

ADOLESCENT GIRLS' PERCEPTIONS OF AND PREPARATION FOR MENARCHE

Barbara-Ann Janes and Janice M. Morse

Menarche is probably the most important event of puberty for girls, marking the turning point in the transition from girl to woman (Brooks-Gunn & Ruble, 1983; Koff, Rierdan & Jacobson, 1981; Rierdan, 1983; Ruble & Brooks-Gunn, 1982). Despite this, little is known about the menarche experience. As a result, adolescent girls may not be as prepared as they could be for such an important life event. This may be because in our culture menstruation is considered private and embarrassing, and communication about the topic is limited.

Some investigators suggest that adequate preparation for menarche may correlate with more positive experiences (Golub & Catalano, 1983). However, Whisnant and Zegans (1975) discovered that, although subjects reported that they were intellectually prepared, they still experienced distress at menarche. Such distress or negative experience with menarche may lead to subsequent menstrual dysmenorrhea (Clark & Ruble, 1978; Woods, Dery, & Most, 1982) and may also have a negative effect on ensuing female sexuality (Rierdan & Koff, 1980). Morse and Doan (1987) examined responses from adolescent girls about their preparation for menstruation and found that many were dissatisfied with the information they received. Negative feelings about menstruation were reported by 69% of their sample and approximately 9% reported that they were unprepared. Further research on perceptions and preparation for menarche was recommended.

The question of who prepares adolescent girls for menarche is a continuing controversy: is it the responsibility of the parents or the school? This was first discussed by Rogers (1953) and is still an issue today, almost forty years later. The literature indicates that the mother is the main source of information, although in the past two decades school health classes have been frequently cited as well. Many believe it is the role of parents to teach maturational development: however, for reasons that include embarrassment, a lack

Barbara-Ann Janes, R.N., M.N. is Community Health Nurse in the Vancouver Health Department, in British Columbia. Janice M. Morse, Ph.D (Nurs), Ph.D. (Anthro) is Professor and MRC/NHRDP Health Scholar in the Faculty of Nursing, at the University of Alberta, in Edmonton.

of knowledge or a poor mother-daughter relationship, the information may not be properly provided. The adolescent girl may have to rely on other sources for information that may also not be adequate and may simply be incorrect.

Although onset of the menstrual cycle is something that every girl experiences, very little research has been done on how adjustment to it affects the daily life of adolescents, and, on how the information received at school and school facilities eases this adjustment. Morse and Doan (1987) found that many Canadian girls perceived the school facilities to be inadequate while they were menstruating; this contributed to feelings of embarrassment.

The main objective of this study was to determine how adolescent girls view the preparation they receive for menarche and how they cope with menstruation in daily life, particularly how they manage menstruation at school. More information will enable community health and school nurses to help adolescent girls feel better prepared for menarche and cope better with menstruation.

Method

Menstruation is usually considered a topic not to be discussed in public, and often communication about it is taboo. There are several problems inherent in the study of menstruation, especially with adolescent girls. For example, giggling in group interviews was noted by Ernester (1977) and, when individual interviews were conducted, the interviewee was frequently teased by other girls (Whisnant & Zegans, 1975). Therefore, we chose a projective technique of data collection, using a paper and pencil questionnaire. Adolescent girls were able to answer the questions in a non-threatening environment, where no one would know how they responded; as well, they did not have to be concerned about "right" responses in front of their peers or the investigator.

The Menstrual Perceptions Research Tool (MPRT) was designed for this study, using (with permission) an adaptation from an open-ended questionnaire previously developed by Koff, Rierdan and Jacobson (1981). It consists of 47 multiple-choice questions and takes 20-25 minutes to complete. This tool has several advantages. First, because there was no structured questionnaire available for the assessment of adolescent attitudes to menarche, the adaptation of adult instruments might have jeopardized validity. Secondly, indepth qualitative studies, when conducted on small samples, yield large amounts of data for analysis; unstructured interviews of large samples would have produced an unwieldy amount of information. Finally, the intimate nature of the topic might have resulted in lost or distorted data in an interview situation. By using the method chosen, participant embarrassment is minimized, and the validity of the results may be increased.

