Original Article

A Qualitative Study: Menstrual Attitude of Mothers with Pre-menarche Daughters

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Diana Manoshi[1], Ashok H. S.[2] and Ryntihlin Jennifer War[1]

Abstract

Background: Studies have indicated that mothers are essential primary informants for adolescent girls regarding menstruation. Their knowledge and comfort levels regarding this subject considerably influence the information that their daughters receive. In addition to influencing the daughters' initial experiences of menarche, maternal attitudes towards menstruation also affects their broader perceptions of menstruation throughout adolescence. This study aims to investigate mothers' attitudes regarding menstruation, focusing on mother-daughter conversations and their influence on girls' menstrual health education and experiences.

Method: A phenomenological research design using the focus group discussion technique was employed to procure data. Fifty-three participants were recruited using organisational and advertisement techniques of purposive sampling. Six focus group discussions were conducted with participants' spoken language. The audio recording was translated and transcribed verbatim into the English language. Using Atlas.ti software, a qualitative research analyst performed thematic analysis on verbatim transcripts from discussions in six focus groups.

Outcome: The results of the study have unveiled thoughts and feelings of mothers anticipating their daughter's onset of menstruation. It highlights that mothers' perceptions are largely shaped by their personal feelings, especially surrounding issues of safety, protection, and the daughters' ability to understand and manage their menstrual health. The findings offer a detailed insight into the mothers' challenges, their support systems, and their psychological and emotional states as they navigate this significant transition for their daughter's approaching puberty.

Recommendations: A comprehensive instrument is necessary to assess attitudes around menstruation, enabling the identification of ways to provide mothers, women, and girls with vital information and assistance, thereby fostering positive body acceptance.

Keywords

Attitude of mothers towards menstruation, mothers with pre-menarche daughters, pre-pubertal girls, attitude towards menarche

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Introduction

Sociological and psychological investigations often portray daughters as extensions of their mothers. 'Every mother contains her daughter within herself, and every daughter is her mother'.[1] Mothers and daughters are also linked through common female sexuality and events like menarche, conception, birth, and menopause, providing a universal experiential link among women.[2]

The reverence of menstruation is rooted in a bond between a mother and her daughter; in particular, menarche, the first period.[3] The first period of a daughter is a significant milestone for the mother, evoking her own emotions and

[1] Martin Luther Christian University, Shillong, Meghalaya, India
[2] Chanakya University, Bengaluru, Karnataka, India

Corresponding author:
Diana Manoshi, Martin Luther Christian University, Lummarboh, Block 1, Dongktieh, Nongrah, Shillong, Meghalaya 793006, India.
E-mail: manoshi.d7@gmail.com

memories related to her mother. In a qualitative study, many mothers shared vivid memories of their own first menstruation and their mothers' responses to it. Notably, some mothers recalled these earlier experiences more clearly than their memories of their daughters' first periods, despite the fact that their own first menstruation occurred much earlier in time.[3]

At the beginning of a girl's first menstrual cycle, the mother is almost always the primary and most important caretaker for the girl. A meta-analysis was carried out in India to assess the mother's preferred and existing role in educating her daughter about puberty, considering the importance of a safe transition during adolescence. According to the study, which examined the perspectives of adolescent females, the mother was the preferred source of information about menstruation in 56% of the investigations.[4]

Health care providers underlined the significance of mothers as the most reliable sources of information for adolescent girls.[5] Numerous studies conducted throughout Indian states, covering both rural and urban districts, have revealed mothers as the key informants of menstruation. However, studies suggest that mothers, who are presumably the primary sources of information for adolescent girls regarding menstruation, exhibit a deficiency in knowledge and awareness about menstruation.[4]

