulnerability and reinforcing silencing strategies. International evidence

indicates that information gaps about menstruation make it difficult to recognize the menstrual cycle as a natural part of life, contributing to negative experiences of menarche and greater emotional suffering.[17] Thus, the need to strengthen intersectoral actions between health and education is reinforced, especially within the scope of the School Health Program, with a view to promoting menstrual education and guaranteeing the right to information.

On the other hand, adolescents who reported having received prior information about menstruation, whether in the family or school context, demonstrated a greater ability to recognize the meaning of bleeding and deal with the situation more calmly. These findings indicate that access to information and the possibility of dialogue function as protective factors, favoring greater security, autonomy and understanding of initial bodily transformations. Therefore, early menstrual education can reduce the negative emotional impact of menarche and contribute to a more positive experience of this event.[17]

Despite this, menstruation remains fraught with social stigmas that negatively influence the experience of adolescent girls. Menstrual stigma manifests through feelings of shame, fear of leakage, the need to conceal the menstruating body, and the avoidance of public spaces, particularly within the school environment. These aspects are reinforced by sociocultural norms that frame menstruation as a private, dirty, or shameful matter, as described in studies conducted across various cultural contexts.[10,15,17]

In this light, shame emerged as one of the feelings most strongly associated with the menstrual experience, manifesting to the point where adolescent girls conceal their menstrual status and avoid situations where they might be exposed. Shame is recognized as an expression of shared cultural meanings that guide how the menstruating body is perceived and socially regulated.[10] Furthermore, the fear of leakage and the anxiety regarding a lack of adequate sanitary products were recurring themes, reinforcing the vulnerability experienced during this time.

"Period poverty" also plays a role in this scenario, as difficulties in accessing sanitary products and adequate hygiene facilities intensify fear, embarrassment, and insecurity during menstruation. Evidence indicates that period poverty is a multidimensional phenomenon, shaped by economic, educational, and sociocultural inequalities, which affects the physical, emotional, and social well-being of those who menstruate.[18]

In the school setting, adolescent girls reported a fear of leakage, a dread of judgment, and a desire for isolation. These findings highlight that, while schools are recognized as potential spaces for education and support, they can also become environments of vulnerability when menstruation remains a taboo subject or is addressed inadequately. Reports by the United Nations Children's Fund (UNICEF) highlight that poor school infrastructure and the absence of policies supporting menstrual health expose girls to embarrassing situations, affecting their emotional well-being and school attendance.[8]

The experiences reported by the adolescent girls in this study, characterized by shame, fear of leakage, the need to conceal their menstruating bodies, and difficulties managing menstruation during the school day, align with evidence from an integrative review on the challenges of menstrual management.[19] These findings reinforce that the feelings expressed by the participants cannot be understood in isolation but rather as the result of a social context that continues to silence menstruation and offers insufficient support to adolescent girls in navigating this experience.

Regarding sources of information, adolescents who received guidance from mothers, sisters, or teachers reported feeling more secure and supported, highlighting the importance of female networks in mediating knowledge about menstruation. Studies and reviews indicate that maternal support and pre-menarche education act as protective factors, reducing feelings of fear and shame.[20-21] However, confining these conversations to the female sphere reinforces the private nature of menstruation and limits collective discussion, thereby perpetuating stigma.[2] Including boys and men in discussions about menstrual health contributes to normalizing the topic and reducing discriminatory attitudes.[3]

Following menarche, many adolescent girls independently sought information, particularly online or from people close to them, regarding cycle irregularities, menstrual flow, cramps, and contraceptive use. This trend highlights that body literacy is an ongoing process that extends throughout adolescence. Studies show that the internet is a primary source of health information for adolescents, especially when dialogue within the family or at school is insufficient.[21-23]

A cross-sectional study of Taiwanese adolescents during the covid-19 pandemic revealed a high prevalence of online health information seeking. The authors note that, while this behavior represents a strategy for autonomy and addressing uncertainties, the ability to critically evaluate the quality of available information varies among adolescents.[24]

Thus, the reliance on the internet as a primary information source highlights gaps in the provision of high-quality guidance, as access to inappropriate or unreliable content can reinforce insecurities, misinformation, and improper self-care practices. A cross-sectional study involving 524 adolescents indicates that online health information seeking is strongly influenced by digital health literacy; limited skills in critically evaluating available content are associated with greater confusion, anxiety, and difficulty in making health-related decisions.[25]

Safe and effective use of online health information requires competencies that go beyond mere access, including literacy, analytical skills, self-efficacy, and critical health literacy, which are essential for distinguishing between sources, interpreting meanings, and applying information to personal care. Although many adolescents feel confident using digital technologies, insufficient levels of critical health literacy expose them to the risk of using incorrect information, with potential negative health consequences.[23] This underscores the need for structured educational interventions developed in partnership with adolescents and health professionals. Within the scope of Primary Health Care, nursing plays a strategic role in developing educational initiatives focused on sexual and

reproductive health, including preparing girls for menarche, providing guidance on the menstrual cycle, and addressing the emotional needs associated with this process. The nursing consultation serves as a prime setting for dialogue, enabling attentive listening to adolescents and the discussion of aspects often left unspoken, such as the shame, fear, and insecurity related to menstruation.

In this context, the strategic role of nursing in intersectoral actions between health and education stands out. The school environment, especially when linked to Primary Health Care, serves as a prime setting for developing sensitive and ongoing educational initiatives regarding menarche and menstruation.[26] Through intersectoral programs, such as the School Health Program, nurses can foster body literacy, help manage menstrual symptoms, and dismantle taboos, thereby contributing to a more informed and supportive experience.[27] Including boys in these activities, as suggested by the adolescent girls themselves, can foster more respectful school environments and reduce the stigma associated with menstruation.