The questions are based on the experiences of a fictitious girl called Ann. The instructions read: *Ann has just started her period for the first time. Please answer the following questions as if you were Ann.* Murstein (1965) suggested that the use of the third person would elicit responses that might otherwise be too threatening. The multiple choice questions are based on the projective technique of sentence completion. The general purpose of sentence completion is to obtain responses from subjects who would be unable or unwilling to recognize or express their feelings and attitudes about a particular topic in direct communication (Murstein, 1965). The sentence stems and responses to the multiple-choice questions were derived from a review of the literature, and, in particular, from a previous qualitative study (Doan & Morse, 1985; Morse & Doan, 1987). From these data, questions were developed that reflected the language used by Canadian adolescent girls when discussing menstruation. Examples of questions were:

When Ann first saw her period she: (please pick one answer)

- ☐ didn't know what it was.
- ☐ knew what it was.

When Ann first saw her period she mostly:

- ☐ felt excited that it had come.
- ☐ didn't think it was any big deal.
- ☐ felt scared, she thought something was wrong.
- ☐ felt disgusted and gross.
- ☐ felt surprised.
- ☐ felt curious, and wondered if this was her period.

The multiple choice questions in the MPRT were grouped into six categories that encompassed the dimensions associated with adolescent perspectives of menstruation (Morse & Doan, 1987). These six categories are: feelings, symptoms, preparation for and coping with menstruation, adequacy of school facilities, and finally, communication about menstruation. A qualitative portion of the questionnaire was composed of four open-ended questions stated using the first person pronoun. As these questions did not relate to personal experience, it was anticipated that the girls would not feel threatened or embarrassed to answer them.

Face and content validity of the MPRT were established by eight experts in the field of menstruation, using the process described by Lynn (1986) for developing an affective instrument. These same experts assessed the clarity and readability of the MPRT, and it was subjected to review by one class of grade six girls during the pretest phase of the study. Based on the input received from these two sources, the questionnaire was revised. Test-retest reliability was conducted for the MPRT with responses from 20 subjects, using a score of 1 if there was an agreement and 0 if there was no agreement;

the proportion of agreement was calculated. Results showed that 60% of the sample had 70% to 83% agreement on their responses for Time One and Time Two; this was considered adequate for the study.

Subjects were girls from middle to upperclass families who resided in an Alberta city with approximately 35,000 people. The sample was obtained from the three Catholic schools in the area. This was a convenience sample, selected because the school board was most receptive to the research project. Inclusion in the study was dependent upon receiving a consent form signed by at least one parent or guardian permitting the daughter to participate. The girls also voluntarily agreed to participate in the study by filling out the questionnaire. Finally, the girls that were included were in grade six, seven, or eight and were able to read and write English.

Results

One hundred and forty-one of the one hundred sixty-six girls who met inclusion criteria participated in the study - a response rate of 85%. Forty-five (31.7%) of the participants were in grade six; 36 (25.4%) were in grade seven; and 60 (42.3%) were in grade eight. The age of the girls ranged from eleven to 14 years with a mean age of 12.4. Seventy-four subjects (52.1%) were pre-menarcheal and 67 (47.2%) were post-menarcheal.

Feelings

Feelings were defined as the reported thoughts and emotions of adolescent girls that are associated with the reaction to and management of menstruation. Two questions assessed Ann's perceived reaction to menarche. "No big deal" was how 30.5% of the sample thought Ann would feel when she experienced her first period. "Surprised" (18.4%) and "curious" (15.6%) were the next two most common responses. Twenty-one percent of the post-menarcheal girls chose "curious" as compared to only 10.8% of the pre-menarcheal girls. Furthermore, although 12.2% of the pre-menarcheal group believed that Ann would be "excited" when she first saw her period, only 3.0% of the post-menarcheal girls chose this response. Twice as many pre-menarcheal girls (17.6%) as compared to post-menarcheal girls (9.0%) anticipated that Ann would feel "scared" and 10.8% of the pre- and 13.4% of the post-menarcheal respondents, chose "disgusted and gross".