The mother's role as a primary informant and respondent is a difficult one to fulfil. In light of the fact that their daughters were entering the adult sexual world, the mothers were required to address the matter. It is possible that her own childhood experiences, inhibitions, fears, and difficulties will inhibit the way she interacts with her daughter when she reaches menarche.[6] Menarche is often overlooked in relation to fertility and childbirth due to fear of young women becoming sexually aware, which also contributes to mothers' reluctance to discuss menstruation with their daughters.[7] Mothers have said that they find it difficult to talk to their daughters about menstruation,[8,9] frequently because their own mothers did not engage in conversation with them, and as a result, they do not have a model for how to have a good conversation, or they believe that they do not have the knowledge to answer the questions that their daughters might ask.[10] Mothers may not be prepared to teach their daughters, even if they possess adequate knowledge. Embarrassment, social taboos, social bans, and mothers' undesirable attitudes about discussing menstruation are major contributing factors. An unhealthy mother-daughter relationship can also prevent or restrict an adolescent girl's access to the most trustworthy information sources. This can result in incomplete and erroneous information from outside sources and, eventually, lead to problems with the adolescent's health and wellness.[4]

Mothers play a crucial role as primary informants for adolescent girls about menstruation, and their own knowledge and comfort regarding this topic significantly affect the information these daughters receive. Maternal attitudes toward menstruation not only influence the daughters' initial experiences of menarche—their first period—but also shape their broader perceptions of menstruation throughout adolescence. This study aims to explore and document mothers' attitudes towards menstruation, thereby shedding light on the dynamics of mother-daughter conversations and the potential impact on girls' menstrual health education and experiences.

Method

Research Design

The study employs a phenomenology research design to investigate the attitudes of mothers with pre-menarche daughters regarding menstruation. The objective of the research was to gain an in-depth, nuanced understanding of the perspectives of mothers on menstruation and its influence on the menstrual education and experiences of their daughters.

Setting and Participants

A purposeful sampling strategy was used to recruit participants for this qualitative study involving mothers with daughters who have not yet reached menarche, specifically from the Bengaluru urban district. A total of 53 mothers participated in six focus group discussions, with each group consisting of 6–10 mothers. Five groups used organisational recruitment methods, while one group utilised advertisements. The linguistic diversity of the groups included Urdu speakers in the first two groups, Kannada speakers in the third, Tamil speakers in the fourth, and English speakers in the last two groups. Additionally, the study considered the educational profiles of the participants, with the first four groups including mothers who had dropped out after completing their 10th grade, while the last two groups included mothers with graduation or higher qualifications (Figure 1).

Tools of Assessment

Semi-structured interviews, which served as the questioning route for the focus group discussions, were developed by adhering to guidelines.[11,12] The questioning route created by the researcher was sent for expert evaluation, and suggestions and feedback were duly incorporated. A pilot study[13] was conducted, and modifications were incorporated into the questioning route based on the responses received from the participants.

The questioning route was created in English by the researcher and then orally translated into Kannada and Tamil by two native speakers proficient in their respective languages, working as educators. A social worker provided oral translations of the content into colloquial spoken Urdu. The content was translated into oral format due to the fact that the participants consisted of those who had dropped out of school education and those who had completed up to 10th standard education. The research study did not include the task of translating the content into a textual format.