It is worth noting that the adolescent girls expressed a desire for menstruation to be addressed earlier and more systematically in schools, with a deeper exploration of the topic involving students of all genders; this approach aims to reduce stigma, prevent teasing, and promote greater understanding. These requests align with the need for public policies that recognize menstrual health as a right, integrating initiatives focused on education, gender equity, and the reduction of inequalities. Furthermore, they underscore the need for educational actions that go beyond a purely physiological view of menstruation, incorporating emotional, social, and cultural dimensions. This perspective aligns with the WHO's position, which asserts that menstrual health must be recognized as a health issue with physical, psychological, and social dimensions, ensuring that people who menstruate have access to information, appropriate products, and competent care, as well as environments where menstruation is viewed as a natural process rather than a source of shame.[28]

The request made by the adolescent girls directly aligns with the Sustainable Development Goals (SDGs). Thus, it is understood that educational initiatives promoting equitable learning and access to reliable information about menarche and menstruation can contribute to quality education, a key aspect of SDG 4. By addressing the stigmas, silences, and gender inequalities associated with menstruation, the study also aligns with SDG 5 (Gender Equality) by highlighting the importance of boys' participation and the need to overcome discrimination against girls. Furthermore, challenges regarding access to information, menstrual products, and adequate hygiene facilities link the findings to SDG 10 (Reduced Inequalities) by revealing vulnerabilities that disproportionately affect how adolescent girls experience menstruation.[29]

In this context, the development and validation of specific educational tools regarding menarche and menstruation also emerge as promising strategies for expanding access to reliable information. These tools can foster body literacy and digital health literacy, while also helping to reduce the stigma surrounding menstruation.

In this sense, a study proposing the use of the “Menstrual Traffic Light” stands out as an educational and engaging tool for tracking and monitoring menstrual symptoms throughout the cycle. This strategy was designed to foster the recognition of bodily signals, encourage self-care, and enhance knowledge about one's own body, particularly among adolescents. The proposal highlights the potential of accessible resources to facilitate dialogue about menstruation, promote greater autonomy among adolescents in managing their menstrual cycles, and contribute to normalizing the experience.[30]

Subsequently, the adolescents described the self-care strategies they adopted to maintain hygiene and comfort. Anticipating needs, continuous planning, wearing strategic clothing, and concealing sanitary products reveal self-protection mechanisms in the face of the social stigma surrounding the menstruating body. Although these practices provide a sense of security, they also highlight the impact of cultural and familial norms that reinforce surveillance, control, and the rendering of menstruation invisible.[10] These findings underscore the need for educational initiatives that foster a more positive, autonomous, and less self-policing relationship with one's own body.[2]

The findings of this research reflect experiences situated in a specific time and place and may not encompass the full diversity of experiences among adolescents in

other regional or socioeconomic contexts, a limitation that should be acknowledged. Nevertheless, this limitation does not invalidate the findings, as the qualitative approach adopted allowed for a deeper understanding of the subjective experiences and meanings that the participating adolescents attributed to menarche and menstruation.

This study contributes to the body of knowledge regarding menarche and menstruation from the adolescents' own perspectives, highlighting the pivotal roles of access to information, family support, and spaces for dialogue in shaping these experiences. The findings inform nursing practice by supporting the proposal of sensitive, continuous, and intersectoral educational initiatives aimed at body literacy and the reduction of menstrual stigma, thereby contributing to comprehensive, context-specific care practices within adolescent health services.

Conclusion

The study revealed that the experiences and meanings attributed to menarche and menstruation varied according to access to information and the support received, ranging from experiences marked by fear and confusion to others that were calmer and more supportive. Associated feelings included shame, insecurity, fear, irritation, and sadness, indicating that menstruation significantly impacts the emotional well-being and daily lives of adolescent girls.

Regarding the meanings attributed, these emerged in close connection with the girls' experiences and feelings. Menstruation was perceived as a process requiring control, vigilance, and constant body management, often linked to notions of uncleanliness, shame, and the need for concealment, particularly in contexts lacking information and dialogue. Conversely, when accompanied by support and prior guidance, it was also recognized as a natural developmental process.

The findings demonstrate that a lack of prior guidance and opportunities for dialogue intensifies silence and embarrassment, whereas family support fosters a greater sense of security, acceptance, and understanding of the menstrual process. Silence within the family and at school exacerbated insecurities, hindered body awareness, and reinforced the perception of menstruation as something embarrassing or private. Subsequent efforts to seek information, especially online

and from people close to them, highlighted the need for ongoing, high-quality guidance throughout adolescence.

Practices adopted to manage menstruation revealed concerns regarding cleanliness, body control, and the prevention of potentially embarrassing situations. These practices reflect socially constructed meanings that shape the menstrual experience.

The findings underscore the importance of early, continuous, and integrated educational strategies. Such initiatives must address not only the physiological aspects but also the emotional, social, and cultural dimensions of menstruation, thereby fostering a more informed, autonomous, and dignified experience of this bodily process during adolescence.

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Editor in Chief: Cristiane Cardoso de Paula
Associate Editor: Aline Cammarano Ribeiro

How to cite this article

Bagé IT, Knapp LEP, Fernandes MAD, Bertei MICP, Santos EO, Prates LA. Between fear and acceptance: experiences of menarche and menstruation during adolescence. Rev. Enferm. UFSM. 2026 [Access at: Year Month Day]; vol.16, e26:1-27. DOI: https://doi.org/10.5902/2179769295150