Thirty-eight percent of the girls reported that Ann would feel "embarrassed" on the first day of her period and 9.2%, thought Ann would feel proud that her period had come. Almost twice as many pre-menarcheal (10.8%) girls indicated Ann would feel "excited", compared to 6.0% for post-menarcheal girls. Although 44.8% of post-menarcheal girls anticipated Ann would "hate" having her period, only 25.7% of pre-menarcheal girls chose that response.

Four questions were related to feelings associated with some of the activities that are required to manage menstruation. Sixty-one percent of pre-menarcheal girls anticipated that wearing a pad would make Ann feel "different and strange". Fifty-two percent of the post-menarcheal girls thought Ann would feel it was "a bother". Only 4.3% of the sample thought it would make Ann feel "proud" and 15.6% indicated that wearing a pad would not make her feel "any different".

Preparation

The preparation category of the MPRT contained 16 questions that pertained to "information and conditions related to preparing a girl for menstruation". The majority of girls in the sample, 92.2% felt Ann would "know what her period was" when she first saw it; however, in spite of this, only 20.9% of post- and 6.8% of pre-menarcheal girls concluded that Ann would be "well prepared" for her period. Thirty-one percent of post-menarcheal girls indicated that Ann would be "unprepared" for her period and 37.8% of pre-menarcheal girls predicted that Ann would "not know what to do".

Although the majority of respondents reported that Ann realized that she had had her period, only 39.2% of the pre-menarcheal and 56.7% of the post-menarcheal sample reported that she had supplies and knew what to do with them. Twenty-two percent of the pre-menarcheal sample reported that Ann had supplies but did not know how to use them. The use of tampons was addressed, and the majority of the pre-menarcheal girls (62%) believed that Ann would be afraid to try tampons. This response was 20% higher than the post-menarcheal girls. Approximately 45% of the sample indicated that Ann did not know how to use tampons; however, 19% of the post-menarcheal girls said Ann's mother wouldn't let her try them. If Ann did try to use tampons, almost 25% of post-menarcheal girls concluded that Ann would find them better to use than pads, but 12 % expected Ann would find them too hard to use. Only 14% of the pre-menarcheal girls anticipated that Ann would find tampons better to use than pads and 7% believed that Ann would find them too hard to use.

Three questions addressed two of the physical symptoms associated with menstruation: feeling sick and having cramps. Twenty-five percent of the sample thought Ann would not be sick during her period; whereas, the majority, 58.9%, believed that Ann would feel "a little sick". Ten percent of the pre-menarcheal as compared to 16.4% of the post-menarcheal girls anticipated that Ann would be "very sick". Approximately half the sample, 51.1%, thought Ann would sometimes have cramps during her period, although 14.9% indicated that she would not have cramps. Ten percent more post-menarcheal (34.3%) than pre-menarcheal girls (24.3%) expected that Ann would have cramps during her period.

In the event that Ann did have cramps during her period, one question pertained to their severity. Approximately one half of the sample (50.4%) assessed that Ann’s cramps would be slightly painful, and almost one third (28.4%) believed that they would be moderately painful. A difference between the responses of pre- and post-menarcheal girls was that twice as many post-menarcheal girls (17.9%) reported that Ann’s cramps would be very painful, than did pre-menarcheal girls (9.5%).

Despite the extent of the pain of cramping, 33.3% of the sample suggested that Ann would take Aspirin® or Tylenol® and only 5.7% believed she should take something stronger, such as 222’s. Fifty-seven percent of the post-menarcheal and 46% of the pre-menarcheal girls concluded that Ann would not have to take anything for cramps. Four percent recommended that Ann should stay home in bed, and another 12.8% thought Ann should stay home but did not need to stay in bed.