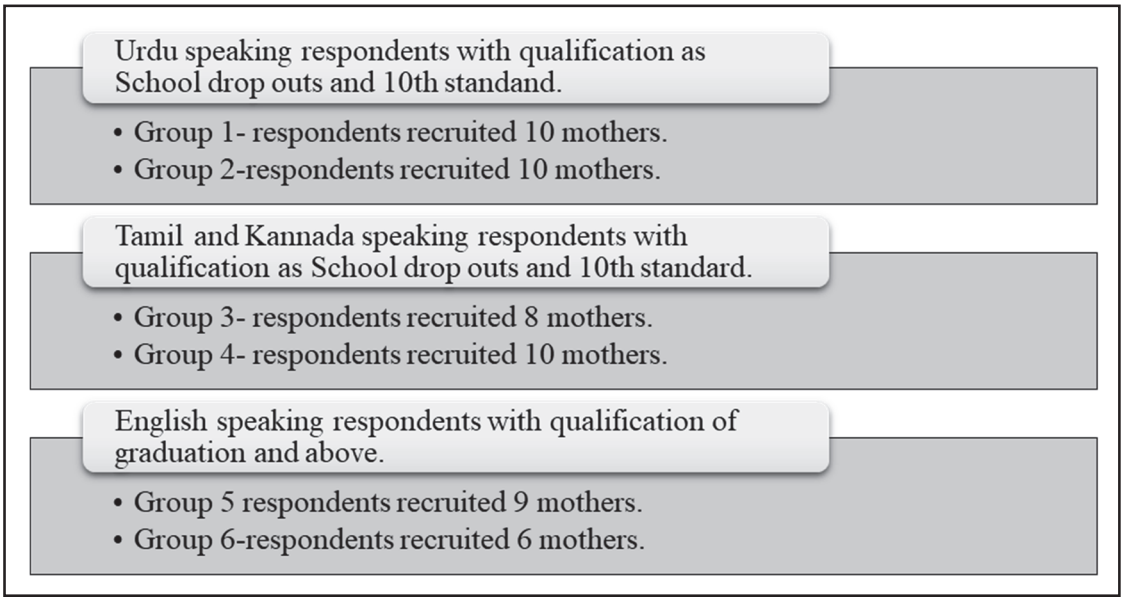

Figure 1. Educational Levels and Spoken Languages of the Respondents.

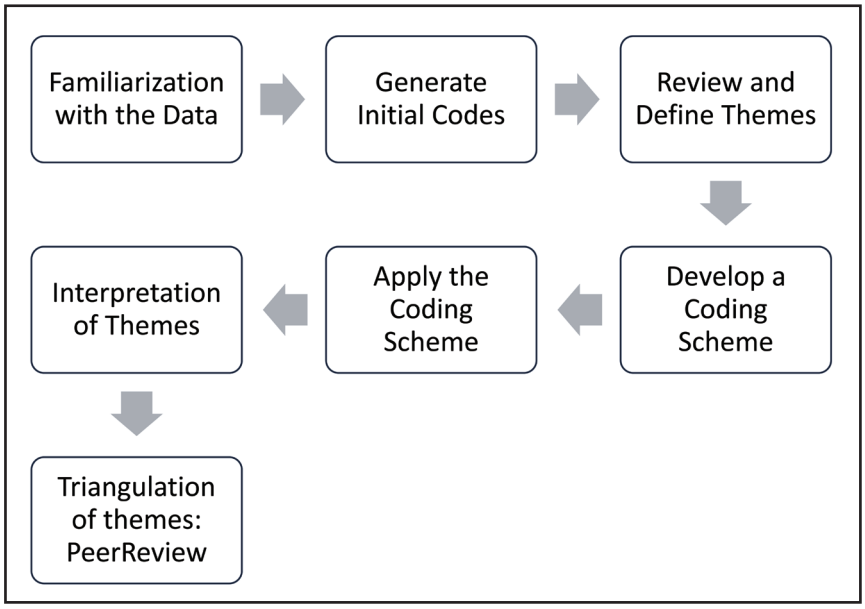

Figure 2. The Process of Thematic Analysis.

Procedure for Data Collection

The researcher introduced herself and outlined the research's aim and purpose. She verbally reviewed the consent form, clarified ethical rights, benefits, and risks of participation, and answered questions before collecting informed consent signatures. Given that many participants were working mothers and homemakers, the scheduling of consecutive sessions was carefully considered. Interviews for focus group discussions were conducted in the respective languages of the six groups.

Procedure for Data Analysis

The researcher recorded the focus group discussions on an audio recorder and then transcribed the recordings verbatim. The researcher translated the conversations held in different languages, including Urdu, Kannada, and Tamil, into English. A qualitative research analyst performed thematic analysis (Figure 2) on the verbatim transcripts taken from the discussions that took place across the six focus groups using Atlas ti software.[14,15]

Validity and Reliability of Data

Investigator triangulation was implemented during the data collection and analysis processes, involving two field investigators who contributed to both gathering and validating the data. The analysis of verbatim transcripts was conducted by an external research analyst using Atlas ti software. The data was examined by an external research analyst and evaluated by two additional research supervisors. Consequently, minimising researcher bias and enhancing the credibility and validity of the findings.