Five questions related to Ann’s participation in daily activities while menstruating. These activities were: attendance in gym classes, gymnastics, Pathfinders (a youth group for girls), a school dance and swimming. Findings are presented in Table 1. The responses to these five dichotomous (yes/no) questions were summed to obtain a score indicating participation in daily life activities. The majority (76.3%) of girls reported that Ann modified her lifestyle when menstruating. Only three girls (2.2%) reported that Ann withdrew from activities altogether. Most surprisingly, the results from the pre-menarcheal girls were similar to the post-menarcheal girls (i.e., 72.5% and 80.3% respectively), indicating that most of the girls *expected* menstruation to reduce Ann’s ability to participate fully in activities.

Table 1
Perceived participation in daily life activities while menstruating

Activity	Attended		Not Attended		Not Reported	
	n	%	n	%	n	%
Gym Class	100	71	40	28	1	1
Gymnastics	85	60	54	38	2	1
Pathfinders	119	84	18	13	4	4
School Dance	135	96	6	4	0	0
Swimming	40	28	100	71	1	1

As discussed earlier, the source of information regarding menstruation may reflect its accuracy and have an impact on how well prepared an adolescent girl may be for menarche. Although 31.1% of pre-menarcheal girls felt that most of Ann's information was obtained from the health class at school, 36.2% of the sample thought Ann would have learned the most about menstruation from her mother. More specifically, the information given by Ann's mother to prepare Ann for menstruation is listed on Table 2.

Table 2

Information provided by Ann's mother for preparation for menarche (Item #38).

	Pre-		Post-		Total	
	n ¹	%	n ¹	%	n ¹	%
38. What things did Ann's mother tell her about periods? (You may pick more than one answer)						
1. How to put on a pad.	30	40.5	34	50.8	64	45.4
2. How to use tampons.	11	14.9	18	26.9	29	20.6
3. How a period may feel.	35	47.3	33	49.3	68	48.2
4. The timing of her periods.	31	41.9	36	53.7	67	47.5
5. What she can and cannot do when she has her period.	20	27.0	17	25.4	37	26.2
6. What emotions she may feel when she has her period.	30	40.5	27	40.3	57	40.4
7. Appropriate hygiene when she has her period.	16	21.6	26	38.8	42	29.8
8. How to be prepared for her period.	41	55.4	34	38.8	75	53.2
9. How it related to growing up.	30	40.5	33	49.3	63	44.7
10. Other_____.	8	9.5	3	3.0	11	6.3

¹Number of responses

If Ann had had a class on menstruation at school, 35.5% believed it did "not go over everything" and at the end of class Ann still "had questions". Approximately 66.7% of the sample believed Ann wanted to know more about how to avoid the problem of bleeding through her clothes, with 54.6% believing Ann wanted to know more about "things that could go wrong". Forty-six percent of the sample reported that Ann would want the information to be presented in grade five. Importantly, only 12.2% of the pre-menarcheal girls suggested that Ann would want both boys and girls to be together in the menstruation class, but this increased to 22.4% in the post-menarcheal group.

School facilities

The four questions in the school category pertained to "the environmental conditions and facilities provided at school to manage menstruation". At Ann's school the pad dispenser would be outside the bathroom cubicle as indicated by over 56.7% of the sample and indeed, if there was a pad dispenser, 47.5% of the sample suggested it would be always be empty or broken. In terms of buying or disposing of used ones, 87.2% felt Ann would be "embarrassed" to buy a pad from the pad dispenser which was in full view of everyone and 80.9% believed she would feel "embarrassed" to dispose of her pad in the garbage can in front of other girls. The responses of the four questions pertaining to school facilities were summed to get scores for each respondent that reflected her perceptions of the overall adequacy of the school facilities. The scores ranged from 4 to 12 (see Table 3). Mean scores between the pre-menarcheal and the post-menarcheal groups were not significantly different ($p \leq .05$) and both groups perceived the school facilities to be moderately inadequate or completely inadequate.

Table 3

Perceived adequacy of facilities in Ann's school

Menarcheal status	Inadequate (Score 4-6)		Moderately Adequate (Score 7-9)		Very Adequate (Score 10-12)		Total	
	n	%	n	%	n	%	n	%
pre-menarcheal	18	26.5	32	47.1	18	26.5	68	54.4
post-menarcheal	18	31.6	28	49.1	11	19.3	57	45.6
Total	36	29.1	60	48.1	29	22.9	125 ¹	100.0

¹Missing observations=16

Discussion

The information from the "Feelings" category showed that subjects reported a range of feelings about menstruation. The pre-menarcheal group anticipated being more scared, yet felt excited at the arrival of menarche. Consistent with Haven's (1986) study, most post-menarcheal girls reported more surprise and felt curious. Perhaps discussing these differences and the range of possible responses with pre-menarcheal girls, emphasizing that there is no "right" feeling, may make the initial experience a little easier and make the girls more comfortable about their mixed feelings.

It is important to note that slightly more pre-menarcheal girls than post-menarcheal girls *expected* to have some physical and emotional symptoms with their periods, indicating that girls *expected* to experience physical changes while menstruating. The rate of expected occasional cramps in the post-menarcheal sample (49.3%) closely resembles the incidence in Finnish post-menarcheal 12 year olds, as reported by Teperi and Rimpela (1989). In addition, the expected use of analgesics for dysmenorrhea reflect the illness-orientation of our teaching and perhaps of our advertising. However, of most significance is the *expected* impact of menstruation on the lifestyle and illness orientation: they expected that Ann would not be able to participate fully in her daily activities while menstruating.

The "Preparation" category provided interesting information. The most pertinent issue evident in these data is that the preparation received for menstruation is not considered adequate, especially by pre-menarcheal girls. This would explain why feelings of not being well prepared, inadequacy, and not knowing what to do were reported by pre-menarcheal girls. Most post-menarcheal girls perceived that the information they received as more adequate than did pre-menarcheal girls, yet few post-menarcheal girls reported they were well prepared. Being both intellectually and emotionally prepared has been cited in the literature as key components for adequate preparation. However, a successful program that contains an appropriate balance between the two, does not appear to be offered.

While the role that educational programs play in preparing girls for menarche (especially before menarche) seems to be important, the mother provided the girls in this sample with the most information. Participants perceived that their mothers discussed how to be prepared for a period and to cope with it once it had started, rather than how to deal with feelings. The teaching apparently is given later, with more post- than pre-menarcheal girls indicating that they received the most information from their mothers. This finding is similar to that of Fox & Inazu (1980) in that the timing of the first discussion about menstruation by the mother was closely matched with the daughter's experience of menarche. However, Hill, Holmbeck, Marlow,

Green and Lynch (1985) found that shortly after menarche there appeared to be a period of stress in the mother-daughter relationship. This stress could prevent the adolescent girl from asking for help or being provided with the support from her mother she needs at that time. Andrews (1985) also discusses the point that, at the time when adolescent girls are questioning their parents' authority, menarche makes them dependent (especially on the mother) for guidance, support and understanding. The information from these two sources suggests that another support person such as a community health nurse, as well as post-menarcheal classes, may be necessary to help the adolescent girl adjust to menstruation.

The short answer concerning the school facilities yielded some interesting comments and overwhelmingly demonstrated the girls' own feelings of a lack of privacy. This is a serious issue. Not only are young girls required to carry out the tasks necessary to manage a new experience for which they have not been well prepared, they are expected to do this in an environment that causes them embarrassment and stress. Concerns were voiced about the physical layout of the washrooms and change rooms, such as not having sanitary napkin dispensers and disposals in the cubicles. It was stressed that having the dispensers working and stocked at all times may help minimize the embarrassment and stress. The psychological traits characteristic of the adolescent group, such as egocentrism and concern with the imaginary audience (Mitchell, 1986), can lead a girl to believe that everyone is aware she is menstruating. This feeling of being watched may be compounded if she has to purchase pads or tampons from a dispenser situated in full view of other girls in the washroom. These adolescent girls require an advocate, such as the community health nurse, to help rectify a poor environmental situation and make coping a little easier for them. It is clear that improving these facilities would help girls cope better with the changes of menstruation.