Ethical Consideration

In the present study, the following ethical practices were taken into account.

1. Informed consent was achieved through the study's clear communication of its objectives, purpose, and aims, which enabled participants to make informed decisions about their voluntary participation.
2. Verbal consent was acquired to record the focus group discussions, with participants informed of the recording's intent. Their names and personal identifiable information were assured confidentiality, with code names and numbers assigned in all study documentation.
3. The current study ensured ethical reporting of quotations by maintaining the anonymity of study participants. Codes were employed to represent the respondents in the study.

Results

Demographic details: In the present research, six groups were met, and the number of respondents in each group ranged from 6 to 10, with a total number of 53 respondents (Tables 1 and 2).

The current study presents the results of a thematic analysis, (Figure 3) from focus group discussions aimed at evaluating the needs of mothers and exploring various aspects of their attitudes toward menstruation. The themes and

Table 1. Number of Participants in Each Focus Group.

Focus Group Number	Focus Group Number 1	Focus Group Number 2	Focus Group Number 3	Focus Group Number 4	Focus Group Number 5	Focus Group Number 6
Number of Participants	10	10	8	10	9	6

Table 2. Baseline Characteristics of the Respondents.

Characteristics	Quantity Representation					
Age Range of Respondents	27–29 years	30–35 years	36–40 years	41–45 years	46 years	–
No of Respondents (*N* = 53)	8	22	12	10	1	–
Educational Qualification of Respondents	Education discontinued -school dropouts	SSLC 10th std	2nd pre-university 12th std	Diploma	Graduation	Postgraduation
No of Respondents (*N* = 53)	12	11	4	11	8	7
Religion Practised by Respondents	Hinduism	Islam	Christianity	Atheist	–	–
No of Respondents (*N* = 53)	25	17	10	1	–	–
Language Spoken by the Respondents	Kannada	Tamil	Urdu	Telugu	Malayalam	Hindi
No of Respondents (*N* = 53)	9	11	17	7	5	4
Occupation of the Respondents	Homemaker	Teacher	Domestic help	IT industry	Self employed	Government sector
No of Respondents (*N* = 53)	30	9	5	5	3	1
Marital Status	Married	Separated	Widowed	–	–	–
No of Respondents (*N* = 53)	51	1	1	–	–	–