Implications for Nursing Practice and School Health

Data obtained in this study have several implications for nurses and others involved in school health education. Reports from adolescent girls in this sample indicated they were not as prepared as they could be for such an important life event. We recommend that community health nurses provide menstrual education in the following areas.

They should offer initial menstrual education prior to menarche. The age of menarche can be very early for some girls. Menarche occurred for ten girls in this study before the age of 11 years; therefore, education should begin in grade four. Reducing the age of instruction for menstrual education will assist girls to assimilate information and provide additional time for them to accept menarche, thus assisting in normalizing changes during puberty.

They should provide more than one menstrual education class prior to menarche so that learning can be reinforced. *Girls only* follow-up classes, audio-video presentations and books for independent study should be offered for girls who have reached menarche. The schools where this study was conducted offer one class to grade five girls. A second class that would help girls cope with menstruation should be required after the onset of menarche. It is interesting that some attempts to "normalize" this instruction have included boys. Girls report that this innovation is anxiety producing and embarrassing (Morse & Doan, 1987). Findings indicate that boys and girls, especially in the early grades, should be provided with information in separate groups.

Community health nurses should also provide information for mothers and encourage them to discuss the physical and emotional aspects of menarche with their daughters. Mothers should be encouraged to provide much of the information by grade four.

Finally, they should acknowledge to adolescent girls that menstruation is not an isolated event but is an event that is affected by many other aspects of their lives. Simply providing information about the physiology and coping aspects of menstruation is not enough. The community health nurse should be aware that other emotional factors affect the experience of menstruation. It is important that the egocentric nature of early adolescent girls and the desire for privacy be acknowledged during discussions relating to menstruation.

Implications for Further Research

The issue of menstrual education remains a relatively poorly understood area. Research findings suggest that being well prepared for menarche may lead to a more positive experience. However, further research is required to explore what type of information and what type of teaching format would lead to reports from post-menarcheal adolescent girls that they were well prepared for the experience. Qualitative and quantitative evaluation of existing programs is an essential first step in developing and testing satisfactory educational programs. A variety of teaching methods and materials should be developed and tested on several groups of subjects. Further, school nurses should conduct an environmental assessment of school washroom facilities to ensure that the girls' needs for privacy are met. If these needs are not being met, the role of the nurse as an advocate for change on behalf of the students is clear.

As in this study, most of the research in the area of menstruation has been conducted using a convenience sample of healthy, white, middle-class, adolescent girls. Data derived from the experiences of menarche for girls in

other cultural groups and social classes are necessary to obtain a more comprehensive picture. Conducting research with handicapped girls as subjects would yield important information concerning their special learning needs and coping abilities. This information would be beneficial for community health nurses in teaching and supporting adolescent girls of different cultural and health groups who are experiencing menarche.