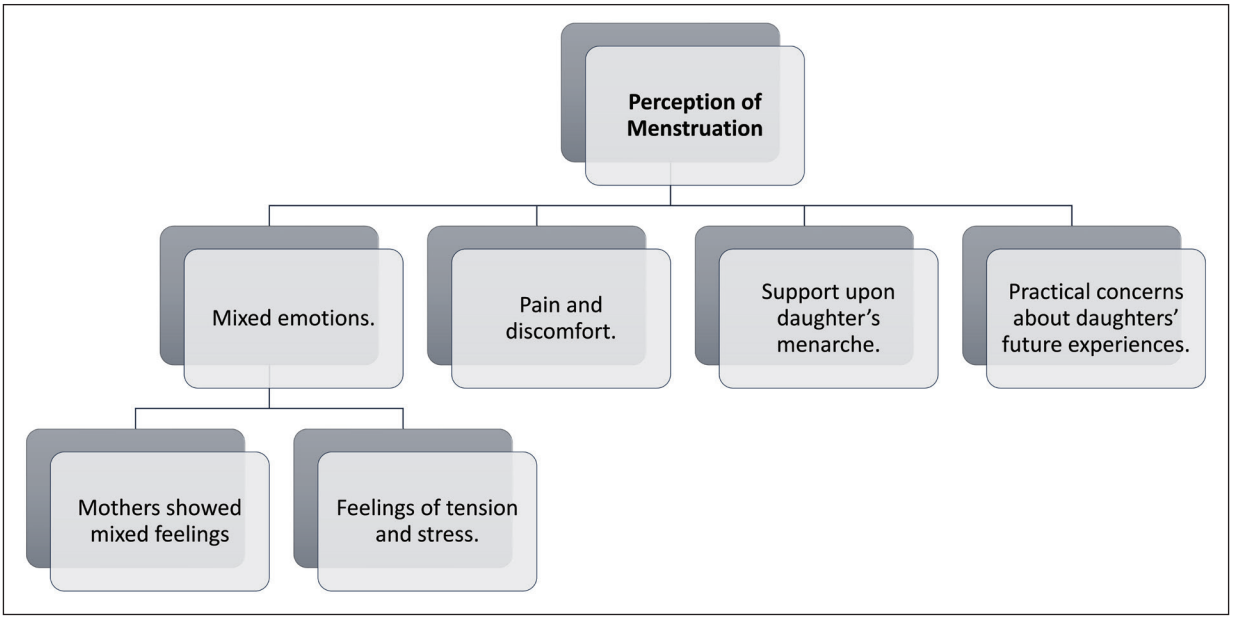

Figure 3. Themes and Sub-themes.

sub-themes of the current study have been delineated below (Table 3).

Discussion

Four main themes and their respective sub-themes identified through a thematic analysis are elaborated on in the following sections.

Mixed Emotions

Mothers experience 'mixed emotion' during their daughters' menarche, encompassing a range of feelings such as joy, pride, sadness, and anxiety simultaneously. They express happiness and gratitude as their daughters reach adulthood, but also voice concerns about the necessity of educating and preparing them for the future, alongside sadness regarding the limitations on their daughters' freedom. Two sub-themes have been identified within this category discussed below.

Mothers Showed Mixed Feelings

Mothers' emotions stem from concerns about not adequately preparing their daughters for menarche. Research has shown that girls who are not ready for their first menstrual period may have adverse emotional responses to the event.[16,17] The intense emotions related to her daughter's journey into adolescence, and the numerous changes she will undergo. Many mothers additionally contemplate their daughters' reactions and thoughts regarding menarche.[16,17] The current study reveals that mothers express various emotions regarding their daughters' attainment of menarche, highlighting their thoughts and perspectives on this significant milestone in their daughters' development.

Feelings of Tension and Stress

Mothers exhibit happiness when their daughters attain menarche, but also have concerns about teaching them self-care, hygiene, and socially appropriate behaviour. Mothers believe that as girls biologically develop and reach sexual maturity, they are no longer children and are vulnerable to safety concerns. Mothers believe that their daughters' freedom to explore the world and interact with the opposite gender will be restricted, and they will face prohibitions on associating with boys. Respondent mothers from various religious backgrounds reported experiencing this sensation. They shared a common trait of having lower levels of education. Some mothers from two Islamic focus groups expressed worry and concern about their daughters' ability to pursue further education. Given that their husbands and other family members typically control such decisions, mothers may lack the authority to endorse their daughters' aspirations for further education.

Women's perspectives and convictions surrounding menstruation are influenced by both their immediate family upbringing and the broader cultural or societal context in

Table 3. Four Themes and Sub-themes Accompanied by Descriptions and Verbatim Responses from Participants.

Themes and Sub-themes	Description of Themes and Sub-themes	Quotations (Verbatim Responses)
Mixed emotion	The theme mixed emotion refers to the spectrum of feelings that mothers experience at the thought of their daughter's menarche, including joy, pride, sadness, and anxiety.	
Sub-theme Mothers showed mixed feelings	Mothers felt happy and grateful that their daughters had reached adulthood; however, they were also concerned about educating and preparing them for the future, and they voiced sadness that their daughters' freedom would be limited.	'I will be very scared actually and tears comes out thinking about it because she is not prepared mentally. So that makes me very scared and then next what do I tell my child? What to teach and tell and all that' [R5FG5, 35 years old, Graduate, Teacher] 'For me immediately on the spot I will get scared actually, oh! my god my daughter is big now, she has entered into adulthood, first will be fear'. [R1FG6,44 years old, Graduate, Homemaker] 'It will be a mixed feeling of happiness and scared. Initially I will be scared, I haven't educated my daughter as yet' [R2FG6, 33 years old, Postgraduate, Homemaker] 'When I see her she is enjoying her childhood, she is happy now and she is mischievous and comfortable with everybody. So, if she matures will she be the same? That's a question mark to me, how she will react? Even thinking about the changes, I feel dull and fear the changes she will have to undergo' [R6FG5, 30 years old, Graduate, Co-ordinator]
Sub-theme Feelings of tension and stress	Imply a sense of responsibility that mothers felt towards their daughters' first period, the thought of the daughter getting her period meant the responsibility of taking care of her physiological and environmental safety.	'Now my daughter and boys are playing everywhere, and I work very far, once she gets it, we all will be happy, but till I get back home I will have tension. She cannot be left here and there' [R1FG2, 30 years old, School dropout, Saleswoman] 'If my daughter gets it, first time I will feel happy, but as a mother I have many responsibilities as well. How to take care of her hereafter, keep her safe. Tension about how she will be in school, at home she can be anyhow, but outside how she behaves, can she play or not, all of these thoughts will come into the mind of a mother' [R4FG3, 36 years old, 10th std, Homemaker] ' I will feel that the freedom that she had as a little girl will not be there anymore. We can't leave her to be the way she is now, right now she goes out everywhere and plays with her elder brother. There are a lot of boys near our house, once she gets her periods, I will feel like how I can send her out and play with boys, this is my opinion so I will ask her not to go out. So that freedom will go, this was done to us when we got our periods, now it's our responsibility towards our daughters to keep them safe' [R6FG3, 29 years old, 10th std, Homemaker] 'Too much tension and stress it is, she can't go out, need to be careful about that as well. I have one daughter who is 11, one 16, and one 13 years old, I need to stop school and make her sit at home' [R5FG1, 37 years old, School dropout, Homemaker] 'I am already actually having that fear for long, when will she get it, if she gets it we have to stop her studies, Fear is about, she will be stopped from school, they won't let her continue her education, that is my fear' [R6FG, 34 years old, 10th std, Homemaker]

Pain and discomfort	The theme of pain and discomfort highlights the empathy expressed by a number of mothers for the physical pain and discomfort associated with menstruation. They expressed a wish to lessen the discomfort of their daughters' menstrual cycles and shared their own personal experiences of the difficulties they encountered.	'First thought will be hygiene and how to make it painless for them, whatever maximum way possible make it painless and give them pads and educate them to use it' [R2FG3, 44 years old, 10th std, Homemaker] 'How that child will manage her pain, to manage that pain I am only finding it so difficult. At her age she has to keep changing her pads. Now during my times, we got it late, but nowadays they are getting it so early, they are still small, small children they are, how will they maintain and take care of themselves' [R3FG3, 36 years old, Dip in Education, Tuition Teacher] 'Periods is painful, we will get cramps, unable to go out anywhere, when we get cramps how to go out? We have to think and go, if it's one hour it's okay, anything more than that it matters' [R8FG2, 29 years old, 2nd PUC, Teacher] 'She is too young, she will not be able to talk also about her pain, express herself if it hurts, I don't want her to suffer like her sister is suffering' [R8FG1, 36 years old, Graduate, Teacher]
Support given upon daughter's menarche	Mothers express a desire to congratulate their daughters on reaching menarche, emphasising the importance of comfort and reassurance while providing information about the menstrual cycle.	'I will kiss her, hug her and bless her. I will advise her to be alert and how you have to maintain hygiene, carry pad and everything I will tell her' [R1FG5, 40 years old, Graduate, Trainer] 'First, I will congratulate her and tell her nothing to worry, this time comes for all, you should be happy during this time. I will tell this and calm down I won't get scared or make her to worry' [R8FG6, 37 years old, Postgraduate, Homemaker] 'I will teach her how to use the sanitary pads, she won't know how to use it.My mother or my sister also can teach her, but I as a mother I would want to teach my daughter' [R9FG1, 30 years old, 10th std, Homemaker] 'After congratulating her I will give her more information about bleeding, light medium and heavy and how to take care of herself at that time. Reassure her that there may be pains, ask her how she is feeling, if she wants, she can relax. To the child it will be about body hygiene, how she will clean her intimate parts now, she will get a practical exposure of what I've spoken to her already. Basically, reassure her and not stress her out around her first period experience' [R3FG6, 40 years old, Postgraduate, Researcher]
Practical concerns about daughters' future experiences	Emphasis on concerns with reference to how their daughters will cope with menstruation in relation to their daughters' classmates and the anticipation of when it will occur.	'This is a crucial period of her life, few of her classmates have attained it and she has theoretical knowledge but practically how it will be, how she will go through it' [R3FG6, 40 years old, Postgraduate, Researcher] 'They will have this conversation in school with their friends, because what happens is in a circle of 5 at least one or two kids will be older than them' [R1FG6, 44 years old, Graduate, Homemaker] 'It must happen at the right age, if it happens too early, like now a days it's happening to 3rd and 4th std girls, how they will manage and handle, that fear is there. But after 6th std if girls get it, it's good because most of their classmates will get it by then' [R5FG3, 29 years old,10th Std, Homemaker]