REFERENCES

- Andrews, S. (1985). The experience of menarche: An exploratory study. *Journal of Nurse-Midwifery*, 30(1), 9-14.
- Brooks-Gunn, J., & Ruble, D. (1983). The experience of menarche from a developmental perspective. In J. Brooks-Gunn & A. Peterson (Eds.), *Girls at puberty*, (pp. 155-177), New York, Plenum Press.
- Clark, A., & Ruble, D. (1978). Young adolescents beliefs concerning menstruation. *Child Development* 49, 231-234.
- Doan H., & Morse, J. (1985). *Every girl, learning about menstruation*, Toronto, Stoddard.
- Ernester, V. (1977). Expectations about menstruation among pre-menarcheal girls. *Medical Anthropology Newsletter*, 8(4), 16-25.
- Fox, G., & Inazu, J. (1980). Mother-daughter communication about sex. *Family Relations*, 29, 347-352.
- Golub, S., & Catalano, J. (1983). Recollections of menarche and women's subsequent experience with menstruation. *Women and Health*, 8(1), 49-61.
- Hill, J., Holmbeck, G., Marlow, L., Green, T., & Lynch, M.: (1985). Menarcheal status and parent-child relations in families of seventh-grade girls. *Journal of Youth and Adolescence* 14(4), 301-316.
- Koff, E., Rierdan, J., Jacobson, S. (1981). The personal and interpersonal significance of menarche. *Journal of the American Academy of Child Psychiatry*, 20, 148-158.
- Lynn, R.M. (1986). Determination and quantification of content validity. *Nursing Research* 35(6), 382-385.
- Mitchell, J. (1986). *The nature of adolescence*, Calgary, Detselig Enterprises.
- Morse, J.M. & Doan H. M. (1987). Adolescents response to menarche. *Journal of School Health*, 57(9), 385-389.
- Murstein, B. (1965). *Handbook of projective techniques*, New York, Basic Books.
- Rierdan, J. (1983). Variations in the experience of menarche as a function of preparedness. In S. Golub (Ed.), *Menarche, the transition from girl to woman*, (pp. 119-126), Toronto, D.C. Health and Company.
- Rierdan, J., & Koff, E. (1980). The psychological impact of menarche: Integrative versus disruptive changes. *Journal of Youth and Adolescence*, 9, 49-58.
- Rogers, M. (1953). Responses to talks on menstrual education. *Nursing Outlook*, 1(5), 272-274.
- Ruble, D., & Brooks-Gunn, J. (1982). The experience of menarche. *Child Development*. 53, 1557-1566.
- Teperi, J. & Rimpela, M. (1989) Menstrual pain, health and behavior in girls. *Social Science & Medicine*, 29 (2), 163-169.
- Whisnant, I., & Zegans, L. (1975). A study of attitudes towards menarche in white middle class American adolescent girls. *American Academy of Child Psychiatry*, 22(5), 480-486.
- Woods, N., Dery, G., & Most, A. (1982). Recollections of menarche, current menstrual attitudes and perimenstrual symptoms. *Psychosomatic Medicine*, 44(3), 285-293.

RÉSUMÉ

Comment les adolescentes perçoivent le début de la fonction menstruelle

L'objectif de cette étude était de déterminer comment les adolescentes perçoivent la préparation qu'elles reçoivent concernant le début de la fonction menstruelle et comment elles font face à leur cycle menstruel dans la vie quotidienne. Les données étaient recueillies utilisant un questionnaire projetant leur sentiments. Les jeune filles étaient interrogées afin de déterminer comment une adolescente fictive, Ann, qui est "une fille comme les autres", ressentait. L'échantillon comprenait 141 filles étudiant dans trois écoles Catholiques d'une petite ville d'Alberta. La moyenne d'âge était de 12.4 ans et 47% des sujets avaient déjà vécu leur première épisode menstruelle.

Les résultats ont indiqués que les adolescentes ne sont pas assez bien préparées lors de la venue de leur première menstruation et qu'il y a une importante lacune d'informations disponibles. De plus, le milieu scolaire ne supporte pas les adolescentes dans leur nouvelle condition menstruelle en ne prévalent pas le maintien de la confidentialité et de l'aide nécessaire à une meilleure adaptation. Le développement d'un programme éducationnel centré sur la menstruation et le rôle de l'infirmière en milieu scolaire agiront comme intermédiaires afin de faciliter les changements dans le milieu scolaire.

Acknowledgements:

The authors acknowledge the assistance of Dr. D. Kieren and Prof J. Innes. This research was conducted as a part of the first author's requirements for the MN degree at the University of Alberta. Financial support was provided by AFNR.

A copy of the questionnaire may be obtained from the second author.