which they are brought up.[18] Menstruation is a natural occurrence that is often accompanied by cultural taboos and limitations, which can affect various aspects of life, such as work, sexual activity, dietary choices, and personal hygiene practices.[7] Several studies conducted in Karnataka,[6,19] have shown evidence indicating that girls were denied the opportunity to participate in playing games during their periods and playing with the opposite gender. Research has shown that mothers perceive menarche as a signal to instruct girls about gender norms, religious duties, and hygiene practices during menstruation. At that juncture, they strengthen the beliefs that have been passed down from their mothers and grandmothers, which are referred to as maternal scripts.[20]

The current study's findings concur with those of previously conducted research. However, the current study delved deeper into conversations with women, extracting more nuanced information regarding their fears and concerns about their role within their own households. Some mothers reported that they do not have the power to advocate for their daughter's education and will be required to comply with the decisions made by their spouse and other family members.

Pain and discomfort, mothers connect menstruation with physical pain, body cramps and hold a negative perception of it. Menstruation is considered a form of suffering due to its association with menstrual cramps. They also focus on managing menstrual hygiene, particularly in terms of preventing leakage in public. A study[20] showed that women endure physical, mental, and emotional discomfort during menstruation, affecting their daily lives due to issues such as pain, heavy bleeding, managing menstruation in public, humiliation, and a lack of understanding from men.

Mothers showed strong empathy towards their daughters, particularly about period pains and physical distress. The mothers expressed a strong desire to reduce the agony of menstrual pain for their daughters and emphasised their commitment to ensuring the experience of menstruation is as painless as possible.

Support Given Upon Daughter's Menarche

Mothers would initially congratulate their daughters, embrace them, and offer their blessings. They will instruct her on the proper use and disposal of sanitary pads, ensure she carries additional pads to school, and address the importance of hygiene. Some mothers stated that they will attentively listen to their daughter's sentiments and thoughts, encourage her to ask questions, and provide answers to those inquiries. Help her relax and ensure her comfort. Mothers expressed their intention to remain calm and composed, ensuring that their own worries have no impact on their daughters. A study[21] found that mothers showed minimal optimism during their daughters' menarche, with some kissing their daughters and others offering congratulations. Few mothers expressed regret that their daughters had reached menarche. Mothers were more inclined to offer guidance to their daughters during this period and less likely to express satisfaction when their daughters' menarche approached.

The present research study revealed that mothers with a graduate level of education stated they would not project their menstrual anguish onto their children but instead provide a sense of security and comfort. The results of this study differ among respondents with graduate-level education, whereas mothers with lesser levels of education, school dropouts, exhibit reactions similar to those reported by the above study.[21]

Practical concerns about their daughters' future experiences suggest that the mothers were aware that their daughters would shortly go through menarche, as they had some knowledge about it from their daughters' peers who had already gone through menarche, leading to discussions on the topic. Mothers believed that menarche should occur at an appropriate age, typically around sixth grade, when a student is approximately 12 years old. Anything earlier, as is common today, could pose challenges for girls in terms of hygiene, public leakage, and self-care. At roughly 12 years old, peers would have also reached this stage, making it simpler for their girls to understand and learn from each other through conversation.

A study[10] discovered that early maturing females often describe their first menstrual period as 'scary'. This fear can stem from being unprepared for menstruation or surprised by its early arrival. It is likely that individuals who mature later have had sufficient time to acquire knowledge about menstruation from common sources such as mothers, healthcare providers, and the experiences of their peers. Consequently, the study reported that adolescents who experience puberty later found menstrual hygiene simpler rather than more complex, and menstruation more pleasant than anxiety-inducing. This is because they effortlessly identified themselves as adolescents and have observed their classmates successfully adjust to their postmenarcheal state.[10]

The current study indicated that mothers hoped and genuinely desired that their daughters should reach menarche at the right age, as this would allow their daughters to adjust more effectively by acquiring knowledge from their peers.

Strengths of the Study

The study highlights the essential function of communication in a mixed community, especially one characterised by indigenous customs. Effective communication is crucial for promoting understanding and cooperation across distinct cultural groups, demonstrating the need for knowledge and sensitivity to various cultural origins and customs.

Limitations of the Study

The unequal representation of various religions among respondents is a significant limitation of this study. The overall findings and interpretations of the research may be influenced by this discrepancy, as the diversity of religious perspectives is necessary for a comprehensive analysis of the subject matter.

Conclusion

Mothers in the research expressed a spectrum of feelings over their daughters' journey into maturity, characterised by menarche, experiencing joy and gratitude alongside sadness and fear. They recognised this moment as pivotal, involving responsibilities for both their daughters' physical health and emotional support while preparing them for adult life. Conversations revealed nuanced concerns about their roles, particularly among those with lower educational backgrounds who felt powerless to influence decisions about their daughters' education post-menarche. Despite their own experiences of menstrual difficulties, mothers expressed a desire to alleviate their daughters' discomfort and emphasised the importance of creating a supportive and celebratory environment. They deliberately choose not to transmit their own menstrual distress, aiming to provide comfort and informative guidance during this transitional phase. Additionally, mothers hoped for their daughters to experience menarche at an appropriate age, believing that it aids in their daughters' adaptation by allowing them to learn from peers, fostering a positive attitude towards this significant milestone.

Future recommendations: Creating an attitude scale for menstruation aimed at Indian women poses considerable difficulties owing to the nation's many religions, regions, and customs. A fundamental requirement is for a comprehensive instrument that can evaluate attitudes toward menstruation on a broad scope. This measure would enable the discovery of strategies to provide mothers, women, and girls with essential information, knowledge, and support, therefore promoting a positive acceptance of their bodies.

The aforementioned study is a component of a larger investigation including several issues, and the present study specifically provides information on mothers' attitudes towards menstruation.

Data Availability Statement

The data that support the findings of this study are openly available in Mendeley Data, V2, doi: 10.17632/7m832zrfd5.2

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Ethical Approval and Informed Consent

The study was approved by the University Research Ethics Committee of Martin Luther Christian University on 11 August 2021. All participants provided written informed consent to participate prior to enrolment in the study. Reporting of the study to the community was done as per ethical compliance on 01/10/2024.

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ORCID iDs

Diana Manoshi https://orcid.org/0009-0001-4015-5504
Ryntihlin Jennifer War https://orcid.org/0009-0009-9427-1920